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REPORT ON THE HEADSS ASSESSMENT ON YR 9 AND YR10 STUDENTS AT LINWOOD COLLEGE

Report Produced by Dr Sue Bagshaw,
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The Collaborative
for Research and Training in Youth Health and Development



HEADSS Assessment

The AIMHI project in Counties Manukau formed the basis for this component of the Health Expo. (www.beehive.govt.nz/Print/PrintDocument.aspx?DocumentID=10685)

This meant that hopefully some comparisons could be made with a large multicultural health assessment. Linwood College demographics asked similar questions but went a lot further, and the HEADSS assessment was modelled closely on AIMHI one. HEADSS stands for a number of categories (Home, Education, Activities, Drugs & Alcohol, Sexuality, Suicide) that are monitored for risk and resilience. Dr Sue Bagshaw met with the Linwood College Counselling team and it was decided to conduct the interviews for both year 9 and year 10 students using Linwood staff and others from the Collaborative and 198.

Training sessions were held to ensure consistency amongst interviewers and also filling out the back page for recording purposes.

It was envisaged that interviews would take 15 – 20 minutes. Reality showed that it was closer to two students an hour. This took until the end of term 2 when a halt was called on the process and it was re-evaluated. The staff decided to continue with a concentrated effort and interviewed all they could by the end of term 3. A reasonable number of students opted out of the interviews.

Dr Sue Bagshaw has written up a report (attached) on this component, having consulted to categorize the results and separate the ratings of risk and resilience.

Those who are identified as being at most risk by the HEADSS assessment had already been previously identified by the counselling staff through other behaviour and pastoral issues.

A significant outcome in this process also is in finding students not previously identified in any way for the college counselling team to follow up.

This project has had the effect of building relationships between the counselling team and the students at risk before the risk became a problem and perhaps even prevented the risk becoming a problem.

HEADSS Assessment at Linwood College 2006

October 2006

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Introduction

Linwood College has undertaken a project in which they have attempted to ascertain medical and psychosocial barriers to learning for young people at Linwood College in year 9 and year 10 in 2006. This project was part of the LANE project, which is a response to the Mayor, Garry Moore calling for all young people under 25 in Christchurch to be in employment or training and to be literate and numerate.

In February 2006 as part of a Health Expo, educational and physical health barriers to learning were examined. As part of this, in a separate project, Lynda Jeffs from the Collaborative undertook to study sight, hearing and oral health as barriers to learning and has reported on those findings.

Background to the Use of HEADSS

Other schools have been establishing health services around the country. These vary from a registered school nurse with a visiting GP, physiotherapist and alcohol and other drug counsellor through to an office worker who gives out paracetamol. A group of schools in South Auckland came together and called themselves the Aim Hi schools. They all have registered nurses providing a health service for students. They undertook to screen the health of all year 9 students as they entered the school. They screened for medical conditions and used a tool called HEADSS which covers issues related to Home, Education, Employment, Eating, Exercise, Activities, Drugs, Sexuality, Suicide, Spirituality and Safety,

HEADSS is a psychosocial screening tool designed by Dr Henry Berman in the USA and further developed by Drs Goldenring and Cohen. (Goldenring) It was designed to be used to discover the context of a presenting complaint to a health professional. It is also useful to engage young people in a therapeutic relationship and to help form a strengths based management plan with the young person. It is not a research tool. The AIMHI schools endeavoured to aggregate their findings using HEADSS as a screening tool for audit purposes and made it appear to be possible to use it for research.

It is well recognised that barriers to learning include mental health issues, including misuse of alcohol and other drugs. (Allen) Recent research has shown that some young people are more vulnerable to harm than others, and more at risk of events such as dropping out of school. The same research has also focused on what might protect young people or provide them with some resilience to harm. (Werner) There have been attempts to derive screening tools, which provide a score for comparing the balance of risk and

resiliency factors. HEADSS has not demonstrated that it is a good tool for this score either. No satisfactory tool has been developed as yet.

