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Unit No. 2

USING THE HEADSS ASSESSMENT TO SCREEN FOR ADOLESCENT MENTAL HEALTH CONCERNS IN THE COMMUNITY

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ABSTRACT

Adolescence is a time of significant growth and change. Thus, adolescents are uniquely vulnerable to mental health conditions and other high-risk behaviours that may impact their health. Early identification and treatment of these conditions can reduce potential morbidity and improve future health outcomes for adolescents. Due to their frequent contact with adolescent patients, family physicians are in a unique position to identify adolescents that may need help. The HEADSS framework (Home, Education, Activities, Drugs, tobacco, and alcohol, Sexuality and relationships, and Suicide and Depression) is a helpful tool to facilitate communication and assess adolescents' psychosocial well-being. The HEADSS framework is structured to transit from less sensitive to more sensitive topics as rapport is established and cover topics important for adolescent health. Adolescents generally respond best to physicians with an empathetic and non-judgemental approach. Confidentiality and exceptions to confidentiality should be addressed with the adolescent and their caregiver prior to starting the HEADSS assessment. If any concerns are noted on the HEADSS assessment, referral to other services may be required for further assessment and intervention.

Keywords: HEADSS, adolescent, mental health, psychosocial risk assessment, young adult, family practice

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INTRODUCTION

Adolescence is a time of great opportunity as well as unique vulnerabilities. Due to the biological processes associated with puberty and adolescent brain development coupled with their changing social context, adolescents are vulnerable to risk-taking behaviours and mental health conditions that may have a significant impact on their health.[1] Risk-taking behaviours with negative health impacts include tobacco and alcohol use, unsafe sexual practices, and unsafe practices near water or motor vehicles that may lead to accident or injury.[1] In addition to various risk-taking behaviours, adolescents also have increased prevalence of mental health conditions, which are the largest contributor to burden of disease amongst young people aged 10-24.[1]

In a 2017 study, mental health conditions were the largest contributors for years lost to disease for Singaporean youth aged 10-24.[2] Furthermore, research worldwide has indicated that the prevalence of such conditions increased during the recent COVID-19 pandemic.[3,4] In a recent study of Singaporean youth, 16.2 percent of youth had symptoms consistent with depression and anxiety.[5] While depression and anxiety are the leading cause of morbidity worldwide for adolescents and young people, other mental health conditions remain prevalent in this age group, including eating disorders, problematic internet usage, bipolar disorder, conduct disorder, and ADHD.[6,7] While causes of mental health conditions are complex and often multifactorial, academic stress, peer relationships, and social media are often unique contributing factors in adolescents.[8]

Mental health conditions in adolescents are associated with significant health consequences, including self-harm and suicidality.[8,9] If left untreated, mental health conditions in adolescence are likely to lead to decreased school attendance, worsening school performance, adult mental health disorders, poorer quality of life, higher risk of substance use, and social isolation.[5,10,11] Significantly, these conditions are also associated with increased healthcare costs, both for direct treatment as well as evaluation of possible organic causes or somatic symptoms. In Singapore, these costs are estimated at $1.2 billion per year.[5]

Despite the high prevalence of mental health conditions in adolescents, studies have shown that less than one-third of youth seek help.[12] In a recent Singapore study, almost 85 percent of youth with symptoms of depression and anxiety did not have a formal diagnosis despite interaction with the healthcare system.[5] While the low rates of formal diagnosis are likely multifactorial, this may suggest that youth mental health conditions remain underdiagnosed and undertreated. Family physicians have a unique role in addressing this gap.

FAMILY PHYSICIANS AND ADOLESCENTS

Studies worldwide have shown that 70-90 percent of adolescents will visit a primary care physician at least once every year.[13] For otherwise well adolescents, the family physician is likely to be their main touchpoint with the healthcare system. While many of these visits are for physical complaints, family physicians are uniquely positioned to play a significant role in screening and identifying adolescents in need of further support for adolescent risk behaviours. A structured psychosocial assessment, such as the HEADSS framework, can help to identify hidden agendas.

