

**RESULTS OF THE
SURVEY OF MENTAL HEALTH AND ADDICTIONS AGENCIES IN ONTARIO FOR
CONCURRENT DISORDERS SCREENING AND ASSESSMENT TOOLS**

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Background

In 2001, Health Canada released its Best Practices document, *Concurrent Mental Health and Substance Use Disorders* as part of Canada's drug strategy. Concurrent disorders are defined as the co-occurrence of mental health and substance use disorders. The document provides an updated synthesis of research information and offers recommendations for screening, assessment and treatment/support of this population based on research information available.

The importance of screening is emphasized in the document when the authors state: "Attempts to treat substance abuse among people with mental health disorders, and vice versa, must begin with *recognition*. The purpose of screening is not to determine the complete profile of psychosocial functioning and needs, or to make a diagnosis; but rather to identify whether the individual *may* have a mental health or substance abuse problem that warrants more comprehensive assessment." (p.28). "Assessment is seen as intimately linked to treatment planning and the delivery of quality service Assessment data also serve another important function as baseline information for the determination of outcome." (p.40)

Currently, the Communications, Education and Community Health (CECH) department at the Centre for Addiction and Mental Health (CAMH) supports three priority program areas. One priority area, addressed in this project, is Concurrent Disorders. The Strategic Goal for the Concurrent Disorders priority area is to "improve the capacity of the Mental Health and Addiction systems and the ability of service providers in Ontario to meet the needs of people affected by concurrent disorders." (Concurrent Disorders Plan, 2003, p. 7).

The Concurrent Disorders priority area has three strategic objectives. The objective related to this project is to help providers recognize the use of substances and the existence of mental disorders so that they can be more successful in their support of the client. The anticipated outcome is to increase the capacity of mental health and addictions service providers to identify those living with concurrent disorders through use of recommended screening and assessment tools (Concurrent Disorders Plan, p. 8).

Finally, in 1995-96, the Addiction Research Foundation conducted a survey of the then 700 addiction and mental health service provider organizations in Ontario in order to find out the state of service provision to clients with concurrent disorders (Melinyshyn et al., 1996). We were interested to see what changes had occurred in the seven years between surveys.

Our Project

In order to discover the current practice in screening and assessment of clients living with concurrent disorders in Ontario, surveys were sent to all Ministry of Health and Long Term Care (MOHLTC) funded addiction and mental health agencies. Through our survey, we hoped to answer the following questions:

- are clients in mental health agencies being screened and assessed for substance use disorders?
- are clients in addiction agencies being screened and assessed for mental health disorders?
- which screening and assessment instruments/methods are agencies using?
- are agencies referring to outside agencies for assessment purposes?

For purposes of the survey, screening was defined for agencies as:

- a brief process that collects information in only enough detail to determine the client's immediate needs and provide direction for next steps.

Assessment was defined as:

- an investigation that provides the clinician with detailed and comprehensive information to help determine the nature and severity of the problem.

Method

All MOHLTC funded addiction and mental health agencies were sent surveys specific to their sector, i.e., all mental health agencies were asked about screening and assessment for substance use disorders; all addiction agencies were asked about screening and assessment for mental health disorders. French versions of the surveys were sent to Francophone agencies. Please see Appendix 1 for copies of surveys.

Mailing labels for addictions agencies were obtained from the Drug and Alcohol Registry of Treatment (DART). Mental Health agency labels were received from the Ministry of Health and Long Term Care.

The surveys were mailed in early March 2003 with a request to fax back the completed survey within two weeks of receipt. Agencies that had not returned their completed surveys within three weeks of the mailing were sent a reminder postcard and a second copy of the survey if requested.

Results

Response rates and distribution of responses by location

Two hundred and thirteen surveys were mailed to addiction agencies and 121 completed surveys returned for a 57% response rate. Surveys were mailed to 342 mental health agencies and 168 responses were received for a 49% return rate.

Table 1 below shows the distribution of responses by location across the province for each sector.

Table 1

Agency location by 1 st letter of postal code	Addictions (121 surveys returned)		Mental Health (168 surveys returned)	
	Count	%	Count	%
K (Eastern Ontario)	22	18.2	28	16.7
L (Southwestern Ontario)	23	19.0	24	14.3
M (Toronto & area)	19	15.7	38	22.6
N (Southwestern Ontario)	23	19.0	44	26.2
P (Northeastern & Northwestern Ontario)	34	28.1	34	20.2

Common Questions

Table 2 below shows responses from the four questions common to both sectors. As can be seen, the responses are similar in both sectors although addictions agencies tend to assess for mental disorders somewhat more than mental health agencies assess for substance use disorders.

Table 2

Questions common to both the addiction and mental health sectors	Addictions % answering yes	Mental Health % answering yes
Do you <u>screen</u> for substance use disorders/mental health disorders?	82.6 %	82.1 %
If yes, do you ask a few questions?	76 %	78.6 %
Do you <u>assess</u> for substance use disorders/mental health disorders?	41.3 %	32.1 %
Do you refer out?	71.1 %	70.8 %

The remaining survey questions referring to instruments/methods used in screening and assessment were specific to the sector and will therefore be presented separately. For responses to all open ended questions, please see Appendix 2.

Addictions Agencies – Screening Questions

Addictions agencies were asked about specific instruments/methods used for screening clients for mental health disorders. Table 3 below shows the number of agencies reporting screening and Table 4 shows the number using the instruments/methods listed on the survey. Agencies could check more than one instrument/method and also could write in other instruments not listed.

Table 3

Do you currently screen for mental health disorders?	No.	%
Yes	100	82.6
No	21	17.4

Table 4

Screening Instrument/Method for mental disorders	No.	%
Ask a few questions	92	76.0
GHQ/GHQ-28	20	16.5
ASI	4	3.3
Concurrent Disorder Screening Test	2	1.7
Other(s)	39	32.2

In List 1 (Appendix 2) are other screening instruments and methods used. The most common other instruments used were the BASIS-32, part of the standardized assessment tools for addictions, (mentioned by 11 respondents) and the Beck Depression Inventory (mentioned by 3 respondents). Also, agencies used other mental health-related questions taken from the standardized assessment tools.

Many agencies stated they reviewed previous client records, particularly agencies that were part of hospital-based programs and had access to prior admission histories. Information about mental health issues was also provided by referral sources. Other agencies asked detailed intake questions that inquired about mental health problems.

Addictions Agencies – Assessment Questions

Addictions agencies were then asked about specific instruments/methods used for assessing clients for mental health disorders. Table 5 below shows the number of agencies reporting assessing and Table 6 shows the number using the instruments/methods listed on the survey. Agencies could check more than one instrument/method and also could write in other instruments not listed.

Table 5

Do you currently assess for mental health disorders?	No.	%
Yes	50	41.3
No	71	58.7

Table 6

Assessment Instrument/Methods for mental health disorders	No.	%
Global Assessment of Functioning	15	12.4
Structured Clinical Interview for Axis I DSM IV Disorders	11	9.1
Psychiatric Interview	27	22.3
Other(s)	34	28.1

In List 2 (Appendix 2) are other assessment instruments and methods used. Again addiction agencies refer to the BASIS 32 (mentioned by 7 people) and the Beck (mentioned by 5 people). Also, agencies used other mental health-related questions taken from the provincial assessment tools for addictions. Again, agencies in hospital-based programs use in-house staff for assessments; previous mental health assessments also provide some assessment information.

In List 3 (Appendix 2) is a list of where addictions agencies refer clients for mental disorders assessments. The referral is most often to a combination of community health agencies, like CMHA, and physicians. Some agencies report long waits for mental health assessment as a barrier, particularly for psychiatric assessment and diagnosis. Urgent consults are sent to a crisis service. One agency uses the model of an on-site paid consultant psychiatrist who then follows the treatment of the concurrent disordered client in the agency. Another agency reports using a shared care model, referring to the family doctor who will share the care with a consulting psychiatrist.

Mental Health Agencies – Screening Questions

Mental health agencies were asked about specific instruments/methods used for screening clients for substance use disorders. Table 7 below shows the number of agencies reporting screening and Table 8 shows the number using the instruments/methods listed on the survey. Agencies could check more than one instrument/method and also could write in other instruments not listed.

Table 7

Do you currently screen for substance use disorders?	No.	%
Yes	138	82.1
No	30	17.9

Table 8

Screening Instrument/Method for substance use disorders	No.	%
Ask a few questions	132	78.6
Quantity/Frequency	78	46.4
CAGE or CAGE/AID	24	14.3
Dartmouth Assessment of Lifestyle Instrument	3	1.8
Michigan Alcoholism Screening Test	12	7.1
Drug Abuse Screening Test	13	7.7
Alcohol Use Disorders Identification Test	5	3.0
Concurrent Disorder Screening Test	2	1.2
Other(s)	23	13.7

In List 4 (Appendix 2) are other screening instruments and methods used. Many agencies report referrals to the addictions sector to have the standardized tools from the addictions sector administered for screening and assessment.

Mental health agencies were then asked about specific instruments/methods used for assessing clients for substance use disorders. Table 9 below shows the number of agencies reporting assessment and Table 10 shows the number using the instruments/methods listed on the survey. Agencies could check more than one instrument/method and also could write in other instruments not listed.

