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Psychosocial assessment of young people

Refining and evaluating a youth friendly assessment interview

Background

Given the high prevalence of mental health and/or substance use problems in young people, an assessment interview that assists clinicians to engage with young people and assess their psychosocial needs is essential. Currently, there are few assessment tools for this purpose.

Objective

To describe the rationale and process of extending a psychosocial assessment interview to assist clinicians in assessing the full range of mental health disorders common in young people.

Discussion

The 'headspace' assessment interview is designed to assist engagement while assessing psychosocial and mental health problems. It can be used by a range of clinicians in primary care settings for the purposes of developing treatment or referral options. To date, as part of a national clinical service platform, the interview has been used with over 2000 young people. A preliminary process evaluation indicated that the interview is perceived to have utility and acceptability among the clinicians who are using it in their practice to assess young people's mental health problems and psychosocial functioning.

Keywords: mental health; adolescent psychiatry; psychiatry; general practice; substance related disorders; doctor patient relations; health services; evaluation studies



Youth mental health service provision is a rapidly developing field of practice. This reflects increasing recognition of the high incidence of mental health problems in young people and that the onset of most mental disorders occurs before the age of 25 years.¹ In Australia, 19% of people aged 13–17 years and 27% of those aged 18–24 years experience a mental health disorder.²

What is 'headspace'?

Recent Federal Governments have committed to improving services to young people experiencing mental health problems via 'headspace', the National Youth Mental Health Foundation.³ 'headspace' promotes early intervention for young people with mental and substance use disorders, and seeks to prevent the progression of illness as well as minimise 'collateral damage' to social, educational and vocational functioning.⁴ To achieve this, 30 headspace centres have been funded across Australia (see *Resources*). Service providers within headspace centres represent a multidisciplinary workforce including general practitioners, psychologists, allied health workers, drug and alcohol specialists, and youth and vocational workers. headspace practitioners provide integrated care for young people's physical and mental health needs, as well as social and educational/vocational functioning. General practitioners within headspace centres provide comprehensive clinical consultations for a range of general health and mental health problems, have the capacity to provide brief mental health interventions, and contribute to care planning by developing Mental Health Care Plans (MHCPs) when required. Young people require a MHCP to access Medicare Benefits Schedule items for mental health interventions provided by a range of allied health professionals under the Better Access

to Mental Health Care initiative. Young people may present to a headspace centre with a MHCP developed by an external GP, or may need to consult with a headspace GP if they do not have an existing relationship with an external GP.

Objective

The authors sought to develop an assessment interview appropriate for identifying young people in need of mental health care. Assessment tools for this purpose must foster therapeutic engagement; assess psychosocial needs as well as mental health problems; and account for developmental issues and variation in the type and severity of problems likely to occur in young people.^{5,6} The identification of mental health concerns in the primary care setting provides an opportunity to facilitate a young person's access to treatment.⁷

This article describes the process used to extend and tailor an existing assessment interview to be able to be used by a range of professionals within a multidisciplinary team working with young people, in this instance in the headspace context.

Method

An extensive search of the literature to locate existing youth specific mental health assessment interviews yielded a small number of screening tools. However, these tools were often disorder specific and did not include a comprehensive assessment of the young person's psychosocial and vocational functioning, or social and family relationships.¹⁰

An assessment interview commonly utilised in primary care for assessing psychosocial issues in young people is the HEADSS tool (assessing the domains of **H**ome, **E**ducation and employment, **A**ctivities, **D**rugs, **S**exuality, **S**uicide/depression).⁸ Its content was recently expanded to include

further domains and renamed HEADSSS (**H**ome, **E**ducation and employment, **E**ating, **A**ctivities, **D**rugs, **S**exuality, **S**uicide and depression, **S**afety and savagery).⁹ The utility of HEADSS has been demonstrated in hospital settings^{10–12} and is recommended for use in comprehensive clinical consultations by the Royal Australasian College of Physicians¹³ and several prominent adolescent health and mental health experts.^{10,14} It has been endorsed by the Australian General Practice Network as an appropriate ‘youth friendly’ assessment⁹ and its introduction in general practice has been recognised as contributing to advances in prevention and early intervention in adolescent medicine.¹⁴

