



PROCEDURE

Adolescent brief intervention

Scope (Staff):	School staff
Scope (Area):	CAHS-CH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To provide guidance for nurses in providing brief interventions for adolescents who have psychosocial or physical health concerns.

Risk

Inadequate guidance for at-risk adolescents can result in missed opportunities to enhance the health, development, and wellbeing of a young person, and may result in harm, increased vulnerability, and longer-term negative health outcomes.

Delivery of care that is not based on research evidence may be ineffective or could result in elevated risk and harm to a young person.

Background

Early intervention, engagement and promotion of healthy behaviours and health literacy during adolescence helps to build the foundations for health and wellbeing trajectory across the life course.¹

Adolescence is a time of significant physical, social, emotional, and mental changes, and the health issues that emerge are very different to those of younger children. For example, in Australia in 2018, birth complications, birth trauma, cardiovascular defects, sudden infant death syndrome, and asthma and were the major burdens of disease among children up to 5 years of age. From 5 to 14 years, asthma, as well as anxiety, autism spectrum, conduct and depressive disorders were the major burdens of disease.² Whereas at 15 to 24 years, anxiety, depressive, and eating disorders, as well as asthma, alcohol use disorders, suicide/self-inflicted injuries and road traffic injuries were the major burdens of disease.³

Adolescence brings a wider set of health risks and disorders associated with developmental changes which occur during the transition from childhood to adulthood. For many, adolescence is a time of increased risk-taking which can result in long-lasting poor health and life outcomes.¹

Aside from conditions already mentioned, young people may also be vulnerable to health issues such as injuries, unplanned pregnancy, misuse of drugs, sexually transmitted infections, body image concerns and nutrition or other lifestyle issues.¹ Chronic conditions also increase in prevalence during adolescence.⁴

Adolescence also brings opportunities to engage with new ideas, think about the future and to learn new ways of behaving and being. Young people can develop resilience to improve their health and wellbeing: They can learn to cope and recover after experiencing negative events, difficult situations, challenges or adversity.¹ Building resilience involves behaviours, thoughts and actions that can be learned, such as:

- problem solving and decision-making skills
- setting realistic goals and plans
- taking a positive self-view and having confidence in own strengths and abilities
- skills in stress management
- interpersonal skills that facilitate effective engagement with others.¹

School health services can promote a positive focus on health and wellbeing through supporting health literacy and building skills and resilience in young people, as well as empowering young people to manage common health issues. In addition to the list above, brief intervention can assist with identifying, expressing and managing emotion, communication, conflict resolution, organisational skills and establishing healthy habits. Further, research has shown that brief intervention can be effective for addressing moderately risky patterns of substance and alcohol use.⁵

Community health nurses play a vital role as part of the multi-professional school team to support early assessment, planning, intervention and follow up of young people in need of individualised health and wellbeing support in relation to adolescent health issues. Nurses in schools can provide a unique contribution as advocates within the school environment and providers of brief interventions for young people.⁶

Brief interventions are purposeful, and goal directed. All brief interventions are conducted in response to a real or potential health or developmental concern and are intended to advance the young person's knowledge and skills in self-managing that issue. This can be described as developing health literacy.⁶

Definitions

Brief Intervention: In this document, and in the context of WA community health services delivered in schools, the term brief intervention is defined as *non-judgmental personalised information and individualised strategies that equip a young person to change or improve their health, development or behaviour irrespective of the length or number of the consultations.*⁷

Health literacy: Health literacy has been defined as “*the capacity to acquire, understand and use information for health*”. Health literacy is more than health education: It involves the young person understanding health information and being able to apply it to their life in a meaningful way.⁸

Health literacy relates to how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it.⁹

