

# Reasons for High Emergency Department Use Among Patients With Common Mental Disorders or Substance-Related Disorders

Les raisons expliquant le recours fréquent aux services d'urgence par les patients souffrant de troubles mentaux courants ou de troubles liés aux substances psychoactives

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**APPENDIX 2.** Closed and open-ended questions of the interview of the larger mixed-methods study used for this specific study\*

## A. Socio-demographic questions:

### What is your sex?

- 1 = Female  
 2 = Male  
 3 = Other  
 99 = Refuse to respond  
 Other (specify) \_\_\_\_\_

### What is your age? \_\_\_\_\_

### What is your level of education?

- 1 = Elementary  
 2 = Secondary  
 3 = Post-secondary or higher  
 4 = Other  
 99 = Refuse to respond  
 Other (specify) \_\_\_\_\_

### What is your marital status?

- 1 = Single/separated/divorced/widowed  
 2 = Common-law/married  
 3 = Other  
 99 = Refuse to respond  
 Other (specify) \_\_\_\_\_

### Are you currently working?

- 1 = Yes  
 0 = No  
 99 = Refuse to respond

### If YES, are you working:

- Full-time  
 Part-time

### If NO, what is your current situation?

- 1 = Student  
 2 = Employment Insurance or *Commission des normes, de l'équité, de la santé et de la sécurité du travail* (CNESST)  
 3 = Social assistance  
 4 = Retired or annuitant  
 5 = No personal income (none of the above sources)  
 6 = Other  
 Other (specify) \_\_\_\_\_

### What was your household income last year?

- 1 = \$0 to \$9,999/year  
 2 = \$10,000 to \$19,999/year  
 3 = \$20,000 to \$29,999/year  
 4 = \$30,000 to \$39,999/year  
 5 = \$40,000 to \$49,999/year  
 6 = \$50,000 to \$59,999/year  
 7 = \$60,000 to \$69,999/year  
 8 = \$70,000 to \$79,999/year  
 9 = \$80,000 to \$89,999/year  
 10 = \$90,000 to \$99,999/year  
 11 = \$100,000 or plus/year  
 99 = Refuse to respond

### I will name different types of housing; tell me in which one you live.

- 1 = A private house, condo (you are the owner of your residence)  
 2 = Rented apartment  
 3 = Supervised apartment  
 4 = Subsidized housing (e.g., low-rental housing [HLM] or non-profit organization [OSBL])  
 5 = Family-type residence  
 6 = Group home  
 7 = No fixed address  
 8 = Other  
 99 = Refuse to respond  
 Other (specify) \_\_\_\_\_

\* Emergency department use and diagnostics were based on an administrative database.

Note to interviewers: Make sure to give examples of these types of housing if needed, so that the question is clear for the participant.

## **B. Questions to be developed (qualitative component):**

- 1. In a few words, describe the reason(s) why you come to the emergency department (ED) so frequently.**
- 2. Do you consult other services before coming to the ED or would you like to be able to do so?**
  - a. Where do you go, in particular?
  - b. Why this service?
  - c. Effectiveness/appraisal of these services (other than the ED).
- 3. In general, thinking of the services you have received at the ED, please tell me in a few words what you most appreciated about these services.**
- 4. Please tell me what could be improved in terms of the services offered at the ED.**
- 5. Thinking in general about the services you have received outside the ED, please tell me in a few words what you most appreciated about these services.**
  - a. Regarding access, continuity and adequacy of services.
  - b. Concerning family doctors (or walk-in clinics), ambulatory services (e.g., CLSCs [centre local de services communautaires], psychiatric services including psychiatrists), community-based services, housing, support services for work or education, daytime activities, etc.
- 6. Thinking in general of the services you have received outside the ED, please tell me in a few words what could be improved.**
  - a. Please refer to the elements listed in questions 5a and 5b.
- 7. What would help you the most in maintaining your health?**
- 8. What should be done to better help you, especially to help you avoid repeated visits to the ED?**
- 9. Do you have any other comments related to improving services so that they can better respond to your needs?**

THANK YOU VERY MUCH!  
YOUR RESPONSES ARE VERY IMPORTANT FOR US  
AND WILL HELP US A LOT WITH OUR RESEARCH.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year

0                      1                      2                      3                      4

Have you ever been in treatment for an alcohol problem?     Never     Currently     In the past

I    II    III    IV  
0-3   4-9   10-13   14+

(For the Provider)

### Scoring and interpreting the AUDIT:

1. Each response has a score ranging from 0 to 4. All response scores are added for a total score.
2. The total score correlates with a risk zone, which can be circled on the bottom left corner.

Score	Zone	Explanation	Action
0-3	I – Low Risk	“Someone using alcohol at this level is at low risk for health or social complications.”	Positive Health Message – describe low risk drinking guidelines
4-9	II – Risky	“Someone using alcohol at this level may develop health problems or existing problems may worsen.”	Brief intervention to reduce use
10-13	III – Harmful	“Someone using alcohol at this level has experienced negative effects from