Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice

SHORT FORM GUIDELINE
Disclaimer
This clinical guideline is a general guide to appropriate practice, to be followed subject to the clinician's judgement and the patient's preference in each individual case. This clinical guideline is designed to provide information to assist decision-making and the recommendations included within are based on the best evidence available at the time of development.

Citation

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Publication approval

Australian Government
National Health and Medical Research Council

The guideline recommendations on pages 8–17 of this document were approved by the Chief Executive Officer of the National Health and Medical Research Council (NHMRC) on 7 December 2018 under section 14A of the National Health and Medical Research Council Act 1992. In approving the guideline recommendations, NHMRC considers that they meet the NHMRC standard for clinical practice guidelines. This approval is valid for a period of five years. NHMRC is satisfied that the guideline recommendations are systematically derived, based on the identification and synthesis of the best available scientific evidence, and developed for health professionals practising in an Australian health care setting.

This publication reflects the views of the authors and not necessarily the views of the Australian Government.
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Introduction
People with mental health conditions that have arisen as a result of work factors regularly entrust their general practitioner (GP) to guide their complex clinical journey to recovery. This guideline is intended to complement and extend the existing knowledge and expertise of GPs, and to empower them to assist in the recovery of their patients, with their patients. Its aim is to provide Australian GPs with the best available evidence, which they can apply when assessing and managing patients who have a mental health condition that has arisen due to work factors. Our objective is to accelerate personal recovery in these patients. For most patients this will include participating in good and safe work, as described in the Consensus Statement on the Health Benefits of Good Work.

This guideline focuses on the following mental health conditions that may have arisen as a result of work—depression, anxiety, posttraumatic stress disorder (PTSD), acute stress disorder, adjustment disorder and substance use disorder—and builds upon the key principle articulated in The Fifth National Mental Health and Suicide Prevention Plan that “consumers and carers have a valuable contribution to make and should be partners in planning and decision-making”.

The key clinical questions addressed in this guideline are based upon clinical dilemmas identified by practicing GPs, particularly those dilemmas that relate to assessing and diagnosing mental health conditions that may have arisen out of work, determining the work-relatedness of the condition, and managing patients to facilitate recovery and return to work. This guideline has been developed according to the National Health and Medical Research Council’s standards for the development of clinical practice guidelines. As such, all evidence-based recommendations are based on a systematic review of the literature and each recommendation has been given a strength using Grading of Recommendations, Assessment, Development and Evaluation (GRADE) methodology. GRADE considers four criteria to determine the strength given to a recommendation:

- methodological flaws within the component studies
- consistency of results across different studies
- generalisability of research results to the wider patient base
- how effective the treatments have been shown to be.

In this guideline, the strength of evidence-based recommendations is classified as either Strong FOR or Weak FOR.

**Strong FOR recommendations** are where we are certain that benefits of implementing the evidence-based recommendation will outweigh risks to produce desirable outcomes.

**Weak FOR recommendations** are where we are less certain that the benefits of implementing the evidence-based recommendation will outweigh risks to produce desirable outcomes.

**Consensus-based recommendations** are provided where we did not find suitable evidence to answer a question. These statements are made based on expert opinion and formulated by a consensus process.

**Recommendations for future research** are provided where we did not find suitable evidence for inclusion in a recommendation, and the Guideline Development Group considered that the existence of such evidence would be very beneficial for clinical practice.

**Practice points** are provided where a recommendation has been made on a topic outside the scope of the search strategy of the systematic literature review. These recommendations are made based on expert opinion and were formulated by a consensus process.

This document is a short form version of the full guideline. It provides a summary of the evidence-based recommendations and consensus statements listed in the full guideline. Readers should also refer to the full guideline for detailed discussion relating to these recommendations, including a summary of the evidence, and useful resources.

This guideline includes 11 evidence-based recommendations, and 19 statements based on consensus (consensus-based recommendations and practice points) as described in Chapter 3 (here) and Chapters 5–14 in the full guideline.

Although we endeavoured to provide evidence-based advice to address all the clinical questions in the guideline, for some questions no reliable evidence could be identified and recommendations for future research have been made. In addition, the Guideline Development Group noted gaps in the evidence on the following areas:
• Management strategies for work-related mental health conditions that are feasible and acceptable for GPs to utilise, including special considerations for GPs practicing in rural and remote Australia
• Specific considerations with regards to work-related mental health conditions for culturally and linguistically diverse populations and Aboriginal and Torres Strait Islander populations
• Evidence to describe the value of work participation for people with a work-related mental health condition
• Tools and strategies to support the diagnosis and management of acute stress disorder and adjustment disorder.

