



PROCEDURE

Adolescent brief intervention

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

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations.

Read the full statement here:

[CAHS Child Safe Organisation Commitment Statement](#)

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

Aim

To provide guidance for nurses in providing brief interventions for adolescents who have psychosocial or physical health concerns.

Risk

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

Background

Early intervention, engagement and promotion of healthy behaviours and health literacy during adolescence helps to build the foundations for health and wellbeing trajectory across the life course.¹

Adolescence is a time of significant physical, social, emotional, and mental changes, and the health issues that emerge are very different to those of younger children. Young people may experience multiple issues or comorbidities in complex health conditions. Key issues affecting young people may include:^{1, 2}

- mental health and wellbeing disorders, including anxiety, depressive disorders, body image concerns and eating disorders, and suicide and self-inflicted injuries;
- neurodevelopmental conditions including ADHD and autism;
- overweight and obesity, nutrition and other lifestyle issues including sleep;
- managing relationships, including friendship and family issues, respectful relationships, and bullying,

- online safety and cyberbullying,
- sexual and reproductive health issues, sexual and gender identities,
- substance use/abuse, including alcohol, vaping, and use of illicit drugs, and
- health literacy, including access to health care services

For many, adolescence is a time of increased risk-taking which can result in long-lasting poor health and life outcomes.¹

Adolescence also brings opportunities to engage with new ideas, think about the future and to learn new ways of behaving and being. Young people can develop resilience to improve their health and wellbeing: They can learn to cope and recover after experiencing negative events, difficult situations, challenges or adversity.¹ Building resilience involves behaviours, thoughts and actions that can be learned, such as:

- problem solving and decision-making skills
- setting realistic goals and plans
- taking a positive self-view and having confidence in own strengths and abilities
- skills in stress management
- skills in managing health conditions
- interpersonal skills that facilitate effective engagement and healthy relationships with others.¹

Some young people also face intersecting risk and protective factors that may affect their opportunities to address health issues and build resilience. Risk factors may include: high screen time and cyberbullying, poor family functioning, adverse childhood experiences (ACEs), chronic and/or complex illness, injury or disability, obesity, out of home care, factors related to refugee status, high demand academic environments, social and emotional issues including relationships issues, parental mental ill health, and substance misuse.^{3, 4} Protective factors, including Positive Childhood Experiences (PCEs), may strengthen a young person's ability to cope, and may mitigate ACEs.⁵ Protective factors include positive family functioning, having a relationship with a trusted adult, social and community support, lifestyle factors such as nutritional intake, sleep, and physical activity, and cultural participation.⁴

School health services can promote a positive focus on health and wellbeing through supporting health literacy and building skills and resilience in young people, as well as empowering young people to manage common health issues. In addition to the list above, brief intervention can assist with problem solving, goal attainment, self-efficacy, managing emotions and depressive symptoms, interpersonal relationships, conflict resolution, and managing school life.^{6, 7} Further, research has shown that brief intervention can be effective for addressing moderately risky patterns of substance and alcohol use.⁸

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 health issues. Nurses in schools can provide a unique contribution as advocates within the school environment and providers of brief interventions for young people.⁹

Brief interventions are purposeful, and goal directed. All brief interventions are conducted in response to a real or potential health or developmental concern and are intended to advance the young person's knowledge and skills in self-managing that issue. This can be described as developing health literacy.¹⁰

Definitions

Brief Intervention: In this document, and in the context of WA community health services delivered in 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.*¹¹

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.¹⁰

Key points

- Nurses working with young people need to have skills in planning and delivering brief interventions, and to continue to build knowledge and expertise in adolescent health and development to facilitate effective brief intervention.
- A key reference for staff planning and delivering brief interventions with adolescents is *Brief Intervention in Adolescent Psychosocial Health Handbook*.
- HEEADSSS remains the primary framework of psychosocial assessment and care planning for adolescents in community health settings.
- Brief interventions may be offered at the conclusion of, or separately to a HEEADSSS assessment, as clinical judgement and situation indicates.
- Brief interventions can assist young people to develop skills and behaviours for non-complex issues and may also be part of supporting more complex issues.
- Engaging an adolescent in brief intervention can supplement, but not take the place of appropriate referral and treatment.
- Nurses must also be mindful of the scope of their individual competence in dealing with complex adolescent psychosocial health issues.
- If a young person is receiving specialist services for an identified issue, they may also benefit from a brief intervention to support other health and wellbeing concerns and/or practical day-to-day functioning.
- Brief interventions should not be conducted when there is an immediate or serious risk to harm to individual or others. In such situations, a safety response is required.
- A ‘do no harm’ approach should be a constant underlying principle when engaging with young people who are at risk.

- 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 and trauma aware service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Nurses need to provide services that are sensitive to diverse sexuality, gender and sex, and neurodiversity.

