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ORIGINAL ARTICLE

Young people talk about primary care and telehealth: A survey of 15- to 25-year olds in the Wellington region of New Zealand

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Abstract

Young people are known to face challenges when accessing healthcare and generally have low rates of health service utilisation. Use of telehealth might be one way to improve access, but evidence is needed from young people as to how acceptable it is. This online survey of 15- to 25-year olds in the greater Wellington region of New Zealand sought young people's views on telehealth (phone and videocalls) as a means of accessing primary care. The survey included both forced-choice questions and free-text options. We report here on the free-text data from open-ended questions that were qualitatively analysed using template analysis. A total of 346 participants took part between August 6 and September 21, 2021, of whom 60% were female, 12% Māori (indigenous) ethnicity, and 38% had used telehealth methods of consulting previously. Analysis was undertaken of the free-text comments that were provided by 132 participants (38%). Although those contributing comments described both benefits and drawbacks to using telehealth, more drawbacks were cited, with specific examples given to illustrate a range of concerns and potential limitations of telehealth including privacy, communication difficulties and compromised quality of care. Participants thought telehealth could be used successfully in specific situations, for example by people concerned about leaving the house due to anxiety, illness or being immunocompromised and for simple consultations or when the person knows exactly what they need. Respondents expressed a strong desire to be offered the choice between in-person and telehealth consultations. Providing young people with a choice of consultation mode together with clear information about all aspects of a telehealth consultation is important if clinicians want young people to engage with this method of primary care service delivery.

KEYWORDS
adolescents, COVID-19, primary care, telehealth

1 | INTRODUCTION

Young people face complex health, social and developmental needs and compared to children and adults have a higher prevalence of mental health disorders, with 20% experiencing mental health problems in any given year. Particular groups of New Zealand young people, including Māori (indigenous people of New Zealand) and Pacific, gender-diverse, refugees and recent migrants, those living in rural areas and those of lower socio-economic status have poorer health status and challenges in accessing healthcare (Denny et al., 2016; Fleming & Elvidge, 2010; Robards et al., 2018).

Local and international research (Corscadden et al., 2018) including our previous work in youth-specific settings (Garrett et al., 2019; Morgan et al., 2019) and in a Pacific general practice (McKinlay et al., 2021) has highlighted that young people report numerous barriers to engaging with mainstream general practice (despite high rates of enrolment) (Craig et al., 2013) such as cost of visits, prescriptions and travel, concerns about confidentiality, feeling uncomfortable to disclose to health providers and not knowing how to articulate their concerns. Other barriers include physically "fronting up" to general practice including "being seen" (and perceivably judged) by members of the community or their family in the waiting room, being "put off" by negative experiences with reception staff, difficulty obtaining an appointment, or the "clinical" appearance of the waiting room (McKinlay et al., 2021).

Prior to the 2020 COVID-19 pandemic, the Royal New Zealand College of General Practitioners advocated for the adoption and effective use of telehealth (phone and video consultations) as a way to increase access to primary care (Royal New Zealand College of General Practitioners, 2017). However, in New Zealand, telehealth consultations in primary care settings were rarely offered until the arrival of COVID-19 early in 2020 (Imlach et al., 2020, 2021; Wilson et al., 2021). During periods of lockdown that occurred in many countries, telehealth was rapidly adopted as an alternative to in-person consultations to minimise the possible spread of COVID-19 in waiting rooms, between patients and health professionals and within clinic settings (McBeth, 2020).

An increasing body of knowledge has been generated about telehealth as a means of service delivery for adults in primary care or adolescents in secondary care settings, however very little has been reported on young people's views towards telehealth in primary care settings (Almeida & Montayre, 2019; Day & Kerr, 2012). Evidence from recent research indicates that while convenience is a key benefit of telehealth for many, there are also some drawbacks, including not wanting to interact with an unfamiliar clinician via phone, concern about not being physically examined as well as a range of technology-related issues (Imlach et al., 2020; Rose et al., 2021; Wilson et al., 2021).

