



PROCEDURE	
HEADSS Adolescent Psychosocial Assessment	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-CH, WACHS
Child Safe Organisation Statement of Commitment The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policy documents to ensure the safety and wellbeing of children at CAHS.	

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

Aim

To provide guidance around adolescent psychosocial health assessment for community health nurses working in a school setting.

Risk

Insufficient exploration and/or communication not engaging or fostering trust with a young person can result in psychosocial risk factors remaining undetected, leading to appropriate support and referrals not being provided to the young person.

Background

Psychosocial, behavioural and lifestyle problems are the major causes of morbidity and mortality among adolescents.¹ Young people may not present with, or express concerns directly about these matters. Adolescents presenting with a decline in mood, functioning or behavioural difficulties require further assessment.² Effective communication and agreed systems at a school level should be in place to alert the nurse to young people who present frequently for minor issues. Schools should be encouraged to refer these students to the nurse for a more thorough consultation.

HEADSS is recommended for use in a wide variety of health and wellbeing settings with adolescents.³ HEADSS is a psychosocial assessment which provides a framework in which information can be gathered about a young person's life.^{4, 5} HEADSS can also aid engagement between the nurse and the young person.^{4, 5}

The ability to conduct a HEADSS adolescent psychosocial assessment is a key skill 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, vaping, alcohol and other drugs

- S** Sexuality and gender
- S** Suicide, self-harm, 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. Refer to CAHS-CH and WACHS Practice/Learning Frameworks for further details.
- 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 factors;
 - Identifying areas for intervention and prevention;
 - Guiding health conversations, including commending and building on strengths, exploring options, planning actions, providing information, identifying need for intervention and referral.
- 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.
- Nurses working in secondary schools need to be skilled in undertaking a HEADSS assessment, however, must also be mindful of working within their scope of practice when dealing with complex adolescent psychosocial health issues. A 'Do no harm' approach should be a constant underlying principle when engaging with young people.
- Where a nurse recognises a complex case as being beyond their scope of practice, 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](#).

Steps	Additional Information
1. Community health contact <ul style="list-style-type: none"> • At all contacts, assess the young person and consider the indications for conducting a psychosocial assessment. 	<ul style="list-style-type: none"> • Consider a HEADSS 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

Steps	Additional Information
	<p>problems</p> <ul style="list-style-type: none"> ○ has high rate of absenteeism/school avoidance. <ul style="list-style-type: none"> • use HEADSS if appropriate for Children in Care Assessments.
<p>2. Concern for psychosocial health identified</p> <p>If there are concerns for the psychosocial health of the young person the nurse will:</p> <ul style="list-style-type: none"> • Arrange to conduct a Psychosocial assessment using HEADSS assessment in a timely manner <p><u>OR</u></p> <ul style="list-style-type: none"> • Arrange for another qualified professional to consult with the young person <ul style="list-style-type: none"> ○ This would occur if nurse is unable to complete HEADSS due to time constraints or not yet trained in using HEADSS. 	<ul style="list-style-type: none"> • When a psychosocial concern is indicated, the nurse must still consider if a HEADSS assessment is appropriate (refer to the <i>HEADSS Assessment: Handbook for nurses working in secondary schools</i> for circumstances when this may not be the case). • Other qualified professionals may include the School Psychologist, student services staff or referral to external services as appropriate.
<p>3. Conduct a HEADSS psychosocial assessment</p> <ul style="list-style-type: none"> • Ensure sufficient time is available. • Discuss and explain limits of confidentiality. • Explain the nature of the HEADSS assessment and seek consent to proceed. • Conduct the assessment using the HEADSS framework flexibly to respond to the young person. 	<ul style="list-style-type: none"> • Time dedicated to conduct HEADSS will vary from client to client. • HEADSS provides a framework to guide an interactive conversation. Staff listen and respond to the young person according to their needs and circumstances. • Refer to <i>Consent for Services (CAHS-CH)</i> for more information on consent. • 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 HEADSS domains and suggested questions. • Use clinical judgement to determine the nature and severity of issues that arise.
<p>4. Develop an <i>Agreed Plan of Action</i> (including client goals) in partnership with the young person at the conclusion of the HEADSS assessment.</p> <p>Use HEADSS Psychosocial Assessment Form Part B- Plan and Follow-up (CHS421B) to record the agreed plan of action</p>	

- Identify areas for intervention and education.
- Engage with the young person to explore options and plan actions in a manner that empowers and builds on strengths.

