



PROCEDURE

HEEADSSS Adolescent Psychosocial Assessment

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

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

Aim

To provide guidance in adolescent psychosocial health assessment for community health nurses working in school settings. To support identification of protective and risk factors to inform care planning.

Risk

Poor engagement and inadequate assessment of a young person's circumstances, protective and risk factors, can result in psychosocial issues remaining undetected and lack of appropriate support to address issues.

Background

Adolescence is an important period of life which is characterised by rapid physical, cognitive, social and emotional development.^{1,2,3} Morbidity and mortality in adolescence largely results from (mostly preventable) risk taking behaviours, involving injuries (accidental and non-accidental), alcohol and drug misuse and unsafe sexual activity.² In addition, poor health behaviours such as sedentary lifestyle, poor eating habits, nicotine and alcohol use can become established in adolescence and lead to poor health in adulthood.^{2,3,4} These health risk behaviours frequently cluster and some individuals live with multiple risks.^{2,4}

Identification of psychosocial issues followed by appropriate counselling is known to enhances positive behaviour and lifestyle outcomes.² Further, identification of strengths and promoting resilience is well supported by research evidence. Adolescents often wish to discuss their health concerns with a health professional but are unlikely to talk about sensitive issues unless they are asked directly, for example, about suicidal thoughts or sexual activity.²

HEEADSSS assessment is well regarded in Australia and has become a standard in adolescent health care.⁵ State government and peak medical bodies recommend its use with young people attending community health and other settings.⁴

The HEEADSSS tool supports clinicians to engage in discussion with adolescents about many of the concerns that arise in this age group. It is a tool to help understand and assess the physical, emotional and social well-being of adolescents,³ progressing from less sensitive topics to more emotionally charged issues.⁴

HEEADSSS helps clinicians to identify risks, strengths and support interventions for short and long term positive outcomes. It promotes communication, empathy, confidentiality and respect between the adolescent and clinician.⁴ It supports care planning, brief intervention and referral for more specialist interventions. The process gives adolescents a voice to express their own concerns, to be involved in developing strategies and to build skills to address their own issues.³

HEEADSSS is a mnemonic, representing the following domains:

- H** Home
- E** Education and employment
- E** Eating, exercise, sleep and physical health
- A** Activities, peer relationships, social media
- D** Drug use, including medications, cigarettes, vaping, alcohol and other drugs
- S** Sexuality and gender
- S** Suicide and self-harm
- S** Safety and spirituality.

Key points

- The ability to conduct a HEEADSSS psychosocial assessment with adolescents is a key skill for nurses working in secondary schools. It should only be undertaken by nurses who have completed training approved by CACH and WACHS.
- Nurses working in secondary schools must have a well-developed understanding of adolescent development and key health issues.
- Nurses need to be aware of the impact of trauma on a person to avoid triggering further trauma/harm. The HEEADSSS assessment provides a framework for;
 - Developing rapport with a young person, while systematically gathering information about their world, including family, peers, school, culture and their inner world
 - Giving a voice to young people to express their concerns and aspirations
 - Developing a picture of the young person's strengths and protective factors
 - Conducting an assessment and screening for specific risk factors that need to be addressed
 - Guiding a conversation to; commend and build on strengths, explore options, priorities and choices, plan actions, provide information, identify need for brief intervention and/or referral to specialist services

- Supporting an individual to develop health literacy and build skills such as problem solving, decision making and goal setting.
- Where a nurse recognises a complex case as being beyond their scope of practice, a referral to an alternative, suitably qualified health professional is to be made.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.

Process

Steps	Additional Information
<p>1. Community health contact</p> <ul style="list-style-type: none"> • At each contact with an adolescent, consider indications for possible psychosocial issues. • Use HEEADSSS as appropriate for Children in Care Assessments. 	<ul style="list-style-type: none"> • <u>Consider</u> a HEEADSSS assessment if the young person: <ul style="list-style-type: none"> ○ Is known or suspected to have a significant psychosocial issue ○ Presents recurrently for minor problems ○ Has a high rate of absenteeism or school avoidance ○ Is referred by school staff or a concern raised by parent(s) ○ Any time it appears to be warranted.
<p>2. Concern for psychosocial issue(s) identified</p> <ul style="list-style-type: none"> • Arrange to conduct a HEEADSSS assessment in a timely manner. <p>OR</p> <ul style="list-style-type: none"> • Arrange for another qualified professional to consult with the young person, (if impeded by time constraints or HEEADSSS training not yet completed). 	<ul style="list-style-type: none"> • HEEADSSS may not be appropriate when: <ul style="list-style-type: none"> ○ There are significant language or cultural barriers ○ The individual chooses not to engage ○ Time is constrained and meaningful engagement cannot occur. ○ A significant risk requiring urgent action is evident early in the consultation • Other qualified professionals may include the School Psychologist, student services staff or appropriate staff at an external service in the community.