Table 9

Do you currently assess for substance abuse disorders?	No.	%
Yes	54	32.1
No	114	67.9

Table 10

Assessment Instrument/Method for substance use disorders	No.	%
Alcohol Dependence Scale	12	7.1
Short Alcohol Dependence Scale	9	5.4
SASSI	6	3.6
Measure of Stage of Change	23	13.7
Other(s)	39	23.2

In List 5 (Appendix 2) are other assessment instruments and methods used. Again many agencies report referrals to the addictions sector to have the standardized tools administered.

In List 6 (Appendix 2) is a list of where mental health agencies refer clients for substance abuse disorders assessments. As stated above, many mental health agencies use the addictions sector for substance abuse screening, assessment and referrals.

Finally, respondents were asked for any comments or suggestions they might have about screening/assessment of clients with concurrent disorders. For addiction agencies (please see List 7, Appendix 2), the most frequent comment was concerning tools or instruments. For example, some people felt that the available instruments are too generalized “MOHTLC mandated tools for addiction assessment only screen through use of BASIS-32; clients have a great deal of difficulty completing this tool, and the results are far too generalized to be very helpful to the clinician. Another person requested “any screen developed should have some ability to address severity. Our agency has the ability to work with mild to moderate mental health concerns, but not serious or severe.” There was concern expressed that tools be brief and easy to use, be standardized across all agencies and be validated., “resulting screening tools should be very brief (given the growing number of issues being screened) followed by short standardized tools for detailed assessment”.

The next concern was that special populations, e.g., youth, women, elderly, immigrants not be ignored when developing tools, “There is a lack of clarity and consensus in the field regarding what constitutes a concurrent disorder in youth. We lack specific assessment tools”. Another respondent stated there should be “sensitivity to women’s issues, particularly as they pertain to substance and trauma”.

Training issues emerged next in frequency, “I feel as alcohol and drug workers we should get training plus certification in assessing concurrent disorders” and “whatever is developed for general use needs to be supported by appropriate training”.

The next issue was wait lists and access to mental health professionals. These concerns address the whole mental health continuum of care. For example, they ask for “assist[ance] with access to psychiatrists able to provide assessments for community based programs”. Another respondent observed “obtaining a mental health assessment for our clients is often difficult, with a lack of providers and very long wait lists. Once they are assessed, it’s then difficult to find any continuing care. Ongoing assessment or re-assessment is extremely difficult, especially in cases where substance use may have affected the initial diagnosis and we are seeking an updated assessment (it is not unusual for our clients to come with one label and then have another mental health professional question that label and assign another)”.

In List 8 (Appendix 2) are comments and suggestions from mental health workers. Again, tools and instruments were most frequently mentioned. Mental health workers did not seem to be aware of available screening instruments for their own use, “information regarding best practice screening tools or instruments would be helpful” and “we are interested in the tools mentioned in question 1 and can these tools be adapted to be useful to a crisis mental health team?”

Next most frequent comment was about training and was often simply stated, “any training would be appreciated”. Next were issues about coordination of mental health and addiction services. For example, “although we are able to recognize mental health issues through screening and assessment, we are currently making assumptions about the level and use of substances by individuals we see. Better partnership need to be formed.”

Mental health workers were also concerned about special populations, “why haven’t you listed any tools specific to the seniors population?”, “we need culturally appropriate tools that we can use, in addition to tools that can be translated into Aboriginal languages, also tools must be sensitive to gender and sexual orientation issues”.

Finally, “this [identification of tools] is the easy part, the problem is lack of services for people with concurrent disorders, e.g., psychiatric care, treatment programs, case management”.

Conclusions

Both sectors are aware of the issue of concurrent disorders in their clients. This is reflected in their screening, assessment and referral practices. Also, agencies seem to be aware of the differences between screening and assessment in that they report screening about 80% of the time and assessing only half of that. For assessment purposes, each sector needs the other. Even though both sectors refer out for assessment equally, it seems that mental health agencies nearly always refer to provincial addiction agencies while addiction workers refer to a variety of mental health service providers. This list spans the continuum of care including community agencies, family physicians, psychiatrists, psychologists, hospital emergency departments, ACT teams, and crisis centers. This might reflect the fact that the addictions sector has a system of assessment and referral services and standardized assessment tools of which mental health workers are aware. On the other hand, comments from the addictions sector seem to reflect a less standard approach to referring into the mental health sector.

Data from this survey reinforces the anticipated outcome of the strategic objective “to increase the capacity of mental health and addictions service providers to identify those living with concurrent disorders through use of recommended screening and assessment tools”. In the comments section of the survey, both sectors identified the need for standardized instruments and training in their use.

Interestingly, in the report from the survey conducted seven years ago, recommendations included training on how to access service in the other sector, education on concurrent disorders, development of a standardized screening tool, and coordination and collaboration between mental health and addictions.

References

Bois, Christine (2003). *Concurrent Disorders Priority Plan 2003-2004*. Toronto:Centre for Addiction and Mental Health.

Health Canada. (2001). *Best Practices: Concurrent Mental Health and Substance Use Disorders*. Ottawa: Ministry of Public Works and Government Services.

Melnyshyn, M., Christie, R., Shirley, M. (1996). *Travelling the Same Road: A report on concurrent disorders in Ontario*. Toronto: Addiction Research Foundation.

APPENDIX 1

Survey for Addiction and Mental Health Agencies *Concurrent Disorders Screening and Assessment*

The Centre for Addiction and Mental Health has designated Concurrent Disorders (concurrent mental health and substance use disorders) a strategic direction. One project in this program area is the identification of screening and assessment tools used in addiction and mental health agencies. It would be greatly appreciated if you could assist us by completing this short questionnaire.

The responses from this survey will be used to establish a baseline of current practice in this area. Please fax your completed survey to us by **March 14, 2003** at 519-858-5199. **BE SURE TO USE A BLACK PEN TO COMPLETE THIS SURVEY.** If you have any questions please call Beth Powell at 519-433-3171, or Leona Murphy at 807-468-6372.

Thank you for participating in our survey.
Please fax your completed survey to 519-858-5199
By March 14, 2003

Survey for Addiction and Mental Health Agencies
CONCURRENT DISORDERS SCREENING AND ASSESSMENT SURVEY

Your Phone: _____ Fax: _____ E-mail: _____

1. **Screening** is defined as a brief process that collects information in only enough detail to determine the client's immediate needs and provide direction for next steps.

Do you currently **screen** for substance use disorders?

Yes No

If **yes**, check all boxes that apply:

- Ask a few questions (e.g., "have you ever had any problems related to your use of alcohol or other drugs?")
- Quantity/Frequency (Q/F)
- CAGE or CAGE/AID
- Dartmouth Assessment of Lifestyle Instrument (DALI)
- Michigan Alcoholism Screening Test (MAST or SMAST)
- Drug Abuse Screening Test (DAST)
- Alcohol Use Disorders Identification Test (AUDIT)
- Concurrent Disorder Screening Test
- Other(s) _____

2. **Assessment** is defined as an investigation that provides the clinician with detailed and comprehensive information to help determine the nature and severity of the problem.

Do you currently **assess** for substance use disorders?

Yes No

If **yes**, check all boxes that apply:

- Alcohol Dependence Scale (ADS)
- Short Alcohol Dependence Data (SADD)
- Substance Abuse Subtle Screening Inventory (SASSI)
- Measure of "stage of change"
- Other(s) _____

3. If assessment for substance use is not offered in your agency do you refer out?

Yes No

If **yes**, to whom? _____

4. Do you have any comments or suggestions about the screening/assessment of clients with concurrent disorders?

***Thank you for participating in our survey.
Please fax your completed questionnaire to 519-858-5199
by March 14, 2003***

**Sondage pour les organismes communautaires qui offrent
des services dans le domaine de la santé mentale ou de la
toxicomanie**

***Protocoles de dépistage et d'évaluation pour les troubles
concomitants de santé mentale et de toxicomanie***

La problématique des troubles concomitants de toxicomanie et de santé mentale fait partie des priorités stratégiques identifiées par le Centre de toxicomanie et de santé mentale. Un des projets dans ce domaine de travail est l'identification des protocoles de dépistage et d'évaluation parmi les organismes communautaires qui offrent des services dans le domaine de la santé mentale ou de la toxicomanie. S.V.P. veuillez remplir ce bref questionnaire. Votre aide est grandement appréciée.

Les résultats de ce sondage serviront à développer une meilleure compréhension des protocoles de dépistage et d'évaluation des troubles concomitants. Veuillez nous faire parvenir vos réponses au questionnaire par télécopieur, au (519) 858-5199, avant le 14 mars 2003. **VEUILLEZ UTILISER UN STYLO À ENCRE NOIRE** pour remplir ce questionnaire. Si vous avez des questions, n'hésitez pas à communiquer avec Beth Powell, au (519) 433-3171 ou avec Leona Murphy, au (807) 468-6372.

