MENTAL ILLNESS DRUG & ALCOHOL SCREENING

MIDAS

Client Name and/or ID number: _____
Worker Name: _____ Date: _____

Each question refers to the past six months

*Please circle the specific substance/gambling issue(s) as well as YES or NO

1. In the past 6 months have you felt that you have a problem, or used to have a problem, with your use of drugs and/or alcohol and/or gambling? YES NO

2. In the past 6 months have you used drugs or alcohol, or gambled even though your doctor or other treaters recommended that you do not? YES NO

3. In the past 6 months has your family been concerned about your drugs and/or alcohol or gambling? YES NO

4. In the past 6 months have your treaters expressed concerns about your drugs and/or alcohol or gambling? YES NO

5. In the past 6 months have you had legal problems or engaged in illegal activity (other than using drugs) due to drugs and/or alcohol or gambling? YES NO

6. In the past 6 months have you had medical problems related to, or worsened by, drugs and/or alcohol or gambling? YES NO

7. In the past 6 months have you used drugs and/or alcohol or gambling to relieve mental health symptoms? YES NO

8. In the past 6 months have you found that using drugs and/or alcohol or gambling worsens your mental health symptoms? YES NO

9. In the past 6 months have you had problems taking your psychiatric medication as prescribed because of drug and/or alcohol use or gambling? YES NO

10. Have you gotten in trouble, including getting in trouble at a mental health treatment program, because of drug and/or alcohol use or gambling? YES NO

11. In the past 6 months have you had ER visits or psychiatric hospitalizations that were connected to drug and/or alcohol use or gambling? YES NO

12. In the past 6 months do you ever feel guilty about your drug

and/or alcohol use or gambling? YES NO

13. In the past 6 months have you experienced withdrawal symptoms or intensive cravings to use drugs or alcohol or to gamble? YES NO
14. In the past 6 months have you attended self-help (e.g. 12 Step) meetings relating to drug and/or alcohol addiction or gambling? YES NO
15. In the past 6 months have you received any addiction treatment, including detoxification? YES NO
16. In the past 6 months have you been unable to control your use of any drug or alcohol or gambling? YES NO
17. Do you consider yourself to be an alcoholic or drug addict or gambling addict? YES NO

SCORING CATEGORY

Please circle the applicable diagnostic category

Any YES answer on questions 1-12 indicates probable abuse
Any YES answer on questions 13-17 indicates probable dependence
Absence of YES answers indicates no abuse or dependence.

TOTAL SCORE

Notes

- Total score may be an indicator of severity, but even a low score can indicate probable substance abuse or dependence.
- If the person answers YES to even one question, then s/he is considered to have probable abuse or dependence
- If a person scores in both probable abuse and probable dependence, rate as probable dependence

CLINICIANS RATING OF RELIABILITY OF DIAGNOSTIC CATEGORY RESULT

Please read notes and circle applicable rating.

HIGH MEDIUM LOW

Notes

- Clinician's rating of reliability relates to the perception of the accuracy of the diagnostic category in which the person scores, based on the clinician's own knowledge, not to whether or not the client answered each question truthfully. E.g. A person answers YES to Questions 13 and 14 and NO to questions 15 and 16; s/he will be categorized as probable dependence. Even though the clinician believes that s/he was untruthful about questions 15 and 16 reliability is still high if the clinician believes the category of probable dependence is accurate overall.
- Use the Moderate or Low reliability ratings in the following types of circumstances only: If a person has scored in a category which underestimates (or, in rare cases, may overestimate) the clinician's perception of his/her actual substance or gambling diagnosis: e.g.. scores no problem when the clinician believes there is probable abuse or dependence (LOW), or scores probable abuse when the clinician believes there is probable dependence (MODERATE).
- Inconsistent or scattered scores are likely indicators of denial, defensiveness, or minimization, but do not necessarily result in an unreliable screening.

- Individuals can score positive for either abuse or dependence, even though they are currently abstinent; factors that contribute to the initiation or sustaining of abstinence are to be evaluated as part of the assessment.

If the client has a positive score, the next steps are as follows:

1. Data Collection: Any Yes answer on the MIDAS screening for an individual with a probable or definite mental illness diagnosis should lead to identification of the individual as having a co-occurring disorder for the purpose of initial data collection, even though the diagnostic assessment may not yet have been completed, and whether or not the individual's substance use or gambling disorder is currently active
2. Assessment: The MIDAS is a screening tool, not an assessment. Any Yes answer indicates that the individual has screened positively and indicates the need for an integrated assessment of the individual's co-occurring mental illness and substance use or gambling disorder. We recommend utilization of an integrated longitudinal strength based assessment (ILSA) process, or similar process incorporating mental health and substance use symptom screening, an integrated chronological history of both mental health and substance use/gambling issues, with emphasis on details regarding onset of disorders, periods (particularly more recent periods) of stability and the strengths/services contributing toward those periods of success, as well as details of current situation, including level of safety risk, acuity and level of care need, current symptoms and treatments, stages of change, disorder management skills, and presence of collateral problems/supports and contingencies.

For permission to use MIDAS, or for questions or more information about MIDAS or ILSA, contact:

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