

Adolescent Health GP Resource Kit

Practice Points

section two - chapter two

Conducting a Psychosocial Assessment

The HEEADSSS Assessment

- ◆ The **HEEADSSS** assessment is a screening tool for conducting a comprehensive psychosocial history and health risk assessment with a young person
- ◆ **HEEADSSS** also provides an ideal format for a preventive health check
- ◆ It provides information about the young person's functioning in key areas of their life:

H – Home

E – Education & Employment

E – Eating & Exercise

A – Activities & Peer Relationships

D – Drug Use/Cigarettes/Alcohol

S – Sexuality

S – Suicide and Depression

S – Safety

The HEEADSSS assessment provides a systematic framework for:

- ◆ developing rapport with the young person
- ◆ performing a risk assessment and screening for specific risk behaviours
- ◆ identifying the young person's strengths and protective factors
- ◆ identifying areas for intervention and prevention

Conducting a HEEADSSS Assessment *see page 39*

- ◆ Introduce the assessment and explain what you are doing:

Example:

"There are many health risks for young people today. In order for me to get a better understanding of each patient, I like to ask them about different areas of their life and how these might affect their health. If it's okay with you, I'd like to ask you a few questions about how things are going in different areas of your life."

- ◆ Reassure the young person about confidentiality
- ◆ **HEEADSSS** is designed to start with less sensitive areas of a young person's life and move towards more sensitive areas

Asking sensitive questions see page 40

- ◆ Request permission to ask sensitive questions, for example:

‘If it’s all right with you, I’d like to ask you some personal questions. The reason that I want to ask you these is because I’m trying to get a picture of your overall health and who you are. Remember that anything we discuss will be confidential with the exception of those things I mentioned before. Is it OK if I ask you some more questions?’

- ◆ Use a ‘third-person’ approach:

Example:

“Some young people your age are starting to experiment with drugs or alcohol (or sex). Have any of your friends tried these? How about yourself?”

Progress from neutral to more sensitive topics, for example:

- ◆ If the young person mentions they have a boyfriend or girlfriend, a further question might be:
“Can I ask his/her name? How long have you been going out with him/her? Has the relationship become more sexual? Have you thought about having sex?”

Wrapping Up the Assessment

- ◆ At the end of the **HEEADSSS** assessment, the GP should have a profile of:
 - the young person’s psychosocial health
 - the overall level of risk of the young person
 - specific risk factors in their lives, as well as protective factors and strengths
 - areas for intervention
- ◆ Compliment the young person on their strengths and areas in their life where they are doing well
- ◆ Identify and discuss any issues of concern
- ◆ Help the young person to identify risks associated with their behavior and to identify strategies for reducing risks
- ◆ Identify areas for early intervention and follow-up
- ◆ Provide health education about particular health issues or risk behaviors

A Guide to Using HEEADSSS see page 42

See also Appendix 2 for sample questions to use in the HEEADSSS assessment.

chapter two

Conducting a Psychosocial Assessment

For adolescents, a psychosocial assessment of their functioning in key areas of their lives is at least as important as the physical exam¹.

Psychosocial, behavioural and lifestyle problems are the major causes of adolescent morbidity and mortality (See Section One – Key Adolescent Health Problems). Yet adolescents rarely choose to see a GP for psychosocial issues such as drug use, sexual health, mental health, school or family problems².

Adolescents often present with relatively minor complaints. By exploring beyond the presenting complaint, the GP can assess the young person's psychosocial background and detect underlying health concerns and risk factors. This increases the chance of providing timely intervention and preventive education.

The 'HEEADSSS' Assessment

The HEADSS¹ screening tool is a structured framework for conducting a comprehensive biopsychosocial assessment of the young person. It provides information about the young person's functioning in key areas of their life.

