



ASSESSMENT

An assessment serves several functions. It is not only an information gathering exercise, it is also an opportunity to: establish a rapport and build collaboration, assess and harness motivation, begin to formulate/conceptualise the individual's difficulties.

SCREENING & ASSESSMENT

OBJECTIVES:

- Be able to carry out a comprehensive assessment of alcohol and drug use.
- Be able to formulate & understand the relationship between alcohol/drug use and mental health
- Be able to use assessment as a guide to treatment planning.

SCREENING & ASSESSMENT continued

AIMS:

- Assess types and pattern of substance use that pose a risk to mental health and well-being
- Guide treatment approach and goals
- Engage clients in discussing their substance use and increase awareness of the problems caused by their pattern of use

ASSESSMENT OF COMBINED SMH & SUBSTANCE USE PROBLEMS CONSISTS OF 3 STEPS:

- Detection/Screening
- Diagnosis
- Specialised Assessment for Treatment Planning/Formulation

Drake, Rosenberg & Mueser (1996)

DETECTION/SCREENING

Problematic substance use is often under recognised
And under diagnosed in those with SMI (Ananth et al,
1989)

WHY?

- Multiple psychosocial difficulties/complex needs
- Confidentiality issues
- Attitudes and perceptions of substance use and misuse
- Lack of training/knowledge/awareness of drug/alcohol issues
- Focus if service assessment tools
- Lack of availability of screening/assessment tools
- Complexity of the overlap and interactions between SMI and substance use
- Misattribution of substance misuse to psychiatric difficulties
- Separate mental health and addiction services
- Cognitive impairments

DETECTION/SCREENING STRATEGIES

- Observational strategies e.g. physical exam, appearance/behaviour
- Collateral Information
e.g. relatives, keyworker/case manager – alcohol use and drug use rating scale (Drake, Mueser, McHugo, 1996)
- Self report/brief assessment tool
- Biochemical Tests
e.g. analysis of urine, blood, hair

RISKS OF NON-DETECTION

- Misdiagnosis
- Inadequate treatment planning
 - Suboptimal pharmacological treatment for both
 - Neglect of interventions for substance misuse
 - Inappropriate referrals
- Poor treatment outcomes
 - e.g. - relapse
 - rehospitalisations
- Economic/service costs
- Poor experience of services

ASSESSMENT

Current Use

- What substances does he/she use
- How much does he/she use
- Financial cost
- How often does he/she use the substance during the week and during a given day
- Route of use
- Triggers for use or cravings
- Moderating factors
- How long has he/she used in this pattern

ASSESSMENT

Current use continued...

- Social networks
- Effects of use/other problems (withdrawal symptoms, problems related to mental health, finances, relationships, physical health, housing, the legal system, occupation, child care and aggression)

ASSESSMENT

Reasons for using and beliefs about substance use:

- What clients reasons for use (e.g. pleasure, social/cultural coping)
- What do they enjoy about using
- How do they find substances helpful
- Identify substance related beliefs i.e. ask “what usually goes through your mind just before you use/drink”
- Attitudes to key people in clients family/social network to drug/alcohol use

ASSESSMENT

Take a drug/alcohol history

- Development history
- Family history
- Age of first use of each substance and how used developed over time
- When did he/she think that alcohol/drug use became problematic
- Periods of abstinence or any change in use
- Periods of treatment

ASSESSMENT OF RELATIONSHIP BETWEEN SUBSTANCE USE & MENTAL HEALTH

Main Question: Do MH problems/symptoms exist in the absence or presence of substance use?

- If MH problems/symptoms are current, have substances been used recently (acute toxic reaction/withdrawal effects?)
- When MH problems/symptoms first experienced, any substance use at that time?
- Do MH problems/symptoms only occur during or following recent use of substance?
- When substances are used are the MH problems/ symptoms worsened?
- During periods of abstinence have MH problems/symptoms continued or subsided?
- Are the reasons for use related to MH problems/ symptoms?

Continued...

- Is this person's reason for using substances related to his/her mental health problems/symptoms or his/her experience of taking medication etc.?
- Are there times when the mental health problems/symptoms have improved/worsened? What has helped or made it worse?

ASSESSMENT/SCREENING TOOLS

Alcohol Use

- Alcohol use identification test (AUDIT)
- Michigan Alcohol Screening Test (MAST)

Drug Use

- Severity of Dependence Scale (SDS)
- Drug abuse screening test (DAST)

Assessment of Stage of Engagement with Treatment

- Substance abuse treatment scale (SATS)

Assessment of Motivation/readiness to change

- Importance-confidence ruler

IDENTIFYING PROBLEMATIC SUBSTANCE USE

Problematic Drug/Alcohol use can be indicated by any of the following:

- Self identified
- Objectively identified
- Client has difficulty controlling/ stopping use
- Assessment/Screening Tools
- Physical Signs