



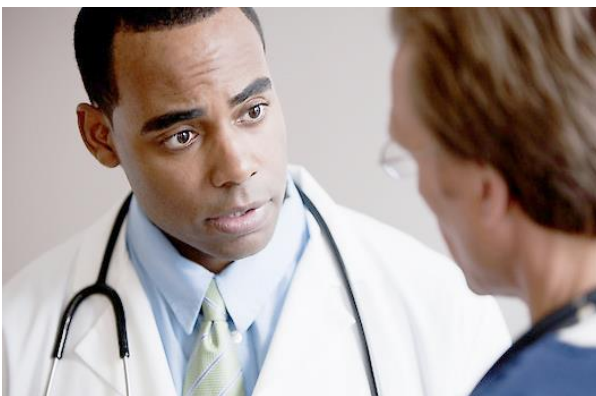
Know Your Mental Health!



Approximately 45% of Americans with a mental health condition have at least one other co-occurring (additional) mental health condition. – National Institute of Mental Health

A Mental Health Crisis in America – The Facts:

- 43% of adults say they feel more anxious than they did in 2023. – American Psychiatric Association
- 23.08% of adults experienced a mental illness in 2023, equivalent to nearly 60 million Americans. – Mental Health America
- In 2023, 12.8 million adults aged 18 or older had serious thoughts of suicide. – Department of Health and Human Services
- 40% of high school students experienced persistent feelings of sadness or hopelessness. – CDC
- 20% of students seriously considered attempting suicide, while 16% made a suicide plan during the past year. – CDC
- Female students were more likely than male students to make a suicide plan. – CDC



Lack of Mental Health Screening:

- Screening for depression is the cornerstone of early recognition, diagnosis, and management. Despite the high prevalence of depression and recommendations for screening, a recent survey of 33,653 physician-patient encounters showed that less than 5% of adults are screened for depression. – American Family Physician
- According to the National Alliance on Mental Health, the average time from onset of symptoms to treatment across all behavioral disorders is 11 years.



Mental Health and Chronic Illness:

The incidence of mental health disorders is significantly increased for those with chronic illnesses.

- Depression is 3 to 4 times higher in patients with Chronic Kidney Disease. – Kidney International
- Patients with Coronary Artery Disease have elevated depressive symptoms 2 to 3 times higher than in the general population. – JAMA
- Patients with prostate, bladder or kidney cancer are 5 times more likely to commit suicide than people without cancer. – European Association of Urology

Disclaimer: The GetYourTest STEM Screen is used to identify potential behavioral health conditions. The GetYourTest STEM Screen is not a substitute for a thorough clinical evaluation. Only a licensed clinician can make an actual diagnosis. Most people have or will suffer from a diagnosable mental health disorder during their lifetime. All mental health disorders are treatable. You may be at risk of having one or more of the possible diagnoses listed here; alternatively, there may be other conditions causing your symptoms that are not listed here. If you are currently receiving treatment for a mental illness, you may no longer screen positive for it on the GetYourTest STEM Screen. Regardless of the results of this screen, see a licensed clinician if you have questions or think you might need help. We recommend you print or save this report to discuss it with a healthcare provider. Online screening tools are not diagnostic instruments. You are encouraged to share your results with a physician or healthcare provider. HCLogics Inc. and GetYourTest disclaim any liability, loss, or risk incurred as a consequence, directly or indirectly, from the use and application of this screen. IF YOU ARE EXPERIENCING SUICIDAL THOUGHTS OR MAY BE EXPERIENCING A MEDICAL EMERGENCY, CALL 911 OR GO TO THE NEAREST HOSPITAL EMERGENCY DEPARTMENT.

How Physicians Classify Mental Health Conditions:

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) is a reference guide clinicians use to identify and diagnose mental health conditions. Each condition is assigned a description and a code. Healthcare providers use these codes to track diagnoses and bill for insurance.

The DSM-5 provides detailed descriptions of various disorders, including their symptoms. For example, the commonly known condition of Anxiety, is classified as Generalized Anxiety Disorder in the DSM-5. The DSM-5 establishes a diagnostic standard for all clinicians.

Following is a brief description of each of the DSM-5 conditions included in the GetYourTest STEM Screen.

