4.5 Specialist Health Expertise Guidelines

4.5.3 Mental Health

4.5.3.3 HEADSS Adolescent Psychosocial Risk Assessment

Introduction

Psychosocial, behavioural and lifestyle problems are the major causes of morbidity and mortality among adolescents. Such problems include mental health disorders, concerns about sexual health, and relationships with significant others. Young people are unlikely to present with and articulate concerns about these matters. Instead, adolescents may present with relatively minor complaints such as headache or stomach ache, which may mask a bigger problem involving sex, sexuality, depression, anxiety, eating disorders, drug use, or issues with school, family, friends or intimate partners.

Many young people facing difficulties do not fully understand what is happening to them, and are often unable to clearly articulate thoughts and feelings without help. Others will understand something of their problem and may reach out for help while feeling very uncomfortable in putting their thoughts (and fears) into words. It is common for adolescents to seek information and even self-diagnose using websites of varying reliability. Few will appreciate the range of services and support available to them.

To be effective in the field of adolescent health, professionals need to be highly effective communicators who understand the stages and domains of adolescent development. (Refer to Appendix 9)

Effective care requires health professionals to explore beyond the presenting complaint, to assess the young person's psychosocial background including strengths and supports, and to detect underlying concerns, risk factors and significant issues which require intervention.

The HEADSS Assessment

The HEADSS adolescent psychosocial risk assessment has been recommended by the Royal Australasian College of Physicians for use in primary, secondary and tertiary care, and is commonly used in Australia. HEADSS helps health professionals to develop rapport with a young person, while systematically gathering information about their world, including family, peers, school and intimate matters. It helps to identify areas for intervention and prevention, and develops a picture of the young person's strengths and protective factors.

The HEADSS is a framework of a conversation. It provides a semi-structured format for conducting a comprehensive, bio-psychosocial assessment of a young person.

By the end of the assessment consultation, there will be a compilation of information about the young person's functioning in key areas of their life. This process may take more than one session.

HEADSS is an acronym, as follows:

H Home

E Education and employment, eating and exercise

A Activities and peer relationships

D Drug use, including cigarettes and alcohol

S Sexuality

S Suicide and depression (including mood and possible psychiatric symptoms), safety and spirituality

Note: The Appendices in this document expand on information and questioning in relation to each area.

The HEADSS assessment gives the health professional a structure for;

- Developing rapport with a young person, while systematically gathering information about their world, including family, peers, school and their inner world;
- Developing a picture of the young person's strengths, supports and protective factors;
- Performing a risk assessment and screening for specific risk issues;
- Identifying areas for intervention and prevention;
- Guiding health counselling, including commending and building on strengths, exploring options, planning actions, providing information, identifying need for intervention and referral.

When is it appropriate to use HEADSS?

HEADSS can be commenced at any point in time and in a range of circumstances. It is recommended that a full HEADSS assessment is conducted for:

1. Individuals who are suspected or known to have a significant psychosocial issue.
2. Individuals who present recurrently for minor problems.
3. Individuals that have a high incidence of absenteeism.
4. Individuals for whom it is thought to be appropriate.

Using HEADSS

- Make an appointment and set aside the time to conduct the assessment.

  "You've been to see me a few times lately Alex, let's set some time aside so we can talk about your health."

"Life has got a bit complicated for you Caitlin, let's make an appointment so we can work through it together."

- Ensure you will not be disturbed or interrupted if possible, i.e. put a sign on the door and divert phone calls.
- Before starting the consultation, discuss with the young person about why you are doing the assessment.

  "Alex, we've made this time to really talk about you. If it's OK with you, I would like to ask you some questions about different areas of your life and your health. If there is anything that you would like to discuss we can do that now. If there is anything you don't feel comfortable to talk about that is fine – just let me know. I do this with most of the students who come to the health centre".

- Reassure about confidentiality and boundaries.

  Young people come and see me for a lot of different reasons, and for the most part, what they tell me is confidential; that is, I don't tell anyone else what you have told me. There are a couple of things I can't keep a secret. If you are thinking about hurting or killing yourself, if someone's hurting you, or you're thinking about hurting someone else - then I can't keep that a secret."

  Is it OK if I ask you some questions now?"

- It is recommended that notes about key points are taken during the HEADSS assessment. It is also recommended that you tell (check with) the young person that you will be taking notes.
- HEADSS is a guide and not a checklist to be 'rattled off'. Be flexible in how you apply it.
- Pursue questions and discussion which is most useful and relevant for your client.
- Let the interview flow naturally in an interactive style; follow lines of questioning which require more depth and come back to any areas not covered.

