LETTER TO EDITOR

Use of HEADSS as a psychosocial screening tool in adolescent patients

Vannya Cecilia Herrera Enriquez¹

¹ Medicina Familiar y Comunitaria en el Centro de Atención Primaria III San Isidro, EsSalud–Red Prestacional Rebagliati, Lima, Peru

To the Editor,

Adolescents have diverse and complex healthcare needs, including physical, cognitive, and psychosocial growth and development. In Peru, according to current statistics from the National Survey on Social Relations (ENARES), it is evident that 7 out of 10 adolescents are still victims of physical violence (1). Psychosocial screening is intended to be an instrument to discriminate risk in adolescents. It evaluates various problems such as depression, suicide, psychosis, anxiety, gangs, as well as alcohol, tobacco, and drug use (2). Despite its importance, it is often not adequately addressed. In a retrospective study in the United States with hospitalized pediatric patients, psychosocial screening is adequately completed in only 5.3%, showing the little importance given to preventive medicine (3). Because of this, the application of psychosocial screening in other areas has been sought. In Canada, a prospective study showed the potential of using screening in the emergency department, improving the uptake of at-risk patients (4).

Health personnel should develop individualized plans for each patient, establishing the sessions' frequency and duration. This makes it possible to identify risk factors and strengthen their positive development. According to the current technical standard for comprehensive adolescent health care of the Peruvian Ministry of Health, adolescent care should have a minimum of three sessions with a time of at least 30 minutes each (2). However, in Peru, there needs to be more differentiated health centers, and compliance with the minimum criteria for comprehensive care is required. One of the clinical recommendations in the outpatient care of adolescents is psychosocial screening using the acronym (HEADSS) derived from the words Home, Education, Activities, Drugs, Sex, and Suicide. This was conceived in 1974 but is still used to date because it is a quick, free, and easy-to-use tool for interviewing adolescent patients (5). Adaptations have been reported, including Eating or Safety (6); there are even adaptations for the use of the Internet and social networks (7,8) (Table 1).

Due to its usefulness and importance, we suggest including the HEADSS tool in the approach to adolescent patients at the Instituto Nacional de Salud del Niño San Borja. This will permit the improve the interview given to patients to comply with the requirements established in current regulations (2) and to identify patients at risk. It can even be used in other areas of adolescent care, such as gynecology, endocrinology, or emergencies.

Cite as:

Herrera Enriquez VC. Uso de HEADSS como herramienta de tamizaje psicosocial en pacientes adolescentes. Investig Innov Clin Quir Pediatr. 2024;2(1):79-80. doi:10.59594/iicqp.2024.v2n1.86

Corresponding author:

Vannya Cecilia Herrera Enriquez Address: Calle La Perricholi 265, San Isidro. Lima Phone number: +51956000328 E-mail: vannya.1996@gmail.com

ORCID iDs

Vannya Cecilia Herrera Enriquez

https://orcid.org/0000-0001-5507-9527

Received : 02/07/2024 **Accepted** : 02/28/2024 **Published** : 04/23/2024



This publication is licensed under Creative Commons Attribution 4.0 International.

Copyright © 2024, Investigación e Innovación Clínica y Quirúrgica Pediátrica.

Table 1. Questions frequently used in the psychosocial screening of adolescent patients using the HEADSS tool

ACRONYM	POSSIBLE QUESTIONS
H - Home	Where do you live? How long have you lived there? Who lives at home with you? Do you have any pets? Do you feel safe at home? Do you feel secure in your neighborhood?
E - Education	Where do you go to school? What grade are you in? What do you like or not like about school? What is your favorite or most minor favorite class? Do you feel safe at school? What are your grades like? What were your grades like last year? What do you want to do after finishing school?
A - Activities	What do you do for fun? What do you and your friends do together? Do you have a best friend? Are you in any clubs or teams? Do you watch TV or use a computer? Do you have a job? Do you exercise?
D - Drugs and Diet	Do any of your friends smoke or drink? Do you know anyone who smokes or drinks? Have you ever tried? How many times do you eat per day? Do you eat fruits and vegetables? Are you satisfied with your body?
S - Mental Health and Risk of Suicide	Have you ever been so sad you thought about hurting yourself? Have you ever tried? Do you feel sad now? Have you ever run away from home? How are you sleeping at night?
S - Security	Do you have social networks? Have you met people on the internet? If you are in a car, do you use a seatbelt? If you use a bicycle, do you wear a helmet? Are there any firearms in your home or neighborhood?
S - Sexuality	Have you ever dated anyone? Boys, girls, or both? Have you ever had sex? How many sexual partners have you had? How old were you when you first had sex? Has anyone ever touched you in a way you did not want to be touched or forced you to do something you did not want to do? Do you have any doubts?

Adapted from: Katzenellenbogen (6) HEADSS: The "Review of Systems" for Adolescents. Virtual Mentor and National Child Health Program (8).

Authors' contribution

The author confirms responsibility for the conceptualization and design, data collection, analysis, interpretation, and final manuscript preparation.

Funding

The present study was self-funded.

Ethical Aspects

Not applicable.

Conflicts of Interest

The author has no conflict of interest associated with the material presented in the manuscript.

REFERENCES

- Fondo de las Naciones Unidas para la Infancia. Niñas, Niños y Adolescentes en el Perú: Análisis de su situación al 2020. Resumen Ejecutivo [Internet]. Lima; UNICEF: 2021 [citado el 4 de febrero de 2024]. Disponible en: https://www.unicef.org/peru/media/12141/file/ Resumen %20Ejecutivo: %20Situaci %C3 %B3n %20de %20ni %C3 %B1as, %20ni %C3 %B1os %20y %20adolescentes %20en %20el %20 Per %C3 %BA %20.pdf
- Ministerio de Salud del Perú. Norma técnica de salud para la atención integral de salud de adolescentes [Internet]. Lima: MINSA; 2019 [citado el 4 de febrero de 2024]. Disponible en: https://bvs.minsa.gob. pe/local/MINSA/5017.pdf
- Addison J, Herrera N, Tuchman L, Bokor B. HEADSS Up! Missed Opportunity for Psychosocial Screening in Hospitalized Adolescents. Hosp Pediatr. 2021;11(4):417-421. doi: 10.1542/hpeds.2020-000216
- 4. an Amstel LL, Lafleur DL, Blake K. Raising our HEADSS: adolescent psychosocial documentation in the emergency department. Acad Emerg Med. 2004;11(6):648-55. doi: 10.1197/j.aem.2003.12.022
- 5. Cohen E, Mackenzie RG, Yates GL. HEADSS, a psychosocial risk assessment instrument: implications for designing effective intervention programs for runaway youth. J Adolesc Health. 1991;12(7):539-44. doi: 10.1016/0197-0070(91)90084-y
- Katzenellenbogen R. HEADSS: The "Review of Systems" for Adolescents. Virtual Mentor. 2005;7(3):virtualmentor.2005.7.3.cprl1-0503. doi: 10.1001/virtualmentor.2005.7.3.cprl1-0503
- 7. Norris ML. HEADSS up: Adolescents and the Internet. Paediatr Child Health. 2007 Mar;12(3):211-6. doi: 10.1093/pch/12.3.211
- 8. Ministerio de Salud de Chile. Norma Técnica: Programa Nacional de Salud de la Infancia [Internet]. Santiago: MINSAL; 2014. Disponible en: http://www.saludinfantil.org/Programa_Salud_Infantil/Programa_Salud_Infantil/Anexo %2021.- %20HeadSSS.pdf