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Parents' views on confidentiality and health advice for adolescents in general practice

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Background: Confidentiality is an important issue for adolescents when using health services, but many health professionals consider objections from parents an obstacle to providing confidential care for this age group. Whereas health professionals and young people consider general practice an appropriate setting for adolescent health promotion, little is known about parents' views. **Objectives:** The main objective was to explore the views of parents of adolescents regarding confidentiality and the role of general practice in promoting teenage health. A secondary objective was to investigate parents' self-reported health behaviours, and their awareness of such behaviours in their own adolescent children. **Methods:** Postal questionnaire sent to the parents or guardians (n = 631) of all 14–15-year-old patients on two general practice registers in Hertfordshire, UK. **Results:** Few parents (2%) were aware of practice policy on confidentiality, and many (48%) did not think that adolescents aged under 16 years should always have the right to confidential consultations. Most parents (64%) considered general practice an appropriate setting for health advice for adolescents and a fifth of them said that there was at least one health-related topic they would like to discuss with a general practitioner (GP) or nurse in relation to their adolescents' health. Parents' own health risk behaviours were correlated with those reported for their children. **Conclusion:** Information about confidentiality and general practice-based health services for young people needs to be provided clearly to parents as well as to adolescents, particularly as some parents of adolescents may have reservations about confidentiality. The majority of parents consider general practice to be an appropriate setting for adolescent health promotion.

Key words: adolescent; confidentiality; general practice; health promotion

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Introduction

Adolescents report a wide range of health concerns they would like to discuss confidentially with a health professional, and surveys have indicated that when they are offered health promotion advice in the general practice setting it is well received (Walker *et al*., 1999; 2002). Health professionals consider general practice an appropriate setting for adolescent health promotion (Walker *et al*., 1999), but many are concerned about objections from parents when offering confidential care (Fisher *et al*., 1996). Parents play a key role in the healthy development of adolescents, and in the interface with general practice. In the UK, this role is emphasized in the National Service Framework for children's services, which also stresses the importance of comprehensive information regarding services being provided for children and their parents (Department of Health, 2004). Parental views regarding children's care during the first

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year of life have been investigated (Roche *et al.*, 2005), but there is little evidence of parents' opinions regarding services and confidentiality of health care for adolescents, particularly from the UK.

Research from the US shows that most parents report that they would take their adolescent to a regular physician for problems related to substance use and sexuality as well as for general health, and the majority believe the doctor should discuss these issues routinely with adolescents (Fisher, 1992). In relation to such sensitive issues, many young people may prefer to talk to a health professional without their parents' knowledge, but a perceived lack of confidentiality has been identified as a barrier to seeking health care by adolescents (Jacobson *et al.*, 2001; Gleeson *et al.*, 2002). In the UK, official guidance states that young people under the age of 16 years have the same right to confidentiality as other patients (including for sexual health care) (BMA *et al.*, 1992), although the status and legal rights of adolescents can appear unclear and may be confusing for both parents and adolescents themselves (Henricson and Roker, 2000). The Royal College of General Practitioners have stressed the importance of making practice policy on confidentiality available and clear to all young people, and have issued guidelines for how this can be achieved (Royal College of General Practitioners and Brook, 2000). Ignorance and misunderstanding regarding legislation in relation to adolescents' rights to sexual health care has been reported among parents in the US (Resnick *et al.*, 2003).

Health professionals report a lack of understanding of adolescents' need for confidentiality from parents, and a difficulty in talking directly to the young patient unless they are attending on their own (Kang *et al.*, 2003). More often than not, adolescents tend to be accompanied by a parent when attending for a health visit (Cohall *et al.*, 2004). When health care staff do provide confidential advice and/or treatment to adolescents, it is recommended that they encourage the patient to share this information with a parent or guardian (BMA *et al.*, 1992; Royal College of General Practitioners and Brook, 2000). Young people who discuss problems and health risk behaviours with their parents are less likely to engage in certain risk behaviours such as substance abuse (Distefan *et al.*, 1998; Miller-Day, 2002).

Many parents are not aware of the extent of their children's risk behaviours and may underestimate their physical and mental health needs (Fisher, 1992; Williams *et al.*, 2002). Parents' own health behaviours, and their encouragement of health promoting behaviours in their children, are important for the health of adolescents. A relationship between parental and adolescent smoking has been reported (Patton *et al.*, 1998), and between parental encouragement and support for physical activity and actual teenage physical activity (McGuire *et al.*, 2002; Trost *et al.*, 2003).

