PREVALENCE OF PSYCHIATRIC MORBIDITY AMONG JUVENILE OFFENDERS COMMITTED TO BORSTAL INSTITUTIONS IN KENYA

A RESEARCH DISSERTATION AS PART OF THE FULFILMENT OF THE REQUIREMENTS FOR A MASTERS OF SCIENCE DEGREE IN CLINICAL PSYCHOLOGY

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DECLARATION

I, Linnet Vunoro Okwara, do hereby declare that this is my original work, and further, that I have not presented the same for the award of any other degree or to any other university.

Signed _____

Date _____

APPROVAL

This thesis has been submitted for examination with our approval as the University supervisors:

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DEDICATION

I also wish to pass my gratitude and dedicate this study to my immediate family members for the support they provided during this undertaking.

ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
BI	Borstal Institution
CD	Conduct Disorder
DJJ	Department of Juvenile Justice
DSM IV	Diagnostic Statistical Manual for mental health disorder fourth edition
KNH	Kenyatta National Hospital
MDD	Major Deppresion Disorder
MINI-KIDI	Mini International Neuropsychological Interview Children and Adolescent
NCMHJJ	National Centre for Mental Health and Juvenile Justice
ODD	Oppositional Defiant Disorder
PTSD	Post Traumatic Stress Disorders
SPSS	Statistical Package of social sciences
UNAFEI	United Nations, Asia and the Far East Institute

OPERATIONAL DEFINITION OF TERMS

(1) Borstal Institution is an informal name, formerly used in Britain for an establishment in which offenders aged 15 to 21 could be detained for corrective training. Since the Criminal Justice Act 1982, Youth Custody Centres (now known as Young Offender Institutions) have replaced them. There are similar institutions in Australia and New Zealand, named after Borstal, village in Kent where the first institution was founded (Collins English Dictionary)

In this study, Borstal Institution applies to a penal facility for youthful offenders under the Kenyan laws, convicted of criminal offences, punishable by imprisonment and ascertained by the court to be between 15 -17 years of age at the time of committal.

(2) Juvenile Offender: It is a person below 18 years who has committed a crime (Dictionary Com's 21st centaury Lexicon copy right of 2000 – 2011)

For the purpose of this study, a Juvenile offender is one who has come in conflict with law in Kenya and is committed to Borstal Institution for rehabilitation.

(3) Psychiatric Disorder: Is a mental disorder or a pattern and behaviour of psychological symptoms that creates distress for the person experiencing the symptoms. In this study, this applies to a mental illness exhibited by a Juvenile offender in the Borstal Institution.

ABSTRACT

Introduction: Studies in several countries have repeatedly shown that young offenders have higher rates of psyiatric disorders than youth in the same community. Kenya has about 800 young offenders in the two Borstal Institutions. Youth with psychiatric disorders among those incarcerated in these Borstal Institutions, have been documented in other countries. No such study has been carried out in Kenya.

A common view is that these psychiatric disorders are a result of vulnerability exacerbated by peer pressure stresses. This implies that young offenders need psychiatric care during their incarceration to reduce recidivism and improve their health. One of the recent studies (Karnik N, S et al 2009) shows that between 65% - 85% of the youth in correctionals facilities have major psychiatric diagnoses with 31% to 45% having substance use disorder. These numbers are significantly higher than those found among age-matched youths in the community. Youth with psychiatic disorders pose a challenge for the youth justice system and after release in the larger community.

Objective: To establish the prevalence of psychiatric disorders among juvenile offenders committed to Borstal Institutions in Kenya.
Sampling Methods: Systematic Random Sampling.
Design: A Descriptive Cross-sectional Study.
Study Site: Borstals in Kenya: Shimo la Tewa in Mombasa and Shikutsa in Kakamega.
Study population: All juvenile male offenders who were aged between 15 – 17 years at the time of admission to the Borstal Institutions.
Sample size: The study sampled 345 participants.
Instruments: Mental International Neurological Interview for children/adolescent (Scheehan et al., 2008) (MINI-KID) and a Social Demographic Questionnaire.
Data Analysis: The collected data was analyzed using Statistical Package for Social Science (SPSS) and presented in tables, pie charts, bar charts and narrative.
Results: 345 young male offenders aged between 15 and 20 years of a mean age of 17.4 years were interviewed. Youths in single parenthood formed 53.3% and 86.4% for primary level of education while 37.1% and 32.8% respectively were in informal employment or were students before their arrest. Majority were Christians (84.1%) while 15.1% were Muslims.

3.2% of the offenders had been admitted in rehabilitation centre previously and 12.8% had been placed previously on non-custodian sentences. Two thirds of the offenders (66.7%) committed crimes against property; stealing being the most common (63.2 %). Sexual assault, an offence against persons accounted for 15.4% of the offences committed. In addition, 7.8% were offences without victim, mainly drug-related.

Majority (59.7%) of the young offenders had at least one psychiatric disorder, and the disorders were mainly conduct disorder (30.4%), alcohol/substance abuse disorder (13%), PTSD (11.6%), MDD (11.3%), GAD (11.3%), and adjustment disorder (11%). Some offenders had co-morbid disorders with 16.5 % having two disorders, 9.6 % having three disorders, and 11.3 % having four or more co-morbid disorders.

Conduct disorder was found to be more prevalent in youth from separated parents and those from single parents ($p=0.030$). Also, the youth who committed offences on property were more likely to have conduct disorders ($p=0.025$). Similarly, bipolar disorder was found to be significantly associated with learning of skills with the youth with the disorder being less likely to learn skills in the institution ($p=0.009$).

Conclusions: Psychiatric disorders were highly prevalent (59.7%) among young offenders in Borstal Institutions and the most common disorders included conduct disorder, substance abuse disorder, major depression, PTSD, GAD and adjustment disorders among others. This therefore calls for screaning, assessment, and treatment of young offenders during admission, stay and while on after-care supervision.

Recommendation: The presence of psychiatric disorder in Borstal Institute calls for training of law enforcement agency and equipping them with the necessary tools and developing a programme for psychological support in the borstal institution.

Table of Contents

CONTENTS PAGE

INTRODUCTION

Psychiatric disorders among juvenile offenders who commit offences that are more serious or those who do so more frequently are well documented. This is attested by studies, which have reported increased morbidity among young detainees with as many as three quarters reported to have one or more psychiatric disorders.

A study conducted at Department of Juvenile Justice (DJJ), one of the largest Juvenile correctional agencies in the United States examined prevalence of psychiatric disorders in a population of youth in nine-month post incarceration where a total population of 790 was used. Results indicated that, even when conduct disorder and oppositional defiant disorder were excluded, 88% of males and 92% females had psychiatric disorders (including substances use disorder). More than 80% of offenders met criteria for some type of substance disorder, hence despite nine months of incarceration, Young offenders continued to show high level of psychiatric and substance use disorder (Karnik et al, 2009).

1.1. BACKGROUND

Juvenile delinquency has sometimes been associated with mental disorders or behavioural issues such as posttraumatic stress disorder, bipolar disorder or conduct disorder which in one way or another may contribute to their committing crimes. In the last several years, there has been increased attention to the prevalence of psychiatric disorders in young offenders (Cocozza & Skowyra, 2000; Feldstein & Ginsburg, 2006). In the United States, Cocozza & Skowyra (2000) observed that this arose from a growing recognition of the unmet mental health needs of young persons in general coupled with studies documenting the inadequacy of mental health services in juvenile correctional facilities. Feldstein and Ginsburg (2006) asserted that adolescents involved in the juvenile justice system often faced a number of compounding challenges including mental health problems.

A study survey conducted by Maru et al (2008) showed prevalence rate for substance use among children and young people appearing in Nairobi Juvenile court to be higher, 39 out of a total sample of 90 (43.3%). 33 (85.8%) were males and six (14.2%) were females. 29 (32.2%) used nicotine, 19 (21.1%) used volatile hydrocarbon, 8 (8.9%) used cannabis 6 (6.7%) used alcohol 5(5.6%) used khat and 3(3.3%) used sedative / multiple substance use. He also noted other psychiatric morbidity to be at 44.4% among those classified as criminal

offenders, most of whom had conduct disorder at 45%, mixed disorder of conduct and emotion at 20%. Onset of specific disorders to childhood was at 20%, mood disorder at 12.5% and hyperkinetic disorder at 2.5%. These disorders had not been detected by the time their cases were being disposed off at the court, and most probably, while sentencing took place the disorders were not put into consideration.

In Kenya, according to Othieno (2003) many children pass through the juvenile justice system yet there is little awareness of mental health issues amongst actors in the juvenile justice system and consequently children with mental health problems could be committed to penal institution. Concerning mental illness, substance abuse is common and prevalence rate was estimated at 10% among those in conflict with the law. Emotional and conduct disorders in children often are unrecognized and hence not managed as there are no facilities that are specific to the treatment of juvenile offenders with mental health problems.

1.2. Statement of the problem

The incidences of juvenile delinquency have increased in the recent years in Kenya.The few studies done have reported, little on the psychiatric morbidity among the incarcerated young offenders as a serious problem, with as many as three quarters reported to have one or more psychiatric disorders (Maru et al., 2008, Othieno et al., 2006 & Okumu 2008).

According to United Nations, Asia and the Far East Institute (UNAFEI) report, there is rapid increase in the number of child delinquents and offenders in Kenya. This is attributed, partly to modernization, which is responsible for the widening of wage difference between the cities and farming village.

In spite of this trend, there appears to have been, little effort in Kenya, to alleviate the plight of juvenile offenders with psychiatric disorders. Hence, this study seeks to bring out knowledge by assessing possible psychiatric morbidity among young inmates in Kenyan Borstal Institutions. It will note the common psychiatric disorders and the possible causes among the inmates and in the process point out the need for mental health care required because unfortunately, psychiatric care is often unavailable or inadequate in Kenya prisons or institutions where juveniles are held.

1.3. Rationale / Justification

The study aims to assess possible psychiatric disorders among inmates in Borstal Institutions in Kenya and determine factors associated with them.

Mental illness has been on the increase in the recent past among juveniles offender and as noted earlier many young offenders go through the juvenile justice system without being noticed. Crime rate is on the increase with more and more young offenders committing offences related to murder, assault, rape, defilement, violence, robbery, delinquent, school dropouts, substance abuse and many others. Young people committed to Borstal Institutions have connection with mental disorders and commit some of these offences.

A study carried out among the children and young persons attending the Nairobi Juvenile Court revealed a psychiatric morbidity at 44.4% (Maru at al., 2008). The current study attempted to document the prevalence of psychiatric disorder among young offendres waiting for their cases to be determined by the juvenile court in Nairobi. The study recommended the way forward for mental health needs of Juvenile offenders.

Routine mental health screening is hardly performed on juveniles placed in Borstal Institutions to identify those who need immediate and futher treatment services. The study findings will provide the basis through which adequate and sound policy on the health of children especially young offenders may be formulated. This will be possible with the available data on the prevalence of psychiatric disorders concerning the current study.

The current study is very vital to the Kenya Prisons Service, Department of Probation Service, Judiciary, Non Governmental Organizations (NGO), and all those working with young offenders who go through juvenile justice system, academicians, and the public in general. Many juvenile offenders with psychiatric disorders go through the juvenile justice system without being noticed due to lack of appropriate assessment instruments. The study provides a database, upon which information for diagnosing, treating, and managing of psychiatric disorders among the juvenile offenders in Borstal Institutions could be used for

formulating training needs for prison officers, probation officers and any agency that deals with young offenders.

There is therefore need to treat and manage psychiatric disorders among juvenile delinquents because if the disorders are not diagnosed and treated adequately, the juvenile offenders will have increased risk vunlnerabilty to later develop anti social personality and continue their lives as career criminals. Therefore more comprehensive mental health services including access to psychological assessment and treatment are required to ensure juvenile offenders with mental illness are identified and cared for appropriately.

1.4. Research questions

1. What are the socio demographic factors among juvenile offenders in Kenyan Borstal Institutions?
2. What are the offences committed by juvenile offenders held in Kenyan Borstal Institutions?
3. What are the psychiatric disorders experienced by juvenile offenders in Kenyan Borstals institution?
4. What rehabilitation treatment programmes exist in the Kenyan Borstal Institutions?

1.5. Objectives of the study

1.5.1. Main Objective

To establish the prevalence of psychiatric disorders among young offenders in Kenyan Borstal Instutions.

1.5.2. Specific Objectives

1. To determine the socio demographic profile of young offenders in Borstal Institutions.
2. To determine offences committed by juveniles in Kenyan Borstal Institutions.
3. To determine psychiaatric disorders disorders among young offenders in Kenyan Borstal Institutions.
4. To determine factors associated with juvenile offending among those committed to Borstal Institutions.

1.6. Hypothesis of the study

1.6.1. Null Hypothesis

There is high prevalence of psychiatric disorders among young offenders in Kenyan Borstal Institutions.

1.6.2. Alternative Hypothesis

There is no prevelance of psychiatric disorders among young offenders in Kenyan Borstal Institutions.

1.0. LITERATURE REVIEW

2.1. INTRODUCTION

The responsibility for children's mental health is dispersed across multiple systems that include schools, juvenile justice, and welfare. Unfortunately, an increasing number of youth with mental health disorders continue to enter and remain involved in the juvenile justice system. Data compiled from national studies reveal that the rate of mental health disorders is higher among the youth in the juvenile justice population than in the general populations (Otto Greenstein, Johnson & Friedman, 1992). The situation is not any different in Kenya. The few documented studies and papers presented in various foras in Kenya share the same views (Othieno et al 2000 & 2007, Maru et al., 2003 & Gatangi, 1987).

2.2. Juvenile Delinquency

Juvenile delinquency refers to anti-social or illegal behaviours by children or adolescents. For the purpose of this study, juvenile delinquent, young offender, "juvenile offender," or children in conflict with law have the same meaning.

A juvenile delinquent is a person who is underage (usually below 18 years) who is found to have committed an act that otherwise would have been charged as a crime if he/she was an adult. However, legislatures of several states have reduced the age of criminal responsibility of serious crimes or repeat offenders to 14 years, while in Kenya it is 12 years.

Most legal systems prescribe specific procedures for dealing with juveniles such as juvenile detention centres. There are multitudes of different theories on the causes of crime, most, if not all, can be applied to the causes of youth crime. Youth crime is a major issue and an aspect of crime, which receives great attention from the news media and politicians. Commentators can use the level and types of youth crime, as an indicator of the general state of morality, law and order in a country (Walklate S., 2003).

Theories on the causes of youth crime can be viewed as particularly important within criminology. Firstly, it is because those aged between 15 and 25 years commit crime disproportionately. Secondly, by definition, any theories on causes of crime will focus on youth crime, as adult criminals will have likely started offending when they were young.

Usually, delinquents will do to someone else what has been done to them (Walklate S., 2003).

A juvenile delinquent is one who repeatedly commits crime. These juvenile delinquents sometimes have mental disorders/behavioural issues, such as posttraumatic stress disorder, or bipolar disorder. They are sometimes diagnosed with conduct disorder partially because of their delinquent behaviour.

2.3. Borstal

A Borstal institution is a penal facility for youthful offenders who have been convicted of a criminal offence punishable by imprisonment and who have been ascertained by the court to be between 15-17 years of age at the time of committal.

The idea originated (1895) with Gladstone Committee as an attempt to reform young offenders, separating them from older convicts. The first institution was established in (1902) at Borstal Prison, Kent, England. In Britain, an informal name for an establishment in which offenders 15 years to 21 years could be detained for corrective training was known as Borstal. It was a specific kind of youth prison run by the Prison Service and intended to reform the seriously delinquent young people. The court sentence was officially called "Borstal Training." But this has since changed after the Criminal Justice Act 1982 abolished the Borstal system, introducing youth custody centrers', now known as young offender institutions. The age was increased to less than 23 years. Similar establishments "Borstals" had been introduced in several other states of the British Empire and commonwealth, including Ireland. The Republic of Ireland has since removed the term Borstal with the introduction of the Criminal Justice Act 1960 (Section 12). Similar establishments were set up in Australia and New Zealand.

In colonial Kenya, the management of juvenile delinquency was influenced by the metropolitan trend towards a more rehabilitative and separatist system. A modified version of the British Borstal system was introduced in the 1930s. Under the Kenyan law, persons between 15 to 17 years at the time of sentence who are guilty of a criminal offence may be sent to Borstal institution for a period of 3 years for correction, education or vocational training for the purpose of reforming the youthful offender. The institution is staffed by Borstal and prison offices governed by the Borstal Institution Act Cap 92, Laws of Kenya.

2.4. Etiology

A common view is that psychiatric disorders is result from genetic vulnerabilities exposed by environmental stressors and that among the disorders, ADHD has been identified as a risk factor for development of anti social behaviour (Taylor et al., 1996 & Loeber et al., 1995). This implies young offenders need psychiatric care during their incarceration, to not only reduce the risk of criminal recidivism and post prison adjustment but because psychiatric care is necessary.

2.4.1. Rational Choice

Classical criminology stresses that causes of crime lie within the individual offender rather than in their external environment. Classic offenders are motivated by rational self-interest and the importance of free will and personal responsibility is emphasized.

2.4.2. Social Disorganization

This theory attributes variation in crime and delinquency to the absence or breakdown of communal institutions (e.g. family, school, church, and social groups) and communal relationships that traditionally encouraged cooperative relationships amongst people.

2.4.3. Strain Theory

Strain theory holds that crime is caused by the difficulty those in poverty have in achieving socially valued goals by legitimate means. For example, those with poor educational attainment have difficulty achieving wealth and status by securing well paid employment.

2.3.4. Differential Association

This theory deals with how peer pressure and the existence of gangs could lead them into crime. Young people are motivated to commit crimes by delinquent peers and learn criminal skills from them

2.4.5. Labelling

Labeling theory states that once young people have been labeled as criminals, they are more likely to offend (Eadie & Morley, 2003 p.552). The idea is that once labeled as deviant, a young person may accept that role and be more likely to associate with others who have been similarly labeled.

2.4.6. Male Phenomenon

Young men disproportionately commit youth crime. One suggestion is that ideas of masculinity may make young men more likely to offend. Being tough, powerful, aggressive,

daring, and competitive may be a way young men are more likely to engage in anti social and criminal behaviour (Walklate, 2003).

2.5. Risk Factors

Understanding Juvenile delinquency is an integral part of preventing a young person from involvement in inappropriate, harmful, and illegal conduct. Often Juveniles are exposed to risk factors in more than one of the following:

2.5.1. Individual Risk Factors

Individual psychological or behavioural risk factors that make offending more likely include intelligence, impulsiveness, inability to delay gratification, aggression, empathy and restlessness (Farington, 2002).

Several risk factors are identified with juvenile delinquency. A minor who has low intelligence and who has not received proper education is more prone to become involved in delinquent conduct. Other risk factors include impulsive behaviour, uncontrolled aggression and an inability to delay gratification. In many instances, multiple individual risk factors can be identified as contributing to Juvenile involvement in harmful, destructive and illegal activities.

2.5.2. Mental Disorders

The most common mental health disorders seen among juvenile offenders are conduct disorders, oppositional defiant disorder, major depressive disorders, dysthymic disorders, bipolar disorders, post-traumatic stress disorder, intellectual disability and learning disorders.

Juveniles entering the justice system typically manifest complex mental health and behavioural health needs. A lack of community-based treatment has resulted in youth with mental health disorders being placed in the juvenile justice system for minor and non-violent offences (The National Center for Mental Health and Juvenile Justice **(**NCMHJJ), 2005).

Several mental health factors also contribute to Juvenile delinquency. It is important to keep in mind that diagnosis of certain types of mental health conditions, primarily personality disorders, cannot be made about a child. However, there are precursors of these conditions that can be exhibited in childhood that tend to end up being displayed through Juvenile delinquent behaviour. A common one is conduct disorder.

2.5.3. Substance Abuse

Substance abuse is found in majority of cases of Juvenile delinquency. Two trends are identified in regard to substance abuse and minors. First, Juveniles' are using more powerful

drugs today than was the case 10 years ago. Second, children begin taking drugs at a very tender age. The use of illegal substance or legal substance illegally motivates young people to commit crimes to obtain money to buy drugs. Additionally Juvenile are more likely to engage in destructive and illegal activities when using drugs and alcohol.

2.5.4. Family Risk Factor

Consistent patterns of family risk factors are associated with development of delinquent behaviour in young people. These include lack of proper parental supervision, ongoing parental conflict, neglect and abuse (emotional psychological or physical). Parents who demonstrate a lack of respect for the law and social norms are likely to have children who think similarly. Children who have weakest attachment to their parents and families are more likely to engage in inappropriate activities including Juvenile delinquency.

2.6. Previous Studies

2.6.1. Global studies

The past ten years have witnessed a surge in research on adolescent offenders with mental disorders. Research shows that youth with delinquencies often have mental disorders and youth with mental disorders are at risk of delinquencies. Little research though has examined whether offending in adulthood is related to mental disorder in childhood and adolescence. Youth interviewed and tested at three points in time in a study that began with three cohorts', children ages 9-10, children age 11 and children age 13 and reassessed every year through age 16. All groups were tracked to identify arrest between 1 and 21 years as a random sample. After weighting analysis, about one third of the youth met criteria for one or more mental disorders at one or more of the three children assessment points. About ⅓ of the total sample was arrested in young adulthood (ages 16-21 years) but within the arrested, about ½ of males and slightly less than one-half of females met criteria for mental disorders at assessment point before age 17.

Findings of a large study in August 2008 of teenagers living in Chicago, Illinois, where juveniles held in juvenile detention centrers before being tried in court for committing an offence indicated that more than ⅔ of young offenders tried in adult criminal court had at least one(1) psychiatric disorder and nearly ½ had two(2) or more. The rates were even higher among youth who were subsequently convicted and sent to prison. The study provided the first evidence that many youths (youths transferred to adult court) like their peers

processed in juvenile court had substantial need for psychiatric and substance abuse services(Washburn J A 2008). The study had 1715 participants randomly sampled youths aged 13-18 years taken to county juvenile detention centre between November 1995 and June 1998. Out of these, 275 were mandated to adult court. Youth processed in adult court as opposed to juvenile court were more likely to be charged with violent crime. Previous studies have found that with the exception of antisocial personality disorder, less than 35% of detained adults have psychiatric disorder (Jason A. Washburn), The empirical literature was limited but data suggested high rates of psychiatric illness in young offenders (Feldstein and Ginsburg 2006; Thomas & Pen 2002).

Research has also demonstrated gender differences in psychiatric disorders among adolescent within the juvenile justice system (Wasserman et al, 2005). Wasserman described a gender "paradox" whereby females were less likely than males to have psychiatric disorders or be involved in criminal activity but the minority of females involved in the justice system was at an elevated risk for internalizing disorders. In particular, there was a significantly higher prevalence of affective, anxiety disorders among girls who committed offences, and this increase was even more distinct where the offence was violent (Wasserman et al, 2005).

A study in Rio De Janeiro, Brazil, showed prevalence in juvenile offenders mainly among young females was on the increase. Taking into account the hypothesis of gender differences, type of offence committed and the prevalence of mental disorders in adolescent from a socio educational standpoint, the most common psychiatric disorders were attention deficit hyperactivity disorder 33.3%, behavioural disorder 77%, oppositional defiant disorder 50%, anxiety disorder 70% and depressive disorder 50% illicit drug use/dependence 70% and alcohol abuse/dependence 52%. Alcohol abuse/dependence caused 2 - 4 fold increase in the probability of adolescent committing a violent offence (Andrade, R C, 2004).