This guideline has benefitted from the considerations, expertise and knowledge generously provided by many groups and individuals including the Guideline Development Group (comprising a consumer, and clinical, content and context experts) and feedback received from a national public consultation. To our knowledge it is the first guideline produced anywhere in the world to assist GPs with the diagnosis and management of work-related mental health conditions in patients presenting in general practice.

References

2

GP guideline summary
Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice: GP summary

This guideline has been developed to provide Australian general practitioners (GPs) with the best available evidence to guide their diagnosis and management of patients with work-related mental health conditions.

The guideline recommendations in this document were approved by the Chief Executive Officer of the National Health and Medical Research Council (NHMRC) on 7 December 2018 under section 14A of the National Health and Medical Research Council Act 1992 (Cwlth).

ASSESSMENT AND DIAGNOSIS OF A WORK-RELATED MENTAL HEALTH CONDITION

**What tools can assist a GP in diagnosing and assessing the severity of a mental health condition?**

- For depression, use the Patient Health Questionnaire-9 (PHQ-9).
- For anxiety, use the Generalized Anxiety Disorder 7 item (GAD-7) or the Depression Anxiety Stress Scales (DASS) – diagnosis only.
- For posttraumatic stress disorder, use the PTSD CheckList – Civilian Version (PCL-C).
- For alcohol use disorder, use the Alcohol Use Disorders Identification Test (AUDIT), Severity of Alcohol Dependence Questionnaire (SADQ) or Leeds Dependence Questionnaire (LDQ).
- For substance use disorders, use the LDQ.

[Strong recommendations]

- If major depression and anxiety are excluded, consider a diagnosis of an adjustment disorder using the DASS to assess levels of distress and the World Health Organization Disability Assessment Schedule (WHODAS) 2.0 to assess levels of functional impairment.
  [Consensus-based recommendation]

- Use these tools alongside a comprehensive clinical assessment with consideration of cultural issues.
  [Practice point]

- Seek advice from a specialist mental health clinician (e.g. psychiatrist or clinical psychologist) if experiencing difficulties in diagnosis.
  [Practice point]

**What would suggest that the patient is developing a comorbid or secondary mental health condition?**

Consider the following patient factors:
- greater pain following a physical injury
- insomnia, low mood, anhedonia and suicidal thoughts
- existing substance misuse
- chronic physical condition
- lower self-efficacy

- lack of social support
- existing medical condition
- past experience of, and response to, treatments
- past history of depression
- perception of injustice of the compensation claim process.

[Weak recommendation]

- pre-existing depressive disorder or other anxiety disorder
  [Consensus-based recommendation]

Consider the following work-related factors:
- job strain
- failure to return to work.

[Weak recommendation]

**Has the mental health condition arisen as a result of work?**

The assessment should be made on the basis of:
- a comprehensive clinical assessment
- consideration of factors such as pressures, events and/or changes in the workplace and the temporal relationship between these factors and symptom onset
- consideration of whether the mental health condition is consistent with the description of how the condition arose.

[Consensus-based recommendations]

**What should a GP consider when conveying a diagnosis of a mental health condition to the patient?**

- Have regard to:
  - patient concerns (e.g. stigma, discrimination, loss of employment, isolation and financial insecurity)
  - a patient’s socio-cultural background
  - negotiating confidentiality and sharing of information with a patient’s family or carer, if necessary.

- Provide information to the patient about the condition, recovery expectations and the range of treatments available.
  [Strong recommendations]

- Provide educational material in a format that the patient can understand.
  [Consensus-based recommendation]

- Promote a patient-centred recovery-based approach.
  [Consensus-based recommendation]

- Establish and maintain a therapeutic alliance.
  [Consensus-based recommendation]

For the full list of recommendations, explanation of the grading process and background information, access the full guideline at www.monash.edu/work-related-mental-health-guideline.
2. GP GUIDELINE SUMMARY

MANAGEMENT OF A WORK-RELATED MENTAL HEALTH CONDITION

How can the condition be managed effectively to improve personal recovery or return to work?

- Adopt a patient-centred approach. [Consensus-based recommendation]
- Refer to existing high-quality clinical guidelines for the management of mental health conditions, while considering work-related factors. [Consensus-based recommendation]
- In recognition of the health benefits of safe work and in regard to personal recovery, consider whether a patient can remain at or return to work. [Consensus-based recommendation]
- For a secondary work-related mental health condition, where the primary condition was a musculoskeletal injury, use work-directed cognitive behavioural therapy. [Weak recommendation]

Can the patient work in some capacity?

