



headspace

National Youth Mental Health Foundation

headspace Psychosocial Assessment for Young People

The headspace Psychosocial Assessment guides the interviewer through a series of domains in order to assess areas of difficulty that may be indicative of psychosocial problems

An expansion of the HEADS assessment

Revised by the headspace Centre of Excellence:

Parker, A. G., Hetrick, S. E., & Purcell, R. (2010). Assessment of mental health and substance use disorders in young people: Refining and evaluating a youth-friendly assessment interview. *Australian Family Physician*, 39, 585-588.

Original publication:

Goldenring, J. M., & Rosen, D. S. (2004). Getting into adolescent heads: An essential update. *Contemporary Pediatrics*, 21, 64-90.

Tips for engagement and interviewing

The note an interviewer strikes at the outset may affect the entire outcome

- Introduce yourself to the young person first
- Ask the young person to introduce you to others who may be present
- This gives the young person a clear message that you are interested in him/her

Don't begin the interview asking 'why are you here?'

- Chat with the young person about lighter, non-threatening topics
- Provide an outline of what's going to happen, including the range of questions
- Prepare them for the sensitive nature of some of the questions
- Let the young person know they can choose not to answer any of the questions
- Create an empathetic stance by acknowledging they may feel uncomfortable at times

Build rapport so that the young person feels their concerns have been heard

- The young person should come away feeling that someone cares and that it might be useful to return
- Ask open-ended questions so that there is opportunity for rapport building and engagement
- The goal isn't just to elicit information about what might be 'wrong' with the young person

Spend time during the interview asking for feedback

- Check that you understand the young person's main concerns and difficulties
- Clarify the young person's goal in coming to the assessment
- Before concluding, ask if they have any questions or anything more to add

Parents, family members, or other adults should not be present during the interview unless the young person specifically gives permission, or requests it

- The amount of time spent with the young person alone depends on his/her developmental age and stage

The importance of the health practitioner's belief systems and assumptions

Health care providers bring their own set of beliefs and assumptions about young people, based on their own knowledge and experience, which can result in varying levels of tolerance in dealing with particular situations, particularly health risk behaviours.

It is essential to understand youth development and to be aware of the issues that young people might be facing. Young people are appropriately beginning to try out adult behaviours and gain increasing independence from parents and other adults. Taking a respectful stance where young people are seen as responsible and able to make decisions will begin the process of building an effective collaboration between you and the client.

It is important to ask questions in a non-judgmental way that does not imply assumptions, e.g. questions to young women about 'boyfriends' assumes heterosexuality, questions about mum and dad assumes a young person lives at home with two parents. If a health care provider is confronted with a situation that is challenging to them and causes a 'dilemma', it is suggested the health professional consult with a colleague or refer the young person for developmentally appropriate care.

A youth focus will necessarily include listening carefully to their concerns and their goals in coming to see you, and ensuring their active participation in deciding on what to work on and how to work on it. At the same time, young people are still developing and need support and reassurance. The level of their participation will depend on developmental age and stage.