Because of HEADSS utility and acceptance in other settings, there was a rationale to adapt this interview tool to meet the needs of headspace platforms. However, HEADSS applicability in settings that predominantly provide mental health services is limited by the absence of items assessing anxiety, manic and psychotic symptoms, which are relevant inquiries given the age of onset of these disorders.^{15,16}

Adapting HEADSS for headspace

We convened two expert consensus panels to tailor the HEADSS interview for multidisciplinary professionals. One panel consisted of psychiatrists and clinical psychologists to address mental health assessment, and the other consisted of allied health professionals experienced in working with youth to address issues of engagement and acceptability. This process led to the development of the headspace assessment interview.

Refining the assessment interview

The first expert panel consisted of five psychiatrists, three clinical psychologists and one mental health nurse all with expertise in youth mental health. The panel met for a 6 hour meeting, held over the course of 1 day, and responded to a series of questions regarding the content required for a comprehensive mental health assessment. The panel made recommendations in the context of Australia’s current health system (for example, drafting an assessment that could also assist GPs in generating MHCPs). The panel recommended assessing psychosis and mania, as well as expanding upon anxiety, eating, and mood related items.

The second panel comprised two social workers and four clinical psychologists. This panel met for 6 hours, over two sessions held 1 week apart, and focused on adapting the language of the HEADSS questions to suit an Australian context as well as addressing developmental issues across the 12–25 years age range. During the meetings, both panels reached consensus by discussion. The assessment was developed on the basis of multiple iterations reviewed by both the authors and the expert consensus groups.

The headspace assessment interview

The full version of the headspace assessment interview (see *Resources*) is structured to include both screening and probing questions across a range of psychosocial domains (*Table 1*). The screening questions briefly explore whether the young person is experiencing any difficulties in each domain (*Table 2*). If a young person does not endorse any difficulties in response to these

questions, there is no indication to continue with the probing questions. The probing questions are designed to elicit in-depth responses and to ensure that any difficulties in a particular domain are adequately assessed.

Like HEADSS, the headspace assessment interview commences by canvassing social, family and vocational functioning, through to substance use and behavioural or conduct issues. These domains are assessed first, as this assists with engagement and rapport building before moving on to potentially more sensitive mental health and risk issues.

The domains of anxiety and eating, and depression and suicide in the headspace assessment interview expand on HEADSS with a moderately stronger emphasis on mental health difficulties. The psychosis and mania section is novel and was added to assist service providers to assess these disorders, which although low in prevalence, are nonetheless likely to be encountered in youth mental health settings. Practitioners who do not feel confident conducting the full interview can choose to complete only the screening questions. If indicated on the basis of the screening responses, a referral to another practitioner for a full assessment can then be made.

Evaluating the assessment interview

Training in the use of the headspace assessment interview has been provided to each headspace centre across Australia through the SEE (Screening and Engaging Early) Young People training package

Table 1. Domains in the headspace assessment interview

- Home and environment
- Education and employment
- Activities
- Drugs and alcohol
- Relationships and sexuality
- Conduct difficulties and risk taking
- Anxiety and eating
- Depression and suicide
- Psychosis and mania

Table 2. Examples of the headspace psychosocial assessment interview’s screening and probing questions in the psychosis and mania domains

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?
- Have you found yourself thinking 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?

Examples of 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 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?

overseen by the Australian Divisions of General Practice, although the sites are not mandated to use the interview. The training package has received accreditation from The Royal Australian College of General Practitioners.

headspace centre practitioners who use the assessment interview were invited to participate in an online survey to assess the acceptability and utility of the instrument. Although there is a level of fluidity in the centre’s staff numbers due to the nature of funding, the latest numbers indicate 26 staff in clinical managerial positions and 76 staff in clinical roles. An invitation to participate was sent to each headspace centre clinical manager, requesting that they forward the online survey link to all relevant staff members. Of those invited to participate, 73 responded, providing a response rate of 72%. The majority of headspace centres had at least one practitioner (on average three) complete the survey. The professional role of the respondents is shown in *Table 3*.

