STRUCTURED MENTAL HEALTH ASSESSMENT

Background

1. Dr Andrew Murrison's report 'Fighting Fit - A mental health plan for servicemen and veterans' was published in Aug 10. The report recognised the importance of stigma and of making interventions acceptable to a population accustomed to viewing itself as mentally and physically robust, and commented that there was scope for improving the focus of periodic, discharge and invaliding medical examinations on service-related ill health, particularly mental health. One of the 4 principle recommendations made was:

> "… that a mental health systems enquiry is built into routine Service medical examinations, discharge medicals and the medical examinations conducted prior to invaliding from the Service on the grounds of physical or mental incapacity."

This recommendation was accepted by MOD, recognising the benefits of a structured approach to assessing mental fitness.

Prevalence of Mental Health Disorders

2. Mental Health (MH) problems are common but treatable. Surveys of civilian populations in the UK suggest about 15% of the population have symptoms of common mental health problems such as depression or anxiety disorders[1]. UK Armed Forces (AF) personnel have a slightly higher risk of such symptoms at about 20%[2]. Alcohol misuse is significantly more widespread amongst AF personnel than civilian populations, with about 13% of all AF personnel having significant misuse, and even higher rates amongst those who have recently deployed. Hazardous alcohol consumption is even commoner, with 67% of male soldiers engaging in hazardous drinking compared to 38% of an age-matched civilian population[3].

3. Post Traumatic Stress Disorder (PTSD) is not the commonest mental health disorder following operations, being just as common amongst those who have not deployed overall; however, AF personnel in certain groups are at higher risk of PTSD. These include the following:

a. Those exposed to combat.

b. Reservists.

c. Medically evacuated personnel[4].

d. Those exposed to a significant traumatic event.

4. Whilst many of those with mental disorder symptoms experience a transitory disturbance which either resolves spontaneously or with non-healthcare support, many of those who experience persisting symptoms can be successfully treated with primary care interventions such as follow-up, self help strategies and basic counselling. Those who have persistent symptoms after these interventions require referral to specialist mental healthcare.

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[1] NICE CG123 – Common Mental Health Disorders - May 2011
[2] Fear et al. What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. *Lancet*.2010.
[3] Fear et al. Patterns of drinking in the UK Armed Forces. *Addiction*. 2007.
[4] What are the effects of having an illness or injury whilst deployed on post deployment mental health? A population based record linkage study of UK Army personnel who have served in Iraq or Afghanistan. Harriet J Forbes, Norman Jones, Charlotte Woodhead, Neil Greenberg, Kate Harrison, Sandra White, Simon Wessely, Nicola T Fear. In Press

5. In order to be treated, an individual suffering from a MH problem must present to an appropriate carer. Within the AF various barriers to treatment have been identified[5]. The perceived stigma associated with mental health disorders is a significant issue, with many unwilling to admit to mental health symptoms. This leads to a number of AF personnel with treatable mental health disorders remaining undiagnosed. This is detrimental to the individual, their friends and family, and the services. A structured approach at routine medicals will help to identify those suffering from common mental disorder symptoms (case finding), in order to establish the individual's current mental fitness and provide treatment for those that need it.

The Structured Mental Health Assessment

6. The Structured Mental Health Assessment (SMHA) is based on 4 validated MH assessment tools, augmented by sections on sleep and anger. It consists of 14 questions, addressing the following conditions as follows:

a. Sleep - 2 questions.

b. Depression (PHQ-2) - 2 questions.

c. Post-traumatic stress symptoms (PC-PTSD) - 4 questions.

d. Anger - 1 question.

e. Anxiety (GAD-2) - 2 questions.

f. Alcohol consumption (AUDIT-C) - 3 questions.

7. The sleep questions have been added as some may find it easier to admit to problems in this area, which can then lead to further more targeted enquiry. For this reason, the sleep questions should be asked first. The anger question reflects possible commonality of this issue in military personnel, especially following operations.

