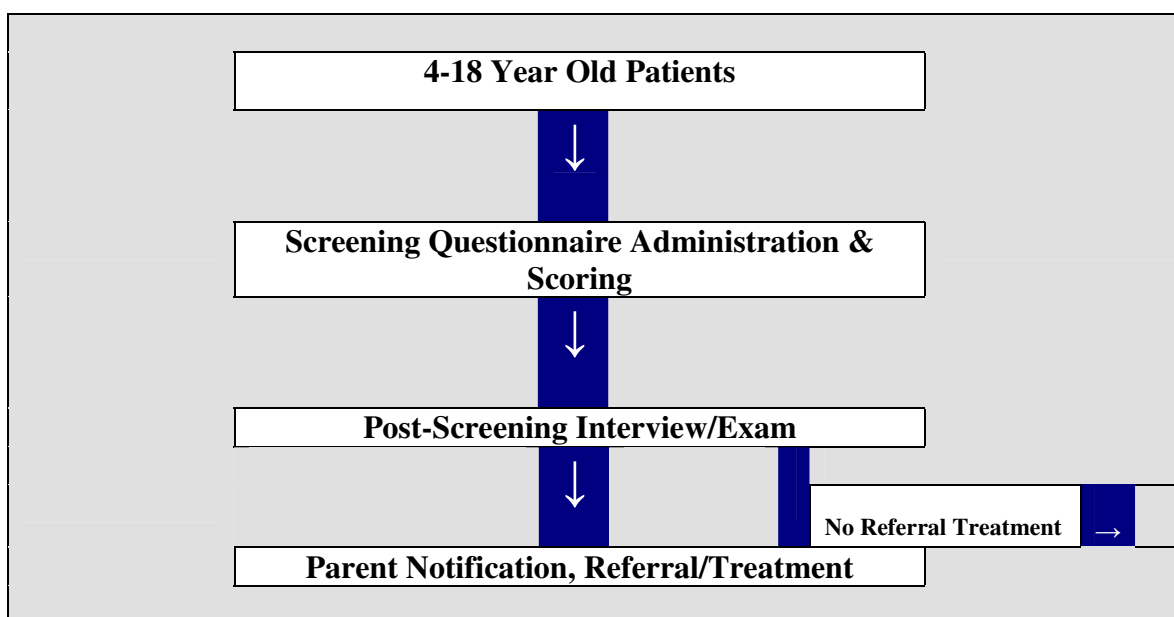


## Behavioral/Mental Health Check-Ups in Primary Care

Mental health check-ups are a routine and necessary test that can be easily incorporated into regular preventative healthcare visits for children and adolescent patients. They involve a two-stage screening process to determine if a young person may be at risk. In the first stage, parents of children ages 4-11 or youth (12-18) complete a brief, scientifically-tested, self-administered screening questionnaire. In the second stage, the primary care provider (PCP) discusses the screening results with the parent or parent of the adolescent and further assesses any problem areas evidenced by their answers on the questionnaire.

The behavioral/mental health check up is typically incorporated into well-child visits, EPSDT exams, sports physicals or other routine office visits. Parents of patients found to be at risk are informed of the screening results and, when indicated, provided assistance with obtaining further evaluation and/or treatment for their children. In some cases, patients are referred to local mental health professionals. It is recommended that mental health check-ups be conducted annually.

### The Screening process



### Mental health check-ups involve the following procedures:

- 1. Identifying Which Patients to Screen:** Mental health check-ups are designed for patients between the ages of 4 to 18. Parent Consent and Release of Information should be obtained. (See Appendix 1 and 2)
- 2. Screening Questionnaire Administration:** Parents or youth complete the Pediatric Symptom Checklist (PSC), a scientifically-tested screening questionnaire that takes less than five minutes to complete and score. The PSC can be administered and scored by a nurse, medical technician or other office

staff. Screening can be conducted in a private area of the waiting room, an exam room or any other private area. The PSC is available in English, Spanish, French, Haitian-Creole, and Brazilian-American Portuguese and in pictorial format.

