

**Possible approaches to screening, assessment and integrated treatment planning by service setting**

Treatment setting	High prevalence of co-occurring...	Screening	Assessment	Integrated Treatment Planning
<b>AOD</b>	<ul style="list-style-type: none"> <li>Anxiety &amp; depression</li> <li>Post traumatic stress disorder (PTSD)</li> <li>Personality disorder</li> <li>Risk</li> </ul>	<ul style="list-style-type: none"> <li>K10</li> <li>PsyCheck</li> <li>MH screening form</li> <li>MINI</li> </ul>	Low threshold for referral to Mental Health for risk assessment/management	AOD clinician or team addresses both disorders OR agrees & implements an individual treatment plan with mental health
<b>PDRSS</b>	<ul style="list-style-type: none"> <li>All substances</li> </ul>	<ul style="list-style-type: none"> <li>ASSIST</li> </ul>	In-house OR with clinical mental health or AOD	
<b>CAMHS/ Early Psychosis</b>	<ul style="list-style-type: none"> <li>All substances</li> <li>Cannabis</li> <li>Alcohol</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing screening/ high index of suspicion</li> <li>ASSIST for all people 13-years &amp; older</li> <li>Sensitive questioning for younger people</li> </ul>	In-house, integrated AOD assessment in response to positive AOD screen	MH clinician or team addresses both disorders OR agrees & implements an individual treatment plan with AOD service
<b>Adult Community</b>	<ul style="list-style-type: none"> <li>All substances</li> </ul>	<ul style="list-style-type: none"> <li>ASSIST</li> </ul>	In-house, integrated AOD assessment in response to positive AOD screen	'Integration needs to continue beyond acute intervention & through recovery by way of formal interaction & co-operation between agencies in reassessing & treating the client' DHS 2007
<b>Adult Inpatient</b>	<ul style="list-style-type: none"> <li>All substances</li> <li>Substance withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>ASSIST</li> </ul>	<ul style="list-style-type: none"> <li>If positive ASSIST response</li> <li>Withdrawal scales</li> </ul>	
<b>Aged</b>	<ul style="list-style-type: none"> <li>Alcohol</li> <li>Prescription meds abuse</li> </ul>	<ul style="list-style-type: none"> <li>AUDIT</li> <li>ASSIST</li> <li>Sensitive questioning re prescription drugs</li> </ul>	Full AOD assessment if positive AUDIT or ASSIST response	<ul style="list-style-type: none"> <li>BI's for harmful use</li> <li>Attempt referral to/collaborative work with AOD if meets criteria for dependence</li> </ul>
<b>Primary Mental Health</b>	<ul style="list-style-type: none"> <li>Alcohol abuse</li> <li>Alcohol dependence</li> </ul>	<ul style="list-style-type: none"> <li>AUDIT</li> <li>ASSIST</li> </ul>	Full AOD assessment if positive AUDIT or ASSIST response	

## How to use this guide

Evidence shows that people with mental health or substance use disorders are at increased risk of also developing the other disorder. Early recognition of co-occurring disorders leads to the development of the most effective possible treatment. Yet even very experienced mental health clinicians often fail to recognise a co-occurring substance use disorder. Similarly, many substance use disorder treatment clinicians struggle to recognise – let alone assess and respond to – the presence of co-occurring mental health disorders in their clientele.

This guide aims to equip treating mental health (MH) and alcohol and other drug (AOD) treatment clinicians and agencies to recognise co-occurring disorders and provide **effective responses**.

The section **Screening and assessment in practice** provides guidelines for screening and assessment in practice, and addresses the main challenges confronting clinicians and managers seeking to implement routine screening in MH or AOD treatment settings. These include: why, who, how and when screening should take place; when not to screen; the difference between assessment and screening for co-occurring disorders; barriers to routine integrated screening, assessment and treatment; issues in screening with younger people; and steps to take after screening has occurred.

**Screens for mental health symptoms and disorders** outlines four key tools available for use in screening for mental health symptoms and disorders and is aimed at clinicians currently working in the Victorian AOD sector. These include:

- K10
- PsyCheck
- Modified Mini Screen
- Mental Health Screening Form.

**Screens for substance use disorders** introduces Victorian MH clinicians to four key tools that may be used when screening for substance use disorders. These include:

- Sensitive questioning
- AUDIT
- ASSIST
- Cage / CageAid.

Screening tools are generally available online. The table on page iii of this guide provides an overview of the range of possible approaches to screening, assessment and integrated treatment planning by service setting and how screening tools may be used.

These guidelines provide only a brief profile of some of the available tools and approaches supported by the Victorian Dual Diagnosis Initiative (VDDI). Readers wishing for more detailed information will find a wealth of valuable resources listed in the **References** section of this guide. Also included are sample proformas and protocols for use by clinicians and agencies, and contact details for the Victorian Dual Diagnosis Teams. These teams role includes assisting with complex dual diagnosis presentations in collaboration with senior clinical staff or case managers and assisting individual services to plan how they will establish quality dual diagnosis practices within their services and meet the requirements of the state-wide Dual Diagnosis Action Plan 2007-2010.