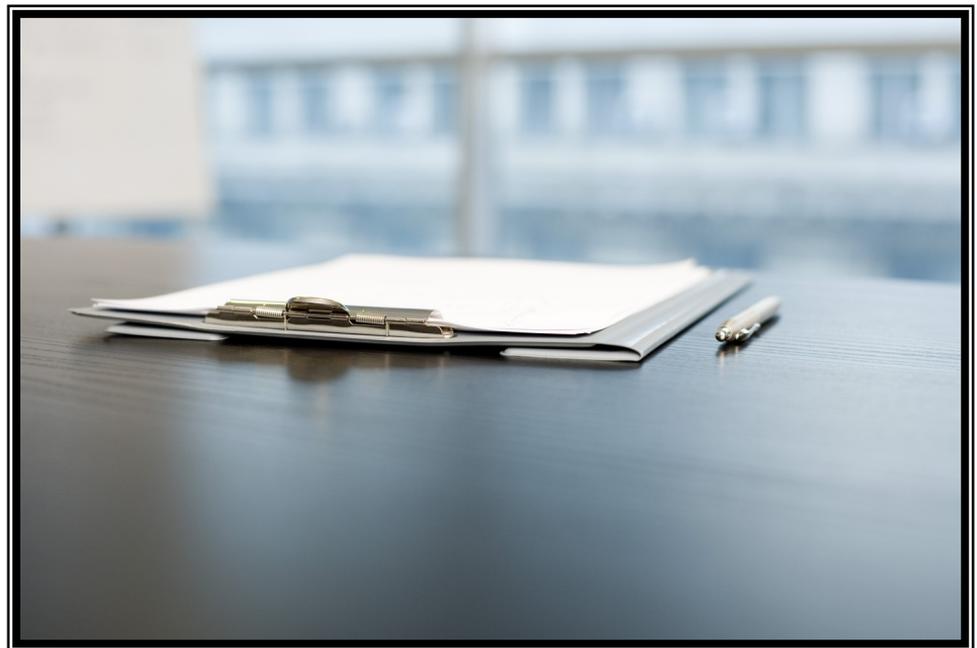# Best Practices in Conducting a Mental Health Assessment

SWR Social Worker Resource

Best Practices in Conducting a Mental Health Assessment

With an estimated 45.6 million Americans suffering from some form of mental illness as of 2011, there's an urgent and real need for effective mental health treatment. Within the mental health care system, properly assessing and identifying client needs becomes a pivotal first step within the treatment planning process.

The quality of information gathered during the assessment/intake process ultimately determines the types of supports and services a person receives. For these reasons, having a certain degree of skill in conducting mental health assessments is an essential requirement for social workers and mental health technicians.

The best practices for conducting mental health assessments take into account the range of factors that contribute to a person's mental state. With this in mind, gathering all the necessary information becomes essential to developing an effective treatment plan.

Uncovering Underlying Issues

The overall purpose of a mental health assessment lies in meeting the treatment needs of the client. An assessment should identify any existing mental health issues as well as any physical problems that may be contributing to a client's presenting symptoms.

In many cases, a person may be referred for treatment due to problems at home, at school or on the job. An employee having problems with work attendance may be experiencing symptoms of clinical depression or may be abusing drugs in an attempt to self-medicate an underlying psychological disorder. When done right, a mental health assessment will differentiate these issues as the picture of a person's life unfolds. Once completed, clinicians can devise an effective treatment plan and make the appropriate referrals.

In effect, the assessment process helps clinicians uncover the issues that led a person to the point where treatment is needed or sought out. Possible issues uncovered through the assessment interview include –

• Neurosis
• Developmental problems
• Substance abuse problems
• Psychosis
• Health problems

While the mind ultimately dictates perceptions and behavior, the body's physical health can exert a strain on the brain's functions when health problems are an issue. Likewise, drug use impacts normal body and brain function. Once addiction enters the picture, physical health suffers and with it a person's ability to cope effectively in everyday life.

While traumatic events and major life changes can easily strain a person's ability to cope, sometimes the "devil is in the details." A woman in her mid-forties going through a divorce may be experiencing anxiety symptoms or she may very well be entering menopause. Both situations can give rise to similar symptoms. A thorough assessment interview helps clinicians identify the root issues affecting a person's condition.

