

Australian Mental Health Outcomes and Classification Network

Training Vignettes Adult

January 2005



AMHOCN



A joint Australian, State and
Territory Government Initiative

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1. Adult Vignettes

Paul Review 1

Paul is a 23-year-old man who has a 12-month history of mental illness. Recently, he has become increasingly agitated, pacing up and down the hallway of his flat. He was discharged from hospital 12 months ago and has been reviewed by his case manager every 3 months, however over the last two months, Paul's case manager has been seeing him almost every week. In the last two weeks, he has been trying to visit Paul everyday, although he thinks Paul is trying to avoid him. Paul has had disturbed sleep with significant initial insomnia for over a month and has been totally unable to sleep for the last 3 days. Paul is not usually aggressive towards his father or case manager. However, over the last couple of weeks, he has been a bit intimidating and his neighbours have been concerned by his presentation. Paul is intimidating but denies being a danger to himself or other people. He denies being depressed. Paul is distractible and is unable to complete Serial 7s. Today he has been seen striding around the communal living area of the units, waving his arms and calling out. He has delusional ideas associated with a "rat ship" which he cannot really explain - just that they relate to some "powers" we all "should know" about. He is distressed and preoccupied with these ideas although can't really explain them. He indicates that he has been hearing voices pretty regularly since his discharge from hospital. Paul has had some recent changes in appetite along with weight loss. His father has noticed that Paul is not eating as much as he used to. Paul lives in a good home unit near to his parents and close to shops and transport. Generally the unit is clean and tidy but when Paul becomes unwell, he needs prompting to keep it this way. His father is involved in his day-to-day care at this time, visiting his flat daily to make sure that Paul is dressed, has breakfast and is looking for work. He is very concerned that Paul does not seem motivated to find work. Paul says that he sometimes argues with his father and that things would be better if, "he just got off my back", "I can do things for myself". Paul doesn't want to take medication and always forgets to take it so his father has to remind him constantly to take his medication. Paul is usually able to keep himself reasonably well groomed. Recently he has stopped washing and appears unkempt. He has been wearing the same clothes for sometime and his father has been prompting him to wash and get changed. Paul usually manages his own finances and shops on a regular basis but he has limited cooking skills and recently has had to have increasingly significant support from his father for a range of activities. Paul has not had regular employment since his admission to hospital 12 months ago. Currently, Paul attends a couple of different groups that are run at a local neighbourhood centre. These include a job skills group (to please his father) and a pottery and computer group. He likes the pottery and computer groups and "wouldn't mind a job with computers", but then indicates that there is not much point, "I am not really any good at anything". He hasn't attended these groups in the last two weeks. Paul has two good friends who have kept in contact with him since school and he usually gets together with them on the weekend. Paul's contact with his friends has been less frequent recently and he has not seen them for the past couple of weeks. Paul does have a couple of acquaintances who visit his flat and sit around smoking dope with him. Paul's father reports that Paul has been smoking "a lot" of cannabis in the past month and he last used it today. His father says that Paul hasn't been honest with his case manager about how much he has been using and "he's smoking everyday". There is also some concern that Paul may have been using other illicit drugs recently. Paul fell down the back steps of his flat a week ago injuring his wrist, which his father ensures is bandaged. No evidence of a break on x-ray and the radiological report suggests probable soft tissue injury. Paul has a reduced range of motion in his dominant hand and has been having trouble buttoning his clothing.

Paul refuses to complete the consumer self report measure when it is offered to him.

Paul Review 1 Consensus Ratings

Scale	Recommended Rating	Rationale
1 Overactive aggressive agitated or disruptive behaviour	2	Note Paul has become increasingly restless, pacing up and down hall way at night and in communal areas of his unit during the day. He is therefore obviously restless and agitated however he has not been physically aggressive prompting the lower rating.
2 Non accidental self injury	0	No indication of self harm during rating period.
3 Problems with drinking and drug taking	2	Extensive recent use of cannabis, with intoxication almost everyday. The frequency of use alone would be the focus of clinical intervention. Note the vignette does not provide evidence of craving or dependency which would prompt a higher rating. Note that the HoNOS is not a risk assessment and higher ratings because of the detrimental effects of cannabis use on Paul's mental health are incorrect.
4 Cognitive problems	2	Paul is distractible, unable to complete Serial 7s indicating underlying cognitive problems and warrant rating.
5 Problems with physical illness and disability	3	No evidence of illness within rating period. Recent viral illness outside rating period. Wrist injury and subsequent reduced range of motion in dominant hand is the most severe manifestation of a problem. The impact on behaviour (dominate hand) warrants the higher rating.
6 Problems with hallucinations and delusions	4	Delusional ideas are persistent and pervasive and are very distressing during the rating period. This warrants the highest rating.
7 Problems with depressed mood	1	Although Paul denies depressed mood, some indication of low self esteem indicates depressed mood may be a subclinical problem.
8 Other Behavioural and Mental problems	4H	Paul has been unable to sleep for the past 3 days, this is a clinically significant problem and would be the focus of clinical intervention requiring the highest rating.
9 Problems with Social relationships	3	Although Paul has had little contact with his supportive school friends in the last two weeks, his father reports contact with a number of "acquaintances" related to cannabis use, and these are seen as generally non-supportive relationships.
10 Activities of Daily Living	3	Although Paul has appeared unkempt in the last two weeks, he is capable of undertaking simple activities of daily living. More complex tasks such as keeping his flat clean and tidy require prompting from his father. As a consequence, he warrants a higher rating.
11 Problems with living conditions	0	Paul lives in good quality accommodation, close to shops and transport.