HEADSS has been recently expanded to include further categories that reflect the major causes of adolescent morbidity and mortality¹:

H – Home

E – Education & Employment

E – Eating & Exercise

A – Activities & Peer Relationships

D – Drug Use / Cigarettes / Alcohol

S – Sexuality

S – Suicide and Depression

(including mood & possible Psychiatric symptoms)

S – Safety

The HEEADSSS assessment gives the GP a structure for³:

- ◆ developing rapport with the young person while systematically gathering information about their world – their family, peers, school and inner world
- ◆ performing a risk assessment and screening for specific risk behaviours
- ◆ identifying areas for intervention and prevention
- ◆ developing a picture of the young person's strengths and protective factors

Using HEEADSSS

- ◆ Before starting the consultation, reassure the young person about confidentiality
- ◆ **HEEADSSS** is a **guide** not a prescription – don't use it as a checklist to be rattled off – be flexible in how you apply it
- ◆ Let the interview flow naturally in an interactive style and come back to any areas not covered
- ◆ Use an open-ended questioning style
- ◆ The **HEEADSSS** assessment is not simply an information gathering exercise – listen carefully to the young person's verbal and non-verbal responses
- ◆ Explore in more detail any areas of ambiguity or where a risk is identified – especially in sensitive areas such as drug use and sexual activity
- ◆ You may not have time to cover all of the **HEEADSSS** areas in the one consultation. If some areas take more time, explain to the young person that what they are telling you is important – make another appointment to explore further with them

See A Guide to Using HEEADSSS – below

With Current Patients:

- ◆ **HEEADSSS** provides an ideal format for a preventive health check
- ◆ A **HEEADSSS** screen can be opportunistically performed when an adolescent patient presents with a minor complaint – explain to them the reasons for the screen and normalise the process:

“Sally, I know you’ve come to see me for a sore throat but since I haven’t seen you for a while I’d just like to check how your life is going in general. If there’s anything you’d like to discuss about your health, we can do that now. If there’s anything you don’t feel comfortable to talk about, that’s fine – just let me know. I do this with all my young patients. Is that okay with you?”

- ◆ **Selective screening** – you can apply specific sections of the assessment as appropriate to a particular young person and their circumstances

With New Patients:

- ◆ **HEEADSSS** provides a framework for engaging the young person while taking a full history
- ◆ Any young person presenting with a psychosocial complaint (e.g. mental health issue; behavioural problem; sexual health) requires a full **HEEADSSS** assessment
- ◆ Introduce the assessment and explain what you are doing:

“There are many health risks for young people today. In order for me to get a better understanding of each patient, I like to ask them about different areas of their life and how these might affect their health. If it’s okay with you, I’d like to ask you a few questions about how things are going in different areas of your life.”

Asking Sensitive Questions

- ◆ The **HEEADSSS** format is designed to start with less sensitive areas of a young person’s life and move towards more sensitive
- ◆ Bear in mind however, that for some young people, the first item, **‘HOME’** can be a difficult and highly sensitive area:
 - for example, CALD young people may initially feel uncomfortable talking about their parents and other family issues

- they may think that they do not have the right to complain or fear being perceived as complaining about their parents
- there may be conflict or violence in the home environment

- ◆ Request permission to ask sensitive questions:

Example: “I’d like to ask you a few personal questions. You don’t have to answer these if you don’t feel comfortable. The reason I want to ask you these is because it will help me to get a picture of your life and your overall health and give you a chance to talk about any things that you might be concerned about. Remember that anything we discuss will be kept confidential. Is it OK if I ask you some more questions?”

- ◆ Use the **‘third person approach’**. This normalises the process of what you are doing and lessens the impact of sensitive questions:

*Example: “Many young people your age are beginning to experiment with drugs or alcohol (or sex). Have you or any of your friends ever tried these (or, had a sexual relationship)?
Or:
“Sometimes when people feel very sad they can think about hurting themselves. Have you ever had any thoughts like this?”*

- ◆ Progress from neutral to more sensitive topics – for example, if the adolescent mentions that they have a boyfriend or girlfriend, a further question might be:

“Can I ask what his/her name is? How long have you been going out with him/her? Has the relationship become more sexual? Have you thought about having sex?”

