

## MH Observation Checklist

Health Facility: \_\_\_\_\_ Date of observation: \_\_\_ / \_\_\_ / \_\_\_

Mentor Name: \_\_\_\_\_

Name of the nurse mentee: \_\_\_\_\_

Level of nurse education:  A2     A1     A0

Patient ID Code:

Gender of Patient     M     F

Age of patient     < 19     19 < 45     > 46

<input type="checkbox"/> <b>New case</b>	<input type="checkbox"/> <b>Follow up case</b>
If new, referred from:  <input type="checkbox"/> Community <input type="checkbox"/> OPD <input type="checkbox"/> Social services <input type="checkbox"/> District hospital <input type="checkbox"/> Other, define:	If follow up case visit type:  <input type="checkbox"/> Scheduled follow up <input type="checkbox"/> Missed appointment <input type="checkbox"/> Non-scheduled visit

### INTAKE – completed for NEW PATIENTS/NEW PRESENTATIONS

<b>Intake (Complete for cases which are new to treating nurse)</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
1. Did the nurse ask for patient contact information (full address and family name)?			
2. Did the nurse ask the patient why he/she is at the health center?			
3. Did the nurse ask how <b>long</b> and how <b>frequently</b> the presenting symptoms have been happening?			
4. Did the nurse find out how the presenting symptoms are affecting the patient's ability to work, go to school, or other social functioning?			
5. Did the nurse ask about current and past medical illness (in order to check yes they need to have assessed both past and current)?			
6. Did the nurse take a complete psychiatric history?			
7. Did the nurse ask about substance use/abuse?			
8. Did the nurse take a family history?			
9. Score: # checked yes / # checked no + # checked yes =	/		

<b>All patients (complete for new and return cases)</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
<b>Safety: Did the nurse ask if:</b>			
<i>10A. the patient has any thoughts of hurting him/herself?</i>			
<i>10B. there is anyone physically hurting the patient?</i>			
<i>10C. If the <b>PATIENT</b> answered yes to either of the above two questions, did the nurse manage appropriately?</i>			
<b>Vital Signs: Did the nurse check that:</b>			
11. blood pressure was recorded in the register and record it if it was not?			
12. pulse was recorded in the register and record it if it was not?			
13. temperature was recorded in the register and record it if it was not?			
<b>Mental Status Examination (MSE)</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
14. Did the nurse perform a basic MSE by assessing level of consciousness and asking orientation questions?			
15. If basic MSE was abnormal did the nurse completely assess attention, concentration and memory components? (Note: Answer yes only if all three components were completed)			
16. Score for # 11- 15: # checked yes/ # checked no + # checked yes = /			
17. Did the nurse show empathy?			

**Each of the following three sections (the section on symptoms, the section on diagnosis, and the section on treatment), is to be completed each time a patient is new to the treating nurse, or if the patient presents in a significantly different way than when last seen by the nurse.**

## **SYMPTOMATOLOGY – completed for NEW PATIENTS/NEW PRESENTATIONS**

**If presenting symptoms are DEPRESSIVE/SOMATIC symptoms or the nurse suspects depression based on family or other report, did the nurse:**

<b>Depression Did Nurse:</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
18. Ask about change in mood/agahinda (if not presenting symptom)?			
19. Ask about loss of enjoyment of previously enjoyable activities (for most of the day, every day)?			
20. Ask about neurovegetative symptoms (change in sleep, appetite or energy, for most of the day, every day)?			

21. Ask about suicidal thoughts?			
22. Screen for a history of mania?			
23. <i>Score for 18-22:</i> # checked yes/# checked no + # checked yes = _____ /			

**If the presenting symptoms are PSYCHOTIC symptoms or the nurse suspects chronic psychosis based on family or other report, did the nurse:**

<b>Psychotic Symptoms</b>			
<b>Did Nurse:</b>	<b>Yes</b>	<b>No</b>	<b>Not applicable</b>
24. Ask about presence of auditory/visual hallucinations?			
25. Evaluate for delusions? (in French - delire)			
26. Ask about, observe, or hear a report on the presence of long term social withdrawal?			
27. Evaluate for disorganization by observing the patients' behavior and appearance?			
28. Identify active psychotic symptoms when present such as strange speech or blunted affect?			
29. <i>Score for 24-28:</i> # checked yes/# checked no + # checked yes = _____ /			

**If the presenting symptoms are MANIC symptoms or the nurses suspects bipolar disorder based on family or other report, did the nurse:**

