
MENTAL HEALTH ASSESSMENT

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WHAT I AIM TO COVER

- **I won't go through the usual mental state examination**
- **I'll focus on common presentations – some diagnosis-based, others not**
- **Where possible, I'll identify relevant copyright-free screening instruments**

DEPRESSION SCREEN: PHQ-2

Over the last 2 weeks , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input type="radio"/> 0	<input type="radio"/> +1	<input type="radio"/> +2	<input type="radio"/> +3
2. Feeling down, depressed or hopeless	<input type="radio"/> 0	<input type="radio"/> +1	<input type="radio"/> +2	<input type="radio"/> +3

- **Easy to ask during consultation**
- **Score of 2+ warrants further investigation**
- **Useful to get patients to complete PHQ-9**

Kroenke K et al: Medical Care (2003)

ACCURACY OF PHQ-9

- **Individual participant data meta-analysis**
- **Individual patient data from 58 studies comparing PHQ-9 with clinical interview (total N=17,357, major depression=2312)**
- **Optimal cut-off for major depression: 10+**
- **Sensitivity similar across age groups, but less specific in younger people (ie greater number of false positives)**

ANXIETY SCREEN: GAD-2

Over the **last 2 weeks**, how often have you been bothered by the following problems?

Not at all

Several days

More than half the days

Nearly every day

1. Feeling nervous, anxious or on edge

0

+1

+2

+3

2. Not being able to stop or control worrying

0

+1

+2

+3

- **Again, easy to ask during consultation**
- **Score of 3+ warrants further investigation (although prone to high false negative rates)**
- **Useful to get patients to complete GAD-7**

Kroenke K et al: Ann Int Med (2007)

STRESS

- **Measure of the extent to which people have found their lives unpredictable, uncontrollable, and overloaded**
- **Important to try to distinguish from depression and anxiety**
- **Note that depression or anxiety usually involve stress, but not vice versa**

INDICATORS OF STRESS

- **Not confident in your ability to handle problems**
- **Feeling things aren't 'going your way'**
- **Not feeling on top of things**
- **Feeling 'nervous' and stressed**
- **Upset because of something unexpected**
- **Unable to cope with everything you need to do**
- **Unable to control irritations in life**
- **Angered because of things outside your control**
- **Feeling difficulties piling up and difficult to overcome**

**Based on Perceived Stress Scale – Cohen
S et al: J Appl Soc Psychology (2012)**

PERCEIVED STRESS SCALE

In the last month, how often have you:

- been upset because of something that happened unexpectedly?**
- felt that you were unable to control the important things in your life?**
- felt nervous and “stressed”?**
- felt confident about your ability to handle your personal problems?**
- felt that things were going your way?**

PERCEIVED STRESS SCALE II

In the last month, how often have you:

- **found that you could not cope with all the things that you had to do?**
- **been able to control irritations in your life?**
- **felt that you were on top of things?**
- **been angered because of things that were outside your control?**
- **felt difficulties were piling up so high that you could not overcome them?**

SCREENING FOR DEPRESSION, ANXIETY AND STRESS

- **Depression, Anxiety and Stress Scales (DASS)**
- **In public domain (therefore freely available to use)**
- **Two versions – 21-item (single page) and 42-item (2 pages)**
- **Well validated**
- **Main problem: calculating scores takes a little time**

<http://www2.psy.unsw.edu.au/dass/>

ASSESSING SUICIDALITY

Possible questions

- **Have things ever got so bad for you that you wondered whether it was worth carrying on?**
- **What did you do?**
- **At that time, did you want to end your life, or just to be able to turn off your distress?**

Essential to rehearse how you ask this, so that your questions are fluent and 'routine' and don't appear awkward or conspicuous

ALCOHOL SCREENING: CAGE

C : Have you ever felt you should <u>C</u> ut down on your drinking?	<input type="radio"/> Yes +1
	<input type="radio"/> No +0
<hr/>	
A : Have people <u>A</u> nnoyed you to by criticizing your drinking?	<input type="radio"/> Yes +1
	<input type="radio"/> No +0
<hr/>	
G : Have you ever felt <u>G</u> uilty about your drinking?	<input type="radio"/> Yes +1
	<input type="radio"/> No +0
<hr/>	
E : Have you ever had a drink first thing in the morning (<u>E</u> ye opener)?	<input type="radio"/> Yes +1
	<input type="radio"/> No +0

- **Scores of 1+ warrant further investigation**
- **Can adapt for substances other than alcohol**