Consider the following patient factors:
- severity of the mental health condition
- presence of comorbidities
- presence of sleep disturbance
- higher conscientiousness pre-injury
- attitude towards work
- patient motivation to work
- work ability
- personal circumstances

- social deprivation. [Consensus-based recommendation]

Consider the following workplace factors:
- work environment
- GP's knowledge about the workplace
- suitability of work
- size of the workplace
- conflicts with the person's supervisor
- ongoing work-related stressors

- availability of appropriate and safe duties that are where possible, commensurate with the worker's level of experience and seniority. [Consensus-based recommendation]

What is appropriate communication with the patient's workplace?

- Use telephone and/or face-to-face methods.
- Consider using a trained workplace rehabilitation provider to coordinate and negotiate return to work, if available. [Strong recommendations]
- Ensure that communication (with the patient's consent) maintains a focus on the workplace and on the worker's needs and functional capacities. [Consensus-based recommendation]

What strategies are effective at managing comorbid mental health conditions and substance misuse and addictive disorders?

- Note the presence and severity of comorbidities, during assessment, and consider their implications for treatment planning. [Consensus-based recommendation]
- Utilise existing high-quality guidelines to manage substance misuse and addictive disorders. [Consensus-based recommendation]

- Consider using an integrated approach that addresses both work-related mental health conditions and comorbid substance use disorders. [Consensus-based recommendation]
- Use individual-based trauma-focused psychological therapy delivered along with substance use disorder therapy for work-related posttraumatic stress disorder. [Practice point]

Why isn't the patient's mental health condition improving as expected?

The following might affect progress in a patient's condition.

Patient factors:
- stressful life factors outside of work
- patients aged >40 years. [Strong recommendation]
- perceived injustice
- poor adherence to recommended treatment. [Consensus-based recommendation]

Health behaviours and attitudes:
- attitude towards return to work
- reduced expectations by the patient towards return to work. [Strong recommendation]

Workplace factors:
- job/work stress
- poor communication with supervisor/employer
- harassment and bullying. [Strong recommendation]

Medical factors:
- alcohol, smoking and drug dependence
- persistent symptoms pre-injury
- severity of mental health condition
- longer symptom duration and longer sick leave duration at baseline
- extensive physical injury
- chronic pain
- overweight/underweight
- quality of rehabilitation services. [Strong recommendation]

What can a GP do for a patient whose mental health condition is not improving?

- Investigate the existence of continuing work and non-work stressors, and assist to address them. [Consensus-based recommendations]
- Review the diagnosis and treatment plan to optimise treatment.
- Adopt a patient-centred collaborative care approach between relevant health professionals. [Consensus-based recommendation]

Where no stressors are identified, and where persistent depression is present, consider:
- collaborative care between relevant health professionals
- cognitive behavioural therapy as an adjunct to pharmacotherapy, for patients with treatment-resistant depression. [Weak recommendation]
3

Detailed recommendations and practice points
Detailed recommendations and practice points included in this guideline

The following recommendations and practice points are provided to assist GPs with the diagnosis and management of mental health conditions that have arisen as a result of work. Recommendations are numbered to indicate the chapter of the full guideline in which each recommendation is presented. A summary of the evidence-base and a discussion of factors that may influence implementation are provided in the full Guideline.

**What tools can assist a GP in diagnosing and assessing the severity of a mental health condition?**

**5.1** For workers with symptoms of mental health conditions, a GP should use:

- the Patient Health Questionnaire-9 to assist in making an accurate diagnosis of depression and assess its severity
- either the Generalized Anxiety Disorder 7-item or the Depression Anxiety Stress Scales (DASS) to assist in making an accurate diagnosis of an anxiety disorder
- the PTSD Checklist – Civilian Version to assist in making an accurate diagnosis of PTSD and assessing its severity
- the Alcohol Use Disorders Identification Test, Severity of Alcohol Dependence Questionnaire, or the Leeds Dependence Questionnaire, to assist in making an accurate diagnosis of an alcohol use disorder, and assessing its severity
- the Leeds Dependence Questionnaire to assist in making a diagnosis of substance use disorders and assessing their severity.

[**Strong recommendations FOR (high quality of evidence)**]

**5.2** Adjustment disorder implies a level of distress greater than would otherwise be expected after a certain event(s). It is sometimes diagnosed when other psychiatric illnesses such as major depression and anxiety have been excluded and is time limited. There are no recommended tools for diagnosing adjustment disorder or assessing its severity in general practice. A GP may consider use of the DASS to assess levels of patient distress and World Health Organization Disability Assessment Schedule 2.0 to assess levels of functional impairment.