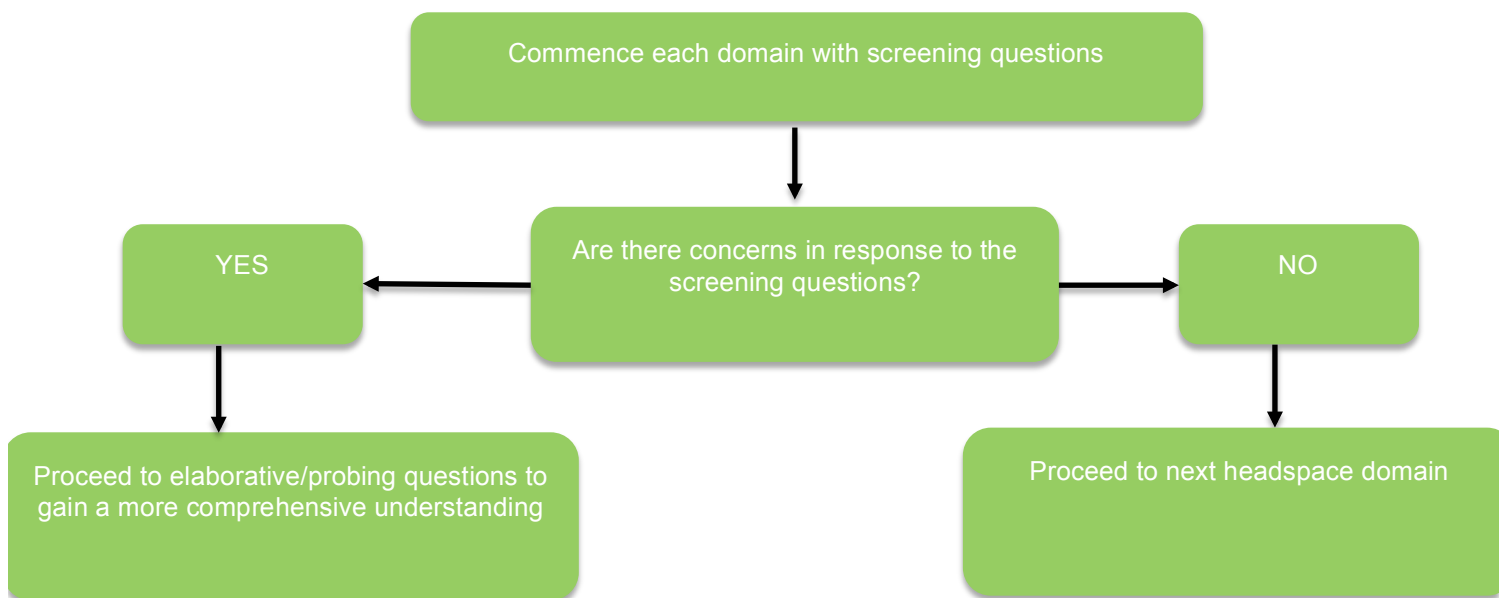
headspace psychosocial interview domains

The headspace interview covers 10 domains

- Home and Environment
- Education and Employment
- Activities
- Alcohol and Other Drugs
- Relationships and Sexuality
- Conduct difficulties and Risk-taking
- Anxiety
- Eating
- Depression and Suicide
- Psychosis and Mania

PLUS final subsection:

- Summary (Strengths and Difficulties) and Goals



Use discretion in terms of how screening and probing questions are framed

- Given the age range of headspace clients (12-25), the young person's developmental stage needs to be taken into account
- For example, in the Drugs and Alcohol domain, ask a 12-15 year old if s/he drinks or uses drugs, whereas for a 16-25 year old, ask how often they use such substances

Who should use the headspace psychosocial assessment?

Any service provider within a headspace centre could use the headspace psychosocial interview with a young person. It is designed to be used by any practitioner with experience conducting client assessments, including GPs, psychologists, social workers, occupational therapists, mental health nurses, youth workers, or substance use workers.

The use of screening questions, as well as the progression from an assessment of general functioning to mental health difficulties, allows the practitioner to be flexible with regard to the length and depth of their questioning. Nonetheless, the headspace psychosocial interview does contain some sensitive items (e.g. around the experience of abuse) as well as specific mental health content.

Practitioners who do not feel confident to conduct the full interview with a young person should choose only to complete the screening questions (in those domains they feel competent to address), and to refer the young person to another experienced practitioner within the headspace centre for a full assessment if indicated on the basis of their screening responses.

Similarly, a number of additional assessment measures are recommended within several of the domains, if information additional to the probing questions is required (e.g. the Suicide Risk screener). As these measures are recommended for even further elicitation of mental health difficulties, they should only be administered by GPs, psychiatrists or other mental health professionals, or services providers who are experienced with their use.

