

# Tools for Mental Health/Substance Abuse Screening



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**Improving Safety and Adherence For Effective Medication Use**

SAFE MED Program Competency Education

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# Objectives



At the end of this session, participants will be able to:

- Identify symptoms related to:
  - Depression
  - Anxiety
  - Substance Abuse
- Select and properly score the following screening tools:
  - PHQ-9
  - GAD
  - AUDIT
- Utilize inclusion/exclusion criteria for study participants
- Identify appropriate referral agencies

# Depression



- During same 2 week period, with change from previous level of functioning (5 or more of following, must include one of the first 2):
  - Depressed mood most of the day/nearly every day
  - Loss of interest or pleasure in all or most activities most or nearly every day
    - Significant weight loss/gain
    - Insomnia or hypersomnia
    - Psychomotor agitation or retardation
    - Fatigue or loss of energy
    - Feelings of worthlessness or excessive/inappropriate guilt
    - Diminished ability to concentrate/indecisiveness
    - Recurrent thoughts of death, suicidal ideation/attempts/plan

# Dysthymia



- Chronic (for at least 2 years)
- Have not gone for more than 2 months without experiencing same symptoms as those of major depression, but not as intense



# Generalized Anxiety Disorder (GAD)



- At least 6 months of “excessive anxiety and worry with significant difficulty controlling the anxiety/worry
- Also must include 3 or more of:
  - Feeling wound up, tense, or restless
  - Easily fatigued or worn-out
  - Concentration problems
  - Irritability
  - Significant tension in muscles
  - Sleep disturbance

(Not due to a substance or medical issue)

# Substance Abuse (SA)



- Maladaptive pattern of SA with significant impairment/distress (within 12 month period)
  - Recurrent use resulting in:
    - Failure to fulfill obligations (work, school, home)
    - Use in situations which is physically hazardous
    - Legal problems
    - Interpersonal problems

# PHQ-9

**Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use “✓” to indicate your answer)**

	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself —failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead/hurting yourself in some way	0	1	2	3
<b>FOR OFFICE CODING</b>		O +	+ +	=
<b>If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?</b>				
Not at all	Somewhat difficult	Very difficult	Extremely difficult	Total Score

# PHQ-9 Scoring

Score	Provisional Diagnosis	Treatment Recommendations	Inclusion/Exclusion Criteria
5-9	Minimal symptoms	Support, educate, to call if worse; return in 1 month	$\geq 5 - 9$ Brief counseling intervention prior to DC
10-14	Minor Depression	Support, watchful waiting	$\geq 10 - < 20$ Discuss treatment options and referral sources
	Dysthymia	Antidepressant or psychotherapy	
	Major Depression, <i>mild</i>	Antidepressant or psychotherapy	
15-19	Major depression, <i>moderately severe</i>	Antidepressant or psychotherapy	
$\geq 20$	Major depression, <i>severe</i>	Antidepressant and psychotherapy (if not improved on monotherapy)	$> 20$ Refer for psychiatric mental health consult – patient ineligible for program services at this time.

# GAD-7

**Over the last 2 weeks, how often have you been bothered by the following problems?**  
*(Use “✓” to indicate your answer)*

	Not at all	Several Days	More than half the days	Nearly every day
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1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

FOR OFFICE CODING

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If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?   Not at all  
 Somewhat difficult   Very difficult   Extremely difficult

—  
Total  
Score

# GAD-7 Scoring



Score	Provisional Diagnosis	Inclusion/Exclusion Criteria
$\leq 5$	Anxiety <i>mild</i>	$\geq 5 - 9$ Brief counseling intervention prior to DC
$\geq 6 - \leq 10$	Anxiety <i>moderate</i>	$\geq 10 - \leq 15$ Discuss treatment options and referral sources
$> 10$	Anxiety <i>severe</i>	$> 15$ Refer for psychiatric mental health consult – patient ineligible for program services at this time.

# Alcohol Use Disorders Identification Test (AUDIT)



1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have five or more drinks on one occasion?
4. How often during the last year have you found that you were not able to stop drinking once you had started?
5. How often during the last year have you failed to do what was normally expected of you because of drinking?
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?
9. Have you or someone else been injured because of your drinking?
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

# AUDIT Scoring



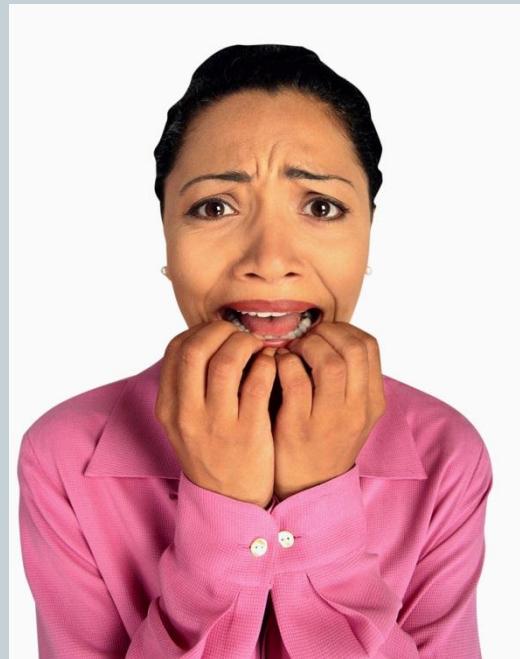
	<b>Score</b>	<b>Provisional Diagnosis</b>	<b>Inclusion/Exclusion Criteria</b>
Men (age <60)	$\geq 8$	Alcohol Disorder	$8-12$ (for all) Brief counseling intervention prior to discharge
			$\geq 15 < 20$ Discuss treatment options and referral sources
Women, adolescents, and men (age>60)	$\geq 4$	Alcohol Disorder	$\geq 13 < 20$ Discuss treatment options and referral sources
			<u><math>&gt;20</math></u> (for all) refer to case management – patient ineligible for program services at this time.

# Referral Sources



- Psychiatric Mental Health Practitioner
- Community Resources
- AA/NA
- Crisis Intervention

# Questions/Discussion



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