



Navigating Screening Options for Concurrent Disorders

CAMH

CONCURRENT DISORDERS KNOWLEDGE EXCHANGE AREA

Navigating Screening Options for Concurrent Disorders

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Introduction

In recent years, research has shown a high prevalence of co-occurring substance use problems in people being treated for mental health concerns and a high prevalence of mental health problems in clients with substance use issues. In Ontario, for example, concurrent substance use problems are believed to range from 15 to 45 per cent in people receiving mental health services, and concurrent mental health problems are thought to range from 75 to 100 per cent in those receiving substance use services.¹ As a consequence, all agencies in the substance use and mental health systems should screen for both mental health and substance use problems.

There is no single screening tool for concurrent disorders that is appropriate for all substance use and mental health settings. Rather than designing a completely new concurrent disorders screening protocol, most agencies will add components to the work that they already do. For substance use agencies, this means adding a mental health screening process to the screening procedures that are already in place in the agency. Mental health agencies will add substance use screening to their established screening procedures.

Various tools, or less formal screening options, may be appropriate, depending on the agency's resources and the characteristics of the treatment population. The screening Roadmaps presented in this document—one for substance use screening in mental health agencies and one for mental health screening in substance use agencies—are designed to help you find a balance between:

- the depth and type of information you need and
- the investment in time, resources and staff training you are able to make

that is appropriate to your resources and mandate, and the population you serve.

¹ Rush et al., 2005

While the *tools* used may differ among agencies, the Roadmaps provide a common *approach* to screening. If this approach is adopted, the result should be that clients' experience does not depend on which "door" they use to enter the treatment system.

Screening for substance use and mental health problems

What is screening?

The Center for Substance Abuse Treatment² defines screening as a “process of testing to determine whether a client does or does not warrant further attention at the current time in regard to a particular disorder.” In the context of concurrent disorders, screening is used to determine whether a person shows signs of a possible mental health or substance use problem that requires a comprehensive assessment.^{3,4}

Screening is not the same as assessment. While screening aims to identify the *possibility* of a person having a substance use or mental health problem, assessment gathers more detailed information on the *nature* and *extent* of a problem, and other information required to develop a treatment plan with the client.

In practice, however, a continuum exists between screening, assessment and treatment planning. It is difficult to discuss screening in isolation from assessment and treatment planning. Often information that you acquire while investigating whether a person has a mental health or substance use problem will be useful when you examine the nature and extent of the problem.

For this reason, the Roadmaps (pp. 18 and 19) present the whole continuum, from screening to assessment to treatment planning. Nonetheless, our focus in this resource is on screening to determine whether a person may have a substance use or mental health problem, and so may need assessment.

² Center for Substance Abuse Treatment, 2005, p. 4

³ Center for Substance Abuse Treatment, 2005

⁴ Health Canada, 2002

Why screen for substance use and mental health problems?

Agencies should screen for concurrent disorders because:

- you can best help clients when you have more complete information about their problems
- the prevalence of concurrent disorders in mental health and substance use clients is very high
- routine screening is increasingly recommended in Canada and beyond.

We discuss these issues in detail below.

More complete clinical information

Screening for concurrent disorders gives a fuller picture of a client's issues, which allows you begin to serve all the person's clinical needs.

An undetected co-occurring problem can have many negative effects on a client and his or her family members. Clients may be repeatedly "bounced" between the substance use and mental health systems, or may frequently visit the emergency department or be hospitalized.

In particular, an undetected co-occurring problem can interfere with a person's ability to carry through the treatment plan. For example, a client receiving treatment for a mood disorder may also have a substance use problem that interferes with his or her ability to benefit from therapy. Or a person being treated for an alcohol problem may also have a trauma-related problem; if the person uses alcohol to "self-medicate," he or she may not respond to substance use treatment until the trauma issue is also recognized and addressed.

High prevalence of concurrent disorders

As noted in the introduction, the prevalence of co-occurring mental health problems in people with substance use concerns, and of substance use problems in people with mental health issues, is very high. Most people

working in the substance use and mental health systems will have worked with clients who have concurrent disorders.⁵

For example, recent Canadian population survey data⁶ show that:

- 16.1% of people diagnosed with any mental disorder during their lifetime experienced a substance problem some time in the preceding year
- 27.5% of those identified with a current alcohol problem will also have a mental illness at some point in their lifetime
- 38.3% of those with a current substance use problem other than an alcohol problem will also have a mental health disorder at some point in their lifetime
- the risk of mental illness increased with the severity of the substance use disorder (for instance, people with *substance problems* were at twice the risk of meeting the criteria for lifetime mental illness, whereas people with *substance dependence* were at four times the risk of meeting the criteria for lifetime mental illness).

