



The questions and misconceptions we see at Dr YES

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What is Dr YES?

Dr YES is a volunteer program by the AMA(WA), where medical students from Western Australian universities visit high schools and youth community centres to talk to students about health topics relevant to adolescents, such as sexual health, mental health, and alcohol and other drugs.

We focus on harm minimisation strategies, such as safe sex, preventative care for mental health, and safe drinking practices. We provide a non-confrontational, non-judgmental, small-group setting for students to explore topics and ask questions they may not feel comfortable discussing with their parents or teachers.

These sessions give Dr YES volunteers a unique insight into what health topics adolescents may be more curious about.

What are some of the questions you are asked by the students?

As each group of students is unique, a plethora of questions have been asked during sessions. Even after running sessions for two years, I still consistently get new questions.

However, students tend to ask more questions on certain topics, such as female contraception. They are often unaware of the different options (e.g. IUD, Implanon), hence ask questions about how they work and are inserted.

Interestingly, groups with male students often show a strong interest in understanding how female contraception works, as they tend to have less exposure and education surrounding it.

Apart from questions on sexual health, we have also seen an influx of interest in vaping. Young people tend to be confused about vaping laws, particularly with the introduction of the new Western Australian laws, and considering vaping is still very prominent among this age group.

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Are there any other patterns you see during your sessions?

Students tend to have common misconceptions surrounding certain topics we discuss.

For example, many students were unaware they could book their own GP appointment and attend by themselves. Fear that the GP may alert or inform their parents about what was discussed acts as a barrier for young people to go to doctors. This is especially seen in regional and rural schools, where many students have expressed how they may feel uncomfortable discussing sensitive topics, such as mental health and substance use, with their local GP due to not trusting the information will stay confidential. Providing them with options such as telehealth, and informing them about the Youth Friendly Doctor directory, has often made young people feel more comfortable seeking medical care.

There are also common misconceptions about ambulances and paramedic confidentiality, as this is not directly discussed as part of the health curriculum at schools. Not all young people are aware that ambulances are not free in Australia, or that paramedics prioritise the safety of their patients and are not required to contact the police if there is underage drinking or drug use.

Regarding more subject-related misconceptions, there are also quite a few misconceptions surrounding alcohol and sexually transmitted infections (STIs).

We frequently discuss drink spiking, and students are often shocked when we mention adding more alcohol is one of the most common methods of drink spiking. The media often focuses on drink spiking with drugs such as the date-rape drugs, rather than alcohol, and students had never previously considered the addition of more alcohol as a form of spiking.

With STIs, students are often unaware that some people can have STIs without symptoms, and that viral STIs generally cannot be cured.

Conclusion

Overall, the students we see at Dr YES often come from different backgrounds, hence have different perspectives and questions. However, common areas where students ask questions and/or have misconceptions are often associated with areas that have recently become more popular, or often not discussed as a regular part of their school curriculum. ■