



TUBERCULOSIS & MENTAL HEALTH

MAJOR DEPRESSIVE
DISORDER AND ANXIETY
COPING WITH STRESS

12-12-24

**Dr. Holden Nena, MBBS/PGDMH
Clinical Director of Behavioral Health**



Perceived Stress Scale (PSS-10)

Instructions:

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way.

In the last month, how often have you...

		Never	Almost Never	Sometimes	Fairly Often	Very Often
1	been upset because of something that happened unexpectedly?	0	1	2	3	4
2	felt that you were unable to control the important things in your life?	0	1	2	3	4
3	felt nervous and "stressed"?	0	1	2	3	4
4	felt confident about your ability to handle your personal problems?	4	3	2	1	0
5	felt that things were going your way?	4	3	2	1	0
6	found that you could not cope with all the things that you had to do?	0	1	2	3	4
7	been able to control irritations in your life?	4	3	2	1	0
8	felt that you were on top of things?	4	3	2	1	0
9	been angered because of things that were outside of your control?	0	1	2	3	4
10	felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Developer Reference:

Cohen, S., & Williamson, G. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health: Claremont Symposium on applied social psychology*. Newbury Park, CA: Sage.

Administer Now



PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the **last 2 weeks**, how often have you been bothered
by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	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 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, such as reading the newspaper or watching television	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

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off **any** problems, 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
☐

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by 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

Column totals + + + =

Total score

If you checked any problems, how difficult have they 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

☐
☐
☐
☐

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at rs8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

2. Have you <u>actually had</u> any thoughts of killing yourself?		Low Risk	
**If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6. **			
3. Have you been thinking about how you might do this? Example: "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it... and I would never go through with it."		Mod Risk	
4. Have you had these thoughts and had some intention of acting on them? As opposed to "I have the thoughts, but I definitely will not do anything about them."		High Risk	
5. Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk	
**Always Ask Question 6 **		Life time	Past 3 Months
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.		Mod Risk	High Risk

CRITERIA FOR SUBSTANCE-USE DISORDER (DSM-V)

Substance(s): _____

- ☐ The quantity of the substance used, or the amount of time spent using is often greater than intended.
- ☐ Efforts to control use of the substance are unsuccessful due to a persistent desire for the substance
- ☐ Considerable time is spent using the substance, recovering from its effects, or attempting to obtain the substance
- ☐ A strong desire, craving, or urge to use the substance is present
- ☐ Substance use interferes with major role obligations at work, school, or home
- ☐ Use of the substance continues despite harmful social or interpersonal effects caused or made worse by substance use
- ☐ Participation in social, work, or leisure activities is avoided or reduced due to substance use
- ☐ Substance use occurs in situations where substance use may be physically hazardous
- ☐ Continued substance use occurs even when the substance is causing physical or psychological problems or making these problems worse
- ☐ Tolerance for the substance develops, including a need for increasing quantities of the substance to achieve intoxication or desired effects or a noticeable decrease in effects when using the same amount of the substance
- ☐ After heavy or sustained use of a substance, reduction in or abstinence from the substance results in withdrawal symptoms or precipitates resumption of use of the substance or similar substances to relieve or avoid withdrawal symptoms.

SELF CARE (MENTAL HEALTH ABC)



AWARENESS
(EMOTIONAL)



BALANCE



CONNECT

COPING WITH THE 4AS

Avoid

Alter

Adapt

Accept



GRATITUDE ATTITUDE (JOHN MAXWELL)

- EXPRESS GRATITUDE
INDEPENDENT OF
YOUR FEELINGS
- EXPRESS GRATITUDE
FOR THE SMALL AND
ORDINARY THINGS
- EXPRESS GRATITUDE
ESPECIALLY IN THE
MIDST OF
ADVERSITY



K O M O L T A T A