



The Royal Australasian  
College of Physicians

## **ROUTINE ADOLESCENT PSYCHOSOCIAL HEALTH ASSESSMENT – POSITION STATEMENT**

This policy statement is aimed at all primary, secondary and tertiary care physicians and paediatricians who consult with adolescent patients, in particular those who take on the primary responsibility for the health and wellbeing of the young person.

### **Why assess**

There is now greater appreciation that a range of mental health, emotional and behavioural issues affects the health and wellbeing of young people.

- Much of the morbidity and mortality in the adolescent age group stems from risk behaviours such as injuries (accidental and non accidental), suicide and homicide, drug use and abuse, as well as unsafe sexual behaviours that result in sexually transmitted diseases and unplanned pregnancy. Mental health disorders, such as depression, anxiety and eating disorders also account for a significant burden of disease in young people.<sup>1</sup>
- There is evidence that many adolescents engage in multiple risk behaviours simultaneously, with additional concern that adolescents are initiating health risk behaviours at earlier ages than previously, with greater impact on their subsequent development and long term health.<sup>2</sup>
- In addition to the health risks posed in adolescence by health risk behaviours such as smoking, poor eating habits and drug and alcohol use, continuity beyond adolescence is common, contributing to the adult burden of disease. Moreover, a significant proportion of adult mental health problems have their origins in adolescence.<sup>3</sup>
- Young people with chronic disease are especially vulnerable as they experience higher rates of health risk behaviours. In addition, they often experience greater consequences from these behaviours than healthy young people.<sup>4</sup>
- Most of these behaviours are preventable. There is now increasing evidence from longitudinal studies that identification of psychosocial issues followed by counselling can positively affect young people's lifestyles and behaviours.<sup>5 6</sup>

- The identification of such behaviours and mental health states through the routine assessment of psychosocial health is the first step towards reducing adolescent morbidity and mortality.<sup>5 6</sup>
- Research has shown that identifying strengths and promoting resilience is also important.<sup>7</sup>

Previous research has found that adolescents wish to discuss a broad range of health concerns with health professionals but are reluctant to discuss sensitive issues unless asked directly and confidentially.<sup>8 9 10</sup>

- Routine psychosocial health assessment provides an important means of understanding both the presence and the context of behaviours and is a powerful method of promoting engagement between the physician and the adolescent patient.
- The assessment helps effect a management plan, taking into account the patient's psychosocial circumstances, especially in the context of chronic illness, where adherence to treatment regimens may be affected.
- Adolescents are more willing to communicate honestly with and seek health care from physicians who discuss confidentiality with them.<sup>11</sup>

## 1. 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. As chronological age is not an indicator of maturity, an overall account of the stage of development in each domain is a better marker of the level of maturity and risk than chronological age alone.

### 2. When to assess

Psychosocial health assessments should be performed routinely as part of a comprehensive, holistic clinical consultation and should be reviewed during subsequent patient encounters according to issues identified. The language used in the psychosocial interview 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

There is considerable debate about what constitutes appropriate screening and surveillance procedures for various age groups. 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 this policy is the assessment of psychosocial health and wellbeing.

There are many different approaches to taking a psychosocial history, including questionnaires that young people complete, such as GAPS (Guidelines for Adolescent Preventive Services).<sup>12</sup> One framework commonly used is known as **HEADSS**.<sup>13 14</sup> **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 (See Appendix 1). Rather than using this framework as a checklist, the real value of HEADSS lies in its feasibility in being incorporated within a clinical history that is context specific. 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 skill of the practitioner. Some physicians may be concerned about discussing health risk behaviours, particularly

for the younger population. There is no evidence that inquiring about sensitive questions such as sexual activity or suicide will promote such behaviours.<sup>15 16</sup> In contrast, there is significant evidence to suggest that young people do not disclose sensitive information unless directly asked.

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.<sup>10 11</sup> Fellows are asked to refer to the forthcoming RACP policy document titled 'Confidentiality in Adolescent Health' for further information.

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

If psychosocial issues are identified, management options will depend on the level of concern for the young person, 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 useful.

