PROCEDURE

HEADSS Adolescent Psychosocial Assessment

<table>
<thead>
<tr>
<th>Scope (Staff):</th>
<th>School health</th>
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<td>Scope (Area):</td>
<td>CACH, WACHS</td>
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Aim

To describe the procedure of an adolescent psychosocial health assessment as it should be conducted by nurses working in community health in a school setting.

Risk

Insufficient exploration and/or communication that does not engage or foster trust with a young person can result in psychosocial risk factors remaining undetected and appropriate support and referrals not provided to the young person.

Background

To be effective in the field of adolescent health, health professionals need to be highly competent communicators who understand adolescent development. Choice of words and delivery can support, educate and influence behaviour at critical points in time, assisting young people to develop health literacy, self-efficacy and resilience.¹,²

Psychosocial, behavioural and lifestyle problems are the major causes of morbidity and mortality among adolescents.³ Such problems may include concerns about sexual health, relationships with significant others and mental health issues. Young people may not present with, or express concerns directly about these matters. Often, adolescents present with relatively minor issues or physical complaints such as headache, tiredness or stomach ache which may mask a bigger problem involving sexuality, depression, anxiety, eating disorders, drug use, issues with school, bullying concerns, or problems with family, friends or intimate partners.² Nurses in community health school settings should not be the primary first aid provider or first point of contact for every unwell student. Good communication and agreed systems at a school level should be in place to alert the nurse to students who present frequently for minor issues, and schools should be encouraged to refer these students to the nurse for a more thorough consultation.

Young people facing difficulties may not fully understand what is happening to them, and may be unable to articulate thoughts and feelings without help. Others will have some insight and comprehensions of the issue and may reach out for help despite feeling uncomfortable about putting their thoughts (and fears) into words. It is common for adolescents to seek information and even self-diagnose using websites of varying reliability. Few will be aware of the range of services and support available to them.²,³

The ability to conduct a HEADSS adolescent psychosocial assessment is a key competency for nurses working in secondary schools.
HEADSS is an acronym, representing the following domains:

- **H**: Home
- **E**: Education and employment, eating and exercise
- **A**: Activities and peer relationships, social media
- **D**: Drug use, including prescribed medications, cigarettes, alcohol and other drugs
- **S**: Sexuality and gender
- **S**: Suicide and depression (including mood and possible psychiatric symptoms), safety and spirituality

**Key Points**

- Nurses working in secondary schools must have a well-developed understanding of adolescent development and key health issues.

- HEADSS adolescent psychosocial assessment should only be undertaken by nurses who have completed appropriate training.

- The HEADSS adolescent psychosocial health assessment provides a structure for:
  - Developing rapport with a young person, while systematically gathering information about their world, including family, peers, school, culture and their inner world;
  - Developing a picture of the young person’s strengths and protective factors;
  - Conducting a risk assessment and screening for specific risk issues;
  - Identifying areas for intervention and prevention;
  - Guiding health counselling, including commending and building on strengths, exploring options, planning actions, providing information, identifying need for intervention and referral.

- Nurses working in secondary schools need to be competent in undertaking a HEADSS assessment; however must also be mindful of the scope of their individual competence and experience in dealing with complex adolescent psychosocial health issues. A ‘Do no harm’ approach should be a constant underlying principle when engaging with at risk young people.

- Where a nurse recognises a complex case as being beyond her/his level of competence, a referral to an alternative, suitably qualified health professional will be made.
## Process

HEADSS is a guide and not a checklist. A handbook has been developed to provide nurses with additional support and guidance in conducting an adolescent psychosocial assessment in the school setting. See *HEADSS Assessment: Handbook for nurses working in secondary schools* under ‘Resources’ on [Health Point](#).

The following steps outline the overall process:

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<th>Steps</th>
<th>Additional Information</th>
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| **1. Community health contact**  
  - At all contacts, assess the young person and consider the indications for conducting a psychosocial assessment. | Consider a HEADSS assessment if the young person:  
  - is known or suspected to have a significant psychosocial issue  
  - presents recurrently for minor problems  
  - has high rate of absenteeism/school avoidance  
  - requires a ‘child in care’ assessment |
| **2. Concern for psychosocial health identified**  
  If there are concerns for the psychosocial health of the young person the nurse will:  
  - Arrange to conduct a psychosocial assessment in a timely manner **OR**  
  - Arrange for another qualified professional to conduct a psychosocial assessment. | When a psychosocial concern is indicated, the nurse must still consider if a HEADSS assessment is appropriate (refer to the *HEADSS Assessment: Handbook for nurses working in secondary schools* for circumstances when this may not be the case). |
| **3. Conduct a HEADSS psychosocial assessment**  
  - Ensure sufficient time is available  
  - Discuss confidentiality | Refer to the *HEADSS Assessment: Handbook for nurses working in secondary schools* for guidance on exploring the HEADSS domains and suggested questions. |
4. Use clinical judgement to determine the severity of the issue and decide an *Agreed Plan of Action* in partnership with the young person.

