GMHAT Guidance Note for GPs

What is the Global Mental Health Assessment Tool (GMHAT)?
The Global Mental Health Assessment Tool is a computerised clinical interview tool developed to assess and identify a wide range of mental health problems in primary health care settings. It consists of a series of questions (see Annex 1) that leads to a comprehensive yet quick mental state assessment.
The tool was developed to help staff in any primary care setting make a standardised and convenient, yet comprehensive mental health assessment and to provide a means to help people in bringing relief from the sufferings of their mental health problems.

The tool has been validated in primary care and specialist settings and across cultures, with consistent correlation between the GMHAT diagnosis and ICD-10 code-based diagnosis by independent psychiatrists.

Why is the tool being piloted?
A validated version of the GMHAT tool is being piloted to evaluate its usefulness as a component of the pre-entry health assessment for those accepted on to the Syrian Vulnerable Persons Resettlement Scheme (SVPRS) and how feasible it is to implement. The pilot commenced on 5 December 2016 and the tool will be tested with 200 adults aged 18 and above in one clinic in Lebanon who are being processed for resettlement in the UK. All participants are vulnerable Syrian refugees who are being resettled in the UK as part of the scheme.

At present, all those who are accepted onto the SVPRS undergo a health assessment carried out by the International Organization for Migration (IOM) on behalf of the UK Government. This does not currently include any systematic screening of mental health conditions. The purpose of the pilot is to test whether the GMHAT is a useful tool for inclusion in the health assessment, providing sufficient information for local authorities and GPs to put support in place or refer appropriately, and whether the tool can be implemented, both in terms of its impact on case flow and departure schedules and of whether those who are assessed find it acceptable. It is hoped that the pilot will also provide an indication of the prevalence of certain mental health conditions in this cohort.
What is the GMHAT report?
The GMHAT report is a very brief summary document (see Annex 2), which is automatically generated based on the answers to the questions. It contains 5 sections: background descriptive details, symptoms and their severity, symptom scores, main diagnosis and other possible diagnoses, and a statement of clinical judgment from the administering clinician.

How do I read and interpret the GMHAT report?
The report clearly lists and ranks nine symptoms: anxiety, depression, manic symptoms, memory impairment, alcohol, drug misuse, personality issues, and level of stress and risk assessment, with a rating of no/mild/moderate/severe against each. This descriptive rating is automatically generated from a numerical scoring system which rates symptoms based on responses to the questionnaire (See table: symptom ratings).
The report includes a main diagnosis (e.g. depression) and possible other diagnoses (e.g. alcohol misuse) that, again, are automatically generated based on the numerical ratings. The additional diagnoses or co-morbid states are based on the presence of other mental illness symptoms and disorders. It will also include a very brief observation from the clinician who administered the assessment. The report is intended to act as a preliminary assessment of mental health, and not a clinical diagnosis.

What action should I (the GP) take on the basis of this report?
You will receive these GMHAT/PC reports on people who are being resettled in your local area as part of the SVPRS, have participated in the pilot and are being registered with your surgery. Please take this as a preliminary assessment of their mental health to assist you in making your judgement whether they need any further help from specialist mental services or other agencies.

The following key, whilst not exhaustive, may be used to support your own clinical judgment and guide you in determining further action for managing the patient. To see the specific questions used to assess symptoms and arrive at a diagnosis, please refer to the relevant section(s) in the questionnaire (Annex 1).
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**Other information**

More information on the GMHAT can be found at: [http://www.gmhat.org/?page=main](http://www.gmhat.org/?page=main)

**Annexes**

Annex 1: GMHAT questionnaire

Annex 2: GMHAT sample summary report

Annex 3: GMHAT guidance note for healthcare professionals

**Abbreviations**

GMHAT Global Mental Health Assessment Tool

ICD-10 International Standard Classification of Diseases and Related Health Problems 10th Revision

IOM International Organization for Migration

SVPRS Syrian Vulnerable Persons Resettlement Scheme
Annex 1: GMHAT/PC questionnaire.

**GMHAT/PC Questionnaire**

**General questions**

How have you been recently? Do you have any problems? (if so) When did they begin?

Have you ever had problems with your mental health in the past?

Has anyone in the family suffered from any kind of mental health problems?

