Chart

MHAT

Dr. Frank Donaldson

MHAT Reports

Patient Management

MHAT

Mental Health Assessment Technology (MHAT) Report

John Smith, male, 1992-11-18
March 15, 2024

This report was generated using Harrison Healthcare's Mental Health Assessment Tool (MHAT). MHAT is a diagnostic optimization tool developed using evidence-based psychiatric interviews and questionnaires and designed to help clinicians pinpoint the mental health conditions their patient is most likely experiencing.

In the following section, you will find patient-reported information on their history of mental health diagnoses. This includes the approximate dates of diagnosis, the healthcare professionals who made these diagnoses, and whether the patient is currently undergoing treatment for each condition. Additionally, a list of healthcare professionals currently involved in the patient's mental health care, as reported by the patient, is provided below this information.

Patient Reported Diagnoses

Mental Health Conditions	Date Diagnosed	Diagnosed By	Undergoing Treatment
Generalized Anxiety Disorder	Mar 2021	Family Physician	☑ Yes ☐ No
Major Depressive Disorder	Jan 2008	Psychiatrist	☑ Yes ☐ No

Neurodevelopmental Conditions	Date Diagnosed	Diagnosed By	Undergoing Treatment
Attention-Deficit / Hyperactivity Disorder	Jun 2012	Psychologist	☑ Yes ☐ No

Specialists involved in patient's mental/developmental healthcare

The client reported they do NOT currently see a specialist for mental/emotional care.

Summary of Findings

Patient completed a MHAT Screening questionnaire on **January 08, 2024**. Any mental health conditions listed in this report with a completion date prior to **January 08, 2024** were not endorsed during this Screening - the patient may no longer experience symptoms related to those conditions

Conditions within Diagnostic Proximity	Meets Criteria ↑	Date Submitted	Receiving treatment?
Attention-Deficit / Hyperactivity Disorder	Yes	2024-01-08	☑ Yes ☐ No
Generalized Anxiety Disorder	Yes	2024-01-08	☑ Yes ☐ No
Major Depressive Disorder	Yes	2024-01-08	
Persistent Depressive Disorder	Yes	2024-01-08	
Acute Stress Disorder	No	2024-01-08	
PTSD	No	2024-01-08	
Social Anxiety Disorder	No	2024-01-08	

Additional Endorsed Symptoms

Below are symptoms that the patient endorsed during the MHAT screening process, which are linked to mental health conditions that the client did not meet DSM-5 criteria for, based on their answers submitted on **January 08, 2024** .

Symptom Categories	Symptoms endorsed
Anxiety	• Fear of social situations (>= Past month) • Frequently worries about existing health condition or symptoms (>= Past month)
Trauma	• Emotional distress due to traumatic event (>= Past month)

POSSIBLE DIAGNOSES TO CONSIDER

Attention-Deficit / Hyperactivity Disorder

Check Diagnostic Proximity

Symptoms Endorsed

- Frequently easily distracted (>=6 months)
- Frequent difficulty sustaining attention on conversations, lectures, or reading books (>=6 months)
- Frequent difficulty following instructions and/or failure to finish schoolwork, chores, or duties in the workplace (>=6 months)
- Frequently loses important items (e.g., tools, wallet, keys, cellphone) (>=6 months)
- Frequently forgets important events (e.g., appointments, chores, returning call) (>=6 months)
- Frequent difficulty paying attention or concentrating (Lifetime)

Factors to consider for differential diagnosis

Other mental health conditions:

Oppositional Defiant Disorder (ODD)
May be characterized by resistance to tasks at work or at school because of a refusal to comply with expectations from others, along with negativity, animosity, and defiance. However, with ADHD, impulsivity, forgetfulness of instructions, and difficulties maintaining mental effort are the causes of the aversion to learning or cognitively taxing tasks.

Conduct Disorder (CD)
High levels of impulsivity may be present in Conduct Disorder, but there is also a pattern of antisocial behaviour.

Specific Learning Disorder
Inattentive behaviour due to frustration, lack of interest, or limited ability may characterize a specific learning disorder. However, a distinction in people with a specific learning disorder who do not have ADHD does not impair performance outside of school.