Among people who come to your agency for treatment, the proportion with a co-occurring disorder is even higher than among the general population. In general, mental health services are more likely to see people with serious mental illness such as schizophrenia or bipolar disorder, while substance use services are more likely to see people with mood, anxiety or personality disorders.⁷

A history of trauma, and the persistence of symptoms related to the trauma, is also very common among clients with mental health or substance use issues. About 25 to 66 per cent of people in substance use treatment will have histories of trauma, though not all people who have experienced trauma will develop symptoms of posttraumatic stress disorder.⁸ Among women, the experience of physical and/or sexual violence, mental health problems and substance use problems is a significant issue.⁹ This experience may be

⁵ Skinner, 2005

⁶ Statistics Canada, 2002

⁷ Commonwealth Department of Health and Ageing, 2003

⁸ Gitberg & Van Wyk, 2004

⁹ British Columbia Centre of Excellence for Women's Health, n.d.

present but less well recognized among men. Other risk factors related to co-occurring disorders include homelessness, HIV/AIDS and incarceration.¹⁰

Routine screening is recommended

Health Canada¹¹ recommends that all people seeking help from mental health services be screened for co-occurring substance use disorders, and that all people seeking help from substance use services be screened for co-occurring mental health disorders. This is an important step in ensuring that people will be welcomed wherever or however they enter the system (a “no wrong door” approach), and will have seamless and timely access to services.

Characteristics of useful screening methods

Useful screening methods should:

- be brief
- be **valid** and **reliable**
- have **sensitivity** and **specificity**.

Screening for a substance use or mental health problem

There are a number of ways you can screen for a possible mental health or substance use problem, including:

- staff rating of the probability of a client having a co-occurring disorder
- asking the client a few questions
- using screening tools.

¹⁰ Rush et al., 2005

¹¹ Health Canada, 2002

Staff rating

Reviewing all the information available about a new or existing client can provide important clues to the possible existence of a problem, in addition to the problem that brought him or her to your agency. This information may include:

- previous diagnoses or the previous identification of difficulties
- test results
- treatment history
- referral notes.

Informal checklists

It is possible to use an informal checklist of behavioural, clinical and/or social indicators that together can raise the suspicion that the person has a mental health problem and needs a subsequent mental health assessment. Unlike formal screening tools, these checklists have not been tested for reliability and validity.

Substance use problems

Mental health agencies should look for the following indications of substance use problems.¹²

- housing instability
- difficulty budgeting funds
- symptom relapses apparently unrelated to life stressors
- treatment non-compliance
- prostitution
- sexual deviance
- social isolation

¹² Health Canada, 2002

- violent behaviour or threats of violence
- pervasive, repeated social difficulties
- sudden unexplained mood shifts
- employment difficulties
- suicidal ideation or attempts
- hygiene and health problems
- cognitive impairments
- legal problems
- avoidance of disclosure (of likely concurrent disorders) for fear of being admitted to an inpatient psychiatry unit
- repeated self-harm in the absence of clear situationally relevant stressors
- a cyclic history of substitute or replacement addictions.

In addition to alcohol or illegal drugs, these problems may arise from inappropriate use of prescription medications.

Mental health problems

Substance use agencies should look for indications of mental health problems. The ABC checklist¹³ is one informal aid to gauging a client's mental status.

ABC Checklist	
Appearance, alertness, affect, and anxiety	
Appearance:	General appearance, hygiene, and dress.
Alertness:	What is the level of consciousness?
Affect:	Elation or depression: gestures, facial expression, and speech.
Anxiety:	Is the individual nervous, phobic, or panicky?
Behaviour	
Movements:	Rate (hyperactive, hypoactive, abrupt, or constant?).
Organization:	Coherent and goal-oriented?
Purpose:	Bizarre, stereotypical, dangerous, or impulsive?
Speech:	Rate, organization, coherence, and content.
Cognition	
Orientation:	Person, place, time, and condition.
Calculation:	Person, place, time, and condition.
Reasoning:	Insight, judgment, problem solving.
Coherence:	Incoherent ideas, delusions, and hallucinations?

¹³ Health Canada, 2002, p. 36

Asking a few questions

Another approach is simply to ask the client a few direct questions about possible mental health or substance use problems. This approach can be used in situations where you would like more information but where it is not appropriate to use a psychometric screening tool.

Questions about substance use

Three questions are suggested below. If a client says yes to one or more questions, investigate further.¹⁴

- “Have you ever had any problems related to your use of alcohol or other drugs?”
- “Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or other drug use, or suggested you cut down?”
- “Have you ever said to another person, ‘I don’t have a problem’ (with alcohol or other drugs) when, around the same time, you wondered whether you did have a problem?”

Questions about mental health

The following three questions can be asked to determine the possibility of a client having a mental health problem. As above, investigate further if a client says yes to one or more questions.¹⁵

- “Have you ever been given a mental health diagnosis by a qualified mental health professional?”
- “Have you ever been hospitalized for a mental health–related illness?”
- “Have you ever harmed yourself or thought about harming yourself, but not as a direct result of alcohol or other drug use?”

¹⁴ Health Canada, 2002, pp. 31–32

¹⁵ Health Canada, 2002, p. 37

Using screening tools

When compared to staff rating and asking a few questions, screening tools provide more objective measures of possible substance use or mental health problems. Their use can be standardized across agencies and between the mental health and substance use systems, which increases the likelihood that clients with concurrent disorders will be identified and given appropriate help.