Please tell me, if there is anything about your personal or social life, including housing, work and finances etc, which you find distressing? Have you suffered from any trauma or abuse (Physical / emotional / sexual)

*(Please ask these questions to the patient’s relative/carer. In their absence, you may ask some of the questions to the patient)*

**Epilepsy**

Has he/she (have you) suffered from fits or epilepsy?

**Mental Retardation (Learning disorders)**

Has he/she had delayed development? e.g. delay in sitting, walking, talking and learning at school? (If yes) In your estimate, what is his/her mental age?

**Mental State Examination:**

**Worries**

Do you tend to worry a lot? (If yes:-)

What kinds of things do you worry about?

What about money or family problems, your own health or someone else’s health?

Anything else?

How much do you worry? Rate worries

0=No evidence of presence of symptom

1=Symptom present and mildly distressing or disabling

*(Please record degree of Mental Retardation (Learning disorder) only if you are certain about that)*

Mild/Moderate Severe No

**Worries**

Does this worrying bother you a lot?

Is it unpleasant (can you stop yourself worrying)? Do the thoughts keep coming back?

Rate worries if bothersome

**Anxiety**

Do you get frightened or nervous?
Annex 1: GMHAT/PC questionnaire.

(If yes:-) Do you get / have / suffer from:
- Palpitation.
- Sweating.
- Trembling/shaking.
- Restless feelings (butterflies) in stomach, etc.

Rate anxiety

Panic attacks
Have you had attacks of fear or panic when you had to do something to end it?
Can you describe what happens?
How often do you get these attacks?
Rate panic attacks

Concentration
How is your concentration?
Can you concentrate on talking to someone, or listening to Radio, or watching TV or reading news-papers or books?
Rate impaired concentration

Depressed Mood
Have you been sad (depressed) recently?
Have you cried at all or felt like crying?
Is the depression there most of the time or just a few hours at a time?
Rate depressed mood

Loss of Interests
How is your interest in things? (Have you lost interest in things?)
What have you enjoyed doing recently?
Rate Loss of Interests

Lack of energy
Do you get worn out (exhausted) and lack energy (to do the things you want to do)?
Are you like that on most days?
Rate lack on energy

Guilt feelings
Do you tend to blame yourself or feel guilty about any thing?
(Do you sometimes feel worthless?)
Rate guilt feelings

Psychomotor Retardation/Agitation
Annex 1: GMHAT/PC questionnaire.

Have you slowed down your activities?
Do you get agitated at times?
Agitation
Retardation
Rate psychomotor retardation/agitation

Hopelessness
How do you see the future?
Do you feel hopeless?
Rate hopelessness

Recent Suicidal Tendencies
Have you felt that life wasn't worth living?
Have you thought of ending it all?
Did you actually do anything to harm yourself?
Rate recent suicidal tendencies

Present Suicidal Tendencies
Do you still think that way?
Do you have any plans to end your life?
Rate present suicidal tendencies

Sleep
Have you had trouble sleeping recently?
(If yes :-)
Do you have difficulties in falling asleep?
Do you wake up early in the morning?
Rate sleep difficulties

Appetite
What has your appetite been like?
Do you enjoy your food?
Have you been eating more or less than usual?
Loss of appetite
Increase in appetite
Rate appetite loss/increase

Weight Loss/Gain
Have you lost (or gained) weight in the past three months?
About how much?
Annex 1: GMHAT/PC questionnaire.

How much in the last month?
Weight loss
Weight gain
Rate weight loss/gain

Libido
Have you lost interest in sex recently?
Rate loss of libido

Eating Disorders
What are your eating habits?
Are you UNDULY concerned about eating fattening foods?
Rate undue avoidance of fattening food

Eating Disorders
Do you believe yourself to be fat when others say you are too thin?
(Ask only if you think the person is preoccupied with her/his weight and appears thin)
Rate undue preoccupation of being fat

Eating Disorders
Do you worry you have no control over how much you eat?
Rate poor control over eating

Eating Disorders
Would you say that food dominates your life?
Rate if food dominates life

Eating Disorders
Do you make yourself sick because you feel uncomfortably full or use drugs such as laxatives, diuretics or other drugs in order to reduce your weight?
Rate self induced vomiting or other above methods of weight reduction

Eating Disorders
(Only for Women)
Have you stopped getting periods?
Rate loss of periods

Hypochondriasis
Annex 1: GMHAT/PC questionnaire.