Studies to date have largely described the use of telehealth from the provider's perspective (Barney et al., 2020; Evans et al., 2020; Gilkey et al., 2021) and focused on tertiary care patient experiences (Anderson et al., 2015; Sequeira et al., 2020). There are a small number of studies looking at the perspective of the user. Nicholas and colleagues found largely positive reports from young people moving to telehealth appointments for mental health services during COVID-19 lockdown, however, clinicians were already known to them (Nicholas et al., 2021). Recent New Zealand research also supports favourable findings for established patient-clinician relationships, with telehealth being reported as most successful where there is a pre-existing relationship between provider and patient (Imlach et al., 2020; Wilson et al., 2021).

This current study was designed to understand young people's perspectives on telehealth, and what they see as advantages or drawbacks of this type of consultation for primary care. This paper reports on the free-text comments to open-ended questions; quantitative data are reported in a separate paper.

What is known

- Young people have lower rates of access to primary care than other age groups.
- Strategies are needed to improve young people's access to primary care services
- Telehealth consultations have become more widespread since the COVID-19 pandemic began and provide an alternative to in-person consultations.

What this paper adds

- Young people had mixed views about telehealth consultations, but could see benefits in some situations (e.g., simple and straightforward consultations) and for some people (e.g., those with a condition which makes leaving the house difficult).
- Convenience was cited as the key benefit of telehealth, concerns centred around privacy, communication challenges and quality of care.
- Young people should be given a choice about when they use telehealth for primary care together with clear information about the process, costs and ways in which they can 'show' any physical symptoms if necessary.

2 | MATERIALS AND METHODS

2.1 | Study population and recruitment

People aged 15–25 years residing in the Greater Wellington region of New Zealand were invited to take part in this anonymous cross-sectional online survey. The region was selected for its mix of ethnic groups, combination of cities, large and small towns and rural areas. Recruitment took place over 6.5 weeks (August 6 to September 20, 2021) using social media advertising, with sponsored posts presented to Facebook and Instagram account holders who met inclusion criteria (age, region of residence). To maximise reach among

Māori and Pacific participants, we also asked two youth health centres, two Māori providers and a not-for-profit low-cost health service with high Māori and Pacific patient populations to post the advertisement on their Facebook pages.

The advertisement included a graphic, with a background Māori design and read '15- to 25-year olds in the Wellington region: Share your views' (see Figure 1). At the end of the survey, participants could choose to enter a prize draw for one of six NZ$50 (US$34) gift cards by emailing the research team. Survey responses and email addresses were not linked, thus maintaining anonymity.

Ten days into our recruitment, New Zealand's first community case of the Delta variant of COVID-19 triggered a nationwide level 4 lockdown (highest level—Stay at Home restriction). Schools, workplaces and all but essential services (supermarket, pharmacy and health services) shut down from August 17 to September 07 (inclusive of a drop to level 3 that allowed limited additional movement for some essential workplaces).

FIGURE 1 Social media advertisement presented on Facebook and Instagram

2.2 | Survey development and delivery

Survey content was informed by our previous work and input from young people in the study region. Six young people belonging to a local Youth Advisory Group (attached to a Youth Health Service) reviewed the first draft of the survey and information sheet and indicated preferred options for the advertising graphics and wording. The survey was pre-tested with five different young people and final revisions made including the use of the following terms throughout the survey: 'doctor or GP' to refer to general practitioners, 'nurse' to refer to nurse practitioners and practice nurses, 'phone or videocall' to refer to telehealth phone and videocalls, and 'clinic' was used to refer to primary care medical centres.

The survey included 30 questions formatted as multiple choice, Likert scales (level of agreement), slider scales and open-ended questions inviting free-text comments. Questions related to general access to healthcare, experience of telehealth, perceived benefits and drawbacks of telehealth, factors that might enhance the experience and likelihood of using telehealth in future. Demographic information included age and self-identified ethnicity, gender, education/employment status, geographical location and access to devices.

The survey was administered online using Qualtrics^{XM} software. Clicking on the advertisement link directed potential participants to the information sheet outlining the study aims, use of the data being collected and the anonymised, confidential nature of the survey. The statement "Clicking on the survey link means you are consenting to participate" was presented on the landing page (information sheet).

2.3 | Data cleaning and analysis

Survey data were exported into Microsoft Excel for cleaning, collation and analysis. Measures taken to ensure the responses were legitimate included: review of the geolocation of responses (manual check) and checking for duplicate IP addresses, review of survey completion times and a Potential Bot check (automated checks available in Qualtrics software). Selected demographic data were recoded (e.g., age-bands and ethnicity). As per standardised NZ ethnicity protocols, we reported on prioritised ethnicity for anyone who reported more than one ethnic group (Ministry of Health, 2017).