Screening tools differ on a number of parameters:

- Some substance use tools screen only for alcohol, while others screen for alcohol and other drugs. Some mental health tools screen only for one type of problem (e.g., depression, trauma).
- Tools may be either dimensional or diagnostic. Dimensional tools (such as the GAIN-SS) measure the quantity, degree or frequency of a parameter (e.g., substance use, mental health, use of treatment services). Diagnostic (or categorical) screening tools, as their name implies, map onto diagnostic criteria of the [DSM-IV](#), and indicate whether a psychiatric disorder is likely to be present or absent. An example is the PDSQ.
- Tools differ in the timeframe that their questions refer to. Some, such as the CAGE-AID, are lifetime measures (using language such as, “Have you ever . . .”), while others, such as the AUDIT, ask about recent use or problems (using language such as, “In the last year . . .”).
- Some tools are simple to use and may be used by anyone, while others require training before use and/or have restrictions on who can purchase, administer or interpret them (e.g., only a registered psychologist or a psychiatrist).

The Roadmaps

As we have noted, there are numerous options for screening for substance use or mental health problems. The two Roadmaps that follow—one for mental health problems and one for substance use problems—are intended to help you navigate the maze of potential options (including recommended tools) and find those that best fit your situation.

Roadmap for screening and assessing substance use problems

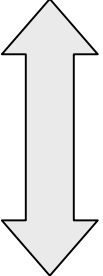
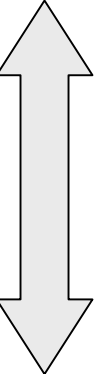
Step	Question/Issue	Options
Screening 	Is there evidence of a possible substance use problem that requires further investigation?	<ul style="list-style-type: none"> ▪ Staff rating based on all available information ▪ Brief substance use questions ▪ CAGE-AID ▪ GAIN Short Screener (GAIN-SS) ▪ GAIN Substance Use Disorder Scale (GAIN-SUDS) ▪ Psychiatric Disorders Screening Questionnaire (PDSQ)-- alcohol/drug subscales ▪ AUDIT (alcohol only) ▪ Also ask about lifetime and past year use of all substances
Assessment  Treatment Planning	Is the person in crisis or experiencing withdrawal symptoms? How serious is the problem? Abuse versus dependence? What is the extent, pattern for substance use/abuse? What is the effect on mental health symptoms and compliance? What is the payoff matrix? Biopsychosocial issues? Are mental health symptoms substance-induced? What would be the appropriate way to structure treatment?	<ul style="list-style-type: none"> ▪ Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CiWa) ▪ Alcohol Dependence Scale (ADS) ▪ Drug History Questionnaire (DHQ) ▪ Timeline-FollowBack ▪ Addiction Severity Index (ASI) ▪ Client History ▪ Mueser's payoff matrix ▪ Biopsychosocial dimensions ▪ Mental health treatment history and response to reduction in substance use

Figure 1: This Roadmap is intended for use in mental health agencies. The assessment and treatment planning steps and options (shaded areas) are included to provide context for the screening options that are discussed in this document. The assessment and treatment planning tools in the shaded area of the options column are provided as examples only.

Roadmap for screening and assessing mental health problems

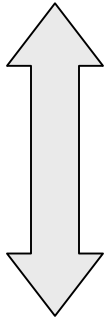
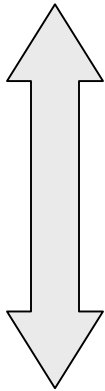
Step	Question/Issue	Options
<p>Screening</p> 	<p>Is there evidence of a possible mental health problem that requires further investigation?</p>	<ul style="list-style-type: none"> • Staff rating based on all available information—ABC Checklist • Brief mental health questions • GAIN Short Screener (GAIN-SS) • Modified Mini Screen • K6 • Addiction Severity Index (ASI) psychiatric subscale • Psychiatric Disorders Screening Questionnaire (PDSQ)
<p>Assessment</p> 	<p>Is the person in crisis?</p> <p>What is the nature of the mental health problem?</p> <p>How severe is the problem/symptoms?</p> <p>How do the mental health symptoms interact with the substance use and related problems? Biopsychosocial issues?</p>	<ul style="list-style-type: none"> • Establish risk of suicide, intake history and observation • Structured psychiatric interview (DSM-IV) • Symptom Check List-90 Revised (SCL-90) • Brief Psychiatric Rating Scale (BPRS) • Disorder specific tests, e.g., Beck Depression Inventory--II • Client histories and behavioural and functional analysis • Multnomah Community Ability Scale (MCAS) • Behaviour and Symptom Identification Scale (BASIS-32/24) • Quality of life scales, e.g., Wisconsin Quality of Life Provider Questionnaire • Mueser's payoff matrix
<p>Treatment Planning</p>	<p>Are the mental health symptoms substance-induced?</p> <p>What would be the appropriate way to structure treatment?</p>	<ul style="list-style-type: none"> • Mental health treatment history and response to reduction in substance use

Figure 2: This Roadmap is intended for use in substance use agencies. The assessment and treatment planning steps and options (shaded areas) are included to provide context for the screening options that are discussed in this document. The assessment and treatment planning tools in the shaded area of the options column are provided as examples only.

How the Roadmaps are organized

Each Roadmap is organized in three columns:

- steps
- questions or issues
- options.

Steps

For convenience, the screening and assessment process is presented as three steps, each of which is associated with a range of options:

1. screening
2. assessment
3. treatment planning.

In practice, the boundaries between these processes are somewhat imprecise and hard to specify; thus, the Roadmaps include options that may in some contexts be considered assessment or treatment planning tools.