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Over 80 percent of primary care physicians agree that they should be involved in screening for adolescent mental health concerns and other high-risk adolescent behaviours. Research further indicates that adolescents themselves want to discuss these sensitive topics with their primary care providers.[14] However, many adolescents will not broach sensitive topics independently and it thus becomes the responsibility of the family physician to initiate these discussions.[15]

Despite general agreement on the importance of such screening in primary care settings, primary care physicians have identified barriers to this practice. These barriers include insufficient time during the visit, discomfort in raising sensitive issues that are not the adolescent's chief complaint, insufficient training and skill in adolescent communication and counselling, as well as a lack of confidence in discussing difficult topics with adolescents.[13,16,17] Many of these barriers can be addressed through physician training and systems intervention.[18-20] In addition, adolescents cite barriers to discussing these issues with their physicians, including embarrassment, stigma, lack of knowledge about available resources, fear of the consequences, and a lack of private or confidential settings.[13,16,17] Despite these barriers, a recent meta-analysis suggests that screening and intervention for psychosocial risk and mental well-being for adolescents in primary care settings can improve health outcomes.[13]

THE HEADSS ASSESSMENT

While there are numerous screening tools available,[21,22] the HEADSS assessment is one tool often used in the primary care setting to conduct a bio-psycho-social assessment and facilitate rapport with an adolescent.[15,23] The framework of HEADSS (*H*ome, *E*ducation, *A*ctivities, *D*rugs, tobacco, and alcohol, *S*exuality and relationships, and *S*uicide and Depression) helps physicians to engage with their adolescent patients and identify risk and protective factors that can be used to direct care and guide future intervention.[23,24]

THE HEADSS ASSESSMENT: INTRODUCTION AND CONFIDENTIALITY

Prior to starting a HEADSS assessment, it is critical to discuss confidentiality and the limits of confidentiality with the adolescent patient and their accompanying parent.[25,26] All information discussed during an adolescent consult should be considered confidential, with several exceptions: concerns for harm to self/suicidality; concerns for harm to the adolescent (including sexual and physical abuse); concerns for harm to others; and disclosures that require police reporting, including underage sexual abuse/activity and drug use.[27]

The HEADSS assessment should be completed in a private environment, independent from the parent or accompanying caregiver. Over time, the adolescent and parent should view it as routine for the physician to speak independently with the adolescent for part of the visit. This will allow adolescents to take increasing responsibility for their health as well as increase their confidence in speaking with their physician about their personal health concerns.

THE HEADSS ASSESSMENT: CONDUCTING THE INTERVIEW

The interview tool is structured to move from less sensitive to more sensitive topics as rapport is established. It gives an opportunity to learn about the young person, including their strengths and protective factors. Within each broad topic, providers can tailor their questions and area of focus based on their clinical judgement as well as the unique needs and developmental stage of the adolescent[25,28] (refer to **Table I**). Some areas of the assessment may only require a brief screen while other sections may require a more in-depth discussion. The interview can be conducted in its entirety, or the provider can focus on sections of the interview as needed.

Home

The interview traditionally begins with a discussion of the home environment, including who lives at home, how they get along with their family, identification of supportive figures at home, and identification of any areas of concern.

Education

This includes a discussion of school, including any strengths and weaknesses as well as asking about school friendships, protective adults, and future educational and vocational aspirations. Bullying, dropping grades, poor school attendance, or social isolation may be red flags that warrant further discussion.

Eating

While skipping meals, junk food, and other unhealthy eating habits are common in adolescents, it is important to discuss eating patterns that may impact adolescent health.[29] Adolescents are establishing eating patterns that will continue into adult life and may influence their risk of obesity and non-communicable diseases. Moreover, disordered eating behaviours can develop into eating disorders that are most common during adolescence.

Activities (and Technology)

Understanding adolescents' preferred activities will help physicians understand their strengths and difficulties and potentially provide avenues for intervention if needed. Adolescents spend a significant amount of their time online; understanding their internet usage patterns including virtual friends from social media or interactive gaming can help screen for risk and protective factors. Depending on adolescents' technology usage, screening for problematic internet usage may be warranted.[30]

Table I: HEADSS Assessment Questions

Home
• Who lives at home? Shared or own room? • How are relationships at home? • Occupation of parents and relatives? • History of residential placements (Children's homes) or incarceration? • Frequent or recent moves? • History of running away?
Education (and/or Employment)
• School performance • Recent improvement/worsening of grades • Any significant changes in the past? • Best/most challenging classes • School attendance, dropping out/terminations • Relationships with teachers/counsellor • Failing classes or years repeated • Suspensions or discipline issues • Future scholastic/vocational goals • Employment – past or present • Problems with bullies or being bullied
Activities
• What does the adolescent do for fun? • With family or friends? • Details of when/where? • CCA or other school clubs • Activities through religious organisation • Home activities for fun (reading/TV/music choices, etc) • Exercise or sport participation • Internet/screen use • Social media, games • Type of content • Friends or connections made online • Cyberbullying/other social media challenges • Difficulties with the police/legal difficulties
Drugs
• Peer use (including alcohol, tobacco, and vaping) • Patient use • Family member use • How frequently, how much, patterns of use/abuse (with friends, alone, at parties) • Bicycle, scooter, car use when intoxicated • How do they obtain the drugs and financial cost to adolescent
Sexuality
• Orientation • History of sexual activity • Sexually transmitted infection (History/Knowledge of prevention methods) • History of pregnancy/termination • Use of contraception and knowledge regarding contraception
Sleep/Suicide/Self Harm/Depression
Safety
• Seatbelt use and motor vehicle safety • Water safety

