

# GLOSSARY V. 9<sup>1</sup>

## List of Mental Health Items

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Below is a brief explanation of each item's content. In some of them there are detailed concrete situations that, as an example, can give us an idea of the item.

This glossary does not justify why an item has or has not been included in this list. For this purpose, the authors' bibliography on the process of developing this instrument should be consulted<sup>2</sup>.

First the text of the item appears and then, in italics, the corresponding explanation. In some cases the term is explicit in itself or is commonly used in paediatrics and/or mental health, so it is not commented on in detail. In the questions referring to the father or mother, if they are single-parent families in the life stage being explored, the answer is 0, lack of information.

### 0 – 2 age

**1. Obstetric problems:** *Problems that may occur during pregnancy, part or postpartum. For example: use of forceps or vacuum, asphyxia, anoxia, inhalation of amniotic fluid, compression of the cord, circulatory collapse, thrombosis, ischemia, signs of fetal distress, news of serious maternal illness during pregnancy, neonatal jaundice, etc.*

**2. Newborn Apgar test score in the first minute:** *this information is usually found on the birth certificate.*

*Specific score for this item:*

- 1: Apgar 9 to 10 minutes
- 0: This information is not known
- 1: Apgar equal to or less than 8

**3. Newborn Apgar test score in the first 10 minutes of life:** *this information is usually found on the birth certificate.*

*Specific score for this item:*

- 1: Apgar 9 to 10 minutes
- 0: This information is not known
- 1: Apgar equal to or less than 8

**4. Low birth weight:** *Less than 2500g: may involve the use of an incubator*

**5. Shortened gestation:** *Less than 8 months*

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1 The first versions were experimental and recorded as: LISMEN: List of items in Mental Health. Tizón, J.L., Artigue, J., Ferrando, J. and Parra, B. Intellectual Property Registry of Barcelona: B-3031-06 (13-06-2006).

2 The statistical studies of validation and the bibliography used in its construction validation are collected in the doctoral thesis "Validation of an instrument of the detection of mental health risk factors in children and adolescents: List of items in mental health (LISMEN)" University Thesis Fund: <http://hdl.handle.net/10803/83868>

**6. Bad nutrition from the mother during the pregnancy.** *The mother's feeding will not be sufficient or irregular, disorganized or unbalanced.*

**7. Mother's depression during pregnancy and/or during the post-partum period.** *It is detected that the mother will have an emotional state of depression, sadness, sleeping difficulty and irritability for at least two weeks. If this is the case, check 1 if you do not have a diagnosis made by a specialist or a mental health service.*

**8. Mother's infections during the pregnancy.** *The mother has been infected by virus that has caused, for example, flu, cold, herpes, toxoplasmosis, among others.*

**9. Stress or emotional upset of the mother during the pregnancy.** *Depression, anxiety, panic attacks or other symptoms followed. Mark 1, even if you do not follow her for health services or other services for your diagnosis or treatment.*

**10. Birth of the baby or experience of the first months of life in overcrowded conditions.** *For example, in reception centers, offerings, shelters, refugee, camps for people with disabilities.*

**11. Perinatal neurological diseases.** *Syndromes or alteration that may cause damage at the neurological level, diagnosed in the first months of life. Such as genetic and chromosomal alterations such as Down's Syndrome, among others.*

**12. Central Nervous System Infections.** *If the child has suffered, for example, meningitis, encephalitis or some other type of diagnosed infection.*

**13. Withdrawal in the relationship.** *The infant presents difficulties in the communicative act, in the emotional relationship with the adult. It does not demand; it does not signal. Little interaction appears. However, the interaction is clearer in the later item.*

**14. Serious relationship disorders: does not smile, does not make eye contact, does not respond to external stimuli from the environment.** *For example, does not respond to a smile, to stares, to looks and also to verbal interactions, etc.*

**15. Fears, difficulties of adaptation. Infant difficult to calm down high-tempered infant.** *This refers to situations such as crying when it is time to go to sleep, that can surpass the parents and/or carers. It is also related to other daily habits and routines such as eating, walking, hygiene, etc.*

**16. Sleep disorder: It is waking up often (at least 4 nights a week).** *It is referred to as 2, 3 or more times during the night. It does not include a period of lactation, breastfeeding and bottle feeding. Mark 1 if less than the recommended lifespan is awakened, but parents or caregivers believe that it generates a significant disruption of the family routine.*

