



Mental health and addiction screening and assessment

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Contents

Acknowledgements	1
Te Tiriti o Waitangi	3
Glossary	5
About this resource	7
Part 1: Fundamentals of screening and assessment	8
Part 2a: Screening	13
Part 2b: Standardised screening tools	30
Part 3: Comprehensive assessment.	71
References.	75

Te Tiriti o Waitangi

Te Tiriti o Waitangi (Te Tiriti) guides all sector mahi and recognises health as a taonga to be protected. Actively embedding Te Tiriti into all of health, including screening and assessment processes, is the foundation for achieving Māori health aspirations and equity.

Māori are exposed to more risk factors for addiction and mental health challenges than others.¹ This reflects the impacts of colonisation, land loss, criminalisation, discrimination, systemic racism and trauma. Te Tiriti underscores the importance of the workforce being well equipped to deliver culturally safe support and needing to monitor outcomes to ensure equity for Māori. This starts with effective screening and assessment to inform treatment and early responses to meet the needs of rangatahi, taiohi, tāngata whai ora, and whānau.

Screening and assessment of addiction and mental health challenges must be undertaken in a trauma-informed, strengths-based, mana-enhancing, and culturally safe manner to avoid harm. Training is essential to ensure safety for rangatahi, taiohi, and tāngata whai ora. Aro Matawai: Assessment and ongoing monitoring is one of 14 key areas outlined in *The Takarangi Competency Framework* that all addiction and mental health kaimahi can use to build capability and confidence when working with Māori.² Cultural safety requires kaimahi to be aware of how their own culture and biases impact their mahi and the support they provide, and to regularly reflect on and identify areas for improvement.^{3,4} It also requires working to actively recognise and eliminate racism, which is essential for screening, assessment, and support processes.⁵

Screening and assessment collect information from rangatahi, taiohi, tāngata whai ora and whānau to understand and support their hauora. Te Tiriti recognises that Māori data should be protected and that Māori retain sovereignty of their information and mātauranga. Therefore, it is important to ensure Māori data sovereignty principles are adhered to in line with organisational policies and procedures.

Whakapapa

This resource is primarily for kaimahi working with people in addiction and mental health settings. It aims to support increased awareness and understanding of relevant screening tools for addiction and mental health challenges and promote safe use. Screening is essential for all kaimahi to understand because it informs a person-centred approach to support.

This resource builds on earlier guidance from Matua Raki, including *Screening, Assessment and Evaluation (Alcohol and Other Drug, Smoking and Gambling)*,⁶ and *Mental Health and Addiction Screening and Assessment*.⁷

In this update, Te Pou worked with expert advisors that includes lived experience, cultural perspectives, and addiction and mental health expertise. Their contributions informed and strengthened the update and relevance to the Aotearoa New Zealand context.

This resource has been prepared by Te Pou based on a literature review and current knowledge and practice at the time of publication. It builds on key tools from previous literature reviews including *Lived Experience Measures: Measuring What is Important to Tāngata Whai Ora and Whānau*.⁸

This resource is not intended to be a comprehensive training manual or systematic review of screening or assessment tools currently used in the addiction and mental health sector in Aotearoa New Zealand. Te Pou is not liable for any consequences resulting from the use of any of the material in this resource. Seek specialist advice or training before taking (or failing to take) any action in relation to matters covered in this guide.

Always follow organisational policies and procedures related to screening and assessment. Each organisation will have preferred tools and licensing of tools will occur within the practice of the organisation.

Glossary

Addiction practitioner: health professionals registered to work in addiction services who provide a range of evidence-based support to rangatahi, taiohi, tāngata whai ora and whānau.⁹ Addiction practitioners undertake formal screening and comprehensive assessment.

Co-existing problems: co-existing problems refers to more than one health issue and can include mental health challenges and problematic substance use simultaneously, and/or gambling harm and physical health problems.¹⁰ Co-existing problems can compound challenges for people in their life, making it more difficult for people to reach their wellbeing or recovery goals.

Comprehensive assessment: refers to the personalised and individualised information gathering process that is standard in specialist addiction and mental health services. A comprehensive assessment gathers information to develop an understanding of the social, clinical, and cultural context of a person, their whānau, and their strengths.^{7,11}

Diagnostic overshadowing: when symptoms of a physical health condition are assumed to be related to a person's addiction or mental health experiences, often resulting in missed or delayed physical health screening and diagnoses.¹²

Kaimahi: worker, employee, staff.¹³ In this document kaimahi is used to refer to any staff member in a service supporting someone with addiction or substance-use related harm and mental health challenges. Includes both registered and non-registered professionals.

Mauri: life principle, life force, vital essence, special nature, a material symbol of a life principle, source of emotions - the essential quality and vitality of a being or entity.¹³

Mental health and addiction clinician: registered health professionals, such as nurses, social workers, occupational therapists and psychologists who work in addiction and mental health services and use evidence-based support alongside people and whānau. Clinicians undertake formal screening using validated tools and may undertake a comprehensive assessment following initial screening.

Outcome measure: a set of questions repeated at various points in time to look at change over time and understand the impact of support or services on people's lives, like their wellbeing or recovery journey.⁸

Peer support worker: peer support workers have lived or living experience of addiction, mental health challenges, and/or recovery. They work with people who experience addiction or mental health challenges to help restore their hope and personal power.¹⁴ They have strong relationships and understanding of people's contexts which provides invaluable information to complement screening tools. They may support people to fill out self-report screening tools but do not interpret these or carry out assessments.

Rangatahi: younger generation, youth.¹³

Screening tool: brief, easy to use tools (commonly a brief set of questions) designed to identify the potential presence of a particular issue, usually used as a preliminary step before further assessment or support.^{15,16}

Support worker: trained health professional who provides practical, recovery-focused support to people and whānau. They walk alongside people to help identify and meet their wellbeing goals and aspirations, while also supporting them to live well in their community and access other health and social services.¹⁷ They support people to achieve daily life goals and improve their quality of life. They do not undertake clinical screening or diagnose conditions but advise clinicians of any changes in tāngata whai ora behaviour, functioning or mood they notice. They may assist with brief screening under guidance of clinicians.

Taiohi: youth, adolescent, young person.¹³

Tāngata whai ora: people seeking wellness, used in this document to mean people seeking support for addiction or mental health challenges.¹⁸ The singular form tangata whai ora: person seeking wellness, is used to refer to an individual person.

Whānau: an inclusive term for family, the collective someone may affiliate or belong to, and anyone who tāngata whai ora consider to be close to them or important in their lives.

Whakawhanaungatanga: the process of establishing and/or maintaining links and relationships; the feeling of having familial ties.¹³

Whanaungatanga: relationship, kinship, sense of family connection – a relationship through shared experiences and working together which provides a sense of belonging.¹³

About this resource

This resource outlines standardised screening tools and processes, and provides an overview of comprehensive assessment for kaimahi in addiction and mental health services. The recommended screening processes may also be relevant and appropriate in other health services and settings, such as primary care.

How to navigate this resource

This resource contains three sections.

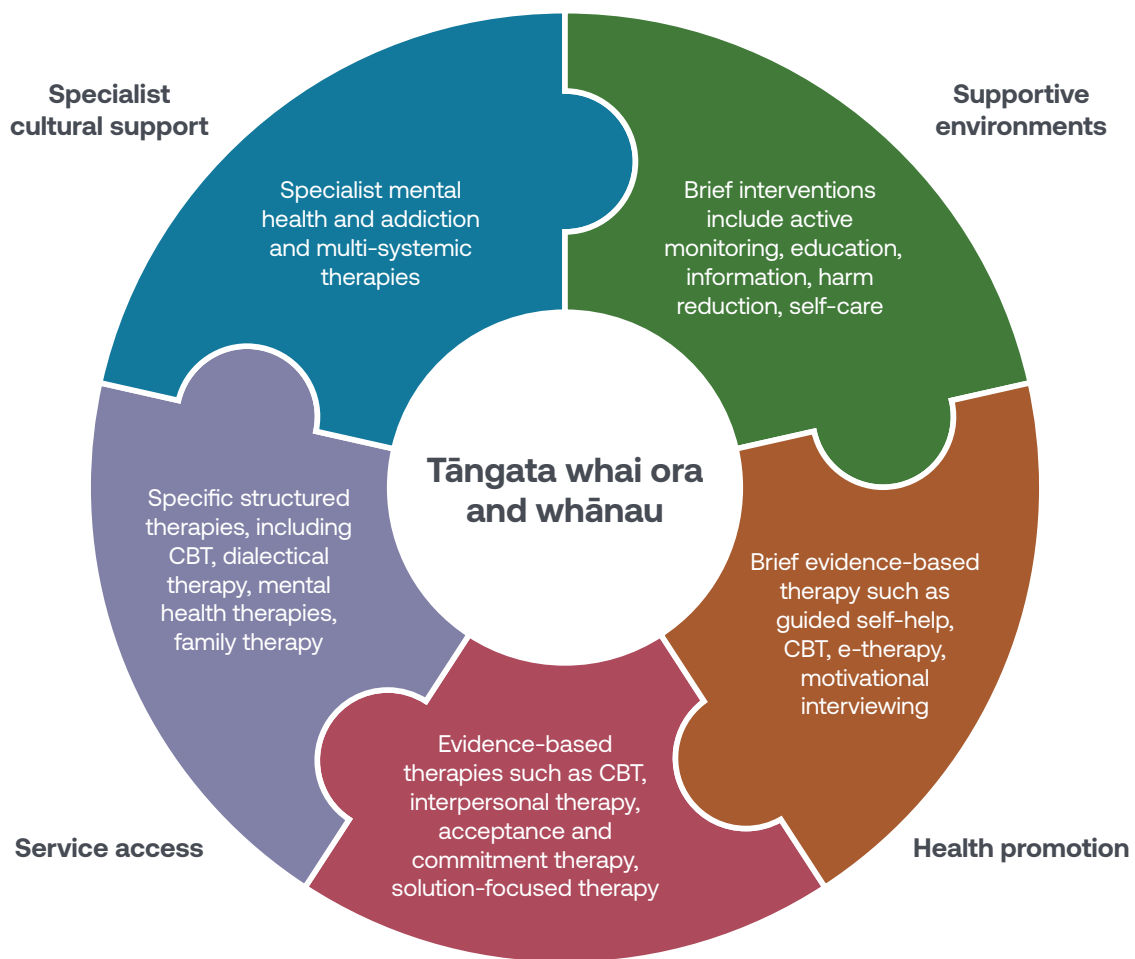
1. Fundamentals of screening and assessment.
2. Screening (Part 2a covers overall screening and cultural models; Part 2b covers standardised mental health and addiction screening tools, and physical health screening).
3. Comprehensive assessment.

Part 1: Fundamentals of screening and assessment

Screening and assessment align support with the needs of tāngata whai ora and whānau

The overall purpose of screening and assessment is to enable the best support and outcomes possible for tāngata whai ora and whānau by understanding their needs, goals, and strengths. This helps to prioritise and encourage access to the right level of support based on where people are in their journey. For example, community support may be best for some people, while others may want or need support from specialist services. A stepped care pathway is an example of how support can be matched to a person’s changing needs, see Figure 1.

Figure 1: Stepped care pathway



Adapted from “Let’s get talking toolkit”, Te Pou, 2015.¹⁹

Screening and assessment achieve different outcomes

The purpose of screening is to quickly identify issues or challenges tāngata whai ora are experiencing, including those they may not be aware of or do not acknowledge as having an impact on their wellbeing. Screening helps determine whether further exploration or an in-depth assessment is required and prioritises support for people.^a Screening does not generate a diagnosis.

Where further exploration is indicated, a comprehensive assessment can build a more holistic understanding of the person and their whānau and is essential to inform treatment planning and support. Comprehensive assessments take time to formally explore the nature, the relationships between, and the extent of any presenting problem(s) to help identify potential pathways to improve the wellbeing and mauri of tāngata whai ora and whānau. A comprehensive assessment takes a person and whānau-centred approach and may require input from multiple sources, including tāngata whai ora, whānau, and kaimahi.

Screening is not the same as measuring outcomes. To understand outcomes, measurement needs to occur at regular intervals and look at how people have changed over time. For example, screening may be done alongside outcome measurement tools like the Alcohol and Other Drug Outcome Measure (ADOM), which is mandated to be offered in community addiction services.

Table 1 provides an overview of screening and assessment processes.

^a Some services, like residential services, may have screening processes prior to intake to determine suitability for their environment.

