The HEADS-ED

	O No action needed	1 Needs action but not immediate/moderate functional impairment	Needs immediate action/severe functional impairment
Home Example: How does your family get along with each other?	Supportive	o Conflicts	Chaotic / dysfunctional
Education, employment Example: How is your school attendance? How are your grades? Are you working?	o On track	Grades dropping /or absenteeism	Failing / not attending
Activities & peers Example: What are your relationships like with your friends?	 No change 	 Reduction in activities/increased peer conflicts 	 Increasingly to fully withdrawn / significant peer conflicts
Drugs & alcohol Example: How often are you using drugs or alcohol?	 None or infrequent 	o Occasional	Frequent / daily
S uicidality Example: Do you have any thoughts of wanting to kill yourself?	No thoughts	o Ideation	 Plan or gesture
Emotions, behaviours, thought disturbance Example: How have you been feeling lately?	mildly anxious / sad / acting out	Moderately anxious / sad / acting out	 Significantly distressed / unable to function / out of control / bizarre thoughts/significant change in functioning
Discharge or current resources Example: Do you have any help or are you waiting to receive help (counselling etc)?	Ongoing / well connected	 Some / not meeting needs 	None / on waitlist / non-compliant

The HEADS-ED is a screening tool and is not intended to replace clinical judgment.

Scoring: Items can be evaluated independently in terms of need for action. To obtain a total score, add the value of each item together. Referral for a specialized mental health assessment should be considered if the total sum score is ≥ 8 and/or the "Suicidality" item is rated as a 2. See www.heads-ed.com for more details.

*Cappelli M, Gray C, Zemek R, et al. The HEADS-ED: A rapid mental health screening tool for pediatric patients in the emergency department. Pediatrics. 2012; 130(2):e321-7.