**17. Use of Nervous System stimulants or similar for more than 3 weeks.** *It refers to medication, for example, tranquilizers, emotional regulators, etc. It is already recommended by some health professionals or by people you trust. In both cases you should mark 1.*

**18. Cohabitation and/or sharing the same bed as a family member, more than 6 months.** *From 6 months onwards, even if the mother's breastfeeding is prolonged, she shares the room or bed with the parents or other adults. So, the infant does not sleep in his or her own room (it can be shared with siblings). Living in places where it is not possible to think about the resource of "one's own room" are excluded.*

**19. Abnormalities in the game: aggressive, repetitive and self-injurious play:** *In playing situations, the reactions can be excessively aggressive and often. Overlay with adult figures. For example, kicking parents, biting them or biting themselves.*

**20. Delay in mental and/or psychomotor development.** *At times it is registered with the health card provided by the paediatrician. In order to indicate this item, you must have this explicit information, it appears in the reports or in the clinical history of the infant.*

**21. Autosensory phenomena, rocking or pitching:** *Especially these two types of movements, although rubbing or other gestures of self-stimulation can also be detected. It refers to repetitive and mechanical behaviours or movements that have an autosensory component that usually calms the states of anxiety and that are dissociated from the rest of the child's behaviours and the environment.*

**22. Delay in the first steps.** *If you start walking after 15 months.*

**23. Early separations of paternal figures or support figures (20 days or more, during the 1 year's period).** *This includes hospitalization where the mother, father or adult referee has not been admitted. They can also be the sum of several admissions or due to vital circumstances that imply separations, such as accidents, migrations, etc.*

**24. Frequent hospital admissions (3 admissions or more than 20 days in a year).** *Regardless of whether or not the hospital admissions are with an adult reference. If parents do not admit in the hospital, item 23 should also be noted.*

**25. Early institutionalization (supervised centres, legal institutions, etc.).** *The child has seen or lived in residential centres of these institutions. If you check this item, also check item 23.*

**26. Impoverished paternal functions.** *For various reasons, the parent or carer may not be able to take full care of his or her family. It is not in his or her best interest and, for example, he or she shows difficulty in caressing them, or does not collaborate with his or her daily habits. It shows difficulties in organizing and combining their lives to pay attention to their family. Shows difficulties to combine his life and their daughter's/son's. He or she is not included in his future plans. The extreme situation is due to the fact that he abandons his responsibilities as an adult caregiver of his family.  
Signal 1 if you consider poor emotional bond or does not exist. Answer the question regarding the adult serving at the age group of the interview who may not be the biological parent.*

**27. Impoverished maternal functions.** *Same as the previous item but in reference to the mother.*

**28. Differences in breastfeeding in more or less respect to child's siblings.** *Breast-feeding is much longer (at least one third longer or shorter, at least half as long, than the rest of the siblings.*

**29. Lack of hygiene, basic body cares not sufficient coverage, with aspects of dirt.** *Boy or girl with specific aspects of dirt, such as nails, teeth, bad smell or similar. Little care in general.*

**30. Frequent vomiting and/or refusal to eat.** *Repeated behaviour accompanied by the need for health consultations. This includes situations in which you do not accept new foods and repeatedly repeat a single type, for example, only eating macaroni.*

- 31. Presence of sexual and/or physical abuse towards the child.** *According to the usual definitions or criteria.*
- 32. Presence of sexual and/or physical abuse in the cohabitation family.** *Presence of sexual abuse to the father, mother, brothers, sisters, grandparents, uncles or aunts, who are living or have lived with the child (sometimes it can be discovered later than the date).*
- 33. Family aggressiveness.** *Whether verbal or physical, from parents or caregivers of children or vice versa, in the cohabiting family where father, mother, siblings, grandparents, aunts or uncles are included.*
- 34. Mother's psychosis.** *This includes different types of psychosis, such as delusional disorders, schizophrenic, schizophreniform, brief psychotic episode or others.*
- 35. Father's psychosis.** *Same as the previous item, but about the father.*
- 36. Psychosis in siblings or other family members.** *Corresponds to the same as item 34 but referring to other relatives.*
- 37. Parents with a history or current use of drugs.** *At least one of the parents.*
- 38. Parents with other severe mental disorders, current or past.** *For example, bipolar disorder, depression, personality disorder of long evolution, attempt of suicide, among others.*
- 39. Socioeconomic marginal or semi-marginal level.** *Scores according to their own opinion, without the need for a specific classification.*
- 40. Situations of war and/or external disasters.** *Situations that affect or will directly affect family life, both in its mental and emotional organization.*
- 41. Child with a chronic disease.** *For example, diabetes, asthma, heart failure, leukaemia, epilepsy, allergies or other clearly diagnosed diseases.*

