

Australian Mental Health Outcomes and Classification Network

Training Vignettes Older Persons

January 2005



AMHOCN



A joint Australian, State and
Territory Government Initiative

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1. Older Persons Vignettes

Bill Admission

Bill is a 77 years old gentleman, who assaulted his wife two days ago by shaking her violently. She is increasingly fearful of Bill's verbal and physical aggression over the last 6 months and predicts Bill will either hurt himself or someone else. One of the triggers for Bill's behaviour is his belief that his wife is having an affair. Bill constantly checks up on her and, whenever the phone rings, he becomes upset and distressed. Bill can't name the person he believes she is having an affair with, or explain why he believes this, except for vague ideas of being a "bad husband". According to his wife and the nurse, Bill started having memory problems about 2 years ago, especially with his recent memory and he has marked problems finding the right words to express himself. Bill's long - term memory is intact. Since last year Bill has been losing his way around the flat at night. He and his wife live in a rented 2 bedroom second story flat and the nurse has expressed concern that the flat may not be appropriate as ongoing accommodation, due to Bill's behaviour and the impact of the two flights of stairs Bill has to negotiate if he leaves the flat.

Bill has lost 4 kgs over the past 6 months and his physical state is compromised due to emphysema, hypertension, prostatism and Parkinson's disease. As a result, Bill has some incontinence and moderate restrictions on his mobility and it takes him a significant amount of time to walk up or down the stairs and he can only do it with help. Bill also has a high risk of falling, having had 2 to date. Bill requires a lot of assistance with all of his ADLs and he receives home support, but only with showering and dressing. All other assistance is provided by his wife. They have 2 daughters who live close by but the relationship has deteriorated to the point where they will not visit Bill. He would often wander around the house in his underwear when the grandchildren arrived which has distressed the daughters and they believe that he should be "put into a nursing home". The wandering around the house has become worse, especially at night. During the day Bill tends to sit in the chair with the TV on, dozing, smoking cigarettes and drinking anything up to 10 beers a day, from which he is usually drunk, which contributes to his lack of appetite, disturbed night time behaviours and aggression towards his wife. Bill sees nothing wrong with the intake of beer saying "nothing wrong with that, a man needs a beer". Early evening, Bill then starts to become more active and walks around the flat and he becomes lost and starts knocking on the walls and putting the radio on very loud, which is now disturbing the neighbours and, when they complain, Bill verbally abuses them. Bill's GP prescribed him sleeping tablets but he refuses to take them because he "just doesn't want to" and, although taking the tablets may improve his sleep pattern, the potential side effects of dizziness on standing and increased fatigue would not be tolerated by Bill. Bill says he has been feeling depressed for most of the last year but that "there is nothing wrong with that" and reports has no suicidal ideation. Bill used to attend the senior citizens but, because of his memory and physical problems, he hasn't done so for 6 months. The nurse arranged for his attendance at the day program but he refused to

attend, even though assisted transport was provided. Bill completed the consumer self report measure.

The Kessler-10 Plus (K-10+)

Kessler 10

Bill 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2. In the last four weeks, about how often did you feel nervous?	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input 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 checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10. In the last four weeks, about how often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

The next few questions are about how these feelings may have affected you in the **last four weeks**.

You need not answer these questions if you answered 'None of the time' to all of the ten questions about your feelings

11.	In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	_____ (Number of days)
12.	[Aside from those days], in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?	_____ (Number of days)
13.	In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?	_____ (Number of consultations) <i>to many</i>
14.	In the last 4 weeks, how often have physical health problems been the main cause of these feelings?	None of the time A little of the time Some of the time Most of the time All of the time <i>✓</i>

Thankyou for completing this questionnaire.

Please return it to the staff member who asked you to complete it.