Free-text comments were viewed initially to assess the content and level of description and were considered in relation to the quantitative data. It was immediately apparent the open-ended question data was rich and contained a mix of comments that were new and expanded on the range of options given in forced-choice questions. This combined with the lack of reported research on young people and use of telehealth in primary care resulted in our decision to analyse and report on this data separately.

Free-text comments were analysed using template analysis (King, 2012). Template analysis differs from other methods of qualitative analysis (e.g., Braun and Clark's approach) by encouraging development of the coding template based on only a subset of the data and defining themes at the initial template phase rather than further on in the analysis process. Although similar to Framework analysis, the iterative redevelopment of the coding structure is a much more central aspect in Template Analysis (Brooks et al., 2015). Responses to each question in the survey were initially coded separately, but with overlap between codes across the questions, the second stage of coding involved creating themes across questions. Final coding involved forming a combined dataset of themes. This resulted in four high-level themes, with sub-themes in each. Quotes are presented with selected demographic information to describe the respondent (gender, ethnicity, age band and previous use of telehealth). Where respondents' comments included brackets, these are indicated using round brackets.

Ethical approval was granted by the University of Otago Human Ethics Committee Health (ref H20/162).

3 | RESULTS

The advertisement received 1269 clicks through to the survey page, 388 surveys were initiated, 313 were completed in full and 75 were partially completed (of which 346 were included in the analysis). Over a third (n = 132, 38%) of respondents provided one or more free-text comments.

3.1 | Participant characteristics

Table 1 presents the characteristics of the total sample of survey participants (n = 346), together with the characteristics of those contributing to the current analysis (n = 132, 38%). Participants reflected a diverse group of young people, inclusive of a range of ages, a mix of ethnic groups, 60% female, 12% Māori, and 38% had previous experience of using telehealth. The education and employment status of the group was wide-ranging with a large proportion either at school or studying.

3.2 | Themes

Respondents provided free-text comment in response to five open-ended survey questions about access to primary care and views on telehealth. Five key theme areas emerged: "Barriers to accessing primary healthcare," "Positive aspects of telehealth," "Negative aspects of telehealth," "Situations most appropriate for telehealth" and "Supporting young people to use telehealth" (Table 2).

3.2.1 | Theme 1: Barriers to accessing primary healthcare

Four sub-themes were identified that related to barriers to healthcare and included: *Beliefs that concerns will not be taken seriously*

TABLE 1 Characteristics of the survey sample

Characteristics	Total sample ($n = 346$)		Provided comments ($n = 132$)	
	n	%	*n*	%
Age-band				
15–17 years	96	27.7	26	27.1
18–19 years	44	12.7	18	40.9
20–21 years	54	15.6	18	33.3
22–23 years	80	23.1	35	43.8
24–25 years	72	20.8	35	48.6
Ethnic group				
Māori	40	11.6	18	45.0
Pacific	7	2.0	3	42.9
Asian	51	14.7	16	31.4
European	236	68.2	91	38.6
Middle Eastern, Latin American, African (MELAA)	9	2.6	2	22.2
Not stated	7	2.0	2	28.6
Gender				
Female	206	59.5	90	43.7
Male	96	27.7	29	30.2
Gender diverse[a]	11	3.2	7	63.6
Not stated	33	9.5	6	18.2
Employment/education[b]				
At school or studying at polytechnic or university	206	59.5	88	42.7
Training/apprenticeship	4	1.2	1	25.0
Working part time	78	22.5	35	44.9
Working full time	97	28.3	33	34.0
Looking for work	25	7.2	9	36.0
Caring for children or another person	4	1.2	1	25.0
Not working or studying	4	1.2	1	25.0
Unable to work or study	4	1.2	1	25.0
Receiving a benefit	16	4.6	8	50.0
Not answered	32	9.2	5	15.6
Usual place for healthcare[b]				
General practice care or medical centre	300	86.7	111	36.9
Youth Health clinic	15	4.3	4	26.7
School or student health clinic	55	15.9	26	47.3
After hours or hospital emergency department	43	12.4	11	25.6
Used Telehealth prior to survey	133	38.4	67	50.4

[a]Non-binary = 8, Genderqueer = 1, Trans-man = 1, Gender non-conforming = 1.