3. **Post-Screening Interview/Exam:** It is recommended that all patients that score positive on the questionnaire are briefly evaluated by the PCP to determine if the symptoms endorsed on the questionnaire are significant, causing impairment and warrant a referral to a mental health specialist or follow-up or treatment by the PCP. (See Appendix 3)
4. **Parent Notification, Referral/Treatment:** The PCP informs parents of the screening results, and of their decisions and recommendations regarding follow-up and/or referrals. The PCP activates the follow-up/referral process and provides parents with information about the next steps. (See Appendix 6)

DATE \_\_\_\_\_

NAME \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_  
\_\_\_\_\_

RECORD # \_\_\_\_\_

DOB \_\_\_\_\_

### Pediatric Symptom Checklist (PSC)

Emotional and physical health goes together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

**Please mark under the heading that best describes your child:**

		NEVER (0)	SOMETIMES (1)	OFTEN (2)
1. Complains of aches and pains -----	1.	_____	_____	_____
2. Spends more time alone -----	2.	_____	_____	_____
3. Tires easily, has little energy -----	3.	_____	_____	_____
4. Fidgety, unable to sit still -----	4.	_____	_____	_____
5. Has trouble with teacher -----	5.	_____	_____	_____
6. Less interested in school -----	6.	_____	_____	_____
7. Acts as if driven by a motor -----	7.	_____	_____	_____
8. Daydreams too much -----	8.	_____	_____	_____
9. Distracted easily -----	9.	_____	_____	_____
10. Is afraid of new situations -----	10.	_____	_____	_____
11. Feels sad, unhappy -----	11.	_____	_____	_____
12. Is irritable, angry -----	12.	_____	_____	_____
13. Feels hopeless -----	13.	_____	_____	_____
14. Has trouble concentrating -----	14.	_____	_____	_____
15. Less interested in friends -----	15.	_____	_____	_____
16. Fights with other children -----	16.	_____	_____	_____
17. Absent from school -----	17.	_____	_____	_____
18. School grades dropping -----	18.	_____	_____	_____
19. Is down on him or herself -----	19.	_____	_____	_____
20. Visits the doctor with doctor finding nothing wrong -	20.	_____	_____	_____
21. Has trouble sleeping -----	21.	_____	_____	_____
22. Worries a lot -----	22.	_____	_____	_____
23. Wants to be with you more than before	23.	_____	_____	_____
24. Feels he or she is bad -----	24.	_____	_____	_____
25. Takes unnecessary risks -----	25.	_____	_____	_____
26. Gets hurt frequently -----	26.	_____	_____	_____
27. Seems to be having less fun -----	27.	_____	_____	_____
28. Acts younger than children his or her age -----	28.	_____	_____	_____
29. Does not listen to rules -----	29.	_____	_____	_____
30. Does not show feelings -----	30.	_____	_____	_____
31. Does not understand other people's feelings	31.	_____	_____	_____
32. Teases others -----	32.	_____	_____	_____
33. Blames others for his or her troubles	33.	_____	_____	_____
34. Takes things that do not belong to him or her	34.	_____	_____	_____
35. Refuses to share -----	35.	_____	_____	_____
				Total Score _____

Does your child have any emotional or behavioral problems for which she/he needs help?    \_\_\_No    \_\_\_Yes  
Are there any services that you would like your child to receive for these problems?    \_\_\_No    \_\_\_Yes

DATE		NAME	
COMPLETED BY:		RECORD #	
		DOB	

### Pediatric Symptom Checklist – Youth Report (PSC-Y)

	Never	Sometimes	Often
1. Complain of aches or pains ----- -----			
2. Spend more time alone ----- -----			
3. Tire easily, little energy ----- -----			
4. Fidgety, unable to sit still ----- -----			
5. Have trouble with teacher ----- -----			
6. Less interested in school ----- -----			
7. Act as if driven by motor ----- -----			
8. Daydream too much ----- -----			
9. Distract easily ----- -----			
10. Are afraid of new situations ----- -----			
11. Feel sad, unhappy ----- -----			
12. Are irritable, angry ----- -----			
13. Feel hopeless ----- -----			
14. Have trouble concentrating ----- -----			
15. Less interested in friends ----- -----			
16. Fight with other children ----- -----			
17. Absent from school ----- -----			
18. School grades dropping ----- -----			
19. Down on yourself ----- -----			
20. Visit doctor with doctor finding nothing wrong ----- -----			
21. Have trouble sleeping ----- -----			
22. Worry a lot ----- -----			
23. Want to be with parent more than before ----- -----			
24. Feel that you are bad ----- -----			