The Behavioural and Symptom Identification Scale (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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Household responsibilities (for example, shopping, cooking, laundry, keeping room clean, other chores)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Isolation or feelings of loneliness	<input 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:					
10. Being able to feel close to others	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
15. Lack of self-confidence, feeling bad about yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Depression, hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Fear, anxiety or panic	<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:					
21. Confusion, concentration, memory	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Disturbing or unreal thoughts of beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Mood swings, unstable moods	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Drinking alcoholic beverages	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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BW

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 type="checkbox"/> A good bit of the time	6 <input checked="" 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 type="checkbox"/> Almost never
3 <input type="checkbox"/> Fairly often	6 <input checked="" 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 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

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 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

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 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 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 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 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 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 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 type="checkbox"/> | Yes, very definitely | 4 <input checked="" 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 checked="" 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 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 checked="" 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 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 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 |
19. How much of the time, during the past month, have you felt downhearted and blue? **(Tick one)**
- | | | | |
|---------------------------------------|------------------------|----------------------------|----------------------|
| 1 <input checked="" 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 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 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 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 |
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 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 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 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)**
- | | |
|---|---|
| <input type="checkbox"/> 1 Always | <input type="checkbox"/> 4 Sometimes |
| <input type="checkbox"/> 2 Very often | <input type="checkbox"/> 5 Almost never |
| <input type="checkbox"/> 3 Fairly often | <input type="checkbox"/> 6 Never |
28. During the past month, did you think about taking your own life? **(Tick one)**
- | |
|---|
| <input type="checkbox"/> 1 Yes, very often |
| <input type="checkbox"/> 2 Yes, fairly often |
| <input type="checkbox"/> 3 Yes, a couple of times |
| <input type="checkbox"/> 4 Yes, at one time |
| <input type="checkbox"/> 5 No, never |
29. During the past month, how much of the time have you felt restless, fidgety, or impatient? **(Tick one)**
- | | |
|---|---|
| <input type="checkbox"/> 1 All of the time | <input type="checkbox"/> 4 Some of the time |
| <input type="checkbox"/> 2 Most of the time | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time |
30. During the past month, how much of the time have you been moody or brooded about things? **(Tick one)**
- | | |
|---|---|
| <input type="checkbox"/> 1 All of the time | <input type="checkbox"/> 4 Some of the time |
| <input type="checkbox"/> 2 Most of the time | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time |
31. How much of the time, during the past month, have you felt cheerful, light-hearted? **(Tick one)**
- | | |
|---|---|
| <input type="checkbox"/> 1 All of the time | <input type="checkbox"/> 4 Some of the time |
| <input type="checkbox"/> 2 Most of the time | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time |
32. During the past month, how often did you get rattled, upset or flustered? **(Tick one)**
- | | |
|---|---|
| <input type="checkbox"/> 1 Always | <input type="checkbox"/> 4 Sometimes |
| <input type="checkbox"/> 2 Very often | <input type="checkbox"/> 5 Almost never |
| <input type="checkbox"/> 3 Fairly often | <input type="checkbox"/> 6 Never |
33. During the past month, have you been anxious or worried? **(Tick one)**
- | |
|---|
| <input type="checkbox"/> 1 Yes, extremely to the point of being sick or almost sick |
| <input type="checkbox"/> 2 Yes, very much so |
| <input type="checkbox"/> 3 Yes, quite a bit |
| <input type="checkbox"/> 4 Yes, some, enough to bother me |
| <input type="checkbox"/> 5 Yes, a little bit |
| <input checked="" type="checkbox"/> 6 No, not at all |
34. During the past month, how much of the time were you a happy person? **(Tick one)**
- | | |
|---|--|
| <input type="checkbox"/> 1 All of the time | <input type="checkbox"/> 4 Some of the time |
| <input type="checkbox"/> 2 Most of the time | <input checked="" type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time |

35. How often during the past month did you find yourself trying to calm down? (**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 type="checkbox"/> | Never |

36. During the past month, how much of the time have you been in low or very low spirits? (**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 type="checkbox"/> | None of the time |

