

Principles of Practice

Note: Strongly recommend coordination of care between primary care, psychiatry, specialists, and other providers to facilitate optimal outcomes.

COMPREHENSIVE ASSESSMENT

- A comprehensive health assessment includes:
 - ◆ A full medical history
 - ◆ An assessment of psychiatric co-occurring disorders and physical comorbidities
 - ◆ An assessment for trauma, suicide, violence, and substance use disorders
 - ◆ Assessment of pregnancy intentions in women of childbearing age
 - ◆ Assessment of a patient's social determinants of health (e.g., health literacy, transportation, food insecurity, housing stability)
 - ◆ Relevant medical work-up, physical examination, and nutritional status evaluation

- 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 post-partum patients, integration of psychiatrists and obstetrician-gynecologists
 - ◆ Collaborative/shared decision-making with patients and family/caregivers
 - ◆ Psychosocial assessment
 - ◆ Assess of social support system (housing, family, other caregivers, etc.)
 - ◆ Evaluate the factors that pose a risk to the continuity of care (medication adherence, social determinants of health, etc.)
 - ◆ Assess involvement with legal system and interact with law enforcement as needed

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MEASUREMENT-BASED CARE FOR BEHAVIORAL HEALTH CONDITIONS

- 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.

Notes:

- Effort should be made to communicate between primary care providers, psychiatrists, caseworkers, and other team members to ensure integrated care.
- Prior to initiating any intervention (e.g., psychosocial, medication), assess and document the risks/benefits of treatment.
- Education should be age-appropriate and targeted to the condition.

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 Teaching rating	6-12	55 43
Anxiety	Severity Measure for Generalized Anxiety Disorder	Patient self- report	11-17	10
Cognitive, emotional & behavior 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	Patent 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

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Table 1. Child and Adolescent Assessment Scales (continued)

Condition/ Symptoms	Name of Scale	Type of Assessment	Age range	# of Items
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
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	Post-traumatic Stress Disorder Checklist for DSM-5 (PCL-5)	Patient self-report	20

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Table 2. Adult Assessment Scales (continued)

Condition/ Symptoms	Name of Scale	Type of Assessment	# of Items
Substance use (Alcohol)	The Alcohol Use Disorders Identification Test (AUDIT-C, AUDIT)	Patient self-report	3, 10
Substance use (Alcohol)	Tolerance, Annoyed, Cut Down, Eye-Opener (T-ACE) Questionnaire	Patient self-report	4
Substance use (Alcohol use during pregnancy)	Tolerance, Worried, Eye-Opener, Amnesia, Cut Down (TWEAK) Questionnaire	Patient self-report	5
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 (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):

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, visit <http://www.samhsa.gov/sbirt> and see the Substance Use Disorders section in these guidelines.

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General Recommendations: Baseline Monitoring of Physical Health in Patients with Serious Mental Illness (SMI)

Table 3. Recommended Assessments at Baseline and Subsequent Follow-up Monitoring

Assessment	Baseline	Follow-up Assessments
Vital signs (blood pressure, pulse, weight, including calculation of body mass index)	✓	Each visit
Lifestyle behaviors: smoking, diet, exercise, substance use, sleep	✓	Each visit
Personal/family history: hypertension, diabetes, cardiovascular disease, cerebrovascular disease (stroke), cancer, epilepsy, Parkinson's disease, thyroid disease	✓	As clinically indicated
Dental history	✓	As clinically indicated
Sexual/reproductive function	✓	At 3 months and 6 monthly thereafter

RECOMMENDED MONITORING AS NEEDED BASED ON CLINICAL PRESENTATION:

- Waist circumference
- Sedation
- Parkinsonism Screen (e.g., SAS or ESRS)
- Akathisia Screen (e.g., AIMS or ESRS)
- Electrocardiogram (ECG)

Note: Prior to considering medication management, clinicians should weigh the risks and benefits of treatment, including the risk for interactions with other medications (both prescribed and over-the-counter), herbal supplements, and foods (e.g., grapefruit) that may increase or decrease drug levels. To check drug-drug interactions, visit: <https://reference.medscape.com/drug-interactionchecker>.