Key points

- Nurses working with young people need to have skills in planning and delivering brief intervention, and to continue to build knowledge and expertise in adolescent health and development to facilitate effective brief intervention.
- A key reference for staff planning and delivering brief interventions with adolescents is *Brief Intervention in Adolescent Psychosocial Health Handbook*.
- HEADSS remains the primary framework of psychosocial assessment and care planning for adolescents in community health settings.
- Brief intervention may be offered at the conclusion of, or separately to a HEADSS assessment, as clinical judgement and situation indicates.
- Brief interventions can assist young people to develop skills and behaviours for non-complex issues and may also be part of supporting more complex issues.
- Engaging an adolescent in brief intervention can supplement, but not take the place of appropriate referral and treatment.
- Nurses must also be mindful of the scope of their individual competence in dealing with complex adolescent psychosocial health issues.
- If a young person is receiving specialist services for an identified issue, they may also benefit from brief intervention to support other health and wellbeing concerns and/or practical day-to-day functioning.
- Brief intervention should not be conducted when there is an immediate or serious risk to harm to individual or others. In such situations, a safety and containment response is required.
- A ‘*do no harm*’ approach should be a constant underlying principle when engaging with young people who are at risk.
- All nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.

- Nurses need to provide services that are sensitive to diverse sexuality, gender and sex.

Procedure

There are two key elements of a brief intervention in adolescent health:

1. The provision of information that is personalised for the young person’s health and developmental needs.
2. A range of individualised strategies developed in partnership with the young person to help them put the information into practice.

Every brief intervention will be unique and responsive to the individual’s personal circumstances, needs, strengths and difficulties. The following steps outline the general brief intervention process when working with an adolescent.

For more detailed information and guidance refer to *An Introduction to Brief Intervention in Adolescent Psychosocial Health Handbook*.

Steps	Additional Information
<p>1. Explore issues</p> <p><i>“What is going on?”</i></p> <ul style="list-style-type: none"> • Ensure sufficient time is available to discuss the issues that are concerning the young person. • Discuss limits of confidentiality at the beginning of each session. • Ask open-ended questions. • Listen, clarify, and summarise issues as you talk. • Use counselling micro skills to facilitate the conversation. This involves observation, active listening, giving feedback, effective questions, challenging, and instructions. 	<p>Often, a HEADSS assessment will be completed prior to engaging a young person in brief intervention, however there are times when this is impractical.</p> <p>Use clinical judgement to decide if:</p> <ol style="list-style-type: none"> a) a full or partial HEADSS assessment is required prior to providing a brief intervention b) brief intervention can be provided for a non-complex issue without a HEADSS assessment. <p>Be non-judgemental in verbal and non-verbal communication.</p>
<p>2. Facilitate and support the development of health literacy</p> <p><i>“Let’s look at what might help you”</i></p> <ul style="list-style-type: none"> • Engage the young person in a 	<p>Recommend resources that meet the needs of the young person and their circumstances.</p> <p>The young person may require support to evaluate the quality of online and</p>

Steps	Additional Information
<p>discussion that improves their understanding of the issues.</p> <ul style="list-style-type: none"> • Ask the young person about what they think might improve their health and wellbeing. • Help the young person to explore options and resources that may be useful. 	<p>other sources of health information.</p>
<p>3. Assist the young person to set goals</p> <p><i>“How would you like things to be different?”</i></p> <ul style="list-style-type: none"> • Help the young person to identify priorities and goals. • Facilitate the use of SMART goals (Specific, Measurable, Attainable, Relevant, Time-based). • Discuss things that can’t be changed and support acceptance. • In partnership, make a simple plan towards change. • Include plans for crisis situations, if required, i.e. for when the young person feels very unwell or unsafe. 	<p>Use open-ended questions to stimulate discussion:</p> <p><i>“If there was one thing you could change, what would it be?”</i></p> <p><i>“What would that look like?”</i></p> <p>Be mindful of the individual’s age, cognition, culture, and development.</p> <p>Facilitate discussion of realistic aims and expectations.</p>
<p>4. Identify support</p> <p><i>“Who can help you?”</i></p> <ul style="list-style-type: none"> • Ask the young person to identify one or more person/people who can support them. 	<p>Provide relevant information and links to suitable resources for the young person (including those identified at step 2).</p>
<p>5. Refer to other service as appropriate</p> <p><i>“What other services can help with professional support?”</i></p> <ul style="list-style-type: none"> • Evaluate the individual’s clinical needs. • Refer young person to appropriate 	<p>Most adolescents are novice users of the health system.</p> <p>When referring for further assessment or treatment, take the opportunity to discuss how the health system works,</p>

