The 15 Minute Psychiatric Screening Assessment

Jose Silveira MD FRCPC
Assistant Professor, Department of Psychiatry, University of Toronto
Clinical Director, Portuguese Mental Health and Addiction Services
University Health Network

Patricia Rockman MD, CCFP, FCFP
Assistant Professor
University of Toronto
Department of Family and Community Medicine
Chair, OCFP Collaborative Mental Health Care Network
Objectives

 ► Participants will obtain the knowledge and skills to quickly assess patients and answer the following questions:

   - Is this patient suffering from a mental disorder?
   - Is this patient a risk to themselves or others?
   - What do I need to do today?
Questions to answer

► Is this patient suffering from a mental disorder?
► Is the patient a risk to themselves or others?
► What do I need to do today?
Mental Disorder?
Exercise #1

What are your 2 favorite questions to screen for:

- MDE
- Alcohol Misuse
- Panic Disorder
- GAD
- ADHD
- Bulimia Nervosa
- Psychosis
Index of Suspicion

- MDE
- Alcohol Misuse
- Panic Disorder
- GAD
- ADHD
- Bulimia Nervosa
- Psychosis

Why these Conditions?
- Common
- Risk
- Hard to find specifically worded screening questions with clinical validity in primary care setting
Risks

- Suicide
- Homicide
- Unintended harm
Approach

- Screening instruments
- Past Psychiatric History
- Family Psychiatric History
- Risk Assessment
Screening Instruments
CMDQ

- Common Mental Disorder Questionnaire
- Disorders screened for
  - somatoform disorders
  - anxiety
  - depression and
  - alcohol abuse
- How is it used
  - Patient completes
  - patient takes 2–5 minutes, the rating by the GP less than one minute.
- Limits
  - Ignores psychosis
  - Ignores risk
  - Developed for research
CMDQ

► Sensitivity/Specificity
  - Depressive disorder: 78/86 (SCL-DEP6)
  - Alcohol abuse or dependence: 78/97 (CAGE);
  - Severe anxiety disorder: 77/85 (SCL-ANX4);
  - Somatisation disorder: 83/56 (SCL-SOM); and 75/52 (Whiteley-7);
  - any mental disorder above: 72/72 (SCL-8)

► Improved diagnostic accuracy over typical practice
This questionnaire shall help your doctor to a better understanding of your possible physical or psychological problems (mark only one space for each problem).

### During the last 4 weeks how much were you bothered by:

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Headaches?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Dizziness or faintness?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Pains in heart or chest?</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Pains in lower back?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Nausea or upset stomach?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Soreness of your muscles?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Trouble getting your breath?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Hot or cold spells?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Numbness or tingling in parts of your body?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>A lump in your throat?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Feeling weak in parts of your body?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Heavy Feelings in your arms or legs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Worries that there is something seriously wrong with your body?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Worries that you suffer a disease you have read or heard about?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Many different pains or aches?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Worries about the possibility of having a serious illness?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Many different symptoms?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Thoughts, that the doctor may be wrong if telling you not to worry?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Worries about your health?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Feeling suddenly scared for no reason?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Nervousness or shakiness inside?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Spells of terror or panic?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>You worry too much?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Feeling fearful?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Feeling hopeless about the future?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Feeling everything is an effort?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Feeling blue?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Feelings of worthlessness?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Thoughts of ending your life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Feelings of being trapped or caught?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Feeling lonely?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Blaming yourself for things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Within the last year, have you ever ...**

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.</td>
<td>Felt you ought to cut down on your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Been annoyed by people criticizing your drinking?</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Felt bad or guilty about your drinking?</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Had a drink in the morning to steady your nerves or get rid of a hangover?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overall, would you say your health is:**

- Excellent
- Very good
- Good
- Fair
- Poor

54641
## SOMATOFORM DISORDER (SD)

### Symptom checklist

<table>
<thead>
<tr>
<th>SCL-SOM</th>
<th>Possibility of somatoform disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9 10 11 12</td>
<td>1% 40% 50% 60% 75%</td>
</tr>
</tbody>
</table>

### Illness worry scale

<table>
<thead>
<tr>
<th>Whiteley-7</th>
<th>Possibility of somatoform disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>&lt;20% 45% 50% 55% 70%</td>
</tr>
</tbody>
</table>

## MENTAL DISORDER

### Anxiety scale

<table>
<thead>
<tr>
<th>SCL-ANX4</th>
<th>Possibility of anxiety disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4</td>
<td>&lt;10% 20% 30% 40% 45%</td>
</tr>
</tbody>
</table>

### In general (excl. SD)

<table>
<thead>
<tr>
<th>SCL-0</th>
<th>General possibility of psychiatric disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8</td>
<td>&lt;10% 35% 40% 50% 60% 70% 80%</td>
</tr>
</tbody>
</table>

### Depression scale

<table>
<thead>
<tr>
<th>SCL-DEP6</th>
<th>Possibility of depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6</td>
<td>&lt;1% 20% 30% 40% 45% 55% 70%</td>
</tr>
</tbody>
</table>