  "Lee, it sounded a bit like you and your dad don't get on so well. Tell me more about that."

- Use an open-ended questioning style to encourage the young person to talk.

  "Tell me about what you usually do on the weekends."

- Use direct questions when it is important to have a direct answer.

  "Do you use condoms every time you have sex? Even when you have drunk a lot of alcohol?"

- Adjust your words and phrases to suit the needs of your client.
- Listen to and observe carefully the young person's verbal and non-verbal responses.
- When you observe particular risk, vagueness in a response, or observe certain non-verbal responses, move to explore the issue in more detail.

"I noticed that you sort of tensed up when I mentioned missing a lot of school last term. Is that something that is on your mind? Tell me about the times when you missed school".

- There may not be enough time to cover all of the HEADSS areas in one consultation. If some areas take more time, explain to the young person that what they are telling you is important, and make another appointment to explore further with them.
- Look for ways to provide sincere, positive feedback when you hear the young person talk about things they have done well, including difficult situations which they have handled well. Sincere positive feedback helps to build rapport, trust and a sense of self worth and control for the client.

  "It sounds to me like you handled that argument with your mum really well. You stopped and listened to her, took a deep breathe and then said your piece calmly. Well done."

- Be non-judgemental.
- Using HEADSS becomes easier and more effective the more often you use it.
- Listening and guiding are the main tasks required of the health professional using HEADSS. It may be appropriate to provide health advice during the course of the assessment, but it should be short and target priority issues only. Be circumspect about giving advice and avoid the perception of 'lecturing'.

Asking sensitive questions

- The HEADSS format is designed to start with less sensitive areas of a young person's life and move towards more sensitive.
- Bear in mind that for some young people, the first item, 'HOME', can be a difficult and highly sensitive area for a variety of reasons. If this happens, try moving onto another line of questioning, and return to the sensitive area at an appropriate point in time when rapport and trust is established.
- Request permission to ask sensitive questions,

  "I'd like to ask you a few personal questions. You don't have to answer these if you don't feel comfortable. The reason I want to ask these questions is because it will help me to get a picture of your life and your overall health, and to give you a chance to talk about things that might be of concern to you.

  Remember that anything we discuss will be kept confidential. If there is something you tell me that makes me concerned about your safety or someone else's safety, I can not keep it a secret. We can talk about this if something comes up. But don't worry - I am here to help you."

  Is it OK if I ask you some more questions now?"

- Start with a 'third person approach'. This normalises the process of what you are asking and lessens the impact of sensitive questions. Direct questions can then be asked.

"Some young people your age are beginning to experiment with drugs or alcohol. Have people you know ever tried these?"

later;

"What about you? Do you drink alcohol? Have you been drunk before? How often? Has anything bad happened when you were drunk?"

Wrapping up the assessment and next steps

Towards the end of the HEADSS session, you will have started to develop a profile of the young person, and to determine what support is required. In concluding;

- Reaffirm and compliment strengths and areas in life which are going well.
- Come to an agreement about key goals for care and action.
- Identify areas for early intervention, follow-up and referral.
- Revisit and confirm any issues of concern.
- Help to identify risks associated with behaviour and to identify client goals and specific strategies for change.
- Ask if s/he has a GP they like and can easily go to. Have they sought help before from a GP or other?
- Provide health education about health issues or risk factors, including harm minimisation.
- Discuss and plan brief intervention if appropriate.
- Make an appointment to see the client again.

After the assessment

Document the key elements of the assessment using the CHS 421 A or B.

Key References

This policy is based on the GP resource kit: Chown P, Kang M, Sanci L, Newnham V and Bennett DL (2008) *Adolescent Health: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds.* NSW Centre for the Advancement of Adolescent Health and Transcultural Mental Health Centre, Sydney

For information about legal matters including duty of care, parental responsibility and the 'mature minor', consent to service provision, client confidentially and information sharing, child abuse, sexual health, mental health, drugs and poisons, refer to: Department of Health (2007) (Revised 2009). *Working with Youth – A legal resource for community based health workers.* Perth: Department of Health WA.

Recommended Training

- Motivational Interviewing

- DVD *Interviewing Adolescents*

The *Interviewing Adolescents Series* covers generic concepts relevant to any health professional working with adolescents. It is a self-paced teaching tool for taking a complete psychosocial history from an adolescent covering the risks and protective factors in their lives.

