

A vital sign for the mind

Movies, television shows and the daily news will oftentimes depict people in severe states of drinking or drug behaviors, illustrating the depravity of this problem. It is more dramatic to show victims of these addictions in advance stages of their conditions in order to get attention. But, what about those who are early in their addiction and appear to be “normal”, everyday folks? Also, what about those who may have the occasional blues and not yet have a recognizable depression or mental illness until it is too late? How do we tell if anything is wrong with them? They will not have physical signs or symptoms such as rashes or open wounds signaling a problem.

Medical clinicians, for the most part, are not good at recognizing these sorts of problems. As a result, opportunities to intervene are lost. Because it is such a difficult condition to identify and treat, many medical professionals shy away from even addressing it with their patients. There is almost a sense that if we look the other way and avoid dealing with it maybe this will go away; or, maybe it doesn't exist at all.

Family members also are not comfortable addressing behavioral disorders with their loved ones—they probably don't know how. So a reasonable place to start checking for this problem should be at the medical office. Because we know there is a relationship between physical illness and behavioral problems, such as diabetes and depression, it makes sense that clinicians should start routinely screening medical patients for alcoholism, substance abuse and mental illness. During a routine checkup or sick visit a vital sign for behavioral health can be included as part of the visit. This vital sign is no different than taking the established set of measurements we are all used to at most doctor's offices: body temperature, blood pressure, heart and respiratory rates.

SBIRT (screening, brief intervention, and referral to treatment), a vital sign to help detect behavioral problems, is a simple screening tool for early detection and intervention for people who appear to have a tendency or already have some mental health or substance abuse issues. This SBIRT vital sign was recently tested for a six month trial period at a medically underserved clinic. The results were then compared with a control site where the usual medical intake process occurred without checking the SBIRT vital signs.

Two thirds of all medical patients, age 18 years and older, were found to have a positive SBIRT result. This means the majority of patients who came to the clinic for medical problems, such as a sore throat or colds, had some sort of behavioral health problem. Further, the clinicians were twice more likely to commit to a diagnosis of depression and substance abuse and twelve times more likely to make referrals to behavioral health offices when the SBIRT vital signs were used.

This simple process helps identify and alerts the clinician to know how severe a behavioral health problem a patient may be suffering from. Early identification will result in a more timely intervention and prompt treatment of conditions which could lead to physical, emotional and societal impairment or even death.

If this process were adapted by all clinicians, it would be the first major hurdle to overcome in our battle with mental and behavioral health. It would lead to earlier identification, intervention and cure for the millions of people who suffer from these debilitating conditions. Certainly, the media could focus on more delightful programming if these diseases were severely curtailed.

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[SBIRT as a Vital Sign for Behavioral Health Identification, Diagnosis, and Referral in Community Health Care.](#)

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