



PROCEDURE	
Adolescent psychosocial brief intervention	
Scope (Staff):	School staff
Scope (Area):	CAHS-CH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To provide nurses working with adolescents with guidance in providing brief interventions for adolescents who have psychosocial concerns.

Risk

Inadequate guidance for at-risk adolescents can result in missed opportunities to enhance the wellbeing and long term development of the adolescent, and may result in harm, increased vulnerability and longer term negative health outcomes for the young person.

Delivery of care that is not evidence based may result in elevated risk to the young person, or be ineffective at best.

Definitions

Brief Intervention: In this document, and in the context of WA community health services delivered in secondary schools, the term brief intervention is defined as *non-judgmental personalised information and individualised strategies that equip a young person to change or improve their health, development or behaviour irrespective of the length or number of the consultations.*

Health literacy: Health literacy has been defined as *“the capacity to acquire, understand and use information for health”*. Health literacy is more than health education: It involves the young person understanding health information and being able to apply it to their life in a meaningful way.¹

Background

Poor mental health has continued to grow as an issue of concern for young people in Australia. Despite recent efforts, the numbers of young people experiencing psychological distress has increased.²⁻⁴

Community health nurses play a vital role as part of the multi-professional school team to support early assessment, planning, intervention and follow up of young people in need of individualised health and wellbeing support in relation to adolescent psychosocial health issues. Community health nurses in schools can provide a unique contribution as advocates within the school environment and providers of brief interventions for young people.⁵

Brief intervention is purposeful and goal directed. All brief interventions are conducted in response to a real or potential health or developmental concerns, and are intended to

advance the young person's knowledge and skills in self-managing that issue. This is known as developing health literacy.⁵

Brief intervention is about promoting positive health and development, and reducing the risk of harm. Although young people who are motivated to change may be more likely to respond to brief intervention, an immediate willingness to change is not a pre-requisite. Provision of non-judgemental information and strategies may be a factor in prompting a young person to consider the matter further, either immediately or in the future.

There is no limit to the number of brief interventions that can be provided for/with a young person, because as the young person grows and develops, different brief interventions will be appropriate to their needs.

Brief interventions aim to help young people build skills and knowledge about how to deal with their difficulties and can empower young people to become more resilient and better able to deal with problems in the future.

Key Points

- HEADSS remains the primary psychosocial assessment for adolescents in community health settings, however brief intervention may be offered to adolescents during, at the conclusion of, or in isolation of a HEADSS assessment, as clinical judgement indicates.
- Where a HEADSS assessment identifies that an adolescent:
 - is coping but would benefit from support, brief intervention may be appropriate.
 - is not coping and requires further assessment and/or more specialist care, then brief intervention may be appropriate while the young person awaits further follow-up.
- Nurses working in secondary schools need to be competent in planning and delivering brief interventions with adolescents. They must also be mindful of the scope of their individual competence 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.
- If a young person is receiving specialist services for an identified issue, they may also benefit from brief intervention from the school nurse to support other psychosocial concerns and/or practical day-to-day functioning.
- Engaging an adolescent into brief intervention/s in the school health setting can supplement, but should not take the place of appropriate referral and treatment.
- All clinicians working with young people should routinely continue to build knowledge and expertise in adolescent health and development to facilitate effective brief intervention.
- Where a nurse recognises a case as being beyond her/his level of competence, a referral to a General Practitioner or an alternative, suitably qualified health professional should be made.
- Community health nurses are expected to take CAHS-CH and/or WACHS policies fully into account when exercising their clinical judgement. However, the guidance

does not override the responsibility of nurses to make decisions appropriate to the circumstances of each client, in consultation with the client and/or their caregiver.

Procedure

There are two key elements of a brief intervention in adolescent health:

1. The provision of information that is personalised for the young person’s health and developmental needs.
2. A range of individualised strategies developed in partnership with the young person to help them put the information into practice.

Every brief intervention will be unique as it will respond to the individual’s personal circumstances, needs, strengths and difficulties; however the following steps outline the general brief intervention process when working with an adolescent in the secondary school setting. For more detailed information and guidance refer to *An Introduction to Brief Intervention in Adolescent Psychosocial Health Handbook*.

