

Screening for Child and Adolescent Mental Health Issues

*(For Parents/ Care-Giver)

For Dept. of Pediatrics, ART Centre, Indira Gandhi Institute for Child Health (IGICH)

Developed by Community Child & Adolescent Mental Health Service Project,
Dept of Child & Adolescent Psychiatry, NIMHANS

Name of Child:

Date:

Age:

Sex:

Explain: 'Children with HIV often have to cope with difficult emotions and worries; so they may have certain behaviours that are hard to manage. We want to understand if your child has any of these so that we can, in addition to HIV treatment, help you support your child better emotionally...so that your child can cope better/ be happier.'

Then, say: 'I will read you a list of issues and problems/ behaviours your child may (or may not) have. If you feel that he/she has any of them, just say 'yes' and don't worry...our aim is to see how best to support your child and your family.'

Read the item check-list (below) one by one to the parent/ caregiver. Allow the parent/caregiver to answer each question (yes/ no) before proceeding to the next one.

	Items	Yes	No
1.	Often feels worried and tense		
2.	Refuses to go to school		
3.	Often reports stomach ache/ headache/body ache/ fainting fits		
4.	Unhappy, sad, and cries easily/ a lot of the time		
5.	Has problems with eating/ appetite and sleeping		
6.	Tends to spend time alone/Does not play with other children or like to interact socially		
7.	Feels/ expressed that life is not worth living		
8.	Restless, over-active, inattentive & impulsive		
9.	Easily angry and irritable		
10.	Disobedient/ Aggressive and verbally or physically abusive		
11.	Feels like/ has run away from home		
12.	Refuses to take medications/ does not take them regularly		
13.	Has questions/ worries about HIV/ illness		

Have you told the child anything about his/her hospital visits and illness, and why she/needs to take medications? (Yes/ No)

*Referred for Counselling Services (Yes/ No):