

Young people's health

G165 MOBILE PHONE USE BY INPATIENTS ON AN ADOLESCENT UNIT

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Aims: To ascertain the use of mobile phones by young people on the adolescent unit, and obtain the views of both adolescents and nursing staff on the use of mobile phones while in hospital.

Methods: A pre-piloted questionnaire was given to 50 adolescents admitted consecutively to the adolescent unit of a district general hospital, over a 4-week period. A separate questionnaire was given to nine members of the nursing team over the same time period.

Results: In the young people survey the age range was 12–17 years. 80% of them had access to a mobile phone while on the ward. Of those who did not have a phone in hospital, 90% owned one but had left it at home. 30% were told they could use a mobile phone on the ward. 75% had made calls or sent texts from their phone on the ward. The reasons given for not using a mobile were no need to use it, no credit or thought it was not permitted. 80% had received calls or texts to their mobile phone on the ward. 20% had used the ward phone at the nursing station. The majority said they always/sometimes had enough privacy to make or receive calls from their mobile phones. They felt it was useful to be able to use their phone when in hospital to keep in contact and to relieve boredom. They also wanted to be told they could use it. From the nursing staff survey, 67% allowed young people to use their mobile phone on the ward, but preferred them to text or at least have the phone on silent/vibrate mode to minimise disruption to others. All staff said they only allowed parents to use their phones in the reception area or outside the ward unless a child was extremely ill in which case they could use it in a side room. When asked if they had any concerns about the use of mobile phones on the ward, 44% said "yes"—these concerns were mainly regarding intrusion on other patients rather than concerns that it may affect ward technology. All staff agreed that it was helpful for adolescents to use their phones on the ward to keep in contact with friends and family, to avoid isolation and ease boredom.

Conclusions: Adolescents have different social needs to younger children and clearly appreciate the opportunity to use mobile phones. A more flexible approach to the use of mobile phones should be adopted on the grounds that the advantages clearly outweigh the mythical risks. Adolescents should be told on admission that mobile phone use is permitted.

G166 COMMUNICATION AND CONFIDENTIALITY IN ADOLESCENT CONSULTATIONS: A QUESTIONNAIRE-BASED STUDY TO EVALUATE CURRENT PRACTICE IN TWO LARGE DISTRICT GENERAL HOSPITALS

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Aim: To ascertain to what extent we are achieving the standards set by the National Service Framework for adolescents and young people looking specifically at our current practice with regard to involving them in consultation and clinical decision making.

Method: A survey involving two district general hospitals was undertaken. A questionnaire was designed to assess if clinicians routinely working with adolescents gave them the opportunity of being seen alone, in addition to or instead of with a parent. A total of 51 doctors participated in the survey across both hospitals that mainly included paediatricians (37) but also anaesthetists (two), orthopaedic surgeons (two) emergency doctors (five) and others (five).

Results: Only 23% of the clinicians routinely asked adolescents if they wanted to be seen on their own and all of these were paediatricians. In total 21% said they would never ask adolescents if they wanted to be seen alone. The remaining participants did not ask routinely. There were 55 responses from 39 clinicians for reasons given as to why they did not routinely ask. The main reasons given were that they did not feel it was essential (30%) and that there was not enough time (21%). Less stated reasons included: patients did not ask (16%); difficult to ask (10%); would not change their management (10%); and parents might lose confidence in them (10%). Three clinicians also admitted that they have never thought about it. The main issues discussed when adolescents were seen separately were those surrounding sexual health and contraception. Only 27% of the doctors copied clinic letters to their young patients.

Conclusions: Only a minority of the doctors we surveyed routinely offered independent consultation to young people. A similar number copied letters to them. The main reason for not doing this was either lack of time or the feeling that it was not essential. By 15 years of age more than 50% of adolescents would prefer to be seen on their own. Standard 4 of the National Service Framework For Children, Young People and Maternity Services states that all services for young people should contribute to assisting young people to take on increasing responsibility of their own lives; therefore, professionals should enable young people to attend part of the consultation without their parents present, and offer encouragement to discuss life-style and psychological issues.