12 Problems with occupation and activities	0	No problems with access to leisure activities.
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LSP-16

Item	Recommended Rating	Rationale
1. Does this person generally have any difficulty with initiating and responding to conversation?	0	Paul interacts well with others at the neighbourhood centre and is articulate in the video presentation.
2. Does this person generally withdraw from social contact?	2	Recent behaviour has resulted in withdrawal from social contact. He is avoiding his case managers and distancing himself from his father and neighbours.
3. Does this person generally show warmth to others?	2	Recent behaviour has seen Paul less warm towards others, but on average, this is a moderate problem.
4. Is this person generally well groomed (e.g. neatly dressed, hair combed)?	2	Deterioration in Paul's grooming and the need for father's prompting warrants rating but Paul generally keeps himself well groomed.
5. Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	2	Requires the support and prompting of father to maintain clean clothes when he is unwell. There is evidence of deterioration in this area over the last several months.
6. Does this person generally neglect her or his physical health?	1	No indication that Paul neglects his physical health except that his father ensures that his wrist injury is bandaged.
7. Is this person violent to others?	1	Recent history of aggressive behaviour warrants rating. However, as this is only recent, the average over a 3 month period prompts the lower rating.
8. Does this person generally make and/or keep up friendships?	1	Paul has two good friends as well as a number of acquaintances. However, there is an indication that there has been some loss of contact with friends which warrants identification
9. Does this person generally maintain an adequate diet?	2	Paul requires significant support from his father to maintain an adequate diet, he doesn't cook and has limited skills.
10. Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding?	3	Paul requires almost constant prompting from his father to take medication
11. Is this person willing to take psychiatric medication when prescribed by a doctor?	3	Paul does not feel that he needs to take medication.
12. Does this person co-operate with health services	1	Paul has been increasingly reluctant to have contact with his case manger over the last

(e.g. doctors and/or other health workers)?		month. However, as this is only recent, taking the average over three months prompts the lower rating.
13. Does this person generally have problems (e.g. friction, avoidance) living with others in the household?	0	Recently, relationships with neighbours have been strained as a result of his agitated and disruptive behaviour. However, technically, neighbours are not part of Paul's household.
14. Does this person behave offensively (includes sexual behaviour)?	1	Paul's intimidating behaviour can be viewed as offensive but, given recent nature, warrants a lower rating given it is Paul's average presentation over the last 3 months.
15. Does this person behave irresponsibly?	0	No evidence of irresponsible behaviour.
16. What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?	3	Paul has not had regular employment since admission to hospital 12 months ago. His attendance and activity in sheltered environments (neighbour hood centre) does not equate to work.

Casemix Measures

Principle Diagnosis	Schizophrenia F20 given Paul's presentation and the duration of his illness; Schizophrenia is the diagnostic category which best describes the reason for this episode of care.
Focus of Care	Acute: the focus of clinical intervention at this time is the short term reduction of psychiatric symptoms, in particular delusional ideas and distress.
Mental Health Legal Status	Voluntary

Paul Review 2

At the request of his case manager, Paul visits the local community health centre for review. Prior to this review, Paul's case manager had been visiting Paul at home on a monthly basis. Paul's agitation has gradually decreased and he has not appeared agitated, according to his neighbours, in the last few weeks. With the support and encouragement of his father and case manager, he began taking medication as prescribed, even though he felt he didn't need it. Although his delusional ideas regarding the "rat ship" and auditory hallucinations persist, they are not causing him any distress and have no impact on his behaviour. His sleep and appetite are good. He continues to live in his flat close to his parents and continues to require some prompting from his father to undertake household chores such as cooking and cleaning. However, he gets up, washes and dresses without prompting and presents as well groomed. Paul doesn't see anything wrong with continuing his cannabis use as "it helps me relax". He reports recent cannabis use in the past month but just a couple of "cones with mates", although these mates are no more than casual acquaintances. He has not had a smoke for about a week and says he is going to "keep off the other stuff". Paul has returned to pottery classes at the local neighbourhood centre and has started to attend these on a weekly basis. He says he enjoys the social contact but feels a little uncomfortable and isn't sure what people think of his behaviour when he is unwell. Paul went out for lunch with his friends from school a week ago and from all accounts this was an enjoyable experience. Paul's injured wrist is still bandaged by his father as Paul continues to complain of mild discomfort. His wrist does display an increasing range of motion. Paul is happy to come back to the community health centre to see his case manager in two weeks.

Paul is happy to complete the consumer self report measure.

Kessler 10**Paul Completed Review**

2

Scoring: 1 = None of the time, 2 = A little of the time, 3 = Some of the time, 4 = Most of the time, 5 = All of the time.
 Total Score = sum of items 1 to 10

Instructions

The following ten questions ask about how you have been feeling in the **last four weeks**. For each question, mark the circle under the option that best describes the amount of time you felt that way.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last four weeks, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last four weeks, about how often did you feel nervous?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last four weeks, about how often did you feel hopeless?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the last four weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the last four weeks, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the last four weeks, about how often did you feel depressed?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In the last four weeks, about how often did you feel that everything was an effort?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In the last four weeks, about how often did you feel worthless?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total = 16

Paul Completed at Review 2: (BASIS-32)