Physicians and trainees may not feel comfortable performing an adolescent psychosocial assessment. The RACP has developed an Adolescent Health resource as a component of basic physician training<sup>17</sup>. Fellows are encouraged to access this resource including a DVD for aspects of psychosocial history taking and confidentiality (available from the college) .

### **RECOMMENDATION**

With the changing risk profile that occurs during normal adolescent development, psychosocial health assessments should be performed routinely on all adolescent patients at least annually on an opportunistic basis and areas of concern reviewed at each patient encounter.

**APPENDIX 1****The HEADSS framework for Psychosocial Health Assessment (adapted from Goldenring & Cohen)<sup>14</sup>**

<b>Home</b>	<p>Where do you live?</p> <p>Who do you live with?</p> <p>How do you get along with each member?</p> <p>Who could you go to if you needed help with a problem?</p> <p>Have there been any recent changes?</p>
<b>Education &amp; Employment</b>	<p>What do you like about school/ work?</p> <p>What are you good/not good at?</p> <p>How do you get along with teachers/ your employer and other students/ colleagues?</p> <p>Is there an adult you can talk to at school about how you feel?</p> <p>Have your grades changed recently?</p> <p>Many young people experience bullying at school/ work, have you ever had to put up with this?</p>
<b>Eating</b>	<p>What are your future plans?</p> <p>Do you have meals with your family? How often do you do so?</p> <p>Who cooks at home? What do you have?</p> <p>Is anyone worried about your weight? Are you happy with your weight? Do you worry about your weight?</p>
<b>Exercise</b>	<p>How do you get to school or work?</p> <p>Do you play a sport?</p> <p>How often do you do any form of physical activity?</p>
<b>Activities &amp; Peers</b>	<p>What do you like to do for fun?</p> <p>What sort of things do you do in your spare time out of school?</p> <p>Who do you hang out with?</p> <p>What sort of things do you like to do with friends?</p> <p>Tell me about parties...</p>

	<p>Do you belong to any clubs, groups etc?</p> <p>How much TV do you watch each night?</p> <p>Do you use the computer for talking to people?</p>
<b>Drugs</b>	<p>Are you on any regular medication?</p> <p>Anybody in your family smoke cigarettes/cannabis/drink alcohol frequently?</p> <p>Many young people at your age are starting to experiment with cigarettes or alcohol.</p> <p>Have any of your friends tried these or maybe other drugs like marijuana, IV drugs, amphetamines and ecstasy?</p> <p>How about you, have you tried any?</p> <p>What effects do drug-taking, smoking or alcohol have on them/ you?</p> <p>Do they/ you have any regrets about taking drugs?</p> <p>How much are you taking and how often, and has your use increased recently?</p>
<b>Sexuality</b>	<p>Some young people are getting involved in sexual relationships, have you had a sexual experience with a guy or girl or both?</p> <p>Has anyone touched you in a way that has made you feel uncomfortable or forced you into a sexual relationship?</p> <p>How do you feel about relationships in general and about your own sexuality? (sexual feelings towards others)</p>
<b>Suicide</b>	<p>How do you feel in yourself at the moment on a scale of 1 to 10?</p> <p>What sort of things do you do if you are feeling sad/angry/hurt?</p> <p>Is there anyone you can talk to?</p> <p>Do you feel this way often?</p> <p>Some people who feel really down often feel like hurting themselves or even killing themselves. Have you ever felt this way?</p> <p>Have you ever tried to hurt yourself?</p> <p>What prevented you from doing so?</p> <p>Do you feel the same now?</p> <p>Do you have a plan?</p>

<b>Safety</b>	<p>Sometimes when young people are drunk or high, they do not think about what they are doing. Have you ever driven a car when you were drunk or high?</p> <p>Have you ever ridden in a car with a driver who was drunk or high?</p> <p>Have you ever felt that you needed to carry a knife or other weapon to protect yourself?</p>
<b>Strengths/ Spirituality</b>	<p>How would you describe yourself?</p> <p>What are you best at?</p> <p>How would your best friend describe you?</p> <p>Does your family attend a place of worship? What do you think about that?</p> <p>Do you believe in something outside yourself?</p> <p>Who do you talk to when you feel upset about something/ when you feel really happy about something?</p>