Steps	Additional Information
<p>3. Conduct a HEEADSSS assessment</p> <ul style="list-style-type: none"> • Ensure sufficient time is available. • Identify the individual as per Patient/Client Identification Protocol (CACH) or Patient Identification Policy (WACHS). • Discuss and explain confidentiality and its limits. • Explain that you will ask questions to learn about their situation and life, and take notes to be kept in a confidential health record. • Conduct the assessment using the HEEADSSS framework flexibly to respond to the individual. • Use clinical judgement to determine the nature and severity of issues that arise. • Verbally summarise the strengths, issues and concerns at the end of the assessment. Seek confirmation and clarification with young person. • Use the table and care planning suggestions below to develop a brief Agreed Plan of Action with the young person before they leave. 	<ul style="list-style-type: none"> • It is important to fully attend to the young person throughout the assessment. • Adapt the line of questioning to suit the individual and their circumstances. Not every element of HEEADSSS needs to be covered if not appropriate at that time. • Be mindful of noting strengths and complimenting things the young person is doing well. • Adjust questioning to avoid re-traumatising i.e. past abuse. • Adapt communications for individuals who are developmentally immature or are intellectually impaired. • Refer to the <i>HEADSS Assessment: Handbook for nurses working in secondary schools</i> for guidance on explaining the assessment to the young person, exploring the domains and suggested questions.
<p>SEVERITY OF ISSUES(S)</p>	<p>CARE PLANNING REQUIRED</p>
<p>Individual functioning well and issues are resolved</p> <p>Conducting a HEEADSSS assessment allows the young person to review their health and wellbeing with an interested and non-judgemental adult. The assessment may help to resolve issues without further action.</p>	<ul style="list-style-type: none"> • Encourage the young person to make their own plans to prevent or resolve issues. • Encourage the young person to make contact again if desired.
<p>Individual is coping but would benefit from more support.</p> <p>The individual may have current physical or psychological distress, however there is no significant or persistent decline in functioning, and no significant risk. For example;</p> <ul style="list-style-type: none"> ○ Experiencing loss and grief 	<ul style="list-style-type: none"> • Provide brief intervention appropriate to the issue and circumstances. Support health literacy and empowerment. • Support the young person to talk with parents and/or school staff. • If necessary, talk with parents and/or school staff, with consent from young person.

Steps	Additional Information
<ul style="list-style-type: none"> ○ A relationship issue with family, friend or intimate partner. 	<ul style="list-style-type: none"> ● Discuss available health and other relevant services and how to access them. ● Make a follow-up appointment.
<p>Individual's situation is having significant impacts on how they are functioning. The young person needs further assessment and/or specialist support.</p> <p>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;</p> <ul style="list-style-type: none"> ○ Suspected or confirmed pregnancy ○ Uncontrolled diabetes ○ Issues with alcohol or drugs ○ Current and persistent psychological distress and a decline in functioning. 	<ul style="list-style-type: none"> ● Talk about health and other relevant services and how to access them. ● Explain referral process and gain consent before proceeding with referral. ● Provide individual with follow-up appointment. Ensure contact is maintained. ● Provide further support and brief intervention until the referral is established. ● Support the individual to identify a person (parent or a safe adult) to talk with about their issue. ● Negotiate with the young person about informing and engaging their parent/guardian, as appropriate to the circumstances. ● Communicate with parents, as appropriate, preferably with consent from the individual. ● Advise school Principal or Student Services Manager if appropriate, with consent from the individual. Consider confidentiality requirements.
<p>Imminent and serious risk of harm or danger to individual or a third party</p> <ul style="list-style-type: none"> ○ Suicide risk ○ Actual or implied threats to another person ○ Significant physical, emotional or mental deterioration that requires urgent action ○ Significant risk of abuse or harm to individual by a third party. 	<ul style="list-style-type: none"> ● Take immediate action to keep the individual safe, and/or others safe. ● Contact senior school staff member for urgent support and to plan actions. ● Follow <i>WA Health Guidelines for Protecting Children</i>, as relevant. ● Follow the Suicide Risk Response protocol, as relevant. ● Inform line manager of situation and outcomes. ● CAHS-CH staff to refer to CAHS Clinical Incident Management and Critical Incident Impact Management (Debrief) Policies.
<p>4. Develop an <i>Agreed Plan of Action</i> (including client goals) in partnership with the young person</p> <ul style="list-style-type: none"> ● Identify the client's goals and use the guidance in the table to plan care ● Identify areas for brief intervention, building skills and health literacy. ● Support the young person to explore options and plan actions in a manner that empowers and builds on skills and strengths. 	