Assessment Sections

As each person who presents for treatment carries their own set of life circumstances and events, ensuring accurate assessment results means working through the entire assessment process before even attempting to diagnose or treat a condition. Each section within an assessment is designed to gather the pertinent details needed to make an informed diagnosis. The most commonly used sections within a mental health assessment include –

• Demographic information
• Symptoms
• Mental health history
• Socio-economic history
• Strengths & weaknesses
• Narrative summary
• Medical history
• Substance abuse history
• Mental status examination

1. Demographic information includes date of birth and gender as well as the client's name, address and phone numbers. While seemingly circumstantial, this information may still prove substantial depending on the client's overall situation, such as in the divorced menopausal female mentioned above.

2. Symptoms represent the reasons a person decides to seek out help. Examples of symptoms include anxiety, insomnia, depression and hallucinations. Symptoms play a pivotal role in a client's presenting problem and may also provide a breadcrumb trail to the root cause of a person's distress.

3. A person's mental health history, if any, includes past diagnoses and any types of treatment received. It's also important to record the dates involved as repeated episodes and treatments may indicate a significant trend. Any medications a person is currently on would also go in this section.

4. A client's socio-economic history includes a range of life areas, such as –

• Religious background
• Employment status
• Marital status
• Sexual orientation
• Financial status
• Cultural background
• Criminal history
• Immediate family

This section in particular provides a smorgasbord of information which is more oftentimes than not, relevant to a client's presenting problem.

5. A client's strengths and weaknesses can be anything from strong family ties to gambling problems. This information may prove useful later on for treatment planning purposes.

6. The narrative summary section includes the social workers interpretation of the information provided during the assessment interview and how it relates or contributes to a client's presenting problem.

7. Medical history information, such as head injuries, chronic conditions and major surgeries can have a direct and/or indirect influence on a person's current condition. A man in his mid-forties just coming off of a second bypass surgery operation may be experiencing depression symptoms for both physical and psychological reasons. Medical history also includes any prescription and non-prescription medications a person is currently taking.

8. A client's substance abuse history provides details on a person's drug of choice, frequency of use and method of ingestion. Any legal problems associated with illegal drug use would also go in this section.

9. The mental status examination involves any observations the social worker may have regarding the client's appearance, behavior, mood and demeanor during the assessment interview.

Presenting Problem

For many people, the presenting problem is the actual reason or situation that prompts a person to seek out treatment. A presenting problem can also involve overwhelming issues beyond the client's control, such as a psychotic episode or a long history of substance abuse. In either case, a mental health assessment uses the same protocols for determining why a person presents for treatment.

The events leading up to the assessment interview typically factor into a client's presenting problem. Precipitating events may involve an outburst at the workplace or home, a suicide attempt, hallucinations or isolative behaviors.

Most of the information regarding a client's presenting problem is gathered during the mental health examination portion of the assessment. Physical characteristics, such as hygiene, mannerisms and speech patterns can provide clues as to a person's present state of mind.

Factors contributing to a person's state of mind may involve alcohol or drug use, a traumatic event or a loss of some kind. State of mind can also play out in a person's behaviors in terms of whether the client is a danger to himself or others. Any involvement with law enforcement can also influence a person's state of mind.

Ultimately, the presenting problem provides information regarding a client's most immediate needs while opening a doorway into the problematic areas within a person's life.

Current Life Circumstances

Information regarding current life circumstances may lie at the crux of a person's root problems or it may represent a symptom of a larger, over-arching theme in a client's life. This type of information comes from the client, though family members and close friends can also provide significant insights into the client's present circumstances.

In general, anyone who accompanies a person to the assessment interview can turn out to be a rich source of useful information. This can be someone who's known the client for a long time or a prominent figure in the client's life, such as a mother, or sibling or even a pastor or an employer. Observations made on interactions between clients and the people that accompany them can also provide helpful information in terms any existing support systems in a client's life.

Current life circumstances may also include any people currently treating the client, such as a primary physician, a psychiatrist or a counselor. For this reasons, it's always a good idea to ask clients if there's anyone who needs to be notified regarding their whereabouts, preferably at the start of the interview.

Gathering information regarding a person's living situation can uncover assistance needs in areas involving food, housing or transportation. Information regarding employment status or whether the person is attending college can also shed some light on current life circumstances.

Assessment Checklist

When conducting an assessment, having a checklist of all the areas needing covered can help with organizing information along the way. It can also be used when it comes time to draft the narrative and diagnosis sections of the assessment. Items to consider when compiling an assessment checklist include –

Dress

• Does the person present in age-appropriate attire?
• Is the clothing appropriate to the occasion?
• Does the clothing appear disheveled or tattered?