The Linwood College use of HEADSS

The College wanted to examine psychosocial barriers to learning. As HEADSS is not a research tool, advice was given that it could not be included in the major health research study. It was suggested that it could be used by the school nurse and the school counsellors along with their other methodology as part of their everyday practice through the year and would also be useful to help with engaging the year 9 students as evidenced in the South Auckland schools.

Because of the pressure of work already undertaken by the College counselling team they deemed it impossible to see all year 9 or year 10 students within the timeframe proposed in 2006 as well as meet their current client needs.

Linwood College and the LANE project team deemed this situation was undesirable and that for completeness of the project and for the students individual needs all year 9 and year 10 students needed to be assessed.

Thus agreement was reached on the plan to accomplish the assessments in a standardised and professional manner using some outside personnel to complement the college team efforts.

Thus all year 9 and 10 students were offered a HEADSS assessment during terms 2 and 3. A variety of personnel were used ranging from two of the school counsellors to two counsellors from 198 Youth Health and a nurse who was employed by the school but stayed on to do the assessments. The school nurse did some as part of her everyday consultations. Brief, two hour, training of the group in the use of HEADSS was provided by the GP at the 198 Youth Health Centre to ensure consistency across all assessors. Several other meetings were held to follow up on consistency and to review results.

The answers to the HEADSS questions were recorded on a standardised questionnaire by the health professional, and a summary sheet of risk and protective factors, using the Aim HI template was used. These were then entered on a data base and grouped to derive some broad categories of low, medium and high, risk and resilience scores.

Complicating Factors

At the same time as these assessments were being performed Linwood College was also undertaking the role of “control” school for another study evaluating an anxiety and depression prevention programme called Friends. Linwood College was ideal as a control school as it is a similar decile to the study school, and was running a programme but the programme was quite different from Friends. The Friends evaluation used a psychometric screening research tool to assess mental health. Health Professionals different to those doing the HEADSS assessment carried out these assessments in class groupings during Term 1.

The time it took assessors to find individual students because of timetabling, absences and the number of students who refused to participate (80 / 482) also complicated the project.

Year 9 students had three screening tests – physical (oral, hearing, vision, height and weight, fitness screening), psychosocial and psychometric.

Results

The results of the physical screening have been reported on elsewhere. The psychometric screening found approximately 20% had a score which deserved further follow up and about 45 students more in depth interviews to confirm the screening result, and ascertain the true level of mental ill health. Many of this group were not already known to the counsellors or deemed at risk by HEADSS.

The HEADSS assessment record will become part of each student’s health record. The summary sheet scores were entered into a database and using an Excel spread sheet decisions were made to categorise the students into high, medium or low risk groups and high medium or low resilient groups. (see figure 1 and 2)

	Risk
High	6
Medium	125
Low	265

	Resilience
Low	5
Medium	55
High	338

Figure 1

Combining these to rate students

Really at Risk	High Risk	At Risk	OK need monitoring	Okay
1	5	31	108	245

Figure 2

In parallel the school counsellors made an assessment of each case according to the weightings that they found in their interview, using their professional judgement and pre-existing knowledge of the student. They found that there were approximately 80 year 9 and 10 students who in their view needed to be followed up or referred to other services. In their estimation the HEADSS assessment revealed about 30 students who might otherwise have been missed.

These included a significant number of students who were being monitored / supported by CYFS social workers. In one class 9 of the 11 students who were discovered by HEADSS to need follow up had a social worker.

When the counsellors' estimates were compared with the risk and resiliency scores there seemed to be in many cases, no definite link to the individual students' known situation. This is most likely to be the function of unequal weightings or influence of individual risk factors ie some students with only one risk factor such as depression, sexual abuse or substantial substance abuse may actually be at a higher risk than other students with more risk factors.