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit difficulty	Extreme difficulty
To what extent are you experiencing difficulty in the area of:					
1. Managing day-to-day life (for example, getting to places on time, handling money, making everyday decisions)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Household responsibilities (for example, shopping, cooking, laundry, keeping room clean, other chores)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Work (for example, completing tasks, performance level, finding/keeping a job)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. School (for example, academic performance, completing assignments, attendance)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent are you experiencing difficulty in the area of:					
5. Leisure time or recreational activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adjusting to major life stresses (for example, separation, divorce, moving, new job, new school, a death)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Relationships with family members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Getting along with people outside the family	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Isolation or feelings of loneliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent are you experiencing difficulty in the area of:					
10. Being able to feel close to others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Being realistic about yourself or others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Recognising and expressing emotions appropriately	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Developing independence, autonomy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Goals or direction in life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Lack of self-confidence, feeling bad about yourself	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit difficulty	Extreme difficulty
To what extent are you experiencing difficulty in the area of:					
16. Apathy, lack of interest in things	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Depression, hopelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Suicidal feeling or behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Physical symptoms (for example, headaches, aches and pains, sleep disturbance, stomach aches, dizziness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Fear, anxiety or panic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent are you experiencing difficulty in the area of:					
21. Confusion, concentration, memory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Disturbing or unreal thoughts of beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hearing voices, seeing things	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Manic, bizarre behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Mood swings, unstable moods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Uncontrollable, compulsive behaviour (for example, eating disorder, hand-washing, hurting yourself)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify:

To what extent are you experiencing difficulty in the area of:					
27. Sexual activity or preoccupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Drinking alcoholic beverages	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Taking illegal drugs misusing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Controlling temper, outbursts of anger, violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Impulsive, illegal or reckless behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Feeling satisfaction with your life	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Paul Completed at Review 2: The Mental Health Inventory (MHI-38)

INSTRUCTIONS: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

1. How happy, satisfied, or pleased have you been with your personal life during the past month? **(Tick one)**
- 1 Extremely happy, could not have been more satisfied or pleased
2 Very happy most of the time
3 Generally, satisfied, pleased
4 Sometimes fairly satisfied, sometimes fairly unhappy
5 Generally dissatisfied, unhappy
6 Very dissatisfied, unhappy most of the time
2. How much of the time have you felt lonely during the past month? **(Tick one)**
- 1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time
3. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month? **(Tick one)**
- 1 Always
2 Very often
3 Fairly often
4 Sometimes
5 Almost never
6 Never
4. During the past month, how much of the time have you felt that the future looks hopeful and promising? **(Tick one)**
- 1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time
5. How much of the time, during the past month, has your daily life been full of things that were interesting to you? **(Tick one)**
- 1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time
6. How much of the time, during the past month, did you feel relaxed and free from tension? **(Tick one)**
- 1 All of the time
2 Most of the time
3 A good bit of the time
4 Some of the time
5 A little of the time
6 None of the time

7. During the past month, how much of the time have you generally enjoyed the things you do? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input checked="" type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
8. During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory? **(Tick one)**
- | | |
|---------------------------------------|--|
| 1 <input type="checkbox"/> | No, not at all |
| 2 <input checked="" type="checkbox"/> | Maybe a little |
| 3 <input type="checkbox"/> | Yes, but not enough to be concerned or worried about |
| 4 <input type="checkbox"/> | Yes, and I have been a little concerned |
| 5 <input type="checkbox"/> | Yes, and I am quite concerned |
| 6 <input type="checkbox"/> | Yes, I am very much concerned about it |
9. Did you feel depressed during the past month? **(Tick one)**
- | | |
|---------------------------------------|---|
| 1 <input type="checkbox"/> | Yes, to the point that I did not care about anything for days at a time |
| 2 <input type="checkbox"/> | Yes, very depressed almost every day |
| 3 <input type="checkbox"/> | Yes, quite depressed several times |
| 4 <input type="checkbox"/> | Yes, a little depressed now and then |
| 5 <input checked="" type="checkbox"/> | No, never felt depressed at all |
10. During the past month, how much of the time have you felt loved and wanted? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input checked="" type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
11. How much of the time, during the past month, have you been a very nervous person? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input checked="" type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
12. When you have got up in the morning, this past month, about how often did you expect to have an interesting day? **(Tick one)**
- | | | | |
|---------------------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input checked="" type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |

13. During the past month, how much of the time have you felt tense or “high-strung”? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input checked="" type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
14. During the past month, have you been in firm control of your behaviour, thoughts, emotions or feelings? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|---------------------------------|
| 1 <input checked="" type="checkbox"/> | Yes, very definitely | 4 <input type="checkbox"/> | No, not too well |
| 2 <input type="checkbox"/> | Yes, for the most part | 5 <input type="checkbox"/> | No, and I am somewhat disturbed |
| 3 <input type="checkbox"/> | Yes, I guess so | 6 <input type="checkbox"/> | No, and I am very disturbed |
15. During the past month, how often did your hands shake when you tried to do something? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input checked="" type="checkbox"/> | Never |
16. During the past month, how often did you feel that you had nothing to look forward to? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input checked="" type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
17. How much of the time, during the past month, have you felt calm and peaceful? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input checked="" type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
18. How much of the time, during the past month, have you felt emotionally stable? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input checked="" type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
19. How much of the time, during the past month, have you felt downhearted and blue? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input checked="" type="checkbox"/> | None of the time |

20. How often have you felt like crying, during the past month? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input checked="" type="checkbox"/> | Never |
21. During the past month, how often have you felt that others would be better off if you were dead? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input checked="" type="checkbox"/> | Never |
22. How much of the time, during the past month, were you able to relax without difficulty? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input checked="" type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
23. How much of the time, during the past month, did you feel that your love relationships, loving and being loved, were full and complete? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input checked="" type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
24. How often, during the past month, did you feel that nothing turned out for you the way you wanted it to? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input checked="" type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
25. How much have you been bothered by nervousness, or your "nerves", during the past month? **(Tick one)**
- | | | | |
|----------------------------|--|---------------------------------------|----------------------------------|
| 1 <input type="checkbox"/> | Extremely so, to the point
where I could not take care
of things | 4 <input type="checkbox"/> | Bothered some, enough to notice |
| 2 <input type="checkbox"/> | Very much bothered | 5 <input checked="" type="checkbox"/> | Bothered just a little by nerves |
| 3 <input type="checkbox"/> | Bothered quite a bit by nerves | 6 <input type="checkbox"/> | Not bothered at all by this |
26. During the past month, how much of the time has living been a wonderful adventure for you? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input checked="" type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |

27. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input checked="" type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
28. During the past month, did you think about taking your own life? **(Tick one)**
- | | |
|---------------------------------------|------------------------|
| 1 <input type="checkbox"/> | Yes, very often |
| 2 <input type="checkbox"/> | Yes, fairly often |
| 3 <input type="checkbox"/> | Yes, a couple of times |
| 4 <input type="checkbox"/> | Yes, at one time |
| 5 <input checked="" type="checkbox"/> | No, never |
29. During the past month, how much of the time have you felt restless, fidgety, or impatient? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input checked="" type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
30. During the past month, how much of the time have you been moody or brooded about things? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input checked="" type="checkbox"/> | None of the time |
31. How much of the time, during the past month, have you felt cheerful, light-hearted? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input checked="" type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
32. During the past month, how often did you get rattled, upset or flustered? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input checked="" type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
33. During the past month, have you been anxious or worried? **(Tick one)**
- | | |
|---------------------------------------|--|
| 1 <input type="checkbox"/> | Yes, extremely to the point of being sick or almost sick |
| 2 <input type="checkbox"/> | Yes, very much so |
| 3 <input type="checkbox"/> | Yes, quite a bit |
| 4 <input checked="" type="checkbox"/> | Yes, some, enough to bother me |
| 5 <input type="checkbox"/> | Yes, a little bit |
| 6 <input type="checkbox"/> | No, not at all |
34. During the past month, how much of the time were you a happy person? **(Tick one)**
- | | | | |
|----------------------------|-----------------|----------------------------|------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
|----------------------------|-----------------|----------------------------|------------------|

- 2 Most of the time 5 A little of the time
3 A good bit of the time 6 None of the time
35. How often during the past month did you find yourself trying to calm down? (**Tick one**)
- 1 Always 4 Sometimes
2 Very often 5 Almost never
3 Fairly often 6 Never
36. During the past month, how much of the time have you been in low or very low spirits? (**Tick one**)
- 1 All of the time 4 Some of the time
2 Most of the time 5 A little of the time
3 A good bit of the time 6 None of the time
37. How often, during the past month, have you been waking up feeling fresh and rested? (**Tick one**)
- 1 Always, every day 4 Some days, but usually not
2 Almost every day 5 Hardly ever
3 Most days 6 Never wake up feeling rested
38. During the past month, have you been under or felt you were under any strain, stress or pressure? (**Tick one**)
- 1 Yes, almost more than I could stand or bear
2 Yes, quite a bit of pressure
3 Yes, some more than usual
4 Yes, some, but about normal
5 Yes, a little bit
6 No, not at all

Paul Review 2 Consensus Ratings

Scale	Recommended Rating	Rationale
1 Overactive aggressive agitated or disruptive behaviour	0	No indication of agitation in preceding three days.
2 Non accidental self injury	0	No Indication of self harm.
3 Problems with drinking and drug taking	1	Paul continues to use cannabis however his use has decreased markedly. He indicates he is going to avoid the use of cannabis in the future; this level of use indicates "some overindulgence but within social norms". Note the HoNOS is not a risk assessment and higher ratings because of the detrimental effects of cannabis use on Paul's mental health are incorrect.
4 Cognitive problems	0	No indication of cognitive problems.
5 Problems with physical illness and disability	1	Reduced range of motion as a result of wrist injury continues but only very limited impact and warrants a mild rating.
6 Problems with hallucinations and delusions	2	No distress or impact on behaviour as a result of delusional ideas. However, hallucinations continue and therefore rating is required.
7 Problems with depressed mood	0	No indication of problems with depressed mood.
8 Other Behavioural and Mental problems	0	No other mental or behavioural problems.
9 Problems with Social relationships	1	Paul has begun to have contact with his supportive school friends and has returned to the local community centre classes but is a little distant as a result of his concerns regarding stigma, which warrants a rating of a minor problem.
10 Activities of Daily Living	1	Although Paul has been able to manage simple activities of daily living such as washing and dressing, there is evidence of the continued need for support from his father for more complex tasks and this prompts the rating of minor problems.
11 Problems with living conditions	0	Paul lives in good quality accommodation.
12 Problems with occupation and activities	0	Paul has access to a range of activities.