Occasions for use

8. The use of the SMHA is mandated on the following occasions, as part of a routine full medical:

a. PULHHEEMS medicals undertaken during recruit training[6].

b. Re-engagement and periodic routine PULHHEEMS (age related[7]) medicals[8].

c. Discharge PULHHEEMS medical (including medical boards leading to discharge P8[9]).

d. Where specified in specific policy (eg fitness for Specialist Debriefing Duties).

9. In addition, the use of the SMHA should be adopted as best practice when performing other full medicals (eg aircrew, diving, permanent medical boards).

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[5] Such as ignorance about symptoms experienced, geographical constraints, command reluctance to release from workplace etc

[6] These are medicals performed whilst in service during recruit training, not the pre-selection medical. The detail of implementation in recruit training establishments will be undertaken under sS arrangements in order to recognise the differences between the Services in the timing of PULHHEEMS during the recruit training period.

[7] Where mandated by sS policy

[8] In this context, PULHHEEMS medicals performed for occupational reasons in specific employments (eg divers, aircrew) are not regarded as routine periodic medicals, and the SMHA is not mandated.

[9] The SMHA may be completed in advance of attendance at the medical board as part of the referral process.

10. The SMHA can also be used as a tool to help identify mental health problems within routine consultations, where there is a suspicion of mental health problems (eg recurrent unexplained medical attendances) or where there is a higher likelihood of mental health problems (eg post operational deployment for those involved in combat, reservists, where there has been a significant traumatic event or a positive TRiM assessment)

Procedure for use

11. A DMICP template has been created to allow the SMHA to be used directly face to face within consultations; this is the preferred method. It can be located though the template function by using the search term "Structured". However, where time is limited or circumstances dictate, the SMHA can be administered as a paper questionnaire completed before the medical (eg as part of prelims). The results must be accurately entered onto DMICP via the SMHA template, and the responses must be reviewed by the MO during the medical - completion of the questionnaire alone does not fulfil the SMHA requirement. Where there are no significant findings recorded, the clinician should verbally assess the patient to verify the validity of the questionnaire. Where there are significant findings on the questionnaire or during face to face administration of the SMHA during the consultation, the clinician should undertake further questioning on the identified areas (see Outcomes below)

12. The DMICP template assigns Read codes to the answers given, which will facilitate local audit, and permit anonymised statistics to be collected centrally. For this reason, it is **not acceptable** to scan paper questionnaires onto DMICP. Annex A sets out the SMHA in a tabulated format for patient use, and Annex B replicates this with scoring shown on the form. Annex B may be used as an aide memoire during a consultation, or for undertaking a SMHA during face to face consultations where DMICP is not available. However, where any identifiable details are recorded, the form must be secured appropriately and destroyed by shredding or equivalent methods once the information is recorded on DMICP.

13. The elements of the SMHA are scored as follows:

a. Sleep – any positive response requires further enquiry.

b. Depression -1 = possible depression, 2 = probable depression.

c. PTSD - 2 = possible PTSD; 3-4 = probable PTSD.

d. Anger - If positive investigate patient's concern about this.

e. Anxiety - 1 = possible anxiety disorder.

f. Alcohol – 6 or over requires further inquiry.

For ease, the scoring scheme is replicated on the DMICP template, and on the clinician administered paper version at Annex B.

Outcomes

14. Once the SMHA questions have been reviewed with the patient, one of the following 6 outcomes needs to be chosen:

a. No mental health concerns.

b. Some concerns, and patient offered advice and / or reassurance.

c. Patient requires follow up and PHC management.

d. Patient requires DCMH referral.

e. Patient declined DCMH referral and Civilian GP appraised of concerns where applicable.

f. Patient already under DCMH care.

15. In addition to these management outcomes, the SMHA template includes a tick box to indicate if any advice on alcohol use has been given as follows:

a. Patient Advised about alcohol.

b. Alcohol Leaflet given.

These are not management outcomes themselves, and should be completed as necessary in addition to the outcomes listed at para 14.

16. In most instances it is anticipated that the outcome of the SMHA will not indicate the need for formal follow up at either PC or DCMH level. Scores under the indicated threshold for concern at para 13 above are regarded as negative findings, and should lead to "No mental health concerns" being recorded.