Anxiety

The DSM-5 classifies Anxiety under Generalized Anxiety Disorder (GAD).

Brief Description

Generalized Anxiety Disorder (GAD) involves excessive, uncontrollable worry about various aspects of life, such as health, work, or relationships. The worry is persistent, lasting for at least six months, and often difficult to manage, even though the concerns may seem out of proportion to the actual situation.

Typical Symptoms

- Constant worry or fear
- Feeling restless, on edge, or irritable
- Difficulty concentrating
- Trouble sleeping (falling or staying asleep)
- Physical symptoms like muscle tension, fatigue, headaches, or stomach issues

Common Co-occurring Disorders with GAD

- Depression
- Panic Disorder
- Social Anxiety Disorder
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Substance Use Disorders

Depression

The DSM-5 classifies depression under Major Depressive Disorder (MDD).

Brief Description

Major Depressive Disorder (MDD) is characterized by a persistent feeling of sadness, loss of interest, and a lack of pleasure in most daily activities. These symptoms must last for at least two weeks and can interfere with daily functioning, affecting work, relationships, and overall quality of life.

Typical Symptoms

- Persistent sadness or a low mood
- Loss of interest or pleasure in activities once enjoyed
- Fatigue or lack of energy
- Changes in appetite or weight (increase or decrease)
- Difficulty concentrating or making decisions
- Sleep disturbances (insomnia or oversleeping)
- Feelings of worthlessness, guilt, or hopelessness
- Thoughts of death or suicide

Common Co-occurring Disorders with MDD

- Anxiety Disorders (including Generalized Anxiety Disorder and Social Anxiety Disorder)

- Substance Use Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Bipolar Disorder
- Obsessive-Compulsive Disorder (OCD)
- Eating Disorders

Panic Disorder

Panic Disorder is a type of anxiety disorder characterized by recurring and unexpected panic attacks.

Brief Description

Panic Disorder involves sudden and intense episodes of fear or discomfort known as panic attacks. These attacks can occur without warning and are often accompanied by physical symptoms like a racing heart, shortness of breath, or dizziness. Panic attacks can feel overwhelming and cause fear of having future attacks, leading individuals to avoid certain situations or places.

Typical Symptoms

- Sudden, overwhelming fear or discomfort (panic attacks)
- Heart palpitations or rapid heartbeat
- Sweating, shaking, or trembling
- Shortness of breath or feeling like you can't breathe
- Chest pain or discomfort
- Nausea or stomach distress
- Dizziness or lightheadedness
- Fear of losing control or "going crazy"
- Fear of dying
- Avoidance of situations where panic attacks may occur

Common Co-occurring Disorders with Panic Disorder

- Generalized Anxiety Disorder (GAD)
- Depression
- Social Anxiety Disorder
- Agoraphobia (fear of certain places or situations)
- Substance Use Disorders

Obsessive-Compulsive Disorder

OCD is classified under the category Obsessive-Compulsive and Related Disorders in the DSM-5.

Brief Description

Obsessive-Compulsive Disorder (OCD) involves persistent, unwanted thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) aimed at reducing distress caused by the obsessions. People with OCD often feel compelled to perform these behaviors, even if they realize the behaviors are not truly helpful. OCD can significantly interfere with daily activities.

Typical Symptoms

- **Obsessions:** Persistent and intrusive thoughts, urges, or images that cause distress (e.g., fear of germs, unwanted taboo thoughts, or a need for symmetry).
- **Compulsions:** Repetitive behaviors (e.g., hand washing, checking, arranging) or mental acts (e.g., counting or repeating words) that the person feels driven to perform in response to the obsession.
- **Common Themes:** Fear of contamination, needing things to be in order, fear of harming others or oneself, or obsessive doubt (e.g., did I lock the door?).
- The compulsions are performed to reduce Anxiety, but they do not provide lasting relief, and the cycle of obsession-compulsion repeats.

Common Co-occurring Disorders with OCD

- Generalized Anxiety Disorder (GAD)
- Depression
- Panic Disorder
- Social Anxiety Disorder
- Tourette's Disorder
- Body Dysmorphic Disorder

Post-Traumatic Stress Disorder

PTSD is classified under the category Trauma- and Stressor-Related Disorders in the DSM-5.

