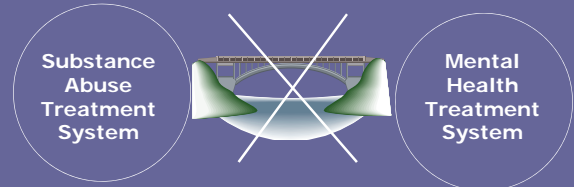


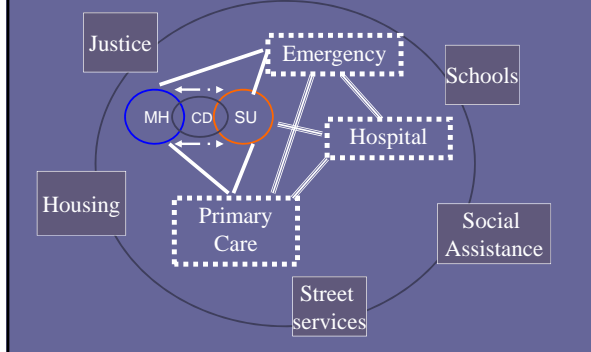
## Screening for Mental Health and Substance Use Problems Among Youth: Rationale and Recent Research on the Options

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*When things aren't working for the child/youth or the family as a whole...*



But now need a much broader systems perspective



## Making the Case for CD Screening

### Making the Case – the Logic Chain

- Overlap is high but varies widely – **context is critical** – varies by sub-population e.g., general pop/agencies/diagnostic group/demographic
- In service delivery settings more people with CD are unidentified than identified
- Needs are high; unmet needs are high
- Impact on outcome is significant
- Cost to the health system is high - business case is good (in theory) but not formally developed
- Systematic screening “triggers” clinical, program and system level integration – improved “integration” is seen as a good thing, although there are many ways to achieve it

Special issues related to screening and assessment for youth

### Special issues --- youth

- Co-occurring disorders – all of the above apply
- Life course perspective demands attention be given to “early” years –
  - Mental health and substance use problems typically persist over time
  - Mental health problems are risk factors for later substance abuse and vice versa
  - Common risk factors behind each (e.g., social determinants, family, some genetic risk for particular disorder combinations)
- Early recognition and treatment reduces long term treatment trajectory (outcome, cost)

### Special issues --- youth (con-t)

- **Developmental psychopathology** - one implication - what is a “problem” or “out of the norm” at one age is not necessarily a problem or “out of the norm” at another
- Current DSM classification system is less than ideal for children and adolescents
- Adult tools generally do not work for children, adolescents and perhaps transitional youth

### Screening

- The screening process for concurrent disorders seeks to answer a “yes” or “no” question:
- Does the person presenting for help with a substance abuse **[or mental health]** problem show signs of a possible mental health **[or substance abuse]** problem?
- Note that the screening process does **NOT** necessarily identify what kind of problem the person might have, or how serious it might be, but determines whether or not further assessment is warranted.

### Best Practice Screening Recommendation

- mental health services – **universal** screening for substance use problems/disorders
- addiction services - **universal** screening for mental health problems/disorders
- approach/tools need to be **tailored** to different settings and the time and resources available

### Purposes of Screening

- Improving staff decision making with specific clients
- (decision rules based on cut-off scores are necessary for this but screening is also an early step in process of client engagement)
- Managing resources and community linkages
  - systems planning
- Setting stage for outcome monitoring

### General Issues Related to Screening

- High value on having the same tool screen for both mental health and substance abuse
- For substance abuse, high value in screening for alcohol and other drugs in same tool
- Choosing and using a tool also depends on program “setting” or “context”
  - Cost/resources available
  - Time available and process of intake/flow through
  - Expertise and training needs
  - Organizational culture (e.g., evidence-based practice)
  - Perspective and preferences of individual staff (pro tool and anti-tool)

Aside from validity and reliability, a screening tool should be ...

- ▶ Brief  
(but hopefully there is more payoff the more time you are prepared to invest)
- ▶ Low cost or no cost
- ▶ Minimal staff training required
- ▶ User friendly

*To be systematic, and confident in your selection among the options it's best to use a validated screening tool*

Systematic Review of Tools for Children and Adolescents

Overview of the Steps in the Search and Retrieval Process

A structured literature search of bibliographic databases implemented based on defined algorithm (plus Internet search)

**Yield: 2734 abstracts/titles**

↓

A trimming process implemented to begin removing extraneous material and to identify specific tools of potential interest

**Yield: 244 tools identified**

↓

A second exhaustive bibliographic search implemented based on the name of each tool and other search terms, and scan of cited reference material

**Yield: 3393 abstracts/titles**

↓

Review of abstracts/titles, including approximately 600 papers, with stringent criteria consistent with study goals.