As we have noted, the focus of this resource is on screening—the first step of client engagement. We have included the second and third steps in the Roadmaps because it is important to view screening in the context of the whole continuum of screening, assessment and treatment planning.

Questions or issues

The continuum of screening–assessment–treatment planning can be represented by a progressive set of issues. For each issue there are corresponding clinical questions. The more general questions at the top of each Roadmap may be more appropriate for clients new to your service. With current clients, where you may already have some information about the general mental health or substance use situation, you may want to start with the more in-depth questions further down the Roadmap. Keep in mind that the questions and options in the Roadmap are designed to help you identify

and explore possible *co-occurring* problems. They are not intended to replace assessment tools and procedures that are already in place in your agency.

Options

The Options column contains a menu of recommended tools and procedures that correspond to each step and question.

Choosing screening options from the Roadmaps

The menu of screening options (found in the top cell of the options column) allows agencies to choose screening tools and procedures that match their own particular mandate and resources.

A minimum first step in screening both new and existing clients is to review all available information about the person's substance use and mental health, including previous diagnoses, medications prescribed, treatment history and referral notes.

Some agencies may need only a basic screening tool. For example, a mental health agency with no substance use mandate may simply use the CAGE-AID or GAIN-SS to identify clients who require treatment that involves consultation or coordination with a substance use treatment agency. Other agencies may find value in using a more in-depth tool, depending on the particular circumstances. For example, some substance use agencies may want information that would provide more support for subsequently confirming a DSM-IV diagnosis, and so would choose the PDSQ.

About the tools

The majority of tools have been validated for use with English-speaking populations, though some have been translated into French and are valid and reliable for use with francophones. Some tools are not appropriate for use with clients whose first language is not English or French, or who have diverse ethnocultural backgrounds, since mental health or substance use

problems may present differently in people from different cultures.¹⁶

When using a formal screening tool, be aware that contextual issues can affect the results. These include:

- the way the client is instructed to complete the tool
- the setting in which the screening takes place (e.g., the level of privacy)
- the trust and rapport between the client and the counsellor
- the client's level of distress (e.g., if a client is in crisis, or is intoxicated or in withdrawal from substances).¹⁷

¹⁶ Center for Substance Abuse Treatment, 2005

¹⁷ Center for Substance Abuse Treatment, 2005

Screening tools for substance use problems

Tool	Purpose	Target Population	Administration Time	Substances
CAGE-AID	Screens for alcohol and other drug problems	Adults	1 min. (4 items)	Alcohol, other drugs
GAIN Short Screener (GAIN-SS) Note: there is a charge for use of the GAIN-SS (see p. 35)	Identifies people who are likely to have a substance abuse or dependence disorder NOTE: also screens for mental health disorders	Adolescents, adults	3–5 min. (20 items)	Alcohol, other drugs
GAIN Substance Use Disorder Scale (GAIN-SUDS) Note: there is a charge for use of the GAIN-SUDS (see p. 36)	Initial screening for substance use severity using DSM-IV substance abuse disorder and substance dependence disorder criteria	Adolescents, adults	5–10 min. (16 items)	Alcohol, other drugs
Psychiatric Diagnostic Screening Questionnaire (PDSQ) Alcohol and Drug Subscales Note: there is a charge for use of the PDSQ (see p. 38)	Subscales screen for substance abuse and substance dependence disorders	Adults	2–3 min. (12 items)	Alcohol, other drugs
Alcohol Use Disorders Identification Test (AUDIT)	Screens for harmful or hazardous alcohol consumption	Adults	2–5 min. (10 items)	Alcohol

Table 1: Screening for substance use problems in mental health agencies.

The tools appear in the order in which they are listed in the Roadmap. For more detailed information about the tools, see Appendix I, p. 33.

Screening tools for mental health problems

Tool	Purpose	Target Population	Administration Time
GAIN-Short Screener (GAIN SS) Note: there is a charge for use of the GAIN-SS (see p. 35)	Quickly and accurately identifies mental health problems (internal, e.g., mood disorder; external, e.g., attention deficit disorder)	Adolescents, adults	3–5 min. (20 items)
Modified Mini Screen	Brief screening tool based on psychiatric interview	Adults	15 min. (22 items)
K6	A measure of mental health problems to discriminate cases of serious mental illness from cases of less serious mental illness	Adults	2–5 min (6 items)
Addiction Severity Index (ASI) Psychiatric subscale	Overview of psychiatric status	Adults	15 min. (13 items completed by client; 9 items completed by interviewer)
Psychiatric Diagnostic Screening Questionnaire (PDSQ) Note: there is a charge for use of the PDSQ (see p. 38)	Designed to screen for DSM-IV Axis I disorders most commonly encountered in medical and outpatient mental health settings (including substance use disorders)	Adults	20 min. (125 items)

Table 2: Screening for mental health problems in substance use agencies.

The tools appear in the order in which they are listed in the Roadmap. For more detailed information about the tools, see Appendix I, p. 42.

Implementing screening

As we have discussed, the Roadmaps provide a menu of screening tools from which each agency can choose the most appropriate options. However, the successful adoption of universal screening for concurrent disorders will depend on a co-ordinated approach at both the system and agency levels. As more agencies make screening for concurrent disorders a standard part of their practice, the number of co-occurring problems that are detected will increase. Since agencies will not always have the experience and expertise needed to treat all the problems they identify, interagency referrals will likely increase. Planning these new patterns of identification and referral should take place at the system and agency levels before the change is implemented. Cross training initiatives should also be considered to increase internal capacity to manage co-occurring problems that will be identified as a result of implementing new screening procedures.