## ALCOHOL DEPENDENCE

### CAGE

<table>
<thead>
<tr>
<th>CAGE</th>
<th>Possibility of alcohol dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4</td>
<td>&lt;0.1% 15% 35% 45% 60%</td>
</tr>
</tbody>
</table>

### NOTE

Missing responses on separate items should be carefully evaluated, especially items on depression, alcohol problems and illness worrying. When unclear symptom complaints are presented, a negative screening may indicate a possible latent genuine medical disorder, which should increase the diagnostic observation/investigation of the problem. Increased values on the symptom scale and the illness worry scale could occur by serious somatic disorder.
Disorders screened for
- mood
- anxiety
- somatoform
- alcohol misuse
- eating disorders

1-page of 26 yes-no questions
- Patient completed

12-page Clinician Evaluation Guide
- MD selects modules from 12 guide according to YES responses

88% accurate
- agreement with comprehensive psychiatric assessment
PRIME MD

► How much time will this take?
  ▪ 11.4 minutes
    ► for patients who received a PRIME-MD diagnosis
  ▪ 5.6 minutes
    ► for patients without a PRIME-MD diagnosis
► Developed with research in mind
32 Questions

► **Nameless**

► Adapted from multiple sources
  - PRIME MD
  - WHO CIDI (Composite International Diagnostic Interview)

► Patient self report or MD

► Developed for clinical application
32 Questions

► Conditions
  ► MDE
  ► Alcohol Misuse
  ► Panic Disorder
  ► GAD
  ► ADHD
  ► Bulimia Nervosa
  ► Psychosis

► 10 minutes for entire questionnaire
MDE (3)

- During the past month have you often been bothered by feeling down, depressed or hopeless?  □ Yes  □ no
- During the past month have you often been bothered by little interest or pleasure in doing things? □ Yes □ no
- (sensitivity 96%, Specificity 78%)
MDE

► Add one question to improve specificity (89%)

► Is this something with which you would like help?
  - No
  - Yes
  - Yes but not today

► Add psychosis questions if positive screen.
MDE Alternative

- The single question screen
- Have you felt sad or depressed much of the time in the past year? □ yes □ no

- had sensitivity comparable to the Center for Epidemiological Studies Depression Screen (CES-D) (85% vs 88%) but was slightly less specific (66% vs 75%).

Alcohol (5)

Have any of the following happened to you in the last 6 months?

- You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health? □ yes □ no
- You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities? □ yes □ no
Alcohol

- You missed or were late for work, school, or other activities because you were drinking or hung over? □ yes □ no
- You had a problem getting along with other people while you were drinking? □ yes □ no
- You drove a car after having several drinks or after drinking too much? □ yes □ no

►► YES to any question suggests Alcohol Misuse

►► Adapted From PRIME MD
Panic Disorder (5)

► Autonomic Nervous System questionnaire
► Sensitivity 94%
► Specificity 25%

ANSQ (5)

1. In the past 6 months, did you ever have a spell or an attack when all of a sudden you felt frightened, anxious or very uneasy?  □ yes  □ no

2. In the past 6 months, did you ever have a spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn’t catch your breath?  □ yes  □ no

► ► IF YOU ANSWERED YES TO QUESTION #1 OR TO QUESTION #2, THEN CONTINUE WITH THE ANSQ, OTHERWISE, STOP.
3. Did any of these spells or attacks ever happen in a situation when you were the center of attention?

- yes
- No

• (YES = consider Social Phobia)
4. How many times have you had a spell or attacks in the past month? (Check one.)

- 0
- Once
- 2 to 3 times
- 4 to 10 times
- More than 10 times
5. In the past month, how worried have you been that spells or attacks might happen again?

- Not at all worried
- Somewhat worried
- Very worried
ADHD (6)

- 6-item version of the ASRS
  - sensitivity (68.7%)
  - specificity (99.5%)
- agreed with the clinical diagnosis in 96.2% of participants.

- the 18-item ASRS had a
  - sensitivity of 56.3%
  - specificity of 98.3%,
Adult Self-Report Scale-V1.1 (ASRS-V1.1) Screener
from WHO Composite International Diagnostic Interview
© World Health Organization

| Date | | | | |
|------|------|------|------|

Check the box that best describes how you have felt and conducted yourself over the past 6 months. Please give the completed questionnaire to your healthcare professional during your next appointment to discuss the results.

1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?

2. How often do you have difficulty getting things in order when you have to do a task that requires organization?

3. How often do you have problems remembering appointments or obligations?

4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?

5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?

6. How often do you feel overly active and compelled to do things, like you were driven by a motor?

Add the number of checkmarks that appear in the darkly shaded area. Four (4) or more checkmarks indicate that your symptoms may be consistent with Adult ADHD. It may be beneficial for you to talk with your healthcare provider about an evaluation.
**GAD (2)**

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(combined score of $\geq 3 = high\ probability)*

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious or on edge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- not at all
- several days
- more than half the days
- nearly everyday

From PRIME MD  GAD-2
Bulimia Nervosa (3)

► Do you often feel that you can’t control what or how much you eat? □ yes □ no

► Do you often eat, within any 2-hour period, what most people would regard as an unusually large amount of food? □ yes □ no

► If you checked ‘YES’ to either above, Has this been as often, on average, as twice a week for the last 3 months? □ yes □ no

- 2 positive responses = high probability
Bulimia Nervosa

- Likelihood ratios for positive diagnosis and chance-corrected agreement (kappa) 73.0 and 0.73
Psychosis

- Use alone or if positive for depression
The next questions are about unusual things, like seeing visions or hearing voices that some people may not believe in. In fact these things may be quite common in certain situations.