- ◆ When exploring the area of sexuality, don’t assume the young person’s sexual orientation
 - enquire about both opposite and same-sex relationships
 - adopt a gender-neutral and non-judgemental approach:

“Have you ever had a relationship with any boys or girls or both?”

Further History

- ◆ At the end of the **HEEADSSS** assessment, the GP should have a profile of:
 - the young person's psychosocial health
 - the overall level of risk of the young person
 - specific risk factors in their lives – as well as protective factors and strengths
 - areas for intervention
- ◆ This information will serve as a guide to intervention and the provision of health education
- ◆ The **HEEADSSS** assessment will form part of your overall comprehensive assessment of the young person – supplementing the information you gather in your initial interview and rapport-building with the young person, as well as the physical examination, should you conduct one with the young person

See Chapter 4 – Conducting a Physical Examination

- ◆ Use the **Adolescent Health Check** pro-forma to document the data you gather about the young person so as to develop a comprehensive profile of the client's psychosocial background, health issues and areas for intervention

See Adolescent Health Check template – Appendix 1

- ◆ Other areas of the young person's life to enquire about include:
 - family history
 - cultural background
 - recent life events (e.g. change of schools; separation of parents; death of a relative; migration history; etc)
 - coping skills
 - medical and psychiatric history
 - available support systems
 - personality factors

Risk Assessment

- ◆ The **HEEADSSS** assessment can be used to specifically screen adolescent patients for risk behaviours and to identify social and environmental risk factors in their lives
- ◆ This will enable you to plan appropriate interventions for reducing risk behaviours and addressing risk factors

See Chapter 5 – Risk Taking and Health Promotion

Addressing Specific Health Problems

- ◆ Refer to individual chapters in the Kit for approaches to treating specific health problems identified in your assessment – e.g.:
 - **Chapter 8 – Treating Substance Abuse**
 - **Chapter 9 – Sexual Health**
 - **Chapter 10 – Mental Health**
 - **Chapter 11 – Chronic Conditions**

Know your Adolescent Resources

- ◆ Many adolescent health problems (especially complex, co-morbid problems) require a multi-disciplinary approach and referral to allied health professionals or specialist services
- ◆ Familiarise yourself with local resources and services for young people, and relevant allied health professionals – e.g.
 - Youth-specific resources – such as youth health centres, youth refuges, hospital based adolescent units
 - Other services relevant to young people's needs – e.g. alcohol and drug services, sexual assault centres, mental health services, family counselling programs, psychologists and social workers

See Section Four – for resources and contact details of specialist services

- ◆ Use the Medicare Mental Health Item Numbers to facilitate access to psychological and specialist counselling services

See Chapter 13 – Collaborative Care

A Guide To Using HEEADSSS ^{1,3}

The following questions provide a guide to conducting a **HEEADSSS** assessment with a young person. You can use the form contained in **Appendix 2** for recording the young person's responses to these questions:

Assessment Area	Questions
H - Home	<p>Explore home situation, family life, relationships and stability:</p> <p>Where do you live? Who lives at home with you? Who is in your family (parents, siblings, extended family)? What is your/your family's cultural background? What language is spoken at home? Does the family have friends from outside its own cultural group/from the same cultural group? Do you have your own room? Have there been any recent changes in your family/home recently (moves; departures; etc.)? How do you get along with mum and dad and other members of your family? Are there any fights at home? If so, what do you and/or your family argue about the most? Who are you closest to in your family? Who could you go to if you needed help with a problem?</p>
E - Education/ Employment	<p>Explore sense of belonging at school/work and relationships with teachers/peers/workmates; changes in performance:</p> <p>What do you like/not like about school (work)? What are you good at/ not good at? How do you get along with teachers/other students/workmates? How do you usually perform in different subjects? What problems do you experience at school/work? Some young people experience bullying at school, have you ever had to put up with this? What are your goals for future education/employment? Any recent changes in education/employment?</p>
E - Eating and Exercise	<p>Explore how they look after themselves; eating and sleeping patterns:</p> <p>What do you usually eat for breakfast/lunch/dinner? Sometimes when people are stressed they can overeat, or under-eat – Do you ever find yourself doing either of these? Have there been any recent changes in your weight? In your dietary habits? What do you like/not like about your body? <i>If screening more specifically for eating disorders you may ask about body image, the use of laxatives, diuretics, vomiting, excessive exercise, and rigid dietary restrictions to control weight.</i> What do you do for exercise? How much exercise do you get in an average day/week?</p>
A - Activities and Peer Relationships	<p>Explore their social and interpersonal relationships, risk taking behaviour, as well as their attitudes about themselves:</p> <p>What sort of things do you do in your free time out of school/work? What do you like to do for fun? Who are your main friends (at school/out of school)? Do you have friends from outside your own cultural group/from the same cultural group? How do you get on with others your own age? How do you think your friends would describe you? What are some of the things you like about yourself? What sort of things do you like to do with your friends? How much television do you watch each night? What's your favourite music? Are you involved in sports/hobbies/clubs, etc.?</p>

