

Attachment 2

Mental Health (Depression/Anxiety/Posttraumatic Stress Disorder/ Alcohol and Substance Misuse)

1. Entitled Person Details

DVA file number

Surname

Given name(s)

2. Mental Health Status

Please tick the appropriate mental health condition(s) affecting the entitled person:

- Anxiety
- Depression
- Posttraumatic Stress Disorder
- Alcohol misuse
- Substance misuse
- Other

**3. Depression/Anxiety/
Posttraumatic Stress Disorder**

Please tick the appropriate mental health condition(s) affecting the entitled person:

- Angry
- Anxious
- Chronic severe pain
- Feelings of worthlessness/guilt
- Hostile
- Inability to enjoy activities
- Worried
- Alcohol misuse
- Restless
- Sad
- Sleep disturbance
- Suicide ideation
- Withdrawn
- Other

Please describe the behaviour:

**4. Tools Used to Assess Mental
Health Status**

Have you completed a Geriatric Depression Scale (GDS) for the entitled person? No Yes

What was the outcome of the GDS?

What action was taken?

5. Substance Misuse

Does the entitled person suffer from substance abuse? No Yes

Specify the substance(s) involved

6. Alcohol Misuse

Alcohol Screen (Audit-C)

Tick the appropriate answers and place the number that corresponds with your answer in the score box:

(A) How often does the entitled person have a drink containing alcohol?	Never	Monthly or less	2 or 4 times a month	2 to 3 times a week	4 or more times a week	Score
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

(B) How many standard drinks does the entitled person have on a typical day?		2 to 4	5 or 6	7 to 9	10 or more	Score
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

(C) How often does the entitled person have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	Score
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

Total Score (A) + (B) + (C)

NOTE: Maximum score is 12. Score of 4 or more may indicate potential risk. Score of 6 or more for women and 7 or more for men, over 65 years of age, indicates existing risky or high risk drinking. If the screen identifies potential risk, the complete AUDIT should be used, along with a brief intervention and follow up. The AUDIT tool including an intervention guide and fact sheets are available at <http://www.therightmix.gov.au>

7. Referral/Discussion with GP

Have you referred the entitled person or discussed the entitled person's mental health condition with their GP? No Yes

What was the outcome of the referral/discussion?

What was the action taken?

8. Specialist Mental Health Services

Has the entitled person been assessed by a mental health specialist for any of the selected conditions? No Yes

Has the entitled person accessed any specialist mental health services?

No

Yes Please specify the services

9. Additional Comments