- Adapted from WHO CIDI
Psychosis

Have you ever heard voices that other people could not hear. I don't mean having good hearing, but rather hearing things that other people said did not exist, like voices coming from inside your head talking to you or about you, or voices coming out of the air when there was no one around. Did you ever hear voices in this way?
Psychosis

► Have you ever felt that some mysterious force was inserting thoughts -- that were definitely not your own thoughts – directly into your head?

► Have you ever felt that your thoughts were being read by other people or were being stolen out of your mind.
Psychosis

Did you ever have a time when you felt that your mind was being taken over by others?

Have you ever felt that someone or something was trying to communicate directly with you by sending special signs or signals. Some people experience this through the radio or television.
Psychosis

Have you ever felt that there was a plot going on to harm you or to have people follow you that your family and friends did not believe was true?
Psychosis

► Do you have any special powers that most people lack?
► Has a doctor ever told you that you have schizophrenia?
Exercise #2

► Working in Pairs

- Use 32 questions to diagnose Cases A & B
- Each member of pair takes turn being MD
Case A

► The 15 Minute Psychiatric Screening Assessment case A.doc
Case B

The 15 Minute Psychiatric Screening Assessment case B.doc
Augmenting Questions
Past Psychiatric History

- Any mental disorder
- Long-term use of benzodiazepines
Family Psychiatric History

- Patient says “NO” means nothing (false negative rate is huge)
- Positive finding for known condition and/or treatment is highly important
- Include family history of suicide or homicide
Risk
Understanding Risk

► Risk is about what is possible.
  ▪ Possibility is based on the ddx

► Probability is based on individual factors

► You need to know what is possible in order to assess what is probable.
Risk Assessment – Suicide/Homicide

**Protective/Inhibiting Factors**
- Hope of improving
- Subjective unwanted negative impact on others
- Religious beliefs - strong

**Worrisome Factors**
- MDE
- Psychosis
- Specific targets
- Hopelessness
- Method Considered
- Preparation
Suicide Questions

► Do you think you will ever get better?
► Do you have any hope for the future?
► Do you have thoughts that life is not worth living?
► Have you had thoughts of ending your life? (have you thought it would be better to take your children with you?)
Suicide Questions

► Do the thoughts of killing yourself feel as if they are coming from outside of you?
► Do the thoughts ever feel like or sound like a voice telling or prompting you to end your life?
► Protective factors
► Who do you have in your life that makes life worth living?
► What has held you back from killing yourself thus far?
Homicide Questions

► Do you feel that any one is to blame for your current suffering?
► Have you had thoughts of revenge?
► Have you had thoughts of ending the person’s life or their lives?
► What has held you back thus far?
► Are you concerned about the consequences to yourself or others?
Homicide Questions

► Have you had thoughts that someone you care about is suffering and that they would be better off dead?

► Have you had thoughts of ending a person’s life?
Unintended harm

- Motor vehicle accidents
- Child welfare
- Method of suicide
What do I need to do today?
What do I need to do today

► Assess Risks
  - Consider emergency admission
  - Inform others

► Start a medication?

► Book the next appointment?
MDE

► Review risks
  ▪ Suicide
  ▪ Homicide
  ▪ Child welfare
  ▪ Driving

► Start antidepressant if warranted
MDE – Next Visit

► MDE – Diagnostic Consideration
MDE – Next Visit

The Bipolar Spectrum Diagnostic Scale
- Developed by Ronald Pies
Suicide/Homicide Risk

► If high – admit
  ▪ Voluntarily or involuntarily
Psychosis

►► Review Risks
  ▪ Suicide
  ▪ Homicide
  ▪ Child welfare
►► Start Antipsychotic
Alcohol

► Do I need to do something today?
  ▪ Assess Risks
    ► Driving
      ▪ Advise against driving
      ▪ Inform MOT
    ► Child Welfare
      ▪ Inform CAS
    ► Both (Driving with Children)
      ▪ Inform CAS
      ▪ Inform MOT
  ▪ Order Blood work
    ► CBC, GGT
Alcohol

At next visit (1-4 weeks)
- Review Bloodwork
- Further physical exam
- Driving
Forms and tools

▸ Family physicians see patients for many years and are perpetually dealing with undefined problems

▸ Risk does not lend itself to spontaneous/creative solutions

▸ We are at increased risk of poor judgment in infrequent anxiety inducing situations

▸ Have a protocol and stick to it so you don’t get into messy situations
Forms and tools

- Documentation is your friend
- Form 1
- MOT – have a standard letter
- CAS – have a standard protocol
- Use your secretary
Discussion and Review