<b>Mania</b>			
<b>Did nurse:</b>	<b>Yes</b>	<b>No</b>	<b>Not applicable</b>
30. Assess if mood is <b>currently</b> elevated or expansive?			
31. Assess if mood is elevated or expansive <b>during episodes?</b>			
32. Assess if sleep or need for sleep is <b>currently</b> reduced?			
33. Assesses if sleep or need for sleep is reduced <b>during episodes?</b>			
34. Assess if <b>during episodes</b> the patient has increased goal directed activities?			
35. Identify if the patient is <b>currently</b> intoxicated (if yes, evaluate when sober)?			
36. Screen for a history of depressive symptoms?			
37. <i>Score for 30-36:</i> # checked yes/# checked no + # checked yes = _____ /			

**If the presenting problem is SEIZURES:**

<b>Seizures</b>			
<b>Did nurse ask:</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
38. The patient or family to describe the seizures?			
39. About any previous seizures?			
40. Age of onset			
41. Seizure frequency (How many seizures the patient has had in the past day, week, month or year?)			
42. Seizure duration (How long do seizures last?)			
43. about risk factors for epilepsy (at least two of the following: birth trauma, delayed development, accident, meningitis/malaria history, family history of seizures)?			
44. Ask whether the patient remains conscious (responsive) during the seizures?			
45. Ask about presence of post-ictal symptoms?			
46. Score for 38-45: # checked yes/# checked no + # checked yes = /			

Summary of symptom assessment:

47. $(Q23 + Q29 + Q37 + Q46) / 4 =$ (should be a percentage)
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**DIAGNOSIS – completed for NEW PATIENTS/NEW PRESENTATIONS**

<b>Diagnosis</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
48. Did the nurse make or adjust the diagnosis based on criteria from the training module for depression, bipolar disorder, schizophrenia or epilepsy?			
Mentor Diagnosis is (check all that apply):			
49a. Depression			
49b. Mania			
49c. Schizophrenia or other psychosis			
49d. Post traumatic stress disorder			
49e. Psychosomatic problems (medically unexplained symptoms)			
49f. Substance abuse/dependance			
49g. Epilepsy			
49h. No diagnosis of mental disorder			
49i. Other: (write in)			
50. Mentor agreed with diagnosis made by mentee			

**TREATMENT – completed for NEW PATIENTS/NEW PRESENTATIONS**

<b>Treatment- NonMedication Related</b>			
<b>Did the nurse:</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
51. Assess if patient/family is aware of the diagnosis, and if he/she is not, did they disclose?			
52. Discuss at least two relevant psychoeducation facts with the patient (from training materials)?			
53. Discuss at least two relevant psychoeducation facts with the family?			
54. If treating for depression, did the nurse discuss behavioral activation?			
55. If treating for bipolar disorder, did the nurse discuss sleep hygiene?			
56. Score for 51-55: # checked yes / # checked yes+ # checked no = /			
57. Make follow up appointment in an appropriate time frame?			
<b>Treatment- Medication Related</b>			
<b>Did the nurse:</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
58. Based on symptoms, diagnosis, and any history of side effects, did the nurse prescribe the correct medication(s)?			
59. Prescribe the correct dose of the medication(s) (see training book)?			
60. Tell the patient how the medication will help?			
61. Tell the patient how to take the medication?			
62. Tell the patient about potential side effects?			
63. Score for 58-62 # checked yes / # checked yes+ # checked no = /			

**REFERRAL – to be completed for ALL patients:**

<b>Referral Status</b>	<b>Yes</b>	<b>No</b>	<b>Not applicable</b>
64. Did the nurse want to refer the patient to the district hospital?			
If so, why?			

65a. Significant medical illness			
65b. Alcohol or drug intoxication/withdrawal			
65c. Acutely suicidal			
65d. Behavior that could hurt themselves or others			
65e. Post partum time period			
65f. Uncertain of diagnosis and treatment plan			
65g. Other			
66. Mentor agreed with referral status			

**FOLLOW UP –completed for OLD/FOLLOW UP PATIENTS**

<b>Follow Up- Non Medication Related</b>			
<b>Did the nurse:</b>	<b>Yes</b>	<b>No</b>	<b>Not applicable</b>
67. Assess current status of target symptoms of the diagnosed disorder?			
68. Assess for development of any new symptoms?			
69. Ask/assess current level of functioning?			
70. Address all current symptoms and current level of functioning?			
71. Provide psychoeducation (ref. to training materials)?			
72. Score for 67-71: # checked yes / # checked yes+ # checked no =      /			
73. Make a follow up appointment in appropriate time interval?			
<b>Follow Up- Medication Related</b>			
<b>Did the nurse:</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
74. Assess medication response?			
75. Ask about side effects?			
76. Address side effects appropriately?			
77. Based on symptoms, diagnosis, and any history of side effects, did the nurse prescribe the correct medication (s)?			
78. Prescribe the correct dosage of medication(s)? (based on training materials)?			
79. Score for 74-78: # checked yes / # checked yes+ # checked no =      /			