25. Take unnecessary risks ----- -----			
26. Get hurt frequently ----- -----			
27. Seem to be having less fun ----- -----			
28. Act younger than children your age ----- -----			
29. Do not listen to rules ----- -----			
30. Do not show feelings ----- -----			
31. Do not understand other people's feelings ----- -----			
32. Tease others ----- -----			
33. Blame others for your troubles ----- -----			
34. Take things that do not belong to you ----- -----			
35. Refuse to share ----- -----			

**Total Score**

**Please answer the following questions by circling "Yes" or "No"**

36. During the past three months, have you thought of killing yourself?	Yes	No
37. Have you ever tried to kill yourself?	Yes	No

FECHA DE HOY		NAME	
COMPLETADO POR		RECORD #	
		DOB	

**Lista de Síntomas Pediátricos (Pediatric Symptom Checklist – PSC)**

La salud física y emocional son importantes para cada niño. Los padres son los primeros que notan un problema de la conducta emocional o del aprendizaje de su hijo(a). Ud. Puede ayudar a su hijo(a) a obtener el mejor cuidado de su doctor por medio de contestar estas preguntas. Favor de indicar cual frase describe a su hijo(a)

**Indique eual síntoma mayor describe a su hijo/a:**

		NUNCA (0)	ALGUNAS VECES (1)	FRECUENTEMENTE (2)
1.	Se queja de dolores y malestares	1.		
2.	Pasa mucho más tiempo a solas	2.		
3.	Se cansa fácilmente, tiene poca energía	3.		
4.	Es inquieto(a), incapaz de sentarse tranquilo(a)	4.		
5.	Tiene problemas con un(a) maestro(a)	5.		
6.	Está menos interesado(a) en la escuela	6.		
7.	Es muy activo(a), tiene mucha energía	7.		
8.	Sueña despierto demasiado	8.		
9.	Se distrae fácilmente	9.		
10.	Temeroso(a) de nuevas situaciones	10.		
11.	Se siente triste, infeliz	11.		
12.	Está irritable, enojado(a)	12.		
13.	Se siente sin esperanzas	13.		
14.	Tiene problemas para concentrarse	14.		
15.	Menos interesado(a) en amistades	15.		
16.	Pelea con otros niños	16.		
17.	Se ausenta de la escuela	17.		
18.	Está empeorando sus notas escolares	18.		
19.	Se siente mal de sí mismo(a)	19.		
20.	Visita al doctor y el doctor no le encuentra nada malo	20.		
21.	Tiene problemas para dormir	21.		
22.	Se preocupa mucho	22.		
23.	Quiere estar con usted más que antes	23.		
24.	Cree que él/ella es malo(a)	24.		
25.	Toma riesgos innecesarios	25.		
26.	Se lastima frecuentemente	26.		
27.	Parece divertirse menos	27.		
28.	Actúa más chico que niños de su propia edad	28.		
29.	No obedece las reglas	29.		
30.	No demuestra sus sentimientos	30.		
31.	No comprende los sentimientos de otros	31.		
32.	Molesta o se burla de otros	32.		
33.	Cuopa a otros por sus problemas	33.		
34.	Toma cosas que no le pertenecen	34.		
35.	Se niega a compartir	35.		

Total \_\_\_\_\_

¿Tiene su hijo(a) algún problema emocional o del comportamiento para el cual necesita ayuda?

Í No    Í Yes

¿Hay algunos servicios que ud? Desearia que su hijo(a) recibiese para estos problemas?

Í No    Í Yes

¿Si contesta sí, cuáles

servicios? \_\_\_\_\_

# Screening Questionnaire Administration & Scoring Instructions

The Pediatric Symptom Checklist (PSC) and the Pediatric Symptom Checklist for Youth (PSC-Y)<sup>1</sup> are 35-item self-completion screening questionnaires designed to detect a broad range of behavioral and psychosocial problems in children and youth. It includes questions that focus in internalizing, externalizing and attention problems, with two additional questions regarding suicidality, and takes less than five minutes to complete and score.

