Health System Integration of Screening for Alcohol and Drug Use at Community and Primary Care Facility Levels

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Need for Integration

- Substance use presents a significant public health challenge in South Africa, as it is characterised by high rates of harmful consumption patterns, co-occurring mental health conditions, and mounting pressure on healthcare systems
- Treating substance use through specialised treatment centres is vital, though verticalised treatment can only address the problem partially.
- This treatment burden requires integrated primary care and community-oriented care models that treat substance use alongside other co-morbid health conditions.

Screening

- Given the close association between substance use and mental disorders, screening at a primary care level is important in identifying individuals with common mental health disorders, including substance use
- Integrated routine screening must use measures that can be administered by non-specialist health staff, are brief and easy to administer.
- In the absence of a validated tool, the Brief Mental Screening Tool was devised and tested

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Brief Mental Health (BMH) Screening for Common Mental Health Disorders in Primary Health Care

Training guide

April 2021

Name:

Date:

April 2021

Brief Mental Health Screening Tool (BMH)

KWAZULU-NATAL PROVINCE
HEALTH
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Where will screening happen?

VITAL SIGNS STATION
Mental Health Screening
BMH tool (18+)
Tick ROR register - (#pt screened for MH/Head Count)

Administered by trained EN/ENA/PN
Refer to BMH SOP for guidance

1. DEPRESSION: Patient Health Questionnaire - 2		
Over the last 2 weeks, how often have you been bothered by the following problems?		
Kulamasonto amabili edlule, kukangaki ube nalezizinkinga ezilandelayo?		
1. Little interest or pleasure in doing things	0 days	0
	1-7 days	1
	8-11 days	2
1. Uzizwa engathi awufuni ukwenza lutho futhi ayikho nento ekujabulisayo	12-14 days	3
2. Feeling down, depressed or hopeless	0 days	0
	1-7 days	1
	8-11 days	2
2. Uzizwa sengathi umoya wakho uphansi, unengcindezi noma ulahlekelwe ithemba	12-14 days	3
A score of 3 or more is screen positive for depression:	**TOTAL**	**/6**

2. ANXIETY: Generalized Anxiety Disorder - 2		
Over the last 2 weeks, how often have you been bothered by the following problems?		
Kulamasonto amabili edlule, kukangaki ube nalezizinkinga ezilandelayo?		
1. Feeling nervous, anxious or on edge	0 days	0
	1-7 days	1
	8-11 days	2
1. Uzizwa engathi ushaywa uvalo noma uzizwa wethukile ngaphandle kwesizathu	12-14 days	3
2. Not being able to stop or control worrying	0 days	0
	1-7 days	1
	8-11 days	2
2. Uzizwa ukhathazekile ngaso sonke isikhathi futhi awukwazi nokuyeka ukukhathazeka	12-14 days	3
A score of 3 or more is screen positive for anxiety:	**TOTAL**	**/6**

3. ALCOHOL: Alcohol Use Disorders Identification Test (AUD-C)		
I am going to ask you some questions about your use of alcoholic beverages		
Ngizokubuza imibuzo mayelana nokusebenzisa iziphuzo ezidakayo		
1. How often do you have a drink containing alcohol?	Never	0
	Monthly or less	1
1. Ujwayele kangakanani ukuphuza amanzi amponjwana?	2-4 times a month	2
	2-3 times a week	3
	4 or more times per week	4
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	0
	3 or 4	1
	5 or 6	2
	7 to 9	3
2. Uma uphuza, ujwayele uphuza iziphuzo ezingaki?	10 or more	4
3. How often do you have six or more drinks in one session?	Never	0
	Less than monthly	1
3. Kwenzeka kangaki ukuthi uphuze iziphuzo eziwu-6 kuyaphezulu ngesikhathi esisodwa?	Monthly	2
	Weekly	3
	Daily or almost daily	4
A score of 4 or more is screen positive for harmful substance use:	**TOTAL**	**/12**

How to score

Depression	
Score	**What and how to record**
2 or less	NAD (No Abnormality Detected) in the Mental Health section of the Clinical Management Page in the patient file
3 or more	Write as a fraction i.e. 3/6, 4/6, 5/6 or 6/6 so that the CNP can use their Adult Primary Care Guideline to conduct further assessment

Anxiety	
Score	**What and how to record**
2 or less	NAD (No Abnormality Detected) in the Mental Health section of the Clinical Management Page in the patient file
3 or more	Write as a fraction i.e. 3/6, 4/6, 5/6 or 6/6 so that the CNP can use their Adult Primary Care Guideline to conduct further assessment