[b]Respondents were able to select as many responses as were appropriate, hence $n > 346$.

enough, *Anxiety*, *Feeling rushed and lack of time*, and *Waste of time and resources*.

Belief that concerns will not be taken seriously

Some young people felt that doctors do not take them seriously and because of this their concerns could be dismissed, minimised or trivialised. This was particularly highlighted for young women:

This is especially concerning as a woman which (as shown by the literature) are already taken less seriously by the medical system as a whole. [#323, 22–23 yrs, European, Female]

Worry that they won't take my concerns about my health seriously. [#372, 18–19 years, European, Female]

Anxiety

There was anxiety associated with seeking and attending healthcare visits. This manifested in several ways and to different degrees. Having to physically go to a clinic was anxiety-provoking, whereas for some having a phone appointment caused less anxiety. Young people were anxious about finding out they had a terrible condition. They also worried about being around other people and catching their "germs"

Often more comfortable talking on the phone than in person. [#200, 15–17 yrs, MELAA, Female]

Anxiety about my health (if I don't see someone it can't be real). Some people who have health anxiety may find it difficult to be around other people who could potentially get them sick. [#286, 22–23 yrs, European, Female, User]

Lack of time and feeling rushed

The traditional GP appointment running for 15 minutes was seen as insufficient to discuss all problems and a deterrent for some. In addition, young people also felt rushed on occasion, which may be a lack of time on the part of the clinician or may be that the clinician feels they have addressed the presenting issue and there is no more to be said.

Sometimes I lament the fact that doctors' appointments are only 15 minutes long, which sometimes doesn't feel like enough time and is deterring. [#112, 20–21 yrs, European, Male, User]

One participant complained about feeling rushed: *Kind of rush me out when I still had more to say. [#126, 22–23 yrs, European, Female, User]*

Waste of time and resources

Several participants also considered that there really wasn't any point to seeking healthcare because the problem wasn't serious enough: *It being not so serious of a health problem, and therefore being a waste of time. [#89, 15–17 yrs, European, no gender, User]; Don't really want to drain resources. [#36, 18–19 yrs, Asian, Male].*

Alternatively, some young people thought no one could help them with their problem: *Lack of confidence they can resolve my issue [#378, 24–25 yrs, Asian, Female]*; [I have] *Concern about going but just paying for an appointment and not actually getting any help. [#374, 22–23 yrs, Māori, Female]*

TABLE 2 Survey open-ended questions and resulting themes and subthemes

Open-ended survey question	Themes	Subtheme
Have any of the following stopped you getting care you needed from the doctor (GP) or nurse in the past? Other reason, share if you wish	Barriers to accessing primary healthcare	• Belief that concerns will not being taken seriously enough • Anxiety • Lack of time and feeling rushed • Waste of time and resources
Can you think of other reasons why you might want to get healthcare by phone or video call?	Positive aspects of telehealth	• Convenience • Less energy required to attend appointment • Less anxiety • Cost saving
Do you have any comments you would like to share about your experience of getting healthcare by phone or video call?	Negative aspects of telehealth	• Lack of privacy • Quality of Care Compromised • Too impersonal • Rushed • Difficulties with communication • Dislike talking on phone/video • Concern about missing the call
Are there any other reasons you might be worried about getting healthcare by phone or video call?	Situations most appropriate for telehealth	• Only for specific or minor issues • Useful for certain people
Are there any other things that would help to make you feel more comfortable before the appointment?	Supporting young people to use telehealth	• Table 3

3.2.2 | Theme 2: Positive aspects of telehealth

Positive aspects of telehealth fell into four sub-themes: *Convenience*, *Less energy required to attend appointment*, *Telehealth reduces anxiety*, *Cost saving*.

