MDS Standard Optional Questions
Behavioral Health Screening
REVISED July 15, 2011

Behavioral Health Screening Recommendations

The Quitline Behavioral Health Advisory Forum recommends four optional questions to screen for mental health and substance abuse issues. These recommendations are based on expert opinion as there has been little research regarding such screening questions. To the extent possible these questions would be integrated into screening sections regarding other medical or chronic care conditions.

IMPLEMENTATION GUIDANCE

These are optional questions, and it **is not expected that any or all of them would be adopted by quitlines unless it meets the needs of each individual quitline**. They are presented here as standardized questions so that if a quitline determines it is in its own best interest to adopt one or more of them, it can be reasonably assured that other quitlines also interested in adopting the questions will be using very similar, if not identical, language.

It is important that quitlines consider how any new information they collect will be used. Two examples of how these or similar questions have been used are included below.

Current Uses for Data Collected with Behavioral Health Questions

California
Answers to the behavioral health questions trigger an assessment at counseling for symptom stability, mental health treatment history, medication use, and current treatment compliance. It also triggers a question about previous quit experience as it relates to clients' psychiatric symptoms, as this gives some idea of what clients will face in the current quit attempt. Counselors also encourage clients with behavioral health issues to reconnect with their primary care provider during the quitting process (or help them find treatment if needed), and advise clients who are taking medications to talk with their prescribing MD before quitting, to address how changes in smoking status might impact blood levels and potency of certain medications. As a rule, for lower functioning clients, each call is somewhat abbreviated, concrete, supportive-therapy focused, and done with the recommendation for concurrent contact with a primary health care provider. These clients may also receive more calls over a longer period of

time as the quit process can be protracted.

We haven't asked at intake about emotional challenges or excessive stress, or if clients think these issues (or mental health condition) might affect their quitting. These kind of topics do come up during counseling though, and are addressed most often in the planning section of the call. This typically includes a discussion of distress management strategies and referral to appropriate community resources as clinically indicated.

Arizona

The ASHLine has a history with questions related to mental illness. Originally the question was asked, "Have you been diagnosed with a mental illness" and there was push back on this because the staff were not trained to respond to diagnoses that people mentioned. The staff requested training and the question was changed to "what medications are you currently taking?" The idea was the staff would be trained to recognized drugs prescribed for mental health conditions. In 2006, the ASHLine stopped asking any questions related to mental illness or substance abuse because the staff training actually created anxiety around working with people who reported mental illness.

We have done a significant amount of training regarding mental health diagnoses so staff are not "freaked out" when they have a client who self-discloses a mental health diagnosis. We have hired two licensed mental health professionals to handle what we refer to as the "high risk, high utilizers" with "significant mental health symptoms." Surprisingly, less than 2% of the clients meet the criteria for being referred to the mental health professional for coaching.

ASHLine is adding mental health questions to the intake form to assess demographics. At the intake we only want to know if someone has ever been diagnosed and if they are currently being treated and whether they are taking medications. This information is used by coaches to help them and the client identify possible complications with quitting and outlining a support system that can help them. We have found that the specific diagnosis is not nearly as important in providing service as knowing how the client is getting support for their diagnosis and how that support can be used in their quit attempt.

1) Do you have any mental health conditions, such as an anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia?

This question is intended to be answered with a "yes" or "no" response. However, quitlines may find it useful to specify certain conditions for reporting or other purposes.

Rationale. Quitlines can use this question for several purposes, the first being to collect demographic information regarding the frequency of mental health and addictions issues among callers. If there are many callers with these issues it may suggest the need for further assessment or pilot interventions tailored to those callers screening positive. Forum members were divided on whether to include "excessive stress" in the list of disorders in this question. This addition might be useful for some callers who might identify with extreme stress, but not specific disorders. On the other hand this addition might dilute the intent of the question- which is to identify the number and type of callers with behavioral health issues. Suggestions were also made for potential follow-up questions. The follow-up question "Have you been diagnosed with or received treatment for this issue or emotional challenge over the last year?" might assist the quitline to determine if there is an active issue, i.e., a caller might have a lifetime diagnosis but have experienced no recent symptoms. Another response item might consist of scaling the mental health disorder or addiction severity. The quitline might also have drop down options to track frequency of specific diagnoses or diagnostic categories, e.g., psychotic disorders, affective disorders, anxiety disorders.

2) During the past two weeks, have you experienced any emotional challenges such as excessive stress, feeling depressed or anxious?

3) During the past two weeks, have you experienced any emotional challenges that have interfered with your work, family life, or social activities?

Rationale. Quitlines can use question(s) 2 and/or 3 to collect demographic data on active stress/ors that may impact a quit attempt and subsequent abstinence rates. Emotional challenges referred to in the above questions could capture common catalysts for excessive stress such as: job loss, loss of a loved one, financial insecurity, marital/partnership problems, lack of social support etc. This question could be useful for those callers who are/have experiencing excessive stress but have not been diagnosed with a mental health disorder. Additionally, this information could be used to inform interaction s between coaches and callers as it may provide insight into the frequency and/or intensity of counseling sessions needed. Information on whether or not recent (i.e., within the past two weeks) stressors have impacted the client's work, family life or social activities can provide coaches insight on the degree to which these challenges may have limited the caller's functional health and can impact their quit attempt.

4) Do you believe that these mental health conditions or emotional challenges may interfere with your ability to quit?

(Note: the original wording of this question as released in February, 2011 was "Do you believe that these mental health conditions or emotional challenges *will* interfere with your ability to quit?" "Will" was changed to "may" due to a concern that by saying "will" we might inadvertently be undermining the confidence of those who are trying to quit.)

Rationale. Pilot study has suggested that a caller's perception that their "condition" will affect their success in quitting and staying quit is a much stronger predictor of whether they quit or not than just endorsing a mental health condition, such as depression. Those who answered "yes" to a similar question did significantly poorer than those who said "no" to this question, regardless of whether they were symptomatic for depression or not. Responses to this question may also be associated with challenges that may affect the person's quit success including stressors such as employment status, family issues, and financial concerns. When these issues are identified, the quitline tobacco treatment specialist can problem solve with the caller in an attempt to reduce life stress and increase the chances of quitting. On the other hand, there is some concern that a "yes" response to this screening question may put the tobacco treatment specialist in a difficult position. Quitline staff may not be prepared to handle this response and will almost be forced into another type of question or reply, such as "why"? This may take additional quitline time and resources, and tobacco treatment specialists may need to be prepared to make appropriate community referrals to mental health and addictions services.