Grooming

• Has the person's hair been neglected in terms of appearing disheveled or dirty?
• If make-up is worn, has it been applied in excess or in an unusual manner?

Gestures/Mannerisms

• Does the person tend to avoid eye contact?
• Does the person display any unusual routines or habits, such as rocking or picking at his or her clothing?

Psycho-Motor Movements

• Are there any unusual facial expressions or movements, such as tics or twitching in the extremities?
• Is the person trembling?
• Does any stiffness appear in the posture or limbs?

Communication

• Are speech patterns too fast or too slow?
• Does the person talk too loud or too soft?
• Is the person staying on topic or switching from subject to subject?

Intellectual Functioning

• Does the person show good decision-making skills?
• Does the person have realistic expectations of him- or herself?
• Does the person take responsibility for his or her actions?

Affect

• How does the person describe his or her overall mood state?
• Does the person appear overly excited or altogether unresponsive?

These are just a few of the areas to watch out for when conducting an assessment. As each individual's circumstances are different, obtaining additional information in any one of the above areas may be warranted.

Mental Illness & Substance Abuse

With rates of substance abuse steadily increasing with each passing year, the impact of this trend becomes especially prevalent among individuals affected by mental health issues. According to the National Survey on Drug Use & Health, 17.5 percent of people with some form of mental illness also met the criteria for a substance abuse disorder. This number increases to 22.6 percent for people living with serious mental disorders.

A great many people suffering from mental disorders are unaware of the source of their distress. In these cases, it's not uncommon for someone to ingest alcohol or drugs in an attempt to alleviate the symptoms of their condition. When this happens, not only is the potential for addiction an issue, but the mental condition itself worsens over time. Even in cases where mental health is not an issue, someone who engages in substance abuse over long periods of time more oftentimes than not develops mental health issues as a result.

For these reasons, mental health assessment protocols have begun to place more emphasis on assessing substance abuse tendencies within the context of a mental health assessment. In mental health circles, a co-existing substance abuse problem falls within the co-occurring disorder or dual diagnosis classification. Over time, both disorders start to feed off of one

another which ultimately aggravate the symptoms of both conditions.

Not surprisingly, assessing and devising treatment plans for people affected by co-occurring disorders entails working with two separate disorders. This means clinicians must isolate the symptoms of one from other in order to devise effective treatment goals for the individual.

Assessing Substance Abuse Effects

Chronic substance abuse problems can develop alongside any one of the mental illnesses listed in the Diagnostic and Statistics Manual IV-TR. There are, however certain disorders that carry a higher potential for substance abuse behaviors to develop. These conditions include –

• Bipolar disorder
• Schizophrenia
• Generalized anxiety disorder
• Post-traumatic stress disorder
• Panic disorder
• Hyperactivity disorder

Along with the dual diagnosis classification, clients affected by co-occurring conditions can fall into one of three classifications –

• Mentally ill substance users (MISU)
• Substance using mentally ill (SUMI)
• Medically compromised - substance using (MCSU)

The MISU classification describes persons who present with severe mental disorders that have been further complicated by substance abuse. The SUMI classification designates substance abuse as the presenting problem with mental illness developing as a result. The MCSU classification includes persons who become chemically addicted to a drug as a result of a medical condition.

Properly assessing the effects of drug use on a person's mental state is imperative to meeting the person's treatment needs and making the appropriate referrals. Because of the dual nature of co-occurring disorders, persons affected often require a range of services (mental health, addiction and medical treatment) to treat the layered symptomatology involved with co-occurring conditions.

Should a clinician suspect a substance abuse component exists, further examination into

these behaviors is warranted. Assessment tools specifically designed to identify the complex symptoms characteristic of co-occurring conditions can help clinicians better assess the impact of substance abuse on a person's mental status. These tools enable clinician to differentiate a person's functional capacities within both co-occurring conditions. They can also provide an overall functional capacity score. With this information, clinicians have a better chance of gaining a full understanding of a patient's individual needs.

The Functional Assessment of Mental Health and Addiction Scale (FAMHA)

The Functional Assessment of Mental Health and Addiction Scale (FAMHA) is a commonly used assessment tool for identifying the treatment needs of people affected by co-occurring conditions. This tool provides quantitative measures based on degree and intensity for each of the symptoms associated with co-occurring conditions. It also gives clinicians a profile on the interactive effects of both conditions.