Steps	Additional Information
<p>5. Document HEEADSSS</p> <ul style="list-style-type: none"> • Document the assessment immediately afterwards. This includes; <ul style="list-style-type: none"> ○ A comprehensive account of the assessment ○ Summary of assessment ○ Agreed plan specifically noting the client’s goals. • Documentation to be based on HEEADSSS framework. • The summary should include risks and protective factors, decisions and actions agreed and/or required by nurse and young person. 	<ul style="list-style-type: none"> • During the consultation it may be useful to make brief notes to assist with documentation after the consultation. • After entering into CDIS/CHIS, notes are to be shredded. • Summary of Assessment. Notes should incorporate: <ul style="list-style-type: none"> ○ An identifier – check client identifiers ○ 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? Current family/social/partner dynamics. ○ Observations (signs or symptoms) identified. For example; are they eating, sleeping, socially isolated, sexually active, using drugs? ○ Protective factors and strengths that are evident.
<p>6. Professional support</p> <ul style="list-style-type: none"> • Following consultation with adolescents, seek to debrief, as required. • Staff are reminded to consider self-care, as well as professional and personal support. 	<ul style="list-style-type: none"> • Staff to discuss the availability of professional support and debriefing strategies with their line manager.

Documentation

Nurses must maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 the [Health Services Act 2016](#) (WA) and is binding on all CAHS and WACHS staff as per section 27 of the same act.

Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

References

1. Australian Institute of Health and Welfare 2021. *Australia's Youth: In brief*. Cat. no. CWS 80. Canberra: AIHW
2. Royal Australasian College of Physicians, 2021. *Routine Adolescent and Young Adult Psychosocial and Health Assessment: Position Statement*. RACP: Sydney, NSW
3. Smith GL & McGuinness TM, Adolescent Psychosocial Assessment, The HEEADSSS, *Journal of Psychosocial Nursing*, 2017, 55(5) 24-27.
4. Waller D, Bailey S, Zolfaghari E, Ho J, Feuerlicht D, Ross K, and Steinbeck K. Psychosocial assessment of adolescents and young adults in paediatric hospital settings: patient and staff perspectives on implementation of the e-HEEADSSS. *MBC Health Services Research*, 2023, 23:683
5. Sawyer SM Editorial: Psychosocial Assessments After COVID-19. *Journal of Adolescent Health* 68 (2021) 429-430

Related internal policies, procedures and guidelines

The following documents can be accessed in the CH Clinical Nursing Manual: [HealthPoint link](#) or [Internet link](#) or for WACHS staff in the [WACHS Policy link](#)

Adolescent Brief Intervention

Family and Domestic Violence - child and school health

Mental health in Adolescence

School Health Services Policy

School-aged Health Services - Secondary

Sexual Health and Healthy Relationships in Adolescence

Sexual Assault

Suicide Risk Response

The following documents can be accessed in the [CAHS Policy Manual](#)


The following documents can be accessed in the WACHS Policy Manual

[WACHS Clinical Handover \(Allied and Community Health\) Form](#)

WACHS Population Health Consent for Sharing of Information (Child 0-17 years) Form

Related resources
CAHS External links and resources
Guidelines for Protecting Children 2020
HEADSS Assessment Handbook for nurses working in secondary schools
Introduction to brief intervention in adolescent psychosocial health: Handbook
WA Youth Health Policy
Working with Youth - a legal resource for community based health workers

This document can be made available in alternative formats on request.

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Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children’s Hospital