<p>D - Drug Use/ Cigarettes/ Alcohol</p>	<p>Explore the context of substance use (if any) and risk taking behaviours: Many young people at your age are starting to experiment with cigarettes/ drugs/ alcohol. Have any of your friends tried these or other drugs like marijuana, injecting drugs, other substances? How about you, have you tried any? – if Yes, explore further How much do you use and how often? How do you (and your friends) take/use them? – explore safe/unsafe use; binge drinking; etc. What effects does drug taking or smoking or alcohol, have on you? Has your use increased recently? What sort of things do you (& your friends) do when you take drugs/drink? How do you pay for the drugs/alcohol? Have you had any problems as a result of your alcohol/drug use (with police; school; family; friends) ? Do other family members take drugs/drink?</p>
<p>S - Sexuality</p>	<p>Explore their knowledge, understanding, experience, sexual orientation and sexual practices – Look for risk taking behaviour/abuse: Many young people your age become interested in romance and sometimes sexual relationships. Have you been in any romantic relationships or been dating anyone? Have you ever had a sexual relationship with a boy or a girl (or both)? – if Yes, explore further (If sexually active) What do you use to protect yourself (condoms, contraception)? What do you know about contraception and protection against STIs? How do you feel about relationships in general or about your own sexuality? (For older adolescents) Do you identify yourself as being heterosexual or gay, lesbian, bisexual, transgender or questioning? Have you ever felt pressured or uncomfortable about having sex?</p>
<p>S - Suicide/ Self Harm/ Depression/ Mood</p>	<p>Explore risk of mental health problems, strategies for coping and available support: Sometimes when people feel really down they feel like hurting, or even killing themselves. Have you ever felt that way? Have you ever deliberately harmed or injured yourself (cutting, burning or putting yourself in unsafe situations – e.g. unsafe sex)? What prevented you from going ahead with it? How did you try to harm/kill yourself? What happened to you after this? What do you do if you are feeling sad, angry or hurt? Do you feel sad or down more than usual? How long have you felt that way? Have you lost interest in things you usually like? How do you feel in yourself at the moment on a scale of 1 to 10? Who can you talk to when you're feeling down? How often do you feel this way? How well do you usually sleep? It's normal to feel anxious in certain situations – do you ever feel very anxious, nervous or stressed (e.g. in social situations)? Have you ever felt really anxious all of a sudden – for particular reason? Do you worry about your body or your weight? Do you do things to try and manage your weight (e.g. dieting)? Sometimes, especially when feeling really stressed, people can hear or see things that others don't seem to hear or see. Has this ever happened to you? Have you ever found yourself feeling really high energy or racey, or feeling like you can take on the whole world?</p>
<p>You can also explore: S - Safety S - Spirituality</p>	<p>Sun screen protection; immunisation; bullying; abuse; traumatic experiences; risky behaviours. Beliefs; religion; What helps them relax, escape? What gives them a sense of meaning?</p>