**Yield: 33 articles focused on 20 distinct tools**

Main Criteria in the Selection Process

- Screening, not assessment
- Not disorder-specific
- Not drug-specific
- Under 18; no lower age limit
- Available in both French and English
- Validated with a gold standard
- Public domain or fee-for-use
- Published in peer-review literature

Looking for tools specific to ...

1. Mental health but no substance use disorder
2. Substance use disorder but no other mental health disorder
3. Both substance use and mental health disorders

- High value in locating the "dual- function" tools

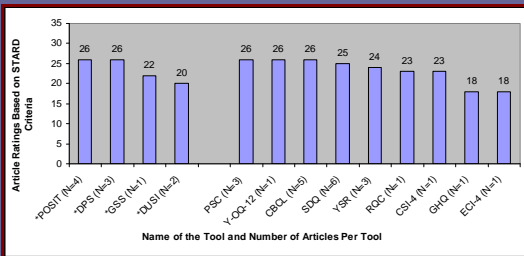
### The Tools...

Mental Health but not SUD	Substance Use Disorder but no other MH
Pediatric Symptom Checklist (PSC)	CRAFFT
Youth Outcome Questionnaire (Y-OQ-12)	RAFFT
Child Behavior Checklist (CBCL)	Alcohol/Drug Acknowledgement Scale (ACK)
Strengths and Difficulties Questionnaire (SDQ)	Alcohol/Drug Problem Proneness Scale (PRO)
Youth Self-Report (YSR)	MacAndrew Alcoholism Scale-Revised (MAC-R)
Reporting Questionnaire for Children (RQC)	DEP-ADO
Child Symptom Inventory-4 (CSI-4)	Rutgers Alcohol Problem Index (RAPI)
General Health Questionnaire (GHQ)	<b>Both Substance Use and Mental Health Disorders</b>
Early Childhood Inventory-4 (ECI-4)	Problem Oriented Screening Tool for Teenagers (POSIT)
	DISC Predictive Scales (DPS)
	<b>GAIN Short Screener (GSS)</b>
	Drug Use Screening Inventory (DUSI) and (DUSI-R)

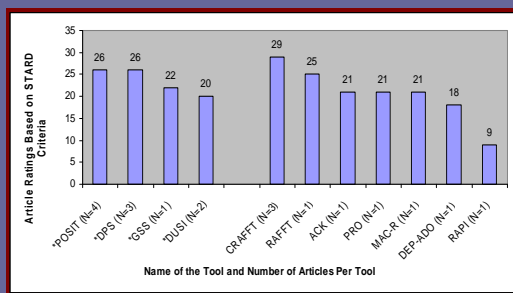
### STARD Ratings

- STARD = Standards for Reporting of Diagnostic Accuracy
- Assists investigators in reporting results in clear fashion
- Provides an assessment of the quality of the reporting of essential features of all phases of a validation study
- Does NOT yield an assessment of the research findings *per se*

### STARD Ratings for Articles on Mental Health Related Tools



### STARD Ratings for Articles on Substance Abuse Related Tools



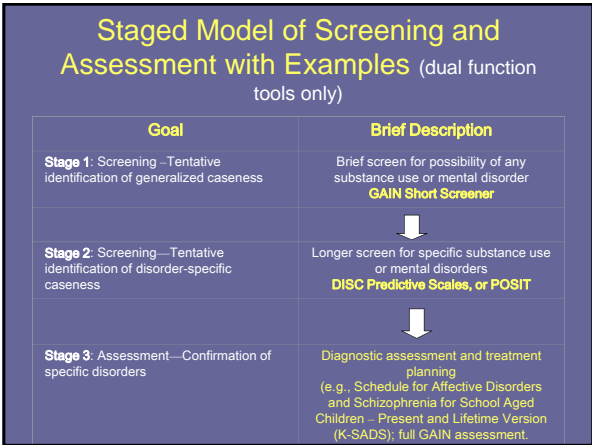
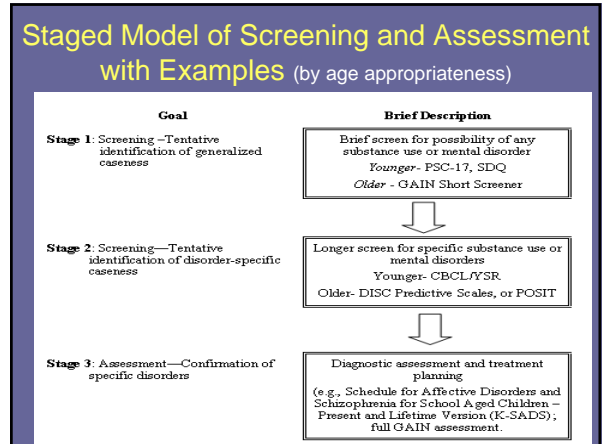
### Summary of Screening Options for Ages 12 - 17