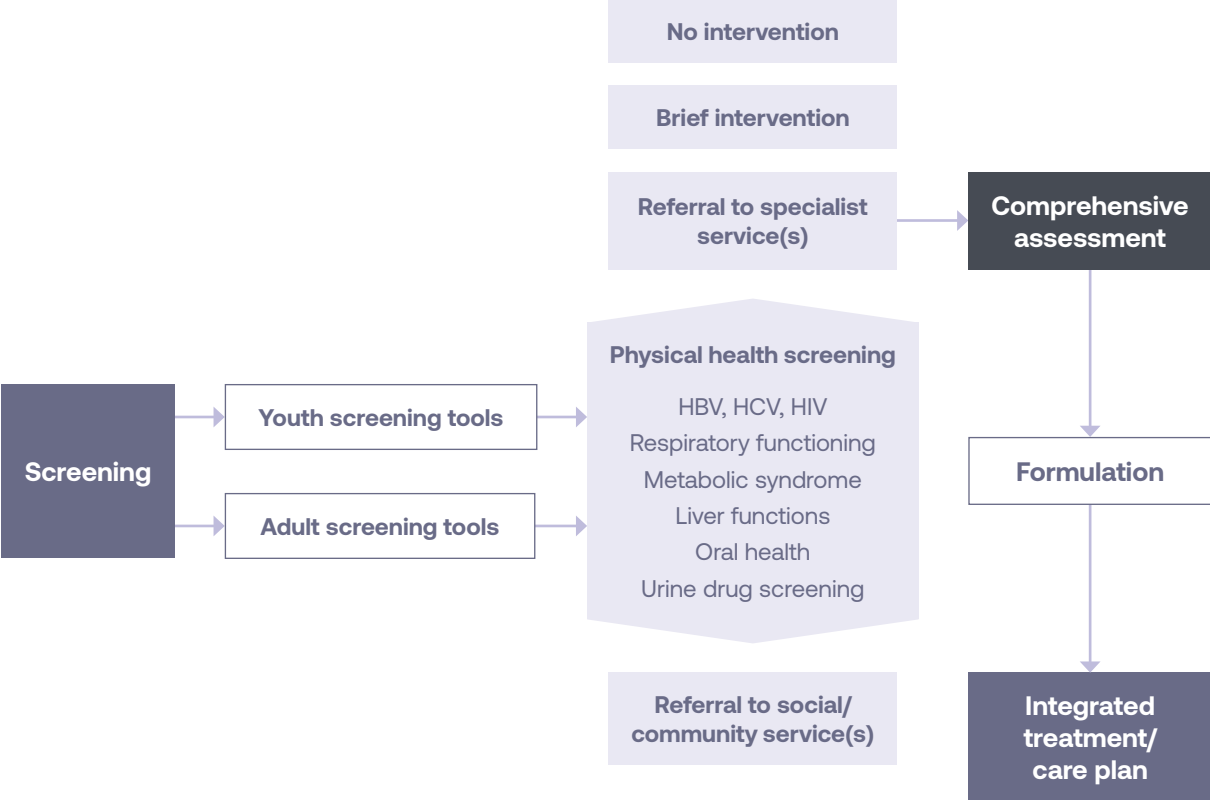
Table 1. Overview of screening and assessment processes

Feature	Screening	Comprehensive assessment
Purpose	Quickly identifies potential risks or challenges, strengths, and areas of concern.	Gathers detailed information and explores patterns of behaviour, used to inform a support/intervention plan.
Tāngata whai ora status	Anyone accessing a service.	People who have been identified as needing further support or assessment.
Timing	Quick process (1 to 20 minutes) used early in the process. ^b	Long process (hours, potentially over multiple days), commonly occurs after screening and following referral.
Delivery	Self, parent/caregiver, or kaimahi administered. Usually, a paper form or online.	Trained clinician or practitioner. Different approaches including interviews and observations.
Next steps	Determines if a more in-depth comprehensive assessment is needed, a brief intervention, or referral.	Informs decision-making, formulation, planning, and treatment.
Example	Using a standardised screening tool like the ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) to identify substance use-related harm early; or Kessler 10 (K10) to screen for general psychological distress.	A comprehensive bio-psycho-social-spiritual assessment with tangata whai ora and whānau history, current situation, strengths, and goals.

^b Screening can be repeated if needed.

Figure 2 shows an example of the screening and assessment process. The process may vary in different services. For example, in some services screening tools are incorporated into comprehensive assessments.

Figure 2: Screening and assessment process



Values-based practice and whanaungatanga are the foundation of screening and assessment

Values underpin everything we do. Keeping it Real I Kia Pono te Tika outlines the values, attitudes, knowledge, and skills needed to work effectively alongside people accessing health services.²⁰ Whanaungatanga is a key value required for screening and assessment to ensure people feel welcome, known, and have a sense of connection with kaimahi they are working with.²¹ Screening and assessment processes should:

- › start with relationships, whakawhanaungatanga, and good engagement to build connections and trust with people and whānau
- › create an environment where people feel safe to talk and ask questions
- › ensure people feel welcome, safe, and respected
- › ensure people understand the purpose and are fully informed
- › be guided by people's wants, needs, motivation, and priorities
- › involve whānau if the person wishes.

Whakawhanaungatanga is an ongoing process that wraps around the process of screening and assessment. It is not a separate process, but rather the foundation of all ongoing interactions between kaimahi, tāngata whai ora, and whānau. Screening and assessment can be seen as part of whakawhanaungatanga as they help kaimahi gain a deeper understanding of tāngata whai ora and whānau to best support them. Screening and assessment cannot occur without whakawhanaungatanga.

Part 2a: Screening

This section provides an overview of:

- › the screening process, including before, during, and after screening
- › cultural models that support screening.

Screening is a brief process to understand whether a person is likely to be experiencing addiction or mental health challenges and if further assessment or support is required. Standardised screening tools are used to identify specific issues and ensure consistency across different kaimahi and services. The process around screening (before and after) is just as important as screening itself. For example, taking time to get to know people, and providing appropriate support and follow-up.

Figure 3 provides an overview of the screening process.

Figure 3: Screening process overview



Screening must be done safely to avoid harm

Screening should only occur when people feel safe, and any immediate risks have been mitigated. It may be that screening needs to be postponed in order to put a safety plan in place. For example, if someone is currently experiencing thoughts of suicide, then support takes priority over screening.⁶ Kaimahi should follow their service procedures for supporting safety for themselves and tāngata whai ora.

Some screening tools can be completed by tāngata whai ora and whānau (including parents or caregivers) and are often called self-report measures. Other screening tools involve administration by kaimahi. Kaimahi should provide screening within the boundaries of their roles and competencies, and in accordance with organisational policies and procedures.

Kaimahi who use screening tools may need training and supervision to safely administer, use, and interpret information to avoid harm.⁵ The administration of tools requires effective engagement and cultural safety as a foundation, along with clinical skills to administer and interpret.

Preparation for screening is important

Before using screening tools:⁵

- › explain confidentiality, how information from screening will be used, and who information will be shared with (if necessary) – for example, explaining that you might need to share information with others in specific cases for their safety (such as if someone has thoughts of ending their life)
- › explain the reason for screening
- › introduce screening in a way that makes people feel safe and comfortable about the process
- › use plain language and ensure people have information in ways they can understand to make informed choices and decisions
- › check if tāngata whai ora would like whānau involved in the screening process, or if parents or caregivers need to arrange childcare to be fully involved in the screening process
- › clearly explain the purpose of each tool, and any limitations
- › clearly explain the standard process and how long it will take
- › inform people that it is their choice to complete the screening tool or not, and obtain their consent to proceed if whānau or others are present

⁶ Training programmes to recognise signs or how to ask people about suicide include LifeKeepers delivered by Le Va www.lifekeepers.nz

- › ensure the environment is supportive of screening (consider lighting, private space, noise levels, and any sensory needs)
- › offer people choices in how they can respond to screening questions, for example in writing, verbally, or New Zealand Sign Language. Interpreters or translators specialised in mental health and addiction settings can support where needed. These options can help with literacy and language barriers where there may be potential confusion about terms and phrases used in a screening tool
- › check if tāngata whai ora and whānau have any questions.

A possible script to introduce a screening tool is: “I would like to ask some questions about how you have been feeling lately. This can help identify goals and priorities to support your wellbeing. Are you ok with this? Do you have any questions before we start?”

Choose an appropriate screening tool(s)

There are a range of standardised screening tools for addiction, mental health, and wellbeing. It is important to use validated tools (ideally, for the setting and population you are working with). A tool being validated means that it screens for what it is intended to (for example, substance use or gambling harm). It is important to note that many tools have been developed from a Western perspective and validated overseas. Therefore, they may not accurately capture concepts of wellbeing that are important to Māori or other diverse cultures in Aotearoa.

It is equally important to choose a screening tool suited to:

- › the setting you work in (eg mental health, addiction)
- › what you need to screen for (eg mental health challenges, substance use, gambling)
- › the amount of time you have
- › the person’s age, accessibility and communication needs, culture, and language (some tools have versions in different languages).

Co-existing problems are common in addiction and mental health services.^{11,22} This means multiple screening tools may be needed in each setting. For example, if working in a mental health service, kaimahi should also screen for addiction and physical health problems. If working in addiction services, it is important to screen for mental health challenges, physical health problems, and cognitive impairment.

Complementary screening tools can be used as part of a package to gain an understanding of the person in different aspects of their life. For example, Oranga Tamariki use three standardised screening tools as part of assessments of people in Oranga Tamariki care – The Kessler 10 for psychological distress, the Substances and Choices Scale for substance use, and specific questions about suicide, collectively known as the SKS screening package.²³

Kaimahi should also be mindful of over-screening, or screening fatigue. Kaimahi can be guided by what is most important to the person in front of them, complemented by their clinical skill and judgement.

Section 2b covers a range of mental health and addiction screening tools that can be used in different settings.

There are many contextual factors to consider when interpreting screening results

A screening tool offers a snapshot of a person’s wellbeing at one point in time. It is important to consider context when interpreting or using information from screening tools to avoid harm.⁵ Interpreting information from screening tools within a person’s unique context requires clinical skill. Kaimahi in non-clinical roles will need to seek advice or supervision to accurately interpret results, especially when there is current or recent substance use.⁵ Cautious and informed interpretation is especially important when using Western developed tools for Māori and other diverse cultures, or for disabled people (such as people with an intellectual or learning disability).

Figure 4 covers some examples of factors that may impact screening.⁵

Figure 4: Factors that can affect screening results



Understanding culture

Culture encompasses both a person's culture of origin (ethnicity) and the culture(s) and groups they identify with. It also includes other parts of identity, such as age, sexuality, gender identity, and disability. The cultural identity of people, whānau, and kaimahi can impact engagement with screening, assessment, and goal setting. It is important early in the screening and assessment process to understand and identify the cultural needs and values of tāngata whai ora and whānau, and what they need to engage and feel safe.^{5,11}

Tāngata whai ora may express their cultural identity in diverse ways. Culture can influence how people's emotions and mental health challenges are experienced and expressed, their trust and use of health services, communication styles, how they make sense of their lives, what health and wellbeing mean to them, how they interpret and respond to screening and assessment questions, and what acceptance and healing practices look like for them.¹¹ For example, a person's view of holistic wellbeing may include wairua, cultural identity, and whānau wellbeing.¹¹ Culture also impacts on appropriate tikanga or practices. For example, taking time for whakawhanaungatanga, and building connections and relationships between people, is important for Māori. Advice and supervision from people with appropriate cultural expertise should be sought wherever possible to ensure cultural safety.

Throughout the process of screening or assessment, kaimahi should integrate knowledge of their own cultural and social context and that of the people and whānau they are working with. This includes reflecting on and challenging one's own biases and identifying cultural differences, to support a culturally safe environment for all.³

Being trauma-informed

Experiences of trauma can impact people's wellbeing, including intergenerational trauma, colonisation, coercive and compulsory treatment, abuse, prejudice,^d stigma, and racism. Many people who access addiction or mental health services have experienced trauma.²⁴ Māori, Pasifika, rainbow communities, migrants, and people from refugee backgrounds are also more likely to have experienced trauma.^{24,25} A trauma-informed approach focuses on what has happened in a person's past and how this has impacted and shaped them. It requires workers to recognise and understand that trauma manifests in many ways and to actively work to avoid retraumatising people.²⁴

Asking about people's history can potentially be retraumatising; some people who have experienced trauma may have unexpected or negative reactions to screening or assessment processes. It is important to check previous notes and ask about people's prior experiences with screening, being asked questions, or accessing support in health settings, which can include mistrust of clinical processes or people. Take the time to understand what happened for the person and how you can build trust and improve on earlier experiences.

^d Such as sexism, transphobia, homophobia, ageism, and ableism.

Ensure people and whānau are well informed and understand the outcomes of screening

After screening:

- › provide tailored feedback about the results in a strengths-based and mana-enhancing manner
- › use simple language free from jargon to explain results
- › offer tāngata whai ora information and results of screening in both an in-person hui and in writing (to take away with them)
- › ask tāngata whai ora to reflect back their understanding of the screening results, rather than simply asking them if they understand
- › explain next steps and what happens with the information they shared, in line with the discussion about confidentiality and disclosure prior to screening.

Ensure people have access to information in a form that they prefer (such as plain text, Easy Read documents, or interpreters including for New Zealand Sign Language). Be flexible, tailor communication to the unique needs and style of the individual tangata whai ora, and gauge what works for them.

