

**CONFIDENTIAL**  
**MENTAL HEALTH EVALUATION**

**Client Name:** Robert T.  
**Date of Birth:** February 22, 1994  
**Age:** 26

**Date of Evaluation:** March 1, 2020  
**Date of Report:** March 3, 2021

**Tests Administered:** Beck Depression Inventory, Beck Anxiety Inventory, Spiritual Wellbeing Scale, Psychiatric Diagnostic Screening Questionnaire (PDSQ)

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**Client History**

Robert is a 26-year old single male who is employed with the government as an Engineer, while simultaneously pursuing a Graduate degree in engineering. He states the rationale for seeking therapy is because he is experiencing high levels of stress related to professional and academic demands, and he is having difficulty getting ready in the morning, and feels like his mind is preoccupied. His performance both in school and work are faltering, as he has been calling out sick, and not showing up to class recently. Robert has also fallen behind on submitting reports at work, and reports he cannot concentrate when it is time to work, that he is feeling forgetful and absentminded.

Robert first claimed he does not have a history of receiving mental health treatment, but then reported that he did receive some therapy when he was in middle school because he had a challenging time when adjusting to a new school when the family moved to a different district. Today, Robert reports he has no motivation, not to work, not to talk to family, and he feels like he has to pretend to be “fine” when around others. His sanitation is declining, as his hair is undone in the meeting, and he reports his mother began cleaning up his apartment when she visited him recently with concern. Robert has also demonstrated notable weight loss, and his parents try to help, and that he tries to listen to “self-development” podcasts. However, he does engage in

suicide-ideation, thinking about his own death, feeling that life has no meaning. He also reports that he cries almost daily.

A month ago, Robert delivered a presentation that he was nervous about, and felt unprepared. This presentation was linked to a possible promotion, and he felt so incompetent that he felt humiliated by the experience. He decided to cancel moments before, and has been embarrassed to face his colleagues. This event propelled him into the state of disarray and sadness he is feeling now. He found himself constantly worrying about what colleagues are saying about him, his competence in his career path, and overall feels “pathetic.” He is not in a relationship, and occasionally talked to a girl he started dating, but no longer since his slump.

### **Mental Status Examination**

Throughout the session, Robert seemed sad as at several points, he began to tear up. He also seemed distracted and like he was having difficulty recalling certain things, such as closing his eyes when trying to recall specific dates or the number of absences he had from work and school recently. When prompted with three words, within seconds, he was able to recall the three words. However, five-minutes later, he could only recall one of the three words. He was able to do some simple mathematical exercises, but twice corrected himself, and he seemed to work on the problems slowly, much slower than would be expected from someone whose career relies on these skills. He overall seems like a kind person who means well but is struggling with self-efficacy and purpose in life. He does not appear to be imminently suicidal, but that, if left untreated, his symptoms may escalate.

### **Presenting Symptoms**

Primary symptoms include chronic sadness, as he struggles to get ready in the morning and go about his daily life, and often feels like crying. He appears to have a decreased appetite as

his parents remarked he lost a lot of weight. He also seems anxious, being occupied with thoughts about what others think of him, and whether he is “failing” in life or wasting his time pursuing a degree and in a career that he does not feel competent in. His depressive and anxious symptoms have led to absenteeism in both school and at work. His difficulty with concentration and recollection was observed in the few exercises conducted, and this was also described as a symptom by Robert as he accounted for his difficulties.

## **Test Results and Interpretation**

### ***Validity Statement***

Robert was able to complete the tests. He answered each question with thought, sometimes deciding on an answer promptly, other times taking a moment to think about it. Each assessment was fully completed.

### ***Beck Depression Inventory***

Robert’s score on the BDI-II is a 47, which indicates extreme depression. Any score over 40 is considered in the highest category of depression.

### ***Beck Anxiety Inventory (BAI)***

Robert’s score on the BAI is a 22, indicating moderate anxiety. Anything between 16 and 25 is considered moderate.

### **Spiritual Well Being Score**

With a result of overall 54, Robert indicates a moderate sense of religious wellbeing. Both the religious wellbeing and existential wellbeing scores fall in this moderate category, indicating that religion could be a beneficial pathway to help Robert manage his depressive and social anxiety symptoms.

## **Psychiatric Diagnostic Screening Questionnaire (PDSQ)**

Based on the results of the PDSQ, Robert is indicating major depressive disorder and social phobia. These are both indicated with a score of 9 or higher, which he scored 11, and 10, respectively.

### **Diagnosis:**

Robert meets the diagnostic criteria for these listed DSM-5 Disorders:

- 296.23 (F32.2) Severe Major Depressive Disorder
- 300.23 (F40.10) Social Anxiety Disorder (Social Phobia)

### **Treatment Recommendations:**

It is highly recommended that Robert receives Cognitive Behavioral Therapy (CBT) that also integrates mindfulness practices. CBT will help Robert better understand his maladaptive schemas and develop strategies to “untwist” his depressive and anxious thinking patterns. The mindfulness element can help him integrate daily practices of being present in the moment, which can help him regulate thinking patterns, and improve his focus and concentration on present tasks. Given the severity of Robert’s symptoms, and how pervasive they are in his everyday life, it is highly recommended that he undergoes psychiatric evaluation, as psychotropic medication may help facilitate his progress in CBT sessions.

### **Conclusion**

Robert is a 26 year old male who is overwhelmed with balancing his career and master’s degree program, and his stressors have escalated to a point where he is experiencing major depressive disorder and social phobia. He will benefit from regular CBT and mindfulness-based sessions, and may be a candidate for psychotropic medication given the severity of his symptoms.