



**RACP**  
Specialists. Together  
EDUCATE ADVOCATE INNOVATE

# Routine Adolescent and Young Adult Psychosocial and Health Assessment

Position Statement

July 2021

## Contents

Contents .....	1
Acknowledgements .....	2
Purpose .....	3
Recommendation .....	3
Why assess .....	3
Principles .....	4
1. Who to assess .....	4
2. When to assess .....	4
3. What to assess .....	5
4. Strategies to address psychosocial and health issues identified .....	5
Appendix 1 .....	7
References: .....	10

# Acknowledgements

---

This position statement was produced by a working group of the RACP's Paediatric Policy and Advocacy Committee in 2008 comprised of:

Dr Michele Yeo (Chair)  
Dr Susan Bagshaw  
Dr Simon Blair  
Dr Lena Sanci

The statement was updated in 2021 by:

Dr Bridget Farant  
Professor Rachel Skinner  
Members of the Adolescent and Young Adult Medicine Committee

## About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,863 physicians and 8,830 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

*A number of different terms are currently used in the medical literature when referring to adolescents and young adults (AYA). These include young adults, young people and youth.*

## Purpose

This position statement is aimed at all primary, secondary and tertiary care physicians and paediatricians who consult with adolescent and young adult patients, in particular those who take on the primary responsibility for the health and wellbeing of young people (aged 12-24).

## Recommendation

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

## Why assess

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

- Much of the morbidity and mortality in the adolescent and young adult age groups stems from risk taking behaviours such as injuries (accidental and non accidental), suicide and homicide, drug use and misuse, as well as unsafe sexual behaviours that result in sexually transmitted diseases and unplanned pregnancies.<sup>1</sup>
- Mental health disorders, such as depression, anxiety and eating disorders also account for a significant burden of disease in young people.<sup>2,3</sup>
- While there is evidence that some risk taking behaviours are becoming less common in adolescence, there is also evidence that many adolescents and young adults engage in multiple high risk behaviours simultaneously.<sup>4,5</sup> Health risk behaviours, such as sedentary lifestyle and obesity, are increasing.<sup>6</sup> Clustering of health risk behaviours, often in the context of psychosocial and mental health issues, contributes a much greater impact on subsequent development and long term health.<sup>4</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, these patterns can become established and continue into adulthood, contributing to a significant proportion of adult burden of disease. Moreover, a significant proportion of adult mental health problems have their origins in adolescence.<sup>7,8</sup>
- Young people with chronic disease are especially vulnerable as they may experience higher rates of health risk behaviours for a range of reasons. In addition, they often experience greater consequences from these behaviours than healthy young people.<sup>9,10</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>11,12,13</sup>
- The identification of such behaviours and mental health states through the routine assessment of psychosocial health is the first step towards reducing adolescent and young adult morbidity and mortality. Routine psychosocial and health screening presents an important opportunity to identify and intervene that would otherwise be missed.

- Research has shown that identifying strengths and promoting resilience is also important.<sup>14</sup>

Previous research has found that adolescents and young adults 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>15</sup>

- Routine psychosocial and 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 and young adult patient.
- Many presentations from young adults such as injury, occur in the context of broader health concerns that are not identified or addressed. Important causes of morbidity and mortality can be neglected if the focus is on a limited range of issues.
- 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 and young adults are more willing to communicate honestly with, and seek health care from, physicians who discuss confidentiality with them.

## Principles

### 1. Who to assess

All young people (from ages 12-24) should be assessed. Adolescence and young adulthood 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.

An assessment of all young people also ensures that specific attention can be paid to the needs of young people from priority populations who may have different or higher needs. Key groups include:

- Aboriginal and Torres Strait Islander and Māori young people (see the [Royal Australian College of General Practitioners'](#) (RACGP) resource on this topic).
- Young people with a disability or chronic health condition.
- Young people with existing psychological vulnerabilities or a history of trauma.
- Young people who identify as lesbian, gay, bisexual, transgender or are intersex (LGBTI).
- Young people from a culturally and linguistically diverse background.

