

CONFERENCE ABSTRACT

GPs in schools: what do students and staff want from a school-based healthcare service in Queensland

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Frank Tracey¹

1: Children's Health Queensland Hospital and Health Service, South Brisbane, QueenslandAustralia

Introduction

Peak emergence of physical and mental health risks occurs between 12-17 years, however adolescents of this age are the least likely of any group to access primary care. To address this poor access, some jurisdictions are integrating healthcare within the education setting, including establishing general practice (GP) clinics on secondary school campuses. However, there is limited literature exploring how adolescents feel about accessing healthcare at school.

In Logan, Queensland, a secondary school principal approached Children's Health Queensland and the local Primary Health Network to codesign a GP clinic on campus. Initial student and staff focus groups were conducted to determine how students and staff wanted to engage with the clinic, and seek suggestions on how to make it 'adolescent friendly'.

Methods

This qualitative research used purposive convenience sampling to recruit participants. Homogenous student focus groups were conducted with at least four students in each, and were based on age and gender. Another focus group was conducted with wellbeing and leadership staff, and semi-structured one-on-one interviews were conducted with the school-based nurse, two guidance officers and the principal.

Results

Student focus groups revealed:

- students had limited understanding of what care a GP could provide, believing this to be limited to treating injuries or acute illness. Students were pleased to learn sexual and reproductive health concerns, risky behaviours, and mental health problems could all be managed by a GP and thought this would be well received by the student cohort.
- concern about confidentiality;
- desire for a comfortable space, including music, and distractions;
- importance of GP being non-judgemental, trustworthy and visible around school.

Staff focus groups and interviews revealed:

- perceived barriers to students accessing care offsite include transport, financial constraints, cultural barriers, denial;
- belief that a school GP will expedite access to psychology services, reduce stigma and normalise mental health challenges and disability;
- a need for mental healthcare planning, STI screening, contraception, drug and alcohol support;
- desire for the GP to be 'part of the school community';
- concern that the service might not be sustainable.

Discussions

The findings suggest a GP clinic on campus will be well received by all stakeholders and positively influence both student access to healthcare and health literacy. Trust, visibility, parental acceptability and involvement of the GP in the school community will influence success of the model.

Conclusions

This research provided an opportunity for students and staff to contribute to the design and implementation of the GP clinic, including how to make it adolescent-friendly, and how appointments should be managed.

Lessons learned

Student opinion varied according to age and gender. This suggests information provided about the clinic should vary according to year level.

Limitations

Purposive convenience sampling meant we may not have heard from a representative population of students or staff.

Suggestions for future research

Once operational, further research is needed to determine utilisation, student, staff and parent satisfaction, and impact on learning and health outcomes. This will inform whether the model should be scaled across Queensland high schools.