Alcohol	
Score	**What and how to record**
3 or less	NAD (No Abnormality Detected) in the Mental Health section of the Clinical Management Page in the patient file
4 or more	Write as a fraction i.e. 4/12, 5/12, 6/12, 7/12, 8/12, 9/12, 10/12, 11/12 or 12/12 so that the CNP can use their Adult Primary Care Guideline to conduct further assessment

Steps to administer BMH

Step 1
- **Greet** your patient and introduce yourself if you are meeting a new patient
- **Explain** what service you offer at the vital signs service point
- **Inform** the patient that you will be asking questions about their physical as well as emotional health

Step 2
- **Screen** using BMH
- **Ask** the questions in a conversational style
- **Allow** patient to ask questions if they are not clear

Step 3
- **Score** each section of the BMH for each individual patient
- **Follow** "How to score and how to document instructions on BMH form"
- **Document** Depression and Anxiety scores in the "Mental Health" and Alcohol score in the "Alcohol" section under the lifestyle risk assessment section of patient health record
- **Explain score** and if screened positive inform the patient that the nurse will manage them further

Step 4
- **Tick** in the RoR under "PHC Clients screened for Mental Disorders"
- If patient **screened positive** tick with (+) in the tick register
- If the patient **does not screen positive** for any of the CMDs, then tick (-) in the tick register

Suicide is an emergency
If a patient should disclose suicidal thoughts, you should stop following these steps and escort the patient to the PN for further assessment and management.

BMH Outcomes

NURSE Assessment (Adult Primary Care)	N	%	BMH	N	%
No diagnosis	844	83	No diagnosis	858	70.7
Anxiety symptoms	17	2	GAD2	154	12.7
Depression symptoms	15	6	PHQ2	175	14.4
Substance use	17	2	AUD-C Women	152	12.5
			AUD-C Men	106	8.8
Unable to determine	85	8.4			
Other psychiatric	4	0.4			

CMED

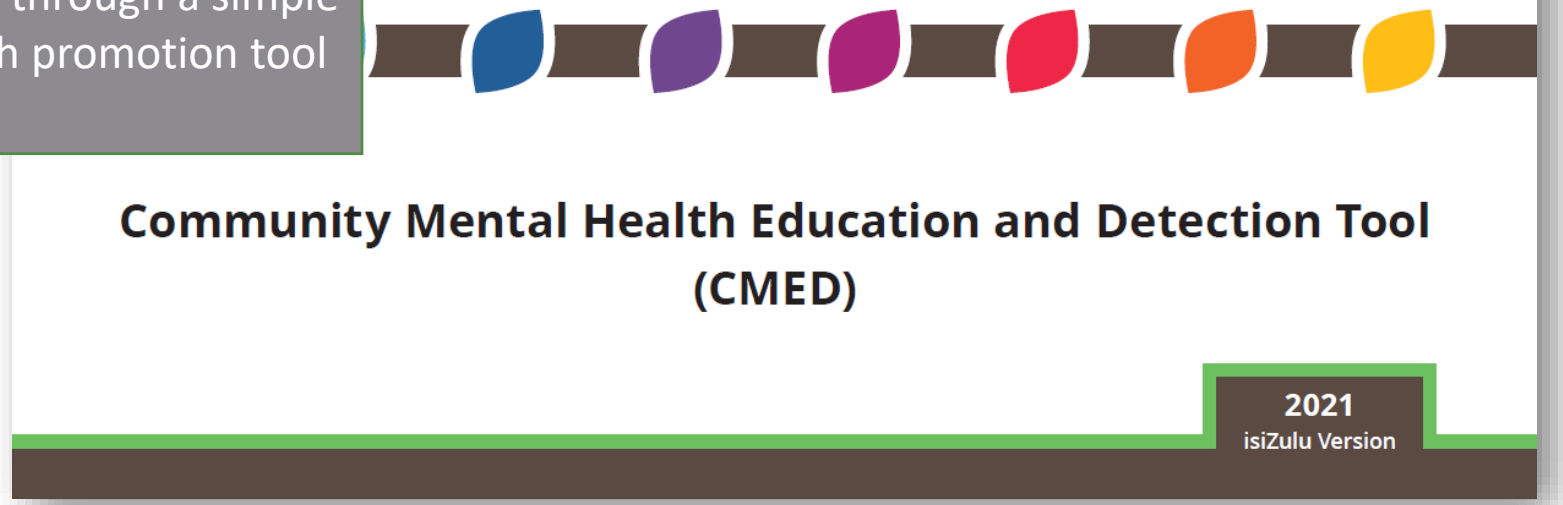
Request by NDoH and KZN DoH for a validated community-based MH screening tool (not a diagnostic tool) to expand community level care

