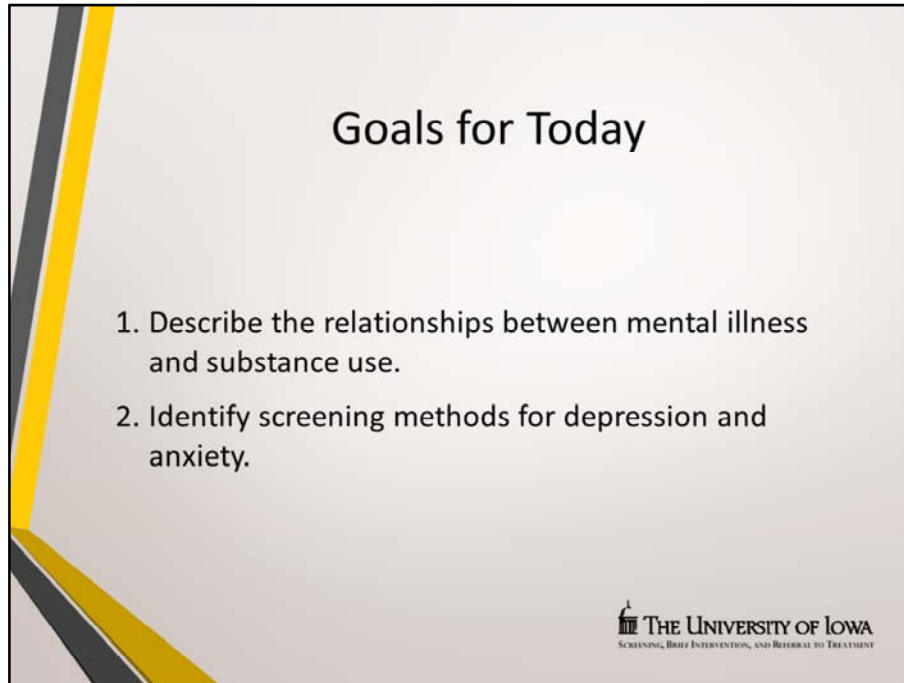




Welcome! In this module, we're going to discuss some of the important relationships between mental health and substance use that clinicians may encounter when applying the SBIRT process in practice.



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Goals for Today

1. Describe the relationships between mental illness and substance use.
2. Identify screening methods for depression and anxiety.

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Psychiatric illness can be a major contributory and interactive factor in substance use. In this module, we'll consider some of the most common mental disorders that occur concurrently with substance use – both “risky” drinking that is the focus of the SBIRT process, and also substance use disorders.

In that context, we'll review common screening tools for anxiety and depression that you may consider using. These are often valuable in planning more comprehensive assessment and treatment of concurrent conditions.

Mental Illness and Substance Use

Substance use can:

- Be a form of **self-medication** related to psychiatric symptoms
- **Increase risks for onset** of mental disorders
- **Worsen symptoms** of mental disorders

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Let's start with the important relationship between substance use and psychiatric illness.

Alcohol and drugs may be used to deal with distressing symptoms of mental disorders – for example, alcohol use to reduce impairing anxiety – but they can also trigger the onset of mental illness and make existing symptoms worse.

Mental Illness and Substance Use

Concurrent treatment is essential

- Thorough **assessment** of both conditions
- Optimal **treatment** of both →
 - ✓ Primary care clinics
 - ✓ Specialty care referrals
 - ✓ Integrated, collaborative treatment preferred

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People who have a mental disorder and also use substances are at high risk for having a downward spiral in their health. As a result, assessing and treating both conditions at the same time is essential.

Building a strong base of objective data to support symptom presentation – including standardized scale scores, lab values, and physical assessment findings – is essential to adequately treat both conditions.

For most people with co-occurring substance and mental disorders, integrated treatment that offers health, mental health, and substance use treatment in the same clinic is optimal. That way they get the best of primary care and specialty treatments working as a team.

