

COVID-19 and Mental Health Assessment and Monitoring

Introduction

In these anxious times of minimised social contact, children and young people are likely to experience more mental health problems than usual. Children may be more vulnerable because of isolation. Mental health practitioners, social workers and carers must, however, avoid physical contact during the pandemic as much as possible. This document details how organisations can sustain high quality mental health assessment and monitoring of vulnerable young people without increasing the risk of COVID-19 transmission.

Background

The SDQ is the most widely used mental health measure for children and young people in the world. Translated into over 80 languages, it is used globally, 24 hours a day, 365 days a year. Millions of children have been assessed with the SDQ over the last 20 years. As one of hundreds of recent examples of its clinical and research use, the SDQ has been selected as the measure of mental health in a forthcoming UK national survey of the well-being of children during the pandemic. The SDQ focuses on emotional symptoms, conduct problems, hyperactivity symptoms, peer problems and pro-social behaviours; it is highly predictive of present and future mental illness. The SDQ was authored by Robert Goodman, Professor of Child and Adolescent Psychiatry at King's College, London.

The SDQplus provides clinicians and mental health professionals with an online, structured framework to measure and monitor young people's mental health both immediately and over time. This helps carers decide how well children are able to cope with the circumstances they are experiencing. SDQplus also provides rapid analyses of groups of young people to identify those most in need. All this can be done with no physical contact between young people or those assessing them. The online measure requires only a few minutes effort per young person.

SDQ and why you should use it now

SDQplus (<https://sdqscore.org/SDQblockchain.html>) makes it easy for clinicians, carers and schools to assess children quickly. Assessments are emailed to informants, avoiding face-to-face contact entirely. Because the SDQ is answered online, time and effort is saved which otherwise must be spent interviewing and recording data in the presence of parents and children. Reports and analyses of data are available immediately upon completion of the SDQ. This allows mental health professionals to quickly identify, monitor and plan interventions for children who are struggling. The SDQ can provide reassurance to those who do not need immediate intervention; follow-up assessments can be given every few months.

Youthinmind Limited, the owner and operator of the SDQ and SDQplus, is offering immediate, free and no obligation use of SDQplus to key organisations during the COVID-19 emergency. We also are offering free video conference training and consultation to those organisations as well. If interested, contact Professor Michael Smith via mfs@fm2x.com or on +44 207 582 1409.

Appendix: What does the SDQ look like?

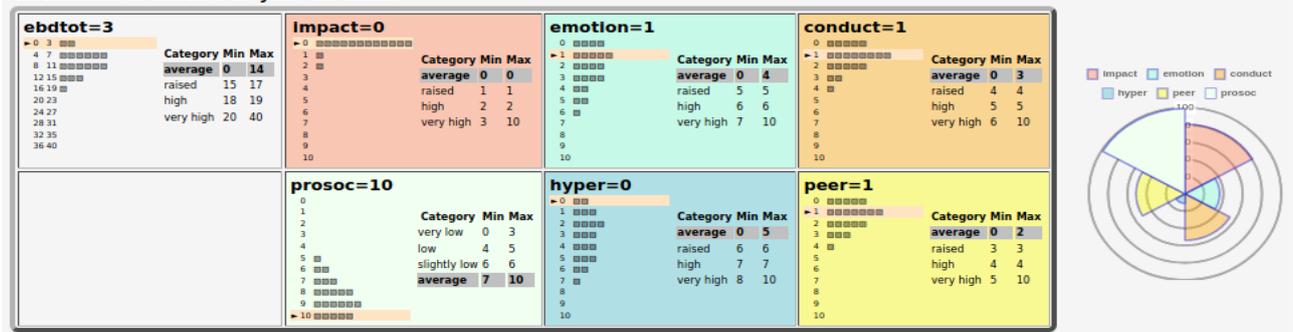
To the young person being assessed, the SDQ looks like this on the web browser of their computer, laptop, tablet or mobile phone:

How well does each statement describe how you have been over the last 6 months ?	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I am restless, I cannot stay still for long	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get a lot of headaches, stomach-aches or sickness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually share with others (food, games, pens etc.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I get very angry and often lose my temper	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually on my own. I generally play alone or keep to myself	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I usually do as I am told	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
I worry a lot	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

There are another 3-7 pages like this, depending on the severity of problems present. Parents and teachers respond to similar instruments. Typical response times are 3-5 minutes.

To the clinician (or other mental health responsables) assessing responses about the young person, there are a number of visualisations, e.g.:

This is a SELF ASSESSMENT from SDQplus. Started 2020-03-22, last entered 2020-03-29, mostly entered 2020-03-22. Assessment is about a 15 year old male.



This young person reports having no problems at present. His parents, however, do not agree:

This is a PARENT ASSESSMENT from SDQplus. Started 2020-03-22, last entered 2020-03-22, mostly entered 2020-03-22. Assessment is about a 15 year old male.