Use screening to inform next steps

While screening cannot confirm or diagnose problems a person may be experiencing, it may indicate a potential need for further support. Where a screening tool indicates potential issues requiring support, this must be followed up. Follow up can include:

- › further discussion with the team, tāngata whai ora, and whānau
- › referral, with the consent of the person, to a specialist service for a comprehensive assessment
- › a brief intervention.

Discuss any next steps with people and whānau, such as referrals and comprehensive assessment.

Primary care

People who do not require specialist addiction and mental health support can be offered brief interventions through primary care as part of the integrated primary mental health and addiction (IPMHA) programme. The IPMHA programme includes youth-specific services for 12- to 24-year-olds and rainbow youth, Kaupapa Māori primary mental health and addiction services, and Pacific primary mental health and addiction services for people of all ages. See more about Access and Choice on the [Health New Zealand website](#).

Brief interventions

- › Are an offer of support that aims to provide people and whānau with feedback, information, and strategies to help them reflect on, address or change specific behaviours and lifestyle factors that may contribute to their wellbeing.
- › Are appropriate for people who may not have sought help for a particular issue and may not need specialist support, or who may not want to go to a specialist service.
- › Are generally provided as opportunities arise but can also be more structured and extend over multiple occasions.

As appropriate to role, brief interventions can include:

- › sharing feedback with people and whānau about the screening results
- › providing brief advice or supportive conversations
- › providing information (including self-help material and online resources)
- › encouraging lifestyle changes that support hauora
- › problem solving, goal setting, and/or relapse prevention
- › assessing motivation (such as with the stages of change)
- › negotiating further assessment, treatment, referral, or follow-up sessions.

Further resources on brief intervention are below.

- › Amohia Te Waiora, n.d. [Having conversations about alcohol - a digital toolkit](#)²⁶
- › Healthpoint, n.d. [E mental health apps and tools](#)²⁷
- › Te Pou, 2022 [Te Hikuwai | Resources for wellbeing](#)²⁸
- › Te Pou, n.d. [Brief intervention resources](#)²⁹
- › Te Pou, 2015 [Let's get talking toolkit](#)¹⁹
- › The New Zealand Drug Foundation Te Puna Whakaiti Pāmamae Kai Whakapiri, n.d. [Brief advice cards and other resources](#)³⁰
- › The New Zealand Drug Foundation Te Puna Whakaiti Pāmamae Kai Whakapiri, n.d. [Talking about reducing risks with substance use](#)³¹
- › Tūturu, n.d. [Toolkit and resources for use in schools](#)³²
- › Whāraurau, 2024 [Brief intervention manual: Mental health and AOD](#)³³

Cultural models can support safe screening processes

All kaimahi working in addiction and mental health services should be culturally responsive and safe to support a range of diverse people. Kaimahi should work closely with cultural advisors to ensure best approaches, models, tools, and processes are used for each person's context. Sometimes cultural models or tools alone may be enough or appropriate for screening, while at other times, standardised Western developed screening tools may be used within a safe cultural process but should be interpreted with caution. Ideally, staff from diverse cultures are available to screen. For example, with the person's consent, kaimahi Māori may be best placed to undertake screening and assessment for tāngata whai ora who identify as Māori. This can be due to having a deeper understanding or knowledge of a person's culture, whānau constructs, and the lived reality for many Māori in Aotearoa.³⁴

A person's identity and culture cannot be assumed. For example, due to historical trauma and colonisation not all tāngata whai ora that whakapapa Māori self-identify as Māori or have an understanding of Te Ao Māori.³⁵ When working with tāngata whai ora, it is important to gain an understanding of their culture, what it means for them, and be guided by their cultural needs for screening and assessment.^e

Ensure you have the support you need to use these models in a safe and culturally responsive way. Seek cultural supervision aligning with your service requirements.

^e eLearnX has a range of courses for kaimahi to support working with diverse communities www.elearnx.co.nz

A range of Māori models support screening

Māori resources are informed by Māori models of health and wellbeing (like Te Whare Tapa Whā) and are commonly based on whānau strengths. When using Māori models and tools it is best to discuss screening approaches with Māori advisors to determine what is appropriate for your service.

Some common factors that support safe screening for Māori include:³⁶⁻³⁹

- › tino rangatiratanga (self-determination)
- › whakawhanaungatanga and manaakitanga
- › ensuring quality time to build meaningful relationships
- › ensuring practice is mana-enhancing
- › interacting with a range of kaimahi beyond clinicians, such as cultural advisors and peer support workers
- › focusing on hauora and wellbeing
- › ensuring whānau are at the centre
- › being comfortable and well informed, having access to information needed for clarity and understanding
- › building knowledge of the person, their strengths, and people feeling seen for who they are
- › providing options to engage in te reo Māori and karakia
- › understanding the socio-political context, including colonisation, racism, and marginalisation.

Some Māori models, tools, or processes that may be helpful for screening and/or assessment are listed below.

Te Whare Tapa Whā

Te Whare Tapa Whā is a holistic wellbeing framework that provides a Māori perspective on health based on four interconnected aspects of wellbeing.⁴⁰ Table 2 outlines some topic prompts, aligned with Te Whare Tapa Whā, to gain an understanding of a person's support needs. To learn more about Te Whare Tapa Whā refer to *A Māori Perspective of Health* by Tā Mason Durie.⁴¹

Table 2: Topics to ask about relevant to all aspects of wellbeing (Te Whare Tapa Whā)

Aspect of wellbeing	Topics
Taha tinana (physical wellbeing)	<ul style="list-style-type: none">› Sleep› Physical health and activity, including sexual, dental, metabolic, and lung health› Food› Therapies (including rongoā)
Taha wairua (spiritual wellbeing)	<ul style="list-style-type: none">› Life force› Unseen energies› Things that give people meaning› Connection to the universe including living and non-living things› Faith or religion
Taha hinengaro (mental and emotional wellbeing)	<ul style="list-style-type: none">› Emotions› Thoughts› Feelings› Reactions and behaviours (and any changes)› Worldviews
Taha whānau (social and whānau wellbeing)	<ul style="list-style-type: none">› Relationships – home and work› Whānau relationships including support and conflict› Social visits and ability to help manaaki people› Collective responsibility

Adapted from “*Māori Health Models – Te Whare Tapa Whā*”, Ministry of Health, 2017.⁴²

Hua Oranga

Hua Oranga is an outcome tool developed by and for Māori based on Te Whare Tapa Whā.⁴³ Table 3 provides more information about Hua Oranga.

Table 3: Information about Hua Oranga

Purpose	Looks at oranga (wellbeing) through the lens of Te Whare Tapa Whā. Used to identify strengths and challenges.
Content and length	Sixteen items and 3 open-ended reflection questions. Example item: My mana is intact and acknowledged/respected.
Administration and scoring	Self-administered. Whānau and kaimahi working alongside the tangata whai ora can also complete the measure, allowing an opportunity for discussion and different perspectives. Items are rated on a five-point scale from strongly disagree to strongly agree. Overall score between 16 and 80: 16 to 32 very low, 33 to 48 low, 49 to 64 high, 65 to 80 very high oranga.
Local use and testing	Developed and used in Aotearoa in Māori mental health and general health services. The original version is validated for use with Māori and is also used widely with Pacific peoples. Hua Oranga is not validated for non-Māori.
Training	Available through Te Rau Ora
Availability	Available free along with instruction manuals via Hua Oranga website.

Meihana model

The Meihana model is a holistic assessment framework that builds on Te Whare Tapa Whā. The model encompasses six core components of wellbeing: whānau, wairua, tinana, hinengaro, taiao (physical environments), and ratonga hauora (access to quality health services).^{44,45} It also includes factors that can influence the course towards wellbeing, including colonisation, racism, tikanga, and whenua. The Meihana model has been used and evaluated in clinical practice in Aotearoa New Zealand mental health settings and is intended for use by clinicians. It has been shown to increase quality interactions between kaimahi, tāngata whai ora Māori, and whānau.⁴⁴ It can be used by both Māori and non-Māori kaimahi and to guide cultural supervision.^{44,45}

To learn more about *The Meihana Model refer to Improving Māori Health Through Clinical Assessment: Waikare o te Waka o Meihana*⁴⁴

Te Waka Kuaka

Te Waka Kuaka ('a flock of godwits') is a bilingual cultural needs assessment tool for whānau.^{46,47} It was developed for traumatic brain injury; however, it may have application over a wider range of areas including addiction and mental health.³⁸

Te Waka Kuaka helps whānau identify their needs to better navigate their healing journeys, like how godwits organise themselves to navigate their long-distance migrations. The four navigational priorities that form the assessment subscales are helpful in grouping areas of focus: Wairua; Tangata (people); Wā (time); and Wāhi (place).³⁸

Whānau are asked to rate the importance of statements in the tool in relation to healing. The responses can then be reviewed by the clinical team to see what the needs and priorities are for whānau. This model acknowledges that whānau mātauranga (family knowledge systems) can greatly improve outcomes for tāngata whai ora Māori.

To learn more about Te Waka Kuaka refer to *Te Waka Kuaka and Te Waka Oranga. Working with Whānau to Improve Outcomes*³⁸

Pae Tata Pae Tawhiti

Pae Tata, Pae Tawhiti is a brief and early intervention framework that recognises the importance of enhancing mana and mauri, identifies people's concerns and needs in relation to substance use and mental health, and enables the development of the first steps of huanui oranga (path to wellbeing).^{48,49} Pae Tata Pae Tawhiti includes eight core features and is an Indigenous trauma-informed approach founded on principles of mātauranga Māori. Training is required to implement this model, refer to *Te Rau Ora website* for more information on Pae Tata, Pae Tawhiti.

For another tool centred around mauri, refer to Mauri and the Mauri Ora Taipari on *Te Rau Ora website*

Values and models for Pasifika peoples

There is great diversity amongst Pasifika peoples – there is no one generic ‘Pacific community’. Pacific cultures, generations, and identity factors can all differ.^{50,51} However, some common factors that may support safe screening for Pasifika peoples are listed below.^{52–55}

- › Respecting the vā.*
- › Building quality relationships and trust.
- › Using Pacific ways of engaging (eg talanoa).
- › Communicating clearly and purposefully.
- › Understanding cultural and linguistic needs (including interpreters).
- › Understanding people as part of their wider family and collective communities.
- › Using a strong values base.

For Pasifika peoples, various holistic models exist, like the Fonofale and Fonua models (see further below). *Engaging Pasifika* and *Real Skills Plus Seitapu* can support kaimahi to work well with Pasifika peoples.^f

Vā*

Vā is a fundamental belief for many Pasifika peoples and refers to ‘the space between’. When it comes to relationships between people, the vā refers to the relational space that connects us.⁵⁶ Relationships are given time and space and are valued so that all involved may benefit. Relational spaces are prioritised to maintain sacred space, harmony and balance. Our vā or relationship with others defines us. Key components are:

- › teu le vā – establishing and/or repairing the space/relationship
- › tausi le vā – maintaining and progressing the space/relationship
- › soli le vā – the space that needs work or has been trampled and will have to be addressed.^{53,56}

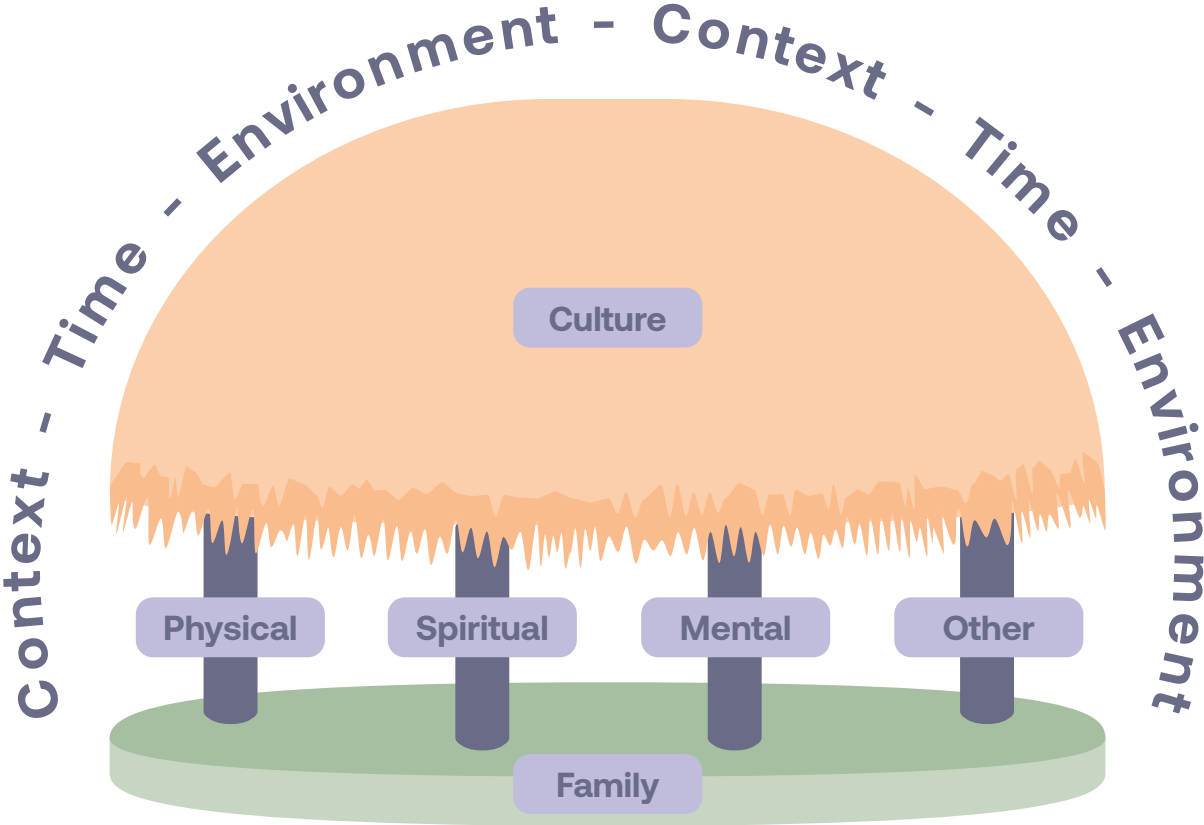
To learn more about the vā refer to *Respectful Relationships: Pasifika People Living Our Values*⁵⁶