These resources have been produced as an adjunct to a training program to serve as the 'next best thing' to sitting in on a consultation with an adolescent. The videos can also be used to initiate discussion.

Developed by the Centre for Adolescent Health and The Royal Children's Hospital.

Interviewing Adolescents is available for loan from Workforce Development, Child and Adolescent Community Health. Ring 9220 9600

- Workshop - *HEADSS Up on Psychosocial Assessment/ Using your HEADSS, Clear HEADSS*.

For more information contact Workforce Development, Child and Adolescent Community Health on 9220 9600

- Workshop - *Community Health Nursing: Child and Adolescent Mental Health in the School Setting*

This course is tailored to the specific needs of the school-based Community Health Nurse in WA and has a strong focus on the development of clinical skills that are immediately applicable to the workplace. Nurses should come away from this course with improved confidence and competence in the identification, assessment and initial management of child and adolescent mental health concerns in the school setting. The learning objectives of the course are:-

→ To improve knowledge about the development of child and adolescent mental health concerns.

→ To improve capacity to identify and assess early and subclinical child and adolescent mental health concerns in the school setting.

→ To improve capacity to provide nursing support to children and adolescents identified with early or subclinical mental health concerns.

For more information contact Workforce Development, Child and Adolescent Community Health on 9220 9600

APPENDIX 1

H - Asking about home situation, family life, relationships and stability

This section acts as an icebreaker for most young people and is the basis for the client profile. For some, the topic of home might be difficult.

If questioning about home is stressful or sensitive, move to another area of discussion and return to home and family issues at an appropriate point later on.

Be aware that some people live in two distinct homes with two sets of rules and two different environments.

Some young people live in homes where there is violence, drug use, abuse and/or crime. Other young people may live with parents or other family members who have a mental health issue or disability. Some may be carers and others may live independently.

Others may not have a permanent home. They may be highly transient and move between the homes of families and friends. This group is particularly vulnerable and should be afforded special attention. It is recommended that the care of such individuals be the focus of the school Student Services team.

For young people in care, discussion about home may be particularly sensitive. It may be prudent to consult with the case worker before meeting the individual.

- Tell me about who you live with?
- Tell me about your place. Do you have your own room?
- Tell me about your family (parents, siblings, extended family)?
- Have there been any recent changes in your home environment (moves, departures etc)?
- What language is spoken at home?
- Are cultural traditions and values important to your family? What about you?
- How does everyone get along?
- Who are you the closest to in your family?
- When things get tough, do you have an adult person in your life who you can go to for help?

APPENDIX 2

E - Asking about education, employment and sense of belonging

This section continues to develop the client profile and may start to identify some important strengths, challenges, supports and vulnerabilities.

Check school attendance records on the *School Information System*, or with a member of the Student Service team. Frequent absence from school is often an important indicator for psychosocial and/or health issues.

To build rapport, try playing 'verbal ping pong' with the first few questions. Ask the young person to give a quick response as you fire the questions i.e. Favourite subject, best subject, worst subject, favourite teacher, least favourite teacher, best day on the week/timetable, best school friend.

- What do you like/not like about school?
- How are you finding the work at the moment?
- Are there any things that you are finding hard and need some help with?
- How do you get along with most teachers?
- Who is your favourite teacher? Tell me why.
- Does anyone hassle or bully you at school?

If yes, explore impact and perceptions. If bullying appears to be a problem, explore the frequency, context, strategies tried.

- Is there/tell me about anything at school that makes you feel uncomfortable
- If things get difficult, is there an adult (at school) who you can talk to?

- What do you want to do when you finish school?
- Do you think you are on track?
- Do you need any help with planning your options of subjects/jobs/career?

- Do you have a job now?

If yes, explore context, hours, positive outcomes, issues.

<u>Reference to relevant policy guidelines</u>

4.5.3.1.4 Bullying

4.5.3.1.5 Cyber bullying

APPENDIX 3

E - Asking about eating, exercise and sleep habits.

This section explores a range of lifestyle habits. Most people have a need to improve some aspect of lifestyle behaviour, and your young client may identify an area s/he is interested in changing. If so, motivational interviewing can be a very useful tool.

This section may uncover or hint at psychosocial problems linked to disordered eating, body image, or sleep problems linked to a mental health issue.

