

MENTAL HEALTH ASSESSMENT

1.1 MENTAL HEALTH ASSESSMENT

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1.1.1 DEPRESSION/ANXIETY/STRESS/PTSD

NORMAL	YES	NO
Capable of usual ADLs	<input type="checkbox"/>	<input type="checkbox"/>
Continues usual interests & hobbies	<input type="checkbox"/>	<input type="checkbox"/>
Maintains social contacts with family and/or friends	<input type="checkbox"/>	<input type="checkbox"/>
Can travel alone on public transport	<input type="checkbox"/>	<input type="checkbox"/>
Absence of biological symptoms	<input type="checkbox"/>	<input type="checkbox"/>

MILD	YES	NO
Reduced interest in work & hobbies	<input type="checkbox"/>	<input type="checkbox"/>
Reduced social contact with family and/or friends	<input type="checkbox"/>	<input type="checkbox"/>
Poor sleep or concentration	<input type="checkbox"/>	<input type="checkbox"/>
Short-term (isolated/intermittent) anxiety or stress reaction	<input type="checkbox"/>	<input type="checkbox"/>
Copes well with attending assessment	<input type="checkbox"/>	<input type="checkbox"/>
Receiving anxiolytic and/or anti-depressant treatment	<input type="checkbox"/>	<input type="checkbox"/>

MODERATE	YES	NO
Downcast gaze and poor eye contact	<input type="checkbox"/>	<input type="checkbox"/>
Avoidant/irritable/hyper-vigilant behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Additional mental health problem(s)	<input type="checkbox"/>	<input type="checkbox"/>
Occasional suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>
Persistent PTSD symptoms years after stressor	<input type="checkbox"/>	<input type="checkbox"/>
Receiving anxiolytic and/or anti-depressant treatment	<input type="checkbox"/>	<input type="checkbox"/>
Attending Psychiatric OPD	<input type="checkbox"/>	<input type="checkbox"/>
Death of partner or 1 degree relative in last 6 months	<input type="checkbox"/>	<input type="checkbox"/>

SEVERE	YES	NO
Attending Psychiatric Day Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Depressive episodes	<input type="checkbox"/>	<input type="checkbox"/>
Socially isolated with significant lifestyle restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Unkempt appearance	<input type="checkbox"/>	<input type="checkbox"/>
Poverty of Speech	<input type="checkbox"/>	<input type="checkbox"/>
Tachycardia	<input type="checkbox"/>	<input type="checkbox"/>
Relies on family/friends to accompany them outside home	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Lithium/Psychotropics or multiple drug therapy	<input type="checkbox"/>	<input type="checkbox"/>
Frequent suicidal ideation and/or suicidal action in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>

PROFOUND	YES	NO
Incapable of independent living	<input type="checkbox"/>	<input type="checkbox"/>
Attempted suicide in past 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Persistent suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Psychiatric admission in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Treated with ECT in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Confined to home	<input type="checkbox"/>	<input type="checkbox"/>
Frequent home visits from GP/Psychiatrist/Psychiatric Nurse	<input type="checkbox"/>	<input type="checkbox"/>