How is your physical health?
Do you worry about your health or any illness?
Is there anything about your body which bothers or upsets you?
Are you in pain?
Or is there any part of your body not working properly?
(Would you say you are physically fit?)
(Rate ONLY abnormal preoccupation with health or illness.)
Rate hypochondriasis

Obsessions/Compulsions
Do you have to check things over and over again, for example, whether you have turned off the taps (faucets), or gas, or lights?
If yes:
(would you check even if you knew you had already done it? How many times?)
Do you wash your hands a lot? (How many times?)
Do some silly thoughts come to your head and will not go away even when you try to get rid of them?
Rate obsessions/Compulsions

Phobias – agoraphobia
People sometimes have fears they know don’t make sense, like being afraid of crowds or going out alone. Do you have such fears or you have any other fears? (Agoraphobia)
Rate agoraphobia

Phobias – specific phobia
Or being in a small room, or being frightened by some kinds of animals, heights, dark places, etc (specific phobia)
Rate specific phobia

Phobias – social phobia
Or being the focus of attention, e.g. eating out, public speaking etc (social phobia)
Rate social phobia

Mania – increase in energy
Has there been a time recently when you have felt almost too energetic (full of energy)?
Annex 1: GMHAT/PC questionnaire.

Rate mania (increase in energy)

Mania – elevated mood
Have you been feeling very happy recently for no apparent reason?
Rate mania (elated mood)

Thought disorder
Do your thoughts get mixed up? (Muddled)?
(So that you cannot get them sorted out?)
(Can you think clearly/straight?)
Rate though disorder

Thought disorder- ideas of reference and delusions
Do you believe that people talk about you (laugh at you),
or that the TV/ Radio/ newspaper refers to you?
Do you have any other unusual (strange) ideas or beliefs (e.g. people are going to harm you)
(Explore if the person has any other delusions)
Do you think it is true, or is it perhaps just the way you really feel about it?
(Are you sure?)
Rate delusions (of reference or any other delusions)

Psychotic symptoms - auditory hallucinations
Does your imagination ever play tricks on you?
Do you hear things other people cannot hear?
(What do you hear?)
(What about voices?)
(When there is no one about?)
(What did they say?)
Rate auditory hallucinations

Psychotic symptoms -visual hallucinations
Do you have vision or see things that are invisible to other people?
Rate visual hallucinations
Annex 1: GMHAT/PC questionnaire.

Disorientation - time
Some people when they are unwell or upset lost track of time
What is the date today?
Can you tell me what day of the week is it?
What month? What year?
Rate disorientation to time

Disorientation - place
What is the name of this place?
Where is it located?
Rate disorientation to place

Disorientation - person
Have you seen me before?
Do you have difficulty in recognising your relatives or close friends?
Rate disorientation to person

Memory impairment
Have you had any difficulties with your memory?
If yes
Is that a problem for you?
Have you tended to forget things recently?
(What kind of things?)
(Names of your family or close friends?)
(Where you have put things?)
Rate memory impairment

Alcohol misuse
May I ask you about your drinking habits (alcohol)? How much do you drink?
If suspected excessive drinking please ask:
Do you have strong desire to drink alcohol every day?
Can you usually stop drinking after one or two drinks?
Has the amount you drink increased over a period of time?
Have you suffered from any withdrawal symptoms such as shakes, blackouts, DTs, fits, etc?
Annex 1: GMHAT/PC questionnaire.

Have you given up hobbies due to drinking?
Rate alcohol misuse
Doesn’t drink or drinks only socially occasionally
Regular social drinking
Clear evidence of excessive drinking with harmful effects
Significant drink problem with dependence and physical or social ill effects

Drug misuse
Do you take any other drugs not prescribed by a doctor (illicit drugs)?
If yes (how much do you take?)
Do you suffer from any withdrawal symptoms?
Is drug misuse a problem for you?
Rate drug misuse
No evidence of any drug misuse
Occasional use of illicit drugs
Frequent use of illicit drugs
Significant use of illicit drugs with dependence and complications

Personality problems
Have you had psychological/emotional difficulties for a long time?
Is it since teenage years?
Has that continued throughout your life without getting significantly better or worse?
(Please don’t include psychological/emotional difficulties due to stress, mental or physical illness)
Rate if persistent problems
No
Yes

Personality problems
Has this caused problems in relationships or at work?
(Are you a quick-tempered person?)
(Please take account of any type of maladaptive behavioural pattern, for example, repeated deliberate self harm, anti-social activities, etc.)
Rate persistent personality problems
Annex 1: GMHAT/PC questionnaire.