Eating or dieting disorders are psychological conditions which affect body image, personality, nutrition and physical health, and disrupt family life and relationships.

The three main types are; anorexia nervosa, bulimia nervosa and eating disorders not otherwise specified (EDNOS).

It is often not easy to identify an eating disorder and the problem may be deliberately hidden by the individual. The signs are often subtle and the young person may not reveal more unless trust and rapport are established

Compliment the young person on aspects of lifestyle which are going well.

- What do you usually eat for breakfast/lunch/dinner?
- What do you drink?
- Sometimes when people are stressed they can over-eat or under-eat. Do you ever find yourself doing either of these? Tell me about when that happens.
- If relevant – do you ever make yourself sick after eating?
- Have there been any recent changes in your weight? In your dietary habits?
- What do you like/not like about your body?
- What do you do for exercise?
- How much exercise do you get in an average day/week?
- What time do you go to sleep? What is your night time routine?
- Do you sleep well? Do you think you get enough sleep?
- Do you turn off your phone when you go to bed?

Consider an eating disorder if the young person;

- Engages in unhealthy weight-control or restrictive dietary practices
- Demonstrates obsessive or rigid thinking about food, weight, shape, body image or exercise.

- Sudden exclusion of certain food types/groups, i.e. sudden conversion to vegetarianism
- Have irregular menstrual cycle or delayed menarche
- Changes in personality and social interests e.g. withdrawal
- Evidence of vomiting, i.e. halitosis, vomits readily in other situations.
- Has unexplained weight loss but denied dieting or hunger, or "needs to eat less than others".
- Is reluctant to display weight loss or wears baggy clothes.

People who diet and do not have an eating disorder are happy when they achieve their desired weight loss target and show off their 'new body'.

The SCOFF questionnaire has a standardised screening tool to use with adolescents with a suspected eating disorder. A referral for a medical assessment is recommended if the young person answers yes to any one of the five questions. It is important to note that these questions should be embedded in the conversation, and not asked one after the other.

1. Do you make yourself Sick because you feel uncomfortably full?
2. Do you worry you have lost Control over how much you eat?
3. Have you recently lost Over 6 kg in a three month period?
4. Do you believe yourself to be Fat when others say you are too thin?
5. Would you say that Food dominates your life?

It is also important to note that a young person who has an eating disorder may actively avoid questions relating to eating and insist there is not a problem. If your professional judgement suggests cause for concern, a referral for a medical assessment and diagnosis should be made despite results of the assessment tool. This tool does not replace a medical assessment conducted by health specialists to diagnose an eating disorder.

Management strategies to consider

- If an eating disorder is suspected, refer to Princess Margaret Hospital Eating Disorders Clinic or GP.
- Engage with family where possible – this should first be negotiated with the adolescent. If there are strong concerns about an eating disorder, it may be appropriate to make contact with parent without first negotiating with the young person. Consider your duty of care to the young person, and check with your manager or school psychologist if unsure.
- If contact is made with parents, discuss referral to PMH, GP or CAMHS.
- Active follow-up

Reference to relevant policy guidelines

4.5.3.4 Early Identification and Management of Eating Disorders

APPENDIX 4

A - Asking about activities, social and interpersonal relationships, and self esteem

This section explores an important domain of adolescent life and it would be a fortunate individual who did not have some peer group challenges.

Be alert for individuals who appear to have no 'real' friends, or have no hobbies.

Other issues which may be evident include poor self esteem, risk-taking behaviour or preoccupation with online activities.

- What do you like to do for fun? Who else is involved?
- Who are your main friends (at school/out of school)?
- Do you talk to your friends online or face-to-face?
- Tell me more about when you meet/talk online.
- Do your friends take care of you?
- What are some things you like about yourself?
- How do you think your friends would describe you?
- Give me three words you think describe you.
- Do you watch TV? What do you like?
- What is your favourite music? Do you do any sports or hobbies?
- Do you spend time online?
- Tell me about what do you do online. How much time do you spend online?
- Do you ever have trouble finishing/leaving your online game/activity? Do you think it gets in the way of doing other things?
- Has anything upsetting or nasty happened to you online?
- Who are your friends? Who do you identify with?
- How do you usually get on with others your own age?