The current survey was conducted following a trial to evaluate the effectiveness of health promotion advice given to teenagers in a general practice-based, nurse-led consultation (Walker *et al.*, 2002). The aim was to complement the survey of adolescents by exploring the views of parents of adolescents aged 14–15 years regarding confidentiality and the role of general practice in promoting teenage health, and to investigate parents' self-reported health behaviours and their awareness of such behaviours in their own adolescent children.

Method

Approval for the study was obtained from the relevant local research ethics committees.

Setting and participants

A questionnaire was posted to the home address of all parents of patients aged 14 or 15 years registered at two general practices in Hertfordshire. Practices were selected by a convenience sample from the practices that had participated in the earlier adolescent trial (Walker *et al.*, 2002), however the 14–15-year olds identified in this study were not the same as those participating in the earlier trial. Data collection took place between June and September 2001.

Practices identified the names and addresses of adolescent patients aged 14–15 years from the patient registers, and sent the questionnaires together with an information letter to the parent or guardian of those patients. A stamped envelope for return of the questionnaire, addressed to the researchers, was also enclosed. Full confidentiality was assured, and a returned completed questionnaire was interpreted as consent to participate.

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Participants were identified by anonymized ID numbers on the questionnaires.

Materials

The questionnaire was used to assess parental views regarding: whether patients under the age of 16 should have the same rights to confidentiality as older patients; general practice as a setting for adolescent health promotion; and the key health concerns of adolescents. The questionnaire also asked about parents' own health behaviour over the previous three months, and about their awareness of their adolescent children's health behaviours over the same time period.

The majority of the questions were closed; however, for certain questions an open response was encouraged (eg the question 'Do you think general practice is an appropriate setting for teenage health promotion?' (yes/no) was followed by 'Why do you think this?' where respondents could freely elaborate on their reasons for choosing a certain answer).

The questionnaire was developed by the study team, which included a psychologist, a sociologist, three GPs, two practice nurses and an economist. It was piloted on a number of parents who were not included in the main study.

The questionnaire was not formally validated, but the results relating to children were compared with previous results for children in our study.

Analysis

Data was analysed using Statistical Package for the Social Sciences (SPSS). Frequencies, cross-tabs with chi-square, and Fisher's exact tests were used as appropriate.

Results

Response rate and demographic details

Completed questionnaires were returned by 321/631 parents (51%). Ten did not state their relationship to the child; of the 311 who did 83.3% (259) were mothers, 14.5% (45) fathers, 0.6% (2) stepmothers, and 1.6% (5) 'other' (not specified). Most parents were white (90%, 281/314), and lived in privately owned accommodation (74%; 235/318). Parents reported having a total of 350 children aged 14–15; of those children for whom gender was reported 52% (159/306) were male.

Adolescents' rights to confidentiality

Most parents (92%, 288/314) said that adolescents aged over 16 years should always have the right to confidential consultations, and about half (52%, 140/269) said that those under 16 years of age should have the same right. Only 3% (8/317) said that their GP had discussed confidentiality for adolescents with them, and only 2% (6/318) said that they knew what the practice policy on confidentiality was. The majority (92%, 283/308) reported no concerns about confidentiality in the practice.

The age at which parents thought adolescents should start being seen alone for at least part of the consultation ranged from 11 to 18 (median 15), with 40% (122/304) saying this should not happen until the teenager was aged 16 or over. The age at which most parents felt it would be appropriate for teenagers to start making their own appointments was 16 years (ranging from 13 to 18).

There was no difference in responses regarding confidentiality between mothers and fathers, nor between parents of boys and girls.

General practice as a setting for adolescent health promotion

Almost two-thirds (64%; 180/283) of parents said they considered general practice to be an appropriate setting for health promotion for adolescents, although of those 11% (14/122) stressed that it should not be the only setting. Parents were also asked why they believed general practice was or was not an appropriate setting with many parents saying that the familiarity with the GP setting would be helpful to young people (Table 1).

Key health issues for parents and teenagers

Parents stated several issues they thought teenagers would like to discuss with a GP or nurse, and 21% (62/300) reported one or more health issues, such as diet and acne, that they themselves would like to discuss, in relation to their role as parents (Table 2).