17. SMHA scores at or over the threshold for concern enable a provisional diagnosis to be made. These require a broader assessment to decide if more formal interventions are needed. Additional clinical considerations that may affect decisions about management and treatment include:

a. Have current symptoms been triggered by psychosocial stressor(s)?

b. What is the duration of the current disturbance and has the patient received any treatment for it?

c. To what degree are the patient's symptoms causing functional disturbance in their usual activities? This should include effect on work, leisure activities, daily activities of living, relationships etc.

d. Is there a past history of similar episodes, and were they treated?

e. Is there a family history of similar conditions?

f. Do any of the identified concerns require immediate restrictions on employment? This assessment should include safety in the workplace, including fitness weapon handling, and any special issues such as access to classified information or child protection.

18. To support the clinician's judgement and assist the follow-up management planning one of the following instruments can be used:

a. **Sleep**. Sleep questions are useful in military populations as perceived stigma may prevent honesty with more obviously psychological questions. Positive answers to the sleep questions indicate a requirement for further discussion in order to elicit possible causes which may include psychological reasons. Revisit symptoms of depression and anxiety as below or other cause of sleep disturbance.

b. **Depression**. Any positive responses to the depression questions may be investigated with the PHQ 9 questionnaire, a copy of which is presented at Annex C. A PHQ 9 score between 5 and 9 indicates a mild depression and the patient's condition should be monitored through a follow-up appointment at a 1-2 week interval. If the score is 10 -15 moderate depression is more likely and referral to a DCMH may be considered. A score of 16 or above indicates a more severe problem which should usually be referred to a DCMH for management.

c. **PTSD.** A single positive response should be monitored through a follow-up appointment at a 1-2 week interval. Two or more positive responses should be referred to a DCMH for management. Further inquiry can be made by using the PCL-C questionnaire, a copy of which is presented at Annex D.

d. **Anger**. A positive answer to this question indicates a requirement for further discussion to elicit the patient's feelings and identify whether help is required.

e. **Anxiety**. Any positive responses to the anxiety questions may be investigated with the GAD 7 questionnaire, a copy of which is presented at Annex E. A GAD 7 score less than 10 indicates mild anxiety and the patient's condition should be monitored through a follow-up appointment at a 1-2 week interval. A score of 10 or over indicates a moderate or severe anxiety which should usually be referred to a DCMH for management.

f. **Alcohol**. If the score from the alcohol questions is 6 or more the full 10 item AUDIT questionnaire should be administered, a copy of which is presented at Annex F. Individuals with AUDIT score 8-15 (Hazardous Drinking) should be provided with safe drinking advice and education and their behaviour should reviewed at a follow-up appointment at an interval of between 3-5 weeks. A link to standardised alcohol management advice is provided from the SMHA DMICP template. AUDIT scores or 16 or more (Harmful Drinking) should be referred to a DCMH for management. Direction on alcohol management in the Armed Forces is provided in the Mental Health Faculty - Alcohol Management Report. PHC clinicians should be aware of Annexes A and B of this document. Additionally, individuals scoring less than 8 who identify a wish to reduce their alcohol intake should be offered appropriate help.

19. From this more detailed assessment a number of outcomes are possible, as indicated above: The exact choice of intervention should be made by balancing the severity of the symptoms with the effect on the individual's functional capacity. The SMHA template should be completed with one of the following outcomes:

a. Some concerns, and patient offered advice and / or reassurance. This is appropriate where symptoms are likely to be transitory and are not leading to functional impairment, and no formal follow-up is considered necessary. No alteration to the JMES is likely to be required.

b. Patient requires follow up and PHC management. If PHC follow up and / or treatment are required, consideration must be given to altering JMES with appropriate medical limitations. The PULHHEEMS S factor may be altered for up to 6 months in total without formal psychiatric opinion.

c. Patient requires DCMH referral. If there are concerns warranting referral to a DCMH, the individual should be downgraded or otherwise given medical limitations on employability in accordance with JSP 950 Lft 6-7-5 and sS policy until they have been reviewed at DCMH. The advice from DCMH will inform any requirement to continue or amend downgrading.

d. Patient declines DCMH referral. If there are concerns sufficient to warrant referral to a DCMH, every effort should be taken to persuade the individual of the benefit to them, both in terms of their own health, and employability. However, some individuals may continue to elect to exercise their right to refuse referral. In these cases, a thorough and careful assessment of their employability must be undertaken, and an appropriate JMES awarded, or other medical limitations on employability applied in accordance with sS policy. Advice may be sought from DCMH or sS OH, ensuring medical confidentiality is observed.

e. Patient already under DCMH care. For individuals already under DCMH care, an appropriate JMES should already be advised.