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. Individualised strategies developed in partnership with the young person to help them put the information into practice.

Every brief intervention will be unique and responsive to the individual's personal circumstances, level of motivation, needs, strengths and difficulties. When working with young people, it is important to explore their stage of change and acknowledge that ambivalence is a normal part of the process, especially when their circumstances are complex.

The following steps outline the general brief intervention process when working with an adolescent. 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> <ul style="list-style-type: none"> • Ensure sufficient time is available to discuss the issues that are concerning the young person. • Discuss limits of confidentiality at the beginning of each session. • Ask open-ended questions. • Listen, clarify, and summarise issues as you talk. • Use counselling micro skills to facilitate the conversation. This involves observation, active listening, giving feedback, effective 	<ul style="list-style-type: none"> • Respond to disclosures of self-injury and/or suicidal ideation and refer as appropriate as per Suicide Risk and Non-Suicidal Self-Injury (NSSI) protocol. • Note that a young person may be referred for one issue but may choose not to explore it, or may prefer to focus on another issue important to them. • It may take a young person multiple sessions to feel comfortable to discuss the issue that is important to them.

Steps	Additional Information
<p>questions, challenging, and instructions.</p>	<ul style="list-style-type: none"> Often, a HEEADSSS Assessment will be completed prior to engaging a young person in brief intervention, however there are times when this is impractical. Use clinical judgement to decide if: <ol style="list-style-type: none"> a full or partial HEEADSSS assessment is required prior to providing a brief intervention brief intervention can be provided for a non-complex issue without a HEEADSSS assessment. Be non-judgemental in verbal and non-verbal communication. Clarifying the concern in partnership with the young person helps lay the foundation for a targeted and effective brief intervention
<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 develops a mutual understanding of the issues.</p> <ul style="list-style-type: none"> Ask the young person about what they think might improve their health and wellbeing. Help the young person to explore options and resources that may be useful. 	<ul style="list-style-type: none"> Consider what resources meet the needs of the young person and their circumstances. The young person may require support to evaluate the quality of online and other sources of health information.
<p>3. Assist the young person to set goals</p> <p><i>“How would you like things to be different?”</i></p> <ul style="list-style-type: none"> Help the young person to identify priorities and goals. 	<ul style="list-style-type: none"> Use open-ended questions to stimulate discussion: <p><i>“If there was one thing you could change, what would it be?”</i></p> <p><i>“What would that look like?”</i></p> Explore readiness to change:

Steps	Additional Information
<ul style="list-style-type: none"> • Explore whether the young person is motivated to make a change or take action at this time, e.g. <i>“What do you like and not like about how things are right now?”</i> • Facilitate the use of SMART goals (Specific, Measurable, Attainable, Relevant, Time-based). • Discuss things that can’t be changed and support acceptance. • In partnership, make a plan towards change. <ul style="list-style-type: none"> ○ Include plans for crisis situations, if required, i.e. for when the young person feels very unwell or unsafe. 	<p><i>“On a scale of 1 to 10, with 1 being the least important and 10 being the most important, how important is this change to you? On a scale of 1 to 10, how confident are you that you can make this change?”</i></p> <ul style="list-style-type: none"> • Be mindful of the individual’s age, cognition, culture, and development. • Facilitate discussion of realistic aims and expectations.
<p>4. Identify support</p> <p><i>“Who can help you?”</i></p> <ul style="list-style-type: none"> • Ask the young person to identify one or more person/people who can support them. • Provide relevant information and links to suitable resources for the young person (including those identified at step 2). 	
<p>5. Refer to other service as appropriate</p> <p><i>“What other services can help with professional support?”</i></p> <ul style="list-style-type: none"> • Evaluate the individual’s clinical needs. • Refer young person to appropriate services as a priority if clinically indicated. • Explain the process of referral and what might happen, including 	<ul style="list-style-type: none"> • Maintain awareness of current status of services in area where possible, such as waitlist times, and client feedback • Most adolescents are novice users of the health system. • When referring for further assessment or treatment, take the opportunity to discuss how the health system works, including: <ul style="list-style-type: none"> ○ referral processes

Steps	Additional Information
whether parents/caregivers/guardians need to be involved and give consent, and waitlists	<ul style="list-style-type: none"> ○ what might be expected at the primary care or specialist care services ○ the young person's rights as a healthcare consumer ○ confidentiality ○ Medicare billing ○ finding a GP ○ requirements for parent/caregiver/guardian consent <ul style="list-style-type: none"> • Nurses may refer young people to Young people's rights at the doctor in Western Australia Youth Law Australia for more information
6. Monitor <i>"What next and when?"</i> <ul style="list-style-type: none"> • Plan a follow-up appointment • Discuss what will happen if the young person does not attend. 	<ul style="list-style-type: none"> • Monitoring should be assertive but largely led by the young person. • Maintain clear boundaries to support and empower young person; if young person keeps returning, explore if there is ambivalence or whether there is another issue

Documentation

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

As a minimum, notes should include:

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

Training Requirements

Nurses are required to complete training as per the [CACH Practice Framework for Community Health Nurses](#) or the [WACHS Community Health Learning Framework -](#)

Nursing and Aboriginal Staff. WACHS nurses are also to discuss relevant Recommended Training from the WACHS Learning Plan with their line managers.

