




# Report Summary

## Alerts

-  Suicidal thoughts reported.
-  Suicidal thoughts reported in the past 2 weeks.
-  Previous suicide attempt reported.

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## Pediatric Mental Health Screening Assessment

AnxietyDepression

8

Behavior

1

Attention

1

Eating

2

Bullying

0

SuicidalorSelfInjury

2

SubstanceUse

3

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## PHQ-9

TotalScore

12



# Child Mind Institute



## Pediatric Mental Health Screening Assessment

# Pediatric Mental Health Screening Summary Report

DOB: 08/03/2011

First Name: Jane

Last Name: Doe

## PMHSA

Below are the results of the PMHSA screening questionnaire. It is important to understand that rating scales alone do not determine a diagnosis. For example, if the attention problems subscale score comes out in the clinically significant range on a behavior rating scale, it does not necessarily mean that this individual is suffering from ADHD. It does, however, indicate that they reported symptoms commonly associated with ADHD. Further clinical evaluation and attention would then be recommended, unless the range of symptoms addressed by the scale is already being addressed in treatment.

### **Anxiety and Depression Symptoms**

This category includes distress emotions (e.g., sadness, fear and anxiety) and includes depressive symptoms such as loneliness. Somatic complaints (e.g., complaints about headaches and stomachaches) can be present in either condition.

The score on the Anxiety and Depression Symptom scale of the PMHSA is 8. This score means that this individual's risk for a

clinically significant anxiety or depressive disorder is in the higher range.

High scores suggest a need for further clinical evaluation and possibly, services. This should be balanced against the level of difficulties encountered in home, work, or social environments. If the score is not consistent with the general level of concern, please know that recent events in the environment can lead to the temporary increase in risk scores that don't necessarily represent a long-term pattern of concern. If you are unsure of how to interpret this, consult with your primary care provider or a mental health professional.

## **Behavior Symptoms**

Problematic behaviors are generally related to poor impulse-control, including rule breaking, aggression, impulsivity, and inattention.

**The score on the Behavior Symptom scale of the PMHSA is 1.** This score means that this individual's risk for a clinically significant conduct disorder is in the lower range.

If you remain concerned about their functioning or well-being you should seek additional consultation and guidance, even though their score is in the low-risk range.

## **Attention Problems**

Attention problems are marked by a persistent pattern of inattention, hyperactivity and/or impulsivity that interferes with functioning or development. Someone with attention problems may wander off task, have difficulty sustaining focus, be disorganized, excessively fidget, talk too much, and/or move about constantly,

even in situations in which it is not appropriate.

**The score on the Attention Problems scale of the PMHSA is 1.** This score means that this individual's risk for a clinically significant attention problems is in the lower range.

If you remain concerned about their functioning or well-being you should seek additional consultation and guidance, even though their score is in the low-risk range.

## **Eating Problems**

Eating problems include a preoccupation with eating that leads to intense focus on eating more or less, as well as excessive concern about weight and body image. As a result, some individuals dramatically (sometimes dangerously) restrict caloric consumption while others consume large amounts of food in a very short period of time. In many instances these children may be confused about whether their body is appropriate in size and shape.

**The score on the Eating Problems scale of the PMHSA is 2. This score indicates the presence of significant impairments with eating.**

High scores suggest a need for further clinical evaluation and possibly, services. This should be balanced against the level of difficulties encountered in home, work, or social environments. If the score is not consistent with the general level of concern, please know that recent events in the environment can lead to the temporary increase in risk scores that don't necessarily represent a long-term pattern of concern. If you are unsure of how to interpret this, consult with your primary care provider or a mental health professional.

## **Bullying**

Bullying is an aggressive and persistent behavior in which an individual in a dominant position attempts to cause physical, emotional, or social harm to someone in a subordinate position. Bullying includes victims, perpetrators and occasionally individuals who are both victims and perpetrators. All individuals involved in bullying, including victims, perpetrators and bystanders are at serious, increased risk for developing significant emotional problems and even suicidality.

**The score on the Bullying scale of the PMHSA is 0.** This individual indicated that they are not being picked on or bullied by other children.

If you remain concerned about their functioning or well-being you should seek additional consultation and guidance, even though their score is in the low-risk range.

## **Suicidal Ideation or Self Injury**

Some individuals experience thoughts of harming themselves or that they would be better off dead. Thoughts related to suicide and/or self-injury can potentially lead to intentional harmful actions, such as inappropriately ingesting pills or cutting oneself with a sharp object. Any presence of these types of thoughts should be addressed with a health care or mental health professional immediately as they have the potential to be fatal.

**The score on the Suicidal Ideation or Self Injury scale of the PMHSA is 2. This score indicates that they may be experiencing thoughts related to suicide and/or self-injury.**

High scores suggest a need for further clinical evaluation and

possibly, services. This should be balanced against the level of difficulties encountered in home, work, or social environments. If the score is not consistent with the general level of concern, please know that recent events in the environment can lead to the temporary increase in risk scores that don't necessarily represent a long-term pattern of concern. If you are unsure of how to interpret this, consult with your primary care provider or a mental health professional.

q19

Have thoughts that you would be better off dead or of hurting yourself in some way

- Not at all
- Several days
- More than half the days
- Nearly every day

## **Substance Use**

Substance use occurs when an individual uses alcohol, marijuana, or other drugs in a possibly unhealthy manner. It can lead to severe impairments and sometimes, can be fatal.

**The score on the Substance Use scale of the PMHSA is 3. This individual indicated possible usage of substances, such as alcohol, marijuana, or other drugs.**

High scores suggest a need for further clinical evaluation and

possibly, services. This should be balanced against the level of difficulties encountered in home, work, or social environments. If the score is not consistent with the general level of concern, please know that recent events in the environment can lead to the temporary increase in risk scores that don't necessarily represent a long-term pattern of concern. If you are unsure of how to interpret this, consult with your primary care provider or a mental health professional.

## **Patient Health Questionnaire (PHQ-9)**

The PHQ-9 screens for depression severity and impairment level in adolescents and adults. According to the DSM-5, depression refers to significant distress or impairment in daily life, accompanied by the frequent occurrence of some of the following symptoms:

- depressed mood most of the day, almost every day
- significantly decreased interest or pleasure in all or most activities
- abnormal changes in weight (loss or gain) and in appetite (increased or decreased)
- changes in sleep (e.g., insomnia)
- psychomotor agitation or retardation (e.g., restlessness) that is observable by others
- fatigue or loss of energy
- feelings of worthlessness or inappropriate guilt
- lack of concentration
- suicidal thoughts, behaviors, or attempts



Scores range from 0 to 27, with higher scores indicating greater severity.

Provisional Diagnosis and Proposed Treatment Actions		
PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

**The score on the PHQ-9 is 12. This score indicates Moderate Depression.** Proposed treatment actions include creating a treatment plan that involves pharmacotherapy and/or psychotherapy.

High scores on this scale indicate the need for further clinical evaluation and attention depending on the level of difficulties encountered in the home, work, or social environments, if not currently being addressed.

q12

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

Yes

No

q13

Have you **EVER** in your **WHOLE LIFE**, tried to kill yourself or made a suicide attempt?

- Yes
- No

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I understand that the information provided by this questionnaire is not intended to replace the advice, diagnosis, or treatment offered by a medical or mental health professional, and that my anonymous responses may be used and shared for general research on children's mental health.

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