### 2. When to assess

Psychosocial and 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. Assessment needs to include psychosocial determinants of health, health risk behaviours and common age-related health issues. Whilst not wanting to understate the importance of routinely monitoring young people's height, weight, BMI, blood pressure, 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. One framework commonly used is known as **HEEADSSS**. **HEEADSSS** 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).<sup>16</sup>

Rather than using this framework as a checklist, the real value of **HEEADSSS** 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 with young people. There is no evidence that inquiring about sensitive questions such as sexual activity or suicide will promote such behaviours. 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 and young adults underpins the process of building trust in the patient-doctor relationship and is essential in effectively assessing health risk behaviours.<sup>15</sup> Fellows are asked to refer to the RACP policy document titled 'Confidential Health Care for Adolescents and Young Adults (12–24 years)' for further information.<sup>17</sup> For assessment in primary health care settings, Fellows may wish to refer to the [RACGP Guidelines for Preventive Activities in General Practice](#), which includes appropriate assessment by age.

### 4. Strategies to address psychosocial and health 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 adult 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 and young adult 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 and young adult psychosocial & health assessment. The RACP has developed an [Adolescent and Young](#)

[Adult Health resource](#) as a component of basic physician training. Fellows are encouraged to complete this training module for additional training on working with adolescents and young adults. Examples of adolescent health clinicians undertaking psychosocial and health screening of adolescents can also be accessed at the NSW Ministry of Health Youth Health and Wellbeing website. <sup>18</sup>

# Appendix 1

The **HEADSSS** framework for Psychosocial Health Assessment (adapted from Goldenring & Cohen)<sup>16</sup>

Examples of some questions to ask:

