



HEADSSS Assessment

- Designed in the 1980's in LA
- Used around the world
- Framework for a consultation rather than a questionnaire
- Can be used in many settings (GP, ward, ED, clinic)
- Flexible
- Not validated



- Home & family life
- Education & employment
- Activities & hobbies
- Drugs, alcohol & tobacco
- Sexual relationships & dating
- Suicide & emotional problems
- Sexual & physical abuse



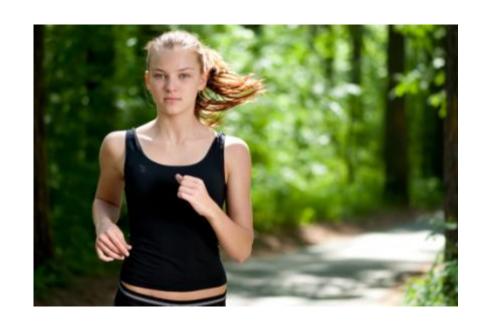
- Where is the YP living?
- Who lives with the YP?
- How is the YP getting along with parents and siblings?
- Who do you turn to in the house when your fed-up or angry?
- Who irritates you at home?



- Is the YP in school?
- What classes is he or she doing well in?
- What goals does the teen have when he or she finishes school?
- Do they have a job?



- What does the YP do after school?
- What does the YP do to have fun and with whom?
- Does the YP participate in any sports activities?
- Youth clubs, scouts/guides?
- What are the YP's hobbies?



Reassure confidentiality before moving onto more sensitive topics!!



- Do your parents smoke/drink?
- What about your friends?
- How do you handle that? Do you ever try?
- I know that drugs are fairly common in schools. What drugs are common at your school?
- It is not uncommon for some YP to try some of these drugs. Have any of your friends tried them?
- How do you handle the situation when your friends are using drugs? Do you ever try?



- Is the YP dating and what are the degree and types of sexual experience?
- Is the YP involved with another individual in a sexual relationship?
- Does the YP prefer sex with the same, opposite, or both sex (es)?
- Has the YP had sexual intercourse?
- This is also to find out how many partners the YP may have and also a history of both sexually transmitted infections and contraceptive use.



- Ask about low mood and feelings of anxiety?
- Ask about self harm thoughts and behaviours?
- Has the YP had any prior suicide attempts?
- Does the YP have any current suicidal ideation?



- Ask about safety
 - Motor vehicles
 - Exposure to violence/weapons
- Ask specifically about sexual and physical abuse
- Remember consider of:
 - Child sexual exploitation
 - FGM
 - Gang violence
 - Forced marriage





Utility

Yeo MSM, Bond LM Sawyer S Health \risk Screening in Adolescents: room for improvement in a tertiary inpatient setting MJA 2005;183:427-429

- Retrospective review of 100 consecutive inpatients at RCH Melbourne
- 13-18yr olds admitted under Gen Med, Adol Med, Speciality Med, Surgery and Gen Surgery
- Documentation of screening for:
 - Biomedical parameters (Ht, Wt, Pubertal stage and Hep B Vaccine Status)
 - HEADSS risks identified and actions taken

Utility

Yeo MSM, Bond LM Sawyer S Health \risk Screening in Adolescents: room for improvement in a tertiary inpatient setting MJA 2005;183:427-429

- 100 cases (56 admitted by registrars)
- Weight recorded for 98 (height 17, pubertal status 12, Hep B vaccine status 9)
- No psychosocial documentation in 62 cases
 - 29 inadequate
 - 3 thorough
 - 7 complete
- 24 separate risks identified and 18 had action taken

Utility of HEADSSS

Wilson H et al Opportunistic Adolescent Health Screening of Surgical Inpatients Arch Dis Child 2012:97:919-921

- Opportunistic HEADSS screen on surgical inpatients
- Trained admitting staff and promoted use
- 16% screened 116/732 eligible patients
- Of those screened need for further action (eg referral, information or signposting identified in 30%)

Other tools

Bradford S, Rickwood DPsychosocial assessments for young people: a systematic review examining acceptability, disclosure, engagement and predictive utility. Adolescent Health, Medicine and Therapeutics 2013:3:111-125

- Many other tools
 - Long and short
 - Pen and paper, interviewer led, on-line
 - Variety of settings
- Self administered were more acceptable
- Most tools improved rates of disclosure and enhanced engagement with clinicians
- Clinicians did not always respond to some of the most serious risks identified

Summary

- Mortality and morbidity in young people are largely psychosocially determined and much is potentially preventable
- Psychosocial screening tools are available but not widely used
- There yield is high (around 1 in 3)