

Principles of Practice⁶

COMPREHENSIVE ASSESSMENT

- Careful differential diagnostic evaluation is recommended.
- Assess for trauma, suicide, violence, and substance use disorders.
- Psychiatric co-occurring disorders and physical comorbidities should be carefully assessed.
- Serious behavioral health conditions are chronic in nature; therefore a long-term, continuous management plan of chronic conditions is essential:
 - ◆ Measurement-based care to assess symptoms, side-effects, and adherence
 - ◆ Integration of psychiatrists and primary care providers
 - ◆ In pregnant and postpartum patients, integration of psychiatrists and obstetrician-gynecologists
 - ◆ Collaborative/shared decision-making with patients and family/caregivers
 - ◆ Psychosocial assessment
 - ◆ Assess social support system (housing, family, other caregivers, etc.)
 - ◆ Evaluate the factors that pose a risk to the continuity of care (medication adherence, etc.)
 - ◆ Assess involvement with legal system and interact with law enforcement as needed

MEASUREMENT-BASED CARE

- Questionnaires and rating scales are strongly recommended for the initial diagnostic assessment and evaluation of treatment outcomes. These instruments can be helpful in providing supplemental information to the provider's clinical judgment.
- Integration of rating scales into routine clinical practice and for all follow-up appointments is also strongly suggested.
- Clinicians should use rating scales to assess symptom severity during the initial evaluation and treatment, when medication changes are implemented, and/or when the patient reports a change in symptoms.

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MEASUREMENT SCALES

Internet links to the following psychiatric assessment scales are available on the program website at www.medicaidmentalhealth.org. These scales were selected because they are brief and can be completed in the primary care office.

Table 1. Child and Adolescent Assessment Scales

Condition/ Symptoms	Name of Scale	Type of Assessment	Age range	# of Items
ADHD	ADHD Rating Scale IV – Home Version	Parent rating	5-17	18
ADHD	NICHQ Vanderbilt Assessment Scales	Parent rating Teacher rating	6-12	55 43
Anxiety	Severity Measure for Generalized Anxiety Disorder	Patient self-report	11-17	10
Cognitive, emotional & behaviorial problems	Pediatric Symptom Checklist (PSC)	Parent rating	4-16	35
Depression	PHQ-9 Modified for Adolescents (PHQ-A)	Patient self-report	11-17	9
Depression	Center for Epidemiological Studies Depression Scale for Children (CES-DC)	Patient self-report	6-17	20
Manic symptoms	Child Mania Rating Scale	Parent rating	5-17	21
Mental health domains across psychiatric diagnoses	DSM-5 Parent/Guardian-Rated Level 1 Cross-Cutting Symptom Measure-Child	Parent rating	6 -17	25
Mental health domains across psychiatric diagnoses	DSM-5 Self-Rated Level 1 Cross- Cutting Symptom Measure—Child	Patient self- report	11-17	25
PTSD	Child PTSD Symptom Scale (CPSS)	Patient self-report or clinician administered	8-18	24
Substance use (Alcohol & drugs)	The CRAFFT Screening Interview	Patient self-report	13-18	9
Substance use (Drugs)	Drug Use Questionnaire (DAST-20)	Patient self-report	13-18	20
Symptom severity across mental health domains	Brief Psychiatric Rating Scale for Children (BPRS-C)	Clinician rating	3-18	21

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Table 2. Adult Assessment Scales

Condition/ Symptoms	Name of Scale	Type of Assessment	# of Items
Anxiety/general	Generalized Anxiety Disorder 7-Item (GAD-7) Scale	Patient self-report	7
Anxiety/general	Severity Measure for Generalized Anxiety Disorder-Adult	Patient self-report	10
Anxiety/panic	Severity Measure for Panic Disorder	Patient self-report	10
Bipolar disorder/ manic symptoms	Young Mania Rating Scale (YMRS)	Clinician rating	11
Bipolar disorder	The Mood Disorder Questionnaire (MDQ)	Patient self-report	16
Childhood trauma	Adverse Childhood Experiences (ACE) Questionnaire	Patient self-report	10
Depression	Patient Health Questionnaire (PHQ-9)	Patient self-report	9
Depression	Beck Depression Inventory (BDI)	Patient self-report	21
Depression	Hamilton Rating Scale for Depression (HAM-D)	Clinician rating	21
Difficulties/ disability due to mental health conditions	World Health Organization Disability Assessment Scale 2.0	Patient self-report	36
Global rating of illness severity and response to treatment	Clinical Global Impression Scale (CGI)	Clinician rating	3