<p><b>Home</b></p>	<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>
<p><b>Education and Employment</b></p> <p><b>Eating</b></p> <p><b>Exercise</b></p>	<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> <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> <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>
<p><b>Activities and Peers</b></p>	<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>What types of things do you use the internet for? Which social media platforms do you use? Have you ever been bullied online? Do you ever give out personal details on social media?</p> <p>How many hours do you spend on any given day in front of a screen, such as a computer, TV, or phone? Does this stop you from doing other things?</p>
<b>Drugs</b>	<p>Are you on any regular medication?</p> <p>Does 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 your age become interested in relationships and romance. Have you had any feeling of attraction towards boys/girls/both?</p> <p>Have you ever felt that your gender identity (internal sense of who you are) does not match the sex you were assigned at birth?</p> <p>Have any of your relationships been sexual relationships?</p> <p>What does the term “safe sex” mean to you?</p> <p>If the young person has been/is sexually active, What contraception do you use? How often? Do you use condoms? Has there ever been a time when you have not practised safe sex? (Ask further questions around STI/pregnancy risk).</p> <p>Have you ever been forced or pressured into doing something sexual you did not want to do?</p> <p>Have you ever been touched sexually in a way you did not want?</p>
<b>Suicide</b>	<p>How would you rate your mood at the moment on a scale of 1 to 10? 10 is I feel great, couldn't be better; 1 is not good, life isn't worth living.</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> Mokdad AH, Forouzanfar MH, Daoud F, Mokdad AA, El Bcheraoui C, Moradi-Lakeh M, et al. Global burden of diseases, injuries, and risk factors for young people's health during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet* 2016;387(10036):2383-401.
- <sup>2</sup> Lawrence D, Johnson S, Hafekost J, Boterhoven de Haan K, Sawyer M, Ainley J, et al., The Mental Health of Children and Adolescents: Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra: Department of Health, 2015.
- <sup>3</sup> Clark T, Fleming T, Bullen P, Crengle S, Denny S, Dyson B, et al. Health and well-being of secondary school students in New Zealand: Trends between 2001, 2007 and 2012. *J Paediatr Child H* 2013;49(11):925-34.
- <sup>4</sup> Hale DR, Viner RM. The correlates and course of multiple health risk behaviour in adolescence. *Bmc Public Health* 2016;16.
- <sup>5</sup> Kipping RR, Smith M, Heron J, Hickman M, Campbell R. Multiple risk behaviour in adolescence and socio-economic status: findings from a UK birth cohort. *Eur J Public Health* 2015;25(1):44-9.
- <sup>6</sup> Hardy LL, Mhrshahi S, Gale J, Drayton BA, Bauman A, Mitchell J. 30-year trends in overweight, obesity and waist-to-height ratio by socioeconomic status in Australian children, 1985 to 2015. *Int J Obesity* 2017;41(1):76-82.
- <sup>7</sup> Copeland WE, Shanahan L, Costello EJ, Angold A. Childhood and Adolescent Psychiatric Disorders as Predictors of Young Adult Disorders. *Arch Gen Psychiat* 2009;66(7):764-72.
- <sup>8</sup> Patton GC, Coffey C, Romaniuk H, Mackinnon A, Carlin JB, Degenhardt L, et al. The prognosis of common mental disorders in adolescents: a 14-year prospective cohort study. *Lancet* 2014;383(9926):1404-11.
- <sup>9</sup> Nylander C, Seidel C, Tindberg Y. The triply troubled teenager - chronic conditions associated with fewer protective factors and clustered risk behaviours. *Acta Paediatr* 2014;103(2):194-200.
- <sup>10</sup> Denny S, de Silva M, Fleming T, Clark T, Merry S, Ameratunga S, et al. The Prevalence of Chronic Health Conditions Impacting on Daily Functioning and the Association With Emotional Well-Being Among a National Sample of High School Students. *J Adolescent Health* 2014;54(4):410-5.
- <sup>11</sup> MacArthur G, Caldwell DM, Redmore J, Watkins SH, Kipping R, White J, et al. Individual-, family-, and school-level interventions targeting multiple risk behaviours in young people. *Cochrane Db Syst Rev* 2018;(10).
- <sup>12</sup> Webb MJ, Wadley G, Sanci LA. Improving Patient-Centered Care for Young People in General Practice With a Codesigned Screening App: Mixed Methods Study. *Jmir Mhealth Uhealth* 2017;5(8).
- <sup>13</sup> Sanci L, Chondros P, Sawyer S, Pirkis J, Ozer E, Hegarty K, et al. Responding to Young People's Health Risks in Primary Care: A Cluster Randomised Trial of Training Clinicians in Screening and Motivational Interviewing. *Plos One* 2015;10(9).
- <sup>14</sup> Brooks FM, Magnusson J, Spencer N, Morgan A. Adolescent multiple risk behaviour: an asset approach to the role of family, school and community. *J Public Health-Uk* 2012;34:I48-I56

---

<sup>15</sup> Baldrige S, Symes L. Just between Us: An Integrative Review of Confidential Care for Adolescents. *J Pediatr Health Car* 2018;32(2):E45-E58.

<sup>16</sup> HEEADSSS 3.0: The psychosocial interview for adolescents updated for a new century fueled by media. <https://www.contemporarypediatrics.com/modern-medicine-feature-articles/heedsss-30-psychosocial-interview-adolescents-updated-new-century-fueled-media>, Accessed July 8, 2021.

<sup>17</sup> RACP Joint Adolescent Health Committee, Confidential Health Care for Adolescents and Young People (12-24 years). <https://www.racp.edu.au/docs/default-source/advocacy-library/confidential-health-care-for-adolescents-and-young-people.pdf>,

<sup>18</sup> NSW Government, HEEADSSS Assessment learning video resource. <https://www.health.nsw.gov.au/kidsfamilies/youth/Pages/heedsss-videos.aspx>, Accessed July 8, 2021.