20. Recruits having their initial/first medical after commencing training are not to be barred from continuing training on the basis of the SMHA.

Eligibility for MH care after discharge

21. In accordance with JSP 950 2-7-2 Section 11 where a Serving person has had a mental health problem identified at the time of discharge that requires referral to a DCMH, that person may access care in a UK DCMH for up to 6 months beyond their discharge date, for whatever reason, providing the veteran is registered with a NHS GP. This should be made clear to individuals at discharge medicals (or medical boards potentially leading to discharge) to prevent them from concealing symptoms because they fear a delay in their discharge. In these circumstances, if the outcome of the SMHA indicates a need for referral to a DCMH, this should be undertaken promptly, with the referral noting that the individual is leaving the service, and providing civilian contact details as required.

Training

22. The SMHA process has been designed to be intuitive, and is based on established MH tools used in PHC, negating the requirement for formal training. However, if required, DCMH are able to provide general training, and should be approached directly by units. Training will be delivered in support of any identified needs but may include:

a. DMICP SMHA template familiarisation.

b. General MH questioning techniques.

c. AUDIT, GAD 7, WSAS, PHQ 9 and PCL-C familiarisation.

d. PHC management strategies for low level MH issues.

e. DCMH referral criteria/threshold.

Audit

23. The use of the SMHA should be audited regularly to ensure its use is compliant with this policy. This will be included in Health Care Governance Assurance Visits. For ease, the Read codes associated with the SMHA template are at Annex G.

Summary

24. SMHAs are to be conducted routinely within DMS at the specified medical assessments. All assessments are to be recorded on the DMICP SMHA template. Successful delivery of SMHAs is dependent on the effectiveness of the consultation process, and as such, wherever possible, the assessment should be conducted through direct consultation.

Implementation

25. This policy is to be used with effect from date of publication, and replaces previous policy at 2012DIN01-158.

Annexes:

A. Structured Mental Health Assessment Form – Self Completed.
B. Structured Mental Health Assessment Form.
C. Personnal Health Questionnaire - PHQ – 9.
D. Post Traumatic Stress Disorder Check List - PCL – C.
E. General Anxiety Disorder - GAD – 7.
F. Alcohol Use Disorders Identification Test (AUDIT) – Questionnaire.
G. SMHA Read Codes.

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Annex A

STRUCTURED MENTAL HEALTH ASSESSMENT FORM – SELF COMPLETED

PERSONAL DETAILS					
Service Number		**Initials**		**Surname**	
Rank		**DoB**			

We would be grateful if you will spend a few minutes completing this questionnaire to help give us a picture of your mental well-being, as part of your medical.

Please answer by ticking or circling the box, and answer as honestly as possible. There are no "right" or "wrong" answers.

The results will entered into your medical record and this form will be destroyed. If you are unsure how to answer any of these questions, or you wish to discuss any issues further, please speak to one of the doctors or other clinical staff. There will be an opportunity to discuss your answers during your medical.

In the *past month*, have you experienced any of the following:		
Having difficulty getting off to sleep or staying asleep?	Yes	No
Quality of sleep interfering with day to day life *(for example for daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)*	Yes	No
A persisting low mood?	Yes	No
A loss of interest in pleasurable activities?	Yes	No
Nightmares or unwanted thoughts about an unpleasant incident?	Yes	No
Trying hard not to think about an unpleasant incident or trying to avoid situations that remind you of it/them?	Yes	No
Feeling numb or detached from others, activities, or their surroundings?	Yes	No
Being constantly on guard, watchful or easily startled?	Yes	No
Getting angry with someone and yelling at them or threatening physical violence	Yes	No
In the *past two weeks*, have you experienced any of the following:		
A persisting feeling of being anxious, nervous or on edge?	Yes	No
An inability to stop or control worrying thoughts?	Yes	No