Autism Spectrum Disorder
Social disengagement and social isolation may occur in autism spectrum disorder as a result of deficits in social communication, as well as temper tantrums as a result of an inability to tolerate a change from the expected course of events, whereas social dysfunction and peer rejection in ADHD are associated with symptoms of inattention and hyperactivity, and misbehaviour and temper tantrums are associated with impulsivity or poor self-control.

Disruptive Mood Dysregulation Disorder
Disruptive Mood Dysregulation Disorder is characterized by persistent irritability and frustration intolerance. Given that the majority of children and adolescents with Disruptive Mood Dysregulation Disorder also exhibit symptoms consistent with ADHD, an additional diagnosis may be made.

Major Depressive Disorder
The inability to concentrate is a shared symptom of ADHD and major depressive disorder. However, in major depressive disorder, this symptom is only noticeable during Major Depressive Episodes.

Borderline, Antisocial, and Narcissistic Personality Disorders
Disorganization, social intrusiveness, emotional dysregulation, and cognitive dysregulation are all characteristics of Borderline, Antisocial, and Narcissistic Personality Disorders. These disorders are characterized from ADHD by the inclusion of other maladaptive characteristics such as self-injury, antisocial behaviour, abandonment dread, and lack of empathy. Both ADHD and a Personality Disorder may be diagnosed if the criteria for both are met.

Intermittent Explosive Disorder (IED)
Is also marked by impulsive behaviour, but, unlike ADHD, there are episodes of severe aggression toward others. If the recurrent impulsive aggressive outbursts exceed those seen in ADHD and require independent clinical attention, an additional diagnosis of intermittent explosive disorder can be made.

Stereotypic Movement Disorder
Unlike ADHD, motor behaviour is generally fixed and repetitive (e.g., body rocking, self-biting), whereas ADHD's fidgetiness and restlessness are typically generalized.

Intellectual Disability (Intellectual Disability Disorder
Inattention, hyperactivity, and impulsivity symptoms may occur in children who are placed in academic settings that are inappropriate for their intellectual ability. Individuals with Intellectual Disability who do not have ADHD do not exhibit symptoms when performing nonacademic tasks. A diagnosis of ADHD in people with intellectual disabilities requires that the individual's inattention or hyperactivity be excessive for their mental age.

Disinhibited Social Engagement Disorder
Social disinhibition characterizes disinhibited social engagement disorder, but not the entire ADHD symptom cluster. Children with Disinhibited Social Engagement Disorder have a history of inadequate care.

Anxiety Disorders
Anxiety disorders can cause inattention, though this is caused by anxiety, concern, or rumination. Inattention in ADHD is caused by an attraction to external stimuli or new activities, or by fixation with rewarding activities.

Bipolar I and Bipolar II Disorder
Bipolar I and II Disorders are characterized by increased activity, poor focus, increased impulsivity, and distractibility, however these symptoms are episodic, occurring over a period of days to weeks. Furthermore, the symptoms are accompanied by an elevated or irritated mood, grandiosity, and other distinct bipolar characteristics. Although people with ADHD may have major mood swings within the same day, this is not the same as a Manic or Hypomanic Episode, which must be maintained and continue at least a week (or 4 days for a Hypomanic Episode) to be a clinical diagnosis of Bipolar I or Bipolar II Disorder.

Neurocognitive Disorders
Neurocognitive Disorders, like ADHD, can be characterized by cognitive abnormalities; however, they are distinguished by their later age of onset.

Generalized Anxiety Disorder

Check Diagnostic Proximity

Note: the patient reported that, prior to experiencing their symptoms, they started or changed their medication(s).

Symptoms Endorsed

- Functional impairment caused by worries (>=6 months)
- Worries about finances (>= Past month)
- Significant distress caused by worries (>=6 months)
- Persistent difficulty sleeping (>=2 years)
- Frequent restlessness (>=6 months)
- Worries about the health of family members (>= Past month)
- Persistent muscle tension (>=6 months)
- Persistent anxiety and worry (>=6 months)
- Persistent irritability (>=6 months)
- Worries related to their health (>= Past month)
- Worries about minor things (e.g., chores, being on time) (>= Past month)
- Frequent difficulty paying attention or concentrating (Lifetime)
- Persistent fatigue (>=2 years)
- Worries are experienced as intrusive (>=6 months)
- Believes worries are excessive and/or out of proportion (>= Past month)
- Difficulty controlling worries (>=6 months)

Factors to consider for differential diagnosis

Other mental health conditions:

Obsessive-Compulsive Disorder (OCD)
GAD is typically characterized by excessive worry about upcoming problems. In OCD, obsessions take the form of intrusive and unwanted thoughts, urges, or images.