### 3 – 5 age

- 42. Language dysfunctions (mutism or stuttering of more than 4 sets of duration).** *These alterations are usually the most frequent. However, any type of language dysfunctions is signaled, if it has information and affects the daily life of the child and the family.*
- 43. Difficulties in maintaining attention and/or concentration.** *It has to appear in two different environments, for example, at home and at school*
- 44. Difficulties in the process of lateralization.** *For example, when the right and left side are confused with the right and as a consequence, it presents difficulties in its daily and school routine.*
- 45. Sad, unhappy child (cried often):** *Comments sometimes made by parents compared to other children. At other times, some (teachers or friend) tells the parents and then, and not before, they are attracted to it and explain it.*

- 46. Excessive or overwhelming excitement** *for the age period in which the item appears. It shows difficulties to contain itself and needs the adult's help in realizing inadequate conducts.*
- 47. Frequent temper tantrums or anger.** *Conduct without apparent reason or for reasons that do not seem important and according to the opinion of adults, peers or educators, generate a lot of tension.*
- 48. Enuresis** *primary or secondary. It is necessary to mark 1 even if the family does not see it as a problem.*
- 49. Encopresis** *primary or secondary. It is necessary to mark 1 even if the family does not see it as a problem.*
- 50. Aggressiveness, impulsiveness and frequent accidents.** *Any of these three circumstances is enough. The accidents are not usually serious; they are, for example, falls that require care from health professionals.*
- 51. Strange boy or girl, avoids social relationships, does not play with equals.** *They have peculiarities or inhibitions that hinder the care of professionals and/or their families. Is an item that teachers and educators may judge more accurately than the family.*
- 52. Remarkable worsening of its relational functioning.** *He stops acting out, does less activities, appears a progressive relational avoidance, isolation and withdrawal, etc.*
- 53. Frequent problems in the development of basic habits such as eating, sleeping, hygiene, etc.** *From which habit some difficulty arises or a conflict is created. It is also important to note that adults do not grant children or adolescents their own autonomy for their age. In other words, the adult showers the child or feeds him or her when, because of its evolution, it would not be necessary.*
- 54. Mother (or primary caregiver) has trouble relating to her child:** *for the period of time in which the item appears. The mother shows pain and dissatisfaction in the mother-son relationship, or it appears to be overprotected.*
- 55. Relationship problems, especially at bedtime:** *the child does not want to sleep alone or only sleeps on the couch or connected to a screen.*

**6 – 11 age**

- 56. Attention deficit.** *According the opinion of the school, whether or not it is using instruments of measurement, it seems that, for example, she or he does not feel his or herself, does not pay attention or is easily distracted.*
- 57. Hyperactivity:** *Mark when this behaviour is produced in 2 or more environments. Like at school, with the family or during leisure time. It is possible to respond according to the impression of the family and educators, but it is also advisable to have information about observations and assessments made by a professional.*
- 58. School difficulties. Children with learning difficulties.** *This is highlighted at the professional level and appears in the pedagogical reports. Curricular adaptations are needed.*

**59. Delay in the acquisition of reading and/or writing.** *The parents' opinion is not enough if this is not information that comes from the school. There must be concrete information (school reports, notes, referral sheets...).*

**60. Graphic disorders.** *The written word is unintelligible or presents many difficulties. To be able to mark this item it is necessary to have specific information, such as school reports or similar.*

**61. School failure, it is possible to start with absenteeism.** *If you are 2 or more years late, respect your age group. You have repeated several times, although at different times. Only with absenteeism is not possible to mark 1.*