Merci beaucoup de votre participation !
Veuillez nous faire parvenir le questionnaire
par télécopieur, au (519) 858-5199
avant le 14 mars 2003

Sondage sur les protocoles de dépistage et d'évaluation des troubles concomitants de santé mentale et de toxicomanie

Téléphone : _____ Télécopieur : _____ Courriel : _____

1. Utilisez-vous actuellement des protocoles de dépistage pour identifier des troubles de santé mentale, au-delà de ce qui est exigé par le système 'DATIS'?

Dans le contexte actuel, le *dépistage* est défini comme un bref processus qui a pour but de déterminer si la personne peut souffrir d'un problème de toxicomanie qui justifie une évaluation plus complète.

Oui Non

Si **oui**, veuillez indiquer les noms des protocoles de dépistage ci-dessous :

- Poser quelques questions (ex. « Avez-vous déjà eu un diagnostic de troubles mentaux par un professionnel de la santé qualifié en santé mentale ? »)
- Le questionnaire sur l'état de santé général (General Health Questionnaire (GHQ/GHQ-28))
- La sous-échelle état psychologique de l'indice de gravité d'une toxicomanie – IGT (adaptation française du Psychiatric Sub-scale of the Addiction Severity Index – ASI)
- Le questionnaire sur les troubles concomitants (Concurrent Disorder Screening Test)
- Autre(s) _____

2. **Évaluation** est définie ici comme étant un processus qui permet au clinicien de cueillir des informations plus détaillées sur la nature et la complexité de la problématique.

Faites-vous une **évaluation** des troubles de santé mentaux ?

Oui Non

Si **oui**, veuillez indiquer les noms des protocoles d'évaluation ci-dessous :

- Le Global Assessment of Functioning - GAF
- Une entrevue diagnostique complète utilisant le Structured Clinical Interview for Axis I DSM IV Disorders (SCID IV)
- Une évaluation psychiatrique par un professionnel de la santé mentale qualifié
- Autres _____

3. Dans le cas où vous ne faites pas d'évaluations des troubles mentaux, est-ce que vous faites demande à une autre agence ou organisme communautaire pour compléter une telle évaluation ?

Oui Non

Si **oui**, veuillez indiquer quel organisme communautaire ?

4. Avez-vous des commentaires ou des suggestions au sujet des protocoles de dépistage et d'évaluation des troubles concomitants de santé mentale et de toxicomanie ?

Merci beaucoup de votre participation !
Veuillez nous faire parvenir votre questionnaire
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Survey for Addiction and Mental Health Agencies

CONCURRENT DISORDERS SCREENING AND ASSESSMENT

The Centre for Addiction and Mental Health has designated Concurrent Disorders (concurrent mental health and substance use disorders) a strategic direction. One project in this program area is the identification of screening and assessment tools used in addiction and mental health agencies. It would be greatly appreciated if you could assist us by completing this short questionnaire.

The responses from this survey will be used to establish a baseline of current practice in this area. Please fax your completed survey to us by **March 14, 2003** at 519-858-5199. **BE SURE TO USE A BLACK PEN TO COMPLETE THIS SURVEY.** If you have any questions please call Beth Powell at 519-433-3171, or Leona Murphy at 807-468-6372.

Thank you for participating in our survey.

Please fax your survey to 519-858-5199

By March 14, 2003

Survey for Addiction and Mental Health Agencies
CONCURRENT DISORDERS SCREENING AND ASSESSMENT SURVEY

Your Phone: _____ Fax: _____ E-mail: _____

1. **Screening** is defined as a brief process that collects information in only enough detail to determine the client's immediate needs and provide direction for next steps.

Beyond the DATIS required fields, do you currently **screen** for mental health disorders?

Yes No

If **yes**, check all boxes that apply:

- Ask a few questions (e.g., "have you ever been given a mental health diagnosis by a qualified mental health professional?")
- General Health Questionnaire (GHQ/GHQ-28)
- Psychiatric sub-scale for Addiction Severity Index (ASI)
- Concurrent Disorder Screening Test
- Other(s) _____

2. **Assessment** is defined as an investigation that provides the clinician with detailed and comprehensive information to help determine the nature and severity of the problem.

Do you currently **assess** for mental health disorders?

Yes No

If **yes**, check all boxes that apply:

- Global Assessment of Functioning
- Structured Clinical Interview for Axis I DSM IV Disorders (SCID IV)
- Psychiatric interview by qualified professional
- Other(s) _____

3. If assessment for mental health is not offered in your agency do you refer out?

Yes No

If **yes**, to whom? _____

4. Do you have any comments or suggestions about the screening/assessment of clients with concurrent disorders?

Thank you for participating in our survey.
Please fax your completed survey to 519-858-5199
by March 14, 2003

**Sondage pour les organismes communautaires qui offrent
des services dans le domaine de la santé mentale ou de la
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***Protocoles de dépistage et d'évaluation pour les troubles
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Les résultats de ce sondage serviront à développer une meilleure compréhension des protocoles de dépistage et d'évaluation des troubles concomitants. Veuillez nous faire parvenir vos réponses au questionnaire par télécopieur, au (519) 858-5199, avant le 14 mars 2003. **VEUILLEZ UTILISER UN STYLO À ENCRE NOIRE** pour remplir ce questionnaire. Si vous avez des questions, n'hésitez pas à communiquer avec Beth Powell, au (519) 433-3171 ou avec Leona Murphy, au (807) 468-6372.

Merci beaucoup de votre participation !

Veuillez nous faire parvenir le questionnaire
par télécopieur, au (519) 858-5199

avant le 14 mars 2003

SONDAGE SUR LES PROTOCOLES DE DÉPISTAGE ET D'ÉVALUATION DES
troubles concomitants de santé mentale et de toxicomanie

Téléphone : _____ Télécopieur : _____ Courriel : _____

1. Dans le contexte actuel, le **dépistage** est défini comme un bref processus qui a pour but de déterminer si la personne peut souffrir d'un problème de toxicomanie qui justifie une évaluation plus complète.

Utilisez-vous actuellement des protocoles de dépistage pour identifier les problèmes d'alcool ou d'autres drogues ? Oui Non

Si **oui**, veuillez indiquer les noms des protocoles de dépistage ci-dessous :

- Poser quelques questions (ex. « Avez-vous déjà eu des problèmes associés à votre consommation d'alcool ou d'autres drogues? »)
- Quantité/fréquence (Q/F)
- Le questionnaire CAGE ou le CAGE – AID
- Le Dartmouth Assessment of Lifestyle Instrument – DALI
- Le Michigan Alcoholism Screening Test – MAST ou le SMAST
- Le Drug Abuse Screening Test – DAST
- Le Alcohol Use Disorders Identification Test – AUDIT
- Autre(s) _____

2. **L'évaluation** est un processus qui permet au clinicien de cueillir des informations plus détaillées sur la nature et la complexité de la problématique.

Faites-vous une **évaluation** des problèmes d'alcool ou d'autres drogues ?

Oui Non

Si **oui**, veuillez indiquer les noms des protocoles d'évaluation ci-dessous :

- Le Alcohol Dependence Scale – ADS
- Le Short Alcohol Dependence Data – SADD
- Le Substance Abuse Subtle Screening Inventory – SASSI
- La mesure du “stade de changement”
- Autre(s) _____

3. Dans le cas où vous ne faites pas d'évaluations sur les problèmes d'alcoolisme ou de toxicomanies, est-ce que vous faites demande à une autre agence ou organisme communautaire pour faire une telle évaluation ?

Oui Non

Si **oui**, veuillez indiquer quel organisme communautaire ?

4. Avez-vous des commentaires ou des suggestions au sujet des protocoles de dépistage et d'évaluation des troubles concomitants de santé mentale et de toxicomanie ?

Merci beaucoup de votre participation !
Veillez nous faire parvenir ce questionnaire
par télécopieur, au (519) 858-5199

APPENDIX 2

LIST 1 OTHER SCREENING INSTRUMENTS/METHODS USED BY ADDICTIONS AGENCIES TO SCREEN FOR MENTAL HEALTH DISORDERS:

- BASIS – 32 (11 mentions)
- Beck Depression Inventory (3 mentions)
- IBM form – designed for and used for admissions to ARU – data base histories.
- AFY & Genesis Services, BCFPS for other services.
- Accepted screening questions for anxiety, depression, OCD etc.
- Have reports forwarded to Alwood for Psychiatric or Mental Health facilities prior to client's admission.
- Internally developed Health Questionnaire
- Refer to Psychiatric Consultant if concerns are noted.
- Questions in our referral application re psych. history or hospitalisation and meds.
- Based on client's response we follow with psychiatrist, psychologist, docs etc. - regarding meds and recommended Rx plans.
- Medication Review and collected information.
- South Oaks Gambling Scale, Inventory Gambling Situation Scale.
- Review database for old client records – hospital sponsored program.
- Previous counselling involvement for MH issues.
- Clients are assessed by both Social Workers & Program Physicians prior to beginning treatment. Previous mental health history is obtained. Monitoring of mental health support/needs continues throughout treatment and referrals made as required. Part-time Psychiatrist on staff with access to hospital in-patient and outpatient services.
- SASSI, CAFA
- They provide a Suicide Check Task assessment, Review of client functioning related to mental health issues. Note: We operate two addiction programs, one targeted to youth, the other to adults. Both provide intake/screening, comprehensive assessment and community based counselling and treatment.
- The Centre's assessment document.
- Intake info. reviewed by psychiatrist.
- Ingles House Referral Form – Mental Health/Psychiatric Section
- Depends on the therapy, their self-control and most of the counselling at the University of Saint Paul has good understanding of the psychology and the psychopathology. It depends on the diagnosis, but depends on good understanding of the mental health problems of the client if it is concurrent.
- Ask a few questions... Are you on psychiatric medication, have you ever been, when did you last see you psychiatrist?
- Have you ever been given a mental health diagnosis by a qualified mental health professional? – You need to ask this to get the DATIS responses.
- In-house Physical and Mental Health Questionnaire
- Suicide Assessment form only if we feel or notice anything different about the client.
- Item from Problems Checklist (NW Ont. Data Linkage System)
- Common Behaviours Rating Checklist and other measures that potentially identify mental health issues.
- Utilising a set of written questions as part of the intake process, appropriate referral is made, when indicated, to a consulting psychiatrist for an assessment related to the clients mental health status.