Survey results indicate that the headspace assessment is being widely used, with practitioners estimating that over 2200 young people across the headspace centres have undergone the assessment. The majority of respondents (56%) reported that the assessment takes 60–90 minutes to complete; 40% reported less than 60 minutes, and 4% over 90 minutes. Most practitioners believed the screening (84%) and probing questions (82%) for each domain were helpful, and the majority stated that the assessment assisted in engaging and building rapport with the young person. Most practitioners perceived that it provided an accurate account of the young person’s mental health problems and psychosocial functioning, and rated its utility in determining treatment needs as high (*Figure 1*).

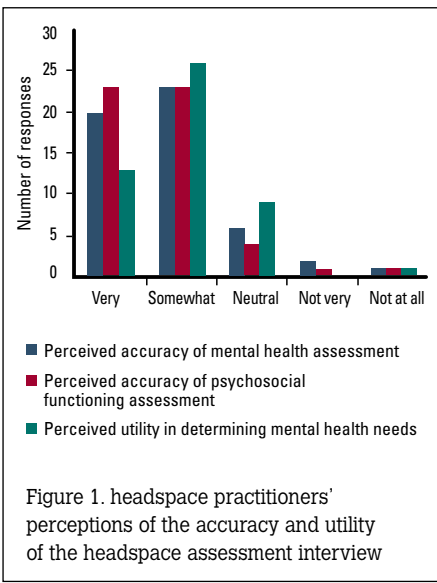
Key limitations of the assessment interview, according to the respondents, included a need to include an assessment of the client’s family history of mental health problems, construction of a family genogram, and assessing any prior treatments. These recommendations are being incorporated into a revised version of the assessment interview.

Limitations of the adaptation and evaluation process

Due to a combination of time constraints, consideration of the needs of the end users at headspace centres and a perceived need to

Table 3. Professional role of respondents in headspace centres

Professional role	N (%)
Psychologist (clinical, counselling and general)	18 (24.7)
Social worker	11 (15.1)
	9 (12.3)
Manager (clinical)	7 (9.6)
General practitioner	4 (5.5)
Occupational therapist	4 (5.5)
Student on placement (social work or psychology)	4 (5.5)
Manager (nonclinical)	3 (4.1)
Mental health nurse	3 (4.1)
Psychiatry registrar	1 (1.4)
Drug and alcohol worker	1 (1.4)
Other	8 (11.0)
Total	73



specifically focus on adequately addressing the mental health content of the assessment interview, only mental health experts with backgrounds in psychiatry, psychology and social work were included on the panels. This process overlooked the potentially valuable input from GPs, youth workers and young people. A further limitation is that a formal validation study was not conducted. The current evaluation was a preliminary process evaluation on perceived utility by a group of end users, therefore positive predictive value and the true accuracy of the assessment interview as a screening and diagnostic tool cannot be gauged at present.

Discussion

The headspace assessment interview was designed to assist GPs, mental and allied health

professionals to engage with, and assess the needs of, young people with mental health and substance use problems. It is encouraging that headspace practitioners perceived the interview to accurately identify young people at risk and useful in determining treatment needs. This initial positive feedback warrants a more formal and objective validation study to test the potential of this interview to accurately detect or predict mental health and substance use problems in young people. Ongoing evaluation and refinement of the instrument will be conducted to ensure it continues to meet the assessment needs of services providers who work with, or are exposed to, young people in clinical practice.

Implications for general practice

- headspace practitioners perceive that the headspace assessment interview assists with engagement and rapport building; provides an accurate assessment of mental health problems and psychosocial functioning in young people; and is useful in determining treatment needs.
- The headspace assessment interview builds on the HEADSS screening tool commonly used in the general practice setting and could be adapted for use in preparing MCHPs.
- Problems with use of the tool in the general practice setting include the estimated time taken to complete the assessment (60–90 minutes), and the absence of some parameters important for MHCP preparation, including family history of mental illness and previous treatments (both to be incorporated into a revised version).

Resources

- The full version of the headspace assessment interview is available at www.headspace.org.au/knowledge-centre
- The locations of headspace centres around Australia are available at www.headspace.org.au.

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