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NEWS

The University of Texas Health Science Center at Dallas
5327 Harry Hines Boulevard Dallas, Texas 75235 (214)688-3404

CONTACT: Ann Harrell
Office: 214/688-3404
Home: 214/369-2695

or

CONTACT: Bob Fenley
Office: 214/688-3404
Home: 214/352-2502

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*****Young Adult Clinic to combat
death and disability in 15-
24-year-olds

DALLAS--Record numbers of teen-agers and young adults saw "Animal House" and told their friends how funny it was, says Dallas social worker Truman Thomas. Lots of their parents saw it, too, and laughed about it together over cocktails, remembering the "wild parties" of their college days.

"What were they seeing? Jokes about alcohol abuse. Smoking dope. Crazy driving. Sex. Violence that could get out of hand."

Thomas, who has worked for years with teen-agers, knows what he's talking about. For the past five years he has been working in a model health care clinic for young people in West Dallas, an area of the city that has the highest rate of unemployment and the least private medical care available. The clinic is run by the Children and Youth Project, Department of Pediatrics, The University of Texas Health Science Center at Dallas. Thomas and co-worker Helen Burton have counseled with many young people who come to the C & Y clinic for services. The West Dallas clinic sees about 70 percent of the teen-age school population in this area of the city.

Major causes of death and disability in the age group 15-24 are not diseases but such things as drug overdoses, alcohol abuse, suicide and homicide, motor vehicle accidents, mental illness, sexually transmitted diseases (VD) and teen-age pregnancy. And these problems aren't restricted to the low-income areas of our cities. Dr. Drew Alexander, an adolescent specialist who works at the C & Y teen-age clinic as well as having a private practice in a middle-class neighborhood, says he sees these problems in patients who live in different areas of the town.

Not only are these problems widespread geographically, but they are making a serious impact in the Dallas community. Statistics show a real need for intervention in this area. The suicide rate among young people in Dallas is two and a half times the national average, and teen-age homicides here are three times as high.

Serious medical problems coming from these psycho-social problems are high in Dallas, also. Gonorrhea in all age groups is two and one half times the norm, and syphilis is four times the national average.

A study done by Texas Christian University showed 83 percent of Dallas high school seniors in both public and private schools were drinking alcoholic beverages, and as many as 51 percent of the seventh graders did, also. Arrests for drug-related offenses, including possession, are four times the national average in the 15-24 age group. And teen-age births in 15 through 19-year-olds are one and one half times greater than the national statistics. This figure, however, gives no clue to the number of pregnancies that may have been interrupted.

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Why do these things happen in Dallas, a city often viewed as a prosperous, growing model city and an ideal place to raise children?

Community leaders point out that Dallas is growing perhaps too fast. As more workers move to Dallas, drawn by the low unemployment rate, the city's resources are flooded. For the first time in years, there are housing problems, especially for low-income people. And although the employment situation is better than almost anywhere else, too many people, often unskilled laborers, are arriving daily for the positions that are open. The city's social services, already experiencing severe cutbacks of federal funds, cannot handle their caseloads and the great influx of people coming to Dallas from more economically deprived areas. People don't know where to go for help or how to enter the social service system.

Another problem, says Thomas and Burton, is inherent in our societal attitudes. The social workers believe that attitudes in the home--and society in general--condone and even applaud much of the behavior that brings adolescents and young adults into Parkland Memorial Hospital's emergency rooms or sends them to a premature death.

The "boys will be boys" attitude of the parents who laugh and wink at the "Animal House" antics of their own children are encouraging potentially destructive behaviors, says Thomas.

"Many young people who may be participating in these behaviors just can't handle them. They're just not ready."

Alexander agrees.

"Many parents," he says, "overlook a certain amount of what they call 'wild' behavior in teen-agers, thinking to themselves, 'They'll get through it.'"

"Well, what they don't realize is that some young people can't get through it without help--and some don't get through it at all."

Burton believes that a number of young people are drifting. They have no career goals, remain dependent on their families even after they've left home and either remain passive or out of control much of the time. Often depression masks itself as accident proneness when in reality the young person may be exhibiting suicidal behavior. One student seen at the C & Y clinic kept injuring himself playing sports, says Thomas. Another, Burton reports, was using his car to vent his anger and frustration. Both were helped because their symptoms were caught early. However, had counselors not been available through this health clinic, their stories might have had different endings.

Unfortunately, there have been up to now no comparable services for youth in other parts of the city. However, the health science center, Parkland and the Dallas County-wide Health Department are joining hands with the Robert Wood Johnson Foundation to bring a new concept in health care to this vulnerable age group soon. July 1 is set as opening date for the Young Adult Clinic at Parkland. The Dallas program is one of 20 in 18 cities around the country, each tailored to individual community needs. The clinic, under the administration of Dr. Robert McGovern, director of the Dallas C & Y Project, will administer a unique program of evaluation and referral to young people in Dallas County who are in danger of developing serious medical problems primarily related to lifestyle. The C & Y program has an excellent track record in health care over a number of years. This program will be funded by the foundation at \$150,000 a year for four years. The 15-24 age group comprises the only one in which modern medicine has not made significant strides in combating death and disability.