LSP-16

Item	Recommended Rating	Rationale
1. Does this person generally have any difficulty with initiating and responding to conversation?	1	Paul has returned to his computer group and is interacting well. However, on average over a three month period, this is still rated a slight problem.
2. Does this person generally withdraw from social contact?	1	Paul has been increasing his contact with others as a result of his participation at local neighbourhood centre activities.
3. Does this person generally show warmth to others?	1	Paul is engaging with others at the local neighbourhood centre.
4. Is this person generally well groomed (e.g. neatly dressed, hair combed)?	0	Paul gets up, washes and dresses without prompting and presents as well groomed.
5. Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	2	Paul still requires prompting from his father to wear clean clothes.
6. Does this person generally neglect her or his physical health?	1	No indication that Paul neglects his physical health except that his father ensures that his wrist injury is bandaged.
7. Is this person violent to others?	0	Paul's intimidating behaviour has declined rapidly with better medication adherence.
8. Does this person generally make and/or keep up friendships?	1	Paul has successfully re-engaged in social interaction with his school friends. However, on average over the 3 month period, a rating of 1 is a better representation of Paul's ability to make and keep friendships.
9. Does this person generally maintain an adequate diet?	0	No indication that Paul does not maintain an adequate diet.
10. Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding?	1	Paul's case manager and father have supported and encouraged Paul's medication use, however there is no indication that Paul is being prompted. However, on average over 3 months, a rating of 1 better represents Paul's ability to look after and take his prescribed medication.
11. Is this person willing to take psychiatric medication when prescribed by a doctor?	0	Paul is willing to medication as it is prescribed.
12. Does this person co-operate with health services (e.g. doctors	0	Paul is cooperative with the advice given by mental health workers, including case manager.

and/or other health workers)?		
13. Does this person generally have problems (e.g. friction, avoidance) living with others in the household?	0	Paul lives alone and does not have problems living with others.
14. Does this person behave offensively (includes sexual behaviour)?	0	No indication of offensive behaviour.
15. Does this person behave irresponsibly?	0	No indication that Paul behaves irresponsibly.
16. What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?	1	Paul is capable of part time work.

Case mix Measures

Principle Diagnosis	F20 Schizophrenia: Given the duration of Paul's psychotic illness, the condition Schizophrenia is the condition which best describes the reason for this episode of care.
Focus of Care	Functional Gain: The focus of clinical activity is improving psychosocial functioning, reintegrating into such social activities as the community classes, reengaging with supportive school friends.
Mental Health Legal Status	Voluntary

Maria Admission

Maria is a 46-year-old woman who presented to her GP complaining of feeling “nervous” and “depressed”. Her GP has referred her to the community mental health team for specialist support. Maria has been depressed for the past month. She has had trouble getting off to sleep and has been waking early in the morning around 4am. She says she finds this distressing, “but there is nothing I can do about it”. Over the last couple of weeks, Maria has begun to wander the house and wakes her daughter at 4am seeking support and reassurance. Maria’s daughter finds being woken very disruptive. Maria’s appetite has been poor recently but no evidence of weight loss. She says that she has been having difficulty concentrating and sometimes forgets things. There is no evidence of cognitive problems on formal examination. She says that she thinks about “ending it all” but denies that she would do anything to hurt herself. Maria has three children: Theresa 19, Lillian 17 and Thomas 10. Two of Maria’s three children live at home with her and her husband. Maria’s eldest child, Theresa, moved out recently to study at university. Her daughter, Lillian, is caring for her youngest son, Thomas. Maria’s daughter, Lillian, says that Maria and her father, Joe, haven’t been getting on lately. Joe goes to a friend’s house and that “upsets mum”. Maria says that she doesn’t like drinking alcohol and that sometimes, when Joe has been drinking, they argue and he threatens to hit her. But Maria says that he is a “good husband” and a “good provider” and they have no financial difficulties. Maria has been unemployed for the last 6 months after the plastics factory at which she worked closed down. She received good references on retrenchment and she has been offered alternative employment by friends but has declined these offers. Maria usually participates in a variety of social and church activities within the Italian community, although her participation has almost stopped in recent weeks. Maria still attends Mass each week, but her daughter says that she doesn’t engage in her usual discussions with friends after Mass and leaves almost immediately. Maria is still able to undertake household duties. However Lillian indicates that, although Maria is an excellent housekeeper, she isn’t keeping the house as tidy as she used to.

Maria completes the consumer self report measure.

Kessler 10
Maria Completed
Admission

Scoring: 1 = None of the time, 2 = A little of the time, 3 = Some of the time, 4 = Most of the time, 5 = All of the time.
 Total Score = sum of items 1 to 10

Instructions

The following ten questions ask about how you have been feeling in the **last four weeks**. For each question, mark the circle under the option that best describes the amount of time you felt that way.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last four weeks, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last four weeks, about how often did you feel nervous?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last four weeks, about how often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the last four weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the last four weeks, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the last four weeks, about how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In the last four weeks, about how often did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In the last four weeks, about how often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total = 25

Maria Completed on Admission: (BASIS-32)

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit difficulty	Extreme difficulty
To what extent are you experiencing difficulty in the area of:					
1. Managing day-to-day life (for example, getting to places on time, handling money, making everyday decisions)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Household responsibilities (for example, shopping, cooking, laundry, keeping room clean, other chores)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Work (for example, completing tasks, performance level, finding/keeping a job)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. School (for example, academic performance, completing assignments, attendance)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent are you experiencing difficulty in the area of:					
5. Leisure time or recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Adjusting to major life stresses (for example, separation, divorce, moving, new job, new school, a death)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Relationships with family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Getting along with people outside the family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Isolation or feelings of loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To what extent are you experiencing difficulty in the area of:					
10. Being able to feel close to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Being realistic about yourself or others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Recognising and expressing emotions appropriately	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Developing independence, autonomy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Goals or direction in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Lack of self-confidence, feeling bad about yourself	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit difficulty	Extreme difficulty
To what extent are you experiencing difficulty in the area of:					
16. Apathy, lack of interest in things	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Depression, hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Suicidal feeling or behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Physical symptoms (for example, headaches, aches and pains, sleep disturbance, stomach aches, dizziness)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Fear, anxiety or panic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent are you experiencing difficulty in the area of:					
21. Confusion, concentration, memory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Disturbing or unreal thoughts of beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hearing voices, seeing things	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Manic, bizarre behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Mood swings, unstable moods	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Uncontrollable, compulsive behaviour (for example, eating disorder, hand-washing, hurting yourself)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify:

To what extent are you experiencing difficulty in the area of:					
27. Sexual activity or preoccupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Drinking alcoholic beverages	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Taking illegal drugs misusing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Controlling temper, outbursts of anger, violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Impulsive, illegal or reckless behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Feeling satisfaction with your life	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Maria Completed on Admission: The Mental Health Inventory (MHI-38)

INSTRUCTIONS: Please read each question and tick the box by the ONE statement that best describes how things have been FOR YOU during the past month. There are no right or wrong answers.