Alcohol Use					
A unit of alcohol is a single 25ml measure of spirits, a 100ml glass of 10% wine or half a pint of 3.8% beer. One litre of any drink has the same number of units as it is percentage alcohol.					
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week
How many units of alcohol do you drink on a typical day when drinking	0-2	3-4	5-6	7-9	10+
On how many occasions in the last year did you have - 6 or more units if female, or - 8 or more if male, on a single occasion/session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

This document is not be scanned into DMICP – the SMHA template must be completed in full

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STRUCTURED MENTAL HEALTH ASSESSMENT FORM

PERSONAL DETAILS					
Service Number		**Initials**		**Surname**	
Rank		**DoB**		**DMICP No**	

Sleep		
In the last month had difficulty getting off to sleep or staying asleep	Yes	No
In the last month quality of sleep has interfered with day to day life *(prompt for daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)*	Yes	No
If sleep is interfering with daily activity, pay particular attention to the possibility of depression and anxiety or other reason for sleep disturbance.		
Depressed Mood		
Over the last month a persisting low mood	Yes	No
Over the last month a loss of interest in pleasurable activities	Yes	No
Score: 1 Yes = possible Depression, 2 Yes = probable Depression – investigate further.		
Post Traumatic Stress Symptoms		
In the past month had nightmares about or had thoughts about an unpleasant incident which were not wanted.	Yes	No
In the past month tried hard not to think about an unpleasant incident or tried to avoid situations that remind them of it/them	Yes	No
In the past month has felt numb or detached from others, activities, or their surroundings	Yes	No
In the past month has been constantly on guard, watchful or easily startled	Yes	No
Score: 2 Yes = possible PTSD; 3-4 Yes = probable PTSD.		

Anger / Irritability		
In the last month has got angry with someone and yelled at them or threatened physical violence	Yes	No
If positive investigate patient's concern about this.		

Anxiety		
Over the last two weeks, a persisting feeling of being anxious, nervous or on edge	Yes	No
Over the last two weeks an inability to stop or control worrying thoughts	Yes	No
Score: 1 Yes = possible anxiety disorder– investigate cause.		

Alcohol Use					
How often does the person have a drink containing alcohol (Score)	Never (0)	Monthly or less (1)	2-4 times per month (2)	2-3 times per week (3)	4+ times per week (4)
How many units of alcohol do you drink on a typical day when drinking (Score)	1-2 U (0)	3-4 U (1)	5-6 U (2)	7-9 U (3)	10+ U (4)
How often had 6 units or more if female, (8 or more if male) on a single occasion in the last year (Score)	Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
Score: If score is over 5, investigate whether person drinking harmfully or dependently and assess person's concern about their drinking.					

This document is not be scanned into DMICP – the SMHA template must be completed in full

Outcome	
No mental health concerns	
Some concerns, and patient offered advice and / or reassurance	
Patient requires follow up and PC management	
Patient requires DCMH referral	
Patient declined DCMH referral and Civilian GP appraised of concerns	
Patient already under DCMH care	

Alcohol Health Education	
Patient Advised about alcohol	
Alcohol Leaflet given	

PATIENT HEALTH QUESTIONNAIRE - PHQ - 9

PERSONAL DETAILS					
Service Number		**Initials**		**Surname**	
Rank		**DoB**		**Date**	

Please circle the number that best describes your answer to each question.

