Beacon Health Strategies
Comorbid Mental Health and Substance Use Disorder Screening Program Description

Purpose

The purpose of Beacon's *Comorbid Mental Health Substance Use Disorder Screening Program* is to establish a formal process of assessing and ensuring early detection and treatment co-occurring mental health and substance use disorders to promote optimal health for its members. Beacon is committed to increasing the number of those members identified and providing them with access to the services required.

Background/Rationale

[1]Screening is a formal 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 and, in this context, the possibility of a co-occurring substance use or mental disorder. The screening process for COD (co-occurring disorders) seeks to answer a "yes" or "no" question: Does the substance abuse (or mental health) client being screened show signs of a possible mental health (or substance abuse) problem? Note that the screening process does not necessarily identify what kind of problem the person might have or how serious it might be, but determines whether or not further assessment is warranted. A screening process can be designed to be conducted by counselors using their basic counseling skills. There are seldom any legal or professional restraints on who can be trained to conduct a screening.

The high rate of comorbid substance abuse and mental illness points to the need for a comprehensive approach that identifies, evaluates, and simultaneously treats both disorders. Patients with co-occurring disorders often exhibit more severe symptoms than those caused by either disorder alone, underscoring the need for integrated treatment. Careful diagnosis and monitoring will help ensure that symptoms related to drug abuse (e.g., intoxication, withdrawal) are not mistaken for a discrete mental disorder. Even in people whose comorbidities do not occur simultaneously, research shows that mental disorders can increase vulnerability to subsequent drug abuse and that drug abuse constitutes a risk factor for subsequent mental disorders. Therefore, diagnosis and treatment of one disorder will likely reduce risk for the other, or at least improve its prognosis.

[2]According to the National Institute on Drug Abuse, there are possibilities for the common co-occurrence of a mental health disorder and substance abuse disorder in instances such as, but not limited to:

- Drug abuse may bring about symptoms of another mental illness. Increased risk of psychosis in vulnerable marijuana users suggests this possibility.

- Mental disorders can lead to drug abuse, possibly as a means of "self-medication." Patients suffering from anxiety or depression may rely on alcohol, tobacco, and other drugs to temporarily alleviate their symptoms.

1 Treatment Improvement Protocol (TIP) Series, No. 42. Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2005.

2 NIDA's Research Report Series: Comorbidity: Addiction and Other Mental Illnesses at www.drugabuse.gov/ResearchReports/comorbidity

The National Institute on Drug Abuse (NIDA) also noted shared risk factors:

- Overlapping genetic vulnerabilities. Predisposing genetic factors may make a person susceptible to both addiction and other mental disorders or to having a greater risk of a second disorder once the first appears.

- Overlapping environmental triggers. Stress, trauma (such as physical or sexual abuse), and early exposure to drugs are common environmental factors that can lead to addiction and other mental illnesses.

- Involvement of similar brain regions. Brain systems that respond to reward and stress, for example, are affected by drugs of abuse and may show abnormalities in patients with certain mental disorders.

Eligible Members

All adolescents and adults, over the age of 12, who are members of Beacon are eligible.

Planned Screenings

The Comorbid Mental Health and Substance Use Disorder Screening Program includes protocols and clinical screenings for network practitioners and providers, including the Substance Abuse Treatment for Persons with Co-occurring Disorders, Treatment Improvement Protocol (TIP) Series, No. 42, published by SAMHSA and the following screening tools:

- The Alcohol Use Disorders Identification Test (AUDIT), developed by the World Health Organization (WHO), to screen and identify people who are at risk of developing alcohol problems and focuses on preliminary signs of alcohol dependence. To access the AUDIT screening tool, click here.

- CAGE-AID is a drug and alcohol assessment tool, developed by various clinical experts, for determining whether a patient may be currently abusing drugs or alcohol. It can be used to detect existing substance use problems prior to prescribing alcohol or drug therapy for patients over the age of 16. To access the CAGE-AID screening tool, click here.

- CRAFFT, developed by the Center for Adolescent Substance Abuse Research (CeASAR), is a behavioral health screening tool for use with adolescents to assess the need for conversations about the risks of drug and alcohol use and further treatment if deemed applicable. To access the CRAFFT screening tool, click here.

- PHQ-2 and PHQ-9, multipurpose, self-administered tools for assessing depression in adults. They incorporate Diagnostic and Statistical Manual of Mental Disorders 4th Edition (DSM-IV) depression criteria with other leading major depressive symptoms into brief self-report instruments that are commonly used for screening and diagnosis, as well as selecting and monitoring treatment. To access the PHQ-2 screening tool, click here. To access the PHQ-9 screening tool, click here.

- PHQ-A A modified version of the PHQ-9 sensitive to the adolescent experience of depression that is an acceptable and efficient tool for early detection and recognition of mental disorders in this high-risk group[3]. To access the PHQ-A screening tool, click here.

