

Depression in Adults with Intellectual Disability

Checklist for Carers

Who is the checklist for?

The Depression Checklist is for use by carers, in particular paid support staff. It is intended to be completed on behalf of adults who are unable to report their own feelings or symptoms because of severe communication impairment.

What does the checklist provide?

It provides carers with a means of ensuring they have noted and recorded the information that is needed by a medical practitioner to decide

- if an adult with intellectual disability may have depression or related mental health problem, and
- if referral to a mental health specialist or practitioner is appropriate.

Who should complete the checklist?

The best person to complete the checklist is the person who has worked longest with the adult and can provide all the information required. For some people who are relatively new to a service, it may best be completed by consultation between more than one carer, including a family member.

Is the Checklist a diagnostic tool?

No. The checklist provides information for use by a medical or mental health practitioner in screening for possible depression or related disorders, in adults who are unable to self-report.

How should the Checklist be used?

The Checklist should be completed by a carer prior to attending a medical consultation with a GP. Hence, it should be given to the GP with other information about the history of the adult and further information of relevance to his/her health care.

It can also be taken to a consultation with a mental health professional.

It is recommended that the Checklist be dated and kept in the adult's home medical file, as this will provide a record of changes in any of the symptoms noted.

How was the Checklist developed?

It was developed by Dr. Jennifer Torr (MBBS, Mmed – Psychiatry, FRANZCP, member Faculty Psychiatry of Old Age), Director of Mental Health at the Centre for Developmental Disability Health Victoria.

The first trial of the Checklist was in a study conducted by CDDHV psychiatrists and researchers, with follow-up evaluations. Details can be found at <http://www.cddh.monash.org>

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FOR EACH ITEM/SYMPTOM YOU HAVE OBSERVED IN THIS PERSON:

Circle L if the item/symptom has been present over a Long period of time

Circle C if there is a Change. This means that the item/symptom is new or has increased in severity for 2 weeks or longer

Circle both L and C if an item/symptom has been present for a long time but has increased in severity for 2 weeks or longer

If item not present, please leave blank.

Name: Date of birth: / /

Person completing form: Date of completion: / /

Relationship to the client:

Talking about wanting to die, suicide, or suicide attempt	L	C
Depressed mood		
Crying more often or more easily	L	C
Looks sad or unhappy or depressed or downcast	L	C
Less or lack of emotional response or expressiveness	L	C
Less or no smiling	L	C
Less or lost sense of humour – Less or no laughing	L	C
Depressed thinking		
Talking about sad things, death or dying	L	C
Talking about being bad or no good	L	C
Saying that people don't like them or are picking on them	L	C
Expressing concerns about their health or their body	L	C
Loss of interest in or enjoyment in usual activities		
Not enjoying activities that are usually enjoyed	L	C
Can't be cheered up with enjoyable activities or treats	L	C
Refusing, reluctant or needs persuasion to get out bed	L	C
Refusing, reluctant or needs persuasion to attend day placement	L	C
Refusing, reluctant or needs persuasion to do usual activities	L	C
Irritability		
Irritable, short tempered	L	C
Temper tantrums	L	C
Verbally abusive	L	C
Physically threatening	L	C
Physical assault of others	L	C
Property damage	L	C
Anxiety		
Appears anxious, fearful	L	C
Seeking reassurance	L	C
Repetitive questioning	L	C
Repetitive behaviours, rituals or obsessions	L	C
"Clinging" behaviour	L	C
Increased or new fear of lifts, escalators, crowds, other	L	C
Whinging, whining, worrying	L	C

Loss of confidence	L	C
Agitation, restlessness	L	C
Social interaction and communication		
Less or avoiding eye contact	L	C
(More) Withdrawn, not interacting with others	L	C
Spending (more) time alone	L	C
Decreased communication by signs or gesture	L	C
Not talking as much, not engaging in conversation, short or no answers	L	C
Long pauses or slow to answer	L	C
Slumped posture	L	C
Sighing more often	L	C
General functioning		
Appears to be slowed up, taking longer to do things	L	C
Listless, lacking in energy, motivation	L	C
Loss of skills and abilities	L	C
Less able to concentrate on or complete tasks	L	C
Not paying attention	L	C
Self neglect in dressing, grooming and showering/bathing	L	C
Appetite/ Weight		
Loss of appetite, refusing food, picky with food	L	C
Loss of weight	L	C
Increased appetite	L	C
Increased weight	L	C
Sleep		
Sleeping more or too much	L	C
Having trouble going to sleep, sleeping less, waking up during the night,	L	C
Waking up earlier than usual	L	C
Other behaviours		
Self injury	L	C
Other (please specify)		
	L	C
	L	C
	L	C