Clinical Depression

- Depressive symptoms may **lead to alcohol or drug use** as a form of self-medication

AND

- Substance use may **precipitate depression** by altering brain chemistry
- Excessive drinking may also lead to bad decisions, which **contribute to feeling down**

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Both clinical and sub-clinical depression is widely associated with substance use, particularly drinking. Of importance, the relationship goes both ways: Drinking can lead to depression, and depression can lead to drinking.

And it's not just drinking. Use of other substances, including both prescription and illicit drugs, may also be used to "self-medicate" the distressing thoughts and feelings that clinical depression can trigger.


If you suspect a client has depressive symptoms along with substance use, be sure to assess their depression symptoms using a standardized scale.

Reference: Depression and the Connection to Substance Abuse
(<https://www.futuresofpalmbeach.com/addiction-treatment/co-occurring-disorders-overview/depression-drug-abuse/>)

Depression Screening

Patient Health Questionnaire

- **PHQ-2:**
 - ✓ 2 items
 - ✓ Hallmark symptoms of depression: anhedonia and prominent dysphoria
- **PHQ-9 and PHQ-A:**
 - ✓ 9 items
 - ✓ Diagnostic criteria rated from 0 to 3 for a total score of 0 to 27
 - ✓ The PHQ-A is the PHQ-9 modified for adolescents


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The Patient Health Questionnaire 2-item and 9-item scales are widely used in clinical settings to assess depressive symptoms.

Just like we use the 2-item annual screen for substance use, the PHQ-2 can be used to detect clinical depression. This is because it rates the two hallmark symptoms of clinical depression: loss of ability to experience pleasure in usual activities and prominent dysphoria or sadness, feeling blue and down.


The PHQ-9 is equally easy to use and score, making it another popular alternative. For 12 to 18 year olds, screening for depression is recommended at every routine visit, so consider using the PHQ-A.

PHQ-9 and PHQ-A Scoring

THE MACARTHUR INITIATIVE ON
depression 

- Score each item
 - 0 = Not at all
 - 1 = Several days
 - 2 = More than half the days
 - 3 = Nearly every day
- Total each column
- Add across columns to get a total score: 0 to 27

- Apply cut points
 - ✓ 0 to 4 – depression is not significant
 - ✓ 5 to 9 – mild depression
 - ✓ 10 to 14 – moderate depression; 10 or greater is considered clinically significant
 - ✓ 15 to 19 – moderately severe depression
 - ✓ 20 to 27 – severe depression


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Each symptom is rated on a four-point scale. First you total the columns, then add the results to get a total score of 0 to 27. A score of 10 or greater indicates clinically significant depression – depression that deserves further assessment and treatment.

Using the PHQ-9 or the PHQ-A is just the first step toward a more comprehensive assessment and decisions about treatment. However, quantifying the number and intensity of depressive symptoms can help guide decision-making about possible treatments. This can include medications, psychosocial therapies, and increased physical activity for those with milder depressions.

A slide titled "Anxiety Disorders" with a decorative yellow and grey border on the left. The text is centered and includes a list of associated conditions and a section on the relationship between alcohol and anxiety.

Anxiety Disorders

Commonly associated with:

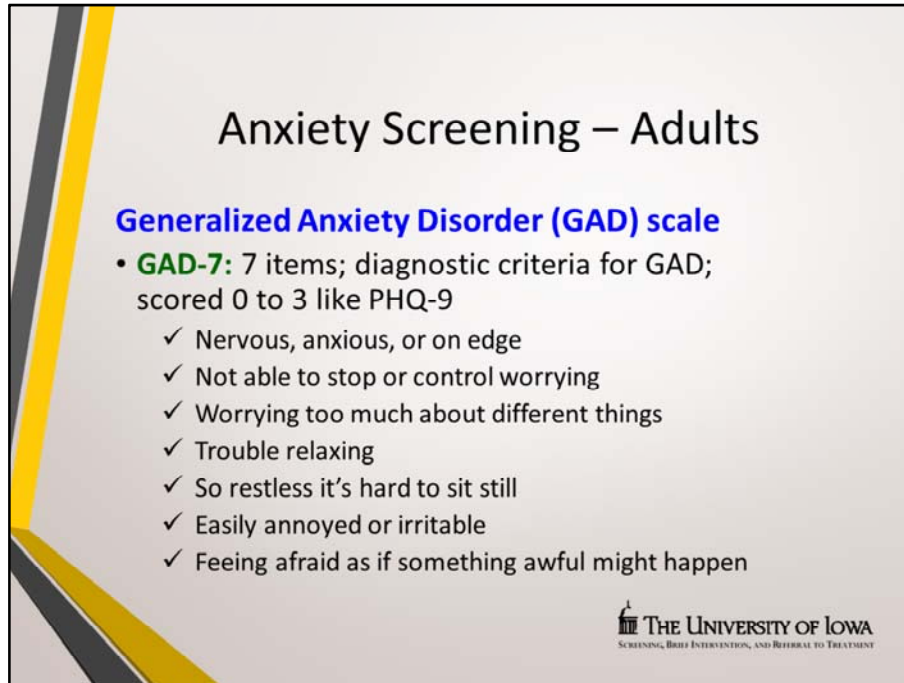
- Social anxiety disorder
- Generalized anxiety disorder
- Panic disorder/panic attacks

Alcohol/other substances + Anxiety →

- Response to distressing symptoms
- Intensify symptoms

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Like depression, anxiety-related disorders can be the reason for substance use, but substance use also worsens symptoms of anxiety-related disorders. For example, individuals with social anxiety disorder may experience temporary relief from distressing symptoms of the disorder when drinking alcohol, but ultimately alcohol will intensify their anxiety symptoms.

A presentation slide titled "Anxiety Screening – Adults". The slide features a decorative graphic on the left side consisting of several overlapping diagonal stripes in shades of grey and yellow. The main content is centered and includes a section header, a bullet point describing the GAD-7 scale, a list of seven symptoms with checkmarks, and a logo for The University of Iowa SBIRT program in the bottom right corner.

Anxiety Screening – Adults

Generalized Anxiety Disorder (GAD) scale


- **GAD-7:** 7 items; diagnostic criteria for GAD; scored 0 to 3 like PHQ-9
 - ✓ Nervous, anxious, or on edge
 - ✓ Not able to stop or control worrying
 - ✓ Worrying too much about different things
 - ✓ Trouble relaxing
 - ✓ So restless it's hard to sit still
 - ✓ Easily annoyed or irritable
 - ✓ Feeling afraid as if something awful might happen

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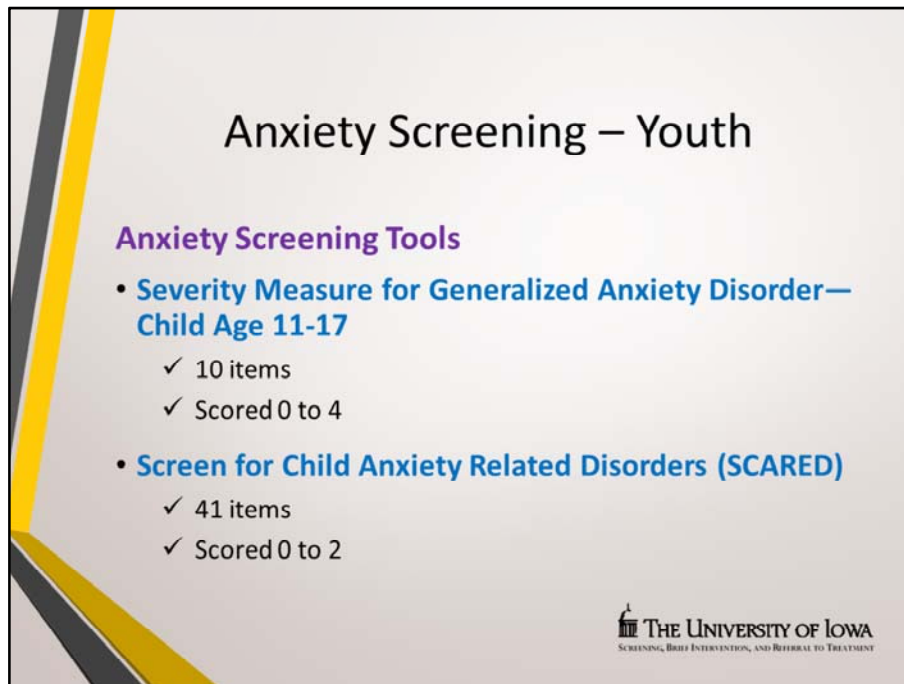
When you detect anxiety-related symptoms in a client that is using a substance, we highly recommend that you quantify them using a standardized scale. A good starting point is the GAD-7, which will give you a foundation for understanding the frequency and intensity of anxiety-related symptoms.