^f Engaging Pasifika is a cultural competency training programme, see www.leva.co.nz/workshops-training/engaging-pasifika
Real Skills Plus Seitapu is a competency framework, see [Lets-Get-Real-Real-Skills-Plus-Seitapu-Working-with-Pacific-Peoples.pdf](#)

Fonofale model

The Fonofale model (see Figure 5) developed by Fuimaono Karl Pulotu-Endemann is a holistic wellbeing framework that represents a fale (traditional Samoan house).⁵⁷ This model takes into account the different foundations of life, including family, culture, physical, spiritual, mental wellbeing and other aspects of a person in their context.⁵⁸

Figure 5: The Fonofale model



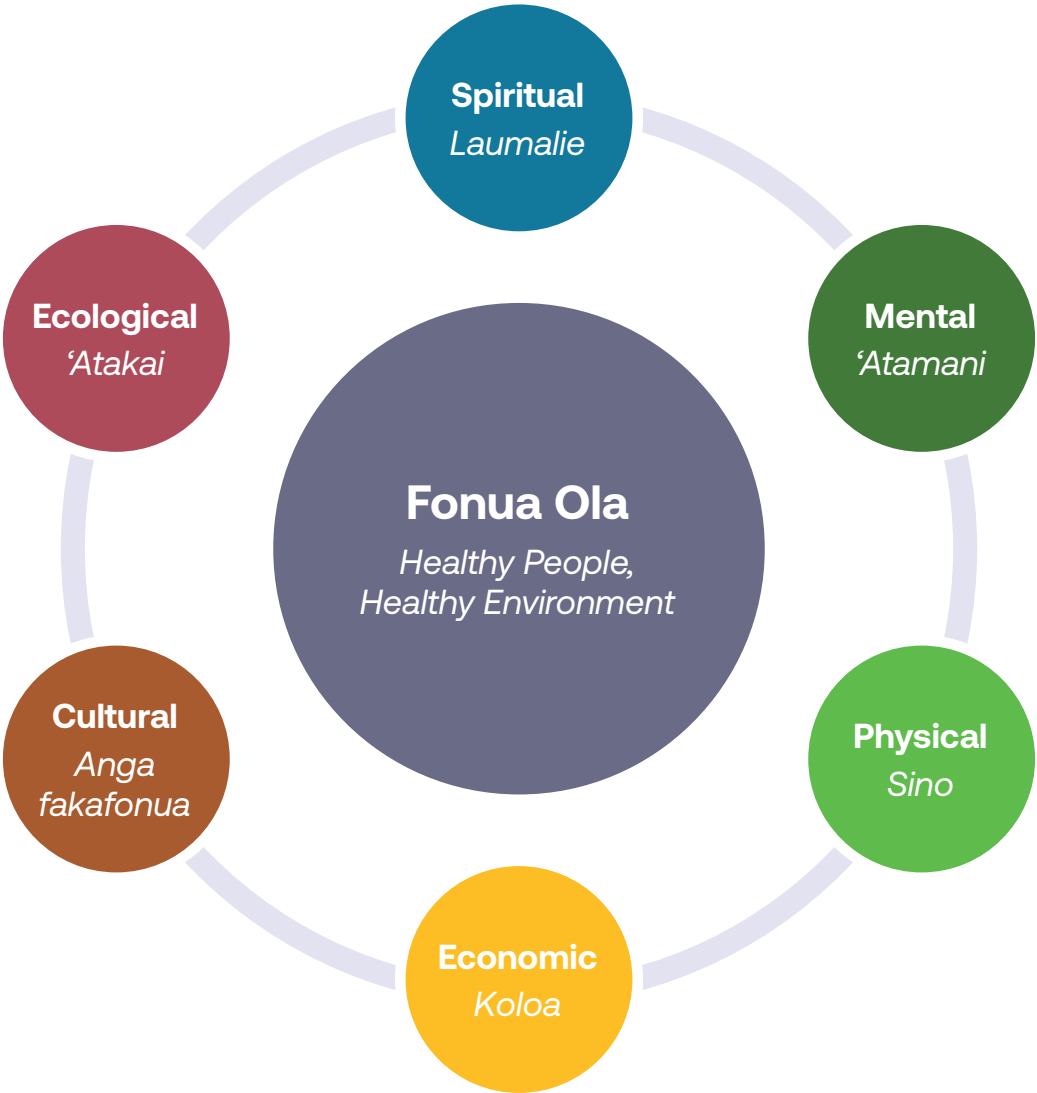
Adapted from “*Fonofale model of health*”, Fuimaono Karl Pulotu-Endemann, 2001.⁵⁷ In the public domain.

To learn more about the Fonofale model refer to *Fonofale Model of Health*⁵⁷

Fonua/Fonua Ola model

The Fonua model is a wellbeing framework developed by Sione Tu’itahi encompassing five key dimensions of wellbeing.⁵⁹ The model was later updated to Fonua Ola (Figure 6) to include six key dimensions – spiritual, mental, physical, economic, cultural, and ecological.^{60,61} These dimensions are interdependent and complement each other. The cyclic representation of the model illustrates the interdependence and connection of the network of life (relationship between dimensions and levels of wellbeing) towards the ultimate purpose of wellbeing.⁶²

Figure 6: The Fonua Ola model



Adapted from “A Latent Profile Analysis of Pacific Health Values”, by Kapeli et al., 2021, *The Journal of Pacific Research*, 21(8), p541.⁶⁰ In the public domain.

For more information on the Fonua/Fonua Ola model refer to *Pacific Health Models*⁶⁰

Values and models for Asian peoples

Asian peoples are highly diverse including in ethnicity, language, and migration history. There is no single Asian definition, and one model does not suit all people; therefore, it is important to avoid making assumptions and be guided by the person. Some broad cultural themes that may support or guide screening and assessment are below.⁶³⁻⁷⁶

- › Family has great importance in many Asian cultures. While having the option to include family in screening is important, some people may welcome family involvement while others may feel pressure, obligation, or concern around involving family. Family often shapes decision making, where health decisions are driven by collective family responsibilities, rather than individual preferences alone.
- › People may have holistic and relational understandings of health. For example, some Asian cultures understand health as a dynamic state of balance across body, mind, social relationships, and the wider environment, rather than just the absence of disease. People may draw on many explanations or models of health at one time, such as biomedical, traditional remedies, family support, and complementary or alternative medicine. In addition, distress may be experienced or expressed in diverse ways, including with physical symptoms.
- › Stigma, shame and 'saving face' are common concerns. There may be embarrassment, loss of social standing, family shame, or fear of negative judgement when accessing mental health or addiction services. Kaimahi need to be clear about confidentiality, privacy, and disclosure regarding screening results and who else will be informed. This is an important consideration when using interpreters who may be members of the same community, or where family members act as interpreters.⁹
- › Diverse communication styles and expectations of clinical relationships mean kaimahi need to pay attention to building relationships, indirect and non-verbal communication, and support access to information in different languages such as with translators. Hierarchy and trust can impact communication, for example, agreement may reflect politeness or uncertainty rather than understanding.

⁹ While common, it is not recommended that family are used as interpreters.

Integrated Tree Model[®]

The Integrated Tree Model[®] is an Asian wellbeing framework developed by Asian Family Services to help understand Asian wellbeing and the migration journey.⁶³ Using the metaphor of a transplanted tree, the model illustrates how migration affects both the individual and their surrounding environments.

The Integrated Tree Model[®] includes:

- › roots representing culture, beliefs, values, and ways of thinking
- › the trunk representing identity including ethnicity, age, gender, and personality
- › branches and leaves representing life experiences, education, language, and skills
- › flowers and fruits representing health and wellbeing outcomes.⁶³

The model recognises that, like a tree transplanted into new soil, migrants are affected at multiple levels when they enter a new country. Their adjustment and wellbeing are shaped not only by their individual strengths and vulnerabilities, but also by the supports, pressures, and opportunities within their surrounding environment.⁶³

To learn more about the Integrated Tree Model[®] refer to **Asian Family Services**.

Other Asian health models or beliefs

A wide range of other beliefs around health and wellbeing may exist among Asian communities, some of which include:

- › biomedical model – based on disease and beliefs that medicine and science heals
- › supernatural model – the influence of power on ones' health, for example there may be curses or evil involved with health challenges particularly mental health challenges
- › spiritual or religion model – the concept that good health occurs when you fulfil the requirements of your faith or beliefs, and the opposite happens when you are being punished
- › humoral or balance model – the theory that the human body is filled with four basic substances and health challenges result from imbalances in these
- › moral model – where health challenges are caused by a moral deficit such as selfishness.⁷⁷

Part 2b: Standardised screening tools

This section aims to increase awareness of standardised screening tools for addiction and mental health.

Screening can happen in a range of ways such as through formal and informal conversations (for example ABC approach for alcohol),⁷⁸ observations, or structured and validated standardised screening tools. Standardised screening tools help identify addiction and mental health challenges people may be experiencing and supports consistency within and across services. Using standardised screening tools supports whakawhanaungatanga and getting to know people. All screening tools have pros and cons.³⁶ This section includes screening tools where the following criteria was considered.

1. Aotearoa New Zealand context
 - › Commonly used in practice in Aotearoa mental health and addiction services.
 - › Developed, validated, or mandated for use in Aotearoa New Zealand.^h
2. Ease of use
 - › Brief, easy to use.
 - › Available in the public domain with no or minimal cost.
3. Broad applicability
 - › Applicable across settings.
 - › Relevant to a range of addiction and mental health challenges.
 - › Used across roles.

Adult and youth screening tools are presented separately.

^h Validation with Māori and Pacific people has generally been limited to broad definitions of ethnicity rather than validation with specific Pacific cultures, hapū, and iwi. Differences in interpretation of and responses to screening questions may exist across different Pacific cultures and different hapū and iwi and this may need to be explored with the person and their whānau before interpreting screening results.

Hauora and wellbeing

While this resource promotes the use of specific addiction and mental health screening tools, kaimahi must acknowledge holistic views of wellbeing that involve factors not typically captured through standardised tools.

People may also present to addiction and mental health services with a wide range of health and social barriers to hauora and wellbeing. Screening for a range of factors like physical health, wairua, accommodation, employment, and caregiving should be routinely done to inform person and whānau-centred support that is delivered collaboratively with appropriate community service providers and minimises people's barriers to hauora.

Adult screening tools

The following screening tools have been specifically developed and validated for use with people aged 18 years and over. Addiction tools are presented first, followed by those focused on mental health.

Many screening tools are subject to copyright or use restrictions. All tools require acknowledgement of original sources, and some may require permission from the developers or copyright holders, or a licence. The tools must not be modified in any way without permission from the copyright holder.

Addiction screening tools

This section includes the following addiction-focused screening tools.

- › Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).
- › Alcohol Use Disorder Identification Test (AUDIT).
- › Alcohol Use Disorder Identification Test - Consumption (AUDIT-C).
- › Brief Assessment of Recovery Capital (BARC-10).
- › Case-finding and Help Assessment Tool (CHAT).
- › Cut down, Annoyed, Guilty, Eye-opener (CAGE).
- › Drug Use Disorders Identification Test (DUDIT).
- › Early Intervention Gambling Health Test (EIGHT).
- › Leeds Dependence Questionnaire (LDQ).
- › Lie/Bet (gambling).
- › Problematic Pornography Consumption Scale (PPCS).

An overview of each tool is provided, along with a table describing the tool, content and administration, training, and information on how it can be accessed.

In addition to these screening tools, the following topics are covered.

- › Cognitive impairment screening.
- › Biochemical screening for substances (blood and urine tests).

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

The ASSIST screens for problematic or hazardous substance use in primary health care settings and specialist mental health services. It was developed by an international group of researchers for the World Health Organisation (WHO)⁷⁹ and has been validated for use with Pacific peoples in Aotearoa.⁸⁰ It is also used in the New Zealand Health Survey specialist mental health and addiction module.