[**Consensus-based recommendation**]

**5.3** Tools should be used alongside a comprehensive clinical assessment, which includes consideration of cultural issues.

[**Practice point**]

**5.4** The advice of a specialist mental health clinician (e.g. psychiatrist or clinical psychologist) should be sought by a GP if they are experiencing difficulties in diagnosis.

[**Practice point**]

SEE PAGE 35 OF THE FULL GUIDELINE
6.1 For patients with a primary physical or psychological work-related injury, a GP may consider the following factors to assist in the early detection of a comorbid or secondary mental health condition.

**Patient-related factors**
- Greater pain intensity, where physical injury was the precursor to the mental health condition
- Insomnia, low mood, anhedonia and suicidal thoughts
- Any existing substance misuse
- A chronic physical health problem
- Lower self-efficacy (i.e. the capacity for one to cope with difficult demands through one’s own effort)
- Lack of social support and personal relationship status (i.e. relationship problems)
- Past experience of, and response to, treatments
- Past history of depression
- Perception of injustice of the compensation claim process

  *Weak recommendation FOR (low quality of evidence)*

- Pre-existing depressive disorder or other anxiety disorder
- Any other existing medical condition

  *Consensus-based recommendations*

**Work-related factors**
- Job strain
- Failure to return to work following injury

  *Weak recommendation FOR (low quality of evidence)*
7.1 On the available evidence, there is no clear support for an instrument to indicate the probability that a mental health condition has arisen out of work; therefore, there is an urgent need to promote research in this area.

[Recommendation for future research]

7.2 The assessment of whether a diagnosed mental health condition has arisen as a result of work should be made on the basis of:

- a comprehensive clinical assessment
- consideration of factors such as pressures, events and/or changes in the workplace and the temporal relationship between these factors and symptom onset
- consideration of whether the mental health condition is consistent with the description of how the condition arose.

[Consensus-based recommendation]

Has the mental health condition arisen as a result of work?

SEE PAGE 55 OF THE FULL GUIDELINE

8.1 When conveying a diagnosis of a work-related mental health condition, a GP should have regard to:

- patient concerns, such as the potential for stigma or discrimination, loss of employment, isolation and financial insecurity
- a patient’s socio-cultural background, which may affect their acknowledgement of a mental health condition, and
- negotiating patient confidentiality and sharing of information with a patient’s family or carer, if necessary.

[Consensus-based recommendation]

8.2 To ensure that the diagnosis of a work-related mental health condition is understood by the patient, a GP should:

- provide information to the patient about the nature of the mental health condition, the recovery expectations and the range of treatments available
- provide the patient with educational material in a format that they can understand.

[Strong recommendation FOR (low quality of evidence)]

8.3 To ensure that the diagnosis of a work-related mental health condition is understood by the patient, a GP should promote a patient-centred recovery-based approach.

[Consensus-based recommendation]

8.4 Before initiating treatment, it is important to establish a therapeutic alliance with the patient regarding diagnosis and treatment. It is important to maintain the alliance so that their patient’s care is a collaborative endeavour.

[Consensus-based recommendation]

SEE PAGE 61 OF THE FULL GUIDELINE
9.1 On the available evidence, there is no clear support for an intervention in a general practice setting to improve personal recovery or return to work in patients with a work-related mental health condition; therefore, there is an urgent need to promote research in this area.

[Recommendation for future research]

9.2 Adopt a patient-centred approach. Refer to existing high-quality guidelines for the management of mental health conditions, while considering work-related factors.

[Consensus-based recommendation]

9.3 In recognition of the health benefits of safe work and in regards to personal recovery, consideration should be given, where appropriate, to whether a patient can remain at or return to work (this may include transition back to work or work modification).

[Consensus-based recommendation]

9.4 In patients with a secondary work-related mental health condition, where the primary condition was a musculoskeletal injury, a GP may consider work-directed cognitive behavioural therapy.

[Weak recommendation FOR (moderate quality of evidence)]

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10.1 A GP should consider the following patient and work factors when determining whether a patient has the capacity to work.