1. How happy, satisfied, or pleased have you been with your personal life during the past month? **(Tick one)**
 - 1 Extremely happy, could not have been more satisfied or pleased
 - 2 Very happy most of the time
 - 3 Generally, satisfied, pleased
 - 4 Sometimes fairly satisfied, sometimes fairly unhappy
 - 5 Generally dissatisfied, unhappy
 - 6 Very dissatisfied, unhappy most of the time

2. How much of the time have you felt lonely during the past month? **(Tick one)**

1 <input type="checkbox"/> All of the time	4 <input type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input checked="" type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> None of the time

3. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month? **(Tick one)**

1 <input type="checkbox"/> Always	4 <input type="checkbox"/> Sometimes
2 <input type="checkbox"/> Very often	5 <input checked="" type="checkbox"/> Almost never
3 <input type="checkbox"/> Fairly often	6 <input type="checkbox"/> Never

4. During the past month, how much of the time have you felt that the future looks hopeful and promising? **(Tick one)**

1 <input type="checkbox"/> All of the time	4 <input checked="" type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> None of the time

5. How much of the time, during the past month, has your daily life been full of things that were interesting to you? **(Tick one)**

1 <input type="checkbox"/> All of the time	4 <input checked="" type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> None of the time

6. How much of the time, during the past month, did you feel relaxed and free from tension? **(Tick one)**

1 <input type="checkbox"/> All of the time	4 <input checked="" type="checkbox"/> Some of the time
2 <input type="checkbox"/> Most of the time	5 <input type="checkbox"/> A little of the time
3 <input type="checkbox"/> A good bit of the time	6 <input type="checkbox"/> None of the time

7. During the past month, how much of the time have you generally enjoyed the things you do? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input checked="" type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
8. During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory? **(Tick one)**
- | | |
|---------------------------------------|--|
| 1 <input type="checkbox"/> | No, not at all |
| 2 <input type="checkbox"/> | Maybe a little |
| 3 <input type="checkbox"/> | Yes, but not enough to be concerned or worried about |
| 4 <input checked="" type="checkbox"/> | Yes, and I have been a little concerned |
| 5 <input type="checkbox"/> | Yes, and I am quite concerned |
| 6 <input type="checkbox"/> | Yes, I am very much concerned about it |
9. Did you feel depressed during the past month? **(Tick one)**
- | | |
|---------------------------------------|---|
| 1 <input type="checkbox"/> | Yes, to the point that I did not care about anything for days at a time |
| 2 <input type="checkbox"/> | Yes, very depressed almost every day |
| 3 <input checked="" type="checkbox"/> | Yes, quite depressed several times |
| 4 <input type="checkbox"/> | Yes, a little depressed now and then |
| 5 <input type="checkbox"/> | No, never felt depressed at all |
10. During the past month, how much of the time have you felt loved and wanted? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input checked="" type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
11. How much of the time, during the past month, have you been a very nervous person? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input checked="" type="checkbox"/> | None of the time |
12. When you have got up in the morning, this past month, about how often did you expect to have an interesting day? **(Tick one)**
- | | | | |
|---------------------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input checked="" type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |

13. During the past month, how much of the time have you felt tense or “high-strung”? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input checked="" type="checkbox"/> | None of the time |
14. During the past month, have you been in firm control of your behaviour, thoughts, emotions or feelings? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|---------------------------------|
| 1 <input checked="" type="checkbox"/> | Yes, very definitely | 4 <input type="checkbox"/> | No, not too well |
| 2 <input type="checkbox"/> | Yes, for the most part | 5 <input type="checkbox"/> | No, and I am somewhat disturbed |
| 3 <input type="checkbox"/> | Yes, I guess so | 6 <input type="checkbox"/> | No, and I am very disturbed |
15. During the past month, how often did your hands shake when you tried to do something? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input checked="" type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
16. During the past month, how often did you feel that you had nothing to look forward to? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input checked="" type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
17. How much of the time, during the past month, have you felt calm and peaceful? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input checked="" type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
18. How much of the time, during the past month, have you felt emotionally stable? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input checked="" type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
19. How much of the time, during the past month, have you felt downhearted and blue? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input checked="" type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |

20. How often have you felt like crying, during the past month? **(Tick one)**
- | | | | |
|---------------------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input checked="" type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
21. During the past month, how often have you felt that others would be better off if you were dead? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input checked="" type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
22. How much of the time, during the past month, were you able to relax without difficulty? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input checked="" type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
23. How much of the time, during the past month, did you feel that your love relationships, loving and being loved, were full and complete? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input checked="" type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
24. How often, during the past month, did you feel that nothing turned out for you the way you wanted it to? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input checked="" type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
25. How much have you been bothered by nervousness, or your "nerves", during the past month? **(Tick one)**
- | | | | |
|----------------------------|--|---------------------------------------|----------------------------------|
| 1 <input type="checkbox"/> | Extremely so, to the point
where I could not take care
of things | 4 <input type="checkbox"/> | Bothered some, enough to notice |
| 2 <input type="checkbox"/> | Very much bothered | 5 <input checked="" type="checkbox"/> | Bothered just a little by nerves |
| 3 <input type="checkbox"/> | Bothered quite a bit by nerves | 6 <input type="checkbox"/> | Not bothered at all by this |
26. During the past month, how much of the time has living been a wonderful adventure for you? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input checked="" type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |

27. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up? **(Tick one)**
- | | | | |
|---------------------------------------|--------------|----------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input checked="" type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
28. During the past month, did you think about taking your own life? **(Tick one)**
- | | |
|---------------------------------------|------------------------|
| 1 <input type="checkbox"/> | Yes, very often |
| 2 <input type="checkbox"/> | Yes, fairly often |
| 3 <input checked="" type="checkbox"/> | Yes, a couple of times |
| 4 <input type="checkbox"/> | Yes, at one time |
| 5 <input type="checkbox"/> | No, never |
29. During the past month, how much of the time have you felt restless, fidgety, or impatient? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input checked="" type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
30. During the past month, how much of the time have you been moody or brooded about things? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |
| 3 <input checked="" type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
31. How much of the time, during the past month, have you felt cheerful, light-hearted? **(Tick one)**
- | | | | |
|----------------------------|------------------------|---------------------------------------|----------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input type="checkbox"/> | Some of the time |
| 2 <input type="checkbox"/> | Most of the time | 5 <input checked="" type="checkbox"/> | A little of the time |
| 3 <input type="checkbox"/> | A good bit of the time | 6 <input type="checkbox"/> | None of the time |
32. During the past month, how often did you get rattled, upset or flustered? **(Tick one)**
- | | | | |
|----------------------------|--------------|---------------------------------------|--------------|
| 1 <input type="checkbox"/> | Always | 4 <input checked="" type="checkbox"/> | Sometimes |
| 2 <input type="checkbox"/> | Very often | 5 <input type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input type="checkbox"/> | Never |
33. During the past month, have you been anxious or worried? **(Tick one)**
- | | |
|---------------------------------------|--|
| 1 <input type="checkbox"/> | Yes, extremely to the point of being sick or almost sick |
| 2 <input type="checkbox"/> | Yes, very much so |
| 3 <input type="checkbox"/> | Yes, quite a bit |
| 4 <input checked="" type="checkbox"/> | Yes, some, enough to bother me |
| 5 <input type="checkbox"/> | Yes, a little bit |
| 6 <input type="checkbox"/> | No, not at all |
34. During the past month, how much of the time were you a happy person? **(Tick one)**
- | | | | |
|----------------------------|-----------------|---------------------------------------|------------------|
| 1 <input type="checkbox"/> | All of the time | 4 <input checked="" type="checkbox"/> | Some of the time |
|----------------------------|-----------------|---------------------------------------|------------------|

- 2 Most of the time 5 A little of the time
3 A good bit of the time 6 None of the time
- 35.** How often during the past month did you find yourself trying to calm down? (**Tick one**)
- 1 Always 4 Sometimes
2 Very often 5 Almost never
3 Fairly often 6 Never
- 36.** During the past month, how much of the time have you been in low or very low spirits? (**Tick one**)
- 1 All of the time 4 Some of the time
2 Most of the time 5 A little of the time
3 A good bit of the time 6 None of the time
- 37.** How often, during the past month, have you been waking up feeling fresh and rested? (**Tick one**)
- 1 Always, every day 4 Some days, but usually not
2 Almost every day 5 Hardly ever
3 Most days 6 Never wake up feeling rested
- 38.** During the past month, have you been under or felt you were under any strain, stress or pressure? (**Tick one**)
- 1 Yes, almost more than I could stand or bear
2 Yes, quite a bit of pressure
3 Yes, some more than usual
4 Yes, some, but about normal
5 Yes, a little bit
6 No, not at all

Maria Admission Consensus Ratings

Scale	Recommended Rating	Rationale
1 Overactive aggressive agitated or disruptive behaviour	3	Some agitated behaviour in the past two weeks. Feeling unable to settle, wakes daughter early in morning for reassurance. Maria's daughter finds this behaviour very disruptive.
2 Non accidental self injury	1	Maria has thoughts of self harm but no intent and no behavioural manifestations.
3 Problems with drinking and drug taking	0	No indication of problems with drinking or drug taking.
4 Cognitive problems	1	Difficulties in concentration and self reported memory lapses indicate some cognitive problems. However, no evidence of cognitive deficits on formal examination indicate a sub clinical problem.
5 Problems with physical illness and disability	0	No indication of physical illness or disability.
6 Problems with hallucinations and delusions	0	No indication of problems with hallucinations or delusions.
7 Problems with depressed mood	3	Feels depressed, her affect appears flat and she is complaining of depressed mood. There is also an indication of rumination on depressive content on video, "I have done my best".
8 Other Behavioural and Mental problems	3H	Maria has been having trouble sleeping and the early morning waking has been causing her distress. Although her appetite has been poor, dealing with the distress related to the poor sleep, would be the focus of clinical intervention. Clinicians must determine which of multiple problems will be the principle focus of intervention.
9 Problems with Social relationships	3	Problems in relationship with husband noted. Maria has been isolating herself over recent weeks and almost totally withdrawn from her usual Church activities.
10 Activities of Daily Living	2	Maria maintains an ability to undertake simple activities of daily living. More complex tasks, however, are not being undertaken such as keeping her house tidy or looking after her child Thomas.
11 Problems with living conditions	0	No problems with current living situation.
12 Problems with occupation and activities	0	No problems with access to occupation and activities.