GAD-7 Scoring

- Score items like PHQ-9
 - 0 = Not at all
 - 1 = Several days
 - 2 = More than half the days
 - 3 = Nearly every day
- Total each column
- Add across columns to get a total score: 0 to 21
- Apply cut points
 - ✓ 0 to 4 – anxiety is not significant
 - ✓ 5 to 9 – mild anxiety
 - ✓ 10 to 14 – moderate anxiety; any score 10 or greater is considered clinically significant;
 - ✓ 15 or greater – severe anxiety

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The GAD-7 is scored just like the PHQ-9, and uses similar cut points that can help direct treatment decisions.

A presentation slide titled "Anxiety Screening – Youth" with a yellow and grey decorative border on the left. The slide lists two anxiety screening tools with their respective item counts and scoring ranges. The University of Iowa logo and SBIRT program name are in the bottom right corner.

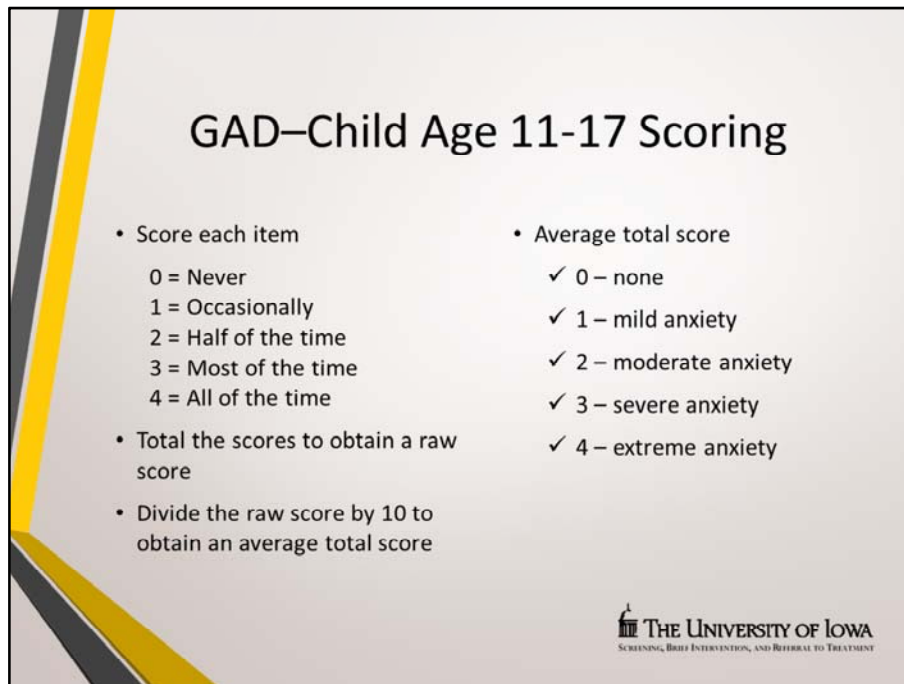
Anxiety Screening – Youth

Anxiety Screening Tools

- **Severity Measure for Generalized Anxiety Disorder—Child Age 11-17**
 - ✓ 10 items
 - ✓ Scored 0 to 4
- **Screen for Child Anxiety Related Disorders (SCARED)**
 - ✓ 41 items
 - ✓ Scored 0 to 2


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When screening for anxiety in children and adolescents, you may want to consider using the “Severity Measure for Generalized Anxiety Disorder—Child Age 11 to 17” or the “Screen for Child Anxiety Related Disorders,” known as SCARED.



