

Physical and Mental Health screening tools

Supporting Guidance

These screening questions should be completed in relation to all young people and can be conducted by practitioners / non-specialist health staff. Judgements will need to be made based on your observation of the young person (e.g. how s/he responds in interviews or in everyday interactions), what they disclose to you and also on any information provided by parents/carers or professionals involved in the care of the young person.

The health screening questions in AssetPlus are a subset of the full CHAT: YOS and are intended to be used as a screening tool by YOT staff. A positive answer to any of the screening questions should be followed up with additional information in the 'further exploration' text box at the end of the tool and result in a 'fast-tracked' referral being made for the CHAT physical health or mental health assessment to be conducted by a specialist health worker, or alternative local tools/practices. A full CHAT assessment should also be conducted within the timelines specified by the Offender Health Research Network in CHAT as there are high levels of co-morbidity (i.e. two or more disorders or illnesses occurring in the same person) in this group of children and young people.

Use of the Physical and Mental Health screening tools alongside Asset

Physical health

The physical health and development questions in AssetPlus are similar to those in Asset but are better aligned to those in the Comprehensive Health Assessment Tool (CHAT). In early adoption of these questions YOTs should continue to use Asset but familiarise themselves with the differences and additional guidance offered by AssetPlus, as well as using the direct additional question offered by AssetPlus - the consideration of whether the young person is or could be pregnant - which is absent in Asset.

Mental health

Similarly, the emotional development and mental health questions in AssetPlus build on those in Asset but also incorporates questions in SQIFA and questions from CHAT with a better consideration of mental health concerns raised by others. In early adoption of these questions YOTs should continue to use Asset Core Profile but can replace SQIFA with the AssetPlus screening tool. Note that the AssetPlus screening tool does not produce a score, so local processes for further action based on scores will need to be amended. When AssetPlus is deployed to case management systems, the AssetPlus questions will replace those in the Core Profile as well as SQIFA.

Teams/local areas/establishments will need to set their own thresholds and cut-off points for deciding on what additional further action is required, depending on local services and resources. The further action required could be another assessment or referral to a specialist (such as CAMHS or paediatric health services). Which additional options you use will depend on how the services are available in your team, local area and organisation.

As well as using a printed version the tool can be filled out electronically, so that practitioners can save it in the young person's case record. To complete electronically:

- Click the answer box to enter a cross. Re-click to uncross the box.
- When entering text in the further exploration boxes click on the furthest left point of the field and type normally.
- The rest of the tool is locked down (i.e. only answer boxes can be ticked or further exploration text completed).

Additional examples and guidance to support answering questions in the screening tools

Physical Health and Development

A comprehensive assessment of the young person requires some consideration of his/her physical health and development. Health problems may have an adverse impact on many other aspects of his/her life, including educational and school experiences, peer group interactions, self-presentation and self-esteem. Health issues are key for placement decisions if the young person is potentially entering custody.

It is important to record the young person's name, date of birth and date of completion of the tool at the top of the document.

Please indicate whether the following apply to the young person:

- *Has a diagnosed physical health condition? e.g. asthma, diabetes*
- *Experiencing current physical health symptoms? e.g. breathing problems, chest pains, seizures*
- *Currently taking prescribed medication for a physical illness? This is for physical illnesses only.*
- *Has any current contact with GP or hospitals in relation to a major physical illness?*
- *Is pregnant or could be pregnant? Obviously this question is only applicable if the young person is female. If the young person or the practitioner is unsure whether the young person may be pregnant, it may be appropriate to make a referral to the YOT or secure establishment health worker who can advise the young person.*
- *Health is being put at risk through his/her own behaviour?*

If any of the questions above are answered positively then provide relevant detail in the further exploration box:

FURTHER EXPLORATION

In relation to all of the questions above that you have answered “Yes” to:

Please provide as much detail as possible here: (Evidence Box):

Detailed information should be provided in the evidence box about any issues identified in this section. Give details such as:

- Type of health condition
- Medication used
- Treatment received / services involved
- How it affects the young person
- Young person putting their own health at risk e.g. unsafe sexual activity.