<u>Drugs (including Alcohol and Tobacco)</u>

Screening for alcohol, tobacco, and illicit drug use or abuse can allow for early intervention and help. Understanding a youth's exposure to these substances through peers or family can also help to understand an adolescent's risk. Further screening can be completed with the CRAFFT screening tool if required.[31]

<u>Sexual Activity and Sexuality</u>

Questions around sexual activity and sexuality must be asked in a sensitive, non-judgemental fashion, and in a developmentally appropriate manner. Many adolescents have questions regarding their sexual health, so it is an important topic for physicians to broach.[27]

<u>Suicide/Depression/Sleep/Suicidality</u>

While this section is traditionally completed after assessment of other sensitive topics, mental health can be addressed earlier depending on the prioritisation of the provider. However, an adolescent may be less forthcoming if sufficient rapport has not been established. It is important to remember that the entire HEADSS assessment can provide important contextual information that informs a provider's assessment of an adolescent's mental health, including their home environment, engagement with school, enjoyment of activities, eating patterns, internet usage, and substance use.

When asking questions about mental health, it is helpful to remind the adolescent about confidentiality and explain the rationale behind these questions. The physician can start by asking less sensitive questions, including changes in sleep and appetite as well as increased boredom prior to moving to more sensitive topics. Changes in sleep patterns, including difficulty falling asleep or early awakening, can be red flags for mental health concerns.[32]

It is important to ask about mood and behavioural changes, such as emotional outbursts, highly impulsive behaviour, withdrawal from family or friends, anhedonia, isolation, hopelessness, and helplessness. Adolescents may be more likely to endorse symptoms consistent with stress and anxiety than depression.[25] For mood, using a 1-10 scale for an adolescent to explain their current mood and episodes of low mood can be useful. Finally, asking about suicidality and self-harm, both currently and in the past, is essential for risk assessment. Depending on the clinical situation, asking further questions about anxiety, panic attacks, body image dissatisfaction or other eating disorder risk factors, and hallucinations may be needed. The use of formalised screening tools may be warranted as next steps.[33,34]

<u>Safety</u>

In addition to suicidality and self-harm, the provider may also want to screen for other safety concerns, such as seat belt use and safety around water.

THE HEADSS ASSESSMENT: TIPS FOR COMMUNICATING WITH ADOLESCENTS

A provider's communication style is critical to the success of the interview. Adolescents generally accept a non-judgemental, empathetic approach.[25] Strategies from motivational interviewing, including empathetic statements and reflective listening, can be helpful. Adolescents will appreciate if the providers are able to discuss sensitive topics in a calm, matter-of-fact manner. They will be less likely to discuss sensitive topics openly if they sense that the healthcare provider is uncomfortable or apathetic.[15]

Providers must be thoughtful to use language that minimises the appearance of pre-formed assumptions or biases. As an example, for adolescents living with grandparents or whose parents are in the midst of divorce, it may be easier for them to answer, "*Who are you living with currently?"* as opposed to "*Do you live with your mother and father?*"

Specific communication strategies may facilitate rapport and open communication (refer to **Table II**). As questions become more sensitive, a reminder of the role of confidentiality and an explanation for why the provider is asking for this information can be helpful. Asking questions in the third person before asking adolescents about themselves can decrease adolescents' reluctance to talk about sensitive topics.[27] For example, "*Some adolescents may drink alcohol with their friends or at a party. Is this something you have seen at parties or with your friends? How about for you?"* For adolescents who are quiet or less forthcoming, a "multiple choice" approach can be considered where the provider gives possible answers from which the adolescent can choose.

Specific types of questions can be useful to facilitate communication and understand the adolescents' concerns. Physicians can invite the adolescent to ask any specific questions that they may have about their health or their bodies. This can often elicit information from the adolescents regarding any specific concerns that they may have. Finally, a "magic wand" question where a provider asks the adolescent what one thing they would change in their life if they had a magic wand can be helpful in clarifying the priorities of the adolescent.[35]