37. How often, during the past month, have you been waking up feeling fresh and rested? (**Tick one**)

- | | | | |
|----------------------------|-------------------|----------------------------|------------------------------|
| 1 <input type="checkbox"/> | Always, every day | 4 <input type="checkbox"/> | Some days, but usually not |
| 2 <input type="checkbox"/> | Almost every day | 5 <input type="checkbox"/> | Hardly ever |
| 3 <input type="checkbox"/> | Most days | 6 <input type="checkbox"/> | 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 <input type="checkbox"/> | Yes, almost more than I could stand or bear |
| 2 <input type="checkbox"/> | Yes, quite a bit of pressure |
| 3 <input type="checkbox"/> | Yes, some more than usual |
| 4 <input type="checkbox"/> | Yes, some, but about normal |
| 5 <input type="checkbox"/> | Yes, a little bit |
| 6 <input type="checkbox"/> | No, not at all |

Bill Admission Consensus Ratings

Scale	Recommended Rating	Rationale
1 Overactive aggressive agitated or disruptive behaviour	4	Bill assaulted wife two days prior to assessment by violently shaking her and this is rated as a serious physical attack.
2 Non accidental self injury	0	No evidence of non accidental self injury.
3 Problems with drinking and drug taking	3	Bill's drinking is a daily occurrence indicating clear dependence and usually results in drunkenness. This is a moderate problem.
4 Cognitive problems	3	Bill has moderate problems with orientation at night, getting lost in the flat. Recent memory problems and marked expressive language problems.
5 Problems with physical illness and disability	3	Bill has problems with mobility, negotiating the stairs and requires assistance with his ADLs but he is not totally incapacitated. The degree of impairment, the need for assistance and the risk of falling are indicative of problem of moderate severity.
6 Problems with hallucinations and delusions	3	Bill is distressed by thoughts that his wife is having an affair, and becomes upset and distressed every time the phone rings. This impacts on his behaviour. Preoccupation is expressed through Bill's need to constantly check up on his wife. This is a problem of moderate severity.
7 Problems with depressed mood	2	Bill indicates that he feels depressed and has done so for a year and, combined with his reference to ideas of being a "bad husband", would indicate some feelings of guilt.
8 Other mental and Behavioural problems	3H	Bill has not been sleeping at night but at times during the day. His sleep pattern would be the focus of clinical intervention and need to be monitored.
9 Problems with Social relationships	4	Bill's recent behaviour has caused significant tension in the relationship between himself and his daughters. This warrants severe difficulties with social relationships.
10 Activities of Daily Living	4	Bill requires home care for simple activities such as showering and his wife indicates that he "does nothing" for himself, indicating significant deficits in a range of areas which warrant the higher rating.
11 Problems with living conditions	2	The location of the flat on the second floor impacts on the risk of injury to Bill from falling and from the effects of effort required to negotiate the stairs, indicating a mild problem.
12 Problems with occupation and activities	4	Bill refuses to attend services (ie the day program) that might improve his quality of life.

Casemix Measures

RUG-ADL		Rationale
Bed Mobility	1	Requires no assistance.
Toileting	3	Limited assistance – given ADLs capacity, as reported by Bill’s wife and nurse, prompting, the finding of the toilet and adjustment of clothes after toileting is needed to maintain perineal hygiene without incontinence.
Transfer	3	Bill requires the assistance of one person to transfer into and out of the shower.
Eating	2	Given ADLs capacity as reported by Bill’s wife and nurse requires set-up assistance is required.

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

Bill Review

On admission he had been aggressive to his wife and abusive to neighbours. Early in this 4 week admission, he was disorientated and disruptive but gradually settled with appropriate medication and withdrawal from alcohol and return of a regular sleep pattern. Although he reduced his cigarette smoking, he continues to smoke at every opportunity. Bill has not had any alcohol during the admission but is “looking forward to a beer” when he gets home, although he does recognise “it doesn’t help me get around”. Given Bill’s history of poor medication adherence, stabilisation of Bill’s medication regime has been a focus of this admission. Bill’s discharge medications are venlafaxine sustained release 150mgs nocte, nifedipine 20mg/day, diazepam 2.5mgs nocte and risperidone 0.5mgs nocte. Bill has said he will take his medications at home. A cerebral CT scan showed deep white matter changes, generalized atrophy and 2 small old frontal infarcts. Bill is orientated to person and place and usually time but short – term memory problems remain evident.