In the United Kingdom (Hagell A 2002), similar findings emerged. Prevalence estimation derived from limited studies suggested rates of mental health problems in 46%-81% of young offender. The report by the mental health foundation concluded that existing mental health services failed to meet the needs of this population and called upon the government to increase psychiatric services under the national health.

In Replin's (2002) prevalence study, substantial rate of psychiatric morbidity was found in juvenile detainees in Chicago. Even after excluding the diagnosis of conduct disorders, 60%

of males and 67% of females met diagnostic criteria for one or more psychiatric disorders. Bearing in mind the limitation of resources, the rates of psychiatric disorders among young offenders, was far greater than previously estimated and exceeded the capabilities of community and institutional mental health services (O'Shaughnessy & Andrade, 2008).

The National Centre for Mental Health and Juvenile Justice (NCMHJJ) and the Council of Juvenile Correctional Administrators in U S Department of Health and Human Service (1999) conducted a study of mental health prevalence in youth involved in juvenile justice system. The study found 70% of these youth met the criteria for at least one mental health disorder and approximately 27% experienced a mental health disorder so severe that they required critical and immediate treatment (NCMHJJ, 2006).

Another study of juveniles in detention homes conducted by the Virginia Department of Juveniles Justice (DJJ) showed that more than 40% of males and almost 60% of females were in need of mental health services. More than 15% of females had urgent mental health treatment needs (Boesky 2002) (Virginia Joint Commission for Behavioural Health Care, Virginia State Crime Commission, 2002).

In a Swedish birth cohort study, (Hodgins,S. 1992) found that intellectually handicapped men were three times more likely to offend than men with no disorder or handicap and five times more likely to commit a violent offence. Women with intellectual handicap were almost four times more likely to offend and 25 times more likely to commit violent offence than the control groups. Most of those offending with intellectual handicap were accounted for by excess offending before the individuals were 18 years old. Most studies showed a higher than expected rate of learning disability among young offenders in penal institutions.

In Britain, this was shown with psychometric testing in borstals, (Gibbens, T.C N 1969), wheares in approved schools (Gittins, S. 1952; Richardson, H, J. 1969) and in referrals to youth treatment centres and secure units in community homes, with education (Cawson & Martell, 1979). Approximately 5-3% of young offenders in these studies had intelligence quotients (IQs) in the range for learning disability (i.e. less than 70%). Meta analysis of the American literature estimated the prevalence of mental retardation among juvenile offenders to be 12.6% (Casey & Kecletz, 1990).

In a study to investigate substance use and crimes among incarcerated adolescence where chart reviews were conducted from 1977-2000 with 186 adolescents, male offenders including information on demographics, substance use and crime results indicated that use of alcohol (88.7%) and marijuana (95.7%) was highly prevalent. The most widely committed crimes included possession of controlled substance (31.8%), receiving stolen goods (17.8%), and violation of probation (17.2%). Significant differences were observed across racial/ethnic groups. White, non-Hispanic adolescents were more likely to use cocaine, hallucinogens, and heroin than adolescents of other races were to use the same.

In Netherlands, researchers suggest that juvenile delinquents do not have externalizing behaviour disorder but also have severe psychiatric problems such as psychosis, self-mutilation, Attention Deficit Hyperactivity Disorder (ADHD), substance abuse and suicidal tendencies (Doreleijers, 1995 & Vregdenhil, 2003).

Habitual juvenile offenders diagnosed with conduct disorders are likely to exhibit signs of antisocial personality disorder as they mature. Conduct disorder usually develops during childhood and manisfests itself during an adolescent's life (Holmes et al., 2001, p 183). In accordance to DSM-IV-TR Codes 312, adolescents who exhibit conduct disorder also show a lack of empathy and disregard for societal norms. Juvenile delinquents who have recurring encounters with the criminal justice systems are sometimes diagonised with conduct disorder. Once the juveniles reach maturity, their socially unacceptable behaviour has grown into a life style and they then risk being diagnosed with antisocial personality disorder and may develop into career criminals (DeLisi, 2005). Career criminals begin committing anti social behaviour before entering grade school and are versatile in that they engage in an array of destructive behaviour, offen at exceedingly high rates and are less likely to quit committing crime as they age (DeLisi, 2005).

Quantitative research completed on 9,945 juvenile male offenders between the ages of 10-18 years in the 1970s where a longitudinal birth cohort was used to examine a trend among a small percentage of career criminals who accounted for the largest percentage of crime activity. The trend exhibited a new phenomenon amongst offenders. For this study, habitual offenders were youth who experienced more than five police encounters (Wolfgang et al, 1972). The phenomenon indicated that only 6% of the youths qualified under their definitions

of a habitual offender and yet were responsible for 52% of the delinquency within the entire study. The same 6% of chronic offenders accounted for 71% of the murders and 69% of the aggravated assaults (Wolfgang et al, 1972). The habitual crime behaviour found amongst juveniles was similar to that of adults. Habitual offenders "will make a career" of bad choices and bad behaviour and probably end up sooner or later dead or in prison" (Delisi, 2005). These juvenile offenders were in need of treatment because they had negative disposition and high propensity to continue committing crime (Delisi, 2005).

Longo R.E and Prescott D.S (2006) indicated that juveniles committed approximately 30-6% of all child sexual abuse. The Federal Bureau of Investigation uniform crime reports indicated that in 2008, young males under the age of 18 years accounted for 16.7% of forcible rape and 20.6% of 1 sexual offence. Centre for Sex Offender Management indicated that approximately 1/5 of all rapes and ½ of all sexual child molestation could be accounted for by juveniles.

The Office of Juvenile Justice and Delinquency Prevention in Washington D C indicated that 15% of juveniles arrested occurred for forcible rape in 2006 and 12% were cleared (resolved by arrest). The total number arrested in 2006 for forcible rape was 3,610 with 2% being female and 36% being under 15 years old. Barbara and Marshall (2008) indicated that juvenile males contributed to the majority of sex crime with 2-4% of adolescent males having reported committing sexually assaulted behaviour and 20% of all rapes and 30-50% of all child molestation, was perpetrated by adolescent males.

In Mississippi, the prevalence of psychiatric disorder among incarcerated juveniles was conducted where 482 adolescents completed a diagnostic questionnaire and a sub set (N=317) was assessed with face-to-face semi structured interview. Most of the study participants met the criteria for one mental disorder 71-85% depending on the assessment method. One third had co-occurring mental health and substance abuse disorders and recommended routine mental health screening on juveniles placed under detention to identify those who needed treatment services.

2.6.2. Regional studies

In Nigeria, a study on chronic and violent juvenile offending was associated with adverse health, educational, vocational, and interpersonal consequences with repercussion seen into adulthood (Ajiboye at el 2009). Youths with mental disorders posed a challenge for the juvenile system. This study investigated current and lifetime prevalence of mental disorders in a Borstal home in Nigeria. The study was a cross-sectional descriptive one and reported exclusively on the 53 youth aged 14-21 years remanded at the juvenile Borstal institution in Illorin, the Kwara state capital. The inmates were interviewed using MINI-KID. The mean age ISD of the inmates was 17.3+2.1 years. Majority of them (52.8%) were between 18-21 years of age. Current psychiatric diagnoses were made in 67.6% of them and lifetime diagnosis made in 64.2% of the inmates. The study showed that current psychiatric disorder were recorded in 67.9% and affective disorders accounted for 35.8%, depression 17%, hypomania 11.3%, and dysthmia 7.5%. Different types of anxiety disorders accounted for 17% and psychosis 3.8%. On the other hand, about 64.2% had lifetime psychiatric disorder; depression accounted for 35%, suicidal 20.8%, panic disorder 3.8%, and psychotic disorder 3.8%.

Alvarez, A & Bachman R (2003) found that similarity among serial killers was their prior criminal convictions. In this case, conduct disorder could become a probable constituent to serial murder if not diagnosed and treated before it fully developed in adulthood as an anti social personality disorders. Some of the common characteristics included consistent violation of societal norms, aggressive behaviour towards people and disassociation to the emotion of empathy (DSM 1V TR, 1994). These traits are also common amongst serial killers and if the maladaptive behaviours were not treated, they had the potential to conceive a person that fantasizes about killing several victims and then fulfills their impulsivity when they are no longer capable of suppressing it Alvarez, A & Bachman R (2003).

2.6.3. Local studies

Related studies in Kenya indicate that juveniles are directed towards correctional services without adequate psychosocial assessment (Mwangi, 1996; Maru et al 2003). Maru et al., (2003) study interviewed ninety (64 males and 26 females) children and young persons' aged 8-18 years who were taken to the Nairobi juvenile court. Sixty of these were classified as

criminal offenders while thirty were in need of care and protection. Prevalence rates of psychiatric morbidity was 44.4%, conduct disorder 45%, mixed disorders of conduct and emotion 20%, emotional disorder with specific onset to childhood 20"%, mood disorder 12% and hyperkinetic disorder 2.5%. These disorders were not detected and probably were not taken into account at the disposal stage of the children. This could be due to lack of trained staff and appropriate facilities. High prevalence of substance abuse has also been recorded among juveniles in conflict with law (Othieno et al, 2000; Maru et al 2003).

An earlier study conducted in 1987 by Gatangi at Kabete Approved School, Kiambu, Central Province, Kenya on 160 subjects did not record any cases of conduct disorder or ADHD. Maybe it was due to the choice of instruments used, that is, Standardized Psychiatric Interview (SPI).

METHODOLOGY

3.1. Study Design
A descriptive cross-sectional study

3.2. Study Area
This was conducted at the Borstal Institutions in the country. In Kenya, there are two Borstal Institutions, Shimo-la-tewa in Mombasa, coast province and Shikusa in Kakamega, Western Province. Young offenders committed there were those aged between 15 and 17 years at the time of admission. The population capacity for the two institutions was approximately 500 but in most cases, they hold more. Shimo-La-Tewa had a capacity of 174 and Shikutsa 226.

The institutions are managed by the Kenya Prisons Services under the Borstal Institution Act (Cap 92). The management of the Institution is vested in the superintendent in charge of the Borstal Institution assisted by a Board of visitors and aftercare Committee. They have varied challenges among them is lack of adequate trained personnel to assess young offenders with psychiatric disorders. The Borstal Institutions offer education and vocational training for reforming the young offender.

All inmates are committed for a maximum period of three years to a Borstal Institution by the court upon recommendation by a probation officer for rehabilitation and training. Upon release, all ex-inmates are accorded aftercare supervision support by Probation Department for purpose of rehabilitation and reintegration.

3.2.1. Shimo La Tewa Borstal Institution
This Borstal Institution is situated in Mombasa, Coast Province. It is located on emerald-tinted Mtwapa creak, which is 500 meters from the Indian Ocean. The institution holds male offenders who are twenty years and below. The population at the time of study was 314 while the bed capacity was 174.

3.2.2. Shikusa Borstal Institution

This institution is situated in Kakamega, Western Province. It is 11.5 km from Kakamega town along the Kakamega Webuye road. The institution holds male offenders below age 20 years. The population at the time of study was 431 while the bed capacity was 226.

3.2.3. Current programmes in both Institutions are:

- Formal education for class seven (7) and eight (8) only.
- Literacy classes for the illiterate
- Vocational training like, electrical wiring, mechanical training, building, and welding and carpentry.
- Hortcultural.
- Counseling

3.3. Study population:

All young offenders in Shimo La Tewa and Shikutsa Borstal Institutions (between 15 – 20 years).

3.3.1. Inclusion criteria:

(i) Those who consent.

(ii) Those who are under 20 years

3.3.2. Exclusion criteria:

(i) Those who do not consent.

(ii) Those outside the age bracket (15 to 20 years).

3.4. Sample size

The sample size was determined according to Fisher et al (1999) formulae:

(i) $$n = \frac{Z^2 pq}{d^2}$$

Where,

n = the desired sample size if the target population is greater than 10,000

Z = the standard normal deviate at the required confidence level

P = the proportion in the target population estimated to have the characteristic being measured

q = 1 – p

d = the level of statistical significance set.

In this study, the target population is more than 10,000 (that is all the Juvenile offenders going through the Juvenile Justice System in Kenya) and therefore Fisher's formulae will apply. The target population is all the juveniles in the country to whom the study findings would apply.

The assessable population was all the young offenders in the Borstal Institutions in Kenya who were approximately 745 from whom the participants was sampled. The sample size was calculated in regard to the prevalence rates as noted in previous studies.

In the western studies the prevalence rates were: Lowest, 45% and the highest, 85% that gives an average of 65%. In the African studies, there was only one study in Nigeria with a prevalence rate of 67%.

To calculate the sample size, an average of prevalence rates in both Western and African studies was used, thus 66%.

Thus, $$n = \frac{z^2 pq}{d^2}$$

$$n = \frac{1{:}96^2 \times (0.66)(0.34)}{0.05^2}$$

$$= \frac{3.8416 \times 0.2244}{0.0025}$$

$$= 0.862055$$

$$= \frac{}{0.0025}$$

$$= 344.822$$

$$= 344.8$$

$$n = 345$$

Therefore, to distribute the sample size proportionately a ratio scale was used as follows;

Shikutsa: 431 =1.4 and for Shimo La Tewa: 314=1

And if 345 is equivalent or equals to 2.4

Then the sample for each of the institutions will be,

Shikutsa: 193 and Shimo la Tewa: 152

3.5. Sampling Procedure

Systematic random sampling method was applied where every participant was sampled into the study as follows;

Shikutsa $\frac{431}{193}$; n = 2 and Shimo La Tewa $\frac{314}{152}$; n = 2

n^{th} was every second participant in the study population, where every 2^{nd} participant was sampled till the sample size was reached. Whenever any of the sampled participant declined to consent, the next participant was sampled. The institution admission registers were used in sampling of the study participants.

3.6. Study Instrument

All the study participants were subjected to the same questions in the sociodemographic questionnaire and MINI-KID.

The questionnaires were administered directly by the researcher. Dr Khasakhala (Department of Psychiatry UON) trained the researcher on the use of the mini-kid prior to data collection.

3.6.1 Socio demographic questionnaire

The researcher's designed questionnaire that captured identification of the relevant demographic variables like age, family type, and religion, nature of offence, skills acquired, level of education, previous committal, history of mental and occupation before arrest.

3.6.2 MINI-KID (Mini International Neuropsychiatric Interview for Children/Adolescents) (Sheehan et al, 1998)

- MINI-KID is a short structured diagnostic interview developed jointly by psychiatrics and clinicians' .It is designed to provide a brief structured interview for the major Axis1 psychiatric disorder in DSM IV and ICD-10. It has acceptable validity and reliability and clinician require relatively brief training sessions while a lay interviewer requires training that is more extensive.

- All the eligible participants 345 were made to go through the MINI-KID interview with the resechers assisstanc, An average span of 50 minutes per participant within a period of ten weeks was used
- The questions were designed to elicit specific diagnostic criteria for DSM IV diagnosis.
- The questions were read to sampled participants.
- The participant who did not understand English, Swahili translation was available and participants were also allowed to provide an explanation of the response or asked for clarity to see if it matched the criterion that was being investigated

- This studys only reports on the MINI –KID interview findings.
- . A study conducted in Nigeria in a Borstal Institution on the prevalence of psychiatric disorders applied the MINI KID.

3.7. Study Implementation

The Researcher interviewed the respondents in the Borstal Institutions from Monday to Friday over a period of 10 weeks. Each interview took approximately 50mins-1hour and eight participants were interviewed daily.

Upon arrival at the Institution, the researcher obtained permission from the Officer in Charge of the Institution. The study was explained to him/her, and then he/she gave consent by signing the consent form. Authority to administer the questionnaires was sought from the Institute Administrator. After which the researcher asked for the admission register from which the sample of the study was selected using systematic random sampling. Those who met the inclusion criteria were sampled. Participants who met the criteria of the study were briefed on the nature of the study, informed consent was then sought and signed by those who were above 18yrs, and those below 18yrs signed the assent form. No names were used, instead a serial number was provided. Then the researcher proceeded to administer the socio-demographic questionnaire and the MINI-KID.

After completing the interview, the Researcher thanked the participant.

- The responses were recorded as answered.
- The respondent's queries were responded to appropriately.

Confidentiality after data entry and analysis was maintained. Those identified with symptoms of psychiatric disorders were reported to the Officer in Charge to be referred for further management. Data entry and analysis was in accordance with SPSS.

3.8. Ethical Considerations

3.8.1. Ethical Approval

Once the proposal was presented and approval obtained from the Department of Psychiatry, University of Nairobi, it was presented to Kenyatta National Hospital - Research and Ethics Committee for review and approval. Once approved, the study then commenced after the approval and Permission was sought from the commissioner of prisons and ministry of science and technology.

3.8.2. Assent form

Assent was obtained from the participants before the administration of the sociodemogrphic questionnaire and research instruments was administered. This was based on appropriate information given in the informed consent/assent form document and adequate time given to consider the information and ask questions. The consent/assent was in written form with details on ethical considerations, procedure of the study, confidentiality, benefits-personal, general risks and the right not to participate or withdraw at any time was clearly stated. The young offenders, being a vulnerable group in prison, the researcher ensured the adolescents participated voluntarily. Data was collected based on informed consent/assent and voluntary participation.

3.8.3. Consent form

Permission was sought from the officers' incharge of the Borstal Institutions for the researcher to carry out the study among the young offenders as explained in the informed explanation consent form.

3.8.4. Confidentiality

All information obtained was stored in a locker only accessible to the researcher to ensure confidentiality. Pre-selection of the young offenders for interview was from a centralized register, which used numbers, and the client's name did not feature anywhere. Privacy and confidentiality was maintained all through.

3.8.5. Risks

There were no anticipated risks in the study. However, those who participated in the study and needed help were assisted accordingly.

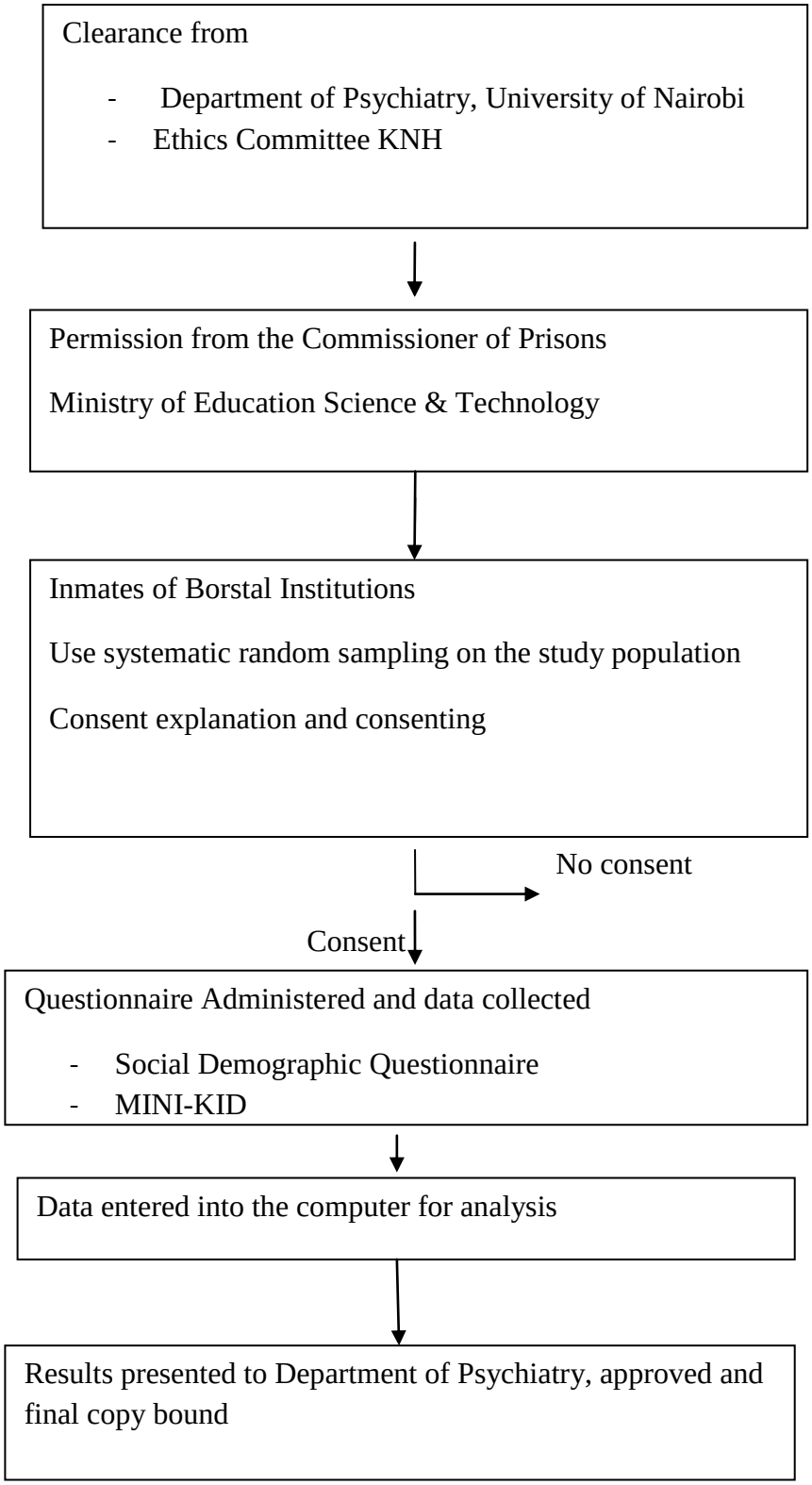
3.8.6. Benefits

There were no direct immediate benefits to the participants. Explaination was given that incase they had mental health problems or drug abuse problems that needed attention; they would be referred to the Borstal Administration for the appropriate treatment to be offered. In addition, the necessary and appropriate policies will be considered based on the findings.

3.9. Data analysis.

The questionnaires were kept safely in a locker and statistical package for social science (SPSS) version 12 was used to analyze the data. The computed data was presented in form of pie charts, bar graphs and across tabulation described in detail in narratives.

3.10. Flow Chart



4. 0: RESULTS

4.1. Socio-demographic characteristics

This study involved 345 male participants age 15 - 20 years, between the months of Febuary and April 2012.

Table 1: Sociodemogrraphic characteristics

Variable	Frequency (%)
Age	
Mean (SD)	17.4 (1.2)
Min – Max	15-20
Family type	
Single	28 (8.1)
Married	160 (46.4)
Separated	46 (13.3)
Divorced	4 (1.2)
Widowed/widower	86 (24.9)
Orphans	18 (5.2)
Not stated	3 (0.9)
Education Level	
Informal education	25 (7.2)
Primary	298 (86.4)
Secondary	22 (6.4)
Occupation before arrest	
Student	113 (32.8)
Formal employment	4 (1.2)
Informal employment	128 (37.1)
Business person	2 (0.6)
Unemployed	73 (21.2)
Not in school	25 (7.2)
Religion	
Christian	290 (84.1)
Muslim	52 (15.1)
Not stated	3 (0.9)

From Table 1 above, the study population had a mean age of 17.4 years (±1.2 years SD). Majority (46.4%) were from married parents while a substantial proportion (24.9%) came from families with a widowed parent and 13.3% from from separated parents. A high proportion (86.4%) had primary level of education while 7.2% had informal education and 6.4% had secondary level of education. Before their arrest, 37.1% of the young offenders were involved in informal employment while 32.1% were students and 21.2% were unemployed. Majority (84.1%) identified with Christianity as their religion while 15.1% were Muslims.