**Patient factors**
- Severity of the mental health condition
- Presence of comorbidities
- Presence of sleep disturbance
- Higher conscientiousness pre-injury
- Attitude towards work
- Patient motivation to work
- Work ability
- Personal circumstances (personal relationships, finances, housing arrangements, level of physical activity)
- Social deprivation (social/cultural disadvantage)

**Work-related factors**
- Work environment
- GP’s knowledge about the patient’s workplace and its limitations
- Suitability of work
- Size of the workplace
- Conflicts with the person’s supervisor
- Ongoing work-related stressors (e.g. conflict with colleagues in the workplace)
- Availability of duties that are non-stigmatising and, where possible, commensurate with the worker’s level of experience and seniority

[Consensus-based recommendation]

10.2 A GP should consider consulting with a workplace rehabilitation provider in order to make an assessment of the workplace environment.

[Practice point]
11.1 A GP should use telephone and/or face-to-face methods to communicate between a worker, supervisor, healthcare provider(s), union representatives and other disability management stakeholders.

[Strong recommendation FOR (moderate quality of evidence)]

11.2 A GP should consider using a trained workplace rehabilitation provider, if available, to coordinate and negotiate return to work among stakeholders.

[Strong recommendation FOR (high quality of evidence)]

11.3 When discussing the care of a patient who has a work-related mental health condition with their workplace, ensure that communication* maintains a focus on the workplace and on the worker’s needs and functional capacities.

[Consensus-based recommendation]

What is appropriate communication with the patient’s workplace?

SEE PAGE 89 OF THE FULL GUIDELINE

12.1 On the available evidence, there is no clear support for an intervention in a general practice setting to manage comorbid substance misuse and addictive disorders; therefore, there is an urgent need to promote research in this area.

[Recommendation for future research]

12.2 A GP should note the presence and severity of comorbidities in their assessments, with a view to considering their implications for treatment planning.

[Consensus-based recommendation]

12.3 A GP should utilise existing high-quality guidelines for the management of substance misuse and addictive disorders.

[Consensus-based recommendation]

12.4 A GP should consider using an integrated approach that addresses both work-related mental health conditions and comorbid substance use disorders.

[Consensus-based recommendation]

12.5 For work-related PTSD, a GP may consider individual-based trauma-focused psychological therapy delivered with substance use disorder therapy.

[Weak recommendation FOR (very low quality of evidence)]

What strategies are effective at managing comorbid mental health conditions and substance misuse and addictive disorders?

SEE PAGE 95 OF THE FULL GUIDELINE

*Communication between a GP and their patient’s workplace should only occur with a patient’s consent.
13.1 A GP should consider the following factors that might affect progress in a patient’s condition.

**Personal/patient factors**
- Stressful life factors outside of work
- Patients aged > 40 years
  [Strong recommendation FOR (high quality of evidence)]
- perceived injustice
  [Consensus-based recommendation]
- poor adherence to recommended treatment.
  [Consensus-based recommendation]

**Health behaviours and attitudes**
- Attitude towards return to work
- Reduced expectations by patients about being able to return to work

**Employment/workplace factors**
- Job/work stress
- Poor communication with supervisor/employer
- Harassment and bullying as a precursor to the mental health condition.

**Medical factors**
- Alcohol intake, smoking, drug dependence
- Persistent symptoms prior to going on sick leave
- Higher degree of severity of mental health conditions (distress, depression, anxiety and somatisation)
- Longer duration of symptoms and longer sick leave duration at baseline
- Extensive physical injury
- Chronic pain
- Overweight, underweight
- Quality of rehabilitation services
  [Strong recommendation FOR (high quality of evidence)]

SEE PAGE 103 OF THE FULL GUIDELINE
14.1 On the available evidence, there is no clear support for an intervention in a general practice setting to improve personal recovery or return to work in patients with a work-related mental health condition who are not improving; therefore, there is an urgent need to promote research in this area.

[Recommendation for future research]

14.2 In patients with a persistent mental health condition that has arisen out of work, a GP should:

- investigate the existence of continuing work-related and non-work-related stressors that may contribute to delayed patient recovery and assist to address them
- review the diagnosis and treatment plan to ensure that the patient is receiving optimal treatment, and
- adopt a patient-centred collaborative care approach with relevant health professionals.

[Consensus-based recommendation]

14.3 Where no work-related or non-work-related stressors can be identified, and where persistent depression is present, a GP may consider the following evidence-based approaches to treat the persistent depression:

- collaborative care between relevant health professionals for patients with persistent depression
- cognitive behavioural therapy as an adjunct to pharmacotherapy for patients with treatment-resistant depression.

[Weak recommendation FOR (high quality of evidence)]
Appendices
Appendix A  Patient Health Questionnaire-9 (PHQ-9)

Over the previous 2 weeks, how often have you been bothered by any of the following problems? (Use “✓” to indicate your answer)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half of the two week period</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little pleasure or little interest in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Having little energy or feeling tired</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling negative about yourself or that you are a failure or have let your self or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or talking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

For office coding __________ + __________ + __________ + __________

= Total Score: __________

If you ticked off any of the problems above, how difficult has it been for you to do your work, take care of things at home or get along with other people because of these problems?

