

Mental Health Problem Index

PURPOSE

The mental health problem index lists behaviors, symptoms, and actions which may be addressed in the individualized service plan (ISP). The purpose of this index is to standardize the identification of service targets and to enable the tracking of goal attainment.

INDEX NUMBER and DESCRIPTION

- 101 Abusive to Self. Swallows objects, cuts self, bites self, bangs head, chokes self, jumps from heights, tears sutures, etc. If suicidal intent is present, see (152) Suicidal Behavior.

- 102 Abusive, Verbally. Uses hostile, abusive or sarcastic language not specifically directed at anyone. If directed at another, use (107) Assaultive, Verbally.

- 103 Affect, Dysfunctional Expression of. Affective display is incongruent and inappropriate to the context. This may include blocking or blunting in one extreme and excessive affective display in the other.

- 104 Anger Management Deficits. Difficulty identifying and expressing anger in behavior, emotion, thought, or fantasy. In other words, the patient is unable to modulate and communicate anger in a socially appropriate manner.

- 105 Anxiety, Pathological. Apprehension, tension, pervasive uneasiness, nervousness, irritability, jumpy behavior, a perception of danger, the source of which is largely irrational or inappropriate to the context.

- 106 Assaultive, Physically. Includes physical aggression such as pushing, striking, kicking, punching, grabbing, etc., that is directed at another person. If directed at property see (109) Damages Property. If the physical aggression involves grave, life threatening bodily damage or includes simultaneous verbal threats to kill, see (121) Homicidal Behaviors.

- 107 Assaultive, Verbally. Includes hostile, intimidating, threatening, abusive, or sarcastic language specifically directed at another person. If the threat specifically is to kill versus harm another, see (121) Homicidal Behaviors.

- 108 Assertiveness, Lack of. Inability to be frank, honest, and forthright in expressing feelings, whether positive or negative; unwilling or unable to stand up for one's rights, opinions, needs, and tendency toward being victimized.

- 109 Damages Property. Includes destruction of property (clothing, objects, equipment, furnishings, walls, etc.) of DC, the patient, staff, or other patients. See (106) for physical assaultiveness directed at persons rather than property. See (119) Hazardous Behavior With Fire if fire is the means of destruction.

- 110 Delusions. Beliefs firmly held despite strong or conclusive evidence to the contrary. The belief is not one that is ordinarily held by members of the patient's culture or subculture. Examples include delusions of grandeur, persecution, control, nihilism, and somatic delusions.
- 111 Denial. Patient refuses to recognize his/her role in regard to some significant aspect of behavior. The denial may affect interpersonal and therapeutic involvement and typically contradicts or ignores any generally accepted understanding of reality or the patient's responsibility. For example, a patient may have frequent episodes of angry outbursts and yet deny that he has a problem in that area.
- 112 Dependency, Pathological. Pathological need for parenting, love, affection, approval, protection, security, direction, guidance, etc., which interferes with effective living, achievement of goals, or reasonable emotional comfort. The patient directly or indirectly seeks interpersonal or institutional relationships for the purpose of satisfying these excessive needs. If institutional dependence is the issue, consider (141) Resistance To Discharge.
- 113 Depression. Pervasive and sustained feelings of sadness, despair, discouragement, helplessness, and hopelessness. For psychotic depression see (110) Delusions. If suicidal see (152) Suicidal Behavior.
- 114 Disorientation. Confusion about the date or time of day (time), where one is (place), who one is (person/identity), and situation (specific context).
- 115 Eating Disorder. Includes bulimia, anorexia, etc. For PICA see (137).
- 116 Exhibits Self Sexually. For example, flashing, streaking, or mooning. For disrobing of a nonsexual nature, see (204) Dressing.
- 117 Family Relationships Deficits. Inability to maintain and to utilize family relationships; family dynamics may contribute to or sustain patient's pathology. This may include child/spouse/elder abuse.
- 118 Hallucinations. Sensory perception in the absence of an actual external stimulus; may occur with any of the senses, for example, auditory, olfactory, visual, tactile, gustatory, etc. For disturbances of thought processes, see (153) Thought Disorder. For disturbances in thought content, see (110) Delusions.
- 119 Hazardous Behavior With Fire. Hazardous smoking, smokes in unauthorized areas, careless with combustibles, etc. Enter also as an alert for arson or pyromania.