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Table 2. Adult Assessment Scales (continued)

Condition/ Symptoms	Name of Scale	Type of Assessment	# of Items
Mental health domains across psychiatric diagnosis	DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measures-Adult	Patient self-report	23
Psychosis	Clinician-Rated Dimensions of Psychosis Symptom Severity	Clinician rating	8
Psychotic disorders	Brief Psychiatric Rating Scale (BPRS)	Clinician rating	18
PTSD	National Stressful Events Survey PTSD Short Scale (NSESS)	Patient self-report	9
PTSD	Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)	Patient self-report	20
Substance use (Alcohol)	The Alcohol Use Disorders Identification Test (AUDIT-C, AUDIT)	Patient self-report	3, 10
Substance use (Alcohol & drugs)	NIDA Drug Use Screening Tool: Quick Screen	Patient self-report	4
Substance use (Alcohol & drugs)	The CRAFFT Screening Interview	Patient self-report	9
Substance use (Drugs)	Drug Abuse Screen Test (DAST-10)	Patient self-report	10
Substance use (Opioids)	Opioid Risk Tool	Patient self-report	10

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice for providing early intervention and treatment to individuals at risk for developing substance use disorders. SBIRT can be implemented in the primary care setting. For more information regarding SBIRT - www.samhsa.gov/sbirt.

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Table 3. General Recommendations: Monitoring Physical Health in Patients with Serious Mental Illness

Assessment	Baseline	Each Visit	6 Weeks	3 Months	Annually
Personal and family history	✓	—	—	—	✓
Lifestyle behaviors (smoking, exercise, dietary habits)	✓	✓	✓	✓	✓
Weight	✓	✓	✓	✓	✓
Waist circumference*	✓	—	✓	✓	✓
BP and pulse**	✓	✓	✓	✓	✓
Sedation/somnolence	✓	✓	✓	✓	✓
Sexual/reproductive dysfunction	✓	—	✓	✓	—
Prolactin***	✓	—	—	✓	✓
Fasting blood glucose	✓	—	✓	✓	✓
Fasting lipid profile	✓	—	—	✓	✓
Parkinsonism (SAS or ESRS), Akathisia (AIMS or ESRS) †	✓	—	—	✓	✓
Electrolytes, full blood count, renal function ††	✓	—	—	—	✓
Tardive dyskinesia	✓	—	—	—	✓
Liver function tests	✓	—	—	—	✓
Dental health	✓	—	—	—	✓
ECG parameters †††	✓	—	—	—	—

Adapted from Hert, et al., 2011b. *Physical Illness in patients with severe mental disorders: II. Barriers to care, monitoring and treatment guidelines, plus recommendation at the system and individual level. World Psychiatry, 10(2): 138-151.*

*Studies have shown that waist circumference is a better predictor of cardiovascular risk compared to Body Mass Index (BMI).

** Check BP and pulse during titration with clozapine and quetiapine.

***It is recommended to obtain baseline values of prolactin levels. If too expensive, obtain only in cases where sexual or reproductive system abnormalities are reported. At 3 months and annually, obtain in cases where sexual dysfunction coincides with antipsychotic treatment or dose change.

† Abbreviations: SAS = Simpson-Angus Scale; ESRS = Extrapyramidal Symptom Rating Scale; AIMS = Abnormal Involuntary Movement Scale. These scales are available at www.medicaidmentalhealth.org.

†† Conduct more frequent blood counts if taking clozapine. For more information, go to Clozapine REMS Program at www.clozapinerems.com.

†††ECG=electrocardiogram; perform ECG at baseline then only if symptomatic.