Choose the most appropriate option from the table below to guide your careplanning with the young person.

SEVERITY OF ISSUE(S)	CAREPLANNING REQUIRED
<p>No specific problem(s) or; problem(s) have resolved.</p> <p><i>Conducting a HEADSS assessment allows the young person to review his/her health and wellbeing with an interested and non-judgemental adult.</i></p>	<ul style="list-style-type: none"> • Encourage the young person to make contact again if desired.
<p>Individual is coping but would benefit from more support.</p> <p><i>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;</i></p> <ul style="list-style-type: none"> ○ Controlled diabetes ○ Uncomplicated grief 	<ul style="list-style-type: none"> • Provide brief psychosocial intervention and offer ongoing support. • Communicate with parents and/or school staff, when appropriate with consent from individual. • Talk about available health and other relevant services and how to access them. • Make a follow-up appointment.
<p>Individual is not coping and needs further assessment and/or specialist support.</p> <p><i>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;</i></p> <ul style="list-style-type: none"> ○ Suspected or confirmed unwanted pregnancy ○ Uncontrolled diabetes ○ Current and persistent psychological distress and a decline in functioning. 	<p>Appropriate referral follow-up.</p> <ul style="list-style-type: none"> • Talk about available health and other relevant 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. • Communicate with parents/guardian, when appropriate, preferably with consent from the individual. • Explain referral process and gain consent before proceeding. • 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 when appropriate, preferably with consent from the individual. Consider limits of

<p>Imminent and serious risk of harm or danger to individual or a third party.</p> <p><i>To be treated as an emergency. Take immediate action to keep the individual safe.</i></p>	<p>confidentiality.</p> <p>Emergency response</p> <ul style="list-style-type: none"> Follow WA Health Guidelines for Protecting Children. Follow the <i>Suicide Risk Response</i> protocol. CAHS-CH staff to be familiar with the <i>CAHS Clinical Incident Management and Critical Incident Impact Management (Debrief) Policies</i>.
<p>5. Document HEADSS</p> <ul style="list-style-type: none"> Record psychosocial assessment data on HEADSS Form part A (CHS421A). 	<ul style="list-style-type: none"> Immediately following the assessment use CHS421A to comprehensively document the assessment. A clear HEADSS structure should be used when documenting on the CHS421A. Where sections have not been assessed, reasons for this should be identified under the relevant section on HEADSS Form part A.
<p>6. Complete the structured <i>Summary of Assessment</i> on HEADSS Form Part B (CHS421B):</p> <p>Notes should incorporate the following:</p> <ul style="list-style-type: none"> An <u>identifier</u> – who is the summary about? The <u>situation</u> – what is the presenting issue and how long has it been that way? The <u>background</u> to the situation – in what context has the situation occurred? Are there precipitating factors? Current family/household dynamics. Any relevant <u>observations</u> (signs or symptoms) that the young person identifies. For example, are they eating, sleeping, socially isolated, and using drugs? Any <u>protective</u> factors that exist. 	<ul style="list-style-type: none"> Complete CHS421B as soon as is practicable before the end of the day. The Summary of Assessment should include significant points identified in the assessment and may be used to develop a referral should it be required.
<p>7. Professional Support</p> <ul style="list-style-type: none"> Following consultation with adolescents, seek to debrief, as required. 	<ul style="list-style-type: none"> Staff should discuss the availability of professional support and debriefing strategies with their line manager.