Reference to relevant policy guidelines

4.5.3.5.1 Conflict Resolution

4.5.3.5.2 Social skills and relationships

4.5.3.5.3 Positive Coping Skills

4.5.3.5.4 Stress Management

4.5.3.5.5 Assertiveness skills

Cultural competence - Refer to section 2, chapter 7 in the GP resource kit http://www.caah.chw.edu.au/resources/

APPENDIX 5

D - Asking about use of alcohol, tobacco and other drugs.

Alcohol is the drug of choice for many young Australians and can cause problems.

Medications, prescribed and over the counter may also be misused.

Substance abuse and mental health issues often go hand-in-hand in adolescents, especially for depression, anxiety and other mood disorders. Substance abuse is also strongly associated with motor vehicle accidents, sexual risk-taking, blood-borne virus infection, violence and criminal behaviour.

Substance abuse is frequently a contributing factor in the early onset of psychosis.

- Do you take medications that a doctor prescribed or were bought at a chemist/shop?
- Some young people try alcohol, cigarettes and other drugs. What about you?
- What about any of your friends?
- Have any of your friends tried drugs like cannabis, injecting drugs or maybe others? Have you?
- Does anyone in your family drink alcohol, smoke or use drugs?
- Does this cause any problems?
- Have you had any problems because of your alcohol/drug use (with police, family, friends or school)?

If substance abuse is suspected but not disclosed, and is thought to be having a significant impact on health or life, take a direct approach:

- I've been wondering if the signs/problems that you have talked about could be related in any way to using drugs. It's up to you whether you want to talk about this, but I just want you to know that I am concerned about the risks to your health.

If substance/alcohol abuse is detected, it is useful to explore what, how often, how much, method of use, patterns and context and effects. Explore how they obtain and pay for the substance. Explore previous attempts to stop and outcomes. Ask what the young person wants to do about their drug use.

<u>Management strategies to consider</u>

- Referral to appropriate service in the community.
- Brief intervention for harm minimisation and/or motivational interviewing.
- Discussion about legal issues.
- Address underlying issues i.e. depression.
- Provide objective health information about risks and impacts

- Engage with family where possible – this should first be negotiated with the adolescent
- Active follow-up

Key Reference

Refer to *Working with Youth – A legal resource for community based health workers* for more information about legal matters including duty of care, parental responsibility, mature minors, duty of confidentially and alcohol and drugs.

Refer to the School Drug Education and Road Aware (SDERA) *Challenges and Choices* resources. SDERA is the WA State Government's primary drug and road safety education strategy.

APPENDIX 6

S – Asking about sexual activity and sexuality

This section asks sensitive questions which many people find difficult to discuss. It is recommended that questioning starts with relatively neutral topics before moving to more sensitive areas.

The development of reproductive capacity and a sexual identity are fundamental tasks of adolescence. Sexual behaviours often begin during adolescence and experimentation is common.

Individual, peer, family and cultural factors influence the nature and extent of an individual's sexual behaviour. There is very wide variation in terms of knowledge and experience. Many adolescents lack basic knowledge about their bodies, sexuality and how to protect themselves.

Young people are usually more concerned about relationships and communication with partners than about the risk of disease or pregnancy.

The risk of acquiring STIs among young people relates to the number of partners, partner change, issues of power and negotiation with partners and access to contraception, health services and quality information.

Explore your clients understanding of sex, sexual orientation and sexual practices. Use your own judgement about appropriate terms to use, such as 'sex'.

Be alert to risk taking behaviour, unsafe practices and abuse. Look for opportunities to provide safe sex messages.

Remind the young person about the limits of confidentiality and your responsibility to share information of he/she is at risk of harm.

Avoid making assumptions about the young person or their behaviour. For example always ask if they are having a relationship be it sexual or not with boys, girls or both.

Your line of questioning in this area will vary depending on observations you have made about the individual so far, i.e. culture, maturity, relationships.

- So far we've talked about your relationships with family, friends and people at school. Some people your age start going out with someone. Do you have a boyfriend or girlfriend?
- How is that going?
- Lots of people ask me questions about sex or having sex – do you have any questions?

<u>Or</u>

- Can I ask you about your boy/girlfriend?
- How long have you been going out with him/her?

- Has the relationship become more sexual?
- Have you thought about having sex?

Respond to the young person and ask further questions depending on his/her situation.

You may need to explain each of these separate sexual activities for the young person to fully understand, i.e. vaginal sex, anal sex, oral sex.

- Have you had sex or any sexual contact with someone else?
- How old were you when you first had sex?
- How many people have you had sex with?

If it is established that your client has engaged in sexual activity, explore whether the sexual activity was consensual.