---

## Screening Questionnaire Administration

- Mental health check-ups can be conducted during well-child exams, sports physical and other office visits for 4 to 18 year old patients.
- Inform parents that a mental health check-up will be administered during the exam.
- The PSC or PSC-Y can be completed by the patient during the office visit and can be scored by a nurse, medical technician or other office staff.
- Teens should complete the checklist in a private, environment, ideally not in the presence of their parents.
- Inform teens of their right to confidentiality and discuss what will be shared with parents before the questionnaire is administered.
- Note: The PSC and the PSC-Y indicates only the likelihood that a youth is at risk for a significant mental health problem or suicide; it is not meant to be used as a diagnostic tool or a substitute for a clinical evaluation.

### **Scoring Instructions**

Each item on the PSC or PSC-Y is scored as follows:

<b>Never</b>	=	0
<b>Sometimes</b>	=	1
<b>Often</b>	=	2

To calculate the score of the questionnaire, add all of the item scores together:

Total Score = \_\_\_\_\_ (range 0-70)

Note if either suicide item has been endorsed.  
**(Questions 36 & 37)**

If items are left blank, they are scored as 0.

If four or more items are left blank, the questionnaire is considered invalid.

### **Defining a Positive Screen for Children 4-5**

Total Score > 24

### **Defining a Positive Screen for Children 6-16**

Total Score > 28

### **Defining a Positive Screen for Youth (PSC-Y)**

Total Score ≥ 30

**OR**  
**For Any Screen**  
**Recent Suicidal Ideation is Reported**  
**OR**  
**Past Suicide Attempt is Reported**

---

<sup>1</sup> Murphy, et al., 1992, 1996; Gall et al., 2000; Pagano et al, 2000 (Authors: Jellinek, M., Murphy, J.M., Bishop, S.J., Pagano, M.)

# Interpreting the Screening Results & Conducting the Post-Screening Interview

## Interpreting the Screening Results

A positive score on the PSC suggests the need for evaluation by a qualified health or mental health professional to further assess the specific problem areas endorsed on the questionnaire. An overall score that is greater than 24 for children 4-5; an overall score that is greater than 28 for children 6-16; an overall score on the PSC-Y that is greater than or equal to 30, or endorsement of either suicide question, defines a positive score.

Both false positives and false negatives occur, so a PSC score should not be interpreted as anything other than a suggestion that further evaluation may be helpful. Between 14 and 20% of youth still score positive on the PSC. Sensitivity (true-positive rate) is 94%, specificity (true-negative rate) is 88%, and the false-positive rate is 12%. The inevitability of false-positives underscores the importance of conducting a post-screening interview with youth who screen positive on the PSC.

Below are highlights of the problem areas addressed by the PSC and the most critical items associated with them. If a patient receives a positive score and his/her answers are weighted toward one problem area, it suggests the need to further assess the patient for psychiatric disorders associated with that area.

### **Internalizing Problems** (*i.e., depression or anxiety*) Questions 11, 13, 19, 22, 27

- Feel sad, unhappy
- Feel hopeless
- Down on yourself
- Worry a lot
- Seem to be having less fun

### **Attention Problems** (*i.e., ADHD*) Questions 4, 7, 8, 9, 14

- Fidgety, unable to sit still
- Act as if driven by motor
- Daydream too much
- Distract easily
- Have trouble concentrating

### **Externalizing Problems** (*i.e., Conduct Disorder, Oppositional Defiant Disorder*) Questions 16, 29, 31-35

- Fight with other children
- Do not listen to rules
- Do not understand other people feelings
- Tease others
- Blame others for your troubles
- Take things that do not belong to you
- Refuse to share

### **Suicidality** (*further assess for suicidal thinking and behavior depression*) Questions 36, 37

- Recent suicide ideation
- Prior suicide attempt

## **Conducting the Post-Screening Interview**

The post-screening interview provides the PCP an opportunity to discuss the screening results with the patient in order to determine whether the problems that appear significant on the screening questionnaire warrant a more thorough evaluation through follow-up or referral.

### **The following are suggested practices for conducting the post-screening interview:**

1. All patients that score positive on the screening questionnaire should be evaluated by the PCP to determine if the symptoms endorsed on the questionnaire are significant, causing impairment for the patient and warrant a referral to a mental health specialist or treatment by the PCP.
2. The PCP provides feedback to the patient and his/her parents(s) about the screening results (positive or negative).
3. Assess all patients that score positive on the questionnaire for depression and suicidality.