- During interviews ask appropriate questions to better refer client elsewhere if necessary.
- Health Screen Questionnaire (both are standardized provincial addiction assessment tools)
- Intake Worker asks questions re: M.H. Discusses with Dr. R. Regehr who provides direction as our medical consultant. Direction includes obtaining prior reports and bringing client in a few days prior for final assessment by Dr. Regehr.
- Check file of client to determine if they have a previous history of being on medication for a mental health problem.
- Parts of the standardized Assessment & Referral package also refer to mental health issues.
- Consult with mental health agency partners, refer to client file, if previous admission: consider number of treatment enrolments/facilities client has been to previously; explore what other information client has to offer about treatment history/professional contacts.
- If we suspect that someone has a mental health disorder, we use the tools mentioned on pg. 3 & refer to Psychiatrist.
- Request consult from Psychiatrist or G.P.

LIST 2 OTHER ASSESSMENT INSTRUMENTS/METHODS USED BY ADDICTIONS AGENCIES TO ASSESS MENTAL HEALTH DISORDERS:

- BASIS – 32. (7 mentions)
- Beck Depression (5 mentions),
- Co-jointly with Muskoka/Parry Sound Community Mental Health & Addiction Outreach Concurrent Disorders Program.
- CBC for general clients. Reynolds Depression for selected clients.
- More detailed questions about past treatment, medications and current functioning.
- Symptom Checklists, DALI, Suicide Risk Assessment, DASS.
- We have a Psychiatrist on staff that sees clients prior to or and on admission.
- Detailed intake (see previous page), BDI, BHS, Physicians.
- Adverse Consequences Questionnaire, Internal Youth Assessment Package, refer to Psychiatric Consultant if concerns are noted
- ESMMI
- Clients are assessed by both Social Workers & program physicians prior to beginning treatment. Previous mental health history is obtained. Monitoring of mental health support/tx needs continues throughout treatment & referrals made as required. Part time psychiatrist on staff & access to hospital in-patient & outpatient services.
- Depends on situation, request report from Psychiatrist or Mental Health professional.
- SASSI, CAFA
- Comprehensive bio-psychosocial information is gathered – if this indicates the presence of a significant mental health problem, we attempt to secure specialized mental health services for the client.
- Psychological assessment via clinical psychologist.
- Use sections of ASI ST. interview questionnaire.
- Health Screening form, tools from the Standardized Assessment Tool , Drugs & Alcohol

- Unstructured clinical interviews –Burns Depression Inventory Audit
- Medical evaluation requested by physician
- Intake info. reviewed by psychiatrist to determine suitability for this program.
- Assessment interview by Psychiatric Resident, Referral to CAMH – ARF site.
- Problems Checklist & Rating (NW Ont. Data Linkage System)
- Structured Clinical Interview and Global Risk Assessment
- Burns Anxiety & Depression, ADHD Testing, Bi-polar Testing.
- By Dr. R. Regehr, Head of Psychiatry
- MMPI, Minnesota Multiphonic Personality Inventory: adult and adolescent, Davidson Trauma Scale, Carroll Depression Scale.
- SCL 90
- Burns Depression Checklist and Burns Anxiety Inventory
- We refer clients to our hospital plus have a psychiatrist on site bi-weekly.
- See answers to #1 above. We typically conduct a detailed bio-psycho-social (and sometimes spiritual), including narrative assessment. We also educate client to appropriate signs and symptoms of potential mental health issues independent of substance use (with any reduction or abstention beyond withdrawal period) and teach client self monitoring skills for signs and symptoms.
- Review of prescribed drugs, release for current attending physician or psychiatrist.
- PSI (Psychiatric Screening Inventory) & Adult (?) Symptom Screening Problem Behaviour Inventory Assessment.
- Bio-psych-soc. with strong focus on mental health.
- Psycho-social Assessment/Intake SCL–90-R.

LIST 3 IF ASSESSMENT FOR MENTAL HEALTH DISORDERS IS NOT OFFERED IN YOUR AGENCY DO YOU REFER OUT? IF YES, TO WHOM?

- Doctors, professionals, hospitals.
- Comm. Agencies
- COAST, Emergency Psych. Treatment, ER (if severe, COAST unable to help), Community Psych Treatment, Family Physician.
- Adult Mental Health Services of Haldimand-Norfolk.
- Family physicians, psychiatrist, mental health clinics.
- Cornwall General Hospital – Tri County Mental Health Service
- Try to; long waiting lists often are barrier to referrals (ie. 8 – 12 mos. for psychiatric assessment).
- Medical providers, Canadian Mental Health Association.
- Family Physician for referral to psychiatric assessment, Urgent Consultation Services.
- Lakehead Psychiatric Hospital, Thunder Bay Regional Hospital – McKellar Site Community Mental Health Services.
- When indicated we refer either to central referral (CONTACT) for children’s mental health or through HSO – family doctor’s assess to psychiatrist.
- ROH, CMHA (but doesn’t help because of long waiting lists & lack of available psychiatrists)
- When required client is sent to Lanark Mental Health for an assessment.
- Mental Health Workers
- Canadian Mental Health Association (Niagara) & Niagara South Branch (Fort Erie).

- Homewood Treatment Centre, CAMH or Clarke Institute
- Physician, Canadian Mental Health Association
- Physicians (Atikokan Medical Associates), Lake of Woods (Dr. Naylor), McKellar Hospital (TBLPH), Dr. Crohn (Toronto – Psycho-geriatrics), Dr. Ambrose Cheng (Toronto – visiting psychiatrist), Dr. King – Dual Disorders – Developmentally Delayed.
- Elmgrove dept. of Brockville Psychiatric Hospital by referral from House Doctors – Brock Cottage & Tennant House for (?).
- Hospital Psychiatrist or Psychologist
- The majority are referred to local physician or to the closest MHU.
- Geriatric Psychiatry
- Offered internally
- Com. Mental Health Program; Sault Area Hospital; East Algoma Mental Health Program.
- Refer out for psychiatric assessment if needed.
- Concurrent Disorders Program
- EHSP Algoma Mental Health
- Hospital based mental health program
- Family Physician/The Royal Ottawa Hospital
- Niagara General Hospital/Psychiatric Unit
- Resources are limited but we do have a psych. unit here in area that we have access to.
- To other MH programs in our hospital. Which one is dependent on symptoms/needs of client.
- Dr. Morrissette
- Dr. Donna McLaughlin, working out of Yorkdale.
- At times –generally C.A.S.T. team or Brantford General Hospital M.H.
- Hospital Emergency Department
- ACT Team, Intensive Case Management, Huron-Perth Crisis Intervention, AMGH – Dept. of Psychiatry, Dr. Patrick Conlon, Psychiatrist, CMHA, WOTCH North Community Psych. Services (4 branches).
- This is often a big struggle finding people who are able to provide the assessment with both the mental health expertise & the addictions expertise. Waiting lists are also a huge problem.
- Confirmed diagnosis – referred to psychiatrist or M. Daspart of our system
- See above (question #2). Sometimes access crisis team at district Hospital.
- The Emergency Dept. at Sault area hospitals.
- Psychogeriatric Community Services; ROM, Geriatric Psychiatry.
- CAMH-ARF
- Most referrals to the Mental Health Dept. at Monfort Hospital. In certain cases the Royal Ottawa Hospital. In all these cases the client is already seeing a psychiatrist and it depends on them continuing to co-operate if their circumstances permit (ie. they may be limited due to distance).
- St. Joseph's Hospital EPAU
- CAMH Clarke Site
- Two psychologists in our area. We try to get psychiatric evaluations but that is not easy to do.
- Niagara Health System