- Did you plan to have sex?
- Was it something you wanted to do?
- Did you feel pressured into having sex?
- Have you ever felt pressured or uncomfortable about having sex?

Look for opportunities to discuss health education in relation to the young person's situation.

- What do you know about safe sex / staying sexually healthy?
- Tell me about what protection you use. Do you think it protects you?

Consider need for mandatory or non-mandatory report to the Department for Child Protection.

- Have you ever been touched in a way that makes you feel uncomfortable?
- Have you ever been forced to have sex?

Get the young person to describe any conditions they are experiencing. You may need to ask several questions here to gather the relevant details.

Chlamydia PCR testing is recommended for all sexually active young people about once a year. If the young person is Aboriginal, screening for gonorrhoea is also recommended.

If the young person is experiencing any symptoms or conditions, ask;

- Have you had any discharges from your penis/vagina?
- Have you had any pain or difficulty in passing urine?
- Have you had any painful periods?
- Have you had pain during sexual intercourse?

In the case of suspected pregnancy, ask;

- Have you missed a period recently?
- Do you have sore breasts?
- Have you been feeling sick at all?
- How long have you had these symptoms?

To conclude the questioning about sexual health, offer the young person a chance to ask questions:

- Is there anything (else) you would like to ask me?

Management strategies to consider

- One or more issues may have arisen requiring one or more actions. Referral to GP or other relevant service for those who are newly sexually active, haven't had a recent sexual health check, enquire about contraception, may be pregnant.
- Provide safe sex messages about condom use, assertiveness skills, STI testing and others as appropriate.
- Engage with family if possible – negotiate first with the adolescent.

Sexting

Sexting refers to the sending of provocative or sexual photos, messages, or videos, using social media and/or mobile phones or other technology. It can also include posting material online. Refer to the Australian Government cybersmart website for information about social and legal implications and tips for management.

http://www.cybersmart.gov.au/Parents/Cybersafety%20issues/Sexting.aspx

Key Reference

Refer to *Working with Youth – A legal resource for community based health workers* for more information about legal matters including duty of care, parental responsibility, mature minors, confidentially, child abuse and sexual health.

Reference to relevant policy guidelines

4.5.5.1 Identifying Sexual Health Issues – How to Ask the Right Questions

4.5.5.2 Managing Suspected or Confirmed Pregnancy

4.5.5.3 Managing Suspected Sexually Transmitted Infections

4.5.5.4 Managing Contraception Issues

4.5.5.5 Managing Sexual Assault

4.5.5.6 Supporting Same Sex Attracted Young People

APPENDIX 7

S - Asking about suicide risk, self harm and mental health.

This section gets to the pointy end of adolescent health issues and may highlight areas of significant risk. A quarter of all adolescents will experience mental health problems at some point in time, and is a major cause of mortality.

The rapid social and emotional changes of adolescence can complicate the presentation and recognition of mental heath problems. Behavioural and emotional turmoil is often part of adolescent development and may easily be dismissed as transient. Mood changes, irritability, poor school performance or interpersonal conflicts may mask emotional distress or an underlying mental health problem.

Mental health problems often go undetected in young people. They are generally ill-informed about their mental health, and less than 25% with a problem seek help.

Presentation of mental health problems include; anger, aggression, acting out, drug use, risk behaviours, non-attendance at school; or physical complaints such as tiredness, headaches or abdominal pain; or frequent presentations with vague or minor complaints.

Early intervention, skill development and education can make a real difference to the lives of individuals. Timely referral to medical and psychiatric services, and urgent support for clients who are very unwell or are considering suicide, can be put in place.

- How are you feeling at the moment on a scale of 0 to 10? (0 – Life sucks, 10 – Everything's fantastic)

If the score is 0 to 5, explore in more depth.

- Have you been going through a tough time lately? Can you talk about what you are thinking and feeling?
- Are any of your friends or family worried about you?
- In the past, have you really felt really low/down? How low, on a scale of 0 to 10?
- What do you do if you are feeling sad, angry or hurt?
- Who can you talk to when you're feeling down?
- You said you rate yourself as being 4 out of 10. It sounds to me like you're pretty down and maybe you're finding it hard to get out of the feeling of being down or sad. Is that how it is for you at the moment? How long have you been feeling this way?
- Sometimes when people feel really down they feel like really hurting themselves, or even killing themselves.