The majority (91%; 293/320) did not state any topics that they felt the GP or nurse should not discuss

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Table 1 Reasons parents give for saying that general practice is or is not an appropriate setting for teenage health promotion

Reason	*N* (%)
Parents who believe general practice is appropriate (n = 122)	
Familiarity with GP setting	27 (22)
Natural setting for health advice	14 (11)
Medical advice from experts	11 (9)
*Parents who **do not** believe general practice is appropriate (n = 89)*	
Teenagers don't visit GP on a regular basis	44 (49)
GP environment embarrassing/intimidating	20 (22)
No time for informal discussions	10 (11)

Table 2 Key health issues for teenagers and parents

Health issues	*N* (%)[a]
Parents believe teenagers want to discuss (n = 286)	
Acne/spots	132 (46)
General health	112 (39)
Body size or shape	69 (24)
Parents would like to discuss (n = 62)	
Diet	24 (39)
Acne/spots	19 (31)
Contraception	18 (29)
Stress	18 (29)
Depression	15 (24)

[a] Parents were able to select more than one answer

with adolescents. Those who did thought that sex (33%; 9/27) contraception (26%; 7/27) and any topic the adolescent patient felt uncomfortable talking about (26%; 7/27) should not be discussed.

Relationship between parents' and their children's health and health risk behaviours

A full breakdown of parents' reported health behaviours (as adults and as adolescents aged 14–15), and those reported for their own adolescent children, is presented in Table 3.

Of the 79 parents who reported having smoked in the last three months, 15 (19%) reported having at least one 14–15-year-old child who had smoked, compared to 10/234 (4%) of the parents who had not smoked in the last three months ($P < 0.001$). Over half (55%; 35/64) of parents who said that they had drunk alcohol when they were 14–15, also said that at least one of their own 14–15-year olds had drunk alcohol. This compared to 30% (73/247) of the parents who had not drunk alcohol when they were 14–15 ($P < 0.001$). Parents who reported having drunk alcohol when 14–15-years old were also more likely to say that their own adolescent children had been drunk in the last three months (13% versus 4%; $P = 0.032$). Parents who had exercised in the last three months were more likely to report that their adolescent children were taking exercise (89% versus 64%; $P < 0.001$).

A fifth (8/41) of the parents who reported having felt depressed in the last three months also reported having at least one adolescent child who was or had been feeling depressed. This compared to 3% (8/261) among parents who had not felt depressed in the last three months ($P < 0.001$).

Table 3 Parents' own health behaviours and that reported for their adolescent children

Health behaviour	*N* (%)
Parents over last three months	
Smoked cigarettes	79/316 (25)
Drunk alcohol	232/316 (73)
Taken regular exercise	216/312 (69)
Been depressed	42/305 (14)
Parents as teenagers	
Smoked cigarettes	92/318 (29)
Drunk alcohol	66/315 (21)
Taken regular exercise	262/317 (83)
Been depressed	15/315 (5)
Reported for own teenage children[a]	
Smoked cigarettes	25/338 (7)
Drunk alcohol	112/348 (32)
Been drunk	21/337 (6)
Taken drugs	2/340 (0.6)
Taken regular exercise	277/342 (81)
Been depressed	16/337 (5)

[a] Numbers refer to number of children for whom each behaviour is reported as some parents have more than one child aged 14–15

Discussion

This is the first known UK-based study focussing on parental views of confidentiality and the role of general practice in promoting adolescent health. In this survey, parents of 14–15-year-old adolescents reported differing views on confidentiality, with a significant minority of parents stating that

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adolescents should not consult on their own for even part of a consultation before they are 16-years old. A very small proportion of parents said that they knew the practice policy on confidentiality for adolescents, but few parents had concerns about practice policies. Most parents believed that general practice is an appropriate setting for adolescent health promotion.

Concerns about confidentiality are often raised by young people, and there is some evidence that health professionals are themselves unclear about confidentiality for under 16 years (Jacobson *et al*., 2001), although there have been efforts to clarify the guidance on confidentiality (Royal College of General Practitioners and Brook, 2000). Until now, little has been known about the views of parents. The parents questioned in this study did not report consistent views on whether confidentiality for under 16 years is always appropriate, and for some parents this issue could be a source of anxiety. In addition, few parents reported knowing the practice policy on confidentiality, which is likely to be due to poor publicizing of such policies.

