

The use of the HEADSS assessment tool in the Children's Assessment Unit

Background

- In the Northumbria Children's assessment unit (CAU) it is policy that all young people who present with self-harm, drug or alcohol abuse or suicidal thoughts, are screened for a variety of health and social issues using the adapted HEADSSS assessment tool.
- HEADSSS is an interview prompt or psychosocial tool to use with young people. It follows a simple structure remembered by the acronym HEADSSS [1]
- The HEADSS tool may identify at risk behaviours, but it has not been validated as a tool for detecting children at higher risk of sexual exploitation. The CSERQ4 checklist has a reported sensitivity of 92.2% in identifying those at risk of sexual exploitation [2].
- An adapted version of the HEADSSS tool and CSERQ4 checklist is used in the Northumbria Young Person's Wellbeing assessment tool.

HEADSSS

- Home
- Education/Employment/Eating
- Activities
- Drugs/Drinking
- Sex
- Self harm, depression and suicide
- Safety (including social media/online)

CSERQ4

1. Have you ever stayed out all night without your parents permission?
2. How old is your partner (>4years difference)?
3. Does your partner stop you from doing things?
4. Do you feel unsafe where you hang out?

Aim

It was the aim of this quality improvement project (QIP) to assess and promote the use of the HEADSS assessment tool in the CAU.

Methods

Patient attendance records to the CAU at Northumbria Specialist Care Emergency Hospital, Northumberland, UK were used to identify cases where a HEADSS assessment should be completed.

Data from October 2019 was collated to look at the rate of completion of HEADSS assessments and what actions were taken.

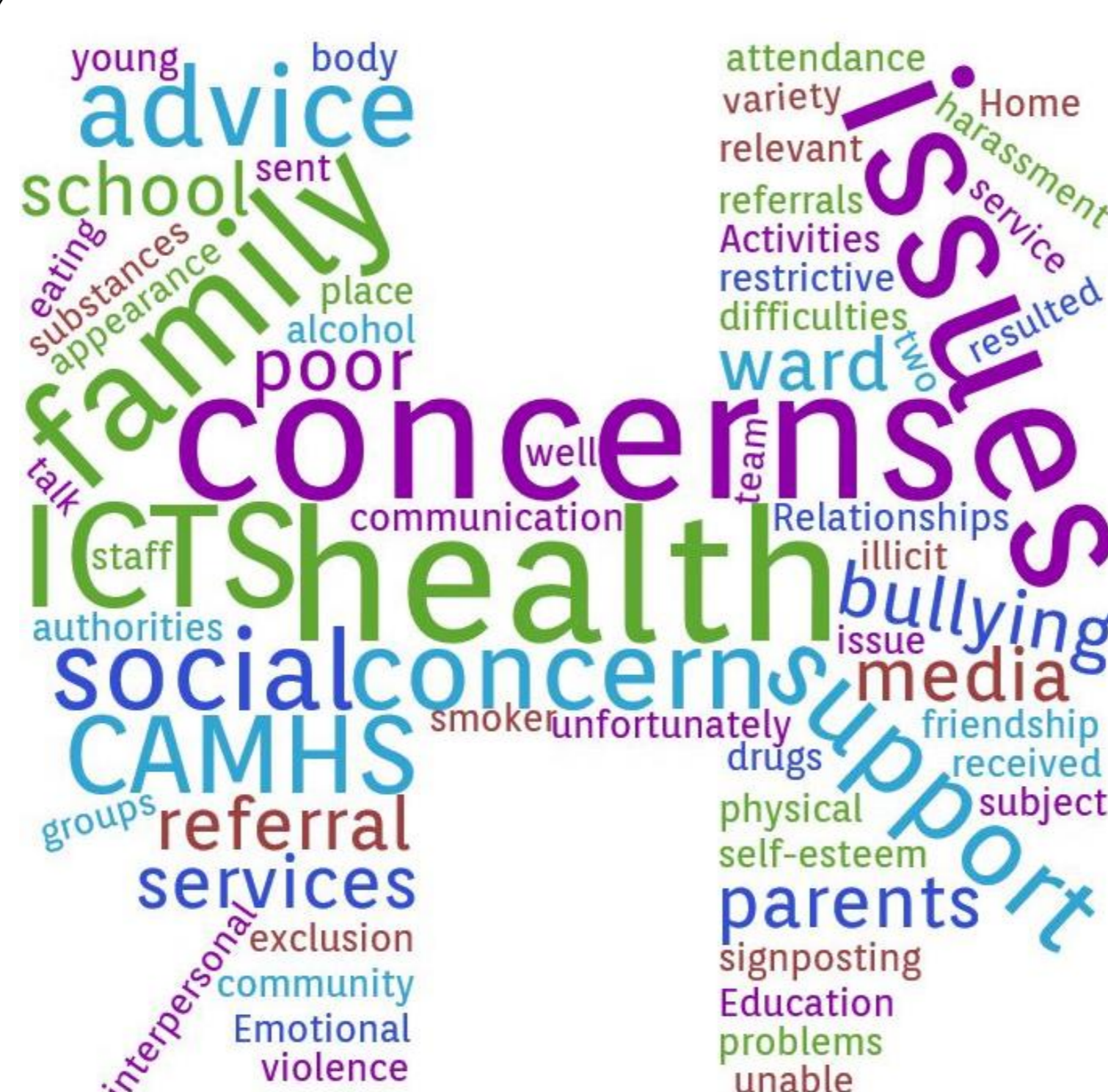


Fig 2. Snapshot of concerns captured by the HEADSSS tool

Results

- In total 1720 patients presented to the children's assessment unit during October 2019, of which 44% were female.
- 23 patients (1.3% of total attendances) presented requiring a HEADSSS assessment.