- Have you ever felt that way? What happened?
- What prevented you from going ahead with it?
- Do you know anyone who has tried to harm or kill themselves?

If suicide risk is evident, do a suicide risk assessment as a matter of priority. If you have not completed *Gatekeepers* training, consult with school psychologist, senior nurse or other suitable professional.

Discuss anxiety

- It's normal to feel anxious in certain situations – do you ever feel really anxious, nervous or stressed?
- Have you ever felt really anxious or panicky all of a sudden?
- Have you every felt out of control or really afraid?
- How long for?
- What do you do to try to calm down?

Ask about self harm if anything so far has suggested it could be an issue.

- Have you ever deliberately hurt or injured yourself (cutting, burning or putting yourself in unsafe situations)?

If yes, explore in more detail – how, circumstances, recency, outcomes.

Explore support and resources

- Who do you usually share problems with?
- Who do you think can help you through this time?
- What do you think they would do if they knew about how you felt/what you were thinking?
- Who would you like to support you through this?
- What is helping you to keep going right now?
- If you look to the future, what do you think you can look forward to?

<u>Management strategies to consider</u>

- Referral to GP, CAMHS or other relevant service.
- Engage with family where possible – this should first be negotiated with the adolescent.
- Active follow-up

Reference to relevant policy guidelines

4.5.3.1 Identifying Students with Mental Health Problems

4.5.3.1.1 Anxiety and Stress

4.5.3.1.2 Depression

4.5.3.1.3 Self Harm

4.5.3.1.4 Bullying

4.5.3.1.5 Cyber bullying

4.5.3.2 Managing Suicide Risk

APPENDIX 8

S - Asking about safety and spirituality

In exploring spirituality, discussion should not be limited to connection with a formal religion or faith. Many people finding meaning in their lives in other ways such as, a deep sense of connection to family, culture, the land or environment.

A primary task of adolescence is finding out "Who am I" and "Where do I belong". Some may feel bemused and questioning about who they are and why they exist. Other young people may not yet have considered spirituality and meaning in any detail.

Some or all of the following may have been discussed already in the context of other lines of questioning. If not ask the leading questions and explore each of the following.

- What helps you relax, escape?
- What gives your life meaning?
- What do you think is most important in your life?
- Do you belong to a church or have a religion or faith?
- Where do you feel safest?
- Have you ever felt unsafe?
- Do you feel safe at home

APPENDIX 9 Adolescent Developmental Stages

	Early (10 – 13 years)	Middle (14 – 17 years)	Late (17 – 21 years)
Central Question	"Am I normal?"	"Who am I?" "Where do I belong?"	"Where am I going?"
Major Developmental Issues	▪ Coming to terms with puberty ▪ Struggle for autonomy commences ▪ Same sex peer relationships all important ▪ Mood swings	▪ New intellectual powers ▪ New sexual drives ▪ Experimentation and risk taking ▪ Relationships have self-centred quality ▪ Need for peer group acceptance ▪ Emergence of sexual identity	▪ Independence from parents ▪ Realistic body image ▪ Acceptance of sexual identity ▪ Clear educational and vocational goals, own value system ▪ Developing mutually caring and responsible relationships
Main concerns	▪ Anxieties about body shape and changes ▪ Comparison with peers	▪ Tensions between family and adolescents over independence ▪ Balancing demands of family and peers ▪ Prone to fad behaviour and risk taking ▪ Strong need for privacy ▪ Maintaining ethnic identity while striving to fit in with dominant culture	▪ Self responsibility ▪ Achieving economic independence ▪ Deciding on career/vocation options ▪ Developing intimate relationships
Cognitive Development	▪ Still fairly concrete thinkers ▪ Less able to understand subtlety ▪ Daydreaming common ▪ Difficulty identifying how their immediate behaviour impacts on the future	▪ Able to think more rationally ▪ Concerned about individual freedom and rights ▪ Able to accept more responsibility for consequences of own behaviour ▪ Begins to take on greater responsibility within family as part of cultural identity	▪ Longer attention span ▪ Ability to think more abstractly ▪ More able to synthesis information and apply it to themselves ▪ Able to think into the future and anticipate consequences of their actions

Reference: Chown, P., Kang, M., Sanci, L., Newnham, V., Bennett, D.L. (2008). *Adolescent Health: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds, GP Resource Kit* (2nd Edition). NSW Centre for the Advancement of Adolescent Health and Transcultural Mental Health Centre, Sydney.