Findings from the US show that parents see health professionals as their preferred source of health information outside the home (Cohall *et al*., 2004), and our study suggests that many parents in the UK believe that general practice is a suitable setting for adolescent health promotion. Other research has shown that young people are mostly happy with their general practice consultations (Jacobson *et al*., 2000). In this survey, parents voiced reasons as to why adolescents may or may not feel comfortable receiving advice in this setting; this is likely to depend on factors such as the frequency with which the young person visits the practice, for what reasons, and the quality of the relationship between them and their GP or nurse. In a Canadian study of adolescents' perceptions of health promotion provided by family physicians, young people reported that their willingness to receive advice in this setting depended on whether a trusting and long-term relationship had been developed with the health professional (Malik *et al*., 2002). Other research has found that while parents are positive about the general care provided for their children, they are critical of the skills of health professionals in dealing with certain issues, such as obesity (Edmunds, 2005). The view of the parents in our study that general practice should not be the only setting for adolescent health promotion also accords with findings that suggest that adolescents may prefer to go to different people for advice, depending on the nature of the reason for consultation (Malik *et al*., 2002). The topics parents believed that teenagers would most like to discuss with a GP or nurse (acne/spots, body size or shape) corresponded well with what teenagers themselves have reported (Jacobson *et al*., 2000; Walker *et al*., 2002).

In line with previous research (Fisher, 1992), it seems plausible that the parents in our study underestimated their own children's risk behaviours. Parents reported considerably lower prevalence of adolescent smoking, drug use, and drunkenness, and higher levels of physical exercise, than adolescents from similar settings have themselves previously reported (Walker *et al*., 2002). The survey confirms previous research of correlations between parental and adolescents smoking (Distefan *et al*., 1998; Patton *et al*., 1998), and also found a correlation for physical activity. This is in contrast with other research, which has found no relationship between parental and teenage exercise behaviour (McGuire *et al*., 2002; Trost *et al*., 2003). In addition, there were relationships between parents' own reported alcohol consumption as adolescents, and their awareness of their own adolescent children drinking alcohol and being drunk.

The findings from this survey are based on reported rather than observed behaviour and the problems with self-report questionnaires are acknowledged, particularly with regard to possible recall bias resulting from parents' retrospective recall of their own teenage health behaviours. It is also possible that parents reported 'desirable' behaviour; over-reporting on 'positive', and/or under-reporting on 'negative' behaviours, both in relation to themselves and to their adolescent children. Similarly, the observed relationships between parental and adolescent health behaviours may have been affected by parents engaging in a particular behaviour being more likely to report this behaviour for their own children. Further, children who engage in certain health risk behaviours may be more inclined to tell their parents about this if the parents engage in the same behaviours, meaning that such parents would have a more realistic perspective of their children's risk behaviours.

This study was undertaken following a randomized controlled trial of the effectiveness of general practice-based teenage health promotion (Walker

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et al., 2002), with parents who were recruited from two of the same practices that had participated in the original trial. This allowed the attitudes and reported behaviours to be compared between adults and teenagers from very similar backgrounds and settings. However, the response rate obtained was disappointing (51%), highlighting the difficulty of response with small postal surveys. It is acknowledged that the small numbers involved makes it difficult to generalize the findings to the general population of parents of adolescents, however as no previous research has been published on parents views regarding confidentiality and health promotion for adolescents in general practice, our study serves as a useful first insight into this issue. No data was available on non-responders; therefore it was not possible to ascertain whether this group differed from those completing the questionnaires.

Our findings that a significant proportion of parents believe that young people should only have the right to full confidentiality when aged 16 years or older, together with poor awareness of actual practice policy on confidentiality, could have significant implications for young people's care. Parents may incorrectly inform their own adolescent children that they are not allowed to seek medical help without parental involvement, thus furthering beliefs among adolescents that they are unable to seek confidential help and advice. It could also result in conflict within a family if a young person has consulted a health care professional without their parents' knowledge but with parents later finding out, and could undermine parental trust in the health care system. The recent public debate regarding young people's right to abortion without parental awareness or consent has highlighted this as an issue that needs addressing. Further research is needed to clarify parents' understanding of the concept of confidentiality for young people, and reassurances need to be made that the well being of the adolescents is always the priority when giving help and advice.

Conclusions

General practices should clarify confidentiality policies regarding adolescent patients with parents as well as with young people. In order for effective partnerships between parents and the health services to be realized, the views and concerns of parents regarding confidentiality need to be heard, particularly where patients under 16 years are concerned. The confirmation that parents are supportive of adolescent health promotion in general practice is reassuring and strengthens the arguments in favour of such initiatives.

Points for practice

- A significant proportion of parents of 14–15-year olds believe that young people should only have the right to full confidentiality when aged 16 years or older.
- There is poor awareness among parents of actual policy on confidentiality for young people in general practice.
- Practices need to inform parents of teenagers, as well as teenagers themselves, about the services they provide for young people and of their right to confidentiality.

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Declaration

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Competing interests

None.

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