4.2. History of criminal offences

Table 2: Previous involvelment in crime

Variable	Frequency (%)
Previous admissions in rehabilitation centre	
Yes	11 (3.2)
No	334 (96.8)
Number of previous admission	
1	9 (81.8)
2	2 (18.2)
Previous placement to non custodial sentences	
Yes	44 (12.8)
No	301 (87.2)
Number of placement	
1	42 (95.5)
2	2 (4.5)

Majority of the offenders had never been admitted in rehabilitation centre, with 3.2% having been admitted once, those with previous admission (81.8%) or twice (18.2%), as in Table 2 above. In addition, 12.8% of the offenders had been placed on non-custodial sentences previously out of whom 95.5% had been placed once and the rest twice.

4.3. Nature of offences

Table 3: Nature of offences

Variable	Frequency (%)
Offences committed against persons	
Physical attack	2 (0.6)
Physical threats	1 (0.3)
Assault	9 (2.6)
Sexual assault	54 (15.7)
Offences committed against property	
Stealing	218 (63.2)
Destruction of property	3 (0.9)
Robbery	9 (2.6)
Crimes without victims	
Traffic offences	5 (1.4)
Drug related offences	13 (3.8)
Creating disturbance	7 (2.0)
Trespassing	2 (0.6)

Majority (63.2%) of the offenders were committed for stealing while 15.7% had committed sexual assault. Other offences among a smaller proportion of the offenders included physical

attack, physical threats, assault, destruction of property, robbery, traffic offences, drug-related offences, creating disturbance and trespass.

4.4. Rehabilitation programs

Table 4: Rehabilitation activities

Variable	Frequency (%)
Do you have reading/writing difficulties?	
Yes	93 (27.0)
No	252 (73.0)
Have you learnt any skills in the institution?	
Yes	324 (93.9)
No	21 (6.1)

Almost three-quarters (73%) of the young offenders had no difficulties in reading or writing but 27% had difficulties in those skills. Majority (93.9%) had learnt certain skills in the Borstal Institution.

4.5. Family history

Table 5: Family history

Variable	Frequency (%)
Family history of mental illness	
Yes	34 (9.9)
No	311 (90.1)
Were you abused as a child	
Yes	44 (12.8)
No	301 (87.2)

9.9% of the young offenders reported that they had family history of mental illness. Also, 12.8% had a history of abuse in their childhood.

4.6. Prevalence of psychiatric disorders

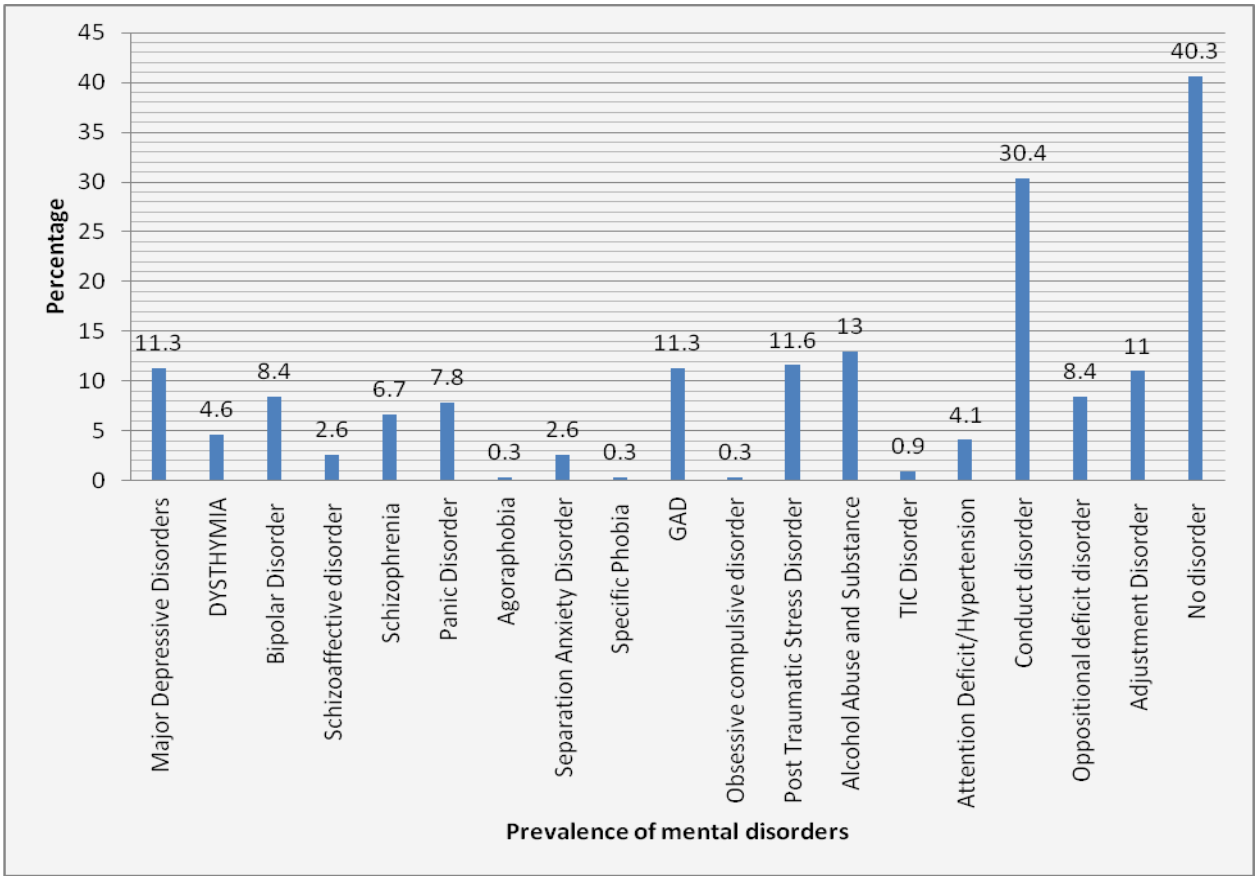


Figure 1: Prevalence of psychiatric disorders (DSM-IV)

While 40.3% did not have any psychological disorder, 59.7% had at least one disorder. Conduct disorder was the most prevalent psychiatric disorder (30.4%) while alcohol/substance abuse disorders (13%), PTSD (11.6%), MDD (11.3%), GAD (11.3%) and adjustment disorder (11%) contributed to a substantial proportion of disorders. Other significant psychiatric disorders diagnosed among the offenders included bipolar (8.4%), oppositional deficit (8.4%), panic (7.8%) and schizophrenia (6.7%).

4.7. Co-morbidity (DSM-IV) disorders

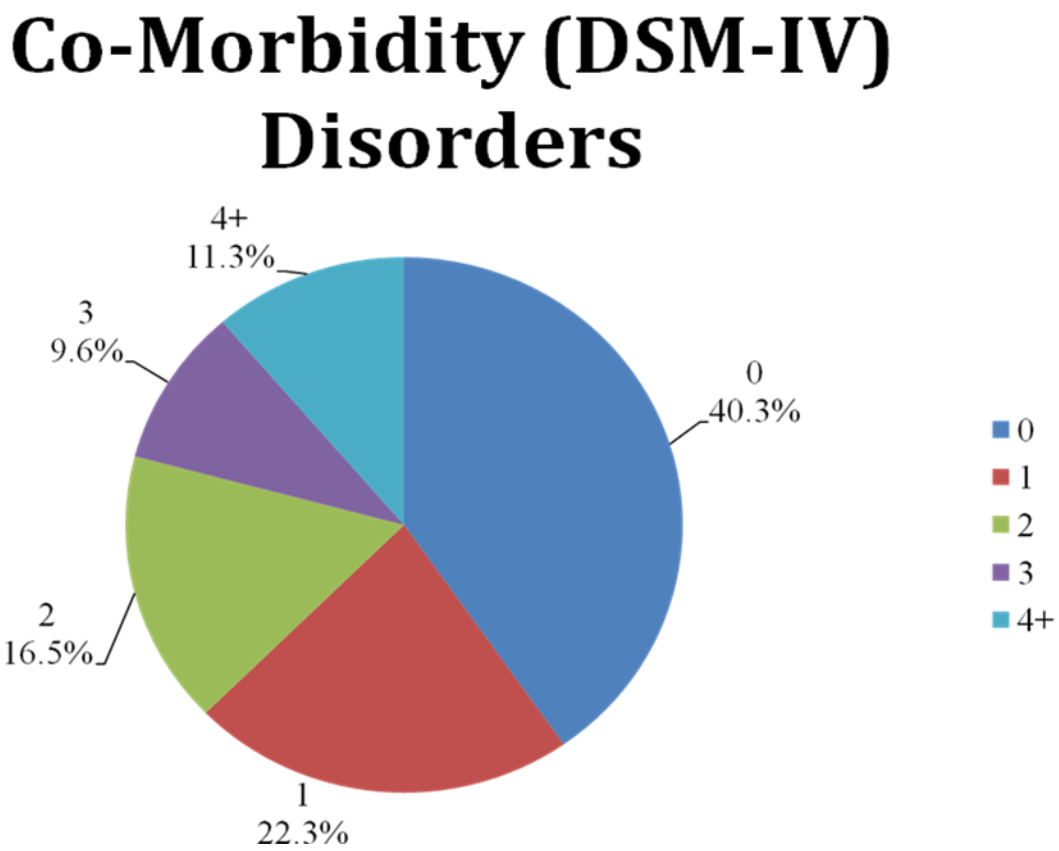


Figure 2: **Co-morbidity (DSM-IV) disorders**

Co-morbidity was diagnosed among a substantial proportion of the offenders. Single disorder was diagnosed among 22.3% while 16.5% had two disorders, 9.6% had three disorders, and 11.3% had four or more psychiatric disorders.

4.8. Association of Socio-demographic charateristics and DSM IV disorders

4.8.1. Depressive disorders

Table 6: Relationship between depressive disorder and socio-demographic factors

Variable		Mood Disorders		P value
		No	Yes	
Ages	13-15	24 85.7%	4 14.3%	X^2= 0.420, df=2, p=0.811
	16-18	243 88.7%	31 11.3%	
	19-20	39 90.7%	4 9.3%	
Family types	Single	26 92.9%	2 7.1%	X2= 4.741, df=5, p=0.448
	Married	143 89.4%	17 10.6%	
	Separated	37 80.4%	9 19.6%	
	Divorced	3 75.0%	1 25.0%	
	Widowed/widower	78 90.7%	8 9.3%	
	Orphans	16 88.9%	2 11.1%	
Education Level	Informal education	24 96.0%	1 4.0%	X2=3.060, df=2, p=0.217
	Primary	261 87.6%	37 12.4%	
	Secondary	21 95.5%	1 4.5%	
Have you learnt any skills from the institution	No	18 85.7%	3 14.3%	X2=0.198, df=1, p=0.656
	Yes	288 88.9%	36 11.1%	

Age, marital status, education level, and having learnt any skills were not significantly associated to whether the young offenders had depressive disorders or not (Table 8).

4.8.2. Bipolar disorder

Table 7: Relationship between bipolar mood disorder and socio-demographic factors

Variable		Bipolar Disorder		P value
		No	Yes	
Ages	13-15	26 92.9%	2 7.1%	X^2=0.103, df=2, p=0.950
	16-18	251 91.6%	23 8.4%	
	19-20	39 90.7%	4 9.3%	
Family type	Single	23 82.1%	5 17.9%	X^2=6.894, df=4, p=0.229
	Married	148 92.5%	12 7.5%	
	Separated	40 87.0%	6 13.0%	
	Divorced	4 100.0%	0 .0%	
	Widowed/widower	80 93.0%	6 7.0%	
	Orphans	18 100.0%	0 .0%	
Education Level	Informal education	21 84.0%	4 16.0%	X^2=3.060, df=2, p=0.217
	Primary	276 92.6%	22 7.4%	
	Secondary	19 86.4%	3 13.6%	
Have you learnt any skilled from the institution	No	16 76.2%	5 23.8%	X2=6.891, df=1, **p=0.009**
	Yes	300 92.6%	24 7.4%	

Bipolar disorder was found to be significantly associated with learning of skills in Borstal Institution. The young offenders who had learnt skills in the institution were less likely to have bipolar disorder (7.4%) than those who had not learnt any skill (23.8%), p=0.009. Age, marital status and education level were not significantly associated with having bipolar disorder (Table 9).

4.8.3. Post Traumatic Stress Disorder

Table 8: Relationship between Post Traumatic Stress Disorder and socio-demographic factors

Variable		Post Traumatic Stress Disorder		P value
		No	Yes	
Ages	13-15	24 85.7%	4 14.3%	X^2=4.664, df=2, p=0.097
	16-18	247 90.1%	27 9.9%	
	19-20	34 79.1%	9 20.9%	
Family type	Single	21 75.0%	7 25.0%	X^2=6.250, df=5, p=0.283
	Married	145 90.6%	15 9.4%	
	Separated	40 87.0%	6 13.0%	
	Divorced	4 100.0%	0 .0%	
	Widowed/widower	76 88.4%	10 11.6%	
	Orphans	16 88.9%	2 11.1%	
Education Level	Informal education	22 88.0%	3 12.0%	X^2=2.877, df=2, p=0.237
	Primary	266 89.3%	32 10.7%	
	Secondary	17 77.3%	5 22.7%	

Age, family type and education level were not significantly associated to whether a young offender had post-traumatic stress disorder or not (Table 10).

4.8.4. Alcohol and substance abuse

Table 9: Relationship between alcohol and substance abuse and socio-demographic factors

Variable		Alcohol Abuse and Substance		P value
		No	Yes	
Ages	13-15	25 89.3%	3 10.7%	X^2=0.548, df=2, p=0.760
	16-18	239 87.2%	35 12.8%	
	19-20	36 83.7%	7 16.3%	
Family type	Single	26 92.9%	2 7.1%	X^2=4.954, df=5, p=0.422
	Married	138 86.3%	22 13.8%	
	Separated	38 82.6%	8 17.4%	
	Divorced	3 75.0%	1 25.0%	
	Widowed/widower	75 87.2%	11 12.8%	
	Orphans	18 100.0%	0 .0%	
Education Level	Informal education	22 88.0%	3 12.0%	X^2=4.195, df=2, p=0.123
	Primary	262 87.9%	36 12.1%	
	Secondary	16 72.7%	6 27.3%	
Religion	Christian	253 87.2%	37 12.8%	X^2=0.266, df=1, p=0.606
	Muslim	44 84.6%	8 15.4%	

Age, family type, education level, and religion were not significantly associated to whether a young offender had abused alcohol/substance or not (Table 11).

4.8.5. Conduct disorder

Table 10: Relationship between conduct disorder and socio-demographic factors

Variable		Conduct disorder		P value
		No	**Yes**	
Ages	13-15	18 64.3%	10 35.7%	X^2=3.724, df=2, p=0.155
	16-18	197 71.9%	77 28.1%	
	19-20	25 58.1%	18 41.9%	
Family type	Single	17 60.7%	11 39.3%	X^2=12.378, df=5, **p=0.030**
	Married	116 72.5%	44 27.5%	
	Separated	25 54.3%	21 45.7%	
	Divorced	3 75.0%	1 25.0%	
	Widowed/widower	62 72.1%	24 27.9%	
	Orphans	17 94.4%	1 5.6%	
Education Level	Informal education	16 64.0%	9 36.0%	X^2=4.858, df=2, p=0.088
	Primary	213 71.5%	85 28.5%	
	Secondary	11 50.0%	11 50.0%	

The family type of the family from which the young offender came from was significantly associated with prevalence of conduct disorder (p=0.030). Highest prevalence of conduct disorder (45.7%) was found in offenders whose parents were separated and those whose parents were single (39.3%). Other factors such as age of the offender and the level of education were not significantly associated with prevalence of conduct disorder (Table 11).

4.8.6. Co-morbid disorders.

Table 11: Relationship between co-morbid disorders by socio-demographic factors

Variable		Co-Morbidity (DSM-IV) Disorders					P value
		0	**1**	**2**	**3**	**4+**	
Age	13-15	11 39.3%	7 25.0%	6 21.4%	1 3.6%	3 10.7%	X^2= 4.899, df=8, p=0.768
	16-18	115 42.0%	61 22.3%	42 15.3%	27 9.9%	29 10.6%	
	19-20	13 30.2%	9 20.9%	9 20.9%	5 11.6%	7 16.3%	
Family type	Single	11 39.3%	6 21.4%	3 10.7%	2 7.1%	6 21.4%	X^2= 21.023, df=20, p=0.396
	Married	67 41.9%	34 21.3%	29 18.1%	17 10.6%	13 8.1%	
	Separated	14 30.4%	7 15.2%	10 21.7%	6 13.0%	9 19.6%	
	Divorced	0 .0%	2 50.0%	1 25.0%	1 25.0%	0 .0%	
	Widowed/widower	37 43.0%	21 24.4%	12 14.0%	7 8.1%	9 10.5%	
	Orphans	10 55.6%	5 27.8%	2 11.1%	0 .0%	1 5.6%	
Education Level	Informal education	10 40.0%	5 20.0%	4 16.0%	2 8.0%	4 16.0%	X^2= 14.04, df=8, p=0.081
	Primary	122 40.9%	71 23.8%	49 16.4%	28 9.4%	28 9.4%	
	Secondary	7 31.8%	1 4.5%	4 18.2%	3 13.6%	7 31.8%	
Religion	Christian	118 40.7%	63 21.7%	54 18.6%	27 9.3%	28 9.7%	X^2= 9.8, df=4, **p=0.044**
	Muslim	20 38.5%	12 23.1%	3 5.8%	6 11.5%	11 21.2%	
Previous admissions in rehabilitation centre	No	138 41.3%	75 22.5%	52 15.6%	31 9.3%	38 11.4%	X^2= 9.52, df=4, **p=0.049**
	Yes	1 9.1%	2 18.2%	5 45.5%	2 18.2%	1 9.1%	
Previous placement to non custodial sentences	No	125 41.5%	67 22.3%	46 15.3%	29 9.6%	34 11.3%	X^2= 3.081, df=4, p=0.540
	Yes	14 31.8%	10 22.7%	11 25.0%	4 9.1%	5 11.4%	

Co-morbidity was significantly associated with religion and previous admission to rehabilitation centre as noted in Table 7 above. The young offenders who were affiliated to Muslim religion were more likely to have 3 or more comorbid disorders compared to Christians. On the other hand, the Christians reported less comorbid disorders with a high proportion having no disorders compared to the Muslims (P=0.044).

Similarly, the offenders who had previously been admitted in a rehabilitation centre were more likely to have more disorders than those who had not (P=0.049). Other factors such as age, marital status, education, and previous placement on non-custodial sentences were not significantly associated with cormorbidity.

4.9. Association between the psychiatric disorders and the nature of offences

Table 12: Associations between psychiatric disorders and offences against persons

Variable	**Offence against persons**		**P value**
	Yes	**No**	
Major Depressive Disorders			
0-3 No	249 (81.4)	57 (18.6)	X^2=0.443, df=1, p=0.506
4> Yes	30 (76.9)	9 (23.1)	
Dysthymia			
0-2 No	265 (80.5)	64 (19.5)	X^2=0.477, df=1, p=0.490
3> Yes	14 (87.5)	2 (12.5)	
Bipolar Disorder			
0-3 No	255 (80.7)	61 (19.3)	X^2=0.073, df=1, p=0.787
4> Yes	24 (82.8)	5 (17.2)	
Schizoaffective disorder			
No	271 (80.7)	65 (19.3)	X^2=0.384, df=1, p=0.535
Yes	8 (88.9)	1 (11.1)	
Schizophrenia			
0-3 No	262 (81.4)	60 (18.6)	X^2=0.771, df=1, p=0.380
4> Yes	17 (73.9)	6 (26.1)	
Panic Disorder			
0-3 No	258 (81.1)	60 (18.9)	X^2=0.181, df=1, p=0.671
4> Yes	21 (77.8)	6 (22.2)	
Agrophobia			
0-1 No	278 (80.8)	66 (19.2)	X^2=0.237, df=1, p=0.626

2> Yes	1 (100.0)	0	
Separation Anxiety Disorder 0-3 No 4> Yes	 273 (81.3) 6 (66.7)	 63 (18.8) 3 (33.3)	X^2=1.205, df=1, p=0.272
Social phobia 0-3 No 4> Yes	 274 (81.1) 5 (71.4)	 64 (18.9) 2 (28.6)	X^2=0.412, df=1, p=0.521
Specific Phobia 0-4 No 5>Yes	 278 (80.8) 1 (100.0)	 66 (19.2) 0	X^2=0.237, df=1, p=0.626
GAD 0-3 No 4> Yes	 248 (81.0) 31 (79.5)	 58 (19.0) 8 (20.5)	X^2=0.054, df=1, p=0.816
Obsessive compulsive disorder 0-3 No 4> Yes	 278 (80.8) 1 (100.0)	 66 (19.2) 0	X^2=0.237, df=1, p=0.626
Post Traumatic Stress Disorder 0-3 No 4> Yes	 247 (81.0) 32 (80.0)	 58 (19.0) 8 (20.0)	X^2=0.022, df=1, p=0.882
Alcohol Abuse and Substance 0-3 No 4> Yes	 276 (92.0) 42 (93.3)	 24 (8.0) 3 (6.7)	X^2=0.096, df=1, p=0.756
TIC Disorder 0-3 No 4> Yes	 276 (80.7) 3 (100.0)	 66 (19.3) 0	X^2=0.716, df=1, p=0.397
Attention Deficit/Hypertension 0-3 No 4> Yes	 265 (80.1) 14 (100.0)	 66 (19.9) 0	X^2=3.452, df=1, p=0.063
Oppositional deficient disorder			

0-3 No 4> Yes	254 (80.4) 25 (86.2)	62 (19.6) 4 (13.8)	X^2=0.583, df=1, p=0.445
Adjustment Disorder 0-2 No 3> Yes	 248 (80.8) 31 (81.6)	 59 (19.2) 7 (18.4)	 X^2=0.014, df=1, p=0.906

Not all the other psychiatric disorders were significantly associated with committing offences against persons (Table 12).