## References

- <sup>1</sup> Australian Institute of Health and Welfare. Young Australians: Their health and wellbeing 2007. AIHW Cat No. PHE 87. Canberra: Australian Institute of Health and Welfare; 2007.
- <sup>2</sup> Millstein SG, Irwin Jr CE, Adler NE, Cohn LD, Kegeles SM, Dolcini MM. Health - Risk Behaviours and Health Concerns Among Young Adolescents. *Pediatrics* 1992;89(3):422-428.
- <sup>3</sup> Weissman MM, Wolk S, Goldstein RB, Moreau D, Adams P, Greenwald P, et al. Depressed Adolescents Grown Up. *JAMA* 1999;281(18):1707-1713.
- <sup>4</sup> Sawyer SM, Drew S, Yeo MS, Britto MT. Adolescents with chronic conditions: challenges living it and treating it. *The Lancet* 2007;369 (9571):1481-1489
- <sup>5</sup> Walker Z, Townsend J, Oakley L, Donovan C, Smith H, Hurst Z, et al. Health promotion for adolescents in primary care: randomised controlled trial. *British Medical Journal* 2002;325(7363):524-530.
- <sup>6</sup> Ozer EM, Adams SH, Lustig JL, Gee S, Garber AK, Rieder Garner L, et al. Increasing the Screening and Counseling of Adolescents for Risky Health Behaviors: A Primary Care Intervention. *Pediatrics* 2005;115(4):960-969.
- <sup>7</sup> Resnick MD, Bearman PS, Blum RW, Bauman KE, Harris KM, Jones J, et al. Protecting Adolescents From Harm: Findings From the National Longitudinal Study on Adolescent Health. *JAMA* 1997;278(10):823-832.
- <sup>8</sup> Cheng TL, Savageau JA, Sattler AL, DeWitt TG. Confidentiality in health care: a survey of knowledge, perceptions, and attitudes among high school students. *JAMA* 1993;269:1404-1407.
- <sup>9</sup> Booth ML, Bernard D, Quine S, Kang MS, Usherwood T, Alperstein G, et al. Access to health care among Australian adolescents young people's perspectives and their sociodemographic distribution. *Journal of Adolescent Health* 2004;34(1):97-103.
- <sup>10</sup> Sanci LA, Sawyer SM, Kang MS, Haller-Hester DM, Patton GC. Confidential health care for adolescents. reconciling clinical evidence with family values. *Medical Journal of Australia* 2005;183:410-414.
- <sup>11</sup> Ford CA, Millstein SG, Halpern-Felsher BL, Irwin Jr CE. Influence of physician confidentiality assurances on adolescents ' willingness to disclose information and seek future health care: A randomized controlled trial. *Journal of the American Medical Association* 1997;278(12):1029-1034.
- <sup>12</sup> Levenberg PB, Elster A. Guidelines for Adolescent Preventive Services (GAPS): Clinical Evaluation and Management Handbook. 1 ed: American Medical Association; 1995.
- <sup>13</sup> Goldenring J, Cohen E. Getting into adolescents heads. *Contemporary Pediatrics* 1988;5:75-90.
- <sup>14</sup> Goldenring JM, Rosen DS. Getting into adolescent heads: an essential update. *Contemporary Pediatrics* 2004;21:64.
- <sup>15</sup> Gould MS, Marrocco FA, Kleinman M, Thomas JG, Mostkoff K, Cote J, et al. Evaluating Iatrogenic Risk of Youth Suicide Screening Programs: A Randomized Controlled Trial. *JAMA* 2005;293(13):1635-1643.
- <sup>16</sup> Williams H, Davidson S. Improving adolescent sexual and reproductive health. A view from Australia: learning from the world's best practice. *Sexual Health* 2004;1(2):95-105



<sup>17</sup> Joint Adolescent Health Committee of the Royal Australasian College of Physicians. Working with young people: a training resource in adolescent health. Sydney: Royal Australasian College of Physicians; 2008.

Approved by RACP Board - July 2008