Convenience

Participants mentioned the benefit of having less time taken out of their day to get to appointments and being able to do things around the house or work while waiting for the phone or video call. If waiting time was prolonged, then there was no lost time out of the day:

Less waiting time. I've noticed that in the past, there are usually delays in appointments when visiting a clinic (absolutely nothing against the doctors and nurses as they must face some cases where they need more time than anticipated), but when done online or by mobile phone call you have the option to get other things done while you wait. [#188, 15–17 yrs, Asian, Female]

It was so much more convenient to book a Telehealth appointment, ie being able to do it on a lunch break at work. [#169, 24–25 yrs, European, female]

I can do whatever I want while waiting, there are limits for what you can do while around other people in the waiting room. But if I'm at my house I can maybe go cook some popcorn or eat a cupcake whilst I am waiting. [#311, 15–17 yrs, European, no gender]

Less energy required to attend appointment

Young people commented about the energy or motivation required to get out of the house to attend an appointment. They felt if you were not feeling your best, it was easier and more comfortable to stay home and still be able to access healthcare:

I don't have to get myself ready and if I have no motivation and would otherwise not go, I find it manageable to call. [#352, 18–19 yrs, European, Female]

If you are sick, you don't really feel like leaving the house. [#272, 22–23 yrs, European, Female]

Less anxiety

Some young people found it easier and less intimidating to discuss health issues over the phone, rather than having to travel to a clinic and see people in person:

It certainly lowers anxiety surrounding physically travelling to the doctor and seeing people in person. [#164, 24–25 yrs, Māori, Female]

My doctors still listened to my concerns and I feel I may have been more open with them over the phone. [#133, 24–25 yrs, European, Female]

Cost saving

There was a perception that telehealth consults may be cheaper than an in-person consultation with comments such as: *"slightly cheaper" [#329, 24–25 yrs, Māori, male]*, *"potentially less expensive" [#259, 20–21 yrs, European, female]*, *"cheaper/cost effective" [#116, 24–25 yrs, Pacific, female]*.

3.2.3 | Theme 3: Negative aspects of telehealth

Negative aspects of telehealth fell broadly into the following seven sub-themes: *Lack of privacy; Quality of Care Compromised; Too impersonal; Too Rushed; Difficulties with communication; Don't like talking on phone; Concern about missing the call*.

TABLE 3 Practical recommendations for primary care providers to support young people in their use of telehealth

Recommendations for primary care providers		Supporting participant quotes
Prior to the consultation	Offer a choice of consultation mode to young people, don't assume that a telehealth appointment will be convenient for everyone.	*Knowing that I had the right to say no to any type of phone consult and request an in-person appointment without having to be triaged through a phone call first* [#86, 22–23 yrs, Asian, Female]
	Suggest patients make a list of what they want to talk about before the appointment	*Being able to write down why you want the appointment beforehand in case it is hard to talk about out loud* [#281, 15–17 yrs, European, Male]
	Ensure young people are informed about the telehealth appointment cost as there was a perception that telehealth visits might be cheaper, but this is not usually the case	*potentially less expensive* [#259, 20–21 yrs, European, female]
	Let young people know who will call, the approximate time, and on what phone number. Let them know if the appointment is likely to be late.	*…reiterate that knowing when I was going to be called and knowing what number would show up would be EXTREMELY helpful* [#92, 24–25 yrs, European, Non-binary].
	Advise young people that there are ways to 'show' physical symptoms (e.g., photo sent via email)	*I was concerned that they would get the diagnosis wrong as they couldn't see my symptoms directly* [#247, 24–25 years, European, Male, User]
During the consultation	Check the young person is somewhere private and reiterate the confidential nature of the consultation	*No privacy in whare [Māori word for house], doors must always be open, no secrets and go through phone when suspect of secrets* [#269, 18–19 yrs, Māori, Female]
	Be mindful that young people can be anxious about health-seeking, take time to establish rapport and withhold judgement	*Less personal and feel less connected to the GP via the phone/videocall. This is important for trust.* [#216, 24–25 yrs, European, Female]
	If using video, let young people know whether it is being recorded	*If the video would be recorded or not* [#8, 24–25 yrs, Asian, Female]
	Check the young person has raised all their concerns and had all their questions answered	*Kind of rush me out when I still had more to say* [#126, 22–23 yrs, European, Female, User]
	Provide clear information about any next steps (e.g., follow-up tests, prescriptions, appointments, etc.). A follow-up email or text could be used	*Know that my prescription is sent to the pharmacy and I will receive confirmation when ready to go and pick it up* [#249, 24–25 yrs, Pacific, Female]
	If possible, the telehealth appointment should be with a clinician known to the young person already	Would be helpful if: *I had already seen the doctor a few times before* [#318, 22–23 yrs, European, Female]