Steps	Additional Information
<p>services as a priority if clinically indicated.</p> <ul style="list-style-type: none"> • Explain the process of referral and what might happen. 	<p>referral processes and what might be expected at the primary care or specialist care services.</p> <p>Offer short video My Health in My Hands. A WA video showing young people how to engage with health care services and their rights.</p>
<p>6. Monitor</p> <p><i>“What next and when?”</i></p> <ul style="list-style-type: none"> • Plan a follow-up appointment if needed. • Discuss what will happen if the young person does not attend. 	<p>Monitoring should be assertive but largely led by the young person.</p> <p>Use clinical judgement to balance the need for further support against the risk of over-dependence.</p>

Documentation

Nurses must maintain accurate, comprehensive, and contemporaneous documentation of assessments, planning, decision making and evaluations according to CAHS-CH and WACHS processes.

As a minimum, notes should include:

- summary of issue discussed,
- strengths and protective factors identified,
- personalised information provided,
- strategies agreed and goals identified,
- support available,
- any referrals made,
- any follow-up planned.

Use HEADSS Assessment form Part B to document if the brief intervention resulted from a HEADSS Assessment.

Training Requirements

Recommended

- HEADSS training

- Gatekeeper Suicide Prevention Course
- Youth [Mental Health First Aid](#) Course

Further learning

- [Alcohol Brief Intervention Training Packages](#) Mental Health Commission WA
- Trauma Informed Practice [School Drug Education and Road Aware SDERA](#)
- Diversity in gender, sexuality and sex
- Family Partnership training or other communications course

Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 the [Health Services Act 2016](#) (WA) and is binding on all CAHS and WACHS staff as per section 27 of the same act.

Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

References
1. Western Australian Department of Health Health. <i>WA Youth Health Policy 2018–2023</i> . In: Networks H, editor. Perth: WA Department of Health; 2018.
2. Australian Institute of Health and Welfare. Health of children. AIHW: Australian Government; 2022 [cited 2022 Sept 23]. Available from: https://www.aihw.gov.au/reports/children-youth/health-of-children .
3. Australian Institute of Health and Welfare. Health of young people. AIHW: Australian Government; 2022 [cited 2022 Sept 29]. Available from: https://www.aihw.gov.au/reports/children-youth/health-of-young-people#status
4. Baltag V and Sawyer S in <i>International Handbook on Adolescent Health and Development, The Public Health Response</i> . Eds. Cherry L, Baltag V and Dillon M. 2017, World Health Organization.
5. Carney T, Myers BJ, Louw J, Okwundu CI. Brief school-based interventions and behavioural outcomes for substance-using adolescents. <i>Cochrane Database of Syst Rev</i> . 2014(2).
6. Pavletic AC. Connecting with frequent adolescent visitors to the school nurse through the use of intentional interviewing. <i>Journal of School Nursing</i> . 2011;27(4):258-68.
7. Government of Western Australia. <i>An Introduction to Brief Intervention in Adolescent Psychosocial Health</i> . Child and Adolescent Health Service; 2019.
8. Nutbeam D. Defining and measuring health literacy: what can we learn from literacy studies? <i>International Journal of Public Health</i> . 2009;54(5):303.
9. Government of Western Australia. <i>Common Language Framework</i> , Appendix to <i>Memorandum of Understanding Department of Education and Child and Adolescent Health Service and WA Country Health Service for the delivery of school health services for students attending public schools 2022-2024</i> Perth, WA: Government of Western Australia 2021.

