

Strength of Recommendations
Bold = Good
Italics = Fair
 Plain Text = consensus or inconclusive evidence

Strengths Questions (examples) to promote positive communication and to help build 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/theadsss-30-and-sshade
ebooks.aapublications.org/content/reaching-teens-strength-based-communication-strategies-to-build-resilience-and-support-healthy-adolescent-development

Quick Depression Screening

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:

	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 okay sometimes?
 Yes 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 at all	Somewhat difficult	Very difficult	Extremely Difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has there been a time in the **past month** when you have had serious thoughts about ending your life?
 Yes No

Have you **EVER** in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
 Yes No

<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.

Quick Anxiety Screening GAD-2

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

	Not at all	Several Days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
Positive score ≥ 3				

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:

	Not at all	Several Days	More than half the days	Nearly every day
1. 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:				

<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/
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
 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.