GAD-Child Age 11-17 Scoring


- Score each item
 - 0 = Never
 - 1 = Occasionally
 - 2 = Half of the time
 - 3 = Most of the time
 - 4 = All of the time
- Total the scores to obtain a raw score
- Divide the raw score by 10 to obtain an average total score
- Average total score
 - ✓ 0 – none
 - ✓ 1 – mild anxiety
 - ✓ 2 – moderate anxiety
 - ✓ 3 – severe anxiety
 - ✓ 4 – extreme anxiety

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Note that the scoring of the GAD for children age 11 to 17 is different than the scoring of the GAD-7.

SCARED Scoring

- Score each item
 - 0 = Not true or hardly ever true
 - 1 = Somewhat true or sometimes true
 - 2 = Very true or often true
- Total the scores
- A total score of ≥ 25 may indicate the presence of an Anxiety Disorder; scores higher than 30 are more specific
- Total scores for specified items may indicate:
 - ✓ Panic Disorder or Significant Somatic Symptoms
 - ✓ Generalized Anxiety Disorder
 - ✓ Separation Anxiety SOC
 - ✓ Social Anxiety Disorder
 - ✓ Significant School Avoidance


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When scoring the SCARED screening tool, a total score of 25 or higher may indicate the presence of an anxiety disorder. Scores higher than 30 are more specific, with total scores for specified items possibly indicating other disorders.

Attention Deficit/Hyperactivity Disorder (ADHD)

ADOLESCENTS:

- 14% of children ages 15-17 with ADHD had problems with alcohol use as adults (compared to peers without ADHD)
- 40% of children with ADHD began using alcohol by mean age of 14.9 years (compared to 22% of children without)
- **Screening tools:**
 - ✓ Conners-Wells' Adolescent Self-Report Scale
 - ✓ Vanderbilt ADHD Rating Scales

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Several studies have shown a strong connection between ADHD and substance use. This evidence suggests that adolescents with ADHD are at a higher risk to start using alcohol during their teenage years. Of equal importance, ADHD is a predictor of alcohol and substance use as an adult. In short, there are many reasons to include substance use in discussions with youth who have ADHD.

A couple of tools available to screen for ADHD are the Conners-Wells' Adolescent Self-Report Scale for teenagers and the Vanderbilt ADHD Rating Scales for teachers and parents.

Reference: ADHD and Substance Abuse (<http://www.webmd.com/add-adhd/adhd-and-substance-abuse-is-there-a-link#1>)

Attention Deficit/Hyperactivity Disorder (ADHD)

ADULTS:

- Strong connections between ADHD, drug abuse, and alcoholism
- ADHD is 5 to 10 times more common among adult alcoholics than those without the condition
- About 25% of adults being treated for alcohol and substance use have ADHD
- **Screening tool:** Adult ADHD Self-Report Scale (ASRS)

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The risks of substance use continue into adulthood for individuals with ADHD. In adults, substances are often used to improve their mood or help them sleep better. Of note, substance use is also common among individuals with undiagnosed ADHD or those who have not received treatment. The “Adult Self-Report Scale” – or ASRS – can be used to screen for ADHD in adults.