Purpose	Screens for risk of problems from substance use in the past 3 months.
Content and length	<p>Eight items (each item is asked in relation to a variety of different substances including tobacco products, alcohol, cannabis, cocaine, amphetamines, inhalants, sedatives, hallucinogens, and opioids).</p> <p>Takes 5 to 10 minutes to complete.</p> <p>Example item: In your life, which of the following substances have you ever used?</p>
Administration and scoring	<p>Self-administered or with kaimahi who have completed ASSIST training.</p> <p>Each question has a set of responses to choose from, and responses for questions 2 to 7 have a numerical score. The scores from questions 2 to 7 are added together across each individual substance to produce an ASSIST risk score for each substance. Scores are recorded on the ASSIST feedback report card which is used to provide feedback for tāngata whai ora as part of a brief intervention.</p>
Local use and testing	<p>The tool has been validated for use and deemed culturally acceptable with Pacific peoples in Aotearoa.</p> <p>It is widely used in population health monitoring (eg New Zealand Health Survey).</p>
Training	The WHO recommends training to ensure appropriate feedback and follow-up support. The ASSIST manual is available on the WHO website ⁸¹
Availability	The ASSIST tool and guidelines are freely available on the WHO website ⁸¹

Alcohol Use Disorder Identification Test (AUDIT)

The WHO developed the AUDIT to screen for harmful alcohol use in primary and other healthcare settings.⁸² It has not been formally validated for use in Aotearoa New Zealand but has been validated in Australian primary care and community settings,^{79,83,84} and with adolescents.⁸⁵ The AUDIT is widely used in Aotearoa in clinical settings, research, and population studies such as the New Zealand Health Survey and *Te Rau Hinengaro: The New Zealand Mental Health Survey*.^{86–89}

Purpose	<p>Screens for harmful alcohol use in the general population and clinical settings.</p> <p>Looks at intake, potential dependence, and alcohol-related harm.</p>
Content and length	<p>Includes 10 items.</p> <p>Takes 2 to 5 minutes to complete.</p> <p>Example item: How often do you have six or more drinks on one occasion?</p>
Administration and scoring	<p>Self-administered or with kaimahi.</p> <p>Can be self-administered online through the Alcohol Risk Communication Tool available on the University of Auckland National Institute for Health Innovation website</p> <p>Questions 1 through 8 are rated on a 5-point scale (ranging from (0) never to (4) daily or almost daily) and questions 9 and 10 are rated on a 3-point scale (ranging from no to yes, during the last year).</p> <p>The total score can range from 0 to 40, where:</p> <ul style="list-style-type: none">› 0 indicates no problems experienced with alcohol› 1 to 7 suggests low risk› 8 to 14 suggests hazardous or harmful consumption› 15 or higher indicates likelihood of alcohol dependence. <p>The New Zealand Health Survey uses 8 as the cut off for hazardous drinking.</p>
Local use and testing	<p>Not formally validated in Aotearoa but used widely locally in clinical settings, research, and population surveys.</p> <p>Recommended in the Health New Zealand Te Whatu Ora guide <i>Alcohol Early Detection and Intervention: A Guide for Professionals</i>³⁶</p>
Training	<p>No specific training is required.</p> <p>The AUDIT manual is available on the WHO website</p>
Availability	<p>Freely available from the AUDIT website⁹⁰</p>

Alcohol Use Disorders Identification Test–Consumption (AUDIT-C)

The AUDIT-C is a shortened version of the AUDIT focused on alcohol intake only.⁹¹ It was validated in Aotearoa New Zealand in *Te Rau Hinengaro* and among older people.^{92,93} Health New Zealand | Te Whatu Ora recommends its use as a quick screener, followed by the full AUDIT tool if scores indicate potential risky drinking.³⁶

Purpose	Screens for potential risky drinking based on drinking patterns in clinical settings.
Content and length	Includes 3 items. One minute to complete. Example item: How often did you have a drink containing alcohol in the past year?
Administration and scoring	Self-administered or with kaimahi. Each item is rated on a 5-point scale ranging from never to 4+ times a week. The scores are added together to a maximum of 12, where a score of 4 or higher for men and 3 or higher for women suggests potentially risky alcohol use.
Local use and testing	Validated in <i>Te Rau Hinengaro</i> and among older people. Recommended in the Health New Zealand Te Whatu Ora guide <i>Alcohol Early Detection and Intervention: A Guide for Professionals</i> ³⁶
Training	None required.
Availability	Freely available from the Best Practice Advocacy Centre New Zealand (bpacnz) website ⁹⁴

Brief Assessment of Recovery Capital (BARC-10)

The BARC-10 was developed as a briefer version of the longer 50-item Assessment of Recovery Capital Scale. It was developed with people in the UK and Australia to determine resources supporting people's recovery in addiction settings.⁹⁵ It does not appear to be validated in Aotearoa but is used in some services. It focuses on positive and supportive factors rather than looking at problems or deficits.

Purpose	Looks at personal and social resources that support recovery in addiction settings. The tool is used to monitor recovery progress.
Content and length	Includes 10 items. Five minutes to complete. Example item: My living space has helped to drive my recovery journey.
Administration and scoring	Self-administered. Responses recorded on a 6-point scale (from strongly disagree to strongly agree). Each question is scored 1 to 6 with a total maximum score of 60. Scores of 47 or higher indicate a higher likelihood of long-term recovery from problematic substance use.
Local use and testing	Does not appear to be validated but is used in some services, particularly among support workers.
Training	No training required.
Availability	May require permission for clinical use. Available online at Sheffield Hallam University Research Archive ⁹⁵

Case-finding and Help Assessment Tool (CHAT)

The CHAT was developed and validated in Aotearoa New Zealand to screen for a range of addiction, lifestyle and mental health factors in primary care.⁹⁶ It was developed by a multidisciplinary team at the University of Auckland.

Purpose	Screens for a range of factors in primary care – tobacco use, alcohol and other drug misuse, problem gambling, depression, anxiety and stress, abuse, anger, activity levels, and eating disorders.
Content and length	Includes 15 items covering 9 domains. Five minutes to complete. Example item: Does gambling sometimes cause you problems?
Administration and scoring	Self-administered. Different responses depending on the question. For any responses indicating potential challenges people are asked if they want help or support with that issue.
Local use and testing	Developed and validated in Aotearoa primary care settings. Used in a range of other settings including social services (eg Ministry of Social Development) and research projects.
Training	No training required.
Availability	Available on the bpacnz website (Appendix 9) ⁹⁷ Contact authors for permission: f.goodyear-smith@auckland.ac.nz

Cut down, Annoyed, Guilty, Eye-opener (CAGE)

The CAGE was developed in the US to screen for alcohol use problems.⁹⁸ It has been extensively validated in inpatient and emergency department settings, and is widely used in primary care and community settings internationally.⁹⁹ CAGE has not been validated in Aotearoa but is considered an acceptable tool for screening hazardous alcohol use.¹⁰⁰

Purpose	Screens for alcohol use problems.
Content and length	Includes 4 items. One minute to complete. Example item: Have you ever felt you needed to cut down on your drinking?
Administration and scoring	Self or with clinician/practitioner administration. The person responds yes or no to each question. Each 'yes' is scored 1. A score of 2 or more is the typical cut-off point for indicating alcohol use problems. Further scoring instructions are available online
Local use and testing	Often used by support workers in local mental health and addiction services.
Training	No training required.
Availability	May require permission for clinical use. Available on the MD+Calc website ¹⁰¹

Drug Use Disorders Identification Test (DUDIT)

The DUDIT was developed in Sweden to screen for substances other than alcohol, as a complement to the AUDIT.¹⁰² The DUDIT has not been validated in Aotearoa but has been in various international settings.¹⁰³

Purpose	Screens for problematic substance use patterns and related problems (all substance except alcohol) in the last 12 months.
Content and length	Includes 11 items. Two minutes to complete. Example item: How often are you influenced heavily by drugs?
Administration and scoring	Self-administered or with kaimahi. Each question has a score from 0 to 4, with a maximum total score of 44. Cut off scores for substance related problems are 6 for men and 2 for women; a cut off of 25 regardless of sex indicates dependence.
Local use and testing	Not validated in Aotearoa and doesn't appear to be widely used.
Training	No training required. A manual is available online with in-depth information.
Availability	Available online but permission is required from the authors: anne.h.berman@psyk.uu.se

Early Intervention Gambling Health Test (EIGHT)

EIGHT is a brief screening tool for problem gambling and impacts of gambling. It was developed in Aotearoa by family doctors and validated for use locally, including with Māori and Pacific peoples.¹⁰⁴ It has been used in a range of settings including specialist gambling services, primary care, clinical settings (such as AOD treatment) and other health promotion and social services.^{104,105}

Purpose	Screens for problem gambling and impacts of gambling.
Content and length	Includes 8 items. One minute to complete. Example item: Sometimes I've felt guilty about the way I gamble.
Administration and scoring	Preferably self-administered but can be administered by kaimahi where literacy or language barriers exist. Each item is answered yes or no. Answering yes to 4 or more questions suggests gambling may be causing problems in the person's life.
Local use and testing	The EIGHT was developed and validated in Aotearoa and has been used in various settings including specialist gambling settings, general practice, AOD treatment, and social services.
Training	No specific training is required.
Availability	Available on the bpacnz website . It is recommended to contact the developers (Abacus Counselling, Training & Supervision Ltd) to ensure proper use. ¹⁰⁶

Leeds Dependence Questionnaire (LDQ)

The LDQ was developed in the UK to screen for substance dependence.¹⁰⁷ It has been validated in Aotearoa including with Māori and Pacific peoples,¹⁰⁸ but does not appear to be widely used locally.

Purpose	Screens for substance dependence in clinical settings (also used in research settings).
Content and length	Includes 10 items. Two minutes to complete. Example item: Do you feel your need for drink or drugs is too strong to control?
Administration and scoring	Self-administered. Scored from never to nearly always on a 4-point scale. Maximum total score of 30 (0 to 10 low dependence, 11 to 20 moderate, 21 to 30 high dependence).
Local use and testing	Has been validated in Aotearoa New Zealand including with Māori and Pacific peoples.
Training	No training required.
Availability	Available on the NovoPsych website ¹⁰⁹

Lie/Bet

Developed in the US as a brief problem gambling screen.¹¹⁰ While not formally validated it is used in Aotearoa gambling harm services, often as an initial screener followed by an in-depth screening tool or assessment.¹⁰⁰

A range of other measures are available for gambling, including the Problem Gambling Severity Index (PGSI). The Lie/Bet is included here as it is brief; however, for further guidance on other gambling specific tools refer to the Health New Zealand I Te Whatu Ora report *Measurement and Treatment Outcomes for Gambling Harm Treatment Services*¹⁰⁰

Purpose	Screens for gambling problems.
Content and length	Includes 2 items. One minute to complete. Example item: Have you ever had to lie to people important to you about how much you gambled?
Administration and scoring	Self-administered. Further assessment is needed if people answer yes to both questions.
Local use and testing	Used as part of brief screening and intervention processes in Aotearoa gambling harm services. ¹⁰⁰
Training	No training needed.
Availability	Available free online through the NSW government gambling website ¹¹¹

Problematic Pornography Consumption Scale (PPCS)

Developed in Hungary to measure problematic pornography use in adults,¹¹² with a separate version for adolescents.¹¹³ While not formally validated in Aotearoa, it is used locally in population surveys and clinical/community settings.^{114,115}

Purpose	Looks at pornography consumption and any problematic impacts.
Content and length	Includes 18 items (also a short 6 item version for adults and adolescents). Five minutes to complete. Example question: I became agitated when I was unable to watch porn.
Administration and scoring	Self-administered. Rated on 7-point scale from never to all the time, each rating also corresponds to the question score (eg a rating of 6 means 6 is the question score). Question scores are added to a maximum score of 126. A score of 76 or more suggests problematic use.
Local use and testing	New Zealand participated in the International Sex Survey which uses the PPCS. The Light Project which supports workforce development for youth services in various areas including sexual harm recommends use of the PPCS.
Training	No training needed.
Availability	Available online through Research Gate – Appendix 1 in the development paper ¹¹²

Screening for cognitive impairment in addiction services

Between 30 and 80 percent of tāngata whai ora accessing AOD (alcohol and drug) services are estimated to experience cognitive impairment, but this often goes unrecognised.⁵ Screening for cognitive impairment in a strengths-based manner is important as unrecognised cognitive impairment perpetuates and compounds stigma, discrimination, and inequities against tāngata whai ora accessing services.

Aotearoa New Zealand published its first guidelines for cognitive screening and support in 2024.⁵ Four screening tools are included for local use – the MoCA, ACE-III-NZ, mini-ACE, and BEAT.¹ Of these, only the BEAT has been specifically developed for people in AOD services. More information on the BEAT is below. For more on cognitive screening refer to *Whakaohooho Manawa Ora: Cognitive Screening and Support in Alcohol and Other Drug Services*⁵

¹ MoCA = Montreal Cognitive Assessment. ACE= Addenbrookes Cognitive Examination.