Steps	Additional Information
<p>1. Explore issues</p> <p><i>“What is going on?”</i></p> <p>Ensure sufficient time is available to discuss the psychosocial issues that are concerning the young person.</p> <p>Ensure limits of confidentiality are discussed at the beginning of each session.</p>	<p>Listen, clarify and summarise issues as you talk.</p> <p>Use counselling micro skills to facilitate the conversation. Micro counselling skills can include observation, active listening, giving feedback, use of questions, challenging, instructions and the use of humour.⁵</p> <p>Ideally a HEADSS assessment will be completed prior to engaging a young person in brief intervention, however there are times when this is impractical.</p> <p>Use clinical judgement to decide if:</p> <ul style="list-style-type: none"> a) a full or partial HEADSS assessment is required prior to providing a brief intervention b) brief intervention strategies may be incorporated into the individual’s HEADSS assessment brief intervention may be provided without a HEADSS assessment.
<p>2. Facilitate and support the development of health literacy</p> <p><i>“Let’s look at what might help you”</i></p>	<p>Engage the young person in a discussion that improves their knowledge and understanding of health issues.</p> <p>Assist the young person to identify resources providing quality information or support related to their issue of concern</p>

Steps	Additional Information
	<p>Appendix A of the <i>Brief Intervention in Adolescent Health Resource</i> provides some useful links you may like to share with clients.</p> <p>The young person may require support to evaluate the quality of online health information.</p> <p>Encourage the young person to consider changes that may improve their health and wellbeing.</p>
<p>3. Assist the young person to set goals and priorities</p> <p><i>“If there was one thing you could change, what would it be?”</i></p> <p><i>“How would you like things to be different?”</i></p> <p><i>“What would that look like?”</i></p>	<p>Identify what the young person’s goals and priorities are.</p> <p>Being mindful of the individual’s age, cognition and development, discuss what are realistic aims and expectations and come up with a simple plan together.</p> <p>Aim for SMART goals (Specific, Measurable, Attainable, Relevant, Time-based).</p> <p>Discuss things that can’t be changed and support acceptance.</p>
<p>4. Identify support</p> <p><i>“Who can help you?”</i></p>	<p>Ask the young person to identify one or more person/s who is able to support them.</p> <p>Provide relevant information and links to suitable resources for the young person (including those identified at step 2).</p>
<p>5. Refer to other service as appropriate</p> <p><i>“What other services can help with professional support?”</i></p> <p>Consider need for referral if clinically indicated.</p>	<p>Identify appropriate helplines, provide information or other immediate help/assistance if required.</p> <p>Refer young person to appropriate services as a priority if clinically indicated.</p>
<p>6. Monitor</p> <p><i>“What next and when?”</i></p>	<p>Establish if a follow-up appointment is needed and what will happen if the young person does not attend.</p> <p>Monitoring should be assertive but largely student led. Use clinical judgement to balance the need for support against the risk of over-dependence.</p>

Documentation

Use CHS 410 Progress notes to record the session. As a minimum notes should include:

- summary of issue discussed,
- strengths and protective factors identified,
- personalised information provided,
- strategies agreed and goals identified,
- support available,
- any referrals made,
- any follow-up planned.

Use HEADSS Assessment form Part B to document if the brief intervention was integrated into a HEADSS.

Training Requirements

- HEADSS Supported Learning Package (pre-requisite)
- *An introduction to brief intervention in adolescent psychosocial health:* Supported Learning Package.

Related internal policies/procedures/guidelines
The following documents can be accessed in the Community Health Manual via the Healthpoint link or the Internet link
School Health Service Policy
HEADSS Adolescent Psychosocial Assessment Procedure
Confidentiality and adolescents
Mental Health in adolescence
Sexual health in adolescence
Suicide Risk Response Protocol

Related internal resources/forms
The following Resources and Forms can be accessed via Healthpoint
Introduction to brief intervention in adolescent psychosocial health: Handbook

Related internal resources/forms
HEADSS Assessment: Handbook for community nurses in secondary schools
CHS421-A HEADSS Psychosocial Assessment Form – Initial Assessment
CHS421-B HEADSS Psychosocial Assessment Form – Plan and Follow-up
Health Promotion in Schools Guidelines
Working with Youth - a legal resource for community based health workers

