

MENTAL HEALTH DATA / CASE INFORMATION
PRIMARY HEALTH CARE PROVIDERS*

1. GENERAL INFORMATION	
1.1. Professional qualifications	<input type="checkbox"/> Medical Doctor, specialisation: _____ <input type="checkbox"/> Nurse (SRN) <input type="checkbox"/> Nurse (SECHN) <input type="checkbox"/> Community Health Officer (CHO) <input type="checkbox"/> Maternal and Child Health Aide (MCH Aide) <input type="checkbox"/> Other, please specify: _____
1.2. Institution	<input type="checkbox"/> Government Hospital/Clinic <input type="checkbox"/> Mission Hospital/Clinic <input type="checkbox"/> NGO Hospital/Clinic <input type="checkbox"/> Private Practice <input type="checkbox"/> Other, please specify: _____
1.3. Geographical Location	

2. MENTAL HEALTH CASE INFORMATION – GENERAL
<p>In your experience as a primary health care provider for children (0-17 years), do you see children/adolescents who have mental / psychological / emotional problems for which they need help? Yes / No</p>
<p>If yes, please give examples:</p>

3. MENTAL HEALTH CASE INFORMATION – SPECIFIC

In your experience as a primary health care provider for children and adolescents please indicate how often on a yearly base you see children and adolescents (0 to 17 years) with any of the following disorders:

Type of Disorder	Often	Occasionally	Seldom	Never	Local Idiom:
Mental Retardation Children/Adolescents who develop slowly and do not learn easily. They often speak late and need help to perform simple tasks that most children of their age can accomplish without assistance.					
Learning Disorders Children/Adolescents who have specific difficulties at school, e.g. find it harder than usual to read or to do maths.					
Pervasive Developmental Disorder (including Autism, Rett’s, Asperger) Children/Adolescents who “keep to themselves”, who don’t seem to be interested in others and often do not speak. They often get upset when things are going different from what they want or expect. They often have an obsession with specific things, e.g. anything that glitters or spins.					
Hyperactivity Children/Adolescents who are extremely active, who cannot sit still or concentrate well, who often act impulsively (without thinking first), who have difficulty completing tasks, and as a result struggle in school.					
Behavioural Disorders Children/Adolescents who are more than usual disobedient, disrespectful or often cause problems in the community.					
Eating Disorders For example: children who refuse to eat or eat strange things; adolescents who eat very little or vomit/use laxatives to prevent weight gain (until they are dangerously underweight), or adolescents who eat excessively, followed by vomiting.					
Enuresis/Encopresis Children/Adolescents who frequently wet their beds or during the day urinate/defecate on themselves (without medical reason).					
Anxiety Children/Adolescents who are often anxious or fearful (sometimes expressed in physical complaints).					
Hyperventilation Children/Adolescents who hyperventilate (breath superficially and often, causing dizziness or other physical complaints).					

<p>Schizophrenia & Other Psychotic Disorders Children/Adolescents who hear or see things that are not there, or strongly believe things that are not true. They may talk to themselves, their speech may be confused or incoherent and their appearance unusual. Other people consider them "crazy". The symptoms are not caused by drugs or alcohol.</p>					
<p>Mania/Hypomania Adolescents who have a distinct (>4 days) period of persistently elevated or irritated mood. They think "big" of themselves, often don't sleep much, talk more than usual, may come up with lots of ideas, are very easily distracted, may spend more money than they should, etc. The symptoms are not caused by drugs or alcohol.</p>					
<p>Post-Traumatic Stress Disorder Children/Adolescents who develop severe stress or anxiety symptoms after having experienced or witnessed a traumatic event. For example: recurrent distressing memories, flashbacks, difficulty falling or staying asleep, difficulty concentrating, afraid of situations that remind them of the trauma, easily startled, etc.</p>					
<p>Child Abuse / Domestic Violence Children/Adolescents who are victims of physical abuse.</p>					
<p>Sexual Violence Children/Adolescents who are victims of rape or sexual abuse.</p>					
<p>Depression Children/Adolescents who struggle with negative feelings (hopelessness, helplessness, sadness, low self-esteem) to the extent that there is marked impairment in daily functioning. Often they complain of insomnia, low energy and difficulty making decisions. Some adolescents are more irritable than usual, some start using substances.</p>					
<p>Unexplained Somatic Complaints Children/Adolescents who have physical complaints that <u>cannot be medically explained</u> (e.g. stomach pains, headaches, extreme tiredness, partial paralysis).</p>					
<p>Substance Abuse Children/Adolescents who are dependent on drugs (including prescription medication such as diazepam) or alcohol.</p>					
<p>Substance-Induced Disorders Children/Adolescents who are experiencing mental disorders (e.g. psychosis, mania) as a result of substance abuse.</p>					

Other: Please list any other mental health concerns you have detected in children and their frequency.	Often	Occasionally	Seldom	Never	
1.					
2.					
3.					
4.					
5.					

4. Other Local Idioms:
Please list any other words/phrases people use to describe children with any form of mental / psychological / emotional distress.

*) Partly based on/adapted from "Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Major Humanitarian Crises." WHO: Draft Version, May 2011.