One of the following four pathways (outcomes) is required in response to a HEADSS assessment:

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<th>SEVERITY OF ISSUE(S)</th>
<th>MINIMUM ACTION REQUIRED</th>
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| 1. No specific problem(s) or; problem(s) have resolved. <br>*Conducting a HEADSS assessment allows the young person to review his/her health and wellbeing with an interested and non-judgemental adult. This alone can be helpful and therapeutic.* | Passive response  
- Encourage the young person to make contact again if desired.  
- Document. |
| 2. Individual is coping but would benefit from more support. <br>*The individual may have current physical or psychological distress; however there is no significant or persistent decline in functioning, and no significant risk. Education, support and prevention are required. For example;*  
- Controlled diabetes  
- Uncomplicated grief | Assertive response.  
- Provide brief psychosocial intervention.  
- Communicate with parents and/or teachers, with consent from individual.  
- Make a follow-up appointment.  
- Document. |
| 3. Individual is not coping and needs further assessment and/or specialist support. <br>*The individual presents with a significant health issue and there is a risk to health in the mid to long-term. Specialised support is required. For example;*  
- Suspected or confirmed unwanted pregnancy  
- Uncontrolled diabetes  
- Current and persistent psychological distress and a decline in functioning. | Appropriate referral and assertive follow-up.  
- Communicate with parents/guardian, preferably with consent from the individual.  
- Make and explain referral.  
- Provide individual with follow-up appointment. Ensure contact is maintained.  
- Provide further support and brief intervention until the referral is established.  
- Advise school Principal or Student Services Manager.  
- Document. |
| 4. Imminent and serious risk of harm or danger to individual or a third party. <br>*To be treated as an emergency. Take immediate action to keep the individual safe.* | Emergency response  
- Follow WA Health Guidelines for Protecting Children. [Link](#)  
- Follow the Community Health *Suicide Risk Response* guideline - responding to suicide risk in schools. [Link](#)  
- Inform and seek support from a member of the school student service team or school principal. |
5. **Document psychosocial assessment data on HEADSS Form part A (CHS421A).**
   - A clear HEADSS structure should be evident in the documentation.
   - Where sections have not been assessed, reasons for this should be identified under the relevant section on HEADSS Form part A.

   Immediately following the assessment use CHS421A to comprehensively document the assessment.
   Note: It is important to give your full attention to the young person throughout the assessment. If necessary make brief notes to assist with documentation after the interview.

6. **Write a structured Summary of Assessment on HEADSS Form Part B (CHS421B):**
   Notes should incorporate the following:
   - An **identifier** – who is the summary about?
   - The **situation** – what is the presenting issue and how long has it been that way?
   - The **background** to the situation – in what context has the situation occurred? Are there precipitating factors?
   - Any relevant **observations** (signs or symptoms) that the young person identifies. For example, are they eating, sleeping, socially isolated, using drugs?
   - Any **protective** factors that exist.

   Complete CHS421B as soon as is practicable, before the end of the day.
   - For outcome pathways 1 & 2, this should be completed immediately
   - For outcome pathways 3 & 4, this should be completed as soon as all required information is collected and a plan of care is determined.

**Referrals**

- Talk about available health services and how to access them.
- Refer to the *HEADSS Handbook for WA Community Health Nurses* for additional information on supporting a young person to proceed with their referral.
Documentation

- Write documentation immediately after the interview.
- Use CHS 421A to record the HEADSS assessment. [Link to forms.]
- Use CHS 421B to summarise the assessment and to record the outcomes, actions and responses which will follow. [Link to forms.]
- Make an entry into CHS 410 noting that a HEADSS assessment has been conducted and is attached.

Training

Required training

- CACH HEADSS supported learning package
- Aboriginal Cultural e-Learning (Mandatory training)

Recommended training

- Motivational Interviewing training
- *Interviewing Adolescents: Psychosocial Assessment (video)*
  - Video available online via [The PARTY project, Melbourne University](#) or
  - DVD available for loan from CACH Learning and Development
- Gatekeeper Suicide Prevention Course
- Youth [Mental Health First Aid](#) Course
- Family Partnership training or other communications course

Related internal policies, procedures and guidelines

| The following documents can be accessed in the CACH Community Health Policy Manual via HealthPoint or the Internet |
| CONFIDENTIALITY AND ADOLESCENTS |
| MENTAL HEALTH IN ADOLESCENCE |
| SEXUAL HEALTH IN ADOLESCENCE |
| EATING DISORDERS |
| BULLYING |
### Related internal resources

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<thead>
<tr>
<th>Resource</th>
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<tr>
<td>CACH HEADSS supported learning package</td>
<td><a href="#">Learning and Development</a></td>
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<td>School Health, <a href="#">Resources</a> for staff link on HealthPoint</td>
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<tr>
<td>HEADSS assessment: Handbook for nurses working in secondary schools</td>
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<tr>
<td>Working with Youth - a legal resource for community based health workers</td>
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<tr>
<td>Adolescent brief interventions</td>
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<tr>
<td>Government allowances for Youth (external link)</td>
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<td>Medicare for young people (external link)</td>
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<tr>
<td>LGBTIQ: Working with Lesbian, Gay, Bisexual, Transgender, Intersex and</td>
<td>Questioning or Queer Young People (Fact sheet for staff – not for distribution)</td>
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<tr>
<td>Supporting staff link on HealthPoint</td>
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<tr>
<td>Additional Department of Health, Government of Western Australia</td>
<td>resources:</td>
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<tr>
<td>CAHS Critical and Clinical Event Debrief</td>
<td><a href="#">Policy</a></td>
</tr>
<tr>
<td>Guidelines for Protecting Children 2015</td>
<td>Department of Health, Government of Western Australia</td>
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<td>External Resources</td>
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<tr>
<td>Interviewing Adolescents – A training video covering generic concepts</td>
<td>A training video covering generic concepts relevant for any health professional working with</td>
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### References


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This document can be made available in alternative formats on request for a person with a disability.

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