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Source: http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ9_English%20for%20Australia_0.pdf

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Appendix B  Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last two weeks, how often have you been bothered by the following problems?

(Use “✓” to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Having trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

For office coding _______ + _______ + _______ + _______  

= Total Score: _______

Developed by Drs. Robert L. Spitzer, Jane B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer, Inc. No permission required to reproduce, translate, display or distribute.

Source: [http://www.phqscreeners.com/sites/g/files/g1009626it/201412/GAD7_English%20for%20Australia.pdf](http://www.phqscreeners.com/sites/g/files/g1009626it/201412/GAD7_English%20for%20Australia.pdf)

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**Appendix C  Depression Anxiety Stress Scales (DASS)**

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:
- 0  Did not apply to me at all
- 1  Applied to me to some degree, or some of the time
- 2  Applied to me to a considerable degree, or a good part of time
- 3  Applied to me very much, or most of the time

<table>
<thead>
<tr>
<th>Statement</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I found myself getting upset by quite trivial things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I was aware of dryness of my mouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I couldn’t seem to experience any positive feeling at all</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. I experienced breathing difficulty (e.g. excessively rapid breathing,</td>
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<tr>
<td>breathlessness in the absence of physical exertion)</td>
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<tr>
<td>5. I just couldn’t seem to get going</td>
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<tr>
<td>6. I tended to over-react to situations</td>
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<td>7. I had a feeling of shakiness (e.g. legs going to give way)</td>
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<td>8. I found it difficult to relax</td>
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<tr>
<td>9. I found myself in situations that made me so anxious I was most</td>
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<tr>
<td>relieved when they ended</td>
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<td>10. I felt that I had nothing to look forward to</td>
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<td>11. I found myself getting upset rather easily</td>
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<td>12. I felt that I was using a lot of nervous energy</td>
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<td>13. I felt sad and depressed</td>
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<tr>
<td>14. I found myself getting impatient when I was delayed in any way</td>
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<tr>
<td>(e.g. lifts, traffic lights, being kept waiting)</td>
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<tr>
<td>15. I had a feeling of faintness</td>
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<tr>
<td>16. I felt that I had lost interest in just about everything</td>
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<tr>
<td>17. I felt I wasn’t worth much as a person</td>
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<tr>
<td>18. I felt that I was rather touchy</td>
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<tr>
<td>19. I perspired noticeably (e.g. hands sweaty) in the absence of high</td>
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<tr>
<td>temperatures or physical exertion</td>
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<tr>
<td>20. I felt scared without any good reason</td>
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<tr>
<td>21. I felt that life wasn’t worthwhile</td>
<td></td>
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</tr>
</tbody>
</table>

Source: [http://www2.psy.unsw.edu.au/dass/down.htm](http://www2.psy.unsw.edu.au/dass/down.htm)

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Appendix D  Posttraumatic Stress Disorder Checklist – Civilian version (PCL-C)

**Instruction to patient:** Below is a list of problems and complaints that civilians sometimes have in response to stressful life experiences. Please read each one carefully, put an ‘X’ in the box to indicate how much you have been bothered by that problem in the last month.

<table>
<thead>
<tr>
<th>Response</th>
<th>Not at all (1)</th>
<th>A little bit (2)</th>
<th>Moderately (3)</th>
<th>Quite a bit (4)</th>
<th>Extremely (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</td>
<td></td>
<td></td>
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<tr>
<td>2. Repeated, disturbing dreams of a stressful experience from the past?</td>
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<tr>
<td>3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
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<tr>
<td>4. Feeling very upset when something reminded you of a stressful experience from the past?</td>
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<tr>
<td>5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?</td>
<td></td>
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<tr>
<td>6. Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?</td>
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<tr>
<td>7. Avoid activities or situations because they remind you of a stressful experience from the past?</td>
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<tr>
<td>8. Trouble remembering important parts of a stressful experience from the past?</td>
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<tr>
<td>9. Loss of interest in things that you used to enjoy?</td>
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<tr>
<td>10. Feeling distant or cut off from other people?</td>
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<tr>
<td>11. Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
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<tr>
<td>12. Feeling as if your future will somehow be cut short?</td>
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<tr>
<td>13. Trouble falling or staying asleep?</td>
<td></td>
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<tr>
<td>14. Feeling irritable or having angry outbursts?</td>
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<tr>
<td>15. Having difficulty concentrating?</td>
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<tr>
<td>16. Being “super alert” or watchful on guard?</td>
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<tr>
<td>17. Feeling jumpy or easily startled?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Source: [https://www.mirecc.va.gov/docs/visn6/3_PTSD_CheckList_and_Scoring.pdf](https://www.mirecc.va.gov/docs/visn6/3_PTSD_CheckList_and_Scoring.pdf)