- 120 Hoarding. Collecting or saving to excess any objects, materials or substances including food, magazines, extra pieces of clothing, string, paper, feces, etc.
- 121 Homicidal Behaviors. Threats, expressed thoughts, fantasies, attempts to kill others. If history or current danger, enter also as an alert.
- 122 Hyperactivity. Increased level of activity (may include excessive talkativeness) not associated with manic episodes and not marked by agitation. See also (138) Psychomotor Agitation.
- 123 Hypochondriasis. Morbid preoccupation with health or bodily functions, fear or false belief about disease with little or no basis in reality or when organic basis cannot be established. See (110) Delusions for somatic delusions.
- 124 Identity Problem. Stresses and uncertainties in areas such as autonomy, gender, sexual orientation and behavior, moral value system, friendship patterns, group loyalties, religious identification, intimacy, etc.
- 125 Impaired Judgment. Inability to interpret, or to formulate appropriate responses to the environment, or to act on everyday situations or information according to societal standards. This impairment may interfere with survival. Inability to draw correct conclusions from experience or to anticipate consequences.
- 126 Impulsiveness. Unable to control, defer or redirect emotional urges and needs into socially acceptable channels.
- 127 Interpersonal Relationship Deficits. Difficulty forming, developing and sustaining intimate relationships and friendships that are characterized by mutual honesty, respect, warmth and empathy. If there is a skills deficit, see (306) Social Skills Deficit.
- 128 Intrusive. Persistent, repetitive, aggressively demanding behavior or violations of the personal space of others.
- 129 Manic Behaviors. Elevated, expansive, or irritable mood, increased activity, pressured speech, racing thoughts, and impaired judgment, flight of ideas, grandiosity, decreased need for sleep, distractibility, or hypersexuality.
- 130 Masturbates Publicly. Publicly stimulates own genitals.
- 131 Memory Disturbance. Inability to recall recent or remote experiences which results in impairment of functioning.

- 132 Mood Swings. Fluctuating mood disturbances involving periods of manic/hypomanic symptoms alternating with periods of depressive symptoms.
- 133 Obsessions, Ruminations and Preoccupations. Persistent thoughts which are repetitive, recurrent and intrusive and preoccupy the patient's attention. For compulsive behaviors rather than thought, see (140) Repetitive or Ritualistic Behavior.
- 134 Paranoid Ideation. Suspicious, tends to project or distort reality, believes one is being harassed, persecuted, or unfairly treated, e.g., believes that one is the object of unwanted sexual advance. May have ideas of reference, reality distortion which falls short of delusion. For delusions, see (110) Delusions.
- 135 Pathological Behaviors Not Listed Elsewhere.
- 136 Phobia. Persistent, unrealistic, intense fear of a specific object, activity, or situation, e.g. heights, animals, public places, enclosed places, etc. Also see (105) Anxiety, Pathological.
- 137 Pica. Eats nonnutritive substances, nonfoods.
- 138 Psychomotor Agitation. Excessive motor activity. Movements are usually more repetitive than is customary for the individual, e.g., constant pacing. For hyperactivity, see (122) Hyperactivity.
- 139 Psychomotor Retardation. Generalized slowing of physical and mental processes; slowing in all areas of behavior, speech, thought, and actions; may include hypersomnia.
- 140 Repetitive or Ritualistic Behavior. Patient feels compelled to certain acts or patterns of behavior which must be followed; for example, repetitive washing, behavioral chains, etc. If the repetition involves thought versus behavior, see (133) Obsessions, Ruminations and Preoccupations.
- 141 Resistance to Discharge. Patient manifests marked apprehension or anxiety about discharge, exhibits marked regression as discharge becomes imminent, or exhibits behavior that prevents discharge such as self-mutilation, assault, or elopement.
- 142 Resistant to Treatment. Uncooperative with unit routine, refusal of treatment, or perfunctory participation in treatment; for example, medication noncompliance, refusal to attend planned scheduled treatment in a timely manner, etc.
- 143 Self-Esteem Deficits. Negative self-concept or difficulty sustaining a sense of self-worth; difficulty generating or accepting positive, realistic statements about self.