Table 13: Associations between psychiatric disorders and offences against property

Variable	**Offence against property**		**P value**
	Yes	**No**	
Major Depressive Disorders 0-3 No 4> Yes	 99 (32.4) 16 (41.0)	 207 (67.6) 23 (59.0)	 X^2=1.171, df=1, p=0.279
Dysthymia 0-2 No 3> Yes	 112 (34.0) 3 (18.8)	 217 (66.0) 13 (81.3)	 X^2=1.606, df=1, p=0.205
Bipolar Disorder 0-3 No 4> Yes	 106 (33.5) 9 (31.0)	 210 (66.5) 20 (69.0)	 X^2=0.075, df=1, p=0.784
Schizoaffective disorder No Yes	 114 (33.9) 1 (11.1)	 222 (66.1) 8 (88.9)	 X^2=2.054, df=1, p=0.152
Schizophrenia 0-3 No 4> Yes	 109 (33.9) 6 (26.1)	 213 (66.1) 17 (73.9)	 X^2=0.582, df=1, p=0.445
Panic Disorder 0-3 No	 106 (33.3)	 212 (66.7)	 X^2=0.000, df=1,

4> Yes	9 (33.3)	18 (66.7)	p=1.000
Agrophobia 0-1 No 2> Yes	 115 (33.4) 0	 229 (66.6) 1 (100.0)	X^2=0.501, df=1, p=0.479
Separation Anxiety Disorder 0-3 No 4> Yes	 109 (32.4) 6 (66.7)	 227 (67.6) 3 (33.3)	**X^2=4.621, df=1, p=0.032**
Social phobia 0-3 No 4> Yes	 113 (33.4) 2 (28.6)	 225 (66.6) 5 (71.4)	X^2=0.073, df=1, p=0.787
Specific Phobia 0-4 No 5>Yes	 115 (33.4) 0	 229 (66.6) 1	X^2=0.501, df=1, p=0.479
GAD 0-3 No 4> Yes	 100 (32.7) 15 (38.5)	 206 (67.3) 24 (61.5)	X^2=0.520, df=1, p=0.471
Obsessive compulsive disorder 0-3 No 4> Yes	 115 (33.4) 0	 229 (66.6) 1 (100.0)	X^2=0.501, df=1, p=0.479
Post Traumatic Stress Disorder 0-3 No 4> Yes	 102 (33.4) 13 (32.5)	 203 (66.6) 27 (67.5)	X^2=0.014, df=1, p=0.905
Alcohol Abuse and Substance 0-3 No 4> Yes	 103 (34.3) 12 (26.7)	 197 (65.7) 33 (73.3)	X^2=1.035, df=1, p=0.309
TIC Disorder 0-3 No 4> Yes	 114 (33.3) 1 (33.3)	 228 (66.7) 2 (66.7)	X^2=0.000, df=1, p=1.000
Attention Deficit/Hypertension			

0-3 No 4> Yes	114 (34.4) 1 (7.1)	217 (65.6) 13 (92.9)	**X^2=4.504, df=1, p=0.034**
Oppositional deficient disorder 0-3 No 4> Yes	 109 (34.5) 6 (20.7)	 207 (65.5) 23 (79.3)	 X^2=2.278, df=1, p=0.131
Adjustment Disorder 0-2 No 3> Yes	 100 (32.6) 15 (39.5)	 207 (67.4) 23 (60.5)	 X^2=0.725, df=1, p=0.395

Separation anxiety disorder and attention deficit/hyperactivity disorder were significantly associated with offences against property. The young offenders who had separation anxiety were more likely to have committed offence against property (66.7%). Compared to those who did not have anxiety (32.4%), p=0.032. On the other hand the offenders who had attention deficit or hyperactivity were less likely to commit offences against property (7.1%) compared to those without attention deficit or hyperactivity (34.4%), p=0.034. Not all the other psychiatric disorders were associated with offences against property (Table 13).

Table 14: Associations between psychiatric disorders and offences without victims

Variable	**Victimless offences**		**P value**
	Yes	**No**	
Major Depressive Disorders 0-3 No 4> Yes	 282 (92.2) 36 (92.3)	 24 (7.8) 3 (7.7)	 X^2=0.001, df=1 P=0.974
Dysthymia 0-2 No	 304 (92.4)	 25 (7.6)	 X^2=0.508, df=1,

3> Yes	14 (87.5)	2 (12.5)	p=0.476
Bipolar Disorder 0-3 No 4> Yes	 293 (92.7) 25 (86.2)	 23 (7.3) 4 (13.8)	X^2=1.563, df=1, p=0.211
Schizoaffective disorder No Yes	 310 (92.3) 8 (88.9)	 26 (7.7) 1 (11.1)	X^2=0.138, df=1, p=0.710
Schizophrenia 0-3 No 4> Yes	 296 (91.9) 22 (95.7)	 26 (8.1) 1 (4.3)	X^2=0.413, df=1, p=0.520
Panic Disorder 0-3 No 4> Yes	 295 (92.8) 23 (85.2)	 23 (7.2) 4 (14.8)	X^2=1.983, df=1, p=0.159
Agrophobia 0-1 No 2> Yes	 317 (92.2) 1 (100.0)	 27 (7.8) 0	X^2=0.085, df=1, p=0.770
Separation Anxiety Disorder 0-3 No 4> Yes	 310 (92.3) 8 (88.9)	 26 (7.7) 1 (11.1)	X^2=0.138, df=1, p=0.710
Social phobia 0-3 No 4> Yes	 311 (92.0) 7 (100.0)	 27 (8.0) 0	X^2=0.607, df=1, p=0.436
Specific Phobia 0-4 No 5>Yes	 317 (92.2) 1 (100.0)	 27 (7.8) 0	X^2=0.085, df=1, p=0.770
GAD 0-3 No 4> Yes	 281 (91.8) 37 (94.9)	 25 (8.2) 2 (5.1)	X^2=0.444, df=1, p=0.505
Obsessive compulsive disorder			

0-3 No 4> Yes	317 (92.2) 1 (100.0)	27 (7.8) 0	X^2=0.085, df=1, p=0.770
Post Traumatic Stress Disorder 0-3 No 4> Yes	280 (91.8) 38 (95.0)	25 (8.2) 2 (5.0)	X^2=0.501, df=1, p=0.479
Alcohol Abuse and Substance 0-3 No 4> Yes	276 (92.0) 42 (93.3)	24 (8.0) 3 (6.7)	X^2=0.096, df=1, p=0.756
TIC Disorder 0-3 No 4> Yes	316 (92.4) 2 (66.7)	26 (7.6) 1 (33.3)	X^2=2.730, df=1, p=0.099
Attention Deficit/Hypertension 0-3 No 4> Yes	306 (92.4) 12 (85.7)	25 (7.6) 2 (14.3)	X^2=0.844, df=1, p=0.358
Oppositional deficient disorder 0-3 No 4> Yes	291 (92.1) 27 (93.1)	25 (7.9) 2 (6.9)	X^2=0.038, df=1, p=0.846
Adjustment Disorder 0-2 No 3> Yes	281 (91.5) 37 (97.4)	26 (8.5) 1 (2.6)	X^2=1.597, df=1, p=0.206

None of the psychiatric disorders were significantly associated with crimes without victims or lesser serious offences committed by the young offenders (Table 15).

Table 15: Relationship between conduct disorder and nature of offences

Variable	Conduct disorder		P value
	Yes	**No**	
Offences on persons			
Yes	9 (13.6%)	57 (86.4%)	X^2=10.878, df=1, **p=0.001**
No	96 (34.4%)	183 (65.6%)	
Offences on property			
Yes	79 (34.3%)	151 (65.7%)	X^2=4.990, df=1, **p=0.025**
No	26 (22.6%)	89 (77.4%)	
Crimes without victims			
Yes	11 (40.7%)	16 (59.3%)	X^2=1.470, df=1, p=0.225
No	94 (29.6%)	224 (70.4%)	

As in table 15 above, the offenders who committed offences against persons were less likely to have conduct disorders (13.6%), compared to those who did not commit such offence (34.4%), p=0.001. On the other hand, a significantly higher prevalence of conduct disorder (34.3%) was seen among the offenders who committed offences on property than those who did not (22.6%), p=0.025. Offences without victims were not associated with conduct disorders.

5.0. DISCUSSION

5.1. Discussion

Psychiatic disorders were found to be common among offenders in Borstal Institutions with about 60% being diagnosed with at least a disorder. These findings were comparable to previous studies-such in countries such as United Kingdom (Hagel, 2002) in the west, which recorded psychiatric prevalence rates of between 45%-85%. Another study by Replin (2002) reported similar prevalence of 60%. According to NCMHJJ (2005), most common psychiatric disorders seen among juvenile offenders were CD, ODD, MDD, PTSD BD and dsythemia.

Young male offenders in Borstal Institutions in Kenya were relatively older at an average age of 17 years. This age bracket is at the peak of adolescence and in transition to adulthood. This critical period requires negotiation and role model towards developing an acceptable sense of identity that can withstand peer pressure. Thus as they progress to adulthood, identity becomes a challenge. Most young people may find themselves in conflict with the rules and regulations of the society and this may be worse for those with psychiatric disorders. The older inmates may also have come in at an earlier date and had not completed their prison term.

The findings on the type of families the young offenders came from indicate the extent of the unmet needs existing among children. In the current study, more than half of the young offenders were raised in single parenthood as in being single, divorced, separated, or widowed. Such a family structure is a risk factor that may contribute to crime among the youth. Children from such families may lack proper parental supervision or may grow up in an environment with conflicts in case of divorce or separation, while others suffer neglect and abuse. These incidences may cause weakness in attachment between parents and the youth and the frustrations encountered by the youth may be manifested through inappropriate activities including crime.

Education is a significant factor that has been identified in previous studies to be contributing to certain behaviours among young people. The current study findings revealed that more than four-fifths of the offenders had primary education. Offenders have been shown to be poor academically as in a Swedish birth cohort study (Hodgins, 1992) showing that

intellectually handicapped men were three times more likely to offend than men with no disorders or handicap are.

At an average age of 17 years, one is expected to be in secondary school or higher but majority in this study being at primary level may indicate their low intellectual abilities. In Britain, this was shown by psychometrics testing in Borstals (Gibben's 1969), in Approved Schools (Giltins 195; Richardson, 1969), and in Referrals to Youth Treatment Centres and in Community Homes with education (cawson & Martell, 1979).

Occupation before arrest was mainly informal employment and a good majority were students while around a fifth of the offenders were unemployed. Being in informal employment meant the young people were no longer in school despite their young age. Similarly, the unemployed were out of school and did not have anything to keep them busy. The youths in informal employment and those who were unemployed indicate a group of young people who may not be developing academically or careerwise. Such youths are likely to be idle, yearn for quick money and may get tempted to engage in illegal activities that will later put them in conflict with the law. In most cases they have inability to delay gratification; they are more aggressive and restless (Farington 2002). A minor who has low intelligence and has no proper education is idle, is more prone to be involved in delinquent behaviour.

Young offenders inclined towards the Christian religion formed the majority, while Muslims were in the minority. This distribution reflects the religious composition of the Kenya population where more than 80% subscribe to Christianity. Being Christian or Muslim was significantly associated with having co-morbid DSM 1V disorders.

5.2. Forensic Data

Previous admission in the Borstal Institution and placement on non-custodial sentences such as probation and community service orders was not common among the young offenders. These findings indicate that being in Borstal Institution previously may hinder one from engaging in activities that may send them back to the institution. However, the proportion of those who had been on non-custodial sentences was relatively high. This could be explained by the high level of recidivism in those who have been on non-custodial sentences. This can be attributed to the high rates of psychiatric disorders among the offenders whose needs are not met and the lack of adequate treatment being put in place.

Stealing contributed largely to the offences committed by the youth with 63.2% of them being in the institution as a result. Majority of young people being out of school and involved in either informal employment or unemployed may have a bearing on the commonality of stealing offences. The youth engage in stealing to sustain their livelihood given that many do not have a steady source of income and they come from dysfunctional families.

Another offence that was noted among a substantial proportion of the youth was one of sexual assault. This offence against persons has been reported previously by Long and Prescho (2006) that indicated that juveniles commit approximately 30-60% of all child sexual abuse. Barbara and Marshall (2008) indicated that male juveniles contributed to majority of sex crimes with 2.4% of adolescent males having reported committing sexual assaults.

Lesser serious crime (offences without victims) was not common among the offenders, with drug trafficking accounting for most of the offences. The low levels of drug-related offences may be attributed to the fact that such offences require accomplices that may be adults.

Conduct disorder was the most prevalent psychiatric disorder among the offenders. Families where there was separation of parents and those whose parents were not married do seem to have children with higher likelihood of being diagnosed with conduct disorder. This association could be explained by inadequate supervision and mentorship of children as they grow up, either due to conflicts or absence of the other partner in marriage. In addition, conduct disorder was found to increase the chances of offences committed against property, mainly stealing.

Alcohol and substance abuse was also found in a substantial proportion of the young offenders. The youth of all ages, from whichever family setup, education level or religion were equally vulnerable to alcohol and substance abuse. The prevalence in the Kenyan institutions was significantly lower than what has been reported in other studies in correctional facilities in United States, where 31% to 45% of the youth had substance use disorder. One of the largest institutions in United States observed prevalence of substance use disorder to be as high as 80% among the youth incarcerated (Karnik et al., 2009). Another study by Maru et al., 2008 showed that the prevalence of alcohol and substance abuse among young people appearing in Nairobi Courts to be 44.4%, which was higher than what, was found in this study, but conduct disorder was at 45%.

Studies in Netherlands suggested that delinquent juveniles do not only have externalizing behaviour but also have psychiatric problems such as psychosis, ADHD, substance abuse (Dureokers, 1995 & Vregdenlil, 2003). Similar findings were found in this study, which had schizophrenia (6.7%), acohol/ susbstance abuse (13%), MDD (11.3%), conduct disorder (30.4%), BD (8.4%) and ADHD (4.1%).

About 8% of the young offenders had Bipolar disorders and this disorder was significantly associated with skills learnt by the youth in the B.I. The youth with bipolar disorders had a lower ability of learning skills in the B.I., compared to the ones who did not have bipolar disorder. This confirms that Bipolar disorder has a negative effect on learning of skills.

5. 3. Conclusion

Prevalence of psychiatric disorders was high among young offenders in Borstal Institutions and the most common was conduct disorder. Lower level of education, being unemployed or in informal employment and belonging to single parenthood seemed to be associated to a larger extent to the behaviour of the young offenders. Generally, youth with conduct disorder were found to be at a high risk of committing offences on property which was mainly stealing.

5.4. Recommendation

The presence of psychological disordes in Borstal Institutions calls for the training of law enforcement agencies and equipping them with the neccessory information and skills. Incorporate psychological health assessment instruments in the evaluation of young offenders and develop a psychological support programme for young offenders in the Borstal Institutions.

5.5. Limitation

The study mainly relied on the verbal self-reports from the participants as there were no collaborative interviews from medical records, family members or clinical informatio

5.6. Areas for further study:

(1) A study comparing psychiatric disorders among youth in B.I. and the general Kenyan youth population.

(2) Assessment of current mental health provision facilities for youth in B.I.

6.0. TIME LINE: SCHEDULE ACTIVITIES

Activity	May to July 2011	August 2011 Revised;Jan. 2012	September 2011 Revised;Feb.2012	October 2011 Revised;March 2012	Revised; April 2012	Revised; July 2012
Proposal Writing and presentation						
Data collection						
Data analysis						
Report presentation						

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APPENDIX I

INFORMED CONSENT EXPLANATION FORM

To be read and understood. Questions to be answered in a language the participant understands.

My name is Linnet Okwara from the University of Nairobi. I would like to explain to you about a scientific study that I am carrying out entitled "Prevalence of psychiatric disorders among juveniles committed to Borstals Institution in Kenya"

The study will be carried out by me under the supervision of Dr Othieno and Dr Owiti who are lecturers in the Department of Psychiatry University of Nairobi.

I invite you to participate and intend to interview young offenders, to find out if they have psychological problems. If any psychological problem is found I will advise or refer you to respective special attention and care by your authority that will facilitate the treatment.

At the end of the study, recommendations will be made to the concerned authorities to influence policy formulations concerning mental health care in Borstal facility.

I would therefore like to point out that:-

(1) Your participation is voluntary

(2) Your participation involves answering questions that are in the form of questionnaires and this will be conducted in the form of an interview.

(3) You may withdraw from the study anytime and if you choose to no penalty or loss of benefit will be withheld.

(4) Your name shall not be used anywhere in this study and the information gathered/from you shall be treated as confidential and shall be used for purpose of this study only.

(5) You shall not be subjected to invasive procedures, e.g. drawing of blood.

(6) The study may not benefit you directly but could help you know if you have a psychological problem and you will be referred for appropriate treatment as indicated above. It will also benefit the planning or health authorities.

(7) You should feel free to ask any questions now or anytime thereafter concerning this study.

All information obtained from this study remains confidential and your privacy will be upheld. Identification will be by numbers only. No names will be used in this study or in future publications if you agree to participate in this study, I kindly request you to sign the statement below after reading through it.

If you have any question you can reach the researcher on telephone number 0722707878 or my head supervisor Dr. Othieno at the Department of Psychiatry University. You can also forward any concerns to Professor. A. N. Guantai, the chair of the Kenyatta National Hospital Ethics Committee on Telephone No. 2726300-9 or Box 20723, Nairobi.

APPENDIX 2

APPENDIX 2: OFFICER IN CHARGE **CONSENT FORM**

I, the undersigned (Officer in Charge), do hereby give consent for the juvenile offender's participantion in this study, whose nature and purpose have been fully explained by the researcher. I understand that all the information gathered will be used for purposes of the study only.

Signature of participant ……
Registration number ……
Date …….

APPENDIX 3: PARTICIPANT **ASSENT FORM**

I, the undersigned (participant), do hereby give assent to participate in this study, whose nature and purpose have been fully explained by the researcher (Linnet Okwara). I understand that all the information gathered will be used for purposes of the study only.

Signature of participant ……
Registration number ……
Date …….

APPENDIX 4

SOCIO-DEMOGRAPHIC QUESTIONNAIRE

Date: …….

Code Number: ……

Registration Number……...

(1) Date of birth……

(2) Gender: Male ☐

(3) Marital / family type

i. Single ☐

ii. Married ☐

iii. Separated ☐

iv. Divorced ☐

v. Widowed/widower ☐

4. Education level ☐

i. No formal education

ii. Primary ☐

iii. Secondary ☐

iv. Tertiary (college/university) ☐

(5) Occupation before arrest

i. Student ☐

ii. Formal employment ☐

iii. Informal employment ☐

iv. Business person ☐

v. Unemployed ☐

vi. Not in school ☐

vii. Others ☐

Specify……

(6) Religion

i. Christian ☐

ii. Muslim ☐

iii. Others specify ☐

(7) Previous admissions in rehabilitation centre Yes No ☐

If yes

Number of previous admission

1 ☐

2 ☐

>2 ☐

(8) Duration of previous admission

1	- 30 days	-	1 month
30	- 90 days	-	3 months
90	-	-	6 months
		-	1 years
		-	2 years
		-	3 years

(9) Previous placement for non custodial sentences Yes ☐ No ☐

If yes

If yes

1 ☐

2 ☐

3 More than twice ☐

(10) Nature of offence committing you to Borstal

Offences committed against persons

Physical attack ☐

Physical threats ☐

Assault ☐

Sexually assault ☐

Murder/Manslaughter ☐

Others specify ……...

11. Offences committed against property

Stealing ☐

Destruction of property ☐

Robbery ☐

Others specify……

(12) Crimes without victims

Traffic offences ☐

Drug related offences ☐

Creating disturbance ☐

Trespassing ☐

Others specify ……

(13) Do you have reading/writing difficulties? Yes ☐ No ☐

If yes which one? ……..

(14) Have you learnt any skill in the institution Yes ☐ No ☐

If yes which one …….

If No why ……..

(15) Year of committal to borstal institution …….

(16) Family history of mental illness Yes ☐ ☐

If yes state

(17) Were you abused as a child? Yes ☐ ☐

If yes state ……

APPENDIX 5

MINI-KID

MINI KID SCREEN

1 **Code Number***:* _____	**DATE OF BIRTH:** **TAREHE YA KUZALIWA** _____
DATE OF INTERVIEW: **TAREHE YA KUHOJIWA**_____	***1.1***
	1.2
	1.3 ***If YES, go to the corresponding M.I.N.I. Kid module***
QUESTIONNAIRE COMPLETED BY _____	***1.4***

➢ A.1. Have you felt sad or depressed, down or empty, or grouchy or annoyed**, most of the day, nearly every day** for the past two weeks? IF **YES** TO ANY, CODE **YES** Je umewahi huzunika, kujhisi mpweke ama kukasirika mara kwa mara kwa mda wa wiki mbil ziilizopita	NO	YES	→ **A**
A.2. In the past two weeks, have you been bored a lot or much less interested in things (like playing your favorite games) for **most of the day, nearly every day**? Have u felt that you couldn't enjoy things? IF **YES** TO ANY, CODE **YES** Umekuwa hauna haja na kiti chochote {kama vile mchezo upendao}unahisi haufurahishwi na chochote? Amaa keti enkata naaijo mishipakino anaa minyor intokitin oshu ake minyor ataasa aitoki tiatua iwikii are?	NO	YES	→ **A**
➢ B. Have you **ever** felt so bad that you wished you were dead, tried to hurt yourself, or tried to kill yourself? IF **YES** TO ANY, CODE **YES** Je umewahi tafshika hadi ukahisi kujiua? IF YOU SAID **YES** TO THE FIRST QUESTION, SKIP THIS QUESTION. KAMA ULIKUBALIANA NA SWALI LA KWANZA USIJIBU HILI SWALI	NO	YES	→ **B**

- **C. In the past year** have you felt sad or depressed, down or empty, or grouchy or annoyed**, most of the time**? IF **YES** TO ANY, CODE **YES**
  je umewahi kuhuzunika,kujhisi mpweke ama kukasirika mara kwa mara kwa mda wa miakai mbili ziilizopita

NO YES → **C**

IF YES, GO TO THE CORRESPONDING M.I.N.I.

→ **D**

- D.1.a) Has there **ever** been a period of time when you were so happy that you felt "up" or "high" or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usuall self ? (Do not consider times when you were intoxicated on drugs or alcohol)
  IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY "UP" OR "HIGH", CLARIFY AS FOLLOW : By "up" or "high" I mean : having elated mood, increased energy, needing less sleep, having rapid thoughts, being full of ideas, having an increase in productivity, creativity, motivation or impulsive behaviour.

  Je, ulishawahi kwa kipindi Fulani kujisikia una hali ya juu, au umejawa na nguvu au umesongwa kiasi cha kupatashida, au kwamba watu kukudhania kuwa sio mtu wa kawaida? (usichukulie muda ambao ulikuwa umedhurika kwa madawa au pombe)

  KAMA MGONJWA ANAONEKANA KUTOELEWA MAANA YA “HALI YA JUU”, FAFANUA KAMA IFUATAVYO : Hali ya juu ina maana ya kuwa na hali ya furaha; kuhitaji usingizi mchache;kuwa na fikra za haraka; kusongwa na mawazo; kuongezeka katika tija, ubunifu, motisha au tabia ya kuamua ghafla

NO YES

D.1.b) Are you currently feeling "up" or "high" or full of energy?

Je, sasa hivi unajisikia kuwa na hali ya juu au kujawa na nguvu?

NO YES → **D**

D.2.a) KAMA JIBU NI NDIYO :Has there **ever** been a time when you were so grouchy or annoyed, that you yelled or started fights; or yelled at people not counting your family? Have you or others noticed that you have been more grouchy than other kids, even when you thought you were right to act this way? IF **YES** TO ANY, CODE **YES**

Je, umeshawahi kuwa mwenye kuudhika upesi kwa muda mrefu, kwa siku nyingi, kiasi kwamba ukawa na mabishano, au mapigano kwa maneno au vitendo, au kuwapigia kelele watu wasiokuwa wa familia yako?

NO YES → **D**

DO NOT CONSIDER TIMES WHEN YOU WERE INTOXICATED ON DRUGS OR ALCOHOL OR DURING SITUATIONS THAT NORMALLY OVERSTIMULATE AND MAKE CHILDREN VERY GROUCHY OR ANNOYED.

D.2.b) Are you **currently** feeling grouchy or annoyed?

Je unajihisi mwenye mwenye hasira?

NO YES → **D**

NO YES → **E**

- E. a)Have you **ever** been really frightened or nervous for no reason; or have you **ever** been really frightened or nervous in a situation where most kids would not feel that way? IF **YES** TO EITHER, CODE **YES**
  Je, kwa mara zaidi ya moja, umekuwa na vipindi vya kujisikia au kupatwa na wasiwasi wa ghafla, hofu, kutotulia au mashaka, hata katika mazingira ambayo watu wengi hawajisikii hivyo?

IF YES, GO TO THE CORRESPONDING M.I.N.I

E.b) Did this happen more than one time?

Je hii ilitendeka kuzidisha mara moja ?

NO YES → **E**

E .c) Did this nervous feeling increase quickly over the first few minutes

Je, hizi hisia za wasi wasi ziliongezeka baada ya dakika kidogo?

