Guidance on Documenting Serious Mental Illness for DMHAS PATH Projects

Background

Only people determined or suspected to be experiencing serious mental illness (SMI) are eligible for enrollment in PATH projects. SAMHSA defines SMI as follows: "*Serious mental illness is defined by someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.*"

Through its monitoring program, DMHAS looks for evidence in PATH participant charts of confirmed or suspected SMI. Such evidence can include for example:

- Disability Verification that specifies an SMI;
- A standard mental health screening instrument that suggests that the client should be referred for further assessment for SMI. See below for additional guidance on one such tool (i.e., the Modified Mini Screen); or
- Case notes that document observation by an outreach worker of possible mental health symptoms (e.g., responding to voices) and/or collateral information from another service provider accompanied by consultation with a clinician indicating that the client should be referred for further assessment for SMI.

For PATH participants without a Disability Verification that specifies an SMI, DMHAS also looks for documentation of regular, assertive attempts to obtain such verification. When PATH staff have contact with someone determined to be ineligible for PATH services, DMHAS looks for documentation of a referral to appropriate services.

Modified Mini Screen (MMS)

What is the MMS? The Modified Mini Screen (attached) is a 22-item questionnaire. It uses a set of "gateway" questions that relate to signs of distress that may be attributed to a diagnosable psychiatric disorder. The screen is divided into 3 sections to capture the three major categories of mental illness as follows: Section A – Mood Disorders; Section B – Anxiety Disorders; Section C – Psychotic Disorders.

Is the MMS a reliable way to identify SMI? The MMS has been researched, tested, and demonstrated to be a reliable tool for identifying persons in need of a mental health assessment. It screens for Mood Disorders, Anxiety Disorders and Psychotic Disorders only. The MMS is intended as a first line identifier of possible mental illness. It does not result in a diagnosis and does not replace a formal assessment by a licensed clinician. The MMS also does not identify the specific problem the person might have or how serious it might be. In addition, it does not screen for every condition that may qualify as a serious mental illness. An assessment by a licensed clinician is necessary to adequately identify an SMI and determine what additional treatment and supports should be explored.

How can PATH projects use the MMS? When obtaining a *Disability Verification* is not immediately feasible, PATH projects may opt to use the MMS to document suspected SMI. The MMS should be maintained in the client's case record.

What are the benefits of using the MMS? The MMS is an efficient way to document suspected SMI. It is one option that you can use to support enrolling someone who has not yet had a full mental health assessment into a PATH project. You also have the option to use case note documentation (see page 1). The MMS can help staff to identify issues that a client is experiencing that may be distressing to them. This information can be used to assist in determining what referrals for further assessment and/or services might be helpful. In addition, the MMS can help staff to identify suicidal ideation so that they can take immediate action. More information on suicidal ideation is on page 3.

Who can administer the MMS? PATH projects may use non-clinical staff to administer the MMS. Ideally, non-clinical staff should receive training on administering standardized screening instruments and guidance and on-going support from a clinical supervisor on how to effectively administer the instrument. DMHAS recognizes that this may not always be feasible for PATH projects. At a minimum prior to administering the MMS, staff should: review and discuss the guidance contained in this document with a supervisor, have some basic understanding of mental illness and review the PATH MMS Webinar (date TBA), which provides an overview on administering the MMS. This webinar for PATH outreach teams on working with people with mental illness may also be helpful: Presentation slides; Recording

Clients can also self-administer the MMS. If your project is using the self-administration method, staff should be available to clarify ambiguous items, define words as needed, and generally make sure that the person understands what is being asked. It's also important to note that some individuals may be reluctant to disclose that they cannot read or that their reading ability is low. Staff should offer to read the questions aloud and encourage people to ask questions if they don't understand something.

How long will it take to administer? The MMS usually takes about 15 minutes to administer. It can take longer if a lot of conversation occurs. It is recommended that you go through all of the items first and return to any of particular concern for the interviewer or the client after the interview is complete. This strategy can significantly reduce the time it takes.

Are clients required to answer the MMS questions? No. Clients can choose to answer all of the questions, some of the questions, or none of the questions. Clients who choose not to answer any or some of the questions may still be eligible for PATH services. The MMS is just one way that you can document suspected SMI. See page 1 for other options. Some of the questions may make clients uncomfortable or trigger a trauma response. It is important that clients can choose whether to answer any questions and which questions to answer.

Can we change the wording of the MMS questions and/or the order of the questions? Can we insert the screening questions into different parts of our assessment document? No. The MMS

has been researched and validated in its current form. It is important that the questions be asked the way they are worded and ordered. Once you have asked the question as worded you may also confirm whether the person understands what is being asked, define words, give examples, and clarify the intent of the question. Though you should attempt to administer the entire tool in the designated order and in a single setting, this may not work for some clients. Some clients may be unable or prefer not to answer all of the questions in a single session. Some clients may become visibly upset. If that occurs, discontinue administering the tool. You may attempt to return to the unanswered questions later. Be sure to ask each time for the client's permission to proceed. The decision about whether to attempt to continue should be made in consultation with a supervisor (see below - "When should I administer the MMS?").

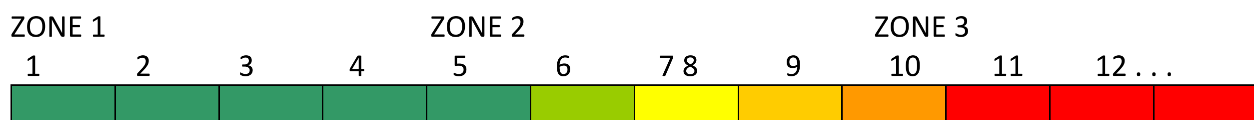
When should I administer the MMS? Decisions about, if and when to administer or continue the MMS, should be made in consultation with a supervisor and should weigh a range of considerations, such as: what is the worker's relationship with the client; is the client already engaged or reluctant to engage; what impact might the MMS have on the client and on the worker's relationship with the client; and what is the fastest and lowest risk way to document SMI and enroll the client?