The mental health and substance use systems, and the agencies within each system, should work together to determine:

- which types of agencies will use which tools
- which clients can be effectively treated without a referral
- how clients will be referred between the substance use and mental health systems in a way that appears seamless to the client.

This section provides some guidelines for successfully implementing concurrent disorders screening, at both the system and agency levels.

System level

Assuming you already have a concurrent disorders community planning group or a broader mental health/addiction planning body in place, the following are some of the steps you might consider to implement screening, assessment and treatment planning for people with concurrent disorders and their family members.

Adopt the concurrent disorders policy framework

The framework has been developed by the Concurrent Disorders Ontario Network (CDON).¹⁸ Adoption of the framework allows for discussion and agreement so that members of the concurrent disorders planning group or system table have a shared vision, and shared principles, goals and objectives.

Adopt the four-quadrant framework as a conceptual framework

The four-quadrant framework provides a framework within which to determine the current capacities of individual services within the mental health and substance use treatment systems in your community, in particular the capacity of services to undertake screening, assessment and treatment planning.

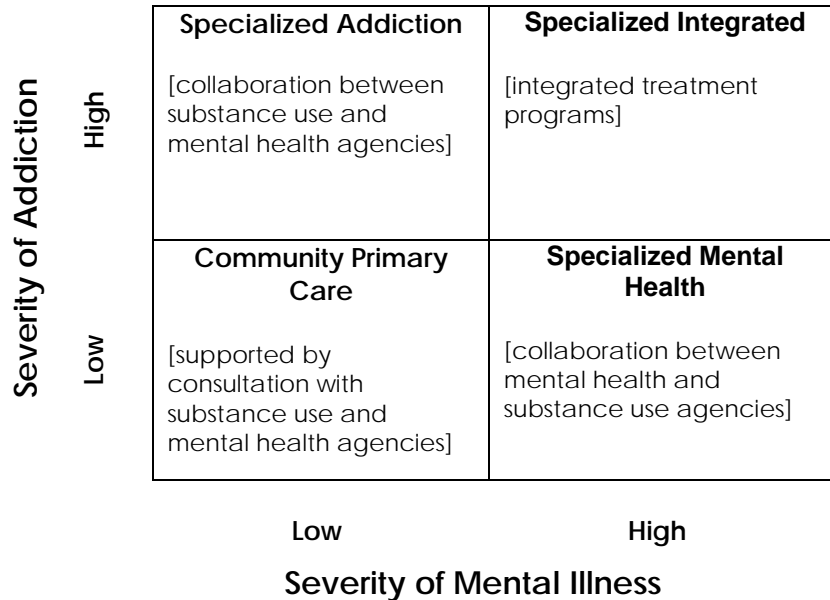


Figure 3: Four-quadrant conceptual framework

¹⁸ Concurrent Disorders Ontario Network, 2005

The framework provides a basis for identifying how the two systems can work together and what needs to be done to make this happen, including identification of training needs. Consistent with the principle that people with concurrent disorders should be welcomed at any door, all services within the two systems should have or develop some level of concurrent disorders capacity.

Develop and adopt protocols on system screening tools and assessment pathways

At a minimum, protocols should address screening tools to be used by services within each system and assessment/referral pathways. These decisions can then form the basis for more formal service agreements between individual agencies, as well as contribute to an assessment of training needs.

Develop and implement a system-wide training plan

Once agreement has been reached on “who does what and how,” consider the training needs of staff at all levels across the two systems. Depending on the number of services within your community’s catchment area, you may need to develop training priorities. Training needs to be ongoing and can take many forms, including workshops, temporary secondment of staff between agencies, provision of expert consultation, case conferencing and brown bag lunch seminars. Opportunities for cross-training or shared training are an important aspect of a training plan.

Evaluate the implementation

It is important to evaluate your success in implementing new screening practices for concurrent disorders. Plan a six-month review of the implementation to explore challenges to implementation, changes in referral patterns across agencies, training needs and increases in detection rates.

Agency level

There are tasks at the program level that complement the system level tasks that were discussed in the previous section. Each agency will need to build time for discussion into agency meeting schedules. The materials, tools and supporting documentation should all be reviewed. Discussions need to take place about how the protocols and administration of new screening tools may affect the usual business conducted in the agency. Agencies will also need to discuss whether there will be changes to documentation, data entry or the flow of clients through the agency.

Discussions should include the board of directors and/or advisory committees as well as all staff, including students and volunteers.

Incorporate system-level protocols into agency policy and practices

Sharing system-level protocols (e.g., service agreements for more comprehensive assessment and/or treatment of particular combinations of problems) and finding ways to incorporate them will provide an opportunity for all staff, and agency boards, to understand changes that are occurring at the larger system level. This can strengthen links between services and foster a deeper commitment and continuing support for enhancing concurrent disorders services.

Develop partnerships or service agreements

Agencies who routinely refer to one another or share in service delivery to the same clients should discuss the development of formal or informal partnership agreements. These would involve agreement about the roles and responsibilities of each agency or service, how client referrals are made, follow-up assessment processes and feedback, admission and discharge criteria, method of conflict resolution, scope of practice, and responsibility of partner services for ensuring continuity of care.