- Modified Mini Screening tool uses a set of gateway questions and threshold criteria found in the Diagnostic and Statistical manual IV (DSM-IV), the Structured Clinical Interview for Diagnosis (SCID) and the Mini International Neuropsychiatric Interview (M.I.N.I.).[4] The questions are divided into 3 major categories of mental illness: mood disorders, anxiety disorders and psychotic disorders. To access the Modified Mini Screening tool, click here.

Conditions Required for Screening
Beacon's network practitioners and providers should conduct screenings for comorbid mental health and substance abuse as part of an initial assessment when a member presents with the following risk factors:

- Members with a past or current history of substance abuse who present for an initial evaluation with symptoms of depression, psychosis or anxiety;

- Members who present with symptoms of depression, bipolar disorder, psychosis or anxiety who may be self-medicating by using drugs or alcohol;

- Members with a family history of mental health and/or substance use disorders;

- Members with a history or currently experiencing stress, trauma (such as physical or sexual abuse), and early exposure to drugs; and

- Adolescent members that have developmental changes such as, but not limited to, early exposure to drugs of abuse or early symptoms of a mental disorder (Attention Deficit Hyperactivity Disorder (ADHD),Oppositional Defiant Disorder (ODO) and Conduct Disorders in particular.

In addition, National Institute of Health (NIH) and Substance Abuse and Mental Health Services Administration (SAMHSA) recommends that all patients over the age of 12 are screened for potential substance use at every visit since use can change over time.

---

[3] Johnson JG, Harris ES, Spitzer RL, Williams JB. The patient health questionnaire for adolescents: validation of an instrument for the assessment of mental disorders among adolescent primary care patients. J Adolesc Health. 2002 Mar;30(3):196-204

[4] Modified Mini International Neuropsychiatric Interview Alexander, M. J., G. Haugland, S. P. Lin, D. N. Bertollo, and F. A. McCorry. 2008. Mental Health Screening in Addiction, Corrections and Social Service Settings: Validating the MMS. International Journal on the Addictions 6 (1): 105–19.

Beacon Health Strategies
Comorbid Mental Health and Substance Use Disorder Screening Program Description

Input for Program Design

a) Provider/Practitioner Input:
   - Elicitation of feedback at Provider Advisory Council and via provider surveys.
   - Beacon Expert Panel feedback
   - Feedback from Beacon's team of board certified and actively practicing psychiatrists

b) Beacon Clinical Input:
   - Clinician literature reviews on current clinical practice guidelines for screening and treatment of substance use disorders.
   - Annual review of program and screening tools at Beacon's Clinical Quality Improvement Committee.
   - Oversight and approval of revisions to program and use of screening tools at Beacon's Quality Improvement Committee.

Screening Promotion

Beacon encourages and promotes the importance of screening using a variety of interventions to include:

- Online access to member and provider educational materials that promote the use of AUDIT, CAGE-AID, and CRAFFT tools for substance use disorder screening, the PHQ-2, PHQ-9 and PHQ A Depression Screening Tools, the GAD Screening for Generalized Anxiety Disorders, the Patient Stress Questionnaire, and the Mood Disorder Questionnaire (MDQ) for Bipolar Disorders.

- Distribution of annual provider postcards that list educational and screening materials posted on Beacon's website.

- Education and feedback during site visits and chart reviews by Beacon clinicians.

- Provider bulletin mailed or faxed to providers annually promoting Beacon's screening recommendations.

- Targeted questions in chart audit tool around substance use screening to include:
   1. Is there documentation that the member was screened for alcohol or other substance abuse or dependence? (13 yo+)
   2. If the member screened + for abuse/dependence, was this included in the diagnosis and/or treatment plan OR is being addressed on an on-going basis as part of treatment?
   3. If the member screened + for alcohol or other substance abuse/dependence was there family involvement in treatment?

- Targeted questions in chart audit tool around depression screening:
    1. If the member is age 13-18, was the member assessed for depression?
    2. For members age 18 or older diagnosed with depression or dysthymia: Was the PHQ-9 tool used to monitor progress of treatment? If yes, was the tool utilized once every four months to monitor progress? If no, select the reason: 1) Member was not diagnosed with depression or the member was under the age of 18; 2) The tool was used once, but the chart audit took place prior to the member's next appointment with the provider/plan; 3) other reason.

Screening for Suicide

There is an increased risk of suicide associated with the presence of a mental health disorder, to include depression. According to the U.S. Preventative Task Force (USPSTF), the majority of people who die by suicide have a psychiatric disorder, many of which have recently been seen in primary care[5]. The USPSTF endorses depression screening in adolescents, adults and older adults in primary care settings when appropriate systems are in place to ensure adequate diagnosis, treatment, and follow-up. Beacon encourages providers to consider suicide screening for patients diagnosed with depression, and also to focus on patients during periods of high suicide risk, such as post psychiatric hospitalization, to reduce related deaths. To access the USPSTF report on suicide screening, click here.

5 National Guideline Clearinghouse: Screening for suicide risk. (n.d.). Retrieved from the Agency for Healthcare Research and Quality on September 2, 2014, http://www.guideline.gov/content.aspx?f=rss&id=48193&osrc=12