Adjustment Disorder
Adjustment disorder is diagnosed only when criteria for GAD are not met, and the anxiety in adjustment disorder does not persist for more than 6 months after termination of the stressor or its consequences.

Social Anxiety Disorder
In GAD, worry is about a number of events or situations that are not limited to fears of being negatively evaluated by others.

Posttraumatic Stress Disorder (PTSD)
In PTSD, anxiety and worry are about trauma-related events or situations, whereas in GAD the worries are more general. If criteria for PTSD are met and the worries and physical symptoms can be explained by that diagnosis, PTSD but not GAD should be diagnosed.

Psychotic and Mood Disorders
If anxiety, worry, and physical symptoms have occurred only during the course of a psychotic or mood disorder but are still sufficient to warrant clinical attention, then both the psychotic or mood disorder and GAD may be diagnosed.

Biological factors:

- Hyperthyroidism or hyperparathyroidism
- Pheochromocytoma
- CNS stimulant intoxication
- Cannabis intoxication
- CNS depressant withdrawal

Major Depressive Disorder

Check Diagnostic Proximity

Note: the patient reported that, prior to experiencing their symptoms, they started or changed their medication(s).

Symptoms Endorsed

- Persistent difficulty sleeping (>=2 years)
- Persistent depressed mood (>= Past month)
- Persistent excessive sleep (>=2 years)
- Persistent loss of pleasure in activities (>= Past month)
- Frequent difficulty paying attention or concentrating (Lifetime)
- Functional impairment caused by depressive symptoms (>=2 years)
- **Recurrent thoughts of death (>= Past month)**
- Significant distress caused by depressive symptoms (>=2 years)
- Persistent fatigue (>=2 years)

Factors to consider for differential diagnosis

Other mental health conditions:

Adjustment Disorder with Depressed Mood
MDD can occur in response to a psychosocial stressor, but in adjustment disorder, full criteria for a major depressive episode are not met.

Manic Episodes with irritable mood
If criteria for a manic or hypomanic episode are met, bipolar disorder rather than MDD should be diagnosed.

Persistent Depressive Disorder (PDD)
If symptom criteria for a major depressive episode have been met at any time during the course of Persistent Depressive Disorder, PDD should be diagnosed and the appropriate specifier should be given.

Attention-Deficit / Hyperactivity Disorder (ADHD)
ADHD and MDD may both include distractibility and poor frustration tolerance, and can co-occur if criteria for both disorders are met

Family History of the following health conditions:

- Multiple Sclerosis (MS)
- Systemic Lupus Erythematosus (SLE)
- Sjogren Syndrome
- Thyroid disease and MHC
- Inherited Metabolic Disorder (IMD)

Use of medications...

- Antiepileptoic agents
- Beta blockers
- Corticosteroids & anabolic steroids
- Benzodiazepines (withdrawal)
- Fluoroquinolones
- Isoniazid
- Sulfonamide antibiotics
- Acyclovir/ganciclovir
- Psychostimulants, dopaminergic agents (ex anti-Parkinson agents)
- Over-the-counter cough & cold preparations
- Anticholinergics (diphenhydramine benztropine, trihexyphenidyl)
- Marijuana
- Opioids
- Phencyclidine, hallucinogens
- Stimulants (cocaine, amphetamine)

Persistent Depressive Disorder

Check Diagnostic Proximity

Note: the patient reported that, prior to experiencing their symptoms, they started or changed their medication(s).

Symptoms Endorsed

- Persistent difficulty sleeping (>=2 years)
- Persistent depressed mood (>= Past month)
- Persistent increase in appetite (>=2 years)
- Persistent excessive sleep (>=2 years)
- Persistent excessive guilt (>=2 years)
- Persistent hopelessness (>=2 years)
- Persistent difficulty making decisions (>=2 years)
- Frequent difficulty paying attention or concentrating (Lifetime)
- Functional impairment caused by depressive symptoms (>=2 years)
- Significant distress caused by depressive symptoms (>=2 years)
- Persistent fatigue (>=2 years)

Factors to consider for differential diagnosis

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