Case Study – Using HEEADSSS

Toby is a 14 year old boy who lives with both parents and an older brother. He presents for the third time in 3 months with upper abdominal pain and fatigue. On each occasion you find nothing on examination and the symptoms are vague with no obvious precipitating factors. You have already performed a full blood count, ESR, general biochemistry, liver function tests and serum amylase all of which are normal. There is no relevant family medical history. Toby's mother is a registered nurse and is very anxious about whether peptic ulcer disease could be the cause. You are wondering what to do next – referral for endoscopy, upper GI ultrasound, Barium studies, although there are absolutely no clinical signs on examination. Toby has now missed a total of 12 school days in the past 3 months. His grades have been going down and he is increasingly anxious about going to school. He confides that he has no friends at school and that other students continually ridicule him.

Management Considerations

- ◆ To help Toby return to good health requires a broader exploration of all the factors that could be affecting his health. It also requires a delicate balance between encouraging Toby (and his mother and family) to discuss broader issues while maintaining vigilance around his medical management

You should consider:

- ◆ seeing Toby alone
- ◆ seeing his mother alone
- ◆ using HEEADSSS as a tool to take a psychosocial history from Toby and also to build rapport and trust
- ◆ It is sometimes worthwhile to order investigations, preferably non-invasive, in the absence of hard signs, as a matter of reassurance as well as to keep his mother (and perhaps Toby and other family members) engaged

Practical steps:

- ◆ Design a management plan with Toby and his mother, inviting his father to participate as well, e.g.
 - weekly medical reviews over one month, during which time symptoms and signs are assessed
 - during this time, use HEEADSSS to explore psychosocial issues
 - after this period, you should have a fairly clear understanding of where there might be areas of concern in Toby's life that are affecting his health, and his experience of symptoms
- ◆ After a period of more thorough assessment, you might also decide that you would like to have one or two consultations with Toby's parents, or that a referral to a specialist (gastroenterologist, adolescent unit, family counsellor, or all of the above) is warranted. It is possible that Toby's symptoms will begin to subside once other issues get explored
- ◆ You can also raise the issue of Toby's educational disruption, and make contact with Toby's school (with his permission) to open up communication between you as his health 'case manager' and the relevant school personnel as his education advocates
- ◆ Explore the issue of Toby's anxiety and absences from school. Consider referral to a psychologist/ counsellor to address these concerns – you can use the Medicare Mental Health Item Numbers to enable Toby to access appropriate counselling services

See Chapter 13 – Collaborative Care

resources

- ◆ See the article by **Goldenring, J. and Rosen, D (2004). Getting into adolescent heads: An essential update. Contemporary Paediatrics, 21:64-90.** – for a more detailed coverage of the HEEADSSS assessment

practice points

- ◆ Take the opportunity to explore beyond the young person's presenting complaint, by assessing their psychosocial background and screening for underlying health concerns and risk factors
- ◆ The **HEEADSSS** assessment provides a systematic framework for conducting a comprehensive psychosocial history and health risk assessment
- ◆ **HEEADSSS** provides a guide for:
 - identifying risk behaviours and protective factors
 - identifying areas for intervention and prevention
- ◆ Request permission to ask sensitive questions – use the *'third person approach'* to normalise the sensitive nature of the topics you are exploring
- ◆ Help the young person to identify risks associated with their behaviour and to develop strategies for reducing risks
- ◆ Use the findings of your assessment to identify problems and areas for intervention and follow-up

References:

- 1 Goldenring, J. and Rosen, D. (2004). Getting into adolescent heads: An essential update. *Contemporary Pediatrics*. 21:64-90.
- 2 Access SERU (1999). *Improving young people's access to health care through general practice – A guide for general practitioners and Divisions of General Practice*. Access SERU - Department of General Practice & Public Health, University of Melbourne. Melbourne.
- 3 Sanci, L. (2001). *Adolescent Health Care Principles*. Centre for Adolescent Health. The Royal Australian College of General Practitioners. Melbourne.