Documentation

- WACHS nurses record HEADSS in the Community Health Information System (CHIS) as a clinical item, School Health, HEADSS Assessment.
- For CAHS-CH;
 - handwritten CHS421A's and CHS421B's are stored in paper-based client records.
 - electronically completed CHS421A's and CHS421B's are to be printed and signed, then stored in paper-based client records
 - Printers should only be used if confidentiality of printed CAHS-CH documents can be ensured
 - Electronically completed HEADSS forms are not to be saved on any device including USB's. If documentation cannot be finished on the day of assessment then handwritten CHS421A and B must be used.
 - make an entry into CHS 410 noting that a HEADSS assessment has been conducted and is attached. If relevant, document concerns identified through HEADSS that are not written on the *Agreed Plan of Action*.

References

1. Australian Institute of Health and Welfare. Australia's health 2016. Canberra, ACT: Australian Government; 2016.
2. Moyes AB. Exploring the experiences of secondary school nurses who encounter young people with mental health problems: A grounded theory study [Doctor of Philosophy]. Perth, Western Australia: Curtin University; 2019.
3. Parker A, Hetrick, S., Purcell, R. Psychosocial assessment of young people. Australian Family Physician. 2010;39(8).
4. Royal Children's Hospital. Engaging with and assessing the adolescent patient. Melbourne, Victoria 2019.
5. Smith GL MT. Adolescent Psychosocial Assessment: The HEADSS. Journal of Psychosocial Nursing and Mental Health Services. 2017;55:24-7.

Related policies, procedures and guidelines

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

Adolescent Psychosocial Brief Intervention

Bullying

Eating disorders

Mental health in adolescence

School-aged health services
Self-injury (Non-suicidal self-injury)
Sexual assault
Sexual health in adolescence
Suicide risk response
The following documents can be accessed in the CAHS-CH Operational Manual
Client Records – Sentencing, Archiving, Off-site Storage
Consent for release of client information
Consent for Services
Deterioration in Health Status – Unexpected and Acute
The following documents can be accessed in the CAHS Policy Manual
Abbreviations for Clinical Documentation
Clinical Incident Management
The following documents can be accessed in the Department of Health Policy Frameworks
Clinical Handover Policy (MP0095)
Clinical Incident Management Policy (MP 0122/19)
Guideline for protecting children (OD – 0606/15)
Patient Confidentiality Policy (MP 0010/16)




Related CAHS-CH forms	
The following forms can be accessed from the CAHS-Community Health Forms page on HealthPoint	
Child Protection Concern Referral Form (441) – external link	
Children in Care Comprehensive Health Assessment 0-18 years (CHS450)	
Clinical Handover/Referral Form (CHS663)	
Community Health Progress Notes (CHS800C)	
HEADSS Psychosocial Assessment Form – Initial Assessment (CHS421-A)	
HEADSS Psychosocial Assessment Form – Plan & Follow Up (CHS421-B)	

Related WACHS forms
The following forms can be accessed from the WACHS Policy site
WACHS Clinical Handover (Allied and Community Health) Form
WACHS Population Health Consent for Sharing of Information (Child 0-17 years) Form

Related resources
The following resources can be accessed from the CAHS-Community Health Resources page on HealthPoint
Community health staff
CH Conducting a Psychosocial Assessment Using the HEADSS assessment framework
Government allowances for Youth (external link)
HEADSS Assessment Handbook for nurses working in secondary schools
LGBTIQ: Working with Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning or Queer Young People (Fact sheet for staff – not for distribution)
Medicare for young people (external link)
MOU between DOE, CAHS and WACHS for the provision of school health services
Working with Youth - a legal resource for community based health workers

Related external resources
Guidelines for Protecting Children 2015 Department of Health, Government of Western Australia.

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

Document Owner:	Nurse Co-Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	May-07		
Last reviewed:	October 2020	Review Date:	20/10/2023
Approved by:	Community Health Clinical Nursing Policy Governance Group	Date:	14/10/2020
Endorsed by:	Executive Director Nursing Services	Date:	20/10/2020
Standards Applicable:	NSQHS Standards:    Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		

Printed or personally saved electronic copies of this document are considered uncontrolled



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

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