Further learning

- [Alcohol Brief Intervention Training Packages](#) - Mental Health Commission WA
- EDI: Equity, Diversity and Inclusion Learning Suite (WA Health – *My Learning*)
- [Motivational Interviewing – University of British Columbia CPD](#)
- Wraparound Early Intervention Program (SDERA)

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

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11. Australia Government of Western. *An Introduction to Brief Intervention in Adolescent Psychosocial Health*. Child and Adolescent Health Service; 2019.

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](#)

[HEEADSSS Adolescent Psychosocial Assessment](#)

[Mental Health in Adolescence](#)

[School-aged Health Services](#)

[School-aged Health Services - secondary](#)

[Sexual health and healthy relationships](#)

[Sexual Assault Response – School-aged clients](#)

[Suicide Risk and Non-Suicidal Self-Injury \(NSSI\) Response](#)

Related internal resources

The following [Resources](#) and [Forms](#) can be accessed via Healthpoint

Introduction to brief intervention in adolescent psychosocial health: Handbook

HEEADSSS Assessment Handbook for nurses working in secondary schools

Working with Youth - a legal resource for community-based health professionals

CAHS External links and resources

Related resources for young people


General

[Headspace](#) – is the National Youth Mental Health Foundation. Headspace centres provide young people (12-25 years) with health advice and support for: general health,

mental health (including counselling), managing emotions, education, employment, alcohol and other drugs. Online and phone support is available.
Medicare for young people
My Health in My Hands - Health care information for young Western Australians, including how to engage with health care services and consumer rights.
Reach Out – a website for young people 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.
WACHS Hip Pocket Guide - A hard copy guide to services available for young people in WA with a focus on online resources and phone services.
Youth Law Australia Legal Services For All Young People – state-specific information regarding young people's rights on a range of topics, including school, driving, employment, money, drug and alcohol use.
CALD resources
Association for Services to Torture and Trauma Survivors (ASeTTS) – range of services for people who are humanitarian entrants or are from a refugee type background and who have experienced torture or trauma
Ishar Multicultural Women's Health Services Inc. – support for women from all cultural backgrounds; includes health, family and domestic violence, and mental health services
Drug and alcohol use
Drug Aware Evidence Based Information on Illicit Drug Use in WA Drug Aware – information about specific drugs, including 24hr phone alcohol and drug support
Teen issues Youth Law Australia – state-specific information regarding drug and alcohol use
Mental health and wellbeing
See also Appendices in Mental Health in Adolescence guideline for further resources and referral options
1800Respect - Phone and online counselling for people seeking help for themselves or someone else in domestic violence situations. 1800 737 732 (24hrs)
Beyond Blue Support Service Telephone - Virtual and email counselling for people going through a tough time. 1300 224 636 (24hrs)
Beyond Blue - Youth – Support from Beyond Blue 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, and body image
Black Dog Institute - mental health research institute with online resources
Digital Mental Health for High School Students - useful online programs, apps and phone lines covering a wide range of issues; bullying, friendship problems, family

conflict, relationship drama, identity, sexuality, gender, body image, stress about assessment and study, mental health symptoms such as anxiety and low mood.
Kids Helpline - Phone and real time web-based crisis support for youth (5-25 yrs). 1800 55 1800 (24hrs).
Lifeline - 24/7 phone counselling, and online crisis support chat available each evening. 13 11 14.
Medicare Mental Health – free service that connects people with mental health supports, and online resources
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.
Smiling mind – mindful meditation for young people based on research evidence. Available as a web and App-based program, designed to help bring balance, calm and coping strategies to young lives.
Online safety and e-bullying
eSafety Commissioner – provides information and resources for young people about cyberbullying, online dating and relationships, protecting yourself online and more.
Sexual health and relationships
See also Sexual Health and Health Relationships for resources and referral options
Freedom centre - support for young people and families to be healthy, happy and informed about diverse sexuality, gender and sex.
Get the facts – accurate and reliable information on reproductive and sexual health, blood-borne viruses and relationships body image, sex and gender and other topics for young people in Western Australia.
Jean Hailes - Website for information and resources about women's health, including menstruation, reproduction and sexual health.
Sexual Health Quarters - a sexual health clinic situated in Perth. SHQ offers counselling, contraception, STI testing and treatment, and unplanned pregnancy support at low or no cost.

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

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Collaboration

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