- Manitoulin Community Clinic, Northwest Mental Health Centre, Nadmadwin Mental health Clinic.
- Mental Health Crisis Nurse; ER physician who contacts a Psychiatrist on call if necessary
- Ranger Mental Health Clinic
- To local Mental Health Agencies – suicidal clients are seen immediately by MH agencies as per agency protocols.
- We certainly try, but it is next to impossible to find a psychiatrist to conduct an assessment.
- We usually suggest that referral agency contact a mental health clinic or professional. Occasionally we send to Crisis Intervention.
- Family physician for a referral to a psychiatrist. Community Mental Health Services, Royal Ottawa Hospital.
- Psychiatrist in area, CMHA.
- Community Mental Health Clinic, area hospitals, referral to psychiatrist through client's family physician.
- We refer the client to the Crisis Treatment at the local hospital if needs are immediate, or we refer the client back to their family physician for a referral to a psychiatrist.
- Dr. Judi Marcin, Mental Health Crisis Service
- Nodin counselling or Zone Doctor
- Frontenac Community Mental Health Services or referral through Dr. Weston.
- An on-site psychiatrist who is a paid consultant, but not an employee, does psychiatric assessments. This same psychiatrist continues to work with concurrent disorder clients during and following their treatment in our program, acting also in a consulting capacity with treatment staff of our agency.
- CMHA & hospital.
- CMHA, Family Physicians, Psychiatrists, Emergency at hospitals.
- To the psychologist at the local hospital.
- P.D.C., New Experiences, LPH, Community Mental Health, Crisis Response, MHAT, McKellar.
- Mental Health, St. Joseph's Health Centre
- Canadian Mental Health Association
- Grand River Hospital, Cambridge Hospital, General Counselling Agencies, private clinicians.
- Royal Ottawa Health Care General Hospital
- Physician, hospital, Canadian Mental Health Association
- Even though Dr. Regehr assesses, we will refer out if not appropriate for our Centre.
- Emergency at LHSC. Urgent consult at Victoria Hospital Intercommunity Health Centre.
- Typically St. Michael's ED (if crisis situation). If not crisis: Salvation Army, Psychiatrist, St. Mike's, family doctor for referral to psychiatrist.
- Centre for Addiction and Mental Health or other mental health practitioners i.e. psychiatrist in private practice.
- St. Joseph Outpatient Psychiatric
- Anishnawbe Mushkiki Health Centre
- North of Superior Community Mental Health Program to see a psychiatrist.
- Toronto East Gen. Mental Health Outpatient

- If “assessment for mental health” seems to require psychiatric assessment, we may refer to family doctor, who will call upon “shared care” procedures to solicit consultation with a psychiatrist when we do not have that directly (eg. In our office in Brockville); in our Smith Falls office we have access to consultations with psychiatrists at Lanark County Mental Health. Generally we assess and counsel mental health issues on site.
- To CHC or ROH or other
- To family physician or health clinic/hospital.
- The majority of our clients have already been diagnosed by a qualified professional and are under the care of that professional.
- Grand River Hospital, Canadian Mental Health
- Our house Doctor for referral to a Psychologist.
- Chatham-Kent Addiction Program, Lambton County Addiction services, Alcohol and Drug Services of Thames Valley (London), Essex County Assessment & Referral.

LIST 4 OTHER SCREENING INSTRUMENTS/METHODS USED BY MENTAL HEALTH AGENCIES TO SCREEN FOR SUBSTANCE USE DISORDERS:

- When referred to Addictions Outreach Worker after initial screening done by nursing and Social Work Outreach Worker, provincial screening tools are done. *Our documentation should reflect more the concurrent client (?) Scale in progress.
- We routinely ask if a client is trying to cope by using alcohol or drugs presently.
- AUS, DUS
- We have just learned about the new tools eg. Socrates etc. through the Addictions Foundation.
- Alcohol & Drug Use Scale (see attached copy)
- AUS, DHS, Substance Use Profile
- Verify if they are receiving other services. If not, refer to North Cochrane Addiction Services, AA etc...
- TWEAK (modified)
- Consumer discloses
- Previous tx, current withdrawal symptoms, etc.
- As it pertains to violent incidents of abusive situations, how often are drugs &/or alcohol a factor?
- OSAB Tools, ADS
- Admission Criteria Assessment Tools, Detailed Intake, Standard Intake
- These screenings are done on all clients entering for services. If problem identified, clients are then referred to Addictions Worker for more thorough assessment.
- Are you seeking addiction/recovery support?
- Complete family history and child/adolescent history including drug/substance/tobacco.
- DLTQ 8, Socrates, Adverse Consequences, BASIS 32, Perceived social support.
- OSAB’s Assessment Package
- Ministry Tools
- CAGE or CAGE/AID, Michigan Alcoholism Screening Test (MAST or SMAST) – Not in all programs
- Specific screening tool – initially established with Burlington C.D. Group and refined by us in Oakville.
- Check with referral sources & other contacts

- Structured Assessment Interview (SAI) – we created which goes into considerable detail re addictions, co-dep.
- Dartmouth Assessment of Lifestyle Instrument (DALI) – have just started using this tool.
- HEADS interview – psychosocial interview for adolescents that assesses many risk-taking behaviours.
- We ask about diagnosis & obtain information from other sources (with consent).

LIST 5 OTHER ASSESSMENT INSTRUMENTS/METHODS USED BY MENTAL HEALTH AGENCIES TO ASSESS SUBSTANCE USE DISORDERS:

- Provincial Screening Tools
- Inventory of Drug Taking, Drug Taking Confidence Questionnaire, CAMH Diagnostic Tools.
- Hunter Stages of Change Questionnaire, 6 mos. Follow-back calendar, Drug and Alcohol Assessment Aid, Stage of Treatment Scale (Dartmouth)
- Initial interview we discuss with the clients the medication & alcohol/drugs they use.
- Our own general questions and adaptation of “AA’s 20 questions, self-assessment”
- As related to care & then refer to addictions.
- OSAB Assessment Tools
- Assessment tools for Ontario Substance Abuse Programs (ie. BASIS 32, ASS, etc.)
- Psychosocial Assessment
- OSAB Tools, LOU – JAM
- Detailed Intake, Admission Criteria, Drug/Alc. History
- All the standard
- Social history – in depth
- Detailed interview
- Yes, in the Emergency Dept – Urine toxicology, Drug toxicology
- Therapeutic Relationship Permits, ongoing explanation/examination – utilize several materials from ARF.
- Clinical interview and info. From families, healthcare providers, but no scales.
- Informal assessment about substance abuse.
- Ask questions to determine the nature and severity.
- We assess but do not use a scale.
- Drug History Questionnaire (DHQ), Socrates 8A & 8D, Adverse Consequences of Substance Use, Alcohol/Drug Taking Confidence Questionnaire, DTCQ-8 for Alcohol, DTCQ-8 for Drugs, Multinormal Community Ability Scale.
- Treatment Entry Questionnaire, Behaviour and Symptom Identification Scale, Personal Drinking Questionnaire (Socrates), Drug Taking Confidence Questionnaire, Perceived Social Support Questionnaire, Psychoactive Drug History Questionnaire (DHQ), Adverse Consequence of Substance Use Questionnaire.
- Required M of H & LTC package of Assessment Tools
- Our own questionnaire and assessment
- Catalyst
- (ADA) Admission, Discharge, Assessment Package
- Full Systematic Assessment
- Ministry Tools
- Clients have been assessed at referral source.

- PAI (ALC and DRG Scales)
- Structured Assessment Interview (SAI) – we created which goes into considerable detail re addictions, co-dep.
- AUS – Alcohol Use Scale, DUS – Drug Use Scale, SATS – substance Abuse Tx Scale – measure of stage of change.
- Assess periodically (may refer to assessment service if possible). May use current addiction assessment package as provincially provided.
- We do not use a standardized tool, but the issues are explored when the level of trust between worker has been established and as the client is ready to disclose.
- Interview teen & family in detail.
- Ask history, are you currently using, do you need assistance.
- If someone is determined to have a substance use disorder at screening, then they would likely be sent to the Addiction Program that is a part of Mental Health & Addiction Services.
- Ask in more detail, attempt to establish severity and its impact on clients with first episode psychosis.
- Assumed to be completed for Pre-admission acceptance

LIST 6 IF ASSESSMENT FOR SUBSTANCE USE DISORDERS IS NOT OFFERED IN YOUR AGENCY DO YOU REFER OUT? IF YES, TO WHOM?

