Screening for mental health issues in substance misuse services – could we do better?

For the purposes of this article the term dual diagnosis will refer to any co-occurring mental health and substance misuse problem. The recognition of dual diagnosis is of vital importance in achieving better outcomes promoting recovery, reducing exploitation reducing risk of violence and preventing premature death. Families and social networks are vital to recovery and early intervention seeks to preserve these as much as possible.

Despite the importance of early detection both mental health and substance misuse workers tend to underestimate the extent of dual diagnosis and only a small proportion of those who need care for dual diagnosis receive treatment. Furthermore many of those who commit suicide have been in contact with services within the last week (49%), or the previous 24 hrs (19%) indicating vital opportunities to intervene were missed.


4 Drake R E and Wallach M A (1989) Substance abuse among the chronically mentally ill, Hospital Community Psychiatry 40:1041-5


12 University of Manchester (2006) National confidential inquiry (NIC) into suicide and homicide by people with mental illness in England and Wales available at http://www.medicine.manchester.ac.uk/suicideprevention/nic/
So why are mental health problems missed by practitioners? The factors that contribute to this arise from the patient, the practitioner and the interaction between their different perspectives. From the patient perspective, people fail to seek help for mental health problems for many reasons. Mental illness retains a stigma and Priest et al found that others might view a person with depression as unbalanced, neurotic and irritating. Often people don’t think anyone can help, think that they should be able to cope or that the problem will get better by itself. People are often too embarrassed to discuss it with anyone and are afraid of consequences such as being compulsorily detained under the Mental Health Act. Given these perspectives it is important to avoid giving messages that might reinforce these perceptions and not to leave it to the person to ask for help as these factors suggest that they may never actually do so.

The practitioner might also be aware of the stigma around mental health problems and might have fears about the impact of negative labels or the person taking offence. In addition, time pressure or uncertainty about how to respond if they do identify a problem can increase the reluctance to screen. Sometimes people are not asked because they don’t “fit the picture”, but it is important to avoid stereotypes and narrow definitions of what a person with a dual diagnosis may present like. Rigid care pathways can also reduce access if these pathways are at odds with the person’s own conception of their problem.

Often there might be different perspectives between the professional and the patient as to the role of substances in relation to a person’s mental health problem. Objective wisdom about the effects of substances can often be at odds with the perspectives of the service user. Stimulants, cannabis and hallucinogenic drugs are often viewed by professionals as exacerbating perceptual difficulties, particularly hallucinations and paranoia, but a series of studies in the 1980s and 1990s indicated that people with a diagnosis of schizophrenia used these drugs because they were seen as relieving depression and increasing energy and relieving the “negative” symptoms of schizophrenia. People may be diagnosed as having schizophrenia, but a high proportion also meet the criteria for depression.

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and anxiety\textsuperscript{20, 21, 22} and these might be viewed by the person as more problematic than hallucinations. If the practitioner assumes the substance is part of the problem, but the service user views it as part of the solution, then a dialogue is necessary to try to develop a shared perspective that respects the view of the service user. Keeping an open mind and asking the service user to monitor and record the effects of substances on mood and symptoms might be a more respectful and ultimately systematic way of understanding the relationship between the substance and their state of mind for the individual concerned.

A variety of screening questions exist (see box 1) which can be a useful way of ensuring that problems are identified in a systematic way. These tools often have longer versions such as the GAD7\textsuperscript{24} and the PHQ-9\textsuperscript{25} that allow slightly more detailed measures and help to determine symptom severity. The longer tools can also be used to measure treatment response\textsuperscript{26}. Respondents in the study by Delgadillo et al\textsuperscript{26} found these tools acceptable, though they also appreciated a more in-depth clinical assessment where they had more chance to expand. These tools are aimed at identifying anxiety and depression, though other mental health problems such as bipolar disorder, schizophrenia, personality disorder and Post Traumatic Stress Disorder all frequently co-occur alongside substance misuse problems\textsuperscript{27}. Other tools exist including the Psychiatric Research Interview for Substance and Mental Disorders (PRISM)\textsuperscript{28} which is specifically designed for assessing psychiatric disorders in those who have substance misuse problems, and although it provides more detailed information it requires more time to complete\textsuperscript{27}.

Although screening tools are useful aids in the screening of mental health problems, practitioners need to be wary of “tick box” approaches that take the focus away from the service user’s lived experience. People tend to open up and seek help if they find that the person is interested and has been helpful in the past\textsuperscript{5} and these characteristics make people more prepared to answer screening questions\textsuperscript{26}.


\textsuperscript{23} Moorey H and Soni S D ((1994) Anxiety symptoms in in stable schizophrenics, Journal of Mental Health, 3: 257-262


\textsuperscript{26} Delgadillo J, Gore S, Jessop, D, Payne, S, Singleton, P and Gilbody S (2012) Acceptability of mental health screening in routine addictions treatment, General Hospital Psychiatry 34 (4) 415-422

\textsuperscript{27} Crawford V, Crome I B and Clancy C (2003) Co-existing Problems of Mental Health and Substance Misuse (Dual Diagnosis): a literature review, Drugs: education, prevention and policy, 10, May Supplement, 1-74


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Confidentiality, advance warning, preparation, \(^{29}\), patient readiness and timeliness \(^{26}\) should all be considered when suggesting screening. When screening identifies a problem it is important to offer a positive treatment response as otherwise this undermines the value of screening.

**Box 1 Screening questions for common mental health problems**

<table>
<thead>
<tr>
<th>Mental Health Problem</th>
<th>Questions</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>During the last month have you often been bothered by</td>
<td>If the person answers “Yes” to either question consider depression</td>
</tr>
<tr>
<td></td>
<td>• feeling down, depressed or hopeless?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• having little interest or pleasure in doing things?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Is this something you want help with?</td>
<td></td>
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<tr>
<td></td>
<td>An additional question recommended for post-natal women. If answered “yes”, offer treatment</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Over the last two weeks, how often have you been bothered by the following problems?</td>
<td>Not at all – 0</td>
</tr>
<tr>
<td></td>
<td>• Feeling nervous, anxious or on edge</td>
<td>Several Days – 1</td>
</tr>
<tr>
<td></td>
<td>• Not being able to stop or control worrying</td>
<td>More than half the days – 2</td>
</tr>
<tr>
<td></td>
<td>(GAD -2)</td>
<td>Nearly every Day – 3</td>
</tr>
<tr>
<td></td>
<td>• Do you find yourself avoiding places or activities and does this cause you problems?</td>
<td>If 3 or more over the two questions consider an anxiety disorder</td>
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<tr>
<td></td>
<td></td>
<td>This question can be asked if the person scores less than 3 but you remain concerned. If yes consider an anxiety disorder.</td>
</tr>
<tr>
<td>With people with language or communication difficulties</td>
<td>On a scale of 1 to 10 how distressed have you been in the last week (Distress Thermometer)</td>
<td>Ask family/carer about specific symptoms</td>
</tr>
<tr>
<td>Source</td>
<td>NICE (2011)</td>
<td></td>
</tr>
</tbody>
</table>

Finally, try to maintain a balance between being realistic and positive. Mental health problems, like substance misuse problems can persist or reoccur, so practitioners need to prepare for setbacks. However, terms such as “chaotic and complex” which are often applied to people with dual diagnosis

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can portray pessimism which is easily picked up by the person and then incorporated into their own self-image, leading to low levels of self-efficacy. By focusing on developing strengths practitioners can approach a person with a more hopeful and optimistic attitude. In the words of one service user “She had faith in me and she trusted me and it was the first time a doctor had ever given me trust and we worked together.”

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