When the risk and resiliency categories were matched to the students' academic and pastoral records there seemed to be a more positive match. This is particularly the case for students with significant behavioural / compliance difficulties, many of whom deny or minimalise difficulties in a one off interview situation.

Discussion

Whereas HEADSS is not a research tool it is a good screening tool. The results of this exercise showed that it may help to discover mental health issues in students at an earlier stage than otherwise would have happened. This could lead to the possibility of earlier intervention if there were enough capacity in the school health system.

The concept of risk and resiliency, or students who are more vulnerable to harm and those who have enough protective factors in their lives to make them more resilient, seems to be helpful. (Resnick) There is an ongoing challenge to researchers to develop a reliable tool for research and ongoing work looking for risk and resiliency measures, which are relevant to service providers.

Research has been described in a variety of ways and there are numerous ways in which research can be carried out. At its simplest it can be seen as a description of what is observed. Epistemology is the study of knowledge and how it is acquired (Druckman). Within that there are different traditions namely; positivist and constructivist approaches. The positivists like to be objective observers using "scientific" tools the constructivists prefer subjective interpretation of perceptions of observations. The "Scientific" method as proposed by Karl Popper uses a reductionist, causal and falsifiable approach with experiment being a tool for isolating an event and measuring it (Popper). This presumes that given similar circumstances the same things will happen, and uses statistical power to rule out chance. The positivist tradition usually favours this more quantitative analysis. Qualitative approaches involve analysis using a variety of approaches from phenomenology – understanding experience to discourse analysis – understanding the constraining or enabling effect of language, with many in between (Plumridge). If research is understood as the way in which we discover and make sense of the world around us, then all approaches seem to be necessary.

The way in which HEADSS was used at Linwood College at this particular time could be described as research in its broadest sense as a description of the psychosocial context of year 9 and 10 students in terms 2 and 3 of 2006. This observation is valid in its own right and has potential for benefit for those students who might need extra help. It is important to understand that because of the methodology used it cannot be generalised out to other students at other times. It did not use a tool, which has been shown to be consistent in its

ability to make generaliseable observations. The analysis of the results did not use assumptions that have been shown to be valid in a generaliseable way.

Conclusion

The LANE project has benefited from the observations derived from the use of HEADSS as described here by adding more information about the cohort of students in years 9 and years 10 at Linwood College in 2006.

It has also been extremely useful in identifying students not previously identified in any way for the college counselling team to follow up.

The project must bear in mind that the results are merely a description of the current students at that point in time, and should not be used to generalise to other students at different times and in different places.

It is recommended that all year 9 students should have health screening including a HEADSS assessment when they first enter the school. At present this is not possible because of staffing constraints.

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AIMHI project announcement 25 / 5 /2001 – Trevor Mallard Minister of Education

Full service Education for AIMHI Schools

The nine AIMHI secondary schools have received money in the Budget to pilot full

service education on site.

Yesterday's Budget included \$2.5 million over four years for the schools to integrate social, health, and education services.

Education Minister Trevor Mallard visited Otahuhu College, the AIMHI cluster lead school, today to make the announcement.

"This is aimed at improving both education and wider social and health outcomes for students," Trevor Mallard.

"A key objective of AIMHI is to raise student achievement. It recognises that there are a whole range of factors that need to be considered for that goal to be realised. The full service education is part of that.

"Schools provide a good access point for health of social service initiatives because young people are required to attend schools at all times. It has the added benefit for the professionals in that they will be able to work together and share their knowledge.

"Improved access to core services for young people can provide speedy responses to health and welfare issues. It will provide for early interventions which can reduce the incidence of adverse outcomes."

Trevor Mallard said the pilot will start from January next year and will vary from school to school.

The AIMHI schools are: Hillary College, McAuley High School, Mangere College, Southern Cross Senior School, Otahuhu College, Porirua College, De La Salle College, Tamaki College and Tangaroa College.