- We have 2 addiction workers on the team. Refer to Sandy Hill CHC – assessment referral program
- Assessment Referral Service or Pathways.
- Community Services or ROW Addiction Services
- Addiction Services or Eastern Ontario – Cornwall Ont.
- Alcohol, Drug & Gambling Assessment Referral Service
- Addiction Assessment & Counselling Centre – Tricia McCarthy
- Rideauwood
- Sandy Hill Community Health Centre, Addiction Assessment Services
- . Alcoholics Anonymous
- Addiction Services of Eastern Ontario
- A variety of sources
- Tri-County Addiction Services
- Addiction Centre 7 HPE Health Unit, A.A.
- Royal Ottawa Hospital Addictions Outreach Worker, Causeway Addiction Workers and/or any other agency the individual may specify, Judith Peake – Addictions Assessment Case Worker (Champlain District), Sandy Hill Community Health Centre – Addictions Services.
- Amethyst Centre, Marian Fraternity (Residence for men receiving treatment eg. Psychiatric and family doctor).
- Addiction Assessment – Counselling Centre, 218 Front St. Belleville
- We will also refer to Sandy hill Addiction Services/Amethyst Women’s Addiction Centre/Royal Ottawa Hospital Concurrent Disorders Program.
- Options 4 Change, Street health Centre, Alcohol and Drug Referral Centre
- We have a listing of alcohol & drug addiction services in our Community Resource Guide which we give out to our members.
- Addictions Training & Assessment 962-5860

- Tri-County Addictions(Tri CAP & TRICAS – FOCUS) Services, DART, Centre for Addiction & Mental Health (Information Line)
- Addiction Assessment & Counselling Centre
- North Cochrane Addiction Services
- Pinegate
- North Cochrane Addiction Services, South Cochrane Addiction Services
- Pinegate Addiction Services
- Community Alcohol & Drug Assessment Program (AHU), Sault Area Hospitals' Addiction Treatment Program
- Pinegate Addiction Services
- Nipissing Detoxification & Substance Abuse Programs
- Addiction Outreach
- Algoma Health Unit Community Alcohol/Drug Assessment Program, Sault area hospitals – addiction program, *Community Mental Health Program
- NAADAP, Addiction Outreach, various rx centers
- Breton House
- Community Counselling Centre of Nipissing, Nipissing Detoxification & Substance Abuse Programs
- A & M – Drug & Alcohol Assessment Program, Family Life Centre, Detox Centre
- South Cochrane Addictions Services
- Concurrent Disorder Program @ NBPH, substance Abuse Program – Detox Centre, Indian Friendship Centre
- Centre for Addictions & Mental Health in Sudbury, Crisis Intervention and Interact/Positive Steps
- Timiskaming Substance Abuse Service within the Timiskaming Health Unit
- Community Drug & Alcohol Assessment Program (Algoma Health Unit)
- We advise the person of the available options in our community for any substance use disorders and would support their decision to request assistance from another agency.
- Riverside Community Counselling Services
- Family Services Thunder Bay
- Concurrent Disorder Prgm
- Addiction Services of Kenora
- Our organization provides respite support and therefore we have not been asked to provide substance abuse assessments. We would refer out and would need to 1st research what would be the most appropriate place for referral.
- 122- Centres, Salvation Army (Harbour Light), Humber River, MAARS, DART, Toronto East General.
- To our parent hospital or to the manager of our Withdrawal Management Program
- Harbour Light
- ARF
- CAMH
- The Jean Tweed Centre, CAMH
- House treatment program. We also refer out.
- MAARS, ARF
- Centre for Addiction & Mental Health
- CAMH – Addictions, Woodgreen Harm Reduction Worker
- Attending psychiatrist if agreed by clients.
- Metro Addiction Assessment Referral Service

- CAMH, Donwood, Jean Tweed
- We review intake form which usually includes assessment
- Depends on needs of client. Refer to treatment programs. ARF.
- We would but have not had a reason to yet.
- Internally to our adult program who will see adolescents 16 and older.
- Community Counselling, if applicable.
- Community Alcohol and Drug Services
- St. Mary's Counselling or Grand River Hospital Outpatient Mental Health Services
- St. Mary's Counselling, Regional Addiction & Family Counselling, Residential Treatment Programs, Withdrawal Management
- St. Mary's Substance Abuse Program
- CADS – Community Alcohol & Drug Services
- Homewood in Guelph
- PAARC – Peel Addiction Assessment Referral Centre
- Peel Addiction Assessment Referral Centre
- Peel Addiction Assessment & Referral Centre
- ADAPT
- Refer to New Port Centre & NAPAS. Refer out or do joint assessment with Addiction staff
- Alcohol Drug Gambling Service, Men's & Women Detox Centres, Alternatives for Youth, local shelters that may be associated with Addiction Services ie. Salvation Army, Mission Services.
- ADAPT – Halton
- ADAPT
- ADAPT
- ADGS (Addiction, Drug & Gambling Serv.)
- For treatment and/or further assessment and treatment: Addiction Services of Haldimand-Norfolk (Public Health), Holmes House – Detox Assessment & Residential Treatment and Employee Assistance Programs
- ADGS – Hamilton Ont.
- Addiction Services or Health Unit or Adult Mental Health Services
- Niagara Alcohol & Drug Assessment Service
- New Port Centre
- We have a partnership agreement with ASOB. Addictions worker on site every Wednesday. In addition we can refer at anytime to Addiction Services of Brantford
- When a problem is identified we automatically refer out or do joint assessments – with pts/clients consent
- St. Leonard's Community Services – Addictions Division
- H/W Regional Health Department – Addiction Division. Doctor referral – Regional Mental Health Care – St. Thomas, Homewood.
- NADAS
- Grey Bruce Community Health Corp – New Directions, Choices, Grey Bruce Health Services – ADTD
- Holmes House Health Dept., Family Physician, Addictions & Assessment Referral Services
- University Psychological Services, House of Sophrosyne
- We would refer a person who has problems with alcohol abuse to Thames Valley Addictions, The Crisis Service for Mental Health Issues or other appropriate agencies

- ADS of Thames Valley have an office in the our-pt Mental Health program and referral to worker/program is very accessible. St. Thomas Regional Mental Health Care Addictions Unit Outreach worker has an office in the dept. 2 days a week. She provides assessment & group & individual treatment for our mutual clients. We are very pleased with the accessibility & compatibility of our services in providing care. Inpatient Schedule I clients are also referred immediately to both of these workers depending on the appropriate service for the client.
- Perth Addiction Centre Inc., Stratford Huron Addiction Services, Clinton.
- ECAARS – Essex County Addictions Assessment Referral Service through Community Mental Health Clinic.
- Lambton County Addiction Services
- PAC
- Chatham-Kent Addictions Program
- Chatham-Kent Addictions Program, Chatham-Kent Alliance Mental Health Clinic, P.O. Box 2030 Chatham N7M 5L9
- Addiction Rehabilitation Unit at Regional Mental Health Care, St. Thomas when indicated.
- Windsor Regional Hospital – external program
- Huron Addiction
- Alcohol & Drug Services of Thames Valley
- Lambton Hospitals Group – Addiction Unit
- We do refer out if the substance use is seen as the primary problem
- Alcohol & Drug Services, AA, Heartspace
- Thames Valley Drug & Alcohol Assessment Service
- CMHA & Addiction programs, RMHC, St. Thomas, AA
- N/A – Available on site
- ADS
- Huron Addiction (482-1767)
- Referring source, other relevant agencies, DART resources, TVAAR.
- Addiction Day Treatment Program, Grey Bruce Health Services
- Thames Valley, RMHG – St. Thomas – ARU

LIST 7 COMMENTS OR SUGGESTIONS MADE BY ADDICTIONS WORKERS ABOUT SCREENING/ ASSESSMENT OF CLIENTS WITH CONCURRENT DISORDERS:

- I have attached the current screening tool that is used at present at AOMPS. We look forward to your results and recommendations. (Beth/Leona: I have attached a copy or refer to faxed copy rec'd with survey).
- There have been a number of valuable workshops regarding concurrent disorders. However, a consultant and/or effective protocol has not emerged. Clinical protocols (i.e., recommended instruments, interview strategies) would be useful in the following areas: Screening/intake, Assessment, Early Clinical Intervention. Frequently different staff with various levels of skill do one or some of these functions.
- Guidance/best practices/tools would be very helpful for screening of clients seen at Addiction agencies. It would not be appropriate for such agencies without qualified agencies to go further into assessment.

- Assessment Admission Interview is done by the attending psychiatrist in conjunction with the Preadmission RN, and the assigned 1:1 nurse. A detailed substance/addiction history, family/physical/social/legal data base is also completed.
- MOHLTC mandated tools for addiction assessment only screen through use of BASIS – 32; Clients have a great deal of difficulty completing this tool, and the results are far too generalized to be very helpful to the clinician (ie. screens for “psychosis”, but doesn’t differentiate between bipolar, schizophrenia, PTSD etc). There is a gap in services qualified and/or available to serve people with concurrent disorders. Screening/assessment would be far more helpful if wait lists for mental health services could be reduced, and if services existed to meet the specific needs of people with concurrent disorders (residential and community treatment; St. Thomas is the only pgm. and it is very brief). CMHA in Ottawa has a CD pgm-outpatient, pilot project).
- Include screening for problem gambling. *(Comment from FAX cover page) I faxed in my survey on March 6/03 and after thought that I had missed commenting on the issue of problem gambling. It is quite apparent that mental health disorders are a factor in problem gambling as well. I would like to see some strategic direction regarding this issue as I find that health services and some substance use agencies are not screening for problem gambling despite research indicating it is important to do so.
- Any screen developed should have some ability to address severity. Our agency has the ability to work with mild to moderate mental health concerns, but not serious or severe.
- Yes. The use of clear instruments & standardized tests with clinical interview need to be standardized across all services.
- Standardized screens that would be used across mental health and substance abuse agencies – tool specific to youth. Increased resources and training to promote cross sectoral work.
- Addiction counsellors would like to get more training in this area.
- Please get CAMH to complete their development of concurrent disorders screening tool soon!
- Clients with concurrent disorders have been referred to the Concurrent Program at LPH. One assessment was received one (1) year after the client was assessed & the written report was not consistent with the previous verbal report. This created problems in providing consistent care to the client. Another assessment, though comprehensive, was in the words of the therapist involved “useless” because client was referred back to community counselling with “follow-up at our discretion”. Not helpful. Client would have received necessary services only in Thunder Bay or Kenora if client moved there.
- We do not do assessments for addictions or mental health.
- They should be assessed clinically within the mental health system.
- None other than there is a lack of services for clients not in immediate crisis situations.
- We are all aware of Axis I DSMIV but do not conduct structured interviews as we are a home visiting program and must be sensitive to clients ability to participate in assessment process. many elderly with S.A. problems may have undiagnosed psychiatric problems including cognitive impairment.
- (Screening) should be routine in all addiction and MH programs.
- Screening – keep it brief & easy for people to use. Assessment – include items which may flag “early psychosis” in youth/young adults.