Note any positives, and/or any other concerns that require further investigation, referral or action - including registration with GP, lack of access to appropriate services, concerns expressed by the young person and parents/carers etc.

Use this box to record any other issues relating to the young persons' general health, physical development. This could include:

- Positives e.g. young person is trying to keep fit, wants to give up smoking.
- Problems with lack of access to / lack of registration with health services.
- Concerns expressed by parent/carer or young person seems to be worried about health issues.
- Consider concerns over physical maturity/development.

It is also important to consult with educational staff, including teachers, when answering the above questions.

Emotional Development and mental health

Mental and emotional well-being will be influenced by issues such as personal relationships and social environment as well as medical factors. The following three factors, however, may provide a useful framework for understanding the young persons' mental health needs within the context of his/her particular situation.

It is important to record the young person's name, date of birth and date of completion of the tool at the top of the document.

Events/circumstances: The research literature makes a helpful distinction between 'normative' events which all young people experience at some time (e.g. peer pressure, puberty, changing from primary to secondary education) and 'non-normative' events which affect particular individuals at specific times (e.g. family breakdown, illness, bereavement, abuse). A young person facing a cluster of these events is more likely to have difficulties in managing the resulting emotions. Events which are unpredictable and which the young person feels they have no control over are likely to be particularly stressful.

Support networks: what help and support (either formal or informal) is available to the young person?

Coping abilities: the young persons' age, gender and maturity will all affect the range and type of coping strategies used. Some common approaches include 'problem-focused coping' (e.g. trying to remove or reduce the cause of the stress), 'emotion-focused coping' (e.g. trying to change the emotions associated with a problem) and 'withdrawal' (e.g. denying the existence of a problem). Young people will vary in the way that they perceive stressful situations and those who have a realistic understanding of a difficult situation will be better placed to cope with any ongoing stress. Having some sense of control will also help the young person to feel that s/he can cope. Focusing on the connections and interactions between these three factors helps to ensure that assessment of the young persons' emotional and mental health is rooted in the context of his/her ongoing life experiences.

Also consider parental mental health issues as an indicator of possible issues for the young person.

Please indicate whether the following apply to the young person: answers are either "Yes", "No" or "Yet to clarify". Answering "Yes" to any of the questions requires the further exploration box to be completed.

- *Any formal diagnosed mental health condition? (current/previous)*
- *Any contact with mental health services?*
- *Any prescribed medication for mental health problems? (current/previous)*

If the answer to any of these three questions is "Yes", please give as much detail as possible in the evidence box. If there has been a formal diagnosis, please specify the nature of the illness, the particular symptoms that the young person experiences and details about any medication. If you are aware of any other current or previous referrals to mental health services, please indicate when these occurred and the reasons for them. If the information is unavailable, please indicate this in the evidence box.

- *Has current feelings of sadness, anxiety/stress or irritability?*
- *Feels constantly in a low mood?*

These can include circumstances affecting the young person directly and/or problems faced by family members, carers, or friends which have an impact on the young person.

- *Feels hopeless about the future?*

This question looks at the impact of the young persons' concerns about the future on their emotional well-being. Select "Yes" if the young person has thoughts and feelings that have a persistent and powerful impact on their everyday life.

- *Has flashbacks of past traumatic events?*

It can include events affecting the young person directly and problems faced by family members, carers, or friends who have an impact on him/her. Some of the events will have been identified in earlier sections (e.g. abuse, loss). The focus here is not on the events themselves, however, but on whether they continue to have a persistent and powerful impact on his/her everyday thoughts and emotions. Flashbacks may indicate undiagnosed emotional or mental health issues?

- *Experiencing unusual thoughts?*
- *Sees or hears things that other people cannot?*
- *Has longstanding symptoms of overactivity, inattention and impulsivity in multiple settings? (e.g. home, school etc.)*

- *Has history of deliberate self-harm?*
- *Has previously attempted suicide?*
- *Has current thoughts to self-harm or wish to commit suicide?*

In order to tick “Yes”, practitioners should have tangible information or evidence that indicates difficulties in one of these areas, which may be a comment or an opinion. Try to verify information given by young people in self-reporting about self-harm and suicide with other sources, wherever possible – a comment made by the young person or their carer, information from a GP or from a case record could all be indications.