Over the last 2 weeks, how often have you been bothered by any of the following problems:		**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1.	Little interest or pleasure in doing things?	0	1	2	3
2.	Feeling down, depressed, or hopeless?	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much?	0	1	2	3
4.	Feeling tired or having little energy?	0	1	2	3
5.	Poor appetite or overeating?	0	1	2	3
6.	Feeling bad about yourself? — or that you are a failure? or have let yourself or your family down?	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way?	0	1	2	3
	(Official use) Column totals				
	(Official use) Total Score				

PATIENT HEALTH QUESTIONNAIRE (PHQ-9) - SCORING NOTES

0 - 4	=	Minimal depression
5 - 9	=	Mild depression
10 -14	=	Moderate depression
15 - 19	=	Moderately severe depression
20 - 27	=	Severe depression

POST TRAUMATIC STRESS DISORDER CHECK LIST - PCL – C

Please read each question carefully. **Circle one of the numbers indicating how much you have been bothered by that problem <u>in the past month</u>.**

PERSONAL DETAILS					
Service Number		**Initials**		**Surname**	
Rank		**DoB**		**Date**	

	Questions	Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Repeated, disturbing memories, thoughts or images of a stressful experience from the past?	1	2	3	4	5
2.	Repeated, disturbing dreams of a stressful experience from the past?	1	2	3	4	5
3.	Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?	1	2	3	4	5
4.	Feeling very upset when something reminded you of a stressful experience from the past?	1	2	3	4	5
5.	Having physical reactions (e.g. heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
6.	Avoiding thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	1	2	3	4	5
7.	Avoiding activities or situations because they reminded you of a stressful experience from the past?	1	2	3	4	5
8.	Trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
9.	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling distant or cut off from other people?	1	2	3	4	5
11.	Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12.	Feeling as if your future will somehow be cut short?	1	2	3	4	5
13.	Trouble falling or staying asleep?	1	2	3	4	5
14.	Feeling irritable or having angry outbursts?	1	2	3	4	5
15.	Having difficulty concentrating?	1	2	3	4	5
16.	Being “super alert” watchful or on guard?	1	2	3	4	5
17.	Feeling jumpy or easily startled?	1	2	3	4	5

POST TRAUMATIC STRESS DISORDER CHECK LIST – PCL-C – SCORING NOTES

1. The PCL is a standardised self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist; PCL-M is specific to PTSD caused by military experiences and PCL-C is applied generally to any traumatic event. PCL-C is used due to its wider applicability.

2. The PCL is self-administered and can be completed by patients in a waiting room prior to a consultation. It takes approximately 5-10 minutes to complete. Respondents indicate how much they have been bothered by a symptom over the past month, using a 5-point scale, circling their responses. Responses range from 1 Not at All – 5 Extremely. Interpretation of the PCL should be completed by a clinician.

3. Although there are alternate ways of scoring the PCL-C, for DMS purposes, all items should be added together for a total severity score. PTSD is increasingly likely above a score of 50[10], although dysfunction can occur from scores of 30 and above[11]. This also enables PCL-C to be used as a method of monitoring patient progress.

[10] Consistent with the criteria from Weathers F, Litz B, Herman D, Huska J, Keane T. The PTSD checklist—civilian version (PCL-C). Boston: National Centre for PTSD, 1994.
[11] Consistent with the Operational Mental Health Needs Evaluation study criteria

Annex E

GENERAL ANXIETY DISORDER - GAD-7

PERSONAL DETAILS					
Service Number		**Initials**		**Surname**	
Rank		**DoB**		**Date**	

Circle the number that best describes your answer to each question.

Over the last 2 weeks, how often have you been bothered by any of the following problems:		**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1.	Feeling nervous, anxious or on edge?	0	1	2	3
2.	Not being able to stop or control worrying?	0	1	2	3
3.	Worrying too much about different things?	0	1	2	3
4.	Trouble relaxing?	0	1	2	3
5.	Being so restless that it is hard to sit still?	0	1	2	3
6.	Becoming easily annoyed or irritable?	0	1	2	3
7.	Feeling afraid as if something awful might happen?	0	1	2	3
	(Official use) Column totals				
	(Official use) Total Score				

GENERAL ANXIETY DISORDER (GAD) 7 - SCORING NOTES

0 - 4	=	Normal
5 -9	=	Mild anxiety
10 - 14	=	Moderate anxiety
15 - 21	=	Severe anxiety

ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT) – QUESTIONNAIRE

PERSONAL DETAILS					
Service Number		**Initials**		**Surname**	
Rank		**DoB**		**Date**	

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Please circle the box that best describes your answer to each question.