- Validated tools would be helpful.
- The Credit Valley Hospital is in an ideal position to provide tx for clients with concurrent disorders. Services include: medical, psychiatric, msw & nursing on staff in Alcohol & Drug Treatment Program; access to in-patient psychiatry; collaboration with CVH mental health services, including Schizophrenia Program, Eating Disorders Program, Child & Family Clinic, Adult Out-patient Psychiatry. In this expansive mental health/addiction setting collaborative assessment & tx proves most effective. Where this range of services are not available in other programs, referral to a multi-fold mental health/addiction facility such as this would seem most suitable once indicators of concurrent disorder are shown.
- Need more access to screening for pre-treatment clients.
- There is a lack of clarity & consensus in the field regarding what constitutes a concurrent disorder in youth. We lack specific assessment tools.
- We work with women with multiple issues, including mental health. We have no formal screening or assessment form specifically for mental health issues.
- I feel as Alcohol & Drug Workers we should get training plus certification in assessing concurrent disorders. I, myself would be interested because I have clients that are schizophrenic.
- During research protocol we used Achenbach's Youth Self Report and found it quite useful as a Mental Health Screening tool and outcome measure. The Brief Symptom Inventory was also used for this purpose & found helpful, but less sensitive in our population.
- Many times clients not properly diagnosed because of substance abuse problem. Meds not taken properly or effective because of substance abuse. These tools are very basic and general – not specific for a diagnosis.
- Assist with access to Psychiatrists able to provide assessments for community based programs. Sensitivity to women's issues, particularly as they pertain to substance & trauma. Ongoing consultation for community based programs re treatment plans, ongoing assessment & medications. Thanks you.
- Two employees are currently registered for Concurrent Disorder Certificate training. Access to more training for more employees would be ideal.
- Few assessment/screening tools are available – worldwide – for gas sniffers – if there are any at all. We used to administer "spot tests" to get an indication of level of usage (chronicity), but have never developed these into a formal instrument. It would be wonderful to network & share with other agencies.
- A quick screen specific to seniors with mental health addictions &/or gambling would be invaluable.
- For your information the Marion Fraternity & Hospital at Monfort have come together to form Montfort/Fraternity. It was established as a partnership for the 2 organizations. The subject of interest is concurrent disorder. Each group has given a presentation of their services. This is the first coming together to meet.
- We use the Mental Health evaluations and urge other agencies to complete them at the initial evaluation.
- We find it very difficult to get clients with concurrent disorders (addiction/psychiatric) assessed and treated except through local GP's. We would like to refer occasionally to St. Thomas Psychiatric for those cases but we have not had any success.
- I think WMS are being used as a dumping ground. There needs to be a formalized sharing of this problem between the Mental Health System & the Substance Abuse System. These clients most frequently present after a period of non-compliance with their meds. A special admission protocol needs to exist agreed upon by both

treatment systems. P.S. While I have your ear... In addition to being able to identify them properly the MOH needs to provide additional dollars so that WMS can suicide proof their buildings.

- Relevant training should be provided for community based workers.
- Need more training. Need to have access to services (which are lacking in the Cochrane District).
- It's really required in the addiction field.
- That mental health screening & assessment forms added to the 8 tools that addiction agencies presently use.
- Obtaining a mental health assessment for our clients is often difficult, with a lack of providers and very long wait lists. Once they are assessed, it's then difficult to find any continuing care. Ongoing assessment or re-assessment is extremely difficult, especially in cases where substance use may have affected the initial diagnosis and we are seeking an updated assessment (it is not unusual for our clients to come with one label and then have another mental health professional question that label and assign another.).
- Please note that after an initial screening within the context of a substance use – based assessments, if clients indicate mental health concerns for AXIS I DSM IV Disorders, further screening occurs. The client may be referred to out Mood Management Group and other tools may be administered, such as the Beck Inventory, by a qualified case manager. If “assessment” is synonymous with “diagnosing”, the nature & severity of mental health disorders, most of our staff would not be trained nor qualified.
- Resulting screening tools should be very brief (given the growing # of issues now being screened) followed by short standardized tools for more detailed assessment.
- Our program is designed to meet the needs of adolescents with concurrent d/o. Critical for professionals in mental health to ask questions re substance use/addictions, and also critical for professionals in addictions to query mental health issue. Symbiotic relationships!
- When there is a referral from the Mental Health field, it would be helpful to obtain client's test results so we don't duplicate services.
- Development of better tools for initial screening Concurrent Disorder Training.
- Whatever is developed for general use needs to be supported by appropriate training. The mental health professionals need to be more available to participants in case management of concurrent clients.
- We are not funded, mandated or trained to diagnose/assess mental health disorders. We can only ask if such a condition has been previously diagnosed.
- Screening should be part of assessment for all potential clients.
- The importance of qualified personnel to do the assessments of persons.
- Would be helpful to have specific concurrent disorders tool.
- No – we find we are well-served with current tools and resources.
- Grateful that 2 spots have been allotted for myself and I counsellor to attend the Concurrent Disorder Certificate training starting Sudbury in April 2003.
- We have found that access to psychiatrists is severely limited , ie. Long waits for appointments. Crisis teams at hospital are often helpful for those with immediate needs. (?) Centre model has proved to be effective with our clientele.
- Screening/assessments are good, but there is minimal facilities available for mental health clientele.

- One of us comments “I have been using the Structured Assessment Tools with a lot of concurrent clients, and they help to get an idea of what their perspective of their substance use is. Access to medical/psychiatric assessments could help summarize information to provide feedback and recommendations to clients.” Another of us comments that there is “Lack of integrated co-ordinated systematic approach (especially resource allocation) to improving services for those with concurrent disorders for either Mental Health of Addictions (“sequential treatment”) or both (“parallel” or “integrated” treatment). Resulting in core resources availability in both systems unable to provide consistent timely effective treatment to traditional human beings we have served, much less a group of people designated part of a “strategic direction”. Consequently, regardless of effectiveness of screening/early diagnosis based on questionnaires (due to the lack of psychiatrists and the lack of confidence in present treatment providers – leading money poured into a new group of professionals who will be higher paid than present treatment providers “marking tests”) clients/patients left waiting multiple months to access any sort of comprehensive long-term treatment in either or both systems. Functionally, the attempts to early screen offer little benefit to those with concurrent disorders as the prescription medication therapy which is preferred due to low cost to professionals and government is minimally effective with substance abuse or dependence. The longer term, more comprehensive biopsychosocial approaches which then need to be provided are not being funded. Thus the emphasis on screening tool development and “marking” is disingenuous to actually providing the treatment they need. Further, increased data collection responsibilities by the system, as part of this strategic direction, without any increased resource allocation or commodified recognition of value principles of field research activities and/or integrated treatment practices (e.g., Consultation, joint treatment planning), leads to functional reversion back to sequential, or at best, parallel treatment when integrated tx clinically indicated. Another of us is intrigued by your question #3 e.g., The question implies that you might think that we ignore assessment for mental health when addressing “non-concurrent disorders”. Should there be a special “not concurrent” mental health assessment tool used by addiction services? What standards of mental health should be acceptable to decide whether someone should be allowed to enrol in – or be excluded from – any kind of counselling? If one assesses “mental health” as “good” should that be a discharge criterion, if one assesses mental health as “poor”, should that be an employment criterion for addiction counsellors? If we don’t assess for mental health, how can we treat it or substance abuse/problem gambling? What have we been doing all this time before we began to discover that questionnaires are critical to our survival... oh well, maybe I’ll just refer myself out to the local pub and drink on it.
- Check with Hamilton to see what the results of their survey is. They (we) are conducting a similar survey – for Hamilton. I would be happy to provide more details if requested.
- If at all possible we would appreciate a copy of the Concurrent Disorder Screening Test.
- Clients who are seen in withdrawal often exhibit signs of mental illness. They are often prescribed anti-depressants for their conditions. They should be re-assessed to see if they need to continue with this medication.
- This program serves the concurrent disorders population.

LIST 8 COMMENTS OR SUGGESTIONS MADE BY MENTAL HEALTH WORKERS ABOUT SCREENING/ ASSESSMENT OF CLIENTS WITH CONCURRENT DISORDERS.

