

## The 7 Minute Mental Health Screen/*Audit*

This clinician screen covers the common mental disorders and provides interpretative guidance for the self-report version, The First Step Questionnaire. Positive findings can be investigated further by directly accessing the DSM IV TR criteria utilizing the questions on the relevant page in *Simply Effective Cognitive Behaviour Therapy (In Press)* by Michael J Scott London:Routledge. *If the focus is on auditing the effects of an intervention, the time frame for questions can be altered e.g last 2 weeks.*

1. Depression	Yes	No	Don't know
During the past month have you often been bothered by feeling, depressed or hopeless?			
During the past month have you often been bothered by little interest or pleasure in doing things?			
Is this something with which you would like help?			

*A positive response to at least one symptom question and the help question suggests that detailed enquiry be made, page xxx.*

2. Panic Disorder and Agoraphobia	Yes	No	Don't know
Do you have unexpected panic attacks, a sudden rush of intense fear or anxiety?			
Do you avoid situations in which the panic attacks might occur?			
Is this something with which you would like help?			

*A positive response to at least one symptom question and the help question suggests that detailed enquiry be made, page xxx.*

3. Post-traumatic Stress Disorder In your life, have you ever had any experience that was so frightening, horrible or upsetting that, in the past month, you			
	Yes	No	Don't know
i. Have had nightmares about it or thought about it when you did not want to?			
ii. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?			
iii. Were constantly on guard, watchful, or easily startled?			
iv. Felt numb or detached from others, activities, or your surroundings?			
Is this something with which you would like help?			

*A positive response to at least three symptom questions and the help question suggests that detailed enquiry be made, page xxx.*

4. Generalised Anxiety Disorder	Yes	No	Don't know
Are you a worrier?			
Do you worry about everything?			
Has the worrying been excessive (more days than not) or uncontrollable in the last 6 months (a time frame of the last 2 weeks can be used if the intent is to audit an intervention rather than screen)?			
Is this something with which you would like help?			

*A positive response to the two symptom questions and the help question suggests that detailed enquiry be made, page xxx.*

5. Social Phobia	Yes	No	Don't know
When you are or might be in the spotlight say in a group of people or eating/writing in front of others do you immediately get anxious or nervous			
Do you avoid social situations out of a fear of embarrassing or humiliating yourself?			
Is this something with which you would like help?			

*A positive response to at least one symptom question and the help question suggests that detailed enquiry be made, page xxx.*

6. Obsessive Compulsive Disorder	Yes	No	Don't know
Are you bothered by thoughts, images or impulses that keep going over in your mind?			
Do you try to block these thoughts, images or impulses by thinking or doing something?			
Is this something with which you would like help?			

*A positive response to the symptom questions and the help question suggests that detailed enquiry be made, page xxx.*

7. Bulimia	Yes	No	Don't know
Do you go on binges were you eat very large amounts of food in a short period?			
Do you do anything special, such as vomiting, go on a strict diet to prevent gaining weight from the binge?			
Is this something with which you would like help?			

*A positive response to the symptom questions and the help question suggests that detailed enquiry be made, pagexxx.*

8. Substance Abuse/Dependence	Yes	No	Don't know
Have you felt you should cut down on your alcohol/drug?			
Have people got annoyed with you about your drinking/drug taking?			
Have you felt guilty about your drinking/drug use?			
Do you drink/use drugs before midday?			
Is this something with which you would like help?			

*A positive response to at least two of the symptom questions and the help question suggests that detailed enquiry be made, page xxx.*

9. Psychosis	Yes	No	Don't know
Do you ever hear things other people don't hear, or see things they don't see?			
Do you ever feel like someone is spying on you or plotting to hurt you?			
Do you have any ideas that you don't like to talk about because you are afraid other people will think you are crazy?			
Is this something with which you would like help?			

*A positive response to at least one of the symptom questions and the help question suggests that detailed enquiry be made, page xxx.*

10. Mania/hypomania	Yes	No	Don't know
Have there been times, lasting at least a few days when you were unusually high, talking a lot, sleeping little?			
Did others notice that there was something different about you? If you answered 'yes', what did they say?			
Is this something with which you would like help?			

*A positive response to at least one of the symptom questions and the help question suggests that detailed enquiry be made, page xxx.*

IMPORTANT NOTE: If when you inspect the 7 Minute Mental Health Screen or the First Step Questionnaire the person screened positive for either items 1 (depression), 8 (substance abuse/dependence), 9 (psychosis) or 10 (mania) ask:

Have you been hurting or making plans for hurting yourself?