NO YES → **E**

- F. Do you feel anxious, scared or uneasy in places or situations where you might become really frightened: like being in a crowd, standing in a line (queue), when you are all alone, or when crossing a bridge, traveling in a bus, train or car? IF **YES** TO ANY, CODE **YES**
  Je, wewe hujisikia wasiwasi au mashaka katika sehemu au mazingira ambapo unaweza kupata mshituko wa hofu kubwa au dalili zinazofanana na hofu kubwa

NO YES → **F**

tulizozizungumza hivi punde, na ambapo msaada unaweza usiwepo, au ambapo kukwepa kunaweza kuwa kugumu: kama kuwa kwenye kundi la watu wengi, kusimama kwenye foleni, ukiwa peke yako mbali na nyumbani, au upo nyumbani peke yako, au ukiwa unavuka daraja, kusafiri ndani ya basi, treni, au gari?

- **G. In the past month**, have you been really afraid about being away from someone close to you; or have you been really afraid that you would lose somebody you are close to? (Like getting lost from your parents or having something bad happen to them.) IF **YES** TO EITHER, CODE **YES**
  Je kwa mda wa mwezi mmoja uliyopita umehisi kuwa na woga kuwa mbali na mtu umpendaye?

  NO YES → **G**

- **H. In the past month**, were you afraid or embarrassed when others were watching you? Were you afraid of being teased? Like talking in front of the class? Or eating or writing in front of others? IF **YES** TO ANY, CODE **YES**
  Je kwa mda wa mwezi mmoja uliyopita umekuwa mwoga au kuihsi na aibu ulipoangaliwa na wenzako?

  NO YES → **H**

- **I. In the past month**, have you been really afraid of something like: snakes or bugs? Dogs or other animals? High places? Storms? The dark? Or seeing blood or needles?
  Je kwa mda wa mwezi mmoja uliyopita umekuwa na woga na kitu chochote kama vile nyoka, mbwa au wanyama wengine?

  List the specific phobia : _____

  NO YES → **I**

IF YES, GO TO THE CORRESPONDING M.I.N.I

- **J. In the past month**, have you been bothered by bad things that come into your mind that you couldn't get rid of? Like bad thoughts or urges? Or nasty pictures? For example, did you think about hurting somebody even though you knew you didn't want to? Were you afraid you or someone would get hurt because of some little thing you did or didn't do? Did you worry a lot about having dirt or germs on you? Did you worry a lot that you would give someone else germs or make them sick somehow? Or were you afraid that you would do something really shocking? IF **YES** TO ANY, CODE **YES**
  Katika mwezi ulioputa, je ulishawahi kukerwa na mawazo yenye kujirudiarudia, misukumo, au fikra ambazo hazihitajiki, za maudhi, zisizostahili, zenye kuingilia, au zenye kuleta shida? (mf: mawazo ya kwamba umchafu, umechafuliwa na vijidudu, au hofu ya kuwachafua wengine, au hofu ya kumdhuru mtu hata kama hukutaka kufanya hivyo, au kuhofia kutenda kwa msukumo, au hofu au imani za kichawi kwamba ungewajibika kwa mambo mabaya, au shauku yenye mawazo ya ngono, fikra au misukumo, au shauku ya kuhodhi, kukusanya au ya kidini).

  NO YES → **J**

  DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS. DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS, SEXUAL BEHAVIOUR, OR ALCOHOL OR DRUG ABUSE BECAUSE YOU MAY DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESISIT ONLY BECAUSE OF ITS NEGATIVE CONSEQUENCES

  (Usichanganye na wasiwasi juu ya matatizo halisi ya maisha, usichanganye na shauku **J. the past month**, did you do something over and over without being able to stop doing it, like washing over and over? Straightening things up over and over? Counting something or checking on something over and over? Saying or doing something over and over? IF **YES** TO ANY, CODE **YES**

  Katika mwezi uliopita, je ulifanya kitu kwa kurudiarudia bila kuwa na uwezo wa kujizuia kufanya hivyo, kama vile kuosha au kusafisha sana, kuhesabu, kukagua vitu mara kwa mara, au kurudia, kukusanya, kupanga vitu, au matambiko mangine ya kishirikina.

  NO YES → **J**

IF YES, GO TO THE CORRESPONDING M.I.N.I

- K.1. Has anything really awful happened to you? Like being in a flood, tornado or earthquake? Like being in a fire or a really bad accident? Like seeing someone get killed or hurt really bad? Like being attacked by someone?
  Je kuna kitu chochote cha kutisha ambacho umeshuhudia?

  NO YES → K

  K.2. Did you respond with intense fear, feel helpless or horrified or did you feel agitated or fall apart?
  Je ulihisi uwoga nyingi?

  NO YES → K

  K.3. In the past month, has this awful thing come back to you in some way?

  NO YES → L

- L. In the past **year**, have you had 3 or more drinks of alcohol in a day? At those times, did you have 3 or more drinks in 3 hours? Did you do this 3 or more times in the past year? IF **YES** TO ANY, CODE **YES (All coded yes start with street names of the drink)**
  Je kwa mda wa mwaka mmoja umekuwa ukinywa pombe zaidi ya tatu kwa siku

READ THE LIST BELOW of street drugs or medicines.

amphetamines	speed	crystal meth	Dexedrine	Ritalin, diet pills
cocaine	crack	Freebase	speedball	
heroin	morphine, methadone	Opium	Demerol	codeine, Percodan, OxyContin
LSD	mescaline	PCP, angel dust	MDA,MDMA	ecstasy, ketamine
inhalants	glue	Ether	GHB	Steroids
THC, marijuana	cannabis, hashish	Grass	weed, reefer	barbiturates, Valium, Xanax, Ativan

- **M. In the past year**, have you taken any of them more than one time to get high? To feel better or to change your mood?
  je kwa mda wa mwaka mmoja umekunywa au kumeza daw yeyotekwa mara zaidi ya mmoja ili ulewe ?

NO YES → M

- **N. 1. In the past month**, did you have movements of your body called 'tics'? Tics are quick movements of some part of your body that are hard to control. A tic might be blinking your eyes over and over, twitches of your face, jerking your head, making a movement with your hand over and over, or squatting, or shrugging your shoulders over and over.
  Katika mwezi uliopita umekuwa na mitetemeko ya kasi katika sehemu fulani za mwili ambayo ni vigumu kuihimili? inaweza kuwa kupepesa jicho tene na tena, shtuko la uso mkutuo wa kichwa.

  NO YES → N

  N.2.Have you ever had a tic that made you say something or make a sound over and over it was hard to stop it? Like coughing or sniffing or clearing your throat over and over when you did not have a cold; or grunting or snorting or barking; having to say certain words over and over, having to say bad words, or having to repeat sounds you hear or words that other people say? ,

  Umewahi kuwa na mtetemeko uliokufanya utoe sauti tena na tena am bayo haukuweza isimamisha kama kukohoa na kutoa kikohozi bila kuwa na homa au kurudia maneno maneno machafu au kurudia sauti au maneno yaliyosemwa na wengine?

  NO YES → N

- O. Has anyone (teacher, baby sitter, friend) complaied about your behaviour?
  Je, kuna mtu wowote (mwalimu wako, rafiki ama mzazi) hajafurahia tabia yako?

  NO YES → O

  IF NO TO THIS QUESTION, ALSO CODE NO TO CNDUC DISORDER AND OPPOSITIONAL DEFIANT DISORDER?

  - P. IF QUESTION 01 IN ANSWERED NO, CODE NO TO CONDUCT DISORDER
    IF O1 WAS NOT ASKED ALREADY, ASK THE QUESTIN BELOW

  NO YES → P

  Has anyone (teacher, baby sitter, friends, yourself) complained about you?

  Je, kuna mtu wowote (mwalimu wako, rafiki ama mzazi) hajafurahia tabia yako?

  - Q. IF QUESTION O1 IN ADHD IS ANSWERED NO, CODE NO TO OPPOSITIOPNAL DEFIANT DISORDER
    IF O1 WAS NOT ASKED ALREADY , ASK THE QUESTION BELOW

  NO YES → Q

  (Has anyone (teacher, baby sitter, friend, yourself) complained about your behaviour?)

  Je, kuna mtu wowote (mwalimu wako, rafiki ama mzazi) hajafurahia tabia yako?

IF YES, GO TO THE CORRESPONDING M.I.N.I

MODULE

- R.1. Have you ever heard things other people couldn't hear, such as voices?
  Je umewahi sikia vitu ambavyo wenzako hawasikii kama aina za sauti?

NO YES →

NO YES →

R.2. Have your friends or family ever thought any of your beliefs were strange or weird?

Je jamii yako au marafiki wako wamewahi kufikiria ya kwamba mila zako ni za kushangaza?

- S.a) How tall are you?
  Je una urefu gani?

b) What was your lowest weight in the past 3 months?

Je kilo yao ya chini kwa miezi mitatu ilikuwa ngapi?

C)IS PATIENT'S WEIGHT LOWER THAN THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? SEE TABLE BELOW NO YES →

d) Have you lost 5 lbs. or more in the last 3 months? NO YES →

Je umepoteza kilo----au zaidi kwa mda wa miezi mitatu?

e) If you are less than age 14, have you failed to gain any weight in the last 3 months? NO YES →

Kama uko chini ya miaka kumi na nne umewahi kosa kuongeza kilo yako kwa mda wa miezi mitatu?

f) Has anyone thought that you lost too much weight in the last 3 months? NO YES →

Je kuna mtu anadhani umepoteza kilo nyingi kwa mda wa miezi mitatu?

- T. In the past **three months**, did you have eating binges or times when you ate a very large amount of food within a **2-hour** period?
  Je kwa mda wa miezi mitatu umekuwa ukila chakula kingi kwa mda wa masaa mawili?

NO YES →

IF YES, GO TO THE CORRESPONDING M.I.N.I

MODULE

T.2 In the last **3 months**, did you have eating binges as often as twice a week? NO YES →

Je kwa mda wa miezi mitatu umekuwa ukila chakula kingi kila mara kwa mda wa wiki mbili?

- U. a) Have you worried **excessively** or been anxious about several things over the past 6 months? NO YES →
  Je umekuwa na wasi wasi mwingi kwa mda wa miezi sita iliyopita?

  b) Do you worry most days?

- V. Are you stressed out about something? Is this making you upset or making your behaviour worse? NO YES →
  Je una una mafikira yeyote kuhusu jombo? Je jambo hili lina kusumbua mpaka tabia yako kuzidi?

- W.1 since the age of four have you had difficulty making friends? NO YES →
  Do you have problems becouse you keep to yourself?

  Is it becouse you are shy or because you don't fit in ?

  Tangu umri wa miaka minne, umekuwa na shida ya kufanya urafiki?

  Je, una shida kwa sababu hukaa peke yako? Au kwa

  sababu huona haya? au kwa sababu huna muingiliano mzuri na wengine?

W.2 A you fixated on routine and rituals or do you have interests NO YES →

that are special and intrude on other activities?

Je, una hima ya kufanya mambo fulani kama desturi au kupendelea

mambo ya kipekee na kutatiza shughuli nyingine?

W.3 Do other kids think the you are weird or strange or awkward ? NO YES →

Je, watoto weingine huona kama tabia yako sio ya kawaida ?

W.4 Do you play mostly alone, rather than with other children ? NO YES →

Je, hucheza peke yako au na watoto wale wengine?

A. MAJOR DEPRESSIVE EPISODE

TUKIO LA SONONA LILILOAMBATANA NA UZITO WA MOYO (HIARI)

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

In the past two weeks:

Kwa wiki mbili iliopita:

A1 Have you felt sad or depressed? Felt down or empty? Felt grouchy or annoyed? NO YES

Umehisi ukiwa na huzuni au umejawa na mawazo? nilisikia kukasirika?

Have you felt this way, most of the day, nearly every day?

Umehisi hivi, kila wakati, karibu kila siku?

IF **YES** TO ANY, CONTINUE. IF **NO** TO ALL CODE **NO**.

JE KIPENGELE A1 AU A2 KIMEJIBIWA NDIYO?

A2 Have you been bored a lot or much less interested in things (Like playing your favorite games)?

Have you felt that you couldn't enjoy things?

Umekuwa hauna haja na kiti chochote {kama vile mchezo upendao}unahisi haufurahishwi na chochote?

IF **YES** TO ANY CONTINUE. IF **NO** TO ALL CODE **NO**.

Have you felt this way, most of the day, nearly every day? NO YES

Unahisi hivi kila wakati karibu kila siku?

IS **A1** OR **A2** CODED **YES?** NO YES

A3 **In the past two weeks, when you felt depressed / grouchy / uninterested:**

Katika kipindi cha wiki mbili zilizopita, ulipojisikia kukosa raha na / au kutokuwa na ari:

a Were you less hungry or more hungry most days? Did you lose or gain weight without trying? [i.e., by ±5% of body weight or ±8 lbs. in the past month]? NO YES

Je, hamu yako ya kula ilipungua au kuongezeka, karibu kila siku? Uzito wako ulipungua au uliongezeka bila wewe kukusudia? (yaani ± 5 % ya uzito wako au kg. 3.5 katika mwezi)

b Did you have trouble sleeping almost every night ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much) NO YES

Je umekuwa na shida ya kupata usingizi mara nyingi?(tabu ya kupata usingizi, kukatika usingizi katikati ya usiku, kuamka mapema sana, au kulala mno)

c Did you talk or move slower than usual? Were you fidgety, restless or couldn't sit still? NO YES

Je, ulikuwa ukiongea au kutembea taratibu zaidi kuliko kawaida yako, au ulikuwa na hali ya kuhangaika, kutotulia, au kuwa na tatizo la kukaa kwa utulivu karibu kila siku?

d Did you feel tired most of the time?

NO

YES

Je, ulijisikia mchovu au kutokuwa na nguvu karibu kila saa?

e Did you feel b

most of the time?

Je, ulijisikia huna thamani au kuwa na hali ya kujilaumu karibu kila siku?

f Did you have trouble paying attention? Did you have trouble making up your mind? NO YES

Je, ulikuwa na matatizo ya kuwa makini au kufanya maamuzi karibu kila siku?

g Did you feel so bad that you wished that you were dead? Did you think about hurting yourself? Did you have thoughts of death? Did you think about killing yourself? NO YES

Je, mara kwa mara ulifikiria kuhusu kujiumiza, au kutaka kujiua, au bora ufe?

IF **YES** TO ANY, CODE **YES**

ARE **5** OR MORE ANSWERS (A1, A2 AND A3a-g) CODED YES?

NO	**YES**

MAJOR DEPRESSIVE

B. SUICIDALITY

HALI YA KUTAKA KUJIUA

(MEANS: GO TO THE SUICIDE RISK CURRENT BOX, CIRCLE NO IN THAT BOX, AND MOVE TO THE NEXT MODULE)

Point

B1 a **Have you ever** felt so bad that you wished you were dead?

Ushawahi kuhisi vibaya ukatamani kujiua?

NO YES

b Have you ever tried to hurt yourself?

JE ushawahi kujaribu kujiumiza?

NO YES

c Have you eve

Je ushawahi kujaribu kujitoa uhai?

IF **YES** TO ANY, CODE **YES**

□

□□□□□□□□□

□□□□□□□□□□□□□□□□□NO

YES

In the past month did you:

Kwa mwezi mmoja uliopita

Amaa to lapa otulusoitie:

Points

B2 Think you would be better off dead or wish you were dead? NO YES 1

Ulifikiria kwamba ni bora ungekufa?

B3	Want to harm yourself? Ulitaka kujidhuru?	NO	YES	2
b4	Think about suicide? Wafikiri kujiua?	NO	YES	6
B5	Have a suicide plan? Umefikiria jinsi ya kujiua?	NO	YES	10
B6	Attempt suicide? Umejaribu kujiua?	NO	YES	10

IS AT LEAST **1** OF THE ABOVE (B1-B6) CODED **YES**?

1.5 NO
YES

SUICIDE RISK CURREN

IF YES ADD THE TOTAL NUMBER OF POINTS FOR THE ANSWERS (B1-B6)

CHECKED 'YES' AND SPECIFY THE LEVEL OF SUICIDE RISK

1-8 points Low ☐

C. DYSTHYMIA

(MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)

IF PATIENT'S SYMPTOMS CURRENTLY MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE, DO NOT EXPLORE THIS MODULE.

C1 Have you felt sad or depressed, or felt down or empty, or felt grouchy or annoyed, NO
YES

most of the time, for the last two years,?

Je ulijisikia huzuni, mnyonge au kukosa raha mwingi kwa kipindi cha miaka miwili iliyopita?

C2 **In the past two years**, have you felt OK for two months or more in a row?

Kwa mda wa miaka mbili iliyopita umejihisi salama kwa miezi mbili zikifuatana? NO YES

C3 **During the past two years**, most of the time:

Kwa miaka miwili, wakati mwingi:

a Were you less hungry than you used to be? Were you more hungry than you used to be?

NO
YES

Je unahisi njaa sana kuliko wakati mwingine?je hauhisi njaa sana kama kawaida?

IF **YES** TO EITHER, CODE **YES**

b Did you have trouble sleeping or sleep excessively?

NO

YES

keaa nikindurr ijo ashuu irura oleng?

Umekuwa na shida ya kupata usingizi au kulala mno?

c Did you feel tired or without energy?

NO

YES

Je, ulijisikia kuchoka au kukosa nguvu?

d Did you lose your self-confidence?

NO

YES

Je, ulipoteza uwezo wa kujiamini?

e Did you have trouble concentrating or making decisions?

NO

YES

Je, ulikuwa na tabu ya kuwa makini au ya kutoa maamuzi?

f Did you feel hopeless?

NO

YES

Je ulijihisi mambo hayawezi kuwa sawa?

ARE **2** OR **MORE C3** ITEMS CODED **YES?**

C4 Did these feelings of being depressed / grouchy / uninterested upset you a lot? Did they cause you problems at home? At school? With friends?

Amaa kulo bulabul loo ndamunot kitu ake kimitiki ias esiasi ashu ias siatin aishaa?

Amaa ekiyaka enyamali te sukuul?teang?iboitare ilchoreta?

NO **YES**

DYSTHYMIA

D. (HYPO) MANIC EPISODE

TUKIO LA MANIA (MANIA NDOGO)

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

D1 a Has there **ever** been a time when you were so happy that you felt 'up' or 'high' or 'hyper'?

NO
YES

By 'up' or 'high' or 'hyper' I mean feeling really good; full of energy; needing less sleep;

having racing thoughts or being full of ideas.

DO NOT CONSIDER TIMES WHEN THE PATIENT WAS INTOXICATED ON DRUGS OR ALCOHOL

OR DURING SITUATIONS THAT NORMALLY OVER STIMULATE AND MAKE CHILDREN VERY

Je, ulishawahi kwa kipindi Fulani kujisikia una hali ya juu, au umejawa na nguvu au umesongwa kiasi cha kupatashida, au kwamba watu kukudhani kuwa sio mtu kawaida?(usichulie muda ambao ulikuwa umedhurika kwa madawa au pombe)

IF NO TO ALL, CODE NO TO **D1b**: IF YES **TO ANY,** ASK

b Are you currently feeling 'up' or 'high' or 'hyper' or full of energy?
NO YES

je, sasa hivi unajisikia kuwa na hali ya juu au kujawa na nguvu?

D2 a Has there **ever** been a time when you were so grouchy or annoyed, that you yelled or started fights; with people outside your family? Have you or others noticed that you have been more grouchy than other kids, even when you thought you were right to act this way?

NO YES

Je, umeshawahi kuwa kuudhika upesi kwa muda mrefu, kwa siku nyingi, kiasi kwamba ukawa na mabishano, au mapigano kwa manene au vitendo, au kuwapigia kelele watu wasiokuwa wa familia yako?

DO NOT CONSIDER TIMES WHEN THE PATIENT WAS INTOXICATED ON DRUGS OR ALCOHOL.

IF NO TO ALL, CODE NO TO **D2b**: IF **YES** TO ANY, ASK:

b Are you currently feeling grouchy or annoyed?

Je umekasirika sasa? NO
YES

IS **D1a** or **D2a** CODED **YES?** NO
YES

D3 IF **D1b** OR **D2b** = **YES**: EXPLORE ONLY **CURRENT** EPISODE, OTHERWISE

IF **D1b** AND **D2b** = **NO**: EXPLORE THE MOST SYMPTOMATIC **PAST** EPISODE

During the time(s) when you felt up, high, full of energy or irritable did you:

Kwa muda ambao ulijisikia hali ya juu, kujawa na nguvu, au mwenyekuudhika upesi, je :
IF **YES** TO EITHER, CODE **YES**

a Feel that you could do things others couldn't do? Feel that you are
NO
YES

a very important person?

Ulijisikiakuweza kufanya vitu ambavyo wengine hawawezi au kujiona kuwa mtu pekee muhimu

b Need less sleep (for example, feel rested after only a few hours sleep)?
NO YES

Ulihitaji usingizi mchache (kwa mfano, kujisikisa mapumziko baada ya muda mdogo tu wa kulala) ?

c Talk too much without stopping, or so fast that people had difficulty
NO YES

understanding?

Uliongea sana bila kunyamaza, au kwa haraka zaidi kiasi kwamba watu wakapata tabu ya kukuelewa?

d Have racing thoughts?

Umekuwa na mawazo ya harakaharaka
NO YES

e Become easily distracted so that any little interruption could distract you? NO
YES

Ulikuwa mwepesi wa kuvurugwa kiasi kwamba hata kukatizwa kidogo kunakuvuruga?

f Become so active or physically restless that others were worried about you? NO
YES

Ulikuwa mashuhuri au kutotulia kiasi kwamba watu wengine wakapata wasiwasi juu yako?

g Want so much to engage in pleasurable activities that you ignored the risks or NO
YES

consequences (for example, spending sprees, reckless driving, or sexual

indiscretions)?

Ulitaka sana kujiingiza katika shughuli za starehe na kutojali hatari zake au matokeo yake(mfano, kufanya shamrashamra , udereva wa kizembe, au ngono bila kujihadhari)?

ARE **3** OR MORE **D3** ANSWERS CODED **YES** (OR **4** OR MORE IF **D1a** IS NO YES

NO [IN RATING PAST EPISODE] OR **D1b** IS **NO** [IN RATING CURRENT EPISODE])?

For at least one week or more:

Wiki moja au zaidi:

D4 Did they cause problems at home? At school? With friends? With other people? NO YES

Were you put into the hospital for these problems?

Je ulifanya makosa yoyote nyumbani au shuleni?na marafiki zako?watu waingine?

IF **YES** TO ANY, CODE **YES**

☐ ☐☐☐☐

THE EPISODE EXPLORED WAS A: ☐ ☐

HYPOMANIC EPISODE ***MANIC EPISODE***

IS **D4** CODED **NO**?

NO **YES**

SPECIFY IF THE EPISODE IS CURRENT OR PAST.

HYPOMANIC EPISODE

IS **D4** CODED **YES**?

NO **YES**

SPECIFY IF THE EPISODE IS CURRENT OR PAST.