Lack of privacy

A number of participants wrote about different aspects of privacy. The need to have a private space to talk where no one else could hear you, this may be at work, school or home. Some also raised security concerns that others could be listening in to your conversation, for example by hacking, and whether the person who rang you, was legitimate, for example a scammer. Finally, young people were wary that parents may "go through their phone":

I think that if you have to make a call for example at a work or school location, you may feel there is no safe space for that. [#140, 22–23 yrs, European, Male]

Less privacy - every technological is tracked [and] *The legitimacy of the phone call and doctor. [#188, 15–17 yrs, European, Female]*

No privacy in whare [Māori word for house], doors must always be open, no secrets and go through phone when suspect of secrets. [#269, 18–19 yrs, Māori, Female]

Quality of care compromised

Many participants chose to elaborate on their concern that the clinician would not get the full picture if not physically present. Being able to "see" symptoms was seen as crucial to getting a correct diagnosis. Concerns were also raised about mistakes or misunderstandings that could lead to the wrong or a missed diagnosis:

Difficult for practitioners to gauge emotion depth and pain scale. [#346, 22–23 yrs, European, Non-binary, User]

I was concerned that they would get the diagnosis wrong as they couldn't see my symptoms directly [#247, 24–25 yrs, European, Male, User]

They may need to do physical inspections to determine why this medical issue is occurring. [#16, 15–17 yrs, Māori, Female]

Too impersonal

Young people mentioned wanting to have a personal connection with the clinician in a clinic setting, which wasn't possible via phone or video. This connection was seen as important to establish trust, to be able to discuss more "embarrassing" issues, and important when talking about mental health issues in particular.

Less personal and feel less connected to the GP via the phone/videocall. This is important for trust. [#216, 24–25 yrs, European, Female]

Doesn't have the same human touch, harder to talk about embarrassing things. [#251, 22–23 yrs, Asian, Female]

It might impact the ability to have a fully open and honest conversation e.g., *I could be more likely and able to dismiss any worsening mental health issues over the phone rather than during a face-to-face conversation. [#181, 24–25 yrs, European, Female, User]*

Rushed

There was a perception among those who had not used telehealth, as well as comments from those with telehealth experience, that clinicians rush through telehealth appointments. In-person consultations were thought to allow more time and were consequently viewed as better value for money.

It is however limiting as doctors on phone calls may not spend as much time with you. [#164, 24–25 yrs, Māori, Female, User]

Feels very rushed and just clinical, not personal. [#333, 24–25 yrs, Pacific, Female, User]

It was very swift and to the point so not everything could be discussed openly. [#75, 20–21 yrs, European, Female, User]

Communication challenges

Telehealth was viewed as challenging for some young people with respect to three particular communication issues. The first related to speaking, hearing and understanding; for example for those with English as a second language, hearing or auditory processing impairments. The second related to those who disliked talking over the phone or using video; for example general discomfort or even anxiety about making phone calls. The third is related to timing concerns such as not being in a private place at the time of the call, or missing the call if no specific time had been given or it did not come at the expected time:

It is more reliable if a face-to-face talk with doctor is available. Also it will make people who struggle to speak English to describe a symptom easier if a variety of expression is allowed. [#12, 18–19 yrs, Asian, Female]

Difficulties with communication exacerbated by phone calls, such as hearing or auditory processing impairments. [#92, 24–25 yrs, European, User, Non-binary]

It is more difficult for me to talk over the phone than in person, I don't like not being able to actually see them. It felt less professional and easier for them to misunderstand me. [#286, 22-23 yrs, European, Female, User]

Not having a specific appointment time and missing a healthcare call due to not being available or near my phone. [#92, 24–25 yrs, European, User, Non-binary]

3.2.4 | Theme 4: Situations most appropriate for telehealth

Respondents commented on scenarios in which they thought telehealth could be particularly useful. Themes included: *Only for specific or minor issues; Useful for certain people*.