Table II: Helpful Communication Strategies for Adolescents

Communication Strategies	**Example Statements**
Empathetic	"I can imagine this must be challenging for you"
Non-judgemental	Calm, non-judgemental responses
Non-assumptive language	"Who do you live with? " instead of "Do you live with your mom and dad?" "Do you have a romantic interest/partner?" instead of "Do you have a boyfriend/girlfriend?"
Multiple choice options	"How often do you feel that way? Every day, a couple days a week, several days a month, or once a month?"
Sign posting of sensitive topics and permission to pass	"I am going to ask you some more sensitive questions but I want to remind you that you can pass on any question you don't wish to answer"
Reminder of confidentiality	"As we talk about more sensitive topics, I want to remind you that everything you tell me is confidential, with the exceptions we talked about before"
Explanation of why topics are important	"I am going to ask you about some more sensitive topics, including about alcohol, relationships, and sex. That's because young people may have questions and concerns about these issues and may need medical help and advice"
Third-person approach/normalising	"Some adolescents may drink alcohol at parties or with friends. Have you seen this with your friends? How about for you?"
Permission to ask questions	"Some adolescents may have questions about their health. Do you have any questions for me?"
Questions of regret	"Have you ever had so much to drink that something you regret happened?"
Keeping safe	"If your mood was ever really low, have you thought about how you would keep yourself safe? If you wanted to have a good time at a party, have you thought how you would keep yourself safe?"
Magic wand	"If you had a magic wand and could change something about your life, what would it be?"

WRAPPING UP THE HEADSS ASSESSMENT

At the end of the HEADSS assessment, it is important to wrap up and discuss the next steps with the adolescent. This process can be helpful to the adolescent and reassures the adolescent that the physician is taking their concerns seriously and not purposelessly gathering information. This wrapping up may include praise for healthy choices, acknowledgement of current challenges, provision of health education, or goal setting. At times, further evaluation by trained providers is warranted depending on the specific issues identified.[23] For adolescents with multiple psychosocial risk factors on the HEADDS assessment, prioritisation of the issues with the most imminent risk of harm may be required. This may require negotiation with the adolescent regarding their perceived priorities and willingness to address certain issues.

For adolescents with possible mental health concerns, onward referral for further assessment and treatment should be strongly considered. Depending on the physician's assessment of the mental health concerns, referral to community mental health agencies, specialty mental health services, school counsellor support, or emergency services may be necessary.

BREACHING CONFIDENTIALITY AND ENCOURAGING DISCUSSION WITH FAMILY

At times, the physician may need to breach confidentiality to keep an adolescent patient safe or to comply with legal reporting requirements. Depending on the circumstances, therapeutic alliance with the adolescent can be maintained despite breaching confidentiality if the provider discusses the need of breaking confidentiality with the adolescent prior to doing so and frames the disclosure as concern for their well-being and part of the physician's responsibility. It may be helpful to remind adolescents that the goal of speaking with parents or trusted adults is to keep them safe and help them access necessary care. When possible, providing the adolescent with some control over the circumstances of the disclosure may be helpful. Where appropriate, some choices that can be considered include if the adolescent is present or absent from the parental discussion, who (adolescent or physician) leads the disclosure, and the exact content of the discussion. However, when necessary, the physician may still need to break confidentiality to ensure the adolescent's safety despite the continued objections of the adolescent.

It is quite common that the adolescent discloses issues that may not reach the threshold of breaking confidentiality, but the physician feels that the adolescent would benefit from having the support of a parent or trusted adult. Some examples of such issues may include managing school stress or friendship issues. The physician can encourage the adolescent to include their parent or other trusted adult as part of the conversation or can help the adolescent brainstorm trusted adults for support if they are unwilling to discuss with their parents. Continued discussion of the involvement of parents or other trusted adults can be part of future consultations.

CONCLUSION

While adolescents are generally a healthy population, they are uniquely vulnerable to morbidity and mortality related to adolescent risk-taking and mental health concerns, in the setting of dynamic adolescent brain development. As adolescents' main touchpoint with the healthcare systems, family physicians have a critical role in screening for psychosocial and mental health risk, providing appropriate anticipatory guidance, and connecting adolescents with necessary specialty services, including mental health. Family physicians have identified lack of time, training, and confidence in adolescent assessment as potential barriers. Nonetheless, the HEADSS assessment is a useful framework for conducting such an assessment. Strong communication skills, an empathetic and non-judgemental stance, and understanding of confidentiality and its limits are essential for family physicians working with adolescents.

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LEARNING POINTS

- **Family physicians are in a unique position to be strong advocates for adolescent health and well-being.**
- **The HEADSS framework is a useful tool to guide assessment of and discussion with adolescents about potential risky or unhealthy behaviour.**
- **A non-judgemental and empathetic approach is helpful to build rapport with an adolescent.**
- **An understanding of confidentiality and the limits of confidentiality in the context of adolescent health are essential for physicians interacting with adolescents.**
- **Discussions regarding confidentiality and the limits should take place with the adolescent prior to the HEADSS assessment.**
- **Appropriate and timely identification and treatment for adolescent mental health concerns may improve individual outcomes as well as decrease costs to the healthcare system.**