	Questions	0	1	2	3	4
1.	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2.	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3.	How often do you have six or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
4.	How often during the last year have you found that you are not able to stop drinking once you had started?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
5.	How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
6.	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
7.	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
8.	How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
9.	Have you or someone else been injured because of your drinking?	No		Yes, but not during the last year		Yes, during the last year
10.	Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not during the last year		Yes, during the last year
	(Official use) Column totals					
	(Official use) Total Score					

ALCOHOL USE DISORDERS IDENTIFICATION TEST - SCORING

Personnel scoring 0-4 require no further action.

Those scoring 5 – 8 should be given brief advice regarding drinking, and offered a patient information leaflet.

Total scores of 8 -15 are recommended as indicators of hazardous alcohol use and scores of 16 and above as indicators of harmful alcohol use, as well as possible alcohol dependence. A cut-off score of 10 for hazardous drinking will provide greater specificity but at the expense of sensitivity.

Since the effects of alcohol vary with average body weight and differences in metabolism, establishing the cut off point for all women one point lower (eg a score of 7 for hazardous drinking) will increase sensitivity for females.

Selection of the cut-off point should be influenced by national and cultural standards and by clinician judgment, which also determine recommended maximum consumption allowances. Technically speaking, higher scores simply indicate greater likelihood of hazardous and harmful drinking. However, such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment.

A more detailed interpretation of a patient's score, including individual question interpretation, is provided in the official WHO supporting publication located at:
http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf

SMHA READ CODES

Read Code	Yes/No Questions
DMSM005	Bothered by low mood or hopelessness in last month.
DMSM006	Bothered by loss of interest in pleasurable activities in last month.
DMSM045	Bothered by a persisting feeling of being anxious, nervous or on edge in the last two weeks.
DMSM046	Bothered by an inability to stop or control worrying thoughts in the last two weeks.
DMSM009	Bothered by nightmares about or thoughts about an unpleasant incident which were not wanted in last month.
DMSM010	Bothered by attempts to avoid reminders of an unpleasant incident in last month.
DMSM011	Bothered by feelings of numbness or detachment from others or one's surroundings in last month.
DMSM012	Bothered by feelings of being constantly on guard, watchful or easily startled in last month.
DMSM013	Bothered by difficulties getting off to or staying asleep in last month.
DMSM014	Bothered by poor sleep leading to difficulties with daytime functioning in last month.
DMSM015	Bothered by difficulties with anger or has threatened someone with physical violence in last month.
	Alcohol use section
DMSM016	Does not drink alcohol.
DMSM017	Drinks alcohol once a month or less.
DMSM018	Drinks alcohol two to four times a month.
DMSM019	Drinks alcohol two to three times a week.
DMSM020	Drinks alcohol four or more times per week.
DMSM021	On a typical day when drinking alcohol consumes 0 -2 units.
DMSM022	On a typical day when drinking alcohol consumes 3-4 units.
DMSM023	On a typical day when drinking alcohol consumes 5-6 units.
DMSM024	On a typical day when drinking alcohol consumes 7-9 units.
DMSM025	On a typical day when drinking alcohol consumes 10 or more units.
DMSM026	Has drunk 8 or more (6 or more if female) units on a single occasion in last year – never.
DMSM027	Has drunk 8 or more (6 or more if female) units on a single occasion in last year – less than monthly
DMSM028	Has drunk 8 or more (6 or more if female) units on a single occasion in last year – monthly.
DMSM029	Has drunk 8 or more (6 or more if female) units on a single occasion in last year – weekly.
DMSM030	Has drunk 8 or more (6 or more if female) units on a single occasion in last year – daily or almost daily.
DMSM031	AUDIT-C Score.
DMSM047	Dental AUDIT-C completed
	Outcome section
DMSM032	No evidence of mental health or alcohol problems.
DMSM033	Some concerns - Patient offered advice and/ or reassurance.
DMSM034	Some concerns - Patient requires PHC follow up.
DMSM035	Some concerns - Patient requires DCMH Referral.
DMSM036	Some concerns - Patient declined intervention.
DMSM037	Patient already being managed by DCMH.
	Alcohol Health Education
8CAM	Patient Advised about alcohol
8CE1	Alcohol Leaflet given