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Medical Mental Health Screening

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# Medical Mental Health Screening

1. I have had previous traumatic experiences in my life
   - Sexual trauma
   - Physical trauma or injury
   - Trauma from medical experiences or illnesses
   - Witness to traumatic event
   
2. I have experienced depression at some time in my life

3. I currently struggle with depression
   - Yes
   - No
   - I am being treated
   - I am NOT being treated

4. I feel I have a high level of stress in my life
   - Yes
   - No
   - Family/relationship stress
   - Work or school-related stress
   - Health-related stress
   - Other:

5. I don’t have healthy coping strategies for handling stress

6. I experience anxiety about a lot of things in my life

7. I don’t have adequate social support to help me handle stress

8. I use distraction and avoidance to cope with stressful situations

9. I have been diagnosed with PTSD (current or past)

10. I am fearful about receiving medical treatment
   - Yes
   - No
   - I have a fear of pain
   - I have a fear of needles or IVs
   - I have a fear of blood
   - I have a fear of being out of control

11. I worry about an upcoming medical procedure or diagnosis
   - Yes
   - No
   - I worry about being under anesthesia
   - I worry about how I will cope with pain or discomfort
   - I worry about how my family will cope with my illness or procedure
   - I worry about the outcome of my procedure
   - I worry about how my procedure will affect my life

12. I have been diagnosed with stress-induced physical conditions such as IBS, ulcers, or high blood pressure

13. I tend to be pessimistic about many things (e.g. the future, my health)

14. I have a difficult time trusting people

15. I use substances (e.g. alcohol, cigarettes, drugs) to help me manage stress

16. I have close family members who have been diagnosed with PTSD or depression

17. I feel that my life or wellbeing could be threatened by my medical condition or upcoming procedure

18. I have a difficult time coping with changes in my routine or environment

19. I struggle to follow through with goals related to my health (e.g. diet, exercise)

20. I don’t feel very hopeful about many things in my life

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Instructions for using the Medical Mental Health Screening tool

For Clinicians Only

The Medical Mental Health Screening tool assesses risk factors that can contribute to adverse psychological responses (specifically, traumatic stress responses) to medical events, illnesses, and procedures. It is a pre-screening tool and should be used as a means of flagging risk factors and intervening appropriately in order to prevent or minimize adverse emotional reactions to medical care.

The tool is a self-administered checklist that can be completed by patients during pre-admission to the hospital for a scheduled procedure, in a provider’s office prior to hospital admission, or in other circumstances deemed appropriate by clinicians.

It is important that you consider any items marked Yes as potential risk factors for a traumatic stress response to a medical procedure or illness. Factors such as pre-existing mental health conditions, past history of trauma (especially physical, sexual, and medical traumas), and personality factors (such as pessimism, general mistrust, difficulty with change) represent a potentially challenging recovery for the patient.

Below are subscales for the Medical Mental Health Screening tool. Add up the items marked Yes under each subscale and note the instructions for addressing items in each subscale.

Note that multiple risk factors indicate greater potential for adverse emotional responses in patients.

Subscales and Follow-up

Past Trauma History (1): ___/1
Clinician notes past trauma history and ensures that care is patient-centered, sensitive, and caring. Note that if patient is being admitted for > 24 hours, plan to administer the Experience of Medical Trauma Scale to screen for patient distress.

Medical Anxiety (10, 11, 17): ___/3
If any items are checked “Yes” in this subscale, clinician should consult with the patient prior to the procedure to determine a plan for addressing specific fears or anxiety. Consultation with a mental health professional may be necessary to ensure proper management of anxiety.

Current or Past Mental Health Issues (2, 3, 6, 9, 16):___/5
Clinician notes current or past mental health history and ensures that care is patient-centered, sensitive, and caring. Follow-up with a mental health professional may be necessary.

Personality Factors (13, 14, 18, 19, 20):___/5
Clinician notes specific personality factors and ensures that communication is patient-centered, sensitive, and caring. Follow-up with a mental health professional may be necessary.

Lifestyle and Coping Factors (4, 5, 7, 8, 12, 15):___/6
Clinician notes lifestyle and coping factors and identifies specific resources that may be helpful upon discharge (i.e. stress management resources, mental health referrals)

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For more information about using this tool, please contact:
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