

# I. Mental Health Assessment: BPRS Screening Tool

## Screening Type: Initial screening and Post intervention

Score: 0 = not assessed, 1 = not present, 2 = very mild, 3 = mild, 4 = moderate, 5 = moderately severe, 6 = severe, 7 = extremely severe (<=2 - Normal, =3 Counselling Intervention, >=4 need to be referred)

1. **SOMATIC CONCERN:** Do you experience physical pain for no apparent reason or do you think that you are suffering from some illness like cancer, HIV, TB etc.
  2. **ANXIETY:** Are you feeling overwhelmed with anxiety, fear, nervousness, and restlessness? Do you feel difficulty in breathing, sweating, and hesitation in speaking or are too worried about the future?
  3. **EMOTIONAL WITHDRAWAL:** Do you feel more sad, irritable or gloomy?
  4. **CONCEPTUAL DISORGANIZATION:** Do you know where you are / what time it is today / is it night or day now / what is the date today / who you are?
  5. **GUILT FEELINGS:** Do you feel worried about the past and what happened in the past?
  6. **TENSION:** Do you often feel very angry or anxious?
  7. **MANNERISMS & POSTURING:** Have you been standing, sitting or sleeping in one place for a long time (mark by looking at the patient's gestures)?
  8. **DEPRESSION:** Do you have thoughts like sadness, depression, insomnia, suicide??
  9. **HOSTILITY:** Do you think of treating someone very harshly (hitting, hitting, harming, killing), etc.?
  10. **SUSPICIOUSNESS:** Do you suspect someone is trying to harm you, talk about you or kill you?
  11. **HALLUCINATORY BEHAVIOR:** Do you hear a sound that is not there (God, ghost, a noble person) or something that is seen is not there (animal, snake, god, and ghost) or you smell something that is not there such as a fragrance or odor, etc.?
  12. **MOTOR RETARDATION:** Have you become more energetic or don't feel like moving around like before?
  13. **UNCOOPERATIVENESS:** Is the patient not answering your questions, is completely silent, look at them and give marks ( by looking at the patient's gestures)?.?
  14. **UNUSUAL THOUGHT:** Is the patient doing strange things or behaviours that are far from reality? Such as - (patient sway/behave like a snake or a lizard)
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15. **BLUNTED AFFECT:** Does looking at the patient make it seem that he has flat face/no or zero expression like neither happy, nor sad, nor irritated / absolutely no value?
  16. **GRANDIOSITY:** Does the patient talk too much/superior talks, beyond his capacity?

## II. Mental Health Assessment: PHQ-2 Screening Tool

Physical Health Questionnaire PHQ- 2					
Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Less than half the days	More than half the days	Nearly everyday
1	Little interest or pleasure in doing things	0	+1	+2	+3
2	Feeling down, depressed or hopeless	0	+1	+2	+3

### **Patient eligibility for intervention (PHQ-2):**

- **Criteria for enrollment into the Mental Health Counseling Intervention:** Sum score =3 across both questions.
- **Criteria for referral to a mental health professional for further evaluation, psychiatric care, or hospitalization:** Sum score > 3 across both questions

## III. Mental Health Assessment: PHQ-4 Screening Tool

Patient Health Questionnaire PHQ- 4					
Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly everyday
1	Feeling nervous, anxious or on edge	0	1	2	3
2	Not being able to control or stop worrying	0	1	2	3
3	Little interest or pleasure in doing things	0	1	2	3
4	Feeling down, depressed or hopeless	0	1	2	3

### **Patient eligibility for intervention (PHQ-4):**

#### **Sum of all the scores**

**Normal: 0-2; Mild: 3-5; Moderate: 6-8; Severe: 9-12**

- **Criteria for enrollment into the Mental Health Counseling Intervention:** Mild: 3-5
- **Criteria for referral to a mental health professional for further evaluation, psychiatric care, or hospitalization:** Moderate/Severe 6-12