Bill says he is feeling a little down but denies any thoughts of self harm. He has no formal thought disorders except for some mild circumstantiality. Bill agrees his wife is not having an affair but says it won’t hurt to “keep an eye on her”. Mobility has improved a bit with Bill practising using a walking frame for use at home but he requires help getting in and out of the shower and home help has been arranged. The issues of accessing the flat have been resolved with Bill and his wife relocating to a ground floor flat during Bill’s admission. Bill’s daughters visited him in hospital but remain unhappy he is not being placed into a nursing home, regardless of their mother’s wish to have Bill at home. The relationship remains strained. Bill interacted with other patients appropriately and participated in the activities of the day therapy program during his admission and has agreed to attend the local day program 3 times a week after discharge.

Bill did not complete the consumer self report measure.

Bill Review Consensus Ratings

Scale	Recommended Rating	Rationale
1 Overactive aggressive agitated or disruptive behaviour	0	No indication of agitated, aggressive or disruptive behaviour in the last 3 days.
2 Non accidental self injury	0	No indication of non accidental self injury.
3 Problems with drinking and drug taking	0	No use in last 3 days. The HoNOS 65+ is a retrospective measure.
4 Cognitive problems	2	Cognitive problems remain an issue for Bill given his impairment of short term memory. Mild circumstantiality is noted which is rated here.
5 Problems with physical illness and disability	3	Although Bill's mobility has improved and he is not as unsteady on his feet, his mobility remains limited and is a moderate problem.
6 Problems with hallucinations and delusions	2	The nurse reports Bill remains suspicious of his wife and he has admitted to wanting to "keep and eye on her" which indicates resolution of delusions has not occurred.
7 Problems with depressed mood	2	Bill feels a little down but denies any problems.
8 Other Behavioural and Mental problems	0	No indication of other mental or behavioural problems.
9 Problems with Social relationships	3	Although Bill's wife is supportive and he interacts with others while in hospital, there is no indication of broader social contacts and Bill continues to have significant difficulties in his relationship with his daughters, which prompts the higher rating.
10 Activities of Daily Living	3	Bill requires assistance and / or supervision with most tasks.
11 Problems with living conditions	0	Bill has been moved from his second floor unit and there is no indication that he has problems with the new living conditions.
12 Problems with occupation and activities	0	Bill has participated in the ward activity program in the past 3 days.

Casemix Measures

Principle Diagnosis	F00 Dementia in Alzheimer's disease F01 Vascular Dementia F22.0 Delusional Disorder
Focus of Care (Note the focus of care is only collected on discharge in inpatient settings in NSW)	Intensive Extended: Although initial efforts were directed at the short term reduction of symptomatology, the primary focus of clinical intervention has been the prevention and minimisation further deterioration.
Mental Health Legal Status	Voluntary

Helen Admission

75year old lady of Italian origin referred by GP with a 6 month history of increasing persecutory ideas and recent threats to neighbours with a knife. Both Helen's daughter, Maria, and her GP describe a twelve month history of personality change with increased irritability and reduced interest in the activities of her grandchildren. Six months ago she started accusing her neighbour of stealing her mail. Five months ago, she started yelling at her neighbour at night and putting extra locks on her doors. In the last 3 months, she has begun to accuse the neighbour of trying to kill her. She rarely leaves the house, telling family not to visit or they may be hurt. They do not understand Helen's behaviour and are reluctant to "get involved in mum's business". This morning, Helen rushed out of her house and started waving a knife at her neighbour's house and screaming "don't call me a slut". No one was in the neighbour's house and Helen quickly went back inside. This behaviour prompted her husband to call her GP, who called the Aged Care Psychiatry Team. Helen describes her mood as "normal" and says she has been eating and sleeping well. She complains that she has had some difficulty concentrating and recently had a minor car accident, with no apparent injury. Helen believes her only problem is her neighbour trying to harm her. She has no past history of violence but feels she may have to defend herself if her neighbour attacks her. She lives at home with her husband who has been wheelchair bound with severe arthritis for many years. He is not happy with her behaviour but indicates that, as long as he does not challenge her about what she thinks, "things are OK". He indicates that she still does all the cooking and associated housework. Helen pays all the bills by mail and none are over due. Although she drives to the local corner store once a week to shop, she rarely leaves the house at any other time. Helen was an active member of the Italian Community and the Catholic Church but has not participated in any community activities in over a year.