**62. Gets sick or ill often.** *It refers to non-serious illnesses, but even more so when they interfere with daily life, such as, for example, being able to go to school.*

**63. Frequent falls.** *They happen without looking for them and the child does not seem especially cursed, although his level of activity and lack of control lead to these situations. It does not require medical treatment.*

**64. Difficulties of separation and being autonomous.** *Whether it is to carry out daily tasks or to propose new ones. It presents more difficulties than the one that would correspond to it for the age.*

**65. Night-time fears, lasting more than a month.** *He often wakes up out of fear or terror. At times, this information may overlap with bedtime problems (item 53).*

**66. Less than 2 friends.** *Refers to having friends of a certain intimacy with whom he or she can carry out activities with. Usually, in these cases, the boy or girl shows difficulties to donate a name of friend.*

**67. Not capable of following the rules of coexistence, extremely disobedient.** *Each rule represents a constant rain. It refers to the habits or minimum standards of coexistence, not to the standards imposed on an authoritarian way by the adult.*

**68. Excessive anxiety in social situations:** *(inhibition, shyness, denials, running away): Only if it is excessive for the age period in which the item appears.*

**69. Cruelty to animals.** *Pets, family animals or animals of the environment which please without showing guilt or regret.*

**70. Repeated lies.** *Lies are converted into a habitual form of relationship, even when they continue to justify themselves in a hostile environment.*

**71. Strange ideas.** *One cannot understand what explains or what one thinks, since it seems strange, unreal, and unrelated to one's daily life.*

**72. Self-referential ideas with a tendency to delirium; peculiar thoughts and strangeness.** *He believes that the television is talking to him, that he is being watched, followed or that their thoughts are being listened to, presents visions or thinks about abstract or incoherent subjects.*

**73. Thinking interference.** *He believes that they influence or disrupt his thinking “They are doing things to the head or mind”, he thinks that they see or feel things because of foreign influences. All of this interferes with his own thinking.*

**74. Disorganization of thought or communication.** *Is inconsistent with their discourse, jumping from one subject to another generating difficulties of association.*

**75. Chronic tics.** *They can be one or several, but they are repeated throughout the years, although there may be periods when they do not appear. They can disappear and appear.*

**76. Anomalous, particular or distorted sensory perceptions caused by disease or drugs.** *Differs from items 72 or 73 by its aetiology.*

**77. Anomalous, particular or distorted sensory perceptions, which are NOT caused by disease or drugs.** *In some cases, they are similar and items 72 or 73 should also be scored, but they may be unstructured perceptions.*

**78. Excessive emotional reactions and effects.** *It is not self-limiting, it is uncontrolled. It refers to pleasure, happiness and sadness, as well as other exaggerated behaviours related to certain situation, or alternating with an exaggerated frequency.*

## 12 – 17 age

**79. Altered eating behaviour, vomiting and sudden changes in weight.** *Value it even if you do not diagnose food disorders such as anorexia or bulimia (stops eating, food particularities...)*

**80. Deteriorating body image.** *Present in the hygiene, in the way of dressing, in the attitude... It is not cared for nor does it accept help.*

**81. Chronic fatigue.** *It is considered to be an impediment to following the rhythm of daily activities. This is a continuous process, not only with a more isolated commentary on fatigue.*

**82. Mood swings.** *What are pronounced and exaggerated. If there are ideas of death or attempts of suicide, you should also value it.*

**83. Interest in abstract questions.** *When this interest isolates him from surroundings. He tends to deal with a concrete subject that he absorbs. Like religion, myths, games, video games, etc.*

**84. Strange verbal discourse.** *The child is not understood or refers to incomprehensible topics. The people around him or her are reluctant and tired of his or her way of talking.*

**85. Consumption and abuse of toxics of any kind, on a continuous basis, although only during weekday activities.**

**86. School absenteeism.** *When it occurs continuously, for at least 3 months, regardless of the reason.*

**87. Sports and games with aggressive and violent physical and verbal components.** *With friends, family or at individual level. Online games are not included. It is scored when they dominate in excess the aggressive aspects.*

**88. Other risk factors at any age (specify them).** *description of the item with the relevant score and from the age at which data are collected on its occurrence, continuing then at the other ages.*

**89. Other risk factors at any age (specify them).** *Same as the previous item.*