The headspace psychosocial interview provides a guide on how to ask questions of young people with mental health problems. Not all questions must be answered, nor do all questions need to be asked in the order suggested. The purpose is to commence with non-threatening questions in order to build rapport with the young person. However, if the young person initiates the interview with statements regarding their presenting problem, this can be explored initially before moving onto the other domains.

Finally, a summary of the issues discussed in the interview can be included at the end of the document, along with the goals the young person has in terms of what they would like to achieve from their engagement with headspace.

Confidentiality

Confidentiality is a major concern of young people. Many headspace clients may be concerned about what they say getting back to their parents, friends, or school teachers/ employers. It is therefore important that the extent of - and limits to - confidentiality are discussed from the outset of the assessment, and revisited as necessary throughout any assessment or treatment period with the young person.

Confidentiality means that what is discussed with the young person is not repeated to others, unless it is deemed to be helpful and there is expressed permission from the young person. The three main exceptions where it may be necessary to break confidentiality are when:

- 1) the young person is at risk of harming or killing themselves,
- 2) at risk of harming someone else or committing a serious criminal offence, or
- 3) they are being threatened or harmed (physical/sexual abuse) by someone else.

Many health professionals may also be subject to Mandatory Reporting laws in suspected cases of child abuse and neglect (only mandatory for a young person under the age of 16). The professionals mandated to report vary across the different states and territories (see <http://www.aifs.gov.au/nch/pubs/sheets/rs3/rs3.html>).

It may also be that disclosure is necessary in order to obtain information from other agencies or to engage other agencies in order to access services for the young person. In this case permission to disclose should be obtained in writing from the young person for non-urgent communications.

Important confidentiality considerations

- Confidentiality is essential to promote young people's access to health care, especially for sensitive concerns such as mental and sexual health, and substance abuse.
- A young person's right to confidentiality must be balanced with families' right to be informed. Confidentiality can be achieved whilst simultaneously encouraging the young person to share important information with their family, where appropriate.
- Involving the young person's family in treatment can contribute to better mental health outcomes. Clinicians should establish agreement concerning the extent to which information is to be shared with family and friends at the beginning of contact with a young person.
- In Australia, confidential health care is a legal right for competent adolescents. Competence is determined by clinical judgement of the young person's stage of development and their ability to understand what is being discussed, in the context of the relevant local and national legislation. Workers should check which legislation applies in their jurisdiction. For more information, go to <http://www.headspace.org.au/what-works/resources/-assessment-interview>

Raising and discussing confidentiality with the young person in this interview

- Ask the young person their understanding of confidentiality to begin the conversation.
- Confidentiality must be assured and limits to confidentiality discussed.
- Discuss consent to contact other sources when necessary.
- Decide with the young person what issues will be discussed with parents and the extent to which parents will be involved in ongoing treatment. This is dependent on factors such as age, living arrangements, cultural expectations and the level of autonomy and closeness within the family.

Further information is available at

<http://www.theshopfront.org/print/24.html>

Domain 1: Home and Environment

Screening questions

- Where do you live? Who lives at home with you? How long have you lived there? Is this stable accommodation for you?
- What are your relationships like at home? Are there any problems/fights that worry you?
- Do you feel okay and safe at home?

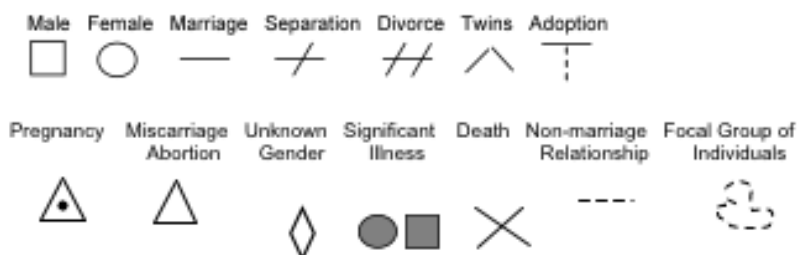
Example of probing questions

- Do you have any brothers or sisters? How old are they?
- Who are you closest with in your family?
- Have there been any changes in your family/home recently (e.g. someone left/arrived)?
- Are your parents well/OK? What do your parents do for a living?
- What kinds of things do you and your family argue about the most? What happens in the house when there is a fight?
- Is there anything you would like to change about your family? Why?
- Have you ever had to live away from home?
- Are you spending time 'couch surfing', moving frequently between friends or relatives?
- Are any agencies involved in your housing or accommodation?