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### Appendix E  Alcohol Use Disorders Identification Test (AUDIT) Questionnaire

Please circle the answer that is correct for you

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Less than monthly</th>
<th>Daily or almost daily</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>○ Never</td>
<td>○ Monthly or less</td>
<td>○ 4 or more times a week</td>
<td>○ 2–4 times a month</td>
</tr>
<tr>
<td>2. How many standard drinks containing alcohol do you have on a typical day when drinking?</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>○ 1 or 2</td>
<td>○ 3 or 4</td>
<td>○ 10 or more</td>
<td></td>
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<tr>
<td></td>
<td>○ 7 to 9</td>
<td></td>
<td></td>
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<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ Never</td>
<td>○ Less than monthly</td>
<td>○ Daily or almost daily</td>
<td>○ Monthly</td>
</tr>
<tr>
<td></td>
<td>○ Weekly</td>
<td></td>
<td></td>
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<tr>
<td>4. During the past year, how often have you found that you were not able to stop drinking once you had started?</td>
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<tr>
<td></td>
<td>○ Never</td>
<td>○ Less than monthly</td>
<td>○ Daily or almost daily</td>
<td>○ Monthly</td>
</tr>
<tr>
<td></td>
<td>○ Weekly</td>
<td></td>
<td></td>
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<tr>
<td>5. During the past year, how often have you failed to do what was normally expected of you because of drinking?</td>
<td></td>
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<tr>
<td></td>
<td>○ Never</td>
<td>○ Less than monthly</td>
<td>○ Daily or almost daily</td>
<td>○ Monthly</td>
</tr>
<tr>
<td></td>
<td>○ Weekly</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>○ Never</td>
<td>○ Less than monthly</td>
<td>○ Daily or almost daily</td>
<td>○ Monthly</td>
</tr>
<tr>
<td></td>
<td>○ Weekly</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. During the past year, how often have you had a feeling of guilt or remorse after drinking?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>○ Never</td>
<td>○ Less than monthly</td>
<td>○ Daily or almost daily</td>
<td>○ Monthly</td>
</tr>
<tr>
<td></td>
<td>○ Weekly</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. During the past year, how often have you been unable to remember what happened the night before because you had been drinking?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>○ Never</td>
<td>○ Less than monthly</td>
<td>○ Daily or almost daily</td>
<td>○ Monthly</td>
</tr>
<tr>
<td></td>
<td>○ Weekly</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Have you or someone else been injured as a result of your drinking?</td>
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<tr>
<td></td>
<td>○ No</td>
<td>○ Yes, but not in the past year</td>
<td>○ Yes, during the past year</td>
<td></td>
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<tr>
<td></td>
<td>○ Weekly</td>
<td></td>
<td></td>
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<tr>
<td>10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?</td>
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<tr>
<td></td>
<td>○ No</td>
<td>○ Yes, but not in the past year</td>
<td>○ Yes, during the past year</td>
<td></td>
</tr>
</tbody>
</table>

### Scoring the AUDIT:

Scores for each question range from 0 to 4, with the first response for each question (e.g. never) scoring 0, the second (e.g. less than monthly) scoring 1, the third (e.g. monthly) scoring 2, the fourth (e.g. weekly) scoring 3, and the last response (e.g. Daily or almost daily) scoring 4. For questions 9 and 10, which only have three responses, the scoring is 0, 2 and 4 (from top to bottom).

A score of 8 or more is associated with harmful or hazardous drinking, a score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.


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Appendix F  Severity of Alcohol Dependence Questionnaire (SADQ)

Please recall a typical period of heavy drinking in the past 6 months.

<table>
<thead>
<tr>
<th>When was this?</th>
<th>Month:</th>
<th>Year:</th>
</tr>
</thead>
</table>

Please answer all the following questions about your drinking by circling your most appropriate response.