Screening Tool	Screening Stage	Quality of Reporting	Strength of Reliability and Validity	Stakeholder Enthusiasm
<b>Mental Health but not SUD</b>				
Pediatric Symptom Checklist (PSC) - Age 4-15	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Youth Outcome Questionnaire (Y-OQ-12) - Age 4-17	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Child Behavior Checklist (CBCL) - Age 6-18	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Strengths and Difficulties Questionnaire (SDQ) - Age 11-16	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Youth Self-Report (YSR) - Age 11-18	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Reporting Questionnaire for Children (RQC) - Age 5-15	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	Limited feedback
General Health Questionnaire (GHQ) - Age 11-15	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	Limited feedback
<b>Substance Use Disorder but no other MH</b>				
CRAFFT - Age 14-18	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
RAFFT - Age 13-18	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Drug Acknowledgement Scale (ACK) - Age 14-18	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	Limited feedback
Alcohol/Drug Problem Proneness Scale (PRO) - Age 14-18	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	Limited feedback
MacAndrew Alcoholism Scale-Revised (MAC-R) Age 14-18	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	Limited feedback
DEP-ADO - Age 14-19	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Rutgers Alcohol Problem Index (RAPI) - "adolescents"	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
<b>Both SUD and other MH</b>				
Problem Oriented Screening Tool for Teenagers (POSIT) 12-19	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
DISC Predictive Scales (DPS) - Age 9-17	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
GAIN Short Screener (GSS) - Age 10-17	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Drug Use Screening Inventory (DUSI) and (DUSI-R) 12+	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low

### Summary- Preschool to Age 11

Screening Tool	Screening Stage	Quality of Reporting	Strength of Reliability and Validity	Stakeholder Enthusiasm
<b>Mental Health but not SUD</b>				
Pediatric Symptom Checklist (PSC) - Age 4-15	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Youth Outcome Questionnaire (Y-OQ-12) - Age 4-17	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Child Behavior Checklist (CBCL) - Age 6-18	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Strengths and Difficulties Questionnaire (SDQ) Age 6-18	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Reporting Questionnaire for Children (RQC) - Age 5-15	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
Child Symptom Inventory-4 (CSI-4) - Age 5-12	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	Limited feedback
Early Childhood Inventory-4 (ECI-4) - Preschool	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	Limited feedback
<b>Substance Use Disorder but no other MH</b>				
No SUD only tools for this young age group				
<b>Both SUD and other MH</b>				
DISC Predictive Scales (DPS) - Age 9-17	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low
GAIN Short Screener (GSS) - Age 10 - 17	1 <sup>st</sup>	2 <sup>nd</sup>	High Med Low	High Med Low

- High-level summary based on our review and feedback from CD Champions**
- Good support for the staged screening model – role for very brief tools as well as longer, more comprehensive screeners
  - Having tools that screen for **both** mental and substance use problems/disorders is seen as “very important” in the selection process
  - Top selection criteria for end-users:
    - top value is placed on strong reliability and validity data
    - secondarily emphasize practical issues such as ease of administration, scoring and brevity.
    - cost is an important consideration but does not dominate among various selection criteria.



- And, evaluation, evaluation, evaluation....**
- Now clearly at the Knowledge Translation stage
    - need communication BETWEEN the various actors (clinicians, program managers, policy makers, and researchers)
    - Networks, Communities-of-Practice, pilot studies, dissemination research
  - Need to eventually tie this work into broader services and systems integration processes
  - Need to use proven conceptual models to guide the dissemination and evaluation efforts (e.g., diffusion of innovation; stages of change, change management generally)

*Thank - you!!*