

# **ADOLESCENT HEALTH ASSESSMENT**

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## **IMPORTANT RESOURCES**

[www.nzaahd.org.nz](http://www.nzaahd.org.nz) (NZA AHD = NZ Aotearoa Adolescent Health and Development)  
Follow links for Youth Health, Improving Access, Youth Friendly Practice, Confidentiality, Youth Health Professionals (SYHPANZ = Society for Youth Health Professionals Aotearoa NZ)

[www.schoolnurse.org.nz](http://www.schoolnurse.org.nz) Follow links to Best Practice: “Successful School Health Services for Adolescents - Best Practice Review”

<http://www.moh.govt.nz/moh.nsf/indexmh/youthhealth> Ministry of Health Youth Health work plan and relevant info.

## **“HEADSS” Assessment**

- Young people don’t attend GPs often. This tool can maximise the opportunity of the visit.
- A simple, powerful screening tool, giving psychosocial biopsy of young person’s life, risk factors, resilience factors.
- As critical a screening tool as a BP/smear/ mamm etc for older patients.
- Enables building of rapport with young person.
- Enables any health professional to cover subjects not in their range of expertise, to flag problem areas, and refer where appropriate.
- “If you don’t ask, they won’t tell.”
- Need to reassure re confidentiality, with the exception of the 3 HARMS e.g. “This discussion is just between you and me. The only time I will discuss your issues with someone else is if (1) Someone might harm you, (2) You might harm yourself, (3) You might harm someone else. If I need to discuss your issues with someone else, I will try to let you know about that first.”
- Acts as a safety net to protect us from disaster, acknowledging that many suicides have been preceded by a Dr visit, but no-one asked the important questions.
- Finds the real issues in a young person’s life, not just the obvious presenting complaint.
- This is a great chance for motivational interviewing.
- Not perceived by young people as nosy, but as really caring.
- Ask questions from the general to the specific, from the less personal to the more personal.
- Try it, and be surprised by its power!

## **PRINCIPLES**

### **1. Who to assess**

All young people (from ages 10-24) should be assessed. Adolescence is a time of rapid growth and development which occurs within the domains of physical, cognitive, emotional and social development.

### **2. When to assess**

Psychosocial health assessments should be performed routinely as part of a comprehensive clinical consultation and should be reviewed during subsequent patient encounters according to issues identified. The language used in the consult and the emphasis placed within the various domains of the assessment will change as the young person matures. It is acknowledged that every encounter presents an opportunity to promote strengths or protective factors as well as provide risk reduction counselling, preventive guidance and health promotion.

### **3. What to assess**

Whilst not wanting to understate the importance of routinely monitoring young people’s height, weight, BMI, blood pressure, immunisation status and other biomedical risks, the focus of HEADSS is the assessment of psychosocial health and wellbeing.

#### **4. Strategies to address psychosocial issues identified**

If psychosocial issues are identified, management options will depend on the level of concern, the skill of the physician and local resources available. Physicians may choose to educate the young person about health risks, provide guidance in order to reduce risks and promote their strengths and their health. In addition, they may choose to refer the young person to an adolescent physician, drug and alcohol service or a mental health practitioner or service. A working knowledge of local networks is critical.

**HEADSS** is the mnemonic for **H**ome, **E**ducation and **E**mployment, (**E**ating and exercise), **A**ctivities and peers, **D**rugs, **S**exuality, **S**uicide and depression, **S**afety, **S**pirituality. Rather than using this framework as a checklist, the real value of HEADSS lies in its feasibility in being incorporated into any clinical history.

The extent to which the framework is used at each consultation will depend on the age and development of the patient, the frequency of review and confidence of the practitioner.

There is no evidence that inquiring about sensitive questions such as sexual activity or suicide will promote such behaviours. However, there is significant evidence to suggest that young people do not disclose sensitive information unless directly asked.

Obviously, questions can be approached in any order, in keeping with the flow of conversation. This feels more natural with practice. It is not as time-consuming as you think! Without asking every question, you can get a good idea if that young person is basically safe and well or not.

A thorough understanding of confidentiality requirements and discussion of confidentiality with both parents and adolescents underpins the process of building trust in the patient-doctor relationship and is essential in effectively assessing health risk behaviours.

The ability to work effectively with a young person will usually be hindered by having a parent present. There are specific skills involved in having the parent leave the young person to have their own consultation with the doctor, without alienating the parent from the relationship.

#### **The HEADSS framework for Psychosocial Health Assessment (adapted from Goldenring & Cohen) Example questions:**

##### Home

Where do you live?

Who live there with you?

How do you get along with each member?

Who makes the rules at your place?

Who could you go to if you needed help with a problem?

Have there been any recent changes?

##### Education & Employment

What do you like about school/ work?

What are you good/not good at?

How do you get along with teachers/your employer and other students/workmates?

Is there an adult at school that you can talk to about important things?

Have your grades changed recently?

Many young people experience bullying at school/ work, have you ever had to put up with this?

Do you have some plans for your future?

##### Eating Exercise

Who cooks at home? Do you eat meals with your family?

Is anyone worried about your weight? Are you happy with your weight? Do you worry about your weight?

How do you get to school or work?

Do you play a sport?

How often do you do any physical activity?

##### Activities & Peers

What do you like to do for fun?

What sort of things do you do after school / in weekends?

Who do you hang out with?

What sort of things do you like to do with friends?

Tell me about parties that you've been to...

Do you belong to any clubs, groups etc?

Do you use the computer for talking to people?

### Drugs

Are you on any regular medication?

Anybody in your family smoke cigarettes/cannabis/drink alcohol frequently?

Many young people at your age are starting to experiment with cigarettes or alcohol.

Have any of your friends tried these or maybe other drugs like marijuana, IV drugs, P, ecstasy?

How about you, have you tried any?

What effects do drug-taking, smoking or alcohol have on them/ you?

Do they/ you have any regrets about taking drugs?

How much are you taking and how often, and has your use increased recently?

### Sexuality

Some young people are getting involved in sexual relationships, have you had a sexual experience with a guy or girl or both?

Has anyone touched you in a way that has made you feel uncomfortable or forced you into a sexual relationship?

### Suicide

How would you rate your usual mood a scale of 1 to 10?

What sort of things do you do if you are feeling sad/angry/hurt?

Who do you talk to about your feelings?

Do you feel this way often?

Some people who feel really down often feel like hurting themselves or even killing themselves.

Have you ever felt this way?

Have you ever tried to hurt yourself?

What prevented you from doing so?

Do you feel the same now?

Do you have a plan?

### Safety

Sometimes when young people are drunk or stoned, they do not think about what they are doing.

Have you ever driven a car when you were drunk or high?

Have you ever ridden in a car with a driver who was drunk or high?

Have you ever felt that you needed to carry a knife or other weapon to protect yourself?

### Strengths/ Spirituality

How would you describe yourself?

What are you best at?

How would your best friend describe you?

Does your family attend a place of worship? What do you think about that?

Do you believe in something outside yourself?

Who do you talk to when you feel upset about something/ when you feel really happy about something?

If you want a desk-top memory prompt, cut this off to use as needed:

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**H = Home**

**E = Education / employment**

**E = Eating / body image**

**A = Activities**

**D = Drugs/alcohol**

**S = Sexual health / sexuality**

**S = Suicidality / mood**

**S = Spirituality**