Assess training needs

Individual services will need to assess the training needs of staff at all levels in terms of their roles and responsibilities for screening and/or assessment and treatment planning. The adoption of new screening protocols may be deferred until appropriate training takes place. Local community tables will need to plan for and seek system-wide training opportunities. Staff must feel competent in the administration, scoring and interpretation of screening tools and the subsequent action steps.

Develop screening protocols

Each service will need to evaluate its role on the Roadmaps, and examine the suggested screening tools for appropriateness and suitability. The service will establish what tools are to be used under what circumstances, decide how they are to be scored and develop a list of possible actions from the Roadmap. Potential problems and possible actions to be taken should be identified and discussed, and action plans developed.

Set appropriate timelines

Agencies will need to set timelines that are appropriate given the amount of discussion, the stage of readiness of the agency to adopt new practices and protocols, and the level of training required. There is no set timeline for the adoption of these screening protocols.

Evaluate the implementation

As is the case at the system level, it is important to evaluate your success in implementing new screening practices for concurrent disorders. Plan a six-month review of the implementation to explore challenges to implementation, changes in referral, and staff and agency concerns.

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Glossary

DSM-IV: The DSM (*Diagnostic and Statistical Manual of Mental Disorders*) is used in North America to diagnose mental health disorders. The fourth and most recent edition, the DSM-IV, organizes mental disorders into 16 major diagnostic classes—for example, mood disorders and substance-related disorders. Within these diagnostic classes, disorders are further broken down—for example, depressive disorders and bipolar disorders are included in the mood disorders class. For each disorder, the DSM-IV lists specific criteria for making a diagnosis.

Reliability: The stability of measurements across time.

Sensitivity: Correct identification of people who meet the criteria for a particular diagnosis or problem.

Specificity: Correct identification of people who do not meet the criteria for a particular diagnosis or problem.

Validity: The degree to which a test measures what it is intended to measure.

Appendix I: Description of screening tools

Screening for substance use problems

CAGE-AID

Description

The CAGE-AID is a four-item screening tool:

- Have you ever thought you ought to **C**ut down on your drinking or drug use?
- Have people **A**nnoyed you by criticizing your drinking or drug use?
- Have you felt bad or **G**uilty about your drinking or drug use?
- Have you ever had a drink or used other drugs first thing in the morning (**E**ye-opener) to steady your nerves, get rid of a hangover or get the day started?

The CAGE-AID was adapted from the original CAGE, which was designed to detect problem drinking. The CAGE-AID asks about lifetime use.

Population groups

The CAGE-AID is appropriate for use with adults and adolescents (over 16 years old).

Administration, scoring and interpretation

The CAGE-AID can be administered by an interviewer, self-administered in pencil-and-paper format or computer-administered. It takes two minutes or less to administer. The instrument does not require any prior training. A score of two or more yes answers indicates that the client may be using substances at harmful or hazardous levels and needs a more comprehensive assessment.

Website

For more information about the CAGE-AID, see the Alcohol and Drug Abuse Institute (University of Washington) Substance Use Screening & Assessment Instruments Database at adai.washington.edu/instruments. For Instrument name / Acronym, enter: **CAGE Adapted to Include Drugs**. Click **Browse**.

References

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GAIN Short Screener (GAIN-SS)

Description

The GAIN-SS is designed to identify people who are likely to have a mental health disorder and should have a full assessment. Because the GAIN-SS includes a subscale that screens for substance use disorders, we have included it as a substance use screening tool as well as a mental health screening tool. The GAIN Substance Use Disorder Scale (p. 36) provides more detailed information about substance use problems.

The GAIN-SS has four subscales:

- internal disorders (somatic, depression, suicide, anxiety, trauma)
- behavioural disorders (attention-deficit/hyperactivity disorder, conduct disorder)
- substance abuse disorders (abuse, dependence)
- behavioural crime/violence (interpersonal violence, property crime, drug-related crime).

Population groups

The GAIN-SS can be used with adolescents and adults.

Administration, scoring and interpretation

The GAIN-SS is designed for self-administration using paper and pencil or a computer. A license agreement is required. See website for details.

Website

For more information, see: www.chestnut.org/LI/gain/GAIN_SS/index.html

References

Dennis, M., Chan, Y.F., Funk, R. (In press). Development and validation of the GAIN Short Screener (GSS) for psychopathology and crime/violence among adolescents and adults. *American Journal on Addictions*.

GAIN Substance Use Disorder Scale (GAIN-SUDS)

Description

The GAIN-SUDS is a 16-item scale based on DSM-IV criteria for:

- substance abuse (consequences of use)
- substance dependence (tolerance, withdrawal, inability to control use)

The GAIN-SUDS is part of the Global Appraisal of Individual Needs (see note on p. 37). The substance abuse/dependence scale asks about both alcohol and other drug use.

Population groups

It can be used with adolescents and adults.

Administration, scoring and interpretation

Administration can be self-report, paper-and-pencil or computerized, and takes five to 10 minutes. A license agreement is required to use any of the GAIN family of instruments. Go to www.chestnut.org/LI/gain/index.html and click on **Licensing Information** for details.