- Ministry of Health (Judith Peak). Provincial screening tools need to be made thorough for concurrent clients. Time consuming (for what info. you obtain). Need to include some of the above screening tools in the provincial tools (screening).
- This is certainly a problem we deal with often and would be appreciative of any assessment tool that people find beneficial.
- This is done routinely when pts. Are initially assessed. We also use blood work to further screen (i.e., AST, ALT, GGT, etc).
- We would always appreciate having resource material mailed to us - printed material that we could hand out to clients or booklists. Also we would like to be notified of any educational opportunities for staff.
- Training for our staff on how to identify factors that could assist in assessment or pre-assessment work would be beneficial – I can't comment on the tools as we don't use them.
- I include client's level of substance use (past & present) in my intake assessments. If their substance use/abuse is more evident than their mental illness, I refer them to TriCas, our local addiction services. I am open to and very interested in using a more comprehensive assessment tool for addictions.
- Should be done for all clients – should be requirement for all addiction and mental health services.
- The screening assessment of clients having concurrent disorders is extremely important in determining how best to serve them. Sharing any information about the findings of this project with us would be greatly appreciated as we enter into this new direction.
- Self-involvement programs. Community referrals re the connections for abuse and alcohol or drug dependency.
- It would be beneficial to have our mental health counselors trained to deal with clients with concurrent disorders. The ideal would be to be funded for a position specifically specialized in "Concurrent Disorders".
- Why haven't you listed any tools specific to the seniors population?
- We are interested in including more screening & assessment in the intake process.
- Currently we run a Concurrent Disorder Group which is co-facilitated between Canadian Mental Health Association, Pinegate Addictions Services & Positive Steps.
- Most of the consumers who attend the Drop-in Centre are diagnosed with s.m.i. Some may also have issues with addiction. Addressing treatment for concurrent disorders appears to be limited.
- We need culturally appropriate tools that we can use in addition to tools that can be translated into Aboriginal languages. Also tools must be sensitive to gender and sexual orientation issues. We need to approach drug & alcohol use in the context of Anishnake history & worldview. Also need to not approach issue from a deficit perspective. We need to celebrate the challenges people have experienced (addressed and survived).
- It's a good idea to screen in order to provide quality care that encompasses all factors in a client's life.
- Consistency
- Wawa presently has no on-site person. Position was closed by Algoma Health Unit. This is a major service gap in North Algoma.
- Clients with concurrent disorders have been referred to the concurrent program at LPH. One assessment was received one year after the client was assessed and the written report was NOT consistent with the previous verbal report. This created problems in providing consistent care to the client. Another assessment, though comprehensive was in the words of the therapist involved "useless" because client was referred back to community counseling with "follow-up" "at our discretion". Not helpful. Client would have received necessary services only in Thunder Bay or Kenora if client moved there

- Screening of substance abuse/use should be routine in all mental health programs. It would be helpful if training were provided in the use and analysis of standardized tools.
- This is the easy part. The problem is lack of services for people with concurrent disorders eg. psychiatric care, treatment programs, case management.
- The Can-Help program serves consumer and family peer support groups and as such does not assess, diagnose or screen. We do refer to other services.
- Presentations/workshops to our organization for staff/board members on identifying options available.
- Our workers deal with both mental health and addiction problems so we screen for both. We check for depression, anxiety and psychotic disorders. In screening for substance abuse, we do not use every test. If during interview we spot problems then we do the formal questionnaires.
- As a mental health/addictions system we still appear to be in "silos". From staff reports, clients who suffer from a serious mental illness may be excluded from substance abuse tx on the assumption that this "primary" disorder needs to be treated first. The same assumption applies in the reverse i.e., substance abuse as "primary". Clients with concurrent disorders tend not to finish tx due to barriers placed by individuals with addictions problems only. Lengthy waiting list particularly at CAMH. Barriers tend to be erected. Applications are returned. Case managers have to re-refer for the waiting list not to get services. Information to clients sorely lacking e.g., Case Manager gave one of her clients a Methadone Maintenance Handbook – not given by clinic. Client could have gone into a seizure if he had taken valium.
- Our criteria states that an applicant must be drug-free for six months before attending our program. We are a vocational rehab program – and the applicant must get assistance with their addiction problem before admission to the program.
- This organization does not do assessments or deliver services, so we cannot participate.
- Yes – screening & assessment for clients with concurrent disorder and other complex needs such as developmental handicaps can be hard to access.
- Standardized tools across the system would be useful.
- We do not utilize regulation drug screening tests as we are an information/referral center.
- Hong-Fook is an Asian specific organization offering services in the following languages: Cambodian, Korean, Cantonese, Mandarin & Vietnamese. Tools written in these languages would be beneficial to workers.
- Our clients are 60+. Our major issue is finding in home treatment resources once assessment is made.
- We might assess if assessment provided – non intrusive – laid back manner. Our experience is that the people who come to PARC have barriers to simple engagement and that relationship development is primary.
- Limited resources. Co-ordination of Mental Health & Addiction Services is poor. Whatever is developed needs to be applicable for Addiction & Mental Health Services. The Mental Health Services do not assess for substance abuse, but because the Withdrawal Management Service is part of the Mental Health Program, client's needing assessment are referred to WMS for assessment.
- In our housing program, we have taken in people, and found out through experience the severity of individuals drug or alcohol problems.
- Ask lots of probing, open ended questions. The greater the persons insights into their mental health and/or addiction issue, the greater the potential for the client to provide insight into one issue or the other (or perhaps both). However, even if the person does not have a great deal of insight they will be able to tell you what they have tried in the past to deal with their mental health and addiction issues.
- We are in the very beginning stages of developing a Concurrent Disorders partnership with our Chemical Dependence Unit. At this time we have not committed to doing any particular scale on screening. However, we will be doing so in the near future.
- The Assessment Tools listed above are not always suitable for use with concurrent disorder clients.

- Assessment are often very generic in their content – there are also needs to be an assessment form for support groups or treatment groups vs. individuals.
- I feel that it is extremely important to assess and recognize concurrent disorders. There certainly is a lack of services available in this area within Aboriginal Urban Communities.
- Reliance on instruments is becoming problematic and is interfering with good clinical practice.
- Increased awareness, knowledge by CAMH. Recommendation of instrument that could be used.
- If you haven't already I suggest you send this questionnaire to CMHC in Orangeville & CMHA in Orangeville. We do not see too many instances of concurrent disorders, as identified in this survey; we see women who have been abused – not all have mental health diagnoses or disorders and less have concurrent disorders.
- The availability of services for individuals with addictions is extremely under serviced. Although we are able to recognize mental health issues through screening and assessment, we are currently making assumptions about the level and use of substances by individuals we see. Better partnerships need to be formed.
- With the direction of mental health reform and client needs/demographics, this is clearly an area we need to increase focus and develop better partnerships for treatment.
- Any training re screening would be most appreciated.
- Nothing other than ascertaining the needs of a potential member relative to social rehabilitation is required. With few resources available, it is relatively easy to go over the alternatives. We require only that a member follow our "code of conduct" while attending activities.
- Screening & assessment process in place that is consistently applied across all programs of mental health. Education re alcohol withdrawal management and management care planning for concurrent disorders especially as this is most challenging in our in-patient units. For Welland & Greater Niagara Falls sites – Ask a few questions and Quantify/Frequency (Q/F). For St. Catharines site – CAGE or CAGE/AID. *NB. We have 3 mental health sites in our Niagara Health system: SCGH – St. Catharines General Hospital, GNGH – Greater Niagara (Falls) General Hospital and WCG – Welland Community General Hospital
- Referral to ADGS for provincial toolkit screening.
- We are interested in the tools described in question #1 and can these tools be adapted to be useful with a crisis mental health team. Is training provided?
- Presently doing a concurrent disorder group in partnership with ADAPT.
- Consider that while addictions (drugs & alcohol) are often the only things people look for, that dependencies such as sex, food addictions can also be extremely damaging. Can people self diagnose re addictions or must a doctor diagnose before we can identify them as having concurrent disorders?
- Not at present. Our community partners 1 & 2 of question 3 have outlined for us the screening/assessment tools they use.
- Oak Centre screens/assess for serious & persistent mental health issues on admission. The mental health issue – must be the primary condition presented. Very often there are concurrent issues as well and we assist the person to access Substance Abuse Services. Oak Centre is a rehabilitation program primarily for serious & persistent mental health problems/issues.
- Assessment tool could be helpful in some cases, but shouldn't be mandatory. If a tool is going to be used, staff should receive training on how to administer it and how to interpret results.
- Information regarding best practice screening tools or instruments would be helpful? Are there computerized screening measures available?
- Not our primary focus. Should deal with mental illness/substance abuse simultaneously.
- Although we screen as part of our intake process there is a need to train all staff to screen on an ongoing basis. As a mental health agency we need an assessment tool that we can use with clients who are not open to being linked with addiction services.

- As a peer support agency, we are privy only to information that members volunteer and we maintain no member records. Have been unable to find info. or direction for running a concurrent disorders support group.
- We are interested in improving our screening process & developing a protocol for referring out for assessment.
- Scales should be on intake form.
- We used to provide addiction/substance abuse counseling in Strathroy Office, but no longer do so, because Alcohol & Drug Services of Thames Valley now provides counseling in the Strathroy area.
- For a number of clients presenting to Mental Health Program a substance abuse disorder does not get disclosed until after screening and intake process.
- If we had more tools we could focus on substance abuse issues as well as mental illness issues.
- Given that we have no clinical or concurrent specialist on staff we are not trained in screening or assessment techniques. We would however be interested in obtaining these skills.