#### Preventive Care for ages 18 to 24 years Greig Health Record for Young Adults

Selected Guidelines and Resources - Page 2

Strength of Recommendations **Bold = Good** *Italics = Fair* 

Italics = Fair Plain Text = consensus or inconclusive evidence

Strengths Questions (examples)	
to promote positive communication and to help buil	d
resiliency.	

What do you enjoy doing?

How would you describe yourself?

How would your best friend describe you?

What things are you proud of?

What are you good at?

What do others admire about you?

What is something someone said that made you feel really good about yourself?

#### Resources

www.aap.org/en-us/professional-resources/Reaching-

Teens/Documents/Private/SSHADESS\_handout.pdf

www.modernmedicine.com/tag/heeadsss-30-and-sshadess

ebooks.aappublications.org/content/reaching-teens-strength-based-

communication-strategies-to-build-resilience-and-support-healthy-adolescent-

developmen

<b>Quick Depression Screening</b>	Ouick	Depi	ression	Scree	ening
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Over the past two weeks, have you felt down, depressed, or hopeless?

Over the past two weeks, have you felt little interest or pleasure in doing things?

#### **PHQ-A Depression Screening**

In the past 2 weeks have you been bothered by any of the following problems:

			0 1	
	Not at all	Several Days	More than half the days	Nearly every day
1. Feeling down, depressed, irritable or hopeless?	0	1	2	3
2. Little interest or pleasure in doing things?	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much?	0	1	2	3
4. Feeling tired or having little energy?	0	1	2	3
5. Poor appetite, weight loss or overeating?	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down?	0	1	2	3
7. Trouble concentrating on things like school work, reading, or watching TV?	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way. *	0	1	2	3

Total:

In the past year	have you felt depressed	or sad most days,	even if you felt oka	y sometimes?
□ Ves	□ No			

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult Somewhat Very Extremely

Not difficult Somewhat Very Extremely at all difficult difficult Difficult

Has there been a time in the <u>past month</u> when you have had serious thoughts about ending your life?  $\ \square$  Yes  $\ \square$  No

Have you EVER in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

http://www.phqscreeners.com/overview.aspx

# PHQ-9 Depression Screening Explanation

Scoring: 5-9 mild depression, 10 -14 moderate depression, 15 to 19 moderately severe depression, 20 and over severe depression

Additional questions are for a global impression but not for scoring

\*positive answers to question 9 require further evaluation

http://www.phqscreeners.com/overview.aspx



## Major Depressive Disorder, SSRIs and Young Adults

The use of SSRIs in young adults is associated with increased suicidal behaviours.

SSRIs may be used when the benefit outweighs the risk and there is evaluation and close monitoring for adverse effects and suicidal ideation and behaviours.

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Kroenke K, Spitzer RL, Williams JB, et al., Ann Intern Med. 2007;146(5):W77

#### Patient Health Questionnaire – GAD-7 Anxiety Screening

In the past 2 weeks have you been bothered by any of the following problems:

in the past 2 weeks have you been bothered by any of the following problems				CIIIS.	
	Not at all	Several Days	More than half the days	Nearly every day	
Feeling nervous, anxious or on edge	0	1	2	3	
2. Not being able to stop or control worrying	0	1	2	3	
3. Worrying too much about different things	0	1	2	3	
4. Trouble relaxing	0	1	2	3	
5. Being so restless that it is hard to sit still	0	1	2	3	
6. Becoming easily annoyed or irritable	0	1	2	3	
7. Feeling afraid as if something awful might happen	0	1	2	3	
Total					

Total

http://www.phqscreeners.com/overview.aspx Available in many languages

#### **GAD-7 Anxiety Screening Explanation**

Scoring: 5-9 mild anxiety, 10-14 moderate anxiety, 15 and over – severe anxiety

Further evaluation recommended for a score of 10 or greater

http://www.phqscreeners.com/overview.aspx

# Mental Health Resources

www.ementalhealth.ca/

www.camh.ca/en/hospital/health\_information/

suicideprevention.ca/

Positive score > 3

www.gaincc.org/GAINSS a short screener for many mental health and psychosocial issues

www.caddra.ca/patient-forms/adults Adult ADHD screening

## Risk Factors for young adult suicide

History of previous suicide attempts and self-harm Family history of suicide

Family violence

Family violence

History of serious physical or mental illness

Alcohol or drug abuse, including prescription medications

Stressful life event or loss, eg death of a loved one, unemployment

Major life changes or transitions

Feelings of social isolation or lack of support network, including public

humiliation or identifying as a minority

ADHD, impulsivity

Easy access to lethal methods including firearms

#### **Suicide Prevention - Crisis Centres**

suicideprevention.ca/thinking-about-suicide/find-a-crisis-centre/

suicideprevention.ca/francais/

# **Poverty Assessment Tool**

https://thewellhealth.ca/poverty

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**Disclaimer:** Given the evolving nature of evidence and changing recommendations, the Greig Health Record is meant to be used as a guide only. Preventive care is delivered both episodically and at dedicated visits. This tool may be used in part or as a whole.