Brief Description

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that develops after someone experiences or witnesses a traumatic event, such as a serious accident, natural disaster, violence, or war. The individual may continue to feel extreme fear, stress, or Anxiety long after the traumatic event has ended, leading to intrusive memories and avoidance behaviors.

Typical Symptoms

- **Re-experiencing:** Flashbacks, nightmares, or distressing thoughts related to the traumatic event.
- **Avoidance:** Avoiding reminders of the trauma, such as places, people, or activities.
- **Negative changes in mood and thinking:** Persistent negative thoughts or feelings, guilt, detachment from loved ones, or loss of interest in activities.
- **Hyperarousal:** Feeling "on edge," easily startled, trouble sleeping, irritability, and angry outbursts.
- Symptoms usually persist for more than one month and significantly impact daily functioning.

Common Co-occurring Disorders with PTSD

- Depression
- Generalized Anxiety Disorder (GAD)
- Panic Disorder
- Substance Use Disorders
- Obsessive-Compulsive Disorder (OCD)

DSM-5 Classification for Eating Disorders

Eating disorders are classified under the category Feeding and Eating Disorders in the DSM-5. This includes disorders like Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder.

Brief Description

Eating disorders are serious conditions related to persistent eating behaviors that negatively impact health, emotions, and daily activities. These disorders are characterized by extreme concerns with body weight, shape, and eating habits, leading to unhealthy patterns of eating, like severe restriction, overeating, or purging.

Typical Symptoms

- **Anorexia Nervosa:** Extreme food restriction, intense fear of gaining weight, distorted body image, and excessive weight loss.
- **Bulimia Nervosa:** Episodes of binge eating followed by compensatory behaviors like vomiting, excessive exercise, or use of laxatives.
- **Binge-Eating Disorder:** Recurrent episodes of eating large quantities of food, often rapidly and to the point of discomfort, accompanied by feelings of loss of control and distress afterward.
- Other behaviors include obsessive focus on food, calories, dieting, and body image.

Common Co-occurring Disorders with Eating Disorders

- Depression
- Anxiety Disorders (particularly Social Anxiety Disorder)
- Obsessive-Compulsive Disorder (OCD)
- Substance Use Disorders
- Post-Traumatic Stress Disorder (PTSD)

Bipolar Disorder

Bipolar Disorder is classified under Bipolar and Related Disorders in the DSM-5, including Bipolar I Disorder, Bipolar II Disorder, and Cyclothymic Disorder.

Brief Description

Bipolar disorder is a mental health condition that causes extreme shifts in mood, energy, and activity levels. People with bipolar disorder experience episodes of mania (elevated mood, energy, or irritability) and depression (feeling low, sad, or hopeless), often with periods of normal mood in between. The severity and duration of these episodes can vary.

Typical Symptoms

- **Manic Episode Symptoms:** Elevated mood, inflated self-esteem, decreased need for sleep, increased talkativeness, racing thoughts, distractibility, engaging in risky behaviors.
- **Depressive Episode Symptoms:** Feelings of sadness or hopelessness, loss of interest in activities, fatigue, difficulty concentrating, changes in appetite or sleep, thoughts of suicide.

- **Mixed Episodes:** Symptoms of both mania and depression occurring simultaneously.

Common Co-occurring Disorders with Bipolar Disorder

- Anxiety Disorders (such as Generalized Anxiety Disorder, Panic Disorder)
- Substance Use Disorders
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Eating Disorders
- Post-Traumatic Stress Disorder (PTSD)

Drug Use Disorder

Drug Use Disorder is classified under Substance-Related and Addictive Disorders in the DSM-5. It includes various substances, such as stimulants, opioids, cannabis, hallucinogens, and more.

Brief Description

Drug Use Disorder occurs when an individual's use of substances like illicit drugs or prescription medications leads to significant impairment or distress. This can involve an inability to control drug use, persistent cravings, and continued use despite negative consequences in personal, social, or professional life.