MANIC EPISODE

E. PANIC DISORDER

(MEANS: CIRCLE NO IN E5, E6 AND E7 AND SKIP TO F1)

E1	a	Have you ever been really frightened or nervous for no reason; or have you ever been really frightened or nervous in a situation where most kids would not feel that way? je ushawahi kuwa na vipindi vya kujisikkia au kupatwa na wasi wasi wa ghafla, hofu, kutotuliwa wa ghafla au mashaka , hata mazingira ambayo watu wengi hawajisikii hivyo?	NO	YES
	b	Did this happen more than one time? je, hii ilitendeka kuzidisha mara moja?	NO	YES
	c	Did this nervous feeling increase quickly over the first few minutes? je hizi hisia za wasi wasi ziliongezeka baada ya dakika kido	NO	YES
E2		Has this ever happened when you didn't expect it? Je ishawahi kutendekea bila kutarajia?	NO	YES
E3		After this happened, were you afraid it would happen again or that something bad would happen as a result of these attacks? Did you have these worries for a month or more? Baada ya kufanyika ulijawa na woga itafanyika tena? Je, ulishawahi kupata tukio moja kama hilo lililofuatiwa na kipindi cha mwezi mmoja au zaidi cha kujisikia hofu ya tukio jingine	NO	YES

IF **YES** TO BOTH QUESTIONS, CODE **YES**

E4 **Think about the time you were the most frightened or nervous for**

no good reason:

During the worst spell that you can remember:

Katika kipindi kibaya zaidi ambacho una kumbuka :

a Did you have skipping, racing or pounding of your heart?
NO
YES

Je moyo wako ulidUnda kwa nguvu?

b Did you have sweating or clammy hands?
NO
YES

Je ulitokwa na jasho?

c Were you trembling or shaking?
NO
YES

Je ulitetemeka?

d Did you have shortness of breath or difficulty breathing?
NO
YES

Je ulikuwa na shida ya kuvuta pumzi?

e Did you have a choki- ng sensation or a lump in your throat?
NO
YE

Je ulihisi umenyongwa

f Did you have chest pain, pressure or discomfort?
NO
YES

je ulihisi uchungu kifuani

g Did you have nausea, stomach problems or sudden diarrhea?
NO
YES

Je ulikuwa na matatizo ya tumbo au kuharisha kwa ghafla ?

h Did you feel dizzy, unsteady, lightheaded or faint?
NO
YES

Je, ulijisikia kizunguzungu, kutetereka, kichwa chepesi, au kuzirai?

i Did things around you feel strange, unreal, detached or unfamiliar, or did you feel
NO
YES

outside of or detached from part or all of your body?

Je, vitu vilivyokuzunguka uliviona ni vya ajabu, sio halisi, upweke au vya kigeni, au je, ulijisikia upo kando ya, au kujitenga kutoka katika sehemu au mwili wako wote?

j Did you fear that you were losing control or going crazy?
NO
YES

Je, ulihofia kwamba umeshindwa kujizuia au umepata wazimu?

k Did you fear that you were dying?
NO
YES

Je ulijawa na woga kwamba utafariki

l Did you have tingling or numbness in parts of your body?
NO
YES

Je, ulipatwa na msisimko au ganzi katika sehemu za mwili wako ?

m Did you feel hot or cold?

Je ulihisi joto au baridi? NO YES

E5 ARE **BOTH E3,** AND **4** OR MORE **E4** ANSWERS, CODED YES? NO YES

DISORDER *PANIC*

ME *LIFETI*

IF YES TO E5, SKIP TO E7

E6 IF **E5**=NO, ARE ANY E4 QUESTIONS CODED YES? NO YES

ED SYMPTOM *LIMIT*

KS LIFETIME *ATTAC*

THEN SKIP TO **F1.**

E7 **In the past month**, did you have these problems more than one time? If this happened, NO YES

did you worry for a month or more that it would happen again? *PANIC*
DISORDER

IF **YES** TO EITHER, CODE **YES** *CURR*

ENT

Katika mwezi mmoja uliopita, ulipatwa na matukio hayo kwa kujirudiarudia (mara 1 au zaidi) kufuatiwa na hofu ya kupata tukio jingine ?

F. AGORAPHOBIA

F1 Do you feel anxious, scared, or uneasy in places or situations where you might become really frightened; like being in a crowd, standing in a line (queue), when you are all alone, or when crossing a bridge, traveling in a bus, train or car? NO YES

IF **YES** TO ANY, CODE **YES**

Je, unajisikia wasi wasi au mashaka katika sehemu au mazingira ambapo unaweza kupata mshituko wa hofu kubwa au dalili zinazofanana na hofu kubwa tulizozizungumza hivi punde, na ambapo msaada unaweza usiwepo, au ambapo kukwepo kuna kugumu; kama kuwa kwenye jkundi la watu wengi, kusimama kwenye foleni, ukiwa peke yako mbali na nyumbani peke yako, au ukiwa unavuka daraja, kusafiri ndani ya basi, treni au gari?

IF **F1** = **NO**, CIRCLE **NO** IN **F2**. □

F2 Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them, but it's really hard for you? □□□□□□□□□□□□□□□□□NO YES

AGORAPHOBIA

IS **F2** (CURRENT AGORAPHOBIA) CODED **NO**

AND

NO **YES**

PANIC DISORDER

IS **F2** (CURRENT AGORAPHOBIA) CODED **YES**

AND

NO **YES**

PANIC DISORDER

IS **F2** (CURRENT AGORAPHOBIA) CODED **YES**

AND

NO **YES**

AGORAPHOBIA, CURRENT

G. SEPARATION ANXIETY DISORDER

(MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE)

G1	a	**In the past month,** have you been really afraid about being away from someone close to you; or have you been really afraid that you would lose somebody you are close to ? (Like getting lost from your parents or having something bad happen to them) IF **YES** TO EITHER, CODE **YES** Je kwa mda wa mwezi mmoja uliyopita umehisi kuwa na woga kuwa mbali namtu umpendaye?	NO	YES
	b	Who are you afraid of losing or being away from _____ ? Je unawoga wa kumpoteza nani?		

G2	a	Did you get upset a lot when you were away from _____ ? Je ulikasirika ulipokuwa mbali na?	NO	YES
		Did you get upset a lot when you thought you would be away from _____ ? Je ulikasirika ulipodhania utakuwa mbali na? IF **YES** TO EITHER, CODE **YES**		
	b	Did you get really worried that you would lose _____ ? Je ulikuwa na wasi wasi kuwa utampoteza?	NO	YES
		Did you get really worried that something bad would happen to _____ ? (like having a car accident or dying). Je umekuwa na wasi wasi kuwa kuna kitu kibaya kitafanyika? IF **YES** TO EITHER, CODE **YES**		

c Did you get really worried that you would be separated from _____ ? NO YES

(Like getting lost or being kidnapped?)

Je umekuwa na wasi wasi kuwa utatenganishwa na?

d Did you refuse to go to school or other places because you were afraid to be NO YES

away from _____ ?

Je ulikataa kwenda shule ame seheme zingine kwa sababu uliogopa kuengwa na?

e Did you get really afraid being at home if _____ wasn't there?

Je ulikuwa na uwoga kuwa nyumbani bila ----------kuwepo? NO YES

f Did you not want to go to sleep unless _____ was there?

Je ulikataa kwenda kulala bila----------kuwpo?

NO YES

g Did you have nightmares about being away from _____ ?

Je ulikumbwa na mazingaombwe ulipo kuwa mbali na----------? NO YES

Did this happen more than once?

Je visa hii vimetendeka zaidi ya mara moja

IF **NO** TO EITHER, CODE **NO**

h Did you feel sick a lot (like headaches, stomach aches, nausea or vomiting, NO YES

heart beating fast or feeling dizzy) when you were away from _____ ?

Je ulijihisi mgonjwa mara kwa mara ulipokuwa mbali na----------?

Did you feel sick a lot when you <u>thought</u> you were going to be away from _____ ?

Je ulijihisi mgonjwa ulipofikiri utakuwa mbali na----------?

IF **YES** TO EITHER, CODE **YES**

G2 SUMMARY: ARE AT LEAST **3** OF **G2a-h** CODED **YES**? NO YES

G3 Has this persisted for at least 4 weeks?

Je jambo hili liliendelea kwa mda wa wiki nne? NO YES

G4 Did your fears of being away from _____ really bother you a lot?

Je uwoga wa kuwa mbali na ----------ilikukera sana?

Cause you a lot of problems at home? At school? With friends? NO YES

In any other way?

IF **YES** TO EITHER, CODE **YES**

ARE **G1**, **G2 SUMMARY, G3** AND **G4** CODED **YES**?

2 NO

H. SOCIAL PHOBIA (Social Anxiety Disorder)

(MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE)

H1	**In the past month**, were you afraid or embarrassed when others were watching you? Were you afraid of being teased? Like talking in front of the class? Or eating or writing in front of others? IF **YES** TO ANY, CODE **YES** Je, kwa mda wa mwezi mmoja uliyopita umekuwa mwoga au kuhisi na aibu ulipoangaliwa na mwenzako? Kama ukiongea mbele ya darasa?	NO	YES
H2	Are you more afraid of these things than other kids your age? Je una uwoga wa vitu hivi kuliko watoto wenye umri wako?	NO	YES
H3	Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them but it's really hard for you? Je unajiepusha na mambo haya kwa sababu ya uwoga?	NO	YES

H4	Does this fear really bother you a lot? Does it cause you problems at home or at school? Does this make you afraid to go to school? Does this make you want to be alone?	**NO** **YES** ***SOCIAL PHOBIA***

I. SPECIFIC PHOBIA

(MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE)

I1	**In the past month,** have you been really afraid of something like: snakes or bugs? Dogs or other animals? High places? Storms? The dark? Or seeing blood or needles? Je kwa muda wa mwezi mmoja uliyopita umekuwa na woga na kitu chochote kama vile nyoka mbwa au wanyama wengine?	NO	YES
I2	List any specific phobia(s): _____ Andika vitu unavyo ogopa:		

I3	Are you more afraid of _____ than other kids your age are? Je una uwoga wa vitu hivi kuliko watoto wenye umri wako?	NO	YES
I4	Are you so afraid of _____ that you try to stay away from it / them? Or you can only be around it / them if someone is with you? Or can you be around it / them but it's really hard for you? Je, unaogopa _____ mpaka unaiepuka? Ama unaweza kuikaribia ukiwa na mtu mwingine? Ama unaweza kuikaribia lakini ni vigumu kwako? IF **YES** TO ANY, CODE **YES**	NO	YES
I5	Does this fear really bother you a lot? Does it cause you problems at home or at school? Does it keep you from doing things you want to do? Je uwoga huu inakukera sana? Je, unakuletea shida nyumbani au shuleni?	NO	YES

Je, unakuzuia kufanya mamo amabayo ungependa kuyafanya?

IF **YES** TO ANY, CODE **YES**

IS **I5** CODED **YES?**

NO	**YES**
SPECIFIC PHOBIA	

J. OBSESSIVE COMPULSIVE DISORDER

(MEANS: GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE)

J1	**In the past month**, have you been bothered by bad things that come into your mind that you couldn't get rid of? Like bad thoughts or urges? Or nasty pictures? For example, did you think about hurting somebody even though you knew you didn't want to? Were you afraid you or someone would get hurt because of some little thing you did or didn't do? Did you worry a lot about having dirt or germs on you? Did you worry a lot that you would give someone else germs or make them sick somehow? Or were you afraid that you would do something really shocking? Katika mwezi uliyopita, je ulishawahi kukerwa na mawazo yenye kujirudiarudia, misukumo, au fikra ambazo hazihitajiki, za maudhi, zisizostahili, zenye kuingilia, au zanye kuleta shida?(mf. Mawazo ya umchafu, umechafuliwa na vijidudu, au hofu ya kuwachafua wengine, au hofu ya kumdhuru mtu hata kama hukutaka kufanya hivyo, au kuhofia kutenda kwa msukumo, au hofu hofu imani za kichawi kwamba ungewajibika kwa mambo mabaya, au shauku yenye mawazo ya ngono, fikra au misukumo, au shauku ya kuhodhi, kukusanya au ya kidini) IF **YES** TO ANY, CODE **YES** DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS. DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS, SEXUAL BEHAVIOUR, OR ALCOHOL OR DRUG ABUSE BECAUSE THE PATIENT MAY DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIST IT ONLY BECAUSE OF ITS NEGATIVE CONSEQUENCES (Usichanganye na wasiwasi juu ya matatizo halisi ya maisha , usichanganye na shauku zinazoendana moja kwa moja na magonjwa ya kula chakula ,tabia za uasherati, kamari, au pombe au madawa ya kulevya kwa sababu , mgonjwa anaweza kupata starehe kutokana na tendo hilo na kutaka kujizuia kwa sababu tu ya matokeo hasi ya jambo hilo).	NO YES ☐ SKIP TO **J4**

J2	Did they keep coming back into your mind even when you tried to ignore or get rid of them? Je yalizidi kuja hata baada ya wewe kujaribu kuyaepuka?	NO ☐	YES SKIP TO **J4**
J3	Do you think that these things come from your own mind and not from outside of your head? Je unadhani mambo haya yanatoka kwa ubongo wako?	NO	YES **obsessions**
J4	**In the past month,** did you do something over and over without being able to stop doing it, like washing over and over? Straightening things up over and over? Counting something or checking on something over and over? Saying or doing something over and over? Katika mwezi uliyopita, je ulifanya kitu kwa kurudiarudia bila kuwa na uwezo wa kujizuia kufanya hivyo, kama vile kuosha au au kusafisha sana, kuhesabu, kukagua vitu mara kwa mara , au kurudia , kukusnya, kupanga vitu, au matambiko mangine ya kishirikina. IF **YES** TO ANY, CODE **YES**	NO	YES **compulsions**
	IS **J3** OR **J4** CODED **YES**?	NO	YES

J5 Did you have these thoughts or rituals we just spoke about, more than other kids your age?

Je ulikuwa na mawazo haya zaidi ya watoto umri wako? NO YES

J6 Did these thoughts or actions cause you to miss out on things at home?

At school? With friends? Did they cause you problems with other people?

Did these things take more than one hour a day altogether?

IF **YES** TO ANY, CODE **YES**

Je kujawa na mawazo haya au tabia zisizodhibitika kwa kiasi kikubwa kunaingilia zako za kawaida, shughuli za kikazi, kazi za kawaida za kijamii, au mahusiano, au yamechukua

NO	**YES**
O.C.D.	

K. POSTTRAUMATIC STRESS DISORDER (optional)

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

K1	Has anything really awful happened to you? Like being in a flood, tornado or earthquake? Like being in a fire or a really bad accident? Like seeing someone get killed or hurt really bad. Like being attacked by someone? Je, kitu kibaya kimewahi kukutokea, kama vile mafuriko, upepo mkali au mtetemeko wa ardhi? Kama vile kuanguka motoni au kuwa katika ajali mbaya? Kama kuona mtu akiuawa au kuumizwa vibaya? Kama vile kushambuliwa na mtu?	NO	YES
K2	Did you respond with intense fear, feel helpless or horrified? Ulihisi uwoga nyingi?	NO	YES
K3	**In the past month**, has this awful thing come back to you in some way? Like dreaming about it or having a strong memory of it or feeling it in your body ? Katika mwezi mmoja uliopita, jambo hili baya limekurudia kwa njia yoyote ile? Kama ndoto au kuwa na ukumbusho wake au kulihisi mwilini?	NO	YES

K4 **In the past month:**

a Have you avoided thinking about or talking about the event ?

NO

YES

Je umejaribu kujiepusha na mawazo haya mabaya?

b Have you avoided activities, places or people that remind you of the event?

NO

YES

Je umejaribu kujiepusha na mambo ambayo itakukumbusha?

c Have you had trouble recalling some important part of what happened?

NO

YES

Je umekuwa na shida ya kukumbuka mambo muhimu yaliyo fanyika?

d Have you become much less interested in hobbies or social activities?

NO

YES

Je umekuwa na mvuto hafifu kwa mambo uyapendayo au kazi za kijamii?

e Have you felt detached or estranged from others?

NO

YES

Je umejihisi kujitenga na wengine?

f Have you noticed that your feelings are numbed?
NO
YES

Je umegundua hauna hisia zozote kwa vitu?

g Have you felt that your life will be shortened or that you will die sooner than other people?

NO

YES

Je umehisi maisha yako yatakuwa mafupi kuliko ya w engine?

SUMMARY OF K4: ARE **3** OR MORE **K4** ANSWERS CODED **YES**?
NO
YES

K5 **In the past month**:

Katika mwezi uliopita:

a Have you had difficulty sleeping?

NO

YES

Je umekuwa na shida ya kulala

b Were you especially irritable or did you have outbursts of anger?

NO

YES

Je umekuwa na hasira bila sababu?

c Have you had difficulty concentrating?

NO

YES

Je umekuwa na shida ya kuzingatia vitu maanani?

d Were you nervous or constantly on your guard?

NO

YES

Je ulikuwa na wasi wasi?

e Were you easily startled?

NO

YES

Je utaruka ukiyasikia makelele?

IF YES TO EITHER, CODE **YES**

SUMMARY OF K5: ARE **2** OR MORE **K5** ANSWERS CODED **YES**? NO YES

K6 **In the past month,** have these problems upset you a lot? Have they caused you to have problems at school? At home? With your friends?

Katika mwezi uliopita, je matatizo haya kwa kiasi kikubwa yalivuruga utendaji wa shuleni, nyumbani au marafiki wako?

NO	**YES**
	P T S D
	CURRENT

L. ALCOHOL ABUSE AND DEPENDENCE

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

L1	**In the past year**, have you had 3 or more drinks of alcohol in a day? At those times, did you have 3 or more drinks in 3 hours? Did you do this 3 or more times in the past year? Katika miezi 12 iliyopita, ulishawahi kuwa na vinywaji vitatu au zaidi vya pombe ndani ya kipindi cha masaa matatu katika matukio matatu au zaidi IF **NO** TO ANY, CODE **NO**	NO	YES

L2 **In the past year**:

In the past 12 months:

Katika miezi 12 iliyopita:

a Did you need to drink more in order to get the same effect that you got when you first started drinking?

NO

YES

Je ulikunywa pombe nyingi ili upate hisia ya kwanza ulipoanza kunywa pombe?

b When you cut down on drinking, did your hands shake, did you sweat or feel agitated?

NO

YES

Did you drink to avoid these symptoms or to avoid being hungover, for example,

"the shakes", sweating or agitation? If **YES** to either question, code **YES**.

Je, wakati ulipoacha kunywa mikono yako ilitetemeka ulitokwa na jasho, au kujisikia wasiwasi?

Je, ulikunywa ili kuondoa dalili hizi au kuepuka kuwa mchovu, mfano mtetemeko, kutokwa na jasho au wasiwasi?

c During the times when you drank alcohol, did you end up drinking more than you

NO

YES

planned when you started?

Wakati ambapo umelewa pombe, je uliishia kunywa zaidi kuliko ulivyopanga mwanzoni?

d Have you tried to reduce or stop drinking alcohol but failed?

NO

YES

Je umejaribu kuwacha kunywa pombe ukashindwa?

e On the days that you drank, did you spend substantial time in obtaining

NO

YES

alcohol, drinking, or in recovering from the effects of alcohol?

Katika siku ambazo umelewa, je ulipoteza muda mwingi kupata pombe, kunywa au kupata nafuu kutoka katika athari za pombe?

f Did you spend less time working, enjoying hobbies, or being with others because of

NO

YES

your drinking?

Je ulitumia muda mchache kufanya kazi kufurahia uvipendavyo au kuwa na wenzako kwa sababu ya ulevi wako?

g Have you continued to drink even though you knew that the drinking caused you health

NO

YES

or mental problems?

Je uliendelea kulewa japo kuwa ulifahamu kuwa ulevi ulikusababishia matatizo ya kiafya na kiakili?

ARE **3** OR MORE L2 ANSWERS CODED **YES**?

3 NO

YES*

* IF YES, SKIP L3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX AND

In the past year:

In the past 12 months:

Katika miezi 12 iliyopita:

13 a Have you been drunk or hung-over more than once when you had something important to do, like schoolwork or responsibilities at home? Did this cause any problems? NO YES

Je umekuwa ukilewa hata wakati una mambo muhimu ya kufanya?kama kazi yashule au nyumbani ? ilikuletea shida?

CODE **YES** ONLY IF THIS CAUSED PROBLEMS

b Were you drunk more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)? NO YES

Je umelewa zaidi ya mara moja ukifanya mambo hatari kama kuendesha gari, kuendesha pikipiki, kutumia mashine?

c Did you have legal problems more than once because of your drinking, for example, an arrest or disorderly conduct?
Je umekuwa na shida na serikali sababu ya ulevi?

NO YES

d Did you continue to drink even though your drinking caused problems with your family or other people?
Je umekuwa ukiendelea na ulevi hata baada ya kuwa na shida na jamii yako, wazazi ?

NO YES

IF **YES** TO EITHER, CODE **YES**

ARE **1** OR MORE OF **L3** ANSWERS CODED **YES**?

4	**NO**	**N/A**
	YES	

M. NON-ALCOHOL PSYCHOACTIVE SUBSTANCE USE DISORDERS

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

			NO	YES
M1	a	Now I am going to read you a list of street drugs or medicines. Stop me if, **in the past year,** you have taken any of them more than one time to get high? To feel better or to change your mood? Je kwa mda wa mwaka mmoja umekunywa au kumeza dawa yeyote kwa mara zaidi ya mmoja ili ulewe?		

CIRCLE EACH DRUG TAKEN:

Stimulants: amphetamines, "speed", crystal meth, “crank”,”rush”, Dexedrine, Ritalin, diet pills.

Cocaine: snorting, IV, freebase, crack, "speedball".

Narcotics: heroin, morphine, Dilaudid, opium, Demerol, methadone, codeine, Percodan, Darvon, OxyContin.

Hallucinogens: LSD ("acid"), mescaline, peyote, PCP ("Angel Dust", "peace pill"), psilocybin, STP, "mushrooms", ecstasy, MDA, MDMA or ketamine (“special K”).

Inhalants: "glue", ethyl chloride, "rush", nitrous oxide ("laughing gas"), amyl or butyl nitrate ("poppers").

Marijuana: hashish ("hash"), THC, "pot", "grass", "weed", "reefer".

Tranquilizers: Quaalude, Seconal ("reds"), Valium, Xanax, Librium, Ativan, Dalmane, Halcion, barbiturates, Miltown, GHB, Roofinol, “Roofies”.

Miscellaneous: steroids, nonprescription sleep or diet pills. Any others?

Specify MOST USED Drug(s): _____

CH

ECK ONE BOX

ONLY ONE DRUG / DRUG CLASS HAS BEEN USED

KILA KUNDI LA DAWA KUTUMIKA PEKE YAKE

ONLY THE MOST USED DRUG CLASS IS INVESTIGATED.

KUNDI LA DAWA LINALOTUMIKA ZAIDI TU

EACH DRUG CLASS USED IS EXAMINED SEPARATELY (PHOTOCOPY M2 AND M3 AS NEEDED)

NI DAWA MOJA TU / KUNDI LA DAWA IMETUMIKA

b SPECIFY WHICH DRUG/DRUG CLASS WILL BE EXPLORED IN THE INTERVIEW BELOW IF THERE IS CONCURRENT OR SEQUENTIAL POLYSUBSTANCE USE:_____

ELEZA DAWA / MADAWA UTUMIAYO ZAIDI

M2 Think about your use of (NAME THE DRUG/DRUG CLASS SELECTED) **over the last year:**

Fikiria matumizi yako ya madawa (TAJA JINA LA DAWA / KUNDI LA DAWA LILILOCHAGULIWA),

katika miezi 12 iliyopita:

a Did you need to take more of the drug to get the same feeling you got when you first started taking it? NO YES

Je, uliona kwamba unahitaji kutumia zaidi ili kupata athari sawa na ile

ulipotumia mara ya kwanza?

b Whenever you cut down or stopped using the drug(s), did your body feel bad or did you go into withdrawal? ("Withdrawal" might mean feeling sick, achy, shaking, running a temperature, feeling weak, having an upset stomach or diarrhea, sweating, feeling your heart pounding, trouble sleeping, feeling nervous, moody or like you can't sit still.) Did you use the drug(s) again to keep from getting sick or to feel better?