Reference: ADHD and Substance Abuse (<http://www.webmd.com/add-adhd/adhd-and-substance-abuse-is-there-a-link#1>)

Serious Mental Illness

- **Bipolar disorder** – More likely to develop an addiction to drugs or alcohol
- **Schizophrenia**
 - ✓ Symptoms similar to drug use
 - ✓ More likely to have substance use disorder (SUD)
- **Personality disorders**
 - ✓ Use of alcohol and drugs can aggravate symptoms
 - ✓ More likely to engage in substance use

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Individuals with serious and persistent mental disorders are also more likely to use alcohol and drugs. As noted earlier, alcohol or drugs may be used to reduce distressing symptoms, including psychotic symptoms like auditory hallucinations.

If you are treating individuals with existing mental disorders like ADHD, bipolar disorder, schizophrenia, and personality disorders, think carefully about the potential that they are also using one or more substances – and work toward concurrent treatment of both conditions.

References:

Bipolar Disorder and Addiction (<http://www.dualdiagnosis.org/bipolar-disorder-and-addiction/>)

Schizophrenia: What About Substance Abuse?
(<http://www.webmd.com/schizophrenia/guide/substance-abuse-schizophrenia>)

Borderline Personality Disorder and Addiction
(<http://www.dualdiagnosis.org/borderline-personality-disorder-and-addiction/>)



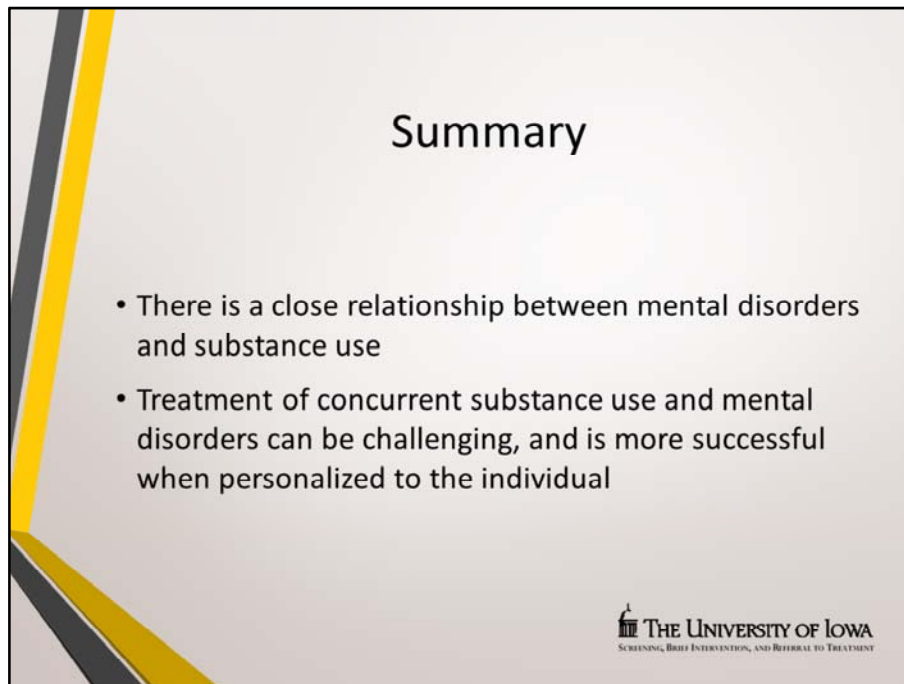
Treatment and Recovery

Dual diagnosis: Mental disorder + Substance use disorder

- More challenging than either alone
- Treatment can be less effective
- Collaborative, integrated treatment is most effective

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With a dual diagnosis – substance use disorder and a mental disorder – treatment can be a challenge. As noted earlier, collaborative, integrated approaches to treatment are ideal. However, the starting point is first understanding that more than one illness is affecting your patient. Only then can you work toward developing an effective treatment plan.



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Summary

- There is a close relationship between mental disorders and substance use
- Treatment of concurrent substance use and mental disorders can be challenging, and is more successful when personalized to the individual

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In summary, concurrent mental and substance use disorders require thoughtful assessment and treatment. Using standardized scales can help clinicians determine therapeutic “next steps.”

Understanding the complexity of the issues is critical in providing comprehensive and competent care and treatment.