Website

To view the GAIN-SUDS items, go to <http://www.chestnut.org/LI/gain/index.html>, click on the link **Supporting Psychometrics, Crosswalks, Scales and Naming Conventions**, and then on **GAIN-I Scales and Variables**, which will link you to the current version of the GAIN scales and variables file. Go over three tabs to **Scales**, scroll down to what you want and click on the link. It will take you to the exact location (the first is over 1,500 pages of documentation). If you select and print the column, you will get three pages on the measure, how it is calculated, relevant references, syntax and the actual items.

References

Dennis, M., Titus, J., White, M., Unsicker, J. & Hodgkins, D. (2002). *Global Appraisal of Individual Needs (GAIN): Administration Guide for the GAIN and Related Measures*. Bloomington, IL: Chestnut Health Systems. [Online] Available: www.chestnut.org/li/gain/gadm1299.pdf. Accessed July 24, 2006.

Note: The Global Appraisal of Individual Needs (GAIN) is an integrated series of measures that support:

- initial screening
- biopsychosocial assessment (including diagnosis)
- treatment planning
- monitoring of changes in clinical status and service utilization.

For more about the GAIN (including a downloadable GAIN manual and information about licences), see the GAIN home page at <http://www.chestnut.org/li/gain/index.html>.

Psychiatric Diagnostic Screening Questionnaire (PDSQ)—alcohol/drug subscales

Description

The PDSQ (see p. 47 for a full description) includes two scales:

- alcohol abuse/dependence
- drug abuse/dependence.

These scales each include six items and measure current (in the past six months) abuse/dependence.

Population groups

The PDSQ has been widely used in outpatient mental health settings and is appropriate for adults 18 years and over.

Administration, scoring and interpretation

The PSDQ alcohol and drug subscales are designed to be self-administered. A score of more than one on either brief scale indicates probable abuse or dependence. A web-based version of the PDSQ is in development. See website (below) for information about fees for use of the PDSQ.

Website

The PDSQ is distributed by the commercial assessment test publisher Western Psychological Services (WPS). For more information, including how to purchase the PDSQ, see the WPS catalogue at: <https://www-secure.earthlink.net/www.wpspublish.com/Inetpub4/catalog/W-385.htm>.

References

Zimmerman, M., & Mattia, J.I. (2001). A self-report scale to help make psychiatric diagnoses: The Psychiatric Diagnostic Screening Questionnaire. *Archives of General Psychiatry*, *58*, 787–794.

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Zimmerman, M., & Sheeran, T. (2003). Screening for principal versus comorbid conditions in psychiatric outpatients with the Psychiatric Diagnostic Screening Questionnaire. *Psychological Assessment*, 15(1), 110–114.

AUDIT

Description

The AUDIT is a 10-item questionnaire that screens for hazardous or harmful alcohol consumption.

Population groups

The AUDIT is particularly suitable for use in primary care settings and has been used with a variety of populations, including adult men and women, students, psychiatric clients, emergency room patients and people involved with the legal system. It has also been used in a variety of countries and would be suitable for use with a range of cultural groups.

Administration, scoring and interpretation

The AUDIT should be administered by a health professional or paraprofessional. Though a score of 8+ indicates an alcohol use disorder, it has been suggested that a lower cut-off score (4+) would be appropriate for women because women experience alcohol-related damage at lower levels than men. There has also been a suggestion that a lower cut-off score is appropriate for adolescents.

Website

The AUDIT manual, *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*, can be downloaded from the World Health Organization website at:

www.who.int/substance_abuse/publications/alcohol/en/.

References

Allen, J.P., Litter, R.Z., Fetting, J.B. & Babor, T. (1997). A review of research on the Alcohol Use Disorders Identification Test (AUDIT). *Alcoholism: Clinical and Experimental Research*, 21, 613–619.

Maisto, S.A., Carey, M.P., Carey, K.B., Gordon, C.M. & Gleason, J.R. (2000). Use of the AUDIT and DAST-10 to identify alcohol and drug use disorders among adults with a severe and persistent mental illness. *Psychological Assessment, 12*(2), 186–192.

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Screening for mental health problems

GAIN Short Screener (GAIN-SS)

Description

The GAIN-SS is designed to identify people who are likely to have a mental health disorder and should have a full assessment. It has four subscales:

- internal disorders (somatic, depression, suicide, anxiety, trauma)
- behavioural disorders (attention-deficit/hyperactivity disorder, conduct disorder)
- substance abuse disorders (abuse, dependence)
- behavioural crime/violence (interpersonal violence, property crime, drug-related crime).

Population groups

The GAIN-SS can be used with adolescents and adults.

Administration, scoring and interpretation

The GAIN-SS is designed for self-administration using paper and pencil or a computer.

Website

For more information, see: www.chestnut.org/LI/gain/GAIN_SS/index.html

References

Dennis, M., Chan, Y.F., Funk, R. (In press). Development and validation of the GAIN Short Screener (GSS) for psychopathology and crime/violence among adolescents and adults. *American Journal on Addictions*.

Modified Mini Screen

Description

The Modified Mini Screen is a set of 22 items derived from a structured psychiatric interview. It is designed to identify people who should have a mental health assessment. The Modified Mini Screen covers three categories of mental health problems:

- mood disorders
- anxiety disorders
- psychotic disorders.