TAKING AN ALCOHOL/DRUG HISTORY

- **Don't be content with vague answers eg 'About 7 units a week'**
- **Starting with the last time the person took alcohol, generate a drinking diary for one week or one month**
 - **What was consumed on each occasion, and how much?**
 - **Context (social gathering, meal, alone)**
- **Any evidence of blackouts or other consequences**
- **Evidence of drinking alone, especially first thing in the morning**

SCREENING OF EATING DISORDERS: SCOFF QUESTIONNAIRE

- Do you make yourself **Sick** because you feel uncomfortably full?
- Do you worry you have lost **Control** over how much you eat?
- Have you recently lost more than **One** stone in a 3 month period?
- Do you believe yourself to be **Fat** when others say you are too thin?
- Would you say that **Food** dominates your life?
- Scores of 2+ suggest anorexia or bulimia

SOCIAL MEDIA USE – WORTH ASKING ABOUT?

- **Inauthentic self-presentation consistently associated with low self-esteem and elevated social anxiety**
- **Overall time using social networking sites does not correlate with problems, but specific activities do eg photo-based activities**
- **Sharing more photos associated with greater likelihood of basing self-worth on appearance**

Twomey C & O'Reilly G: Cyberpsychology, Behavior and Social Networking (2017)
Holland G & Tiggeman M: Body Image (2016)

STANDARDISED ASSESSMENT OF PERSONALITY: ABBREVIATED SCALE

- **In general, do you have difficulty making and keeping friends? (Y)**
- **Would you normally describe yourself as a loner? (Y)**
- **In general, do you trust other people? (N)**
- **Do you normally lose your temper easily? (Y)**
- **Are you normally an impulsive sort of person? (Y)**
- **Are you normally a worrier? (Y)**
- **In general, do you depend on others a lot? (Y)**
- **In general, are you a perfectionist? (Y)**
- **Score of 3+ indicates DSM-IV personality disorder**

EMOTIONALLY UNSTABLE PERSONALITY DISORDER FEATURES

- **Commonly history of trauma and/or neglect in childhood**
- **Often history of difficulty in sustaining relationships**
- **Emotional lability (usually score as very severe for depression and/or anxiety)**
- **Difficulty controlling emotions**
- **Impulsivity**
- **Drawn to use drugs and/or alcohol, in part to try to manage emotions**

EMOTIONAL DYSREGULATION

- **Features**
 - **Heightened sensitivity to emotions**
 - **Heightened and labile negative affect**
 - **Deficit of appropriate regulation strategies**
 - **Surplus of maladaptive regulation strategies**
- **Commonly yields disproportionately high scores on depression and anxiety scales (usually presents when the person is distressed)**

QUESTIONS TO DISTINGUISH EMOTIONAL DYSREGULATION (ED) FROM DEPRESSION

- **When you have one of your low patches, how long do they tend to last?**
 - *ED – often start suddenly and last hours rather than weeks*
- **How long have you been having there low patches?**
 - *ED usually starts in adolescence or earlier, commonly with a history of childhood trauma or neglect*
- **Are there times (of a month or more) when you haven't had low patches?**
 - *ED usually persistent rather than episodic*

PERFECTIONISM

Striving to do one's best	Generally constructive
Striving to achieve an ideal outcome	May or may not be constructive
Striving to achieve an ideal outcome PLUS believing one cannot attain this outcome	Always destructive

PERFECTIONISM

- **Perfectionistic behaviour is often encouraged and reinforced by teachers, managers and colleagues**
- **Moving from 90% perfect to 95% often makes little practical difference to the outcomes, but takes disproportionately great effort**
- **Because perfectionists always give 110%, they never get personal evidence of the above**

IMPOSTER SYNDROME

- **Conviction that one is not as competent or accomplished as comes across, accompanied by a fear of being exposed**
- **Often associated with low self-esteem, and also anxiety and fatigue**
- **Sometimes associated with perfectionism**

WORK-RELATED RUMINATION

AFFECTIVE RUMINATION	high arousal, repetitive, and unproductive thinking about work
PROBLEM SOLVING PONDERING	low arousal thinking about work, often productive
DETACHMENT	disengagement from thinking about work

AFFECTIVE RUMINATION

- **heightens anger**
- **adversely effects work performance**
- **associated with behaviours increasing risks to health eg increased alcohol consumption**
- **makes it harder to switch attention from negative stimuli, and impairs cognitive flexibility and other executive functions**
- **associated with appraising obstacles to implementing potential solutions and reduced willingness to pursue implementation of such solutions**

PTSD

Two types of problem:

- **Intrusion**
- **Avoidance**

PTSD SCREENING: PC-PTSD-5

In the past month, have you:

- **Had nightmares about the event(s) or thought about the event(s) when you did not want to?**
- **Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?**
- **Been constantly on guard, watchful, or easily startled?**
- **Felt numb or detached from people, activities, or your surroundings?**
- **Felt guilty or unable to stop blaming yourself or others for the events(s) or any problems the event(s) may have caused?**
 - **Scores of 3+ suggest positive screen**

PTSD: FLASHBACKS

- **Vivid 'replays' (or sometimes images) of the trauma**
- **Sensory experience commonly multimodal (visual, sound, smell, etc)**
- **Commonly repetitive**
- **May be triggered by cues to the trauma**
- **Commonly worse under stress**
- **Bringing to mind memories of the trauma is not a flashback**

SCREENING FOR AUTISM SPECTRUM DISORDER: AQ-10

- **I often notice small sounds when others do not**
- **(-) I usually concentrate more on the whole picture, rather than the small details**
- **(-) I find it easy to do more than one thing at once**
- **(-) If there is an interruption, I can switch back to what I was doing very quickly**
- **(-) I find it easy to 'read between the lines' when someone is talking to me**

SCREENING FOR AUTISM SPECTRUM DISORDER: AQ-10

- **(-) I know how to tell if someone listening to me is getting bored**
- **When I'm reading a story I find it difficult to work out the characters' intentions**
- **I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc)**
- **(-) I find it easy to work out what someone is thinking or feeling just by looking at their face**
- **I find it difficult to work out people's intentions**
- ***6/10 positive answers warrant further investigation***

ADHD SCREENING: ASRS-5

- 1. How often do you have difficulty concentrating on what people are saying to you even when they are speaking to you directly?**
- 2. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?**
- 3. How often do you have difficulty unwinding and relaxing when you have time to yourself?**
- 4. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?**
- 5. How often do you put things off until the last minute?**
- 6. How often do you depend on others to keep your life in order and attend to details?**

QUALITIES OF DELUSIONAL BELIEFS

- **Useful to rate these according to the following criteria:**
 - **Extent of conviction**
 - **Extent of preoccupation**
 - **Extent of disruption to normal activities**
 - **Reaction to hypothetical contradiction (response to hypothetical but concrete and plausible evidence contradicting belief)**
 - **Accommodation (awareness of actual contradictions to the belief, and how these were accommodated)**

ASSESSING POSSIBLY DELUSIONAL BELIEFS

- **Even if the beliefs are plausible, the reasoning behind them usually reveals the delusional thinking**
- **Therefore important to elicit in detail not only the beliefs but how and why the person formed them**
- **No need to contradict: 'I'm interested to better understand your own beliefs'**
- **However, note that some delusional beliefs are simply taken as axiomatic**

EMBITTERMENT

An emotion usually generated by a strong perceived sense of injustice, characterised by anger and blame focused on the perpetrator(s) of the injustice, and a determination to seek redress

COMMON FEATURES

HISTORY	PRESENTATION
<ul style="list-style-type: none">● Manifests itself in the context of a relationship (in the broadest sense) that has 'gone wrong'● Event(s) cited as evidence of having been let down or badly treated by superiors or by the organisation as a whole● Lack of resolution of event(s)● Present distress attributed directly to event(s)● Strong convictions about fairness, justice or anticipated support	

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SIGNS OF POSSIBLE EMBITTERMENT - PRESENTATION

- **The person presents as**
 - **angry**
 - **resentful**
 - **uncooperative**
 - **sometimes with a strong sense of entitlement**
- **The person seldom regards his/her distress as a personal problem, but rather caused by others**

SIGNS OF POSSIBLE EMBITTERMENT - COMMUNICATIONS

- **E-mails which are**
 - **often apparently unfocussed or rambling**
 - **often sent during the night or at weekends**
 - **commonly sent to an increasingly wide range of people, encompassing recipients with increasing authority**
- **Files submitted which are**
 - **often many pages long**
 - **often apparently disorganised**

PSYCHIATRIC DIAGNOSIS

- **Most psychiatrists and occupational health physicians are unfamiliar with this specific condition**
- **The person may be misdiagnosed as paranoid, obsessional, or having a personality disorder**
- **Fits within DSM-5 persistent (chronic) adjustment disorder**
- **Chronic embitterment was mentioned explicitly under adjustment disorder in ICD-11 draft**
- **Not mentioned in final ICD-11 version, but fits within 6B43 Adjustment Disorder**