

THE MENTAL HEALTH SCREENING QUESTIONNAIRE INTERVIEW FOR ADOLESCENTS

Name _____ Date _____

Scoring System for Sections A & C	0 - No	1 - Sometimes	2 - Yes, often
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SECTION A All of the following questions are to be answered by the young person.

ALCOHOL USE	Score
Do you think alcohol takes over your life and is out of control?	
Do you feel depressed, angry or anxious if you are not drinking?	
Total Score	

DRUG USE	Score
Do you think your drug use takes over your life and is out of control?	
Does the thought of not using make you worried, angry or depressed?	
Total Score	

DEPRESSION	Score
Do you feel really miserable or sad?	
Do you dislike yourself or your life?	
Total Score	

TRAUMATIC EXPERIENCES (PTSD) e.g. serious accidents, abuse, assaults	Score
Do you have currently flashbacks of past upsetting events, which you can't stop?	
Do you have powerful memories of past upsetting events, which make you feel unwell, scared or angry?	
Total Score	

ANXIETY/EXCESSIVE WORRIES/STRESS	Score
Do you have panic attacks i.e. overwhelming fear, heart pounding, breathing fast and stomach churning?	
Do you feel worried/scared for long periods of time?	
Total Score	

SELF HARM	Score
Do you harm yourself e.g. cut yourself or take overdoses?*	
Do you think about harming or killing yourself?*	
Total Score	

**if yes full interview*

Recommendations	0/1 no problem	2 consider repeat	3 or 4 consider full interview
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SECTION B More questions for the young person to answer (yes/no answers)

	YES/NO
Have you ever had treatment for any of the issues that we have just talked about (prompt: depression, PTSD, anxiety, drug/alcohol use, self-harm)?	
Have you ever seen a GP/counsellor/therapist or other professional about any of these issues?	
Have you ever taken tablets/medication related to your behaviour or how you were feeling?	

Yes answers to any of these questions	consider full interview
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SECTION C The following questions are based upon your observations and other information that you may have obtained from a teacher/parent/person who knows the young person well.

ADHD/HYPERACTIVITY	Score
Does the young person have longstanding and severe overactivity and impulsive behaviours more than you would expect?	
Does this overactivity and impulsive behaviour occur at all times and in all settings?	
Total Score	

PSYCHOTIC SYMPTOMS	Score
Does the young person appear unduly preoccupied/suspicious or frequently misinterpret situations?	
Does the young person have odd behaviours or appear to respond to voices or see things that are not there?	
Total Score	

Total Score	0/1 no problem	2 consider repeat	3 or 4 consider full interview
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'NEXT STEP' INSTRUCTIONS

Repeat	repeat screening tool in 4-6 weeks or if a significant change or event occurs
Full interview	referral to designated health worker for full interview

Action Plan

Signed _____

Users of this questionnaire should consult the Screening for Mental Disorder Manual.

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