Asking about familial abuse or substance use may be difficult. Using a scenario may facilitate this line of questioning, i.e. "Working with young people I have learned from some that their relationship with their parents is a difficult one; by this I mean they argue and fight. Some young people have told me that they wish their parents did not drink so much or use drugs. Is this a situation in your house? Has anything like this happened to you?"

Notes

Consider drawing a genogram



Domain 2: Education and Employment

On the basis of obtaining the young person's demographic details, you will be aware of whether s/he is at school, working or unemployed. Frame the following questions with this information in mind.

Screening questions

- So you're at school/working/looking for work. How's that going?
- Do you enjoy school/work? What do you/don't you like about it?
- Do you go every day? How many days have you missed over the past 2 weeks? When did your attendance start to decline?
- How do you feel you're coping with school/work? How do you feel about this?
- Many young people experience bullying at school or at home via the internet or mobile phones, have you ever experienced this?

Examples of Probing Questions

- Are you doing what you want to do at school/work? What would you prefer?
- Tell me about your friends at school/work? How do you get along with your peers? Is your school a safe place?
- Have you ever been treated badly or been in conflicts at school? What happened?
- Have you been bullied? Have you been a bully? Have you been a witness/bystander to bullying? What kind of bullying (face to face, cyber) and what was the content (physical, sexual)?
- How much school/work do you miss? Have you ever been suspended/fired?
- Why is it so tough at school/work? Do you need help with this?
- Does this ever get you down?

Notes

Domain 3: Activities

Screening questions

- What do you like doing?
- What does a usual day involve for you? (Describe for me a normal day in your life?)
- Do you have friends that you hang out with? What kinds of things do you like to do together?
- Do you mainly spend time on your own? Is that OK with you?

Probing questions

- Are most of your friends from school/work or elsewhere? Are they the same age as you?
- Do you have one close friend or a few friends?
- Do you spend time doing things with your family? What do you do?
- What do you do on the weekends?
- Do you ever feel lonely or left out of activities? What happens and how do you feel?

Rate SOFAS (see next page)

Notes

Social and Occupational Functioning Assessment Scale (SOFAS)

Consider social and occupational functioning on a continuum from excellent functioning to grossly impaired functioning. Include impairments in functioning due to physical limitations, as well as due to mental impairments. To be counted, impairment must be a direct consequence of mental and physical health problems: the effects of lack of opportunity and other environmental limitations are not to be considered.

Code	Note: Use intermediate codes when appropriate e.g., 45, 68, 72.
100 91	Superior functioning in a wide range of activities
90 81	Good functioning in all areas, occupational and socially effective
80 71	No more than a slight impairment in social, occupational, or school functioning (e.g. infrequent interpersonal conflict, temporarily falling behind in schoolwork)
70 61	Some difficulty in social, occupational or school functioning, but generally functioning well, has some meaningful interpersonal relationships
60 51	Moderate difficulty in social, occupational or school functioning (e.g. few friends, conflicts with peers, co-workers).
50 41	Serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job)
40 31	Major impairment in several areas such as work or school, family relations (e.g. depressed man avoids friends, neglects family and is unable to work: child frequently beats up younger children, is defiant at home, and is failing school)
30 21	Inability to function in almost all areas (e.g. stays in bed all day, no job, home or friends)
20 11	Occasionally fails to maintain minimal personal hygiene. Unable to function independently.
10 1	Persistent inability to maintain minimal personal hygiene. Unable to function without harming self or others without considerable external support (e.g. nursing care and supervision)
0	Inadequate information

Domain 4: Alcohol and Other Drugs

The following questions should take into account the young person's developmental stage.