Brief Executive-function Assessment Tool (BEAT)

The BEAT was developed in Australia to screen adults for cognitive impairment (focused on executive function) in addiction settings.¹¹⁶ The BEAT has not been validated in Aotearoa but has been validated in residential and outpatient Australian settings.^{116,117}

Purpose	Detect cognitive impairment (focused on executive function) in adults experiencing problematic substance use.
Content and length	<p>Includes 20 items.</p> <p>Twenty minutes to complete.</p> <p>Example item: How many days out of the past 7 days have you experienced issues with your thinking or functioning?</p>
Administration and scoring	<p>Any AOD kaimahi can administer the tool provided they have watched the training videos. Extra training and/or supervision from a psychologist is recommended for interpretation.</p> <p>The tool includes activities rather than simple yes/no or ranked questions.</p> <p>Each item has a score. The score from each question is added up at the end to get a total BEAT score. A score of 30 or less indicates cognitive impairment.</p> <p>More information is in the BEAT administration and scoring guide</p>
Local use and testing	<p>Not validated in Aotearoa but is validated in Australian residential and outpatient services.</p> <p>One of four potential tools to use for cognitive impairment screening in Aotearoa addiction settings as recommended in Health New Zealand Te Whatu Ora guidelines.</p>
Training	Training is strongly recommended to ensure the tool is not misused or causes harm. Videos and guides are freely available online on the NSW Health website
Availability	<p>Written permission is required from the NSW Agency for Clinical Innovation.</p> <p>Free through the NSW health website¹¹⁸</p>

Biochemical screening for substances

In some services blood, breath, or urine tests may be necessary as part of assessment and treatment plans. This includes settings like residential and inpatient, drug courts, or opioid substitution treatment (OST) services.

Alcohol consumption

Blood, breath, and urine tests can detect changes in the body that may be the result of heavy alcohol consumption.

For recent consumption look at blood (BAC),^j breath, or urinary alcohol level.

For longer term consumption it is best to undergo blood tests for liver enzymes (AST, ALT, GGT), carbohydrate deficient transferrin, or mean cell volume of erythrocytes (red blood cells).

Urine tests for specific substances

- › Urine tests can detect the presence or absence of specific substances, including alcohol, or metabolites from other substances such as methamphetamine.
- › Tests can determine the approximate timing of use.
- › Accurate interpretation requires understanding of the type of laboratory (lab) test ordered, major and minor drug metabolic pathways, expected drug detection times, and potential causes of false-positive and false-negative results.

^j Blood alcohol concentration (BAC) refers to the concentration of alcohol in the blood and is measured in milligrams of alcohol per 100ml of blood (recent consumption only).

Mental health screening tools

This section includes the following mental health or wellbeing screening tools.

- › Columbia Suicide Severity Rating Scale (C-SSRS).
- › Depression Anxiety Stress Scales (DASS-10 and DASS-21).
- › DUKE health profile.
- › Generalised Anxiety Disorder-7 (GAD-7).
- › Kessler 10 (K10).
- › Modified MINI screen (Mini International Neuropsychiatric Interview).
- › Patient Health Questionnaire-9 (PHQ-9).
- › PsyCheck.
- › SCOFF questionnaire.
- › World Health Organization Quality of Life BREF (WHOQOL-BREF).

Columbia Suicide Severity Rating Scale (C-SSRS)

The C-SSRS, also called the Columbia protocol, was developed in the US to determine risk of suicide.¹¹⁹ While initially designed for research, it is now widely used in a range of other settings. It has been validated in Corrections and community probation settings in Aotearoa New Zealand,^k and is used in a range of services including mental health services and primary care.¹²⁰

Purpose	Screens for suicide risk, including frequency and extent of thoughts and behaviour related to suicide.
Content and length	Includes 6 items. Takes 2 to 5 minutes to complete. Example item: Have you wished you were dead or wished you could go to sleep and not wake up?
Administration and scoring	Clinician administered. Yes/no answers. If yes to question 2 or 3, further assessment is needed. If yes to questions 4, 5, and/or 6, get emergency help and stay with the person as long as needed, and until further help is available.
Local use and testing	Validated in Corrections and community probation settings. Used in various settings including mental health services.
Training	Training is not required, but recommended and available on the Columbia Lighthouse Project website
Availability	Available on the Columbia Lighthouse Project website ¹²¹

^k The validation study also asked extra questions about topics such as first incarceration, relationship stress, substance use, and involvement with mental health services.

Depression Anxiety Stress Scales (DASS-10 and DASS-21)

The DASS-10 and DASS-21 are screening tools for depression, anxiety, and stress.¹²² They were developed in Australia as shortened versions of the original 42-item DASS. DASS-10 and DASS-21 have been validated in specific groups in Aotearoa and are used in clinical and research settings.¹²³⁻¹²⁶ The DASS-21 appears to be more commonly used and well validated compared to the DASS-10 locally and internationally. The DASS-10 might be preferred in situations with limited time.

Purpose	Screens for symptoms of depression, anxiety, and stress over the past week in clinical and general population settings. Separate version for youth aged 8 to 17 (DASS-Y).																								
Content and length	DASS-21 has 21 items. DASS-10 has 10 items. Example item: I felt that I had nothing to look forward to.																								
Administration and scoring	Self-administered or with kaimahi. Clinicians are recommended for interpretation. Rated on a 4-point scale from never (0) to almost always (3). DASS 21: depression, anxiety, and stress items are scored separately and rated as normal, mild, moderate, severe and extremely severe. The table below shows the score cut-offs for each sub-scale (depression, anxiety, and stress). <table border="1" data-bbox="475 1265 1189 1545"> <thead> <tr> <th></th> <th>D</th> <th>A</th> <th>S</th> </tr> </thead> <tbody> <tr> <td>Normal</td> <td>0 to 9</td> <td>0 to 7</td> <td>0 to 14</td> </tr> <tr> <td>Mild</td> <td>10 to 13</td> <td>8 to 9</td> <td>15 to 18</td> </tr> <tr> <td>Moderate</td> <td>14 to 20</td> <td>10 to 14</td> <td>19 to 25</td> </tr> <tr> <td>Severe</td> <td>21 to 27</td> <td>15 to 19</td> <td>26 to 33</td> </tr> <tr> <td>Extreme</td> <td>28+</td> <td>20+</td> <td>34+</td> </tr> </tbody> </table>		D	A	S	Normal	0 to 9	0 to 7	0 to 14	Mild	10 to 13	8 to 9	15 to 18	Moderate	14 to 20	10 to 14	19 to 25	Severe	21 to 27	15 to 19	26 to 33	Extreme	28+	20+	34+
	D	A	S																						
Normal	0 to 9	0 to 7	0 to 14																						
Mild	10 to 13	8 to 9	15 to 18																						
Moderate	14 to 20	10 to 14	19 to 25																						
Severe	21 to 27	15 to 19	26 to 33																						
Extreme	28+	20+	34+																						
Local use and testing	Has been used or validated in specific populations including mothers (DASS-21), midwives (DASS-21), people experiencing traumatic brain injury (DASS-10), and adolescents (DASS-21).																								
Training	No training required, however decisions based on scoring should be made by experienced mental health clinicians.																								
Availability	DASS 21 is available free online from the UNSW website ; ¹²⁷ DASS-10 is freely available on the NovoPsych website ¹²⁸ The DASS manual has a cost.																								

DUKE Health Profile

The DUKE Health profile was developed in the US to look at a range of health measures in primary care settings.¹²⁹ While not formally validated in Aotearoa, it is widely used in Aotearoa primary care settings particularly by health improvement practitioners (HIPs) and health coaches.¹³⁰ It is used to look at change over time among people accessing the Access and Choice primary care programme.¹³⁰

Purpose	Looks at broad health measures including physical, mental, social, general, and perceived health, self-esteem, as well as anxiety, depression, pain, and disability in primary care settings.
Content and length	Includes 17 items. Five minutes to complete. Example question: I like who I am.
Administration and scoring	Self-administered. Total scores range between 0 and 100 with 100 being the best possible health.
Local use and testing	Recommended tool for the IPMHA programme in primary care. Used in other health services as an outcome measure such as Puāwaitanga (a teledigital counselling service). Hua Oranga is recommended instead of the DUKE for Māori in primary care settings.
Training	No training required.
Availability	Available on the WellSouth NZ website ; ¹³¹ free to use within the IPMHA programme. Other uses may require permission: contact Duke Family Medicine & Community Health

Generalised Anxiety Disorder (GAD-7)

GAD-7 is a brief screening tool for anxiety symptoms in the past 2 weeks.¹³² It has not been formally validated in Aotearoa but is widely used in local primary care, mental health, broader health settings, and national population monitoring studies.

Purpose	Screens for anxiety symptoms in the past 2 weeks.
Content and length	Contains 7 items. Takes 2 to 5 minutes to complete. Example item: Over the last two weeks, how often have you been bothered by the following problems? ... Feeling nervous, anxious, or on edge.
Administration and scoring	Self-administered or with kaimahi. Each item is rated on a 4-point scale from not at all (0) to nearly every day (3). Each score is added together to a maximum of 21, where: <ul style="list-style-type: none">› 0 to 4 indicates minimal anxiety› 5 to 9 indicates mild anxiety› 10 to 14 indicates moderate anxiety› 15 to 21 indicates severe anxiety.
Local use and testing	The GAD-7 is widely used in Aotearoa in clinical and community settings, and population monitoring studies like the New Zealand Health Survey.
Training	No training required. Interpretation guidelines are available on the Healthify He Puna Waiora website
Availability	Freely available from Healthify He Puna Waiora website ¹³³

Kessler 10 (K10)

The K10 screens for psychological distress related to depression and anxiety in clinical settings and the general population. K10 was developed in the US,^{134,135} has been validated in Aotearoa, and is widely used in clinical, community, and research settings.^{87,136–139}

Purpose	Screens for psychological distress related to depression and anxiety in the past 4 weeks.
Content and length	Contains 10 items. Less than 10 minutes to complete. Example item: In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?
Administration and scoring	Self-administered or with kaimahi. Scoring cutoffs may be different depending on the setting. The New Zealand Health Survey uses the following scoring: each item is scored on a 5-point scale ranging from all of the time (4) to none of the time (0). Each score is added to get a total score ranging from 0 to 40, where: <ul style="list-style-type: none">› 0 to 5 indicates no or low distress› 6 to 11 indicates moderate distress› 12 to 19 indicates high distress› 20 to 40 indicates very high distress.
Local use and testing	Has been validated in large population surveys and widely used in research studies and population health monitoring (eg New Zealand Health Survey).
Training	No training required. Guides available online such as through the NovoPsych website
Availability	Free on the Healthify He Puna Waiora website ¹⁴⁰

Modified MINI Screen (MMS)

The MMS is a screening tool for distress related to mood and anxiety conditions, as well as psychosis.¹⁴¹ It is based on the screening questions from the longer MINI diagnostic interview. The MMS hasn't been validated in Aotearoa but is often used in local addiction services.

Purpose	Screens for mood and anxiety conditions, and psychosis.
Content and length	Contains 22 items. Fifteen minutes to complete. Example items are not available.
Administration and scoring	Kaimahi need training to administer. Includes yes/no questions. A total score is calculated based on the number of yes responses. A score of 6 or greater indicates the likely presence of a mental health challenge. A person who answers yes to question 4 should be monitored for suicidal thoughts. A person who answers yes to questions 14 and 15 should be assessed for trauma.
Local use and testing	The MMS is not formally validated in Aotearoa but is reportedly used across addiction services.
Training	Training videos are available for the full MINI which are likely applicable to the MMS.
Availability	Not available online. There is a charge per administration (\$4USD) for licensed use. Read more on the Harm Research website ¹⁴²

Patient Health Questionnaire (PHQ-9)

PHQ-9 is used to screen for depression symptoms in the past 2 weeks. It was developed in the US¹⁴³ and has been formally validated in primary care settings in Aotearoa, including among Māori.^{144,145}

Purpose	Screens for severity of depression symptoms in the past 2 weeks. There is a separate version for adolescents (PHQ-A).
Content and length	Contains 9 items. Takes 2 to 5 minutes to complete. Example item: Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling bad about yourself – or that you are a failure or have let yourself or your family down.
Administration and scoring	Self-administered or with kaimahi. Each item is rated on a 4-point scale, from (0) not at all to (3) nearly every day. Scores are added together to a maximum total of 27. The Best Practice Advocacy Centre NZ (bpacnz) recommends the following categories for interpreting PHQ-9 scores: <ul style="list-style-type: none">› 0 to 9: minimal depression› 10 to 14: mild depression› 15 to 19: moderate depression› more than 20: severe depression.
Local use and testing	Validated and widely used in primary care and national guidelines for the treatment of depression. Used in the New Zealand Health Survey mental health module as part of the wider PHQ-SADS screening tool (that also includes the GAD-7 for anxiety and other items relating to physical/somatic symptoms).
Training	No training required. Instructions for interpretation are available on Healthify He Puna Waiora website
Availability	Freely available from Healthify He Puna Waiora website ¹⁴⁶