Dr. Lynn Kirk, director of Ambulatory Care at Parkland, a county hospital that treats an average of 1,333 of the "walking wounded" each day, is looking forward to the new program.

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"Many young adults end up in Parkland," says the physician, who is also assistant professor of Internal Medicine at the health science center. "It's a place for special services in this community. If it's serious trauma, you come to Parkland. We see a lot of overdoses, and we get a lot of patients who are bad risks and a lot of suicides and homicides. Many people with mental health problems are seen here. In addition, many people in the community--both young and old--use the county hospital for their only medical care. They wait until they're in bad shape to get help with the immediate problem; then they disappear. Unfortunately, most of the young people who come to Parkland because of these psycho-social problems need help for more than a cut hand or a one-time OD. We feel the Young Adult Clinic will be a good place to start getting people into the system of health care early and really affect their lives."

Here's how the clinic will work:

Patients coming into Parkland's emergency rooms are "triaged" (triage is a system of assigning priorities of treatment) to specialty areas, such as surgery, internal medicine, obstetrics/gynecology or psychiatry. After the immediate problem has been dealt with, the adolescent or young adult may be referred to the special clinic, also located in the emergency area. (After July 1 some patients may be triaged directly to the Young Adult Clinic.) There the patient will be seen by Barbara Polk, social worker, and in some cases other members of the YAC health care team specializing in special problems adolescents and young adults.

Health professionals in the Young Adult Clinic will be trained to look for the reasons behind the medical emergency. The busy emergency room physician doesn't always have the time to inquire as to just how the patient cut that hand--or if he or she has been having a lot of accidents lately. This kind of information can be important to Polk and the other members of the team at the YAC who see these high risk categories as symptoms that are sometimes more serious than the problem itself.

Discovering what the problems are and making appropriate referrals for dealing with the "real" problem that brought the patient to the hospital is the next step. Patients may be referred to community agencies, private physicians, other specialty areas of the hospital, the county health department or appropriate programs at the health science center. Approximately 200 other groups are committed to working with the Young Adult Clinic when it opens.

In-patients at Parkland may also be reached, or other Dallas hospitals, private physicians, churches and community service agencies may send patients directly to the Young Adult Clinic for evaluation and referrals. Sometimes the YAC may be contacted by worried parents or friends or even the young person having the problem.

All the referrals in the world, however, won't do any good if the patient doesn't follow through.

"We're committed to see that patients don't 'fall into the cracks,'" says Polk. "That's why we've built in a follow-up system for the program to see if he or she receives proper treatment at the appropriate facility. In addition, there will be short-term counseling available when we feel it's necessary."

Alexander compares the emergency room care for young people to treating an abscessed tooth.

"You put medicine on when there's an attack--but sometimes you're going to have to go in and drain all the areas where there are abscesses," says the physician, who plans to be working with the program. Alexander is clinical professor of Pediatrics at UTHSCD as well as having a pediatric practice that includes children and young people from 5 through 21.

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The problems that the Young Adult Clinic and its referral network will address are those in which the disability comes from causes that are not primarily medical. "In these cases, what you are looking at are problems of human behavior.

"We have to be receptive, listen carefully, negotiate, be there to help and elicit cooperation when we deal with patients. Otherwise, nothing is going to happen. The health professional has to assertively get the interest of each patient in helping him or herself or there will be no treatment."

Although many people may tend to blame poverty for the kinds of high-risk problems that make the teen-ager and young adult so vulnerable, the adolescent specialist believes the answer lies elsewhere.

"Wealth is really not the issue. It's the young person's learning to make decisions and accept the consequences of these decisions as deemed appropriate by society."

Alexander says that every day he sees youth who have never had to make decisions for themselves, to buy things with their own money, to do dishes, to be expected to make good grades, to wash their own clothes.

"I sense that there are equal percentages of young people who have problems of accountability no matter where they live--there are well adjusted teen-agers and maladjusted teen-agers seen in medical practices in all areas of Dallas. Most of them fall somewhere in between.

"It's not money that makes the difference; it's the quality of human love and caring that goes on in the family or the surrogate family of the young person." And this love and caring must include caring enough to help the child or young person learn to become autonomous.

Another problem in our society leading to the extremely high mortality and morbidity rates in this age group is the fact that our society is prolonging adolescence, says Dr. David Waller, consulting psychiatrist at Children's Medical Center, who is working with the Robert Wood Johnson program. Waller is also associate professor of Psychiatry at UTHSCD.

"If you define the adolescent as someone who is not taking complete responsibility for him or herself, you take in a very large segment of our society.

"In this sense, someone can still be an adolescent into his 30s," says Waller, "particularly if it's someone like the graduate student who still needs financial help from home to complete his education."

The young adults who are coming into the emergency room are often breaking away from their families, but haven't become proficient at setting up their own support systems yet, says the psychiatrist.

"After all, from the time we're born, we are more dependent than any other species. We try for our first autonomy as toddlers striking out on our own. Then we have to learn to take into account other people's needs while asserting our own."

Some people need more help than others in developing this autonomy in their lives.

"All these high risk categories are symptoms of the lack of quality of life," Polk says. "I want the patient to use the clinic to find resources to get what they want out of their lives. I don't expect that the program will be able to do that for everyone who walks in the door--but that's my goal.

"And we can be successful if the Dallas community unites behind this project."

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