- 144 Sexual Dysfunction (not organically based). Inhibition in any of the several stages of the sexual response cycle (appetitive, excitement, orgasm, and resolution); usually a disturbance in both the subjective sense of pleasure or desire and objective performance.
- 145 Sexuality, Aggressive. Sexual behavior with violence, force, coercion, intimidation or physical and verbal threat of same; bizarre or sadistic behavior; abuse of children, incest, dangerous to the health and safety of oneself or others. See also (146) Sexuality, Paraphilia.
- 146 Sexuality, Paraphilia. Socially unacceptable object choices, expression, or preoccupation which, if acted out, would not be tolerated by society, e.g., pedophilia, voyeurism, and exhibitionism. See also (145) Sexuality, Aggressive.
- 147 Sleep Disturbance. Difficulty falling asleep, early awakening, sleeps fitfully, wanders, disturbs others at night, sleeps during the day but not at night, etc. Does not include narcolepsy or sleep apnea. Also see (113) Depression for sleep disturbance related to mood.
- 148 Social Withdrawal. Avoids or refuses most interaction; responds infrequently to verbal interactions initiated by others; avoids physical proximity to others; needs encouragement to interact with others.
- 149 Somatization. The conversion of affective states into somatic experiences and symptoms.
- 150 Steals. Takes property of others.
- 151 Substance Abuse. Use of street drugs; abuse of prescription or nonprescription medication, alcohol, mind-altering chemicals, inhalants, and other substances including nicotine, caffeine, etc., with resultant physiological and/or psychological dependence or impairment in social or vocational functioning.
- 152 Suicidal Behavior. Tendency, gestures, propensities to think about or plan suicide or actual attempts to kill oneself. If suicidal history, enter as an alert. For repetitive self-mutilation see (101) Abusive to Self. Enter also as an alert if by history or current danger.
- 153 Thought Disorder. Disturbances in form of thinking including thought blocking, derailment, loosening of associations, tangentiality, circumstantiality, perseveration, neologisms, nonsensical or incoherent speech, word salad, poverty of thought. For disturbances of thought content, see (110) Delusions. For disturbances of perception see (118) Hallucinations.
- 154 Wandering or Elopements. Staying by doors, trying to sneak out of unit, planned escapes from unit, wandering away from a group when off unit, etc.

- 202 Bathing. Difficulty bathing independently with respect to undressing for bath, washing thoroughly, using soap, washcloth, shampoo, etc.
- 203 Hygiene and Grooming. Difficulty carrying out personal hygiene and grooming activities including shaving, washing face and hands, nail care, menses care, genital hygiene, foot care, oral hygiene, combing/brushing hair, appropriate application of makeup, etc.
- 204 Dressing. Difficulty dressing independently with respect to selection of clothing, appropriateness of clothing choices, changing soiled clothing, keeping clothing on during day, putting clothes on in the proper order, dressing completely including proper donning of underclothing and socks and fastening of zippers, buttons, belts, shoelaces, etc.
- 205 Eating. Difficulty eating independently and appropriately. This problem focuses on tasks such as reaching the dining area without direction or being led, as well as deficits including being resistive to eating, having difficulty getting the food and carrying the tray, spilling food, dawdling over food, playing with food, gobbling food, displaying inappropriate behavior during meals. Includes inability/unwillingness to execute the motor behaviors necessary for eating.
- 206 Toileting. Impairments in tending to toileting needs independently. Targets tasks such as getting to the toilet, as well as deficits including requiring reminders to go to the toilet, soiling self or clothing while toileting, eliminating in inappropriate places, not wiping after toileting, not flushing the toilet, not washing after toileting, etc.
- 301 Concentration On Task. Difficulty attending to or staying on task. Can include tasks on the unit or off, tasks assigned specifically to the patient or those required of all patients, tasks established in classroom settings or in other places.
- 303 Educational Deficits. To the extent that lack of education creates problems in living currently or in the future.
- 304 Vocational/Occupational Deficits. To the extent that the deficit creates problems in living currently or in the future.
- 305 Leisure Skills/Interests/Hobbies. Deficits in the patient's ability or willingness to engage in leisure activities; activities can be solitary or group. Focus is upon the patient's ability to participate in structured activities or to plan one's leisure activity.
- 306 Social Skills Deficits. Inability to relate appropriately in individual or group interactions. This focuses on the patient's ability to interact, not upon their willingness to interact. For willingness, see (148) Social Withdrawal. As part of the problem definition, specify the area or areas in which the patient has difficulty. If the emphasis is on establishing and maintaining intimate relationships, see (127) Interpersonal Relationship Deficits.

- 308 Discharge Planning and Readiness Skills. List as an ISP Problem to delineate actions that will facilitate discharge from inpatient settings to outpatient settings or release from Close Management or other confinement settings to General Population settings.
- 309 Aftercare Planning. List as an ISP Problem to delineate actions that will facilitate post-release continuity of care and preparation for re-entry into the community.
- 401 Expressive Language Deficit. Refers to a deficit in the ability to communicate whether by the spoken word, through sign language or mechanical device or in written form.
- 402 Receptive Language Deficit. Refers to a deficit in the ability to understand what is said or in other ways communicated to him/her.
- 507 Limited Social/Environmental Stimulation. Limited stimulation due to housing in Close Management or other confinement setting.