Screening Tools Help Guide:

Modified Mini Screen

Background

22-item scale to identify need of an assessment in Mood Disorders, Anxiety Disorders and Psychotic Disorders. The purpose of a screening instrument—such as the Modified Mini Screen—in chemical dependency treatment settings is to identify patients with a high likelihood of having a mental illness that could compromise successful treatment outcomes. A high screen score will prompt a referral for a more thorough psychiatric assessment. Screening should be completed in a timely manner to assist in developing a comprehensive treatment plan, *as required by OASAS Chemical Dependency Regulations*. It should be noted that **screening** is a process for evaluating the possible presence of a problem while **assessment** is a process for defining the nature of that problem and developing specific treatment recommendations to address that problem. While screening can be conducted by any trained clinician, assessments can **only** be conducted by licensed practitioners. High prevalence, low treatment and low engagement rates, as well as the under identification of co-occurring disorders in treatment settings highlight the need for better detection and assessment procedures. Treatment outcomes have been poor for chemical dependency clients who have mental disorders. The absence of assessment of co-occurring disorders has been identified as a major barrier to effective treatment and prevention. The screening process allows a clinician to assess whether there are signs that a patient with a substance abuse disorder has a mental disorder as well. If a problem is identified, the patient should be referred for a more detailed assessment and an appropriate referral. Adequate assessment of the full picture of a patient's co-occurring disorder occurs over time in an established trusting relationship with a skilled clinician.

Screening for mental disorders is the first step in good clinical practice for patients with co-occurring disorders. Screening demonstrates to the patient that the program is committed to identifying and addressing the full range of their problems. The therapeutic relationship is initiated when these problems are brought out into the open and treatment options and limits are discussed in a context of respect and acceptance. When an effective screen like the Modified Mini Screen is implemented properly, staff is more likely to identify someone who truly has mental illness but will incorrectly identify some others as exhibiting signs or symptoms of mental illness when a mental illness is not present. Screening increases the likelihood of discovering high-risk cases; only a relatively small percentage of mental health assessments are conducted when they are not needed.

Scoring

Scoring of the Modified Mini Screen is straightforward and additive—each YES in the screen counts as the clinician adds all the positive responses for a total score which ranges from 1 to 22. Remember, if a patient answers YES to questions, that does not mean they are mentally ill; it simply means that they are reporting distress. It is the responsibility of each program to determine, based upon their patient population, the "score" that will trigger a referral for a complete psychiatric assessment based upon the continuum on the next page. Once a patient has been screened, the results should be utilized to inform the development of the patient's individualized treatment plan. Follow up may be required to ensure that a patient receives an assessment in a timely manner. In addition, a program may need to utilize resources such as primary care physicians if access to standard mental health services is limited.

It is useful to view a Modified Mini Screen score as having three distinct zones as follows:

Zone 1 GREEN—no further action is indicated, based only on the screen

Zone 2 YELLOW—the patient should be seriously considered for referral for a detailed diagnostic assessment

Zone 3 RED—the patient should definitely be referred for a diagnostic assessment

In addition, question 4 relates to suicidality. Any patient who answers YES to this should be referred for further evaluation regardless of the total score. Questions 14 and 15 refer to Post-Traumatic Stress Disorder (PTSD). PTSD is not only combat related, but also related to experiences of physical and sexual abuse, as well as other trauma. If BOTH questions 14 and 15 are answered YES, the client should be referred for further evaluation regardless of the patient's total score. Any patient score within Zone 2 requires some clinical judgment as to whether or not the patient should be referred for a detailed diagnostic assessment. Each agency has its own policies and procedures that should be followed. At the low end of Zone 2, more patients without a disorder will be identified while scores at the high end will result in more patients with mental health disorders being missed.

NUMBER OF "YES" RESPONSES FROM SECTION A	
NUMBER OF "YES" RESPONSES FROM SECTION B	
NUMBER OF "YES" RESPONSES FROM SECTION C	
TOTAL NUMBER OF "YES" RESPONSES FROM SECTIONS A, B, AND C • Score > 10, assessment needed • Score > 6 & < 9, assessment need should be determined by treatment team • Score < 5, no action necessary unless determined by treatment team	
YES RESPONSE TO QUESTION #4 • If score = 1, assessment is needed	
YES RESPONSES TO QUESTIONS #14 AND # • If score = 2, assessment is needed	

SCORE INDICATED NEED FOR AN ASSESSMENT? (CIRCLE) YES NO
IF NO, DID TREATMENT TEAM DETERMINE THAT AN ASSESSMENT WAS NEEDED? (CIRCLE) YES NO

References:

American Psychiatric Association, *Diagnostic and Statistical manual of Mental Disorders, Fourth Edition, Text Revision. Washington DC, American Psychiatric Association, 2000.*

Spitzer, R.L., Williams, J.B.W., Gibbon, M. & First, M.B. Structured Clinical Interview for DSM-III-R-Patient Version. New York: New York State Psychiatric Institute, Biometrics Research Department, 1988.

Sheehan, D.V., Lecrubier, Y., Sheehan, K.H., Amorim, P., Janavs, J., Weiller, E., Hergueta, T., Baker, R., & Dunbar, G.C. *The mini-international neuropsychiatric interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-1V and ICD-10*. Journal of Clinical Psychiatry, 59 (suppl. 20), 1998.