As people suffering from chronic mental illness have difficulty engaging with the methods used to treat substance abuse, a certain treatment approach is needed to address the problems encountered by mentally ill substance abuse users (MISU). Likewise, people who fall within the substance using mentally ill (SUMI) and medically compromised-substance using (MCSU) classifications require addiction and/or medical treatment at the outset.

The FAMHA scale consists of 46 items that identify functional deficits associated with a person's mental disorder, substance abuse behaviors and physical status. Once completed, the scale provides functional profiles for each need area. By determining the degree and intensity of symptoms for each area, clinicians are better equipped to recommend services based on a person's individual needs.

Global Assessment of Functioning (GAF)

As part of a standard mental health assessment interview, the Global Assessment of Functioning (GAF) scale assigns a clinical rating to a person's overall functioning level. Taking into consideration any and all factors affecting a person's ability to function in daily life, the scale identifies impairments in psychological, social and occupational areas of a person's life.

The GAF uses a scoring system based on level of function within different areas. Rating indicators appear in categories, each with descriptive listings for symptom severity and level of function. Selections should be based on the descriptions that best match a client's functioning level within that area.

GAF scoring results are commonly used by managed care providers for determining whether a person requires psychiatric treatment within an inpatient versus outpatient setting. This tool can also be used to reassess clients throughout their course treatment to ensure they're receiving the appropriate continuation of care.

In many states, a GAF score can be used to obtain public assistance benefits for clients who are unable to maintain employment due to their mental health condition. Clients receiving a score of 50 or less can qualify for Social Security Disability Insurance and Medicaid in addition to food and transportation assistance.

Diagnosis

The diagnosis reached from an assessment interview becomes the basis upon which a person's course of treatment will proceed. As so many individuals have entered and re-entered the mental health system with limited success, clinicians would do well to carefully consider the factors affecting each client's condition.

Initial impressions do carry considerable weight during the assessment interview; however, presenting problems usually have a pattern of evolution. Fleshing out this pattern of evolution enables clinicians to address the root source(s) of dysfunction. This in turn increases the likelihood of a successful treatment experience for the client. Factors to consider when diagnosing a person's condition include –

• Initial impressions
• Symptom development
• Past treatment episodes
• Co-occurring conditions
• Immediate risks
• Long-term risks

Clinicians with access to previous client records may also want to consider any diagnoses made and treatment approaches used in light of a client's current condition. Treatment approaches that failed in the past may help to shed light on areas where treatment was lacking or misdirected.

Treatment Planning

A mental health assessment should contain all the information needed to develop a plan that addresses the client's immediate and long-term treatment needs. Standard assessment procedure requires clinicians to assign a diagnosis for each of the five axes as listed in the Diagnostic and Statistics Manual IV-TR –

• Axis I – Primary presenting problem
• Axis II – Personality disorder
• Axis III – Medical problems
• Axis IV – Psychosocial and environmental problems
• Axis V – Global assessment of functioning

These areas will influence the types of goals and objectives laid out in the client's treatment plan. Also of importance is the overall conclusion a clinician makes as to a client's willingness to change or get better. This qualifier should be apparent in one or more of the five axes designations.

Summary

As the mental health model has yet to operate as an exact science; clinicians must rely on the information obtained through the mental health assessment process. This process, in and of itself forms the basis for the mental health services model as all treatment activities proceed from the information obtained during the assessment interview.

Considering the unique sets of circumstances each client brings to the assessment process, approaching each interview with a fresh set of eyes and ears is imperative to meeting the individual treatment needs of the client. Ultimately, the assessment interview is the pivotal stage on which the success or failure of a client's recovery depends.

Ready to learn more? Check out:

"Getting More from a Mental Health Assessment"
89-Minute OnDemand Webinar

Learn More

This OnDemand Webinar will present techniques to help mental health clinicians use interview-based assessment more effectively. It assumes prior practice in mental status exams or other forms of mental health interviewing. The program will provide a framework for an in-depth assessment, along with consideration of nuances in the process that can lead to deeper understanding. Issues of comprehensiveness and time constraints will be addressed. Dr. Meyer will cover the essential elements of an assessment write-up, including meaningful recommendations. To provide an indication of how the presented concepts can be translated into practice, the audio conference will conclude with presentation of case studies related to commonly occurring assessment issues.

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