Some questions ask about problems over a specified time period (the period varies from two weeks to two years), while others ask questions about lifetime occurrences of problems.

Population groups

The Modified Mini Screen is designed to be used with adults.

Administration, scoring and interpretation

The Modified Mini Screen takes about 15 minutes to administer. The client responds yes or no to each question, and each yes response scores 1. Scores range from 1 to 22. Scores in the mid-range of 6 to 9 indicate a moderate likelihood of a mental disorder such that the client should seriously be considered for referral for a diagnostic assessment. Scores of 10 or more indicate a high likelihood of a mental disorder, and clients should definitely be referred for a diagnostic assessment. Positive responses to the question related to suicidality and both the trauma-related questions also indicate that a referral for further evaluation is needed, regardless of the total score on the Mini.

Website

For more information, see:

www.oasas.state.ny.us/hps/research/documents/MINIScreenUsersGuide.pdf.

K6

Description

The K6 was originally developed for use in population surveys. The K6 is now being used in clinical populations to identify those people who have a serious mental illness.

Population groups

The K6 is designed to be used with adults.

Administration, scoring and interpretation

The K6 comes in a self-administered version and an interviewer-administered version. It takes two to five minutes to administer.

Website

For more information about the K6 scales, see the National Comorbidity Survey website at www.hcp.med.harvard.edu/ncs/k6_scales.php.

References

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Addiction Severity Index (ASI) —psychiatric subscale

Description

The psychiatric subscale of the ASI (see note below) contains 14 questions for the client, as well as three questions to be answered by the interviewer. The ASI timeframe is the previous 30 days for some items and lifetime for other items.

Population groups

The ASI is appropriate for use with adult men and women who report substance use as their major problem. It has also been used with people with psychiatric problems, pregnant women and people who have committed criminal offences.

Administration, scoring and interpretation

Information about administration and scoring is available on the TRI website (see below).

Website

For more information about the ASI (including downloadable manuals), see the Treatment Research Institute (TRI) website at www.tresearch.org/resources/instruments.htm.

Note: The ASI is a semi-structured interview designed to assess seven potential problem areas in people with substance use problems:

- medical status
- employment and support
- alcohol use
- drug use
- legal status
- family and social status
- psychiatric status.

The ASI has been used both for treatment planning and in outcome evaluation.

The ASI generates two sets of scores:

- interviewer's severity rating of the client's need for treatment
- composite scores of problem severity during the prior 30 days.

References

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Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Description

The PDSQ is a self-report instrument that screens for 13 DSM-IV Axis I psychiatric disorders, including substance use disorders:

- major depressive disorder
- generalized anxiety disorder
- panic disorder
- posttraumatic stress disorder
- alcohol abuse/dependence
- drug abuse/dependence
- psychosis
- bulimia/binge-eating disorder
- somatization disorder
- obsessive-compulsive disorder
- social phobia
- hypochondriasis
- agoraphobia.

Population groups

The PDSQ has been widely used in outpatient mental health settings and is appropriate for adults 18 years and over.

Administration and scoring

Cut-off scores, critical items and follow-up interview guides are provided for each disorder.

Website

The PDSQ is distributed by the commercial assessment test publisher Western Psychological Services (WPS). For more information, including how to purchase the PDSQ, see the WPS catalogue at:

<https://www-secure.earthlink.net/www.wpspublish.com/Inetpub4/catalog/W-385.htm>

References

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Zimmerman, M. & Sheeran, T. (2003). Screening for principal versus comorbid conditions in psychiatric outpatients with the Psychiatric Diagnostic Screening Questionnaire. *Psychological Assessment*, *15* (1), 110–114.

Appendix II: The Concurrent Disorders Screening and Assessment Tools Project

A brief history

In 2001, Health Canada published *Best Practices: Concurrent Mental Health and Substance Use Disorders*.¹⁹ To increase identification of concurrent disorders, one of Health Canada's recommendations was that all people seeking help from substance use services be screened for co-occurring mental health disorders and that all people seeking help from mental health services be screened for co-occurring substance use disorders. Each province was called upon to formulate a response to the recommendations in the document.

As part of the developmental work leading up to a research grant on the validation of mental health screening tools for people entering substance use treatment, a CAMH-based research team led by Dr. Brian Rush convened a group of 17 managers and senior staff of substance use treatment programs from across Ontario to explore their opinions and beliefs with respect to screening for mental disorders, and to get their feedback on a selection of screening tools.

The group discussion, held in 2002, found that a high value was placed on having the option of both dimensional and diagnostic-based measures and also that screening was not something done in isolation from other intake and assessment processes. From the synthesis of the discussion, a conceptual framework evolved (called the Roadmap) that clearly connected "screening" to the subsequent steps of "assessment" and "treatment planning."

The Concurrent Disorders Screening and Assessment Tools Project arose from the results of a survey of all Ministry of Health and Long-Term Care-funded mental health and substance use agencies, conducted by the Centre for Addiction and Mental Health in 2003. This survey found that treatment providers in both substance use and mental health organizations had many questions concerning the best tools to use and practices to follow. In response,

¹⁹ Health Canada, 2002

stakeholders from both the mental health and substance use sectors came together and initiated this project.

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Brian Rush led the CAMH-based team that developed the Roadmap concept.

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