No problem
Occasional problem (personality trait)
Frequent problem of moderate degree
Frequent problem of severe degree
-----------------------------------------------------------------------------------------------------------------
Stressors
Have you been in any kind of stress before your problems started?
For example, anyone close to you died, break-up of a relationship, or any other kind of stress?
Rate significant stress
No stress
Mild degree of stress
Moderate degree of stress
Severe degree of stress
-----------------------------------------------------------------------------------------------------------------
Post-Traumatic Stress Disorder
What happened after the (Stressful event)?
Did you suffer from nightmares (about the event?)
Have you had moments when you saw the (event) happening again as if it was in front of your eyes?
How do you feel about going back to the situation that reminds you of the (event)? Do you avoid?
Have you become more irritable and jumpy since the (event)?
Rate evidence of Post-Traumatic Stress Disorder
Last section:
Please enter your:
Clinical judgment
GMHAT/PC Interview Report  Interviewed by Test 1 on 22/02/2017

If you need to refer your patient, you may attach this report to your normal referral letter. (GMHAT/PC is presented as an aid to healthcare professionals for a quick mental health assessment. It is not a substitute for a detailed clinical assessment)

Client Details

Test One [01/01/1977]

Background detail
Has been well recently. Has been facing psychosocial stressors related to displacement of her parents and economic difficulties. due to not being able to find a job. Worried about her children not having been able to attend school for the last few months.

Duration of present problems : 3
Past problems : No
Family : Her sister suffered from depression as an adolescent in the past but has not reported suffering in the last few years.
Personal and Social : Psychosocial stressors: separation from her parents who are still in Syria. Difficulties with providing financially for her family, paying rent, find a job.
Reported : No Abuse

Symptoms based on GMHAT/PC Interview
Anxiety : Mild
Depression : Mild
Alcohol : No
Drug misuse : No
Personality issues : No
Level of stress : Mild
Risk assessment (Self Harm) : No risk

Continue on next page....

Printed on 22/Feb/2017
**GMHAT/PC Interview Report**

### Symptom ratings...

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<th></th>
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<th>Obsession (0-3)</th>
<th>Disorientation (0-9)</th>
<th>Depression (0-36)</th>
<th>Mania (0-6)</th>
<th>Phobia (0-9)</th>
<th>Memory (0-6)</th>
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<tr>
<td>Rating</td>
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**GMHAT main diagnosis**  
*No mental illness*

**Other possible diagnosis**  
*No other mental illness*

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**Clinical Judgment**  
*No psychiatric disorder. Legitimate worries related to psychosocial stressors: being separated from family members, financial constraints, not being able to pay rent, children not being able to attend school and concerns about childrens future.*

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*Printed on 22/Feb/2017*
Dear Dr:

Your practice is receiving patients who have been resettled in your area as part of the Syrian Vulnerable Persons Resettlement Scheme (SVPRS) by the UK Home Office. As part of their pre-entry health assessment a cohort of 200 adult Syrian refugees has taken part in a mental health assessment pilot. You are receiving this letter because your patient has taken part in this pilot.

The following guidance note (attached) has been developed by a steering group of representatives from Public Health England, the UK Home Office, and the International Organization for Migration, with expert consultation from the Royal College of Psychiatrists. It provides information about the pilot and guidance on interpreting the patient’s summary report. You may find it helpful to refer to this guidance note prior to consultation with your patient to familiarise yourself with the pilot. However, all patients and conditions should still be managed according to your usual clinical practice and need not change as a result of this guidance.

**What action should I (the GP) take on the basis of this report?**

You will receive the GMHAT/PC reports on people who are being resettled in your local area as part of the SVPRS, have participated in the pilot and are being registered with your surgery. Please take this as a preliminary assessment of their mental health to assist you in making your judgement whether they need any further help from specialist mental services or other agencies.

The following key, whilst not exhaustive, may be used to **support your own clinical judgment** and guide you in determining further action for managing the patient. To see the specific questions used to assess symptoms and arrive at a diagnosis, please refer to the relevant section(s) in the questionnaire (Annex 1).

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Regards,

Dr Liz England

SWB CCG Mental Health Clinical Lead

RCGP Mental Health Clinical and Commissioning Lead