For those aged 12-15, begin questions with "Do you..." For those aged 16-25, begin with "What do you..."

Screening questions

- Do you drink? Smoke? Have you tried or used drugs? What have you tried?
- What do you like about it? What don't you like?
- Have you regularly used alcohol or drugs to help you relax, calm down or feel better?
- Have you had any problems with family, friends, police (or courts) related to drinking or using drugs?
- Would any of your friends or family say you have a problem with drinking or drugs?

Probing questions

- What were you drinking the last time you got drunk (or stoned/high)? Why? Could you remember everything? How did you get home?
- How do you (and your friends) take drugs?
- Do any of your family drink, smoke or use other drugs? If so, how do you feel about this? Is it a problem for you?
- In the last three months, what is the longest time you have gone without any alcohol or drug use?
- Have you tried to have any periods without alcohol or drug use and how did these go?
- Have you ever thought about changing or reducing your drug and alcohol use?

Consider ASSIST item

In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)	No (If No go onto the next drug)	Yes	How old were you when you first tried (drug)?	In the <u>past three months</u> , how often have you used each of these substances (1 st drug, 2 nd drug etc.)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, cigars, etc.)	0	1			0	1	2	3	4
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	1			0	1	2	3	4
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	1			0	1	2	3	4
d. Cocaine (coke, crack, etc.)	0	1			0	1	2	3	4
e. Amphetamines (speed, diet pills, ecstasy, etc.)	0	1			0	1	2	3	4
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	1			0	1	2	3	4
g. Sedatives (Valium, Serepax, Rohypnol, etc.)	0	1			0	1	2	3	4
h. Hallucinogens (LSD, acid, mushrooms, PCP, SpecialK)	0	1			0	1	2	3	4
i. Opioids (heroin, morphine, methadone, codeine)	0	1			0	1	2	3	4
j. Other - specify:	0	1			0	1	2	3	4
k. Have you ever injected a drug? (ASSIST question 8)***	0	1							

***Please note: if a young person answers 'yes' to ever injecting a drug (item k), they should be referred to a GP for appropriate Sexually Transmitted Infection (STI) and Blood Borne Virus tests. See http://www.stipu.nsw.gov.au/icms_docs/117571_GP_STI_Testing_Tool.pdf

Notes

Domain 5: Relationships and Sexuality

Consider commencing with an opening statement, such as “As part of our assessment we ask all young people about relationships and about sexuality. We don’t make assumptions about people’s sexual orientation, and we see a lot of people who are gay, bisexual, or questioning their sexuality.”

Screening questions

- Are you in a relationship? (*If no: Have you ever been in one? If yes: What’s your relationship like?*)
- Do you identify as straight/bisexual/gay/lesbian? (*Or: Are you attracted to males or females or both? Or if no relationship: Even though you haven’t had a relationship yet, are you interested in boys or girls? Perhaps you’re not sure?*)
- *For young people who identify as same sex attracted:* Have you ever had any negative experiences about being gay/bisexual/lesbian?

Probing questions

- Have you ever had sex, perhaps in a relationship or perhaps casual sex (this can include oral, anal or vaginal sex)? *If no, skip the next 2 questions*
- Have you had sex in the last 12 months? *If no, skip next question*
- Have you been tested for sexually transmitted infections in the last 12 months? *If no, the young person should be referred to a GP for appropriate STI tests (either within your headspace centre, or to an external GP or sexual health clinic) See http://www.stipu.nsw.gov.au/icms_docs/117571_GP_STI_Testing_Tool.pdf for information.*
- *For young people who are sexually active:* Do you use any form of protection? What sort? Do you ever have unprotected sex?
- Have you ever felt pressured or uncomfortable about having sex? (*Use clinical judgement as to whether to probe further, depending on young person’s response. Depending on your experience and training in managing disclosures of sexual abuse, you may follow up with:* Have you ever been abused, or been forced into having sex? Who did this? When?)