- *Looks depressed or is behaving unusually?*
- *Risks/ concerns from others (family/professionals) about young persons’ mental health.*

There could be issues raised by others that denote potential emotional and/or mental health difficulties for the young person.

In addition to the above, you may also want to consider if information suggests the young person has other psychological difficulties (this can cover obsessions and a range of fears and phobias), has difficulties with sleeping or eating, or low self-esteem. This refers to young people who have a persistent and pervasive problem in this area (rather than the more typical adolescent experience where self-esteem may vary at different times and in different contexts). However, issues such as these should still be recorded even if not significant enough for further action.

Indicators of low self-esteem in young people may include: social isolation/lack of social acceptance by peers; a belief that nobody understands or respects them; dissatisfaction with physical appearance; a sense of failure about relationships or academic achievement.

A ‘Yes’ to *any* of these fifteen trigger questions in this section means that the further exploration area should be completed and a referral made to a health worker for the CHAT (Comprehensive Health Assessment Tool) mental health assessment or an equivalent local specialist health assessment to be completed.

FURTHER EXPLORATION

Detailed information should be provided in the evidence box about any issues identified in this section. Specify the nature of the events/circumstances involved and describe how this affects the young persons’ everyday functioning.

Please provide as much detail as possible here (Evidence Box) including: the events/circumstances; nature of emotions arising (anger, grief, fear etc); impact on young persons’ life?

Further resources and References

- The Offender Health Research Network have published both a ‘CHAT: Young People in the Secure Estate’ and ‘Manual for the Comprehensive Health Assessment Tool (CHAT): Young People in contact with the Youth Offending Service (YOS)’ which includes further supporting information on Physical and Mental Health.
Along with the CHAT tool it can be found at <http://www.ohrn.nhs.uk/OHRNResearch/CHAT> :

Comprehensive Health Assessment Tool (CHAT): Young People in contact with the Youth Offending Service (YOS), October 2013 (Version 1), Copyright © 2013 The Offender Health Research Network.

Manual for the Comprehensive Health Assessment Tool (CHAT): Young People in contact with the Youth Offending Service (YOS), January 2014 (Version 2), Copyright © 2014 The Offender Health Research Network.

- Health and wellbeing needs assessment toolkit (the template documents are useful as have national prevalence data on health) <http://www.chimat.org.uk/yj/hwbna>
- NICE guidance on ASB and conduct disorder <http://guidance.nice.org.uk/cg158>

- Youth Justice Health and Wellbeing needs assessment toolkit (the template documents have national prevalence data on health) <http://www.chimat.org.uk/yj/hwbna>

- CHIMAT links to policy documents (including the 'Healthy Children, Safer Communities' Strategy) <http://www.chimat.org.uk/yj/na/resources/policy>

- MindEd is a free e-learning tool, funded by the Department for Health (DH) and developed by the Royal College of Paediatrics and Child Health. It aims to increase understanding and awareness of mental health amongst non-specialist staff. MindEd is a helpful resource for people working with children and young people who exhibit behaviours indicative of poor mental health.

There are currently over 100 resources available on the MindEd webpage which cover a range of mental health issues, as well as information on identification/signs of poor mental health, support strategies and next steps.

The YJB are working with MindEd to create a dedicated learning path which will highlight the units most relevant to youth justice practitioners. The resources will be of general benefit to all YOT and secure estate staff (and staff working at the YJB) who have an interest in knowing more about young people's mental health.

For more information on mental wellbeing please visit the MindEd site at <https://www.minded.org.uk/>

The above is not an exhaustive reference list of support but they are considered a good starting point.

If you have any questions or comments on the contents, please contact assessment@yjb.gsi.gov.uk

© Youth Justice Board for England and Wales 2014

The material featured in this document is subject to copyright protection under UK Copyright Law unless otherwise indicated. Any person or organisation wishing to use YJB materials or products for commercial purposes must apply in writing to the YJB at jpr@yjb.gsi.gov.uk for a specific licence to be granted.