Casemix Measures

Principle Diagnosis	Not collected at this point
Focus of Care	Not collected at this point
Mental Health Legal Status	Not collected at this point

Maria Review

Maria has reluctantly attended her appointment accompanied by her daughter. She appears unkempt and very depressed. It has been 6 weeks since Maria's admission to the community mental health team. Although Maria was prescribed antidepressant medication, she says all they did was "give me a headache and make me feel sick". Since Maria stopped taking medication about a month ago, these symptoms have gone away. Maria refuses to take any other antidepressant medication but continues to take her hormone replacement therapy. Maria says she finds it really difficult to concentrate and you note she has problems with her short-term memory, however she is orientated to time, person and place. Her relationship with her husband has continued to deteriorate and two weeks ago Joe moved out of the marital home and moved in with a woman who is considerably younger than himself. Over this time, Maria has increasingly lost interest in her usual activities and just doesn't "want to do anything". Maria complains of broken sleep and says she hasn't been able to sleep for several days. Since Maria's husband left, her appetite has been very poor and she has lost almost 7 kilos. Maria's daughter found a "bag of pills" in her mother's bedroom last week. She says that Maria said "it's just not worth it anymore". It was the discovery of these pills, these comments and her mother's deteriorating condition that prompted Maria's daughter to insist that Maria come and see someone from the community mental health team. Maria attended this appointment with some significant reluctance. Lillian reports that all Maria does is lie around in bed all day moaning and does nothing. She is less attentive towards the family and has withdrawn all social contact, not attending church or interacting with friends. 3 months ago, she wasn't like this at all.

Maria refuses to complete the consumer self report measure.

Maria Review Consensus Ratings

Scale	Recommended Rating	Rationale
1 Overactive aggressive agitated or disruptive behaviour	0	No indication of agitated behaviour. Maria spends most of her time lying in bed.
2 Non accidental self injury	3	Active suicidal ideation, wants to be dead. Daughter says that she found a “big bag of pills” in her mother’s bedroom, indicating preparatory behaviour.
3 Problems with drinking and drug taking	0	No evidence of problems with drinking and drug taking.
4 Cognitive problems	2	Maria has difficulties concentrating, short term memory deficits noted. However, her speech is coherent and she is orientated to time, person and place.
5 Problems with physical illness and disability	0	Although Maria experienced side effects of medication and these effects are rated on Scale 5, she has experienced no side effects within the last two weeks and the appropriate rating is no problem.
6 Problems with hallucinations and delusions	0	No indication of perceptual distortions.
7 Problems with depressed mood	4	Extremely depressed mood having significant impact on current behaviour.
8 Other Behavioural and Mental problems	4H	Unable to sleep and this poor sleep would be the focus of clinical intervention.
9 Problems with Social relationships	4	Total breakdown of marital relationships. Active withdrawal from engagement with friends and family.
10 Activities of Daily Living	4	Simple and complex activities of daily living are not being undertaken. Maria has not maintained her personal grooming or managed household activities.
11 Problems with living conditions	0	No problems with current living situation.
12 Problems with occupation and activities	0	No problems with access to occupation and activities.

LSP-16

Item	Recommended Rating	Rationale
1. Does this person generally have any difficulty with initiating and responding to conversation?	2	Great difficulty initiating conversation, some response to conversation initiated by others. However, averaging over a three month rating period, warrants a rating of a moderate problem.
2. Does this person generally withdraw from social contact?	3	Has withdrawn totally from social contact within the last month. Taken with the deterioration prior to this, the higher rating is warranted.
3. Does this person generally show warmth to others?	2	Generally shows warmth but over past month has become increasingly disinterested and disengaged.
4. Is this person generally well groomed (e.g. neatly dressed, hair combed)?	2	Although Maria maintains her grooming, on both video appearances she appears unkempt and a rating of “poorly groomed” rather than “moderately well groomed” is the appropriate rating.
5. Does this person wear clean clothes generally, or ensure that they are cleaned if dirty?	1	Generally clean and tidy, however more recent deterioration promotes lower average rating.
6. Does this person generally neglect her or his physical health?	0	No indication of deliberate neglect of physical health.
7. Is this person violent to others?	0	No indication of violence.
8. Does this person generally make and/or keep up friendships?	2	Not engaging with family or friends, almost total withdrawal over last month.
9. Does this person generally maintain an adequate diet?	2	Maria’s weight loss indicates an inadequate diet recently.
10. Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding?	2	Maria has stopped taking her prescribed antidepressants. A rating of a 2 is appropriate given her adherence to hormone replacement therapy.
11. Is this person willing to take psychiatric medication when prescribed by a doctor?	3	Maria has refused to take antidepressant medications. Note that the hormone replacement therapy is out of scope for this item as it is not psychiatric medication.
12. Does this person co-operate with health services (e.g. doctors and/or other health workers)?	1	Maria is generally cooperative with health services but was reluctant to attend review appointment
13. Does this person generally have problems (e.g. friction, avoidance) living	2	Problems with husband warrant rating in terms of friction/ avoidance.

with others in the household?		
14. Does this person behave offensively (includes sexual behaviour)?	0	No indication of offensive behaviour.
15. Does this person behave irresponsibly?	0-	No indication of deliberate irresponsible behaviour.
16. What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?	2	Given presentation of last month, on average only capable of sheltered work over the 3 month period.

Casemix Measures

Principle Diagnosis	F32.2 Severe depressive episode without psychotic symptoms: Given Maria's presentation at this time, the primary diagnostic reason for this episode of care is a severe depressive episode
Focus of Care	Acute: the primary focus of intervention is the short term reduction of psychiatric symptomatology
Mental Health Legal Status	Voluntary