Notes

Domain 6: Conduct difficulties and Risk Taking

Screening questions

- Have you deliberately harmed or injured yourself – like cutting, burning, or scratching yourself – when not feeling suicidal?
- When did it start? How often? Do you do this to manage stress, emotions, to cope? Have you had to get medical assistance for this?
- Have you put yourself in unsafe situations (e.g. unsafe sex, risky driving)?
- Have you ever wanted to hurt someone else? Have you acted on this? What has stopped you from doing anything?
- Do you often feel out of control (with your behaviour)?

Probing questions

- Many young people get frustrated with others. Have you ever felt like this or acted on your frustrations? How?
- Have you ever thought about or felt like hurting someone else?
- Have you ever done something on the spur of the moment that you later regretted?
- Do you get in lots of arguments with your family because they have problems with your behaviour?
- Are you in trouble at school? Do you feel picked on by teachers?
- Have you ever been involved with the police? Have you ever been charged?
- Do you belong to a group/gang?
- Do you have any tattoos or body piercings? Where did you get these done? *If not at a licensed tattoo parlour or beautician, the young person should be referred to a GP for appropriate STI and Blood Borne Virus tests. See http://www.stipu.nsw.gov.au/icms_docs/117571_GP_STI_Testing_Tool.pdf for information.*

Notes

Domain 7: Anxiety

Screening questions

- It's normal to feel anxious in certain situations (e.g., heights, public speaking). Are there times when you feel unusually anxious, nervous or stressed?
- Have you ever felt really anxious all of a sudden – e.g., for no reason at all? What was it like? (*Consider describing some common symptoms, e.g., heart racing, shortness of breath, fear of losing control...*)
- Do you think you feel more anxious or worry more than your friends?
- Are there situation or objects that you avoid because you feel too anxious? How does this affect your day-to-day life?

Probing questions

- Do you worry a lot about things that you have no control over (e.g., bad things you see on the news)?
- Do you ever find yourself having to do things over and over, like touching, counting, washing your hands many times, or checking things to make you feel better?
- Do you obsess about things, or get stuck on things, like your homework or appearance having to be perfect? Do family or friends think you obsess about things? What types of things?

Notes

Domain 8: Eating

Screening questions

- Do you worry about your body or your weight?
- What do you like or not like about your body?
- Do you try things to manage your weight (e.g., extreme restriction of your food intake, exercising excessively)?
- Have there been any recent changes in your weight?
- Are any of your family members or friends worried about your weight or your attitude towards your body/food?

Probing questions

- Does it ever seem as though your eating is out of control?
- Have you ever made yourself throw up on purpose in an attempt to control your weight?
- Do you believe yourself to be overweight or fat even if others tell you that you aren't?
- Have you ever taken diet pills?
- How often do you exercise and what do you usually do?

Notes

Domain 9: Depression and Suicide

Screening questions

- Do you feel sad or down more than usual? Have you ever felt that way in the past? For how long?
- Have you lost interest in things that you usually like doing?
- Are you having trouble sleeping?
- Do you find yourself spending less and less time with friends or family? Would you rather just be by yourself most of the time? Why?

Probing questions

- Have you ever tried to hurt yourself (e.g., cutting) to calm down or feel better?
- Have you started using alcohol or drugs to help you relax, calm down or feel better?
- Have you thought you would be better off dead or wished you were dead?
- Have you thought about suicide? Do you have a suicide plan?

Consider a suicide screen

In the <u>past month</u> did you:		No	Yes
a)	Think that you would be better off dead or wish you were dead?	0	1
b)	Want to harm yourself?	0	2
c)	Think about suicide?	0	6
d)	Have a suicide plan?	0	10
e)	Attempt suicide?	0	10
f)	In your <u>lifetime</u> : Did you ever make a suicide attempt?	0	4
Scoring: TOTAL (add all numbers circled): _____			
Suicide assessment:		No current risk <input type="checkbox"/> 0 points Low <input type="checkbox"/> 1 – 5 points Moderate <input type="checkbox"/> 6 – 9 points High <input type="checkbox"/> >=10 points	

Notes

Domain 10: Psychosis and Mania

Screening questions

- Sometimes, especially when feeling stressed, people can hear or see things that others don't seem to hear or see. Has this ever happened to you? How often? Does it cause you distress?
- Have you found yourself thinking that someone was out to get you?
- Have you found yourself feeling really up or racy, or feeling like you can take on the whole world?
- Have you ever gone for days without sleep? How long?