**During that period of heavy drinking:**

1. The day after drinking alcohol, I woke up feeling sweaty.
   - Almost never
   - Sometimes
   - Often
   - Nearly always

2. The day after drinking alcohol, my hands shook first thing in the morning.
   - Almost never
   - Sometimes
   - Often
   - Nearly always

3. The day after drinking alcohol, my whole body shook violently first thing in the morning if I didn’t have a drink.
   - Almost never
   - Sometimes
   - Often
   - Nearly always

4. The day after drinking alcohol, I woke up absolutely drenched in sweat.
   - Almost never
   - Sometimes
   - Often
   - Nearly always

5. The day after drinking alcohol, I dread waking up in the morning.
   - Almost never
   - Sometimes
   - Often
   - Nearly always

6. The day after drinking alcohol, I was frightened of meeting people first thing in the morning.
   - Almost never
   - Sometimes
   - Often
   - Nearly always

7. The day after drinking alcohol, I felt at the edge of despair when I awoke.
   - Almost never
   - Sometimes
   - Often
   - Nearly always

8. The day after drinking alcohol, I felt very frightened when I awoke.
   - Almost never
   - Sometimes
   - Often
   - Nearly always

9. The day after drinking alcohol, I liked to have an alcoholic drink in the morning.
   - Almost never
   - Sometimes
   - Often
   - Nearly always

10. The day after drinking alcohol, I always gulped my first few alcoholic drinks down as quickly as possible.
    - Almost never
    - Sometimes
    - Often
    - Nearly always

11. The day after drinking alcohol, I drank more alcohol to get rid of the shakes.
    - Almost never
    - Sometimes
    - Often
    - Nearly always

12. The day after drinking alcohol, I had a very strong craving for a drink when I awoke.
    - Almost never
    - Sometimes
    - Often
    - Nearly always

13. I drank more than a quarter of a bottle of spirits in a day (OR 1 bottle of wine OR 8 units of beer).
    - Almost never
    - Sometimes
    - Often
    - Nearly always

14. I drank more than half a bottle of spirits per day (OR 1.5 bottles of wine OR 15 units of beer).
    - Almost never
    - Sometimes
    - Often
    - Nearly always

15. I drank more than one bottle of spirits per day (OR 3 bottles of wine OR 30 units of beer).
    - Almost never
    - Sometimes
    - Often
    - Nearly always

16. I drank more than two bottles of spirits per day (OR 6 bottles of wine OR 60 units of beer).
    - Almost never
    - Sometimes
    - Often
    - Nearly always
Imagine the following situation:
You have been completely off drink for a few weeks.
You then drink very heavily for two days.
How would you feel the morning after those two days of drinking?

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Score:</th>
<th>Checked by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. I would start to sweat.</td>
<td>Not at all</td>
<td>Slightly</td>
<td>Moderately</td>
</tr>
<tr>
<td>18. My hands would shake.</td>
<td>Not at all</td>
<td>Slightly</td>
<td>Moderately</td>
</tr>
<tr>
<td>19. My body would shake.</td>
<td>Not at all</td>
<td>Slightly</td>
<td>Moderately</td>
</tr>
<tr>
<td>20. I would be craving for a drink.</td>
<td>Not at all</td>
<td>Slightly</td>
<td>Moderately</td>
</tr>
</tbody>
</table>

Score: _______

Checked by: __________________________________________

Alcohol detox prescribed: Yes / No

Scoring

Answers to each question are rated on a four-point scale:

- Almost never – 0
- Sometimes – 1
- Often – 2
- Nearly always – 3


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Appendix G  Leeds Dependence Questionnaire (LDQ)

Here are some questions about the importance of alcohol or other drugs in your life. Think about the main substance you have been using over the past 4 weeks and tick the closest answer to how you see yourself.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never 0</th>
<th>Sometimes 1</th>
<th>Often 2</th>
<th>Nearly always 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you find yourself thinking about when you will next be able to have another drink or take more drugs?</td>
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<tr>
<td>Is drinking or taking drugs more important than anything else you might do during the day?</td>
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<tr>
<td>Do you feel that your need for drink or drugs is too strong to control?</td>
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<tr>
<td>Do you plan your days around getting and taking drink or drugs?</td>
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<tr>
<td>Do you drink or take drugs in a particular way in order to increase the effect it gives you?</td>
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</tr>
<tr>
<td>Do you drink or take drugs morning, afternoon and evening?</td>
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<td></td>
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</tr>
<tr>
<td>Do you feel you have to carry on drinking or taking drugs once you have started?</td>
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<tr>
<td>Is getting an effect more important than the particular drink or drug you use?</td>
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<tr>
<td>Do you want to take more drink or drugs when the effects start to wear off?</td>
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<tr>
<td>Do you find it difficult to cope with life without drink or drugs?</td>
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</tbody>
</table>


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