Related internal policies, procedures and guidelines

The following documents can be accessed in the CH Clinical Nursing Manual: [HealthPoint link](#) or [Internet link](#) or for WACHS staff in the [WACHS Policy link](#)

HEADSS Adolescent Psychosocial Assessment
Mental Health in adolescence
School Health Service Policy
School-aged Health Services - secondary
Sexual health and healthy relationships in adolescence
Sexual Assault
Suicide Risk Response Protocol

The following documents can be accessed in the [CAHS-CH Operational Policy Manual](#)

Related internal resources

The following Resources and Forms can be accessed via Healthpoint
Introduction to brief intervention in adolescent psychosocial health: Handbook
HEADSS Assessment: Handbook for community nurses in secondary schools
CHS421-A HEADSS Psychosocial Assessment Form – Initial Assessment
CHS421-B HEADSS Psychosocial Assessment Form – Plan and Follow-up
Working with Youth - a legal resource for community-based health professionals
CAHS External links and resources


Related resources for young people

[1800Respect](#) - Phone and online counselling for people seeking help for themselves or someone else in domestic violence situations. 1800 737 732 (24hrs)

<p>Beyond Blue Support Service Telephone - Virtual and email counselling for people going through a tough time. 1300 224 636 (24hrs)</p>
<p>Digital Mental Health for High School Students - useful online programs, apps and phone lines covering a wide range of issues; bullying, friendship problems, family conflict, relationship drama, identity, sexuality, gender, body image, stress about assessment and study, mental health symptoms such as anxiety and low mood.</p>
<p>eSafety Commissioner – provides information and resources for young people about cyberbullying, online dating and relationships, protecting yourself online and more.</p>
<p>Freedom centre - support for young people and families to be healthy, happy and informed about diverse sexuality, gender and sex.</p>
<p>Get the facts – accurate and reliable information on reproductive and sexual health, blood-borne viruses and relationships body image, sex and gender and other topics for young people in Western Australia.</p>
<p>Headspace – is the National Youth Mental Health Foundation. Headspace centres provide young people (12-25 years) with health advice and support for: general health, mental health (including counselling), managing emotions, education, employment, alcohol and other drugs. Online and phone support is available.</p>
<p>Jean Hailes - Website for information and resources about women’s health, including menstruation, reproduction and sexual health.</p>
<p>Kids Helpline - Phone and real time web-based crisis support for youth (5-25 yrs). 1800 55 1800 (24hrs).</p>
<p>Lifeline - 24/7 phone counselling, and online crisis support chat available each evening. 13 11 14.</p>
<p>Medicare for young people in WA Youth Health Policy 2018–2023 Toolkit</p>
<p>My Health in My Hands - Health care information for young Western Australians, including how to engage with health care services and consumer rights.</p>
<p>Oxygen: Brief Interventions in Youth Mental Health including tools for understanding anger; physical activity for wellbeing; understanding and managing moods and anxiety; problem solving skills; mindfulness and relaxation; understanding and accepting myself; sleeping well; nutrition for wellbeing.</p>
<p>Reach Out – a website for young people providing a range of information on mental health, sexuality, body image, stress, self-esteem, anger management, coping skills, relationships and many other issues of importance to young people.</p>
<p>Smiling mind – mindful meditation for young people based on research evidence. Available as a web and App-based program, designed to help bring balance, calm and coping strategies to young lives.</p>

<p>WACHS Hip Pocket Guide - A hard copy guide to services available for young people in WA with a focus on online resources and phone services.</p>
<p>Ybblue – The <i>youth beyondblue</i> initiative targeting young people aged 12 to 25 and also family and friends who are concerned about someone they care about, including matters to do with: mental health, bullying, cyberbullying, body image and a range of other issues concerning young people.</p>

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

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