The SDQ does not give the clinician answers but rather poses questions to help resolve the significant differences between the young person’s view and those of his parents. Further assessments are aggregated to give the clinician a perspective over time to see if problems are responding to therapy. If the clinician decides that intervention is not appropriate, the scheduling of future SDQs can be a reassuring, responsible and economical response.

In addition to using the SDQ with individual patients, the SDQ provides visualisations of groups such as patient lists, school classes, etc., to permit rapid prioritising within the group, e.g.,:

When	PlusID ID S T	Total			Impact			Prosocial			Emotion			Conduct			Hyperactive			Peer			Int/Ext			Disorder			Prediction (emotion conduct hyper)	A.I. Advisor
		P	S	T	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T	P	S	T		
2020-03-22	3439-0495-4462-7654	22			4			1			0			9			10			3			3/19			59.13			Probable (emo cdt hyp)	
2020-03-22	5293-6988-6797-1269	17			6			10			9			1			3			4			13/4			24.49			Probable (emo cdt hyp)	
2020-03-22	5293-6988-6797-1269	12			4			10			5			0			3			4			9/3			10.75			Possible (emo cdt hyp)	Impact with ...
2020-03-22	1118-0643-4748-2567	6			0			6			0			4			0			2			2/4			2.97			Possible (emo cdt hyp)	Conduct elevated ...
2020-03-22	1365-7383-2670-2776	2			0			10			2			0			0			0			2/0			0.70			Unlikely (emo cdt hyp)	
2020-03-22	1365-7383-2670-2776	8			4			10			7			1			0			0			7/1			4.28			Probable (emo cdt hyp)	Impact with ... Emotion elevated ...
2020-03-22	1193-8710-3591-9638	4			1			10			4			0			0			0			4/0			0.60			Unlikely (emo cdt hyp)	
2020-03-22	1118-0643-4748-2567	3			0			10			1			1			0			1			2/1			0.60			Unlikely (emo cdt hyp)	
2020-03-22	5293-6988-6797-1269		5			0			10			4			0			0			1		5/0			5.42			Unlikely (emo cdt hyp)	
2020-03-22	1118-0643-4748-2567		2			0			9			0			1			0			1		1/1			1.78			Unlikely (emo cdt hyp)	

The introductory example deliberately was chosen to be non-dramatic. The following visualisation of a “perfectly normal” Year 7 class in the UK, carried out before the pandemic, is far more typical!

created	ebdtot	impact	emotion	conduct	hyper	peer	prosoc	A.I. Notes
2018-10-05	4	0	0	2	0	2	10	
2019-11-13	4	0	2	2	0	0	9	
2018-10-05	5	0	4	1	0	0	8	
2018-10-05	5	0	1	1	2	1	7	
2019-11-13	6	0	0	1	3	2	8	
2018-10-05	7	0	2	2	3	0	7	
2019-11-13	7	0	3	1	1	2	7	
2019-11-13	7	0	1	3	3	0	6	-prosoc
2019-11-21	7	0	0	2	5	0	6	-prosoc
2019-11-13	10	0	3	3	3	1	9	
2018-10-05	10	1	1	2	6	1	6	impact + ?hyper-impact? + -prosoc
2018-10-05	10	3	2	2	5	1	7	impact
2019-11-13	12	0	3	4	3	2	9	
2019-11-13	12	0	3	5	4	0	8	
2019-11-13	12	0	3	4	5	0	7	
2018-10-05	13	0	4	2	5	2	8	
2018-10-05	13	2	4	2	5	2	5	impact
2019-11-13	14	0	5	2	4	3	9	?peer-emotion?
2018-10-10	14	4	6	1	6	1	8	impact + ?emotion-impact? + ?hyper-impact?
2018-10-05	16	0	2	6	8	0	4	hyper + -prosoc
2018-10-05	16	5	9	1	3	3	7	emotion + impact + ?peer-emotion? + ?emotion-impact? + -prosoc
2019-11-21	18	0	9	0	2	7	8	emotion + ?peer-emotion?
2019-11-13	18	0	4	2	9	3	6	hyper + -prosoc
2018-10-05	18	3	7	5	2	4	7	impact + ?peer-emotion? + ?emotion-impact? + -prosoc
2019-11-13	19	0	4	5	5	5	9	
2019-11-13	19	0	5	4	10	0	4	hyper + -prosoc
2018-10-05	20	2	3	4	9	4	7	hyper + impact + ?hyper-impact? + -prosoc
2018-10-10	21	0	9	1	5	6	10	emotion + ?peer-emotion?
2018-10-05	21	2	6	4	7	4	6	hyper + impact + ?peer-emotion? + ?emotion-impact? + ?hyper-impact? + -prosoc
2019-11-21	28	1	8	6	10	4	8	hyper + impact + ?peer-emotion? + ?emotion-impact? + ?hyper-impact?

For organisations responsible for a number of groups, such as shown above, SDQ data can be aggregated and exported at any time for further analysis. SDQ data also can be integrated with existing health record and care management systems via a full set of online interfaces (APIs).

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