PsyCheck

PsyCheck is a screening tool to identify common mental health challenges among people accessing AOD treatment. It was developed in Australia for non-mental health specialists.^{147,148} The tool has not been validated in Aotearoa or with Indigenous or diverse populations but has been recommended for use with tāngata whai ora accessing AOD services.¹¹

Purpose	Screens for mental health challenges among people accessing addiction treatment.
Content and length	<p>Includes 29 items in three sections:</p> <ul style="list-style-type: none">› general screen (example item: Have you ever seen a doctor or psychiatrist for emotional problems or problems with your ‘nerves’/anxieties/worries?)› risk assessment (example item: Assess for history and current mental health symptoms, including depression and psychosis)› self-reported questionnaire (example item: Do you often have headaches?).
Administration and scoring	<p>The first two sections of the PsyCheck are administered by a practitioner/clinician, the third can be self-administered or with a practitioner/clinician.</p> <p>Only section 3 involves scoring. The total score corresponds to how many mental health symptoms people experience when they are not using substances. If any symptoms are identified, the practitioner provides the level of PsyCheck intervention appropriate for the person and then re-screens after four sessions or weeks. If after the re-screen there is no improvement in the score, referral to a specialist service should be considered.</p>
Local use and testing	PsyCheck is recommended in the 2010 version of <i>Te Ariari o te Oranga</i> to screen for mental health symptoms among tāngata whai ora in AOD treatment.
Training	A manual is available to guide use; however, this is not freely available online.
Availability	Available on the Victorian State Government’s webpage on AOD intake process and tools, ¹⁴⁹ for use requirements contact Turning Point

SCOFF questionnaire

The SCOFF questionnaire was developed in the UK to screen for eating disorders and has been validated among adolescents and adults.¹⁵⁰⁻¹⁵⁴ It has been validated among transgender youth in Aotearoa New Zealand and is widely used in local services, including primary care and specialist addiction and mental health services.¹⁵⁵

The SCOFF is based on two key types of eating disorders (anorexia nervosa and bulimia nervosa) and validation studies largely include women; however, since its development understanding of eating disorders has improved significantly to include a range of other types and understanding around the impacts on all sex and gender identities.¹⁵¹

Purpose	Screens for possible presence of an eating disorder.
Content and length	Includes 5 items. Takes 1 to 2 minutes to complete. Example item: Do you make yourself sick (induce vomiting) because you feel uncomfortably full?
Administration and scoring	Self or kaimahi administered. Yes/no answers. Two or more yes answers indicate a potential eating disorder and requires further follow up.
Local use and testing	Validated among transgender youth. Widely used in primary care, and mental health and addiction services.
Training	No training required.
Availability	Available on the Healthify He Puna Waiora website ¹⁵⁶

World Health Organization Quality of Life-BREF (WHOQOL-BREF)

The WHO developed WHOQOL to look at perceived quality of life in general population settings.¹⁵⁷ The original version contains 100 items while the WHOQOL-BREF is much shorter. A New Zealand version of the WHOQOL-BREF is used and validated here.^{158,159} There is an Aotearoa-based WHOQOL research group at Auckland University of Technology.

Purpose	Looks at people's general health and wellbeing (physical health, psychological wellbeing, social relationships, and environment) in the general population.
Content and length	Aotearoa version contains 31 items (5 New Zealand-specific questions compared to the international WHOQOL-BREF). Takes 5 to 15 minutes to complete. Example item: To what extent do you feel your life to be meaningful?
Administration and scoring	Self-administered or with kaimahi. Rated on a 5-point scale. Refer to WHO-BREF manual for scoring information.
Local use and testing	Validated for the general population with a NZ-specific version. Widely used in a range of settings.
Training	No training required.
Availability	Available online but contact local WHO-QOL group for permission: chris.krageloh@aut.ac.nz or rex.billington@aut.ac.nz

Young people and rangatahi

This section contains screening tools for addiction and mental health that have been specifically developed and validated for use with people under the age of 18 years old.

- › Car, Relax, Alone, Forget, Friends, Trouble (CRAFT).
- › Early Intervention Gambling Health Test – Youth (EIGHT-Y).
- › Electronic Case Finding and Help Assessment Tool for Youth (YouthCHAT).
- › Parents Evaluation of Developmental Status – Revised (PEDS-R).
- › Strengths and Difficulties Questionnaire (SDQ).
- › Substances and Choices Scale (SACS).
- › Three-Item Gaming disorder Test-Online-Centred (TIGTOC).

These tools can be used with rangatahi aged up to 24 years depending on their maturity and/or life experience. In addition, some adult screening tools may be appropriate for rangatahi aged as young as 15 or 16; however, these should be interpreted with caution as tools may not have been validated with younger age groups. Tools looking at behaviour and development should be interpreted with caution among disabled people as results can easily be misinterpreted.

Car, Relax, Alone, Forget, Friends, Trouble (CRAFTT)

The CRAFTT was developed in the US to screen for problematic substance use in adolescents.¹⁶⁰ The current version CRAFTT 2.1 was updated to improve accuracy and includes vaping as a way of using cannabis. There is another version CRAFTT 2.1+N that also asks about tobacco and nicotine use. While not formally validated in Aotearoa it is recommended by The Best Practice Advocacy Centre NZ (bpacnz) for use in primary care, Health New Zealand | Te Whatu Ora, and Tūturu (a student wellbeing initiative).^{36,161,162} However, the Substance and Choices Scale (SACS) is often preferred due to being developed and validated in Aotearoa, though this depends on the setting and time available.¹⁶¹

Purpose	Screen for substance use and associated risks among youth aged 12 to 21.
Content and length	Three conversation opening questions, followed by 6 items. Two minutes to complete. Example item: Have you ever gotten into trouble while you were using alcohol or drugs?
Administration and scoring	Self-administered, ideally prior to an appointment in the person's own time. There is also a kaimahi administered version. Can be incorporated into conversation rather than introduced as a formal tool. Yes/no answers. Yes answers equal 1 point. Total score up to 6. More than two yes answers indicate the need to follow up and explore use and risks further.
Local use and testing	Health New Zealand Te Whatu Ora recommends for alcohol screening in <i>Alcohol Early Detection and Intervention: A Guide for Professionals</i>
Training	Recommended to read the guide for use and manual
Availability	Available free within the CRAFTT 2.1 manual; ¹⁶³ however, permission is required for use, contact crafft@childrens.harvard.edu

Early Intervention Gambling Health Test – Youth (EIGHT-Y)

The EIGHT-Y is the youth version of the EIGHT screen that identifies whether gambling has become a problem among rangatahi. It was developed in Aotearoa and validated with rangatahi aged 13 to 18 in school settings, including Māori and Pacific peoples.¹⁶⁴

Purpose	Screens for gambling-related problems in adolescents.
Content and length	Contains 8 items. One minute to complete. Example item: Sometimes I've felt down or stressed out after gambling.
Administration and scoring	Preferably self-completed but can be administered by kaimahi if literacy or language barriers exist. Answering yes to 4 or more items indicates a probable gambling problem. If so, enquire if the responses reflect the young person's current situation.
Local use and testing	EIGHT-Y was developed in Aotearoa.
Training	No specific training required.
Availability	Contact the EIGHT developers Abacus Counselling, Training & Supervision Ltd ¹⁶⁵

Electronic Case Finding and Help Assessment Tool for Youth (YouthCHAT)

YouthCHAT is an electronic tool designed for screening psychosocial problems in outpatient settings among rangatahi. It is a modified version of the Case-Finding and Help Assessment Tool (CHAT) and developed and validated in Aotearoa with input from rangatahi.^{166,167} YouthCHAT can be used in a range of settings, including schools, homes, community settings, and remotely.

Purpose	Identify psychosocial areas needing support.
Content and length	Contains 13 domains. Takes 3 to 6 minutes to complete. Includes three validated screens: SACS, PHQ-A (adolescent version), and GAD-7.
Administration and scoring	Self-administered. For each domain the young person indicates what challenges they are experiencing. A 'help' question enables them to identify if they would like support at the time, later, or not at all.
Local use and testing	YouthCHAT was developed and validated in Aotearoa with rangatahi aged 13 to 17 years. It is used widely across Aotearoa.
Training	Available on the YouthCHAT website
Availability	Licensed via UniServices (\$150 annually per clinic). Gain access by registering through the YouthCHAT website ¹⁶⁸

Parents Evaluation of Developmental Status - Revised (PEDS-R)

The PEDS was developed in the US and revised in 2023 to screen for developmental and behavioural issues in children aged under 8 years.¹⁶⁹ While not formally validated in Aotearoa, the original version PEDS is used in the Well Child Tamariki Ora national programme during the 'B4 School' check, although a review found it may not be fit for purpose in that context.¹⁷⁰ The revised version may be more appropriate but has not yet been reviewed. It is not clear if the programme now uses the updated PEDS-R and if that is more suitable.

Purpose	Screens for developmental, behavioural, social/emotional concerns in children under 8 years in clinical and general population settings.
Content and length	Includes 12 items (10 original, 2 added in revised version). Two minutes to complete. Example item: Do you have any concerns about how your child behaves?
Administration and scoring	Self-report by parents or can be administered by kaimahi.
Local use and testing	Used in the national programme Well Child Tamariki Ora – B4 school check.
Training	No training required; however, there is a form to follow with directions, scoring and interpretation, and action steps.
Availability	Available to purchase (\$77 AUD for 50) through the copyright/license holders for Australia and New Zealand – The Royal Children's Hospital Centre for Community Child Health ¹⁷¹

Substances and Choices Scale (SACS)

SACS was developed in Aotearoa to screen for problematic substance use in the past month among adolescents and can be used to measure changes in patterns of substance use over time. It has been validated with rangatahi aged 13 to 17 in AOD treatment and secondary school settings.¹⁷² SACS can be used in a range of settings, including schools, primary care, youth mental health, and AOD services. SACS can be used in conjunction with the Strengths and Difficulties Questionnaire (SDQ).

Purpose	<p>Identify substance use and associated problems in the past month.</p> <p>Track changes in patterns of substance use over time.</p>
Content and length	<p>Includes 23 items across 3 sections: a) use, b) difficulties, c) tobacco.</p> <p>Takes 5 to 10 minutes to complete.</p> <p>Example item: I've thought I might be hooked or addicted to alcohol or drugs.</p>
Administration and scoring	<p>Self-administered.</p> <p>Items in section B are rated on a 3-point scale ranging from not true (0) to definitely true (2). Scores of 2 and 3 indicate follow-up assessment, brief intervention, and possible referral to AOD services. Scores of 4 or higher indicate potentially significant problems requiring brief advice and referral to AOD services if the young person is willing.</p> <p>Items in sections A and C are rated on 4-point scales from never (0) to most days or more (3). These are used only as a guide to indicate frequency of substance use in the past month which can prompt further discussion about amounts and patterns of use.</p> <p>It is recommended to repeat the SACS after 4 weeks then at least every 3 months after.</p>
Local use and testing	<p>Developed and widely used in Aotearoa including mental health and addiction, and other services.</p> <p>Recommended in the Health New Zealand Te Whatu Ora guide <i>Alcohol Early Detection and Intervention: A Guide for Professionals</i>³⁶</p>

Training

SACS guidelines and resources are available on the [Whāraurau website](#)

Availability

SACS is freely available on the [Whāraurau website](#)¹⁷³ and may be used by non-profit organisations as long as people are not charged for it.

The SACS ABC framework is recommended to deliver screening and brief advice for alcohol and other substances with young people.^{162,174} This involves:

- › A (ask) - use the Substances and Choices Scale (SACS)
- › B (brief intervention) – understand what matters to the person, build their motivation for change, provide harm reduction and ask permission to give relevant tips or advice
- › C (counselling referral) – if needed, explore with the young person about getting additional support from someone with specialist skills that can help them learn how to make changes.

See the [Whāraurau website](#) for SACS ABC resources.

Strengths and Difficulties Questionnaire (SDQ)

The SDQ was designed to screen for behavioural and emotional problems among children and adolescents aged 2 to 17 years.¹⁷⁵ It was developed in the UK and has been validated in Aotearoa with young children (2 year olds and pre-schoolers) through to pre-teens.¹⁷⁶⁻¹⁷⁸ The SDQ may not be entirely suitable for rangatahi across some cultures, including for Māori, Pacific, and Asian populations.¹⁷⁹

The SDQ can be paired with SACS for a more holistic screening process.