Related training
The following training can be accessed via the CACH Learning and Development link on HealthPoint.
HEADSS Supported Learning Package (pre-requisite)
<i>An introduction to brief intervention in adolescent psychosocial health: Supported Learning Package</i>
Gatekeeper Suicide Prevention Course
Youth Mental Health First Aid Course
Family Partnership training or other communications course
Clinical Skills Assessment via Clinical Education Team

Useful external resources
Blackdog Institute aims to reduce the incidence of mental illness and the stigma around it, to actively reduce suicide rates and empower everyone to live the most mentally healthy lives possible. They provide a range of free resources.
Beyond Blue provides information and support for all ages to promote mental health and wellbeing. Includes link to safety planning tool <i>BeyondNow</i> .
eSafety Commissioner – provides information and resources for schools, parents, children and young people with classroom based activities, teacher resources and online activities
Headspace – is the National Youth Mental Health Foundation. Headspace centres provide young people (12-25 years) with health advice, support and information regarding: general health, mental health (including counselling), managing emotions (including anger), education, employment, alcohol and other drugs, and other services. Use the search function to find articles and resources of relevance.
Health Professionals have access to information, guidelines, clinical toolkits, research etc

to support their work with young people.
Orygen The National Centre of Excellence in Youth Mental Health (Australian based) Browse the <i>Education and training/ Resources and training</i> link to view the training materials, clinical resources, evidence summaries and products available for professionals working in youth mental health; community health nurses will find that much of the material can be applied within the scope of their practice. Staff will find many of the fact sheets and evidence summaries such as Working with adolescents: Keeping Romantic Relationships in Mind among others helpful in supporting adolescents with their variable psychosocial health issues.
Orygen: Brief Interventions in Youth Mental Health including tools for understanding anger; physical activity for wellbeing; understanding and managing moods and anxiety; problem solving skills; mindfulness and relaxation; understanding and accepting myself; sleeping well; nutrition for wellbeing. Nurse may review the resource and use elements that are within their scope of practice.
Reach Out – a website for young people created by the Inspire Foundation, providing a range of information on mental health, sexuality, body image, stress, self-esteem, anger management, coping skills, relationships and many other issues of importance to young people.
Smiling mind – evidence based mindful meditation for young people. Available as a web and App-based program, designed to help bring balance, calm and coping strategies to young lives.
Teen sleep and its impact on learning and mental health (podcast by Dr Chris Seaton, hosted by GenerationNext) discusses multiple factors that cause teens to be chronically sleep deprived and the multiple physical and mental health problems this can lead to. Includes strategies suitable for inclusion in brief intervention with adolescents seeking to build resilient sleep.
Ybblue – The <i>youth beyondblue</i> initiative targeting young people aged 12 to 25 and also family and friends who are concerned about someone they care about, including matters to do with: mental health, bullying, cyberbullying, body image and a range of other issues concerning young people.

References	
1.	Nutbeam D. Defining and measuring health literacy: what can we learn from literacy studies? <i>International Journal of Public Health</i> . 2009;54(5):303.
2.	Bullot A, Cave L, Fildes J, Hall S, Plummer J. Mission Australia's 2017 Youth Survey Report. 2017.
3.	Australian Research Alliance for Children and Youth. Report Card: the wellbeing of young Australians (2018). 2018.
4.	Lawrence D, Johnson S, Hafekost J, Boterhoven de Haan K, Sawyer M, Ainley J, et al. The mental health of children and adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. 2015.
5.	Pavletic AC. Connecting with frequent adolescent visitors to the school nurse through the use of intentional interviewing. <i>J Sch Nurs</i> . 2011;27(4):258-68.

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

Document Owner:	Co-Director Nursing, CAHS-CH		
Reviewer / Team:	Clinical Nursing Policy Team, Adolescent Brief Intervention Pilot Group (Statewide)		
Date First Issued:	6 February 2019	Scheduled Review Date:	30 June 2022
Last Reviewed:	N/A		
Approved by:	CACH/WACHS Community Health Clinical Nursing Policy Governance Group		
Endorsed by:	Executive Director CAHS	Date:	6 February 2019
Standards Applicable:	NSQHS Standards:  1.7, 1.8		
Printed or personally saved electronic copies of this document are considered uncontrolled			