Probing questions

- Have you ever felt like you have special powers that other people don't have or are especially important in some way? What was this like?
- Have you felt that things around you had a special meaning intended just for you?
- Have you felt like someone or something outside of yourself has been controlling your thoughts, feelings, actions, or urges?
- Have you ever felt like your thoughts were less private than usual? For example, like your thoughts are broadcast so that everyone can know what you're thinking? Or that people can read your mind?

Notes

Summary and Goals

Brief summary of presenting issues

Provide an overall summary of the domains in which the young person was having difficulty and those in which they were coping well. Provide feedback to the young person of your impression of the psychosocial interview. In most cases, you can identify strengths and potential, as well as problem areas, and discuss both in order to offer a balanced view.

Consider using a formulation framework, addressing the four P's

- **Predisposing factors:** aspects of the client's background that make him/her susceptible to presenting with the given problems (e.g. history of mental illness in family).
- **Precipitating factors:** immediate issues or events that have caused the client to present with or experience these problems or symptoms now (e.g. recent life experiences/stressors, bullying etc.).
- **Perpetuating factors:** factors that cause the client's symptoms/problems to continue or to progressively get worse (e.g. conflict in home, low social support, poor coping strategies).
- **Protective factors** help improve the client's situation or symptoms.

Notes

Goals for engaging with headspace

Ask the young person what they would like to get from their experience with your headspace centre. Ask if there are specific problems that they would like to work on and what outcomes they hope to achieve.

Notes

Suggestions for wrapping up the interview

Give the young person an opportunity to express any concerns you have not covered

- Ask him/her for feedback about the interview (e.g. "I've asked you a lot of questions today, but is there anything we haven't covered that you think is important to understand your situation?")
- Remind them that they are welcome to call you or to come back in to talk about something important to share that may later remember

Ask the young person who they can trust and confide in and why they trust that person

- This is important if you have not already identified a trusted adult in the client's life
- Tell the young person that he/she now has you as someone who can be trusted to help with problems and to answer questions
- Let them know you are interested in them and you want to help them lead a fuller, healthier life

For young people who demonstrate significant risk factors, relate your concerns

- Ask if they are willing to change or are interested in learning more about ways to deal with their problems, leading to a discussion of potential follow-up and therapeutic interventions
- Many young people do not recognize dangerous life-style patterns because they see their activities not as problems but as solutions. The challenge lies in helping the young person to see health risk-taking behaviours as problems and helping to develop better strategies for dealing with them

A youth focus will ensure their active participation in deciding what to work on and how to work on it

- Listen carefully to the young person's concerns and their goals in coming to see you
- Young people are still developing and need support and reassurance
- Some of their executive and regulatory skills aren't fully developed, so adult guidance and reassurance can still be very necessary

If the young person's life is going well, say so

- In most cases, you can identify strengths and potential, or real weaknesses, and discuss both in order to offer a balanced view

Conclusion

Treating young people with respect and engaging them in a process that allows their participation in determining goals and a management plan to meet these goals is essential. Assuming that young people are doing their best (i.e. understanding adolescent development) and using non-judgemental and open questions will facilitate a collaborative working relationship with the young person. Confidentiality is going to be upmost their minds and this is an ongoing conversation with any young person attending the service.

For more information on using a shared decision making framework, please refer to the Centre of Excellence's evidence summary on shared decision making for mental health (<http://www.headspace.org.au/what-works/resources/-evidence-summaries>).