Purpose	Screens for conduct problems, hyperactivity, emotional symptoms, peer problems, and pro-social behaviour in the past 6 months.
Content and length	<p>Contains 25 items in five domains (conduct problems, emotional problems, hyperactivity, peer problems, impact on young person's life).</p> <p>Takes 5 to 10 minutes to complete.</p> <p>Example question (parent version): Often fights with other children or bullies them.</p>
Administration and scoring	<p>Self-administered (generally by rangatahi aged 11 and older) or with kaimahi.</p> <p>Modified versions are available for parents or teachers to complete depending on the young person's age, and for adolescents to self-complete.</p> <p>Items are rated on a 3-point scale from not true (0) to certainly true (2). Scores from sections 1 to 4 are added together to a total ranging 0 to 40 where 0 to 13 is considered within the normal range and higher scores indicate greater risk of behavioural or mental health challenges. Items from individual sections can be added together to obtain subscale scores to indicate the young person's difficulties for specific domains.</p> <p>Computer scoring is recommended due to human error from hand scoring. Information on how to access computer scoring is provided on the SDQ website</p> <p>It is recommended services administer 4 to 6 weeks after entry and every 6 months after.</p>

Local use and testing

Has been validated with young children to adolescents and is used in the New Zealand Health Survey, Growing Up in New Zealand, and various services such as Oranga Tamariki.

The Australian version is used in Aotearoa.

Validity and reliability are mixed and depends on sub-scales and the rater (eg self-report, parent, teacher).

Training

Formal training to use and interpret the SDQ is not available. However, training in the health or education sectors is helpful to interpret the results.

Availability

Non-profit organisations may use the SDQ for free if people accessing the service are not charged for it.

SDQ is freely available from the **SDQ website** (the paper version must be downloaded – online versions cannot be used or distributed without permission from support@youthinmind.com).¹⁸⁰

Three-Item Gaming disorder Test-Online-Centred (TIGTOC)

The TIGTOC was developed in Korea as an ultra-brief screener for online gaming disorder in primary care and community settings.¹⁸¹ While not formally validated in Aotearoa New Zealand it is used in some addiction services, such as gambling harm services.¹⁰⁰

Purpose	Screens for risk of online gaming disorder in children and adolescents based on experiences in the last 12 months. Aligns with ICD 11 criteria.
Content and length	Includes 3 items. Less than 1 minute to complete. Example item: I have tried to cut down playing Internet games, but I have not been successful.
Administration and scoring	Self-administered. Items rated on a 4-point scale from not at all (0) to always (3). A score of 4 or more (maximum 9) indicates risk of internet gaming disorder.
Local use and testing	Used in local addiction services.
Training	No training required.
Availability	Available within the original publication ¹⁸¹ Contact the authors for permission y1693@catholic.ac.kr

Physical health screening

This section focuses on physical health screening in addiction and mental health services. People experiencing addiction and mental health challenges face inequitable and preventable disparities in physical health support and outcomes.¹² Physical health issues may be undiagnosed or have no symptoms; therefore, physical health screening is important in addiction and mental health services. Physical health issues are often missed due to diagnostic overshadowing, where physical health symptoms are assumed to be due to a person's addiction or mental health experience.¹⁸² Overshadowing can prevent people from getting the support they need and contributes to poorer health outcomes in people with addiction or mental health challenges. It is also important to be aware that many medications used for addiction or mental health challenges, and interactions between them, can impact physical health.

Screening may include general questions, physical health screening tools, or referral to physical health services for blood tests, urine tests, or other measures such as blood pressure checks. Kaimahi can also encourage tāngata whai ora to get involved in free population screening programmes such as mammograms, smear tests, or bowel cancer screening programs. Follow organisational policies and procedures for physical health screening.

Table 4 below summarises key physical health issues to screen for due to increased risk among people accessing addiction and mental health services.

Table 4: Physical health issues to screen for in addiction and mental health services

Physical health consideration	Screening	Other information
Sexually transmitted and blood borne infections ^{183–188}	<p>Blood test to detect blood borne viruses such as Hepatitis B, C, and HIV.</p> <p>Sexually transmitted infections may involve blood, urine, or swab tests.</p>	<p>Universal offering of sexually transmitted and blood borne infection screening helps to reduce stigma and bias.</p> <p>Some priority groups include people who currently, or have a history of, injecting substances, young people, Māori, and Pasifika peoples.</p>
Metabolic health ¹²	<p>Blood tests (cholesterol, blood glucose, HbA1c),^l body measurements (height, weight, waist circumference),^m blood pressure.</p>	<p>Many medications can impact metabolic health.</p> <p>Screening at entry and ongoing intervals to monitor.</p>
Respiratory conditions ^{12,191,192}	<p>Asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema.</p>	<p>People who smoke substances such as tobacco, are at higher risk.</p> <p>People accessing services are also at higher risk of and poorer outcomes from infectious respiratory diseases such as COVID-19.</p>
Oral health ^{193,194}	<p>Dental checks.</p>	<p>Medications, substances, metabolic conditions, and lack of access to dental care can impact oral health among tāngata whai ora. Poor oral health can also impact overall health.</p>

^l Glycated haemoglobin (HbA1c) is a measure of blood glucose (sugar) control over the last few months.

^m While Body Mass Index (BMI, calculated from height and weight) is still often used, it has limitations in predicting individual risk though can still be useful as part of a bigger picture (when interpreted with other information) in physical health screening.^{189,190} There are also different cutoffs used based on ethnic groups, such as Māori and Pacific peoples.

Further resources on screening

- › bpac NZ, 2010 Recognising and Managing Mental Health Problems in Māori¹⁹⁵
- › Health New Zealand | Te Whatu Ora, 2025 Alcohol Early Detection and Intervention: A Guide for Professionals³⁶
- › Health New Zealand | Te Whatu Ora, 2025 Psychosocial Screening in Stroke Services²¹
- › Health New Zealand | Te Whatu Ora, 2024 Whakaohooho Manawa Ora: Cognitive Screening and Support in Alcohol and Other Drug Services⁵
- › Kopua et al., 2020 Mahi a Atua: A Pathway Forward for Māori Mental Health¹⁹⁶
- › Potaka-Osborne, 2022 Te Ao Māori Screening Tool for Whai Ora Māori Engaged with Secondary Community Mental Health and Addictions Services in Whanganui, Aotearoa/New Zealand¹⁹⁷
- › Todd, 2010 Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems¹¹

Part 3: Comprehensive assessment

This section provides a high-level overview of the comprehensive assessment process. It includes an overview of the benefits, processes, and how information is used.

Comprehensive assessments gain a deeper understanding of people and whānau to inform support

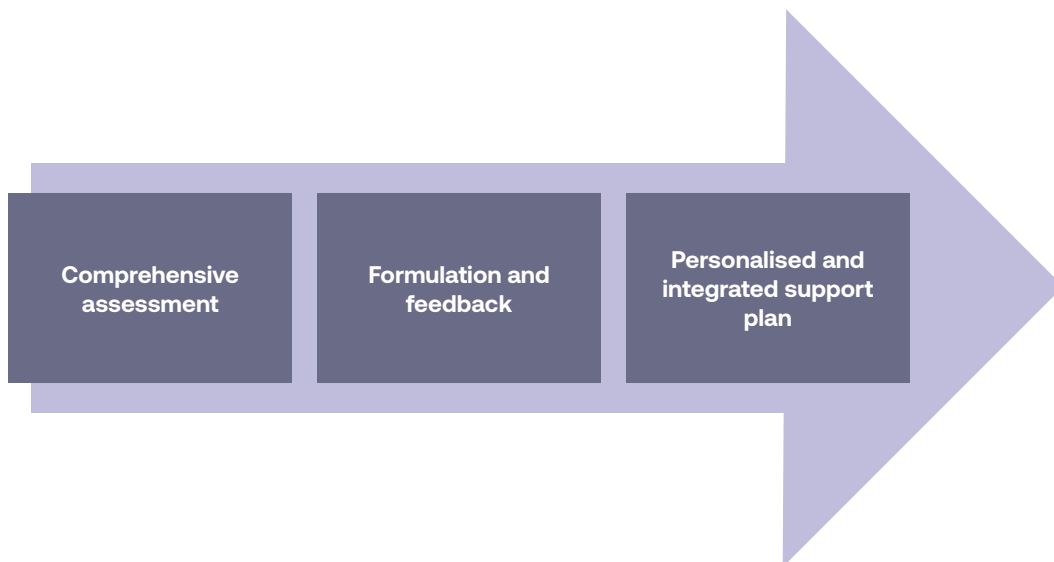
Comprehensive assessments involve learning more about a person’s social and cultural context, their strengths, and their presenting issues to holistically understand their experiences. A collaborative, person-centred, whānau-inclusive, and recovery-oriented approach is essential to develop a personalised treatment plan that considers the whole person and supports a range of their needs and wellbeing goals.

People accessing services and their whānau must be actively involved in the comprehensive assessment process. A comprehensive assessment may also require input from multiple sources and clinicians/practitioners from a range of disciplines.

A trauma-informed approach is essential as comprehensive assessments ask people about their past and retelling past experiences can be retraumatising for people. Clinicians must have training and competency in this area.

Figure 7 provides an overview of comprehensive assessment and next steps.

Figure 7: Comprehensive assessment process overview



Comprehensive assessments are usually completed in specialist settings

Comprehensive assessments are usually completed when a person enters a specialist service or if they are being referred to a different service, their comprehensive assessment can be updated.

Depending on the setting, screening may take place before and inform a comprehensive assessment and/or may form part of a comprehensive assessment. For example, in a primary care setting a person may undergo screening for substance use or mental health challenges, then be referred to a specialist service for a comprehensive assessment if further support is indicated. In a residential setting, people will often undergo a comprehensive assessment prior to entry. Further information may be collected after entering residential services to build on this and better inform treatment planning.

Comprehensive assessments may take place in a single session. However, comprehensive assessments are dynamic processes that often involve gathering information from multiple sources, including cultural and clinical specialists over time, and may involve multiple sessions. Comprehensive assessments are ongoing processes that should be reviewed and updated regularly as people's health, circumstances, needs and goals may change over time.

Specific training and experience are required to undertake comprehensive assessments. Clinicians/practitioners who undertake comprehensive assessments are expected to be trained in administering comprehensive assessments and supporting people experiencing addiction and mental health-related conditions.

Comprehensive assessments inform formulation and personalised support plans

Clinicians/practitioners use information from comprehensive assessments to build a formulation, drawing from a combination of clinical judgement and objective criteria such as those outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the International Classification of Diseases (ICD 11).

Feeding back information from the comprehensive assessment and formulation to tāngata whai ora and whānau must be strengths-based and trauma-informed. Providing feedback to people in this way can improve motivation, engagement, and increase knowledge about factors that impact their wellbeing, as well as acceptance and understanding of who they are. As with screening, feedback should be shared in a format that people can understand, that considers accessibility needs.

Collaborative discussions with kaimahi, people and whānau should inform the support plan. This ensures support plans are led by people and whānau wants, needs, strengths, goals, and realities.

Comprehensive assessments cover a wide range of information

A range of personal, whānau, and external factors need to be considered to understand what tāngata whai ora have been, and are, going through. Understanding the whole person helps build rapport and adapt treatment and support around their history, circumstances, needs, goals, and preferences.

Table 5 provides a starting point of topics to cover in a comprehensive assessment.^{11,199,200} For a more detailed overview of comprehensive assessments, refer to *Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems* and forthcoming updates.¹¹

It is important that comprehensive assessments only collect necessary information, as asking people for unnecessary information can cause them harm, particularly if they have experienced trauma or have had negative experiences with health services in the past. People also have a choice on whether they want to answer specific questions.

Table 5: Potential topics to cover in a comprehensive assessment

Factors to consider in comprehensive assessments	
Personal factors	
Ethnic and cultural background, and cultural engagement needs	Personal goals and preferences
Goals and motivation for treatment	Spirituality and religion
Sexual orientation, gender identity and expression	Social needs, including finances, employment, and legal matters
Mental health challenges, including diagnoses and thoughts of suicide	Substance use including duration and level of substance use and diagnoses of substance use disorder
Disabilities and accessibility requirements	Physical health needs, including medications
Risk of harm to self or others	Treatment and service history
Personal and intergenerational trauma history	Socioeconomic background
Cognitive factors including neurodiversity	Educational and vocational level, including needs and goals
Strengths, interests, and passions	Homelessness or risk of

Whānau factors

Whānau support, including immediate family, extended whānau, chosen whānau, significant others, close friends, and others to involve in support

Children or dependents, including pets and animals

Relationships that need support, such as strained relationships

Experiences or risk of domestic or family violence

External factors

Referral source

Other supports and services people are already connected with, such as withdrawal management, primary health, mental health, peer support, housing services, work and income, and whānau ora workers

Legal factors, including justice system or gang involvement, or criminal activity or history

Location

HEEADSSS is an example of a structured assessment tool for rangatahi

The Home, Education and employment, Eating, Activities, Drugs and alcohol, Sexuality, Suicide and depression, Safety (HEEADSSS) is a structured psychosocial risk assessment tool that facilitates comprehensive and developmentally appropriate assessment for adolescents. It enables clinicians to systematically explore key domains of the young person's life while fostering rapport, trust, and person-centred communication. Taking a strengths-based and trauma-informed approach, it is designed to identify protective factors and strengths before addressing more sensitive and high-risk behaviours.

For further guidance on the HEEADSSS assessment refer to the [Whāraurau website](#)

Further resources on comprehensive assessment

- › Whāraurau, n.d. HEEADSSS Assessment: Working with Youth²⁰¹
- › Todd, 2010 Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems¹¹

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