SMhINT

Southern African Research Consortium for Mental health INTegration

The SMhINT team then **validated a MH tool** for use during household visits in the community to identify CMH conditions e.g. depression, anxiety psychosis and harmful alcohol and drug use

Raise MH awareness through a simple screening and health promotion tool



CMED Tool

- Provides ONE tool for CHWs to provide health promotion, screening & linkage to care for mental health conditions
- Uses a prototype matching approach as opposed to a symptom checklist
- Assists in promoting mental health literacy, self-identification & reduces stigma
- CMED benchmarked against BMH

Alcohol Dependence

Name: _____

Location: _____

SMhiNT
Southern African Research Consortium for Mental health INTegration

1 Start the discussion

Prompting question:	**Is there anyone in the household who drinks alcohol regularly?**
Yes → continue with discussion	No → End discussion

Sifiso is married to Nontobeko and has three children. He lost his job as a taxi driver three months ago because he used to sometimes drink before going to work. Since then his drinking problem has gotten worse and he drinks alcohol daily. He starts drinking alcohol soon after he gets up and then continues through the day, often spending the whole day at the shebeen. He says that he drinks alcohol to relax. When he drinks, he says or does whatever he likes and gets quite aggressive, demanding the money Nontobeko gets from the children's grants to buy alcohol. Due to heavy drinking, his hands tremble, he sweats a lot and is restless. Nontobeko is very worried about him but he refuses to get help and says he does not have a problem.



Sfiso's drinking problem has gotten worse and he drinks alcohol daily. He starts drinking alcohol soon after he gets up and then continues through the day, often spending the whole day at the shebeen.



Sfiso has lost his job because he used to sometimes drink before going to work.



Sfiso gets into fights at the shebeen.



When he drinks, he says or does whatever he likes and gets quite aggressive, demanding the money Nontobeko gets from the children's grants to buy alcohol.

- Ask the patient/family to identify what has happened in Sfiso's life and how it has affected him.
- Thank the patient/family for participating and summarise symptoms: Having a few drinks in a week is often not a problem. *Drinking everyday can have an effect on a person's health, as our bodies become used to alcohol and a person may drink more and more to get the same effects. This can make a person want to take alcohol every day to make them feel better. By drinking more that 5-6 drinks a day, a person may have a drinking problem.*
- Use images and story to help the family member self-identify/identify a person who may be misusing alcohol & that would benefit from getting help.

2 Questions

A Does this narrative apply to you/anyone in the Household?

- ☐ Good match (description applies well) → **B**
- ☐ No match (description does not apply) → End discussion

B Do the problems have a negative impact on daily functioning?

- ☐ Yes → **C**
- ☐ No → End discussion

C Would you like for me to arrange for a nurse to come and talk to you about these problems?

- ☐ Yes → Refer
- ☐ No → End discussion

Sample Characteristics

Characteristic	N	Percent
Age:		
17-19 years	14	7.1
20-29 years	52	26.5
30-39 years	41	20.9
40-49 years	21	10.7
50-59 years	19	9.7
60-69 years	30	15.3
70+ years	19	9.7
Gender		
Female	157	79.3
Male	41	20.7
CMED Detection		
Positive	106	55.2
Negative	86	44.8
Missing	6	3.0

CMED Identified Cases

CMED Description	Number of Positive Cases (N=198)	Percent
Alcohol Abuse	33	16.7
Depression	87	43.9
Severe Mental Illness	42	21.2
Trauma	22	11.1
Drug Use	10	5.1

BMH Identified Cases

BMH Sub-scales	Number of Positive Cases (N=198)	Percent
AUD_C (alcohol misuse)	34	17.2
PHQ2 (depression)	118	59.6
GAD2 (anxiety)	102	51.5
ANY Condition	145	73.2

Overview

- Integrating substance use into routine primary health screening (BMH) has the benefit of flagging individuals in need of intervention
- Introducing substance use and drug use screening by Community Health Workers at a community level (CMED) assists in health promotion and provides potential for intervention
- Introducing screening at a health systems level increases literacy around these issues for both health professionals and the community at large
- Incorporating substance use and mental health issues as part of a routine screening has the potential to reduce stigma associated with these conditions.