Wakati ulipopunguza au kutotumia Je, ulipatwa na dalili zinazotokana na kuacha madawa? (Maumivu, kutetemeka, homa, udhaifu, kuharisha, kichefuchefu, kutokwa jacho, moyo kudunda, tabu ya usingizi, kujisikia wasiwasi, dukuduku, mwenye kuudhika upesi, au mwenye huzuni). Je ulitumia dawa/madawa yeyote ili kukufanya usiumwe (dalili za kuacha dawa) au kukufanya ujisikie vizuri zaidi?

IKIWA JIBU NI **NDIYO** KWA SWALI LOLOTE, JAZA **NDIYO**

IF **YES** TO EITHER, CODE **YES**

NO YES

c When you used (NAME THE DRUG/DRUG CLASS SELECTED), did you end up taking more than you had planned to?

Je, mara kwa mara ulijiona kwamba wakati unatumia (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA), uliishia kutumia nyingi zaidi kuliko uwezo wako?

NO YES

d Have you tried to reduce or stop taking (name of drug / drug class selected), but failed?

NO

YES

Je, ulijaribu kupunguza/kuacha kutumia (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA) lakini ukashindwa?

e On the days that you used (name of drug / drug class selected), did you spend substantial

NO

YES

time (> 2 hours) in obtaining, using or in recovering from drug(s), or thinking about drug(s)?

Katika siku ambazo ulitumia (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA)

Je, ulipoteza muda mwingi (> masaa 2) kupata, kutumia au kupata nafuu kutoka katika madawa

au kufikiria juu ya madawa?

f Did you spend less time working, enjoying hobbies, or being with family or friends

NO

YES

because of your drug use?

Je, ulitumia muda mchache kufanya kazi, kufurahia uvipendavyo, au kuwa na familia yako

au marafiki kwa sababu ya kutumia kwako madawa?

g Have you continued to use (name of drug / drug class selected) even though it caused

NO

YES

you health or mental problems?

Je, uliendelea kutumia (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA), japokuwa

ilikusababishia matatizo ya kiafya na kiakili?

ARE **3** OR MORE **M2** ANSWERS CODED YES?

SPECIFY DRUG(S)**:** _____

NO	**YES***
4.1.1 SUBSTANCE	

Think about your use of (NAME THE DRUG/DRUG CLASS SELECTED) over the last year:

In the past year:

Katika miezi 12 iliyopita:

M3 a Have you been high or hungover from the drug(s) more than once, when you had something important to do? Like schoolwork or responsibilities at home? Did this happen more than one time? Did this cause any problems? Je, umewahi kurukwa akili, kuwa na hali ya juu, au kuwa na uchovu wa dawa, zaidi ya mara moja, wakati ambapo ulikuwa na majukumu mengine shuleni, kazini au nyumbani? Je hili lilileta matatizo yeyote? NO YES

(JAZA NDIYO IKIWA TU HILI LILILETA MATATIZO)

CODE **YES** ONLY IF THIS CAUSED PROBLEMS

b Have you been high from the drug(s) more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)? Je, umewahi kujisikia na hali ya juu au kurukwa akili kutokana na katika mazingira yeyote ambapo ulikuwa hatarini (mfano, kuendesha gari, kuendesha pikipiki, kutumia machine, kusafiri kwa mashua, nk). NO YES

c Have you had legal problems because of your use of the (NAME THE DRUG/DRUG CLASS SELECTED) more than once? (Like getting arrested or stopped by the police)? Je, ulipata matatizo yeyote ya kisheria kwa sababu ya matumizi ya madawa NO YES

mf. Kutiwa mbaroni au kufanya vurugu.

d Have you kept using the (NAME THE DRUG/DRUG CLASS SELECTED) even though it caused problems with your family? With other people?
Je uliendelea kutumia (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA), japokuwa ilisababisha matatizo kwa familia yako au watu wengine

NO YES

IF **YES** TO EITHER, CODE **YES**

ARE **1** OR MORE **M3** ANSWERS CODED **YES?**

NO N/A YES

SPECIFY DRUG(S)**: _____**

SUBSTANCE ABUSE

N. TIC DISORDERS

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

N1 a In the past month did you have movements of your body called "Tics"? "Tics" are quick movements of some part of your body that are hard to control. A tic might be blinking your eyes over and over, twitches of your face, jerking your head, making a movement with your hand over and over, or squatting, or shrugging your shoulders over and over.
Katika mwezi uliopita, umekuwa na mitetemeko ya kasi katika sehemu Fulani za mwili ambayo ni vigumu kuihimili? Inaweza kuwa kupepesa jicho tena na tena, shtuko la uso, mkutuo wa kichwa ama kufanya rusha rusha mikono.

NO YES

b Have you ever had a tic that made you say something or make a sound over and over and it was hard to stop it? Like coughing or sniffling or clearing your throat over and over when you did not have a cold; or grunting or snorting or barking; having to say certain words over and over, having to say bad words, or having to repeat sounds you hear or words that other people say?
Umewahi kuwa na mtetemeko uliokufanya utoe sauti tena na tena ambayo haukuweza isimamisha kama kukohoa na kutoa kikohozi bila kuwa na homa au kurudia maneno, maneno machafu au kurudia sauti au maneno yaliyosemwa na wengine?

NO YES

IF BOTH **N1A** AND **N1B** ARE CODED **NO**,
CIRCLE **NO** IN ALL DIAGNOSTIC BOXES AND SKIP TO **O1**

N2 a Did these "tics" happen many times a day? Je, mitetemeko hii hufanyika mara ngapi wa siku?

NO YES

b	Did they happen nearly every day for at least 4 weeks? Je, ilifanyika karibu kila siku kwa angalau wiki nne?	NOYES
c	Did they happen for a year or more? NO Je, imefanyika kwa mwaka mmoja au zaidi?	YES
d	Did they ever go away completely for 3 months in a row during this time? Je, iliwahi kupotea kwa miezi mitatu ikifuatana?	NOYES

N3 Did these "tics" upset you a lot? Did they get in the way of school? Did they cause you problems at home? Did they cause you problems with friends? Did other kids pick on you because of your tics? NOYES

Je, mitetemeko hii ilikusumbua sana? Je, ilikutatiza shuleni? Je, ilikuletea shida nyumbani?

Je, ilikuletea shida na marafiki? Je, ulisumbuliwa na watoto wengine kwa sababu ya mitetemeko hii?

IF **YES** TO ANY, CODE **YES**

N4 Did the tics only occur when you are taking Ritalin, Adderal, Cylert, Dexedrine, Provigil, Concerta or other medications for ADHD ? NOYES

Je, mitetemeko hii ilitokea ulipokuwa ukitumia aidha Ritalin, Addera, Cylert, Dexedrine Provigil, Concerta au dawa nyingine za ADHD?

N5 a ARE **N1a**+ **N1b** + **N2a** + **N2c** AND **N3** CODED **YES**?

NO **YES**

N5 b ARE **N1a** + **N2a** + **N2c** + **N3** CODED **YES** AND IS **N1b** CODED **NO?**

NO **YES**

N5 c ARE **N1b** + **N2a** + **N2c** + **N3** CODED **YES** AND IS **N1a** CODED **NO?**

□□□□□□□□□□□□□□□□□□□□
□□□□□□□□□□□□□□□□□□□□
□□

NO **YES**

N5 d ARE **N1 (a or b)** AND **N2a** AND **N2b** AND **N3** CODED **YES,** AND **N2c** CODED NO.?

NO **YES**

TRANSIENT TIC

O. ATTENTION DEFICIT/HYPERACTIVITY DISORDER

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

4.1.1.1 SCREENING QUESTION FOR 3 DISORDERS (ADHD, CD, ODD)

O1	Has anyone (teacher, baby sitter, friend or parent) ever complained about your behaviour? Je, kuna mtu wowote(mwalimu wako,rafiki ama mzazi) hajafurahia tabia yako? IF NO TO THIS QUESTION, ALSO CODE NO TO CONDUCT DISORDER AND OPPOSITIONAL DEFIANT DISORDER?	NO	YES

In the past six months:

O2 a Failed to pay attention to details or made careless mistakes in school, work or other activities?

NO

YES

Je umekuwa na shida ya kuzingatia itu maanani mara kwa mara ?

b Had difficulty paying attention when playing or doing some work?

NO

YES

Je umekuwa na shida ya kuzingatia maadili yako wakati unacheza au unao fanya kazi zako za nyumbani

c Seemed not to listen when spoken to directly?

NO

YES

Je umeambiwa mara kwa mara kuwa huwasikii wenzako wanapo kuongelesha

d Not followed instructions, or failed to finish schoolwork or chores (even though you

NO

YES

understood the instructions and weren't trying to be difficult)?

Kutofuata maagiza, au kukosa kumaliza kazi ya ziada au kazi za nyumbani (ingawa ulikuwa umeelewa maagizo na haukuwa unataka kuwa mkaidi)?

e Had difficulty getting organized?

NO

YES

Je umekua na mda mgumu kujipanga

f Avoided or disliked things that require a lot of thinking (like schoolwork or homework)?

NO

YES

umekuwa ukijiepusha na v itu ambavyo vinahitaji uyafkirie sana

g Lost things you needed?

NO

YES

Je mara kwa mara umepoteza au kusahau vitu ambavyo umekuwa ukuhitaji

h Become easily distracted by little things?
NO
YES

Je wewe husumbuliwa na vitu vidogo kwa haraka

i Become forgetful in your day to day activities? or doing schoolwork

NO

YES

Je mara kwa mara umepoteza au kusahau vitu ambavyo umekuwa ukivihitaji

O2 SUMMARY: ARE **6** OR MORE **O2** ANSWERS CODED **YES?** NO YES

In the past six months:

In the past 6 months have you often:

Miezi sita iliyopita:

O2 a Squirmed in your seat or fidgeted with your hands or feet

NO

YES

Je umekuwa ukitetemeka mikono au miguu mara kwa mara

b Left your seat in class when you were not supposed to?

NO

YES

Je umekuwa ukisimama darasani wakati ambapo haustahili

c Run around and climbed a lot when you shouldn't or others didn't want you to?

NO

YES

Je, umekuwa ukikimbia na kupanda juu wakati usiofaa au usipokubaliwa na wengine?

d Had difficulty playing quietly?

NO

YES

Je umekuwa na wqakati mgumu kucheza pole pole?

e Felt like you were "driven by a motor" or were always "on the go"?

NO

YES

Ulihisi ni kama “unaendeshwa na mtambo” ama ni kama kila wakati uko mbioni?

f Talked too much?

NO

YES

Je umekuwa ukizungumza sana?

g Blurted out an answer before the question was completed?

NO

YES

Je umekuwa ukiwakatiza watu au mwalimu kabla hawajamaliza kuuliza maswali?

h Had difficulty waiting your turn?

NO

YES

je umekuwa na shida kungoja mda wako

i Interrupted or intruded on others?

NO

YES

Je umekuwa ukiwakatiza wakiwa wanazungumza?

IF **YES** TO EITHER, CODE **YES**

O3 SUMMARY: ARE **6** OR MORE **O3** ANSWERS CODED **YES?** NO YES

O4 Did you have problems paying attention, being hyper, or impulsive before you were 7 years old? NO YES

Je, uko na shida ya kuwa makini, kuwa na pupa kabla hujafika miaka 7?

O5 Did these things cause you problems at school? At home? With your Family? With your friends? NO YES

Je, mambo haya yalikuletea shida shuleni? Nyumbani? Katika Jamii? Na marafiki?

CODE **YES** IF T**WO** OR MORE ARE ENDORSED YES.

IS **O2** SUMMARY & **O3** SUMMARY CODED **YES**?

NO **YES**

Attention Deficit/ Hyperactivity Disorder

IS **O2** SUMMARY CODED YES AND **O3** SUMMARY CODED **NO**?

NO **YES**

Attention Deficit/ Hyperactivity Disorder

IS **O2** SUMMARY CODED **NO** AND **O3** SUMMARY CODED **YES?**

NO **YES**

Attention Deficit/

P. CONDUCT DISORDER

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

4.1.1.2 SCREENING QUESTION

		□	
P1	IF QUESTION O1 IN ADHD IS ANSWERED NO, CODE NO TO CONDUCT DISORDER IF O1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW		
	(Has anyone (teacher, baby sitter, friend, parent) ever complained about your behaviour?) (Je, kuna mtu wowote (mwalimu wako,rafiki ama mzazi) hajafurahia tabia yako?)	NO	YES

	In the past 12 months have you:	
P2		
a	bullied, threatened or intimidated others	
	NO	

YES

Je, umewatishia wengine

b started fights

NO

YES

Je, umeanzisha vita?

c used a weapon that could harm someone (for example, knife, gun, bat, broken bottle)

NO

YES

Je, umetumia silaha kuumiza mtu

d deliberately hurt people

NO

YES

je, umeumiza watu ukitaka

e deliberately hurt animals

NO

YES

Je umemuumiza mnyama ukitaka?

f stolen things using force (for example, armed robbery, mugging, purse snatching, extortion)

NO

YES

kuiba vitu kwa kutumia nguvu (kwa mfano wizi wa mabavu, ngeta, kunyang'anya, kuhadaa)

g forced anyone to have sex with you

NO

YES

Je umelazimisha mtu kufanya mapenzi

h deliberately started fires to damage property

NO

YES

kuanzisha moto kimaksudi ili kuharibu mali

i deliberately destroyed things belonging to others

NO

YES

Je umeharibu vitu vya wenyewe na sababu?

j broken into someone's house or car

NO

YES

Je umemwibia mtukwa nyamba au gari lake?

k lied repeatedly to get things or "conned" (tricked) other people

NO

YES

kudanganya mara kwa mara ili kupata vitu au kutapeli watu wengine

l stolen things

NO

YES

umewahi kuiba

m stayed out late at night in spite of your parents forbidding you, starting before age 13 years

NO

YES

kukaa nje usiku bila ruhusa ya wazazi, kabla ya kufika miaka 13

n run away from home at least twice

NO

YES

kutoroka nyumbani mara mbili au zaidi

o often skipped school, starting before age 13 years

NO

YES

kutokwenda shuleni, kabla ya miaka 13

IF **NO** TO EITHER, CODE **NO**

P2 SUMMARY: ARE 3 OR MORE **P2** ANSWERS CODED **YES** NO YES

WITH AT LEAST ONE PRESENT IN THE PAST 6 MONTHS?

		NO	YES
P3	Did these behaviours cause big problems at school? At home? With your family? Or with your friends? Je, tabia hizi zilisababisha shida kubwa shuleni? Nyumbani?		

CONDUCT DISORDER

Q. OPPOSITIONAL DEFIANT DISORDER

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

IF CODED POSITIVE FOR CONDUCT DISORDER, CIRCLE NO IN DIAGNOSITIC BOX AND MOVE TO THE NEXT MODULE.

4.1.1.3 SCREENING QUESTION

Q1	IF QUESTION O1 IN ADHD IS ANSWERED NO, CODE NO TO OPPOSITIONAL DEFIANT DISORDER IF O1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW (Has anyone (teacher, baby sitter, friend, parent) ever complained about your behaviour?) (Je, kuna mtu wowote(mwalimu wako,rafiki ama mzazi) hajafurahia tabia yako?)	NO	YES

IF **YES** TO EITHER, CODE **YES**

Q2 **In the past six months**:

a Have you often lost your temper? NO YES

Je umeshikwa na hasira mara kwa mara?

b Have you often argued with adults? NO YES

Je umegombana na watu wazima mara kwa mara?

c Have you often refused to do what adults tell you to do? Refused to follow rules? NO YES

Je umekataa kuwatii wakubwa wako? kukataa kufuata sheria?

d Have you often annoyed people on purpose? NO YES

Je umewakasirisha watu na sababu?

e Have you often blamed other people for your mistakes or for your Bad behaviour? NO YES

Je umewalaumu wenzako kwa shida zako?

f Have you often been "touchy" or easily annoyed by other people? NO YES

Je umekasirishwa na watu kwa haraka?

g Have you often been angry and resentful toward others?
NO YES

Je umekuwa na hasira kwa wenzako Kelo nigoro?

h Have you often been "spiteful" or quick to "pay back" somebody who treats you wrong? NO YES

Je, umekuwa na kinyongo au kutaka kulipiza kisasi kwa mtu anayekufanyia mabaya?

Q2 SUMMARY: ARE **4** OR MORE OF **Q2** ANSWERS CODED **YES**? NO YES

Q3 Did these behaviours cause problems at school? At home? With Your family? Or with your friends? NO YES

IF **YES** TO ANY, CODE **YES**

ARE **Q2** SUMMARY & **Q3** CODED **YES**?

NO	**YES**
	OPPOSITIONAL DEFIAN DISORDER

R. PSYCHOTIC DISORDERS AND MOOD DISORDERS WITH PSYCHOTIC FEATURES

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

ASK FOR AN EXAMPLE OF EACH QUESTION ANSWERED POSITIVELY. CODE YES ONLY IF THE EXAMPLES CLEARLY SHOW A DISTORTION OF THOUGHT OR OF PERCEPTION OR IF THEY ARE NOT CULTURALLY APPROPRIATE. BEFORE CODING, INVESTIGATE WHETHER DELUSIONS QUALIFY AS "BIZARRE".

DELUSIONS ARE "BIZARRE" IF: CLEARLY IMPLAUSIBLE, ABSURD, NOT UNDERSTANDABLE, AND CANNOT DERIVE FROM ORDINARY LIFE EXPERIENCE.

HALLUCINATIONS ARE SCORED "BIZARRE" IF: A VOICE COMMENTS ON THE PERSON'S THOUGHTS OR BEHAVIOUR, OR WHEN TWO OR MORE VOICES ARE CONVERSING WITH EACH OTHER.

OMBA MFANO KWA KILA SWALI LINAJIBIWA NDIYO. JAZA NDIO IWAPO TU MIFANO INAONYESHA WAZI MABADILIKO YA MAWAZO AU UTAMBUZI AU KAMA HAIHUSIANI NA MILA NA DESTURI KABLA YA KUJAZA CHUNGUZA IWAPO IMANI ZA UWONGO ZINA SIFA ZA KUWA SI ZA KAWAIDA.

IMANI POTOFU AMBAZO "SI ZA KAWAIDA" KAMA: ISIYOWEZEKANA KUWA KWELI, UPUUZI, ISIYOELEWEKA, NA ISIYOTOKANA NA MAISHA YA KAWAIDA.

HISIA POTOFU AMBAZO "SI ZA KAWAIDA" NI KAMA: SAUTI KUELEZEA JUU YA MAWAZO YA MTU AU TABIA, AU WAKATI SAUTI 2 AU ZAIDI ZINAZUNGUMZA ZENYEWE.

				BIZARRE
		Now I am going to ask you about unusual experiences that some people have. Sasa ninakuuliza kuhusu matukio yasiyo ya kawaida ambayo watu wanapata.		
R1	a	Have you ever believed that people were secretly watching you? Have you believed that someone was trying to get you, or hurt you? Je, umewahi kuamini kwamba watu wanakupeleleza, au kwamba mtu anapanga njama juu yako, au kujaribu kukudhuru?	NO YES	
		IF **YES** TO ANY, CODE **YES**	NO YES	

R2	a	Have you ever believed that someone was reading your mind? Or that Someone could hear your thoughts? Or that you could actually read Someone else's mind? Or hear what they were thinking? Je, umewahi kuamini kwamba mtu alikuwa anasoma mawazo yako au kuweza kusikia mawazo yako, au kwamba wewe kuweza kusoma mawazo ya mtumwingine au kusikia kile anachowaza mtu mwingine?	NO	YES	YES
R3	a	Have you ever believed that someone or something put thoughts in Your mind that were not your own? Have you believed that someone Or something made you act in a way that was not your usual self? Je , umewahi kuamini kwamba mtu au nguvu Fulani kutoka nje zimeweka mawazo ndani yako na kwamba umekuwa siyo wewe mwenyewe, au imekufanya utende matendo ambapo haikuwa kawaida yako?	NO	YES	YES
R4	a	Have you ever believed that you were being sent special messages through The TV or radio? Through your toys? Je, umewahi kuamini kwamba umekuwa ukipokea ujumbe maalum kupitia TV, redio, au magazeti, au kwamba mtu usiyemjua akawa amevutiwa na wewe? IF YES TO ANY, CODE YES			YES
R5	a	Have your family or friends ever thought that any of your beliefs were Strange or weird? Please give me an example. Je, ndugu zako au marafiki walishawahi kuona kwamba imani zako ni za ajabu au si za kawaida? Tafadhali, naomba mifano. INTERVIEWER:. ONLY CODE **YES** IF THE EXAMPLES ARE **CLEARLY** DELUSIONAL AND ARE NOT EXPLORED IN QUESTIONS R1 TO R4, FOR EXAMPLE, SOMATIC OR RELIGIOUS DELUSIONS OR DELUSIONS OF GRANDIOSITY, JEALOUSY GUILT, RUIN OR DESTITIUTION, ETC.	NO	YES	YES

R6 a Have you ever heard things other people couldn't hear, such as voices?

[HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING]:

Je umewahi kusikia mambo ambayo wengine hawasikii, kama vile sauti?

HISIA POTOFU ZINAKUWA "SI ZA KAWAIDA" IKIWA TU MGONJWA ANAJIBU NDIYO KATIKA SWALI LIFUATALO:

YES

YES

☐☐R8

b **IF YES**: Did you hear a voice talking about you? Did you hear more

R7 a Have you ever had visions or have you ever seen things other people Couldn't see?

Je, umewahi kuwa na ndoto wakati yu macho au kuona vitu ambapo watu wengine hawavioni?

NO YES

NOTE: CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE.

b **IF YES**: Have you seen these things in the past month?

Je umeona mambo haya kwa mwezi mmoja uliyopita? NO YES

CLINICIAN'S JUDGMENT

R8	b	IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS?	NO	YES
R9	b	IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOUR?	NO	YES
R10	b	ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, E.G. SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL DIRECTED ACTIVITIES (AVOLITION), PROMINENT DURING THE INTERVIEW?	NO	YES
R11	a	ARE 1 OR MORE « a » QUESTIONS FROM R1a TO R7a CODED **YES OR YES BIZARRE** AND IS EITHER:		
		MAJOR DEPRESSIVE EPISODE, (CURRENT OR RECURRENT) **OR** MANIC OR HYPOMANIC EPISODE, (CURRENT OR PAST) CODED **YES**?	NO	YES
			R13	

IF NO TO R11 a, CIRCLE NO IN BOTH 'MOOD DISORDER WITH PSYCHOTIC FEATURES' DIAGNOSTIC BOXES AND MOVE TO R13.

b You told me earlier that you had period(s) when you felt (depressed/high/persistently Irritable).

Did you have the beliefs and experiences you just described [GIVE EXAMPLES TO PATIENT FROM SYMPTOMS CODED YES FROM R1A TO R7A] only when you were feeling depressed? High? Very moody? Very irritable?

NO **YES**

MOOD DISORDER WITH

PSYCHOTIC FEATURES

LIFETIME

R12 a ARE 1 OR MORE « b » QUESTIONS FROM R1b TO R7b CODED **YES OR YES BIZARRE** AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT)

OR

MANIC OR HYPOMANIC EPISODE, (CURRENT) CODED **YES**?

NO **YES**

MOOD DISORDER WITH

PSYCHOTIC FEATURES

R13 ARE 1 OR MORE « b » QUESTIONS CODED **YES BIZARRE**?

□□

OR

ARE 2 OR MORE « b » QUESTIONS CODED **YES** (RATHER THAN **YES BIZARRE**)?