Is there a standard introduction that staff administering the MMS should use? It's important for staff administering the MMS to explain to clients the purpose of the questions and that participation is entirely voluntary. Here's a brief sample introduction that you can use:

I'd like to ask you some questions that will help me to understand how I can best help you. Some of the questions are personal, and it's up to you whether or not you want to answer the questions. You can choose to answer all of the questions, some of the questions, or none of the questions. If I ask you something that you'd rather not answer, just let me know and I'll skip that question. We can stop at any time if you'd rather not continue. Is it okay if I ask you the questions now?

How should the MMS be scored? Each YES response counts as 1. Add all positive responses for a total score which ranges from 1 to 22. The total score should be recorded at the bottom of the form. Remember, YES responses do not mean someone has a serious mental illness. It simply means that they are reporting distress and show possible signs of a mental health problem. Once a client has been screened, the results should be used to inform the development of the person's individualized service plan.

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



Clients may be reluctant to share sensitive information, and the client may report something that the worker believes or knows to be untrue. The worker should record the responses provided. The MMS should not be used to exclude clients from a PATH project. A score of 6 or greater can

be used to document suspected SMI for the purposes of enrollment in a PATH project. Even a client who scores a 1 may be eligible for enrollment. Projects should use all options to document SMI and enroll clients (see page 1 for more information).

How can I make sure a person's culture is considered when using the MMS? In some situations, it may be important to ask follow-up questions to help interpret if a "yes" response is related to the person's culture and not indicative of a mental health problem. For example, if someone responds yes to number 22 ("Have you ever had visions when you were awake or have you ever seen things other people couldn't see?"), you might ask a follow up question to ascertain whether the vision was related to a religious or spiritual experience, if you have reason to believe that may be the case.

What should I do if someone answers yes to Question #4 ("In the past month, did you think that you would be better off dead or wish you were dead?"). In all instances, staff should immediately report a yes response to Question #4 to their supervisor, or, if their supervisor is not working that day, to the supervisor that is currently on duty or on call. The supervisor should help the staff person to determine the appropriate next steps, which may include, depending on the circumstances, consultation with an on-call clinician, transportation to the nearest emergency room for a psychiatric evaluation, referral for an evaluation through mobile crisis, and/or a establishing a plan for monitoring the client for suicidality.

Modified Mini Screen (MMS)

Client Name: ____ **Date:** ______________

Name of Staff Person Administering the MMS: ____

Section A – Please circle "yes" or "no" for each question.

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks? .... Yes No
2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time? .... Yes No
3. Have you felt sad, low, or depressed most of the time for the last two years? .... Yes No
4. In the past month, did you think that you would be better off dead or wish you were dead? .... Yes No
5. Have you ever had a period of time when you were feeling up, hyper, or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.) .... Yes No
6. Have you ever been so irritable, grouchy, or annoyed for several days, that you had arguments, had verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way? .... Yes No

Section B – Please circle "yes" or "no" for each question.

7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable, or uneasy, even when most people would not feel that way? Did these intense feelings get to be their worst within ten minutes? (If the answer to both questions is "yes," circle "yes"; otherwise circle "no.") .... Yes No
8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples: ○ being in a crowd, ○ standing in a line, ○ being alone away from home or alone at home, ○ crossing a bridge, ○ traveling in a bus, train, or car? .... Yes No
9. Have you worried excessively or been anxious about several things over the past six months? (If you answer "no" to this question, answer "no" to Question 10 and proceed to Question 11.) .... Yes No
10. Are these worries present most days? .... Yes No
11. In the past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? Examples: ○ speaking in public, ○ eating in public or with others, ○ writing while someone watches, ○ being in social situations. .... Yes No

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12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive, or distressing? Examples: ○ being afraid that you would act on some impulse that would be really shocking, ○ worrying a lot about being dirty, contaminated, or having germs, ○ worrying a lot about contaminating others, or that you would harm someone even though you didn't want to, ○ having fears or superstitions that you would be responsible for things going wrong, ○ being obsessed with sexual thoughts, images, or impulses, ○ hoarding or collecting lots of things, ○ having religious obsessions. .... Yes No
13. In the past month, did you do something repeatedly without being able to resist doing it? Examples: ○ washing or cleaning excessively, ○ counting or checking things over and over, ○ repeating, collecting, or arranging things, ○ other superstitious rituals. .... Yes No
14. Have you ever experienced, witnessed, or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? Examples: ○ serious accidents, ○ sexual or physical assault, ○ terrorist attack, ○ being held hostage, ○ kidnapping, ○ fire, ○ discovering a body, ○ sudden death of someone close to you, ○ war, ○ natural disaster. .... Yes No
15. Have you re-experienced the awful event in a distressing way in the past month? Examples: ○ dreams, ○ intense recollections, ○ flashbacks, ○ physical reactions. .... Yes No

Section C – Please circle "yes" or "no" for each question.

16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you? .... Yes No
17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking? .... Yes No
18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed? .... Yes No
19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you? .... Yes No
20. Have your relatives or friends ever considered any of your beliefs strange or unusual? .... Yes No
21. Have you ever heard things other people couldn't hear, such as voices? .... Yes No
22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see? .... Yes No

Scoring Instructions: Each YES response counts as 1. Add all "yes" responses for a total score which ranges from 1 to 22. Enter the total score below.

TOTAL SCORE: __________

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