Helen did complete the consumer self report measure.

The Kessler-10 Plus (K-10+)

**Kessler 10
Helen 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 checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input 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"/>

The next few questions are about how these feelings may have affected you in the **last four weeks**.

You need not answer these questions if you answered 'None of the time' to all of the ten questions about your feelings

11. In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	___0___ (Number of days)
12. [Aside from those days], in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?	___0___ (Number of days)
13. In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?	___0___ (Number of consultations)
14. In the last 4 weeks, how often have physical health problems been the main cause of these feelings?	None of the time ● A little of the time ○ Some of the time ○ Most of the time ○ All of the time ○

Thankyou for completing this questionnaire.

Please return it to the staff member who asked you to complete it.

Helen 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Household responsibilities (for example, shopping, cooking, laundry, keeping room clean, other chores)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Isolation or feelings of loneliness	<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:					
10. Being able to feel close to others	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Goals or direction in life	<input checked="" type="checkbox"/>	<input 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 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:					
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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Helen 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 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 checked="" 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 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 checked="" 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 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 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 checked="" 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 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 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 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 |
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 checked="" 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 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 type="checkbox"/> | Bothered just a little by nerves |
| 3 <input type="checkbox"/> | Bothered quite a bit by nerves | 6 <input checked="" 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 checked="" 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 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 type="checkbox"/> | Fairly often | 6 <input checked="" 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 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 |
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 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 |
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 type="checkbox"/> | Almost never |
| 3 <input type="checkbox"/> | Fairly often | 6 <input checked="" 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

Helen Admission Consensus Ratings

Scale	Recommended Rating	Rationale
1 Overactive aggressive agitated or disruptive behaviour	2	Helen has been disruptive and the waving of the knife is an aggressive gesture prompting rating.
2 Non accidental self injury	0	No indication of problems related to non accidental self injury.
3 Problems with drinking and drug taking	0	No indication of problems related to drinking or drug taking.
4 Cognitive problems	0	Helen's poor concentration is associated with distraction by delusional ideas and there is no indication of problems with orientation, memory or language.
5 Problems with physical illness and disability	0	No indication of problems related to physical illness or disability.
6 Problems with hallucinations and delusions	4	Helen's delusional ideas regarding her neighbour are pervasive and preoccupying and have driven a range of behaviours, including the recent knife waving.
7 Problems with depressed mood	0	No evidence of depressed mood.
8 Other Behavioural and Mental problems	0	No indication of other mental and behavioural problems. Helen wrings her hands but this is more agitation (already rated) associated with delusional ideas (already rated) and anxiety or stress would not be the focus of clinical intervention at this time. This prompts a rating of a 0.
9 Problems with Social relationships	4	There has been a marked decline in the quality of Helen's relationships with others, in particular her daughter. Her almost complete social isolation indicates a severe difficulty.
10 Activities of Daily Living	0	Helen has no problems undertaking simple and complex ADLs.
11 Problems with living conditions	0	No evidence of problem.
12 Problems with occupation and activities	0	Access and opportunity to catholic and Italian community activities but these are not being taken up by Helen.