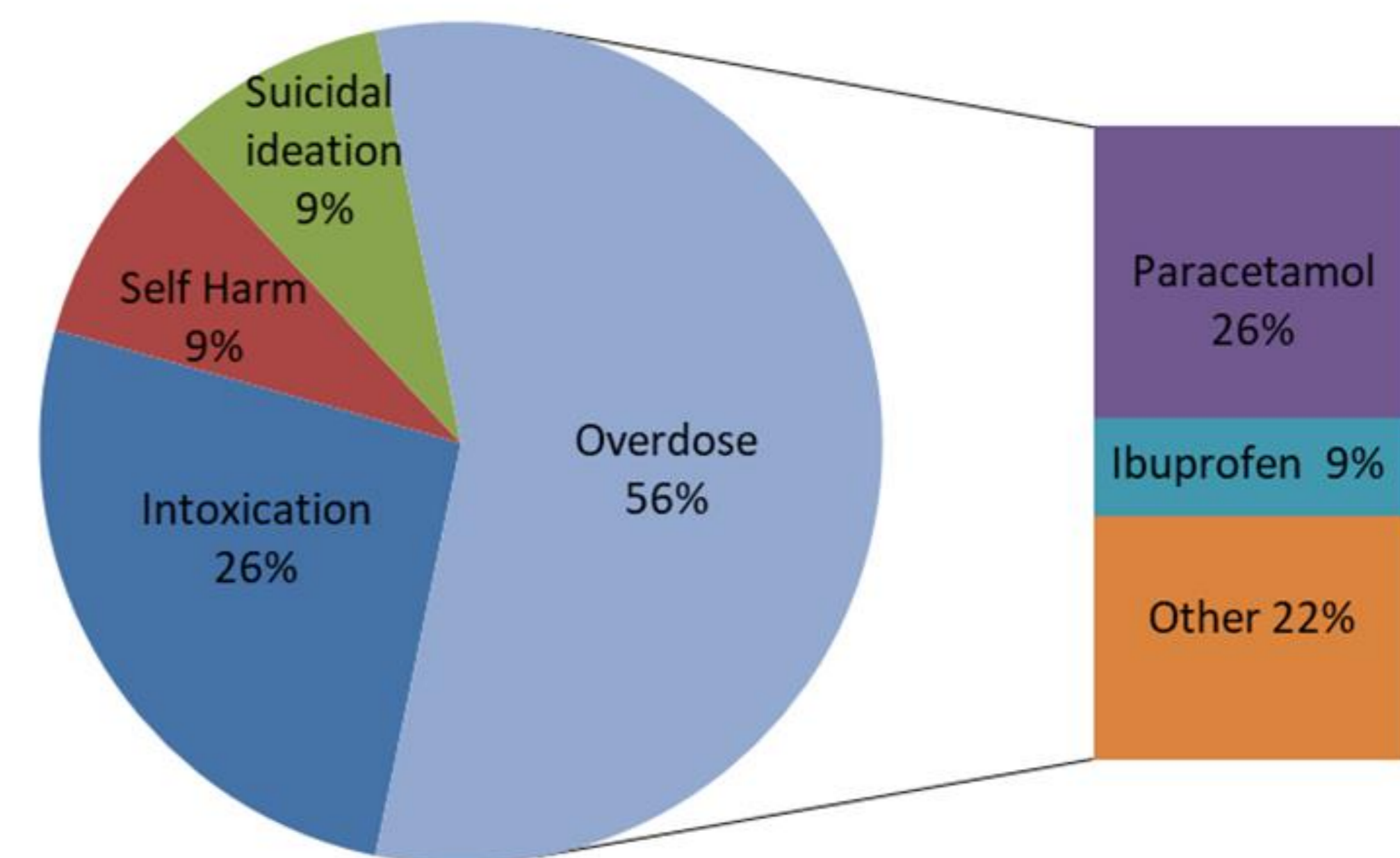


Fig 1. Presenting complaint of patients requiring HEADSSS assessment in October 2019

- The majority of cases presented following an overdose (Fig 1).
- A HEADSSS assessment was completed in 70% of cases.
- The majority of patients who presented as intoxicated did not have a HEADSSS assessment completed
- 94% of HEADSSS assessments identified at least one domain of concern (Fig 2), with emotional health the most commonly identified (88%) followed by education (56%)
- For the CSERQ4 questions concerns were only raised for Q1 in 1 case and in 2 cases for Q4.
- Where concerns were raised in emotional health the most common outcome was a referral to children's mental health services.
- Where concerns in other domains were identified little or no action was taken.

Conclusions

- The HEADSS tool is not currently being used in all eligible patients.
- Completion of HEADSS assessments appears to vary depending on the presenting complaint, for example completion is particularly poor if a patient presents intoxicated, with only 16% of intoxicated patients having a HEADSS assessment compared to 100% of those who presented with self harm by cutting.
- However it is consistently identifying children who may require further support for their mental health and we are referring to the appropriate services.
- It is concerning that where concerns are raised in other domains little action has been taken.
- We have used this QIP to develop recommendations that aim to improve the use of the HEADSS tool and to assist services in supporting young people where concerns have been identified.

Our action plan

1. Raise the profile of HEADSSS within our department
2. Clinicians will use the new version of the HEADSSS proforma which has been modified and improved as part of this QI project
3. Educate staff about other resources and services that young people can access to address other domains where concerns have been raised

References

1. John M. Goldenring, MD, MPH, & Eric Cohen, MD. Getting into Adolescent Heads, Contemporary Pediatrics, July 1988
2. Cook, L. 2017. Child sexual exploitation risk questionnaire (CSERQ15). Aneurin Bevan University Health Board (ABUHB) <http://www.wales.nhs.uk/sitesplus/866/page/95439>