Only for specific or minor issues

Young people thought that telehealth consultations would be ideal for minor, or quick issues; consultations where you know exactly what you need from the doctor. There were differences in opinion about whether conditions where you need to "show" something like a rash would be suitable:

This instance it was fine as it was just about a small rash on my face, I sent through pictures etc. *But wouldn't've felt as comfortable doing that for other parts of my body. Video appt would only work for certain visits. [#366, 22–23 yrs, European, User, not answered]*

It only works if you already know exactly what you need from them. Other than that, it's not an efficient service and doesn't allow issues that aren't extremely basic (thrush, repeat prescriptions for medications without safety concerns, etc.*) to be addressed. [#323, 22–23 yrs, European, Female]*

For less urgent appointments, like repeat prescriptions or contraception, I think it will be more time efficient. [#86, 22–23 yrs, Asian, Female]

Phone consultations for triage or assessment of symptoms were viewed unfavourably: *It just felt like another step [#245, 20–21 yrs, European, Female, User]* and sometimes felt rushed: *Had call with nurse before Dr which felt rushed [#55, 18–19 yrs, European, Female, User].*

However, phone calls for prescriptions and results were viewed positively:

Getting healthcare without going to a clinic was extremely convenient and saved heaps of unnecessary time and travel. These were things such as prescription renewals. [#207, 15–17 yrs, MELAA, Male, User]

For consultations or repeat prescriptions instead of paying expensive medical bills to go to an appointment. [#308, 22–23 yrs, European, Female, User]

Useful for certain people

Those who had health issues, for example poor immune function or a disability, felt the option to stay home and use telehealth was particularly beneficial:

Having very unstable health means that getting to another location can be incredibly difficult or expensive for me. Calls are fantastic for bedridden people and immunocompromised people. [#285, 20–21 yrs, European, Female, User]

Easier to remember and speak to people from the comfort of your own home or somewhere familiar. Sometimes I feel so awful (physically and mentally) I can't even move and to get help while I feel that would be incredibly beneficial….would benefit a lot of people especially those struggling with mental health. [#257, 15–17, European, Female]

3.2.5 | Theme five: Supporting young people to use telehealth

Respondents shared a range of ideas about what they considered important, and what might help make them feel comfortable using telehealth. Most of their concerns related to the practicalities of

telehealth (both before and during the consultation) arising from their lack of familiarity with this mode of appointment. They also had worries about the limitations of telehealth in terms of its safety and effectiveness and perceive an inability to 'connect' with their health provider. Many of these concerns could be alleviated if young people are given appropriate information and reassurances about common reservations. Table 3 draws together participant views on this theme by presenting practical recommendations for primary care providers to support young people in their use of telehealth.

4 | DISCUSSION

4.1 | Main findings

Young people surveyed in the Greater Wellington region of New Zealand reported mixed views towards the use of telehealth for the receipt of primary care. Young people noted a range of potential drawbacks associated with telehealth. These included lack of privacy or a safe space to receive telehealth, perception that quality of care would be compromised (particularly the inability to be physically examined), lack of opportunity to establish rapport, feeling rushed, dislike of phone calls and communication difficulties. Key benefits to the use of telehealth were convenience related to time, lack of transport requirements as well as reduced anxiety associated with receipt of healthcare from the comfort of home or other familiar environments.

Participants cited specific scenarios under which they thought telehealth might be particularly useful including minor and straightforward health issues, receipt of repeat prescriptions or test results. Participants also thought telehealth was potentially better for people who find it difficult to leave the house due to their physical or mental health. Young people were adamant that telehealth consultations be offered as a choice, ideally with a person they had already met and should be accompanied by precise instructions regarding time and number of the incoming call and what (if any) follow-up action they need to take afterwards.

4.2 | Comparison with what is known

Many of the findings by Imlach and colleagues who surveyed adults 18 and over (e.g., convenience of telehealth, concern regarding the lack of a physical examination and patients wanting to decide whether in-person or telehealth was appropriate for their situation) were mirrored in our study despite the difference in participant age ranges. This suggests many of our findings may not be unique to young people.

It appears that clinicians and patients may also concur about when telehealth is most appropriate. Situations identified by young people for telehealth consulting are similar to suggested recommendations for use of video consultations (Greenhalgh et al., 2020) including for administrative appointments (scripts, results), medications reviews, triage and chronic disease reviews. Comments such as '*It only works if you already know exactly what you need*' in the current study are also reflected in clinical opinion which supports the use of telehealth for when patients are well-versed about their condition (Wherton et al., 2020). Research in the US found that younger age (18+), trust in the physician (doctor), fewer technical issues and less concern about privacy or cost were associated with higher telemedicine visit satisfaction, although the study was limited to those 18 and over (Orrange et al., 2021).