Typical Symptoms

- Strong cravings or urges to use the substance
- Difficulty controlling drug use
- Neglecting responsibilities at work, home, or school due to drug use
- Developing a tolerance, needing more of the substance to achieve the same effect
- Experiencing withdrawal symptoms when not using the substance
- Continuing to use despite physical or psychological harm

Common Co-occurring Disorders with Drug Use Disorder

- Anxiety Disorders
- Depression
- Bipolar Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Attention-Deficit/Hyperactivity Disorder (ADHD)

Alcohol Use Disorder

Alcohol Use Disorder is classified under Substance-Related and Addictive Disorders in the DSM-5.

Brief Description

Alcohol Use Disorder occurs when an individual consumes alcohol in a way that causes distress or harm. It involves patterns of excessive drinking that lead to significant health, social, and emotional issues, as well as an inability to control alcohol consumption.

Typical Symptoms

- Drinking more or for longer than intended
- Inability to cut down or stop drinking despite attempts to do so
- Spending a lot of time drinking or recovering from its effects
- Strong cravings or urges to drink
- Neglecting personal, professional, or social responsibilities due to alcohol use
- Developing tolerance, requiring more alcohol to feel the effects

- Experiencing withdrawal symptoms when not drinking, such as sweating, shaking, or nausea

Common Co-occurring Disorders with Alcohol Use Disorder

- Depression
- Anxiety Disorders
- Bipolar Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Other Substance Use Disorders

Psychotic Disorders

Psychosis is classified under **Schizophrenia Spectrum and Other Psychotic Disorders** in the DSM-5.

Brief Description

Psychosis is a condition that affects how the brain processes information. It causes people to lose touch with reality, leading to hallucinations, delusions, and distorted thinking. Individuals experiencing psychosis may struggle to distinguish between what is real and what isn't.

Typical Symptoms

- Hallucinations (hearing, seeing, or sensing things that aren't there)
- Delusions (strong beliefs in things that are clearly not true)
- Disorganized thinking and speech
- Difficulty concentrating
- Reduced awareness of reality
- Social withdrawal
- Unusual or erratic behavior

Common Co-occurring Disorders with Psychosis

- Depression
- Anxiety Disorders
- Bipolar Disorder
- Substance Use Disorders
- Post-Traumatic Stress Disorder (PTSD)

Adult ADHD

Attention-Deficit/Hyperactivity Disorder (ADHD) is classified under Neurodevelopmental Disorders in the DSM-5.

Brief Description (Adult ADHD)

Adult ADHD affects an individual's ability to focus, manage time, stay organized, and control impulses. Though often diagnosed in childhood, many adults experience persistent symptoms that interfere with their careers, relationships, and daily activities.

Typical Symptoms in Adults

- Difficulty concentrating or following through on tasks.
- Disorganization and poor time management.
- Chronic lateness or forgetfulness.
- Restlessness and difficulty relaxing.
- Impulsivity, leading to hasty decisions or risky behavior.
- Trouble prioritizing tasks and completing work efficiently.

Common Co-Occurring Disorders (in Adults)

- Anxiety disorders
- Depression
- Substance use disorders
- Mood disorders (e.g., Bipolar disorder)
- Sleep disorders

Sleep Disorders

Sleep-Wake Disorders are classified in the DSM-5 under a range of specific diagnoses, including Insomnia Disorder, Hypersomnolence Disorder, Sleep Apnea, and others.

Brief Description

Sleep disorders are conditions that affect the ability to sleep well regularly. These issues can arise from difficulty falling asleep, staying asleep, or waking up too early. Sleep disorders may be caused by various factors like stress, medical conditions, or irregular sleep habits, and they significantly impact daily functioning.

Typical Symptoms

- Difficulty falling or staying asleep (insomnia).
- Feeling excessively tired during the day (hypersomnia).
- Breathing irregularities during sleep (sleep apnea).
- Unusual behaviors during sleep (sleepwalking, nightmares).
- Waking up frequently throughout the night.
- Inability to fall back asleep after waking up early.
- Daytime fatigue or difficulty concentrating.

Common Co-Occurring Disorders

- Anxiety disorders
- Depression
- Bipolar disorder
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Substance use disorders
- Chronic pain or other medical conditions

Online Mental Health Treatment Resources:

Talkspace: https://try.talkspace.com	Teledoc Health: https://www.teladochealth.com
Brightside: https://www.brightside.com	Amwell: https://patients.amwell.com
BetterHelp: https://www.betterhelp.com	TeleSpecialists: https://tstelemed.com
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