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

Helen Discharge

Helen reluctantly agreed to admission and was noticeably suspicious and paranoid on arrival. During the first days of her 10 day admission she stayed close to her bed although she has no mobility problems. Helen gradually became more involved with staff and other patients on the ward. When she did participate in group activities, staff noticed that she sometimes expressed ideas of persecution and that she indicated it was typical “what people think”. Although keeping her distance from others, she interacted appropriately and there was no indication of violent or aggressive behaviour. At the time of discharge, Helen expresses no concerns regarding the neighbour but her husband reports Helen has asked several times about “what the neighbour was up to”. During this admission a urinary tract infection, which was causing some degree of discomfort, was treated with a broad-spectrum antibiotic. Sometimes Helen can be a little forgetful and has difficulty finding the right words. A neuropsychological assessment revealed a mild frontal-subcortical cognitive impairment. Helen was able to manage her own care on the ward, organising her self to wash her clothes in the ward laundry. Helen’s daughter brought her father to visit Helen during this admission and offered support by bringing fresh clothes. Helen’s daughter indicated that she will continue to offer support to her mother and father on Helen’s return home.

Helen did complete the consumer self report measure.

The Kessler-10 Plus (K-10+)

Kessler 10

Helen Completed Discharge

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 3 days**. 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 3 days, about how often did you feel tired out for no good reason?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last 3 days, about how often did you feel nervous?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last 3 days, about how often did you feel so nervous that nothing could calm you down?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last 3 days, 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 3 days, about how often did you feel restless or fidgety?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the last 3 days, about how often did you feel so restless you could not sit still?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the last 3 days, 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 3 days, about how often did you feel that everything was an effort?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In the last 3 days, 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 3 days, about how often did you feel worthless?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Helen Completed on Discharge: (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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Household responsibilities (for example, shopping, cooking, laundry, keeping room clean, other chores)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input checked="" 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 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:					
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Recognising and expressing emotions appropriately	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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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Helen Completed on Discharge: 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 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
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 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
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 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
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 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

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 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 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 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 checked="" 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 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 |
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 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 |
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 checked="" type="checkbox"/> | Almost never |
| 3 <input 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 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 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 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 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 |
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 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 |
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 type="checkbox"/> | Yes, some, enough to bother me |
| 5 <input checked="" 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 <input type="checkbox"/> | Most of the time | 5 <input type="checkbox"/> | A little of the time |

Helen Discharge Consensus Ratings

Scale	Recommended Rating	Rationale
1 Overactive aggressive agitated or disruptive behaviour	0	No problems related to overactive, aggressive, agitated or disruptive behaviour in the three days prior to discharge.
2 Non accidental self injury	0	No indication of problems related to non-accidental self injury.
3 Problems with drinking and drug taking	0	No indication problems associated with drinking and drug taking.
4 Cognitive problems	2	Mild cognitive impairments noted which required neuropsychological testing.
5 Problems with physical illness and disability	1	Discomfort associated with the UTI warrants rating.
6 Problems with hallucinations and delusions	2	Remains suspicious of some people in the ward, however this seems to have only a minor effect on her behaviour and, in addition, Helen's comments to her husband re: the neighbour should be taken into account.
7 Problems with depressed mood	0	No indication of problems related to depressed mood.
8 Other Behavioural and Mental problems	0	No indication other behavioural and mental problems.
9 Problems with Social relationships	2	In the last 3 days, some reluctance to engage with others on the ward noted. Relationship with daughter is supportive warranting lower rather than higher rating.
10 Activities of Daily Living	0	No indication of problems related to activities of daily living.
11 Problems with living conditions	0	No indication of problems related to activities of daily living.
12 Problems with occupation and activities	0	Access and opportunity to Catholic and Italian community activities but these are not being taken up by Helen.

Casemix Measures

Principle Diagnosis	Acute and Transient psychotic disorders F23: The principal reason for admission was the delusional ideas and associated behaviour
Focus of Care (Note the focus of care is only collected on discharge in inpatient settings in NSW)	Acute: the primary focus of intervention was the short term reduction of psychiatric symptoms - in this case, the intensity of delusional ideas
Mental Health Legal Status	Voluntary