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Table 4. Recommended laboratory monitoring

Parameter	Recommendation
Complete blood count with differential (CBC with diff)	At baseline, then as indicated (e.g., treatment with clozapine)
Complete metabolic panel (CMP)	At baseline, then as indicated
Fasting lipid profile	All patients over 40 years at baseline and annually thereafter, or sooner as indicated (e.g., cardiac history, obesity, diabetes, hypertension)
Folate	As clinically indicated
Hemoglobin A1c (HbA1c)	All patients over 40 years at baseline and annually thereafter, or sooner as indicated
Prolactin	As clinically indicated (e.g., amenorrhea/oligomenorrhea, poor sexual function, osteopenia/osteoporosis)
Thyroid stimulating hormone (TSH)	As clinically indicated
Urine Drug Screen	As clinically indicated
Vitamin B12	As clinically indicated
Vitamin D	As clinically indicated

Notes:

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

There are many reasons patients may require testing earlier or more often than the recommendations noted above. If monitoring has been obtained by primary care provider, obtain records.

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

Check blood pressure (BP) and pulse during titration with clozapine and quetiapine.

For more information about clozapine monitoring, visit the Clozapine REMS Program at www.clozapinerems.com.

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Table 5. Normal laboratory values in adults for selected measures

Measure	Normal Range*
Basic Metabolic Panel	
Blood urea nitrogen (BUN)	7 – 20 mg/dL
Bicarbonate (HCO ₃ ⁻), total	18 – 30 mEq/L
Creatinine	0.8 – 1.3 mg/dL
Glucose	70 – 100 mg/dL
Serum chloride (Cl ⁻)	95 – 105 mmol/L
Serum potassium (K ⁺)	3.5 – 5.0 mmol/L
Serum sodium (Na ⁺)	135 – 145 mmol/L
Complete Blood Count	
Measure	Normal Range*
Hemoglobin	Males: 13 – 17 g/dL Females: 12 – 15 g/dL
Hematocrit (Hct)	Males: 40 – 54% Females: 36 – 46 %
Mean corpuscular volume (MCV)	80 – 100 fL
Platelets	150 – 400 x 10 ⁹ /L
Red Blood Cells (RBCs)	Males: 4.32 – 5.72 x 10 ¹² cells /L Females: 3.90 – 5.03 x 10 ¹² cells/L
White Blood Cells (WBCs)	4 – 10 x 10 ⁹ /L
Endocrine	
Measure	Normal Range*
Glucose	70 – 100 mg/dL
Hemoglobin A1c (Hgb A1c)	5.6% and below
Lipids	
Measure	Normal Range*
High density lipoprotein (HDL)	Above 50 mg/dL
Low density lipoprotein	85 – 125 mg/dL
Total cholesterol	3.5 – 5.5 mmol/L
Triglycerides	50 – 150 mg/dL

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Table 5. Normal laboratory values in adults for selected measures (continued)

Liver function tests	
Measure	Normal Range*
Albumin	3.5 – 5.0 g/dL
Alkaline phosphatase	20 – 90 Units/L
Alanine Aminotransferase (ALT)	10 – 30 Units/L
Aspartate aminotransferase (AST)	5 – 30 Units/L
Bilirubin, direct	0 – 6 micromols/L
Bilirubin, total	2 – 20 micromols/L
Total protein	60 – 80 g/L
Renal function	
Measure	Normal Range*
Blood urea nitrogen (BUN)	7 – 20 mg/dL
Creatinine	0.8 – 1.3 mg/dL
Estimated glomerular filtration rate (eGFR)	Above 90%

*Note: Normal laboratory values may vary by facility. Always use the facility's laboratory value guidelines for testing and interpretation.