NO **YES**

PSYCHOTIC DISORDER

CURRENT

R14 IS **R13** CODED **YES**

OR

ARE 1 OR MORE « a » QUESTIONS FROM R1a TO R7a, CODED **YES BIZARRE**?

OR

ARE 2 OR MORE « a » QUESTIONS FROM R1a TO R7a, CODED **YES** (RATHER THAN **YES BIZARRE**)

AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME TIME PERIOD?

NO **YES**

PSYCHOTIC DISORDER

LIFETIME

S. ANOREXIA NERVOSA

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

S1 a How tall are you?

❑❑ ft ❑❑ ❑❑ in.

Una urefu kiasi gani?

b. What was your lowest weight in the past 3 months? ❑❑❑ lbs.

Ni uzito upi mdogo kuliko wote katika miezi mitatu iliyopita.

c IS PATIENT'S WEIGHT EQUAL TO OR BELOW THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? (SEE TABLE BELOW) (THIS IS = A BMI OF $\leq$ 17.5 KG/M^2) NO YES

JE, UZITO WA MGONJWA NI MDOGO KULIKO KIWANGO KINACHOLINGANA NA UREFU WAKE? (ANGALIA JEDWALI CHINI)

d Have you lost 5 lbs. or more (2.3 kgs. or more) in the last 3 months? NO YES

Je, umepunguza uzito kwa pauni 5 au zaidi (kilo 2.3 au zaidi) katika miezi mitatu iliyopita?

e If you are less than age 14, have you failed to gain any weight in the last 3 months? NO YES

If over 14, code NO.

Kama una umri wa chini ya miaka 14, umekosa kuongeza uzito katika miezi mitatu iliyopita?

f Has anyone thought that you lost too much weight in the last 3 months? NO YES

Je, kuna mtu yeyote aliyedhani kuwa umepunguza uzito kupita kiasi katika miezi mitatu iliyopita?

IF YES TO S1c OR d OR e OR f, CODE YES, OTHERWISE CODE NO. NO
YES

In the past 3 months:

Amaa tiatua ilapaitin okuna ootulusoitie:

S2 Have you been trying to keep yourself from gaining any weight?

Je umekuwa ukijiepusha kunenepa? NO YES

S3 Have you been very afraid of gaining weight? Have you been very afraid of getting fat?

Je, ulihofia kuongezeka uzito au kuwa mnene hata kama ulikuwa na uzito mdogo? NO YES

IF **YES** TO EITHER, CODE **YES**

S4 a Have you seen yourself as being too big / fat or that part of your body was too big / fat?

Je ulijiona wewe mwenyewe mnene, au sehemu ya mwili wako nene sana? NO YES

IF **YES** TO EITHER, CODE **YES**

b Has your weight strongly affected how you feel about yourself? Has your body shape strongly affected how you feel about yourself? NO YES

Je, uzito wa mwili wako au umbile umeathiri kwa kiasi kikubwa jinsi unavyojiona?

IF **YES** TO EITHER, CODE **YES**

c Did you think that your low weight was normal or overweight ?

Je, ulifikiria kwamba uzito wako mdogo wa sasa ni kawaida au umezidi? NO
YES

S5 ARE **1** OR **MORE S4** ANSWERS CODED **YES**? NO YES

S6 FOR POST PUBERTAL **FEMALES** ONLY: During the last 3 months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant)? NO YES

INKITUAK AKE:Ama too lpaitin o kuni otulusoitie itala ake osarge lo lapa terishata naishakino neponu {ake taa minuta}

FOR GIRLS : ARE **S5** AND **S6** CODED YES?

NO	**YES**

TABLE HEIGHT / WEIGHT TABLE CORRESPONDING TO A BMI THRESHOLD OF 17.5 KG/M^2

Height/Weight														
ft/in	3'0	3'1	3'2	3'3	3'4	3'5	3'6	3'7	3'8	3'9	3'10	3'11	4'0	4'1

lbs.	32	34	36	38	40	42	44	46	48	50	53	55	57	60
cm	91	94	97	99	102	104	107	109	112	114	117	119	122	125
kgs	15	15	16	17	18	19	20	21	22	23	24	25	26	27
ft/in	4'2	4'3	4'4	4'5	4'6	4'7	4'8	4'9	4'10	4'11	5'0	5'1	5'2	5'3
lbs.	62	65	67	70	72	75	78	81	84	87	89	92	96	99
cm	127	130	132	135	137	140	142	145	147	150	152	155	158	160
kgs	28	29	31	32	33	34	35	37	38	39	41	42	43	45
ft/in	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3		
lbs.	102	105	108	112	115	118	122	125	129	132	136	140		
cm	163	165	168	170	173	175	178	180	183	185	188	191		
kgs	46	48	49	51	52	54	55	57	59	60	62	64		

The weight thresholds above are calculated using a body mass index (BMI) equal to or below 17.5 kg/m^2 for the patient's height. This is the threshold guideline below which a person is deemed underweight by the DSM-IV and the ICD-10 Diagnostic Criteria for Research for Anorexia Nervosa.

T. BULIMIA NERVOSA

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

	In the past 3 months:		
T1	Did you have eating binges? An "eating binge" is when you eat a very large amount of food within two hours. je uliwahi kula kupita kiasi au wakati ambapo umekula chakula kingi sana ndani ya masaa mawili?	NO	YES
T2	Did you have eating binges two times a week or more? je umewahi kula kupita kiasi kila mara, mara 2 kwa wiki?	NO	YES

T3 During these binges, did you feel that your eating was out of control?

Katika milo hii, ulijisikia kwamba kula kwako ni kwa kushindwa kujitawala?

NO

YES

T4 Did you do anything to compensate for, or to prevent a weight gain from these binges, like

NO

YES

vomiting, fasting, exercising or taking laxatives, enemas, diuretics (fluid pills), or other

medications?

Je ulifanya kitu chochote kufidia, au kuzuia kuongezeka uzito kutokana na milo hii, kama vile kutapika, kushinda na njaa, kufanya mazoezi, kumeza dawa za kuharisha, enema, kuongeza mkojo au dawa nyinginezo?

IF **YES** TO ANY, CODE **YES**

T5 Does your body weight or shape greatly influence how you feel about yourself? NO YES

Je uzito wako au umbile lako linaathiri kwa kiasi kikubwa jinsi unavyojiona?

IF **YES** TO EITHER, CODE **YES**

T6 DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA? NO YES

□

Skip to O8

T7 Do these binges occur only when you are under (_____lbs./kgs.)? NO YES

ANDIKA KIWANGO CHA UZITO KINACHOLINGANA NA UREFU WA MGONJWA KUTOKA KATIKA JEDWALILILILOPO KWENYE KIHUNZI CHA UGONJWA WA KUTOKULA

INTERVIEWER: WRITE IN THE ABOVE ( ), THE THRESHOLD WEIGHT

FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT/WEIGHT TABLE IN

THE ANOREXIA NERVOSA MODULE

T8 IS **T5** CODED **YES** AND IS EITHER **T6** OR **T7** CODED **NO**?

NO	**YES**

T9 IS **T7** CODED **YES**?

NO	**YES**

ANOREXIA NERVOSA

U. GENERALIZED ANXIETY DISORDER

(MEANS: GO TO END OF DISORDER, CIRCLE NO AND MOVE TO NEXT DISORDER)

SKIP THIS DISORDER IF THE PATIENT'S ANXIETY IS RESTRICTED TO OR BETTER EXPLANINED BY ANY DISORDER PRIOR TO THIS POINT.

			□	
U1	a	**For the past six months**, have you worried a lot or been nervous?	NO	YES
		Have you been worried or nervous about several things,		
		(like school, your health, or something bad happening)?		
		Have you been more worried than other kids your age?		
		IF **YES** TO ANY, CODE **YES**		
		JE, ulikuwa na woga sana au kupata wasi wasi juu ya mambo mawili au zaidi		
		(m.f shule, afya ama kitu inatendeka sasa)		
		Je umekuwa nauoga kuliko watoto wengine umri sawa na wewe?		
	b	Do you worry most days?		
		Je woga huu unakuwepo karibu siku zote?	NO	YES
		IS THE PATIENT'S ANXIETY RESTRICTED EXCLUSIVELY TO,		
		OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT?	NO	YES
U2		Do you find it hard to stop worrying? Do the worries make it hard for	NO	YES
		you to pay attention to what you are doing?		
		Je uwa na hisi ni ngumu kukosa kuwa na wasiwasi? Na wasiwasi yako inakufanya		
		usifanye kazi kwa makini?		
		IF **YES** TO EITHER, CODE **YES**		

U3 FOR THE FOLLOWING, CODE **NO** IF THE SYMPTOMS ARE CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT.

When you are worried, do you, most of the time:

Waakati ulipokuwa na wasiwasi katika miezi 6 iliyopita, je, muda mwingi:

a Feel like you can't sit still?

Huwezi keti ukiwa mtulivu? NO YES

b Feel tense?

Umejaa wasiwasi? NO YES

c Feel tired, weak or exhausted easily?

Unahisi mchovu? NO YES

d Have a hard time paying attention to what you are doing? Does your mind go blank? NO YES

umekuwa na wakati mugumu wa kusikiza au kuwa makini kwa chochote ufanyalo?

Kuna wakati una hisi huwezi kufikiria tena?

e Feel grouchy or annoyed?

-Unahisi mwenye hasira? NO YES

f Have trouble sleeping almost every night ("trouble sleeping" NO YES

Means trouble falling asleep, waking up in the middle of the night,

Wakening up too early or sleeping too much)?

Ulipata tabu ya usingizi (tabu ya kupata usingizi, kuamka katikati ya usiku, kuamka mapema asubuhi, au kulala mno)?

ARE **3** OR MORE **U3** ANSWERS CODED **YES**?

NO	**YES**
	GENERALIZED ANXIETY DISORDER

V. ADJUSTMENT DISORDERS

(MEANS: GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

EVEN IF A LIFE STRESS IS PRESENT OR A STRESS PRECIPITATED THE PATIENT'S DISORDER, DO NOT USE AN ADJUSTMENT DISORDER DIAGNOSIS IF ANY OTHER PSYCHIATRIC DISORDER IS PRESENT. SKIP THE ADJUSTMENT DISORDER MODULE IF THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOTHER SPECIFIC AXIS I DISORDER OR ARE MERELY AN EXACERBATION OF A PREEXISTING AXIS I OR II DISORDER.

ONLY ASK THESE QUESTIONS IF THE PATIENT CODES **NO** TO ALL OTHER DISORDERS.

V1 Are you stressed out about something? Is it making you upset or making your behaviour worse?
NO
YES

Je kuna jambo ambalo limekukasirisha?

IF **NO** TO EITHER, CODE **NO**

[Examples include anxiety/depression/physical complaints; misbehaviour such as

fighting, driving recklessly, skipping school, vandalism, violating the rights of others,

or illegal activity].{kipigana, kuwa na mafikira, kukosa shule kufanya itu kinye cha matarajio,kuendesha gari vibaya na kupiga makelele?

IDENTIFIED STRESSOR: _____

DATE OF ONSET OF STRESSOR: _____

V2 Did your upset/behaviour problems start soon after the stress began? NO YES

[Within 3 months of the onset of the stressor]

Je hii shida ilianza tu punde tu wakati ulianza kuwa na mafikira?

V3 a Are you more upset by this stress than other kids your age would be?

Je mambo hayo yanakukera zaidi kuliko wenzako? NO YES

b Are these problems causing you to have trouble in school? NO YES

Trouble at home? Trouble with your family or with your friends?

Je hii shida ina kusumbua shuleni

IF **YES** TO ANY, CODE **YES**

V4 BEREAVEMENT IS PRESENT IF THESE EMOTIONAL/BEHAVIOURAL SYMPTOMS ARE DUE ENTIRELY TO THE LOSS OF A LOVED ONE AND ARE SIMILAR IN

SEVERITY, LEVEL OF IMPAIRMENT AND DURATION TO WHAT MOST OTHERS WOULD SUFFER UNDER SIMILAR CIRCUMSTANCES

HAS BEREAVEMENT BEEN RULED OUT? NO YES

V5 Have these problems gone on for 6 months or more after the stress stopped? NO YES

Je hii shida imekuwa wepo kwa muda wa miezi sita au zaidi wakati mafikira yalianza?

HAS UNCOMPLICATED BEREAVEMENT BEEN RULED OUT?

NO

YES

Mark all that apply

A Depression, tearfulness or hopelessness. ☐

Upweke

B Anxiety, nervousness, jitteriness, worry. ☐

Wasiwasi

C Misbehaviour (Like fighting, driving recklessly, skipping school, vandalism, ☐

violating other's rights, doing illegal things).

D School problems, physical complaints or social withdrawal. ☐

IF MARKED:

- A only, then code as Adjustment disorder with depressed mood. 309.0
- B only, then code as Adjustment disorder with anxious mood. 309.24
- C only, then code as Adjustment disorder of conduct. 309.3
- A and B only, then code as Adjustment disorder with mixed anxiety and depressed mood. 309.28
- C and (A or B), then code as Adjustment disorder of emotions and of conduct. 309.4
- D only, then code as Adjustment Disorder unspecified. 309.9
- C and D, then code as Adjustment disorder of conduct. 309.3
- B and D, then code as Adjustment disorder with anxious mood. 309.24
- B, C and D, then code as Adjustment disorder with anxious mood and of conduct. 309.24 / 309.3
- A and D, then code as Adjustment disorder with depressed mood. 309.0
- A, C and D, then code as Adjustment disorder with depressed mood and of conduct. 309.0 / 309.3
- A, B and D, then code as Adjustment disorder with mixed anxiety and depressed mood. 309.28
- A, B and C, then code as Adjustment disorder with mixed anxiety and depressed mood, and of conduct. 309.28 / 309.3
- A, B, C and D, then code as Adjustment disorder with mixed anxiety and depressed mood, and of conduct. 309.28 / 309.3

IF **V1** AND **V2** AND **(V3a or V3b)** ARE CODED **YES,** AND **V5 I**S CODED **NO,** THEN CODE DISORDER **YES** WITH **SUBTYPES.**

NO **YES**

Adjustment Disorder

W. PERVASIVE DEVELOPMENT DISORDER

W1	Since the age of 4, have you had difficulty making friends? Do you have problems because you keep to yourself? Je tangu ukiwa miaka nne imekua ngumu kupata marafiki? Je unapata shida sana kwasababu ya kiweka siri? Is it because you are shy or because you don't fit in? Je ni kwasababu una haya au kwasababu hawa kufai? IF **YES** TO ANY, CODE **YES**	NO	YES	UNSU
W2	Are you fixated on routines and rituals or do you have interests that are special and intrude on other activities? Je kuna vitu ambavyo una mpenda kuyafanya kuliko mengine?	NO	YES	UNSU
W3	Do other kids think you are weird or strange or awkward? Je watoto wengine wanakuona ukiwa tafauti?	NO	YES	UNSU
W4	Do you play mostly alone, rather than with other children? Je unapenda kucheza peke yako kuliko ukiwa na wengine?	NO	YES	UNSU

W5 ARE ALL **W ANSWERS** CODED **YES**? IF SO, CODE YES.

IF ANY W ANSWERS ARE CODED UNSURE, CODE UNSURE.

OTHERWISE CODE NO.

NO	UNSURE	YES *
		PERVASIVE DEVELOPMENT DISORDER

***** Pervasive Developmental Disorder is possible, but needs to be more thoroughly investigated by a board certified child psychiatrist. Based on the above responses, the diagnosis of PDD cannot be ruled out. The above screening is to rule out the diagnosis, rather than to rule it in.

THIS CONCLUDES THE INTERVIEW

M.I.N.I. KID

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

For Children and Adolescents

English Version 5.0

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PATIENTS NAME *Jina la mgonjwa*		**Patient Number:** ***nambari ya mgonjwa***	
DATE OF BIRTH *TAREHE YAKUZALIWA*		**Time Interview Began** ***Wakati mahojiano yalianza***	
Interviewer's Name: *Jina la mhojianaji*		**Time Interview Ended:** ***Mwisho wa mahojiano***	
DATE OF INTERVIEW *TAREHE YAKUHOJIWA*		**Total Time:** ***Mda uliochukua***	

MODULES	TIME FRAME	MEETS CRITERIA	DSM-IV	ICD-10
A MAJOR DEPRESSIVE EPISODE Single	Current (Past 2 weeks)	☐	296.20-296.26	F32.x
B SUICIDALITY	Lifetime	☐	N/A	N/A
	Current (Past Month)	☐	N/A	N/A
	Risk: ☐ Low ☐ Medium ☐ High			
C DYSTHYMIA	Current (Past 1 year)	☐	300.4	F34.1
D (HYPO) MANIC EPISODE	Current	☐	296.00-296.06	F30.x-F31.9
	Past	☐		

E	PANIC DISORDER	Current (Past Month)	☐	300.01/300.21	F40.01-F41.0
		Lifetime	☐		
F	AGORAPHOBIA	Current	☐	300.22	F40.00
G	SEPARATION ANXIETY DISORDER	Current (Past Month)	☐	309.21	F93.0
H	SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)	☐	300.23	F40.1
I	SPECIFIC PHOBIA	Current (Past Month)	☐	300.29	N/A
J	OBSESSIVE COMPULSIVE DISORDER	Current (Past Month)	☐	300.3	F42.8
K	POST TRAUMATIC STRESS DISORDER	Current (Past Month)	☐	309.81	F43.1
L	ALCOHOL DEPENDENCE	Past 12 Months	☐	303.9	F10.2x
L	ALCOHOL ABUSE	Past 12 Months	☐	305.00	F10.1
M	SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	☐	304.00-.90/305.20-	
.90	F11.1-F19.1				
M	SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	☐	304.00-.90/305.20-	
.90	F11.1-F19.1				
N	TOURETTE'S DISORDER	Current	☐	307.23	F95.2
	MOTOR TIC DISORDER	Current	☐	307.22	F95.1
	VOCAL TIC DISORDER	Current	☐	307.22	F95.1
	TRANSIENT TIC DISORDER	Current	☐	307.21	F95.0
O	ADHD COMBINED	Past 6 Months	☐	314.01	F90.0
	ADHD INATTENTIVE	Past 6 Months	☐	314.00	F98.8

	ADHD HYPERACTIVE/IMPULSIVE	Past 6 Months	☐	314.01	F90.0
P	CONDUCT DISORDER	Past 12 Months	☐	312.8	F91.x
Q	OPPOSITIONAL DEFIANT DISORDER	Past 6 Months	☐	313.81	F91.3
R	PSYCHOTIC DISORDERS 295.90/297.1/	Lifetime F20.xx-F29	☐	295.10-	
		Current	☐	297.3/293.81/293.82/ 293.89/298.8/298.9	
	MOOD DISORDER WITH PSYCHOTIC FEATURES F32.3/F33.3/ F30.2/F31.2/F31.5/	Lifetime Current F31.8/F31.9/F39	☐ ☐	296.24/296.34/296.44 296.24/296.34/296.44	
S	ANOREXIA NERVOSA	Current (Past 3 Months)	☐	307.1	F50.0
T	BULIMIA NERVOSA	Current (Past 3 Months)	☐	307.51	F50.2
U	GENERALIZED ANXIETY DISORDER	Current (Past 6 Months)	☐	300.02	F41.1
V	ADJUSTMENT DISORDERS	Current	☐	309.24/309.28 309.3/309.4	F43.xx
W	PERVASIVE DEVELOPMENTAL DISORDER 299.00/299.10/299.80	Current F84.0/.2/.3/.5/.9	☐		

DISCLAIMER

Our aim is to assist in the assessment and tracking of patients with greater efficiency and accuracy. Before action is taken on any data collected and processed by this program, it should be reviewed and interpreted by a licensed clinician.

This program is not designed or intended to be used in the place of a full medical and psychiatric evaluation by a qualified licensed physician – psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms elicited by trained personnel.

INTERVIEWER INSTRUCTIONS

INTRODUCING THE INTERVIEW

The nature and purpose of the interview should be explained to the child or adolescent prior to the interview. A sample introduction is provided below:

"I'm going to ask you a lot of questions about yourself. This is so that I can get to know more about you and figure out how to help you. Most of the questions can be answered either 'yes' or 'no'. If you don't understand a word or a question, ask me, and I'll explain it. If you are not sure how to answer a question, don't guess - just tell me you are not sure. Some of the questions may seem weird to you, but try to answer them anyway. It is important that you answer the questions as honestly as you can so that I can help you. Do you have any questions before we start?"

For children under 13, we recommend interviewing the parent and the child together. Questions should be directed to the child, but the parent should be encouraged to interject if s/he feels that the child's answers are unclear or inaccurate. The interviewer makes the final decision based on his/her best clinical judgement, whether the child's answers meet the diagnostic criterion in question. With children you will need to use more examples than with adolescents and adults.

GENERAL FORMAT:

The MINI is divided into **modules** identified by letters, each corresponding to a diagnostic category.

•At the beginning of each diagnostic module (except for psychotic disorders module), screening question(s)

corresponding to the main criteria of the disorder are presented in a **gray box**.

•At the end of each module, diagnostic box(es) permit the clinician to indicate whether diagnostic criteria are met.

CONVENTIONS:

Sentences written in «normal font» should be read exactly as written to the patient in order to standardize the assessment of diagnostic criteria.

Sentences written in «CAPITALS» should not be read to the patient. They are instructions for the interviewer to assist in the scoring of the diagnostic algorithms.

Sentences written in «**bold**» indicate the time frame being investigated. The interviewer should read them as often as necessary. Only symptoms occurring during the time frame indicated should be considered in scoring the responses.

Answers with an arrow above them (□) indicate that one of the criteria necessary for the diagnosis(es) is not met. In this case, the interviewer should go to the end of the module and circle «**NO**» in all the diagnostic boxes and move to the next module.

When terms are separated by a *slash (/)* the interviewer should read only those symptoms known to be present in the patient.

Phrases in (parentheses) are clinical examples of the symptom. These may be read to the patient to clarify the question.

FORMAT OF THE INTERVIEW

The interview questions are designed to elicit specific diagnostic criteria. The questions should be read verbatim. If the child or adolescent does not understand a particular word or concept, you may explain what it means or give examples that capture its essence. If a child or adolescent is unsure if s/he has a particular symptom, you may ask him/her provide an explanation or example to determine if it matches the criterion being investigated. If an interview item has more than 1 question, the interviewer should pause between questions to allow the child or adolescent time to respond.

Questions about the duration of symptoms are included for diagnoses when the time frame of symptoms is a critical element. Because children may have difficulty estimating time, you may assist them by helping them connect times to significant events in their lives. For example, the starting point for "past year" might relate to a birthday, the end or beginning of a school year, a particular holiday or another annual event.

RATING INSTRUCTIONS:

All questions must be rated. The rating is done at the right of each question by circling either Yes or No. Clinical judgment by the rater should be used in coding the responses. The rater should ask for examples when necessary, to ensure accurate coding. The child or adolescent should be encouraged to ask for clarification on any question that is not absolutely clear.

The clinician should take each dimension of the question into account (for example, time frame, frequency, severity, and/or alternatives).

Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the MINI KID.

For any questions, suggestions, need for a training session, or information about updates of the M.I.N.I. KID, please contact :

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4.0. BUDGET

No.	Item	Kshs.
1.	Proposal writing, typing and typesetting. -Printing and Photocopying	50,000.00
2.	Data collection	80,000.00
3.	Data entry	30,000.00
4.	Data Analysis	40,000.00
5.	Final Thesis	30,000.00
TOTAL		**230,000.00**