The need to address low general practice service utilisation by young people has been recommended for action both in New Zealand (Ministry of Health, 2018) and internationally by the World Health Organisation through their 'youth-friendly health-care services' principles (Haller et al., 2012). This suggests services must be **accessible** (affordable, convenient, visible); **acceptable** (responsive to cultural, ethnic and social diversity, culturally appropriate, confidential, equitable); **appropriate** (provide the right health services) and **effective** (provided in the right way to make a positive contribution to youth health) for youth to engage. Studies repeatedly show that "implementing Youth Friendly Health Service is a cost-effective intervention that could contribute to better health among young people" (Thomee et al., 2016) (p. 2).

Our results are mixed with regard to how well telehealth aligns with these principles. Many participants noted the convenience of telehealth but felt the consultations were usually shorter so not necessarily value for money. In relation to accessibility, telehealth requires young people to have a device or landline to make phone or video calls. With household landline connections declining, young people need either their own mobile phone or have private use of a shared mobile phone and this may be problematic, particularly for those in families with low incomes or where parents restrict the use of mobile phones. There were concerns raised about confidentiality and whether non-verbal cues would be missed. These factors may impact on the delivery of culturally responsive care (Gurney et al., 2021).

While some felt telehealth might potentially be less expensive, others felt telehealth did not offer value for money. Feeling rushed, not being listened to properly and the sometimes-futile nature of consultations (e.g., if the problem is too minor or unable to be resolved) were noted for both telehealth and in-person visits. This finding contrasts with Imlach et al's study (which did not include those under 18 years) and described patients reporting that telehealth felt less rushed, more personal and provided space to talk more freely. The authors noted the importance of clinicians providing reassurance to their patients, and conducting the consultation in a calm, unhurried way to ensure they feel heard and have all their concerns addressed (Imlach et al., 2020).

Young people in this study observed that telehealth is particularly acceptable in certain situations, for example when people are too ill to go to the clinic, have anxiety about leaving the house, and for straightforward consultations or when the patient knows exactly what they need. If used in appropriate situations telehealth has potential to "provide the right service" and in a way that makes "a

positive contribution to youth health". Somewhat surprisingly many young people still voiced their preference for in-person consultations. This theme came through strongly, despite the numerous social and practical barriers many face in attending in-person visits. This finding highlights the clear need for primary care teams to understand how anxious young people might feel, and to pay particular attention to making young people feel welcome (see Table 3).

4.3 | Strengths and limitations

To our knowledge, this is one of the first studies to gather data about young people's experience and perceptions of using telehealth for primary care in New Zealand, and very few papers have reported specifically on this age-group internationally. Our study sample was demographically diverse and broadly reflective of the population in the study region, although smaller numbers of males, Māori and Pacific young people participated.

The inclusion of open-ended questions allowed participants to provide anonymous, free and frank responses and many provided rich additional data to complement their forced-choice responses. The breadth and amount of responses suggest an engagement with the topic (Brown et al., 2022). Failure to analyse survey free-text comments has been criticised in the past (Brown et al., 2022; Rich et al., 2013), but we also acknowledge the risk of bias in this analysis; free-text responders are usually more literate, have English as a first language and have no learning difficulties (Cunningham & Wells, 2017).

Despite our efforts to maximise response rates, participation was reasonably low. Only 388 of 1269 'clicks' resulted in the initiation of a survey, and we saw a moderate amount of drop off towards the end (313/388 of those who initiated a survey, completed it). As a result, we reached only a small group of participants with specific experience using telehealth, so our ability to describe in detail young people's first-hand experience with telehealth is limited.

5 | CONCLUSIONS

Young people have reservations about telehealth for receipt of primary care, and many report a preference for in-person consultations. Telehealth is seen as advantageous for simple, straightforward consultations and where there are both physical and psychological difficulties with leaving the home environment. Positive experiences of telehealth could be facilitated by providing young people with clear information about the process, cost and scope of care that can be provided, including options for sharing physical symptoms with clinicians.

AUTHOR CONTRIBUTIONS

EM conceived the research question, all authors designed the survey questions. SG and SR administered the survey. SG analysed the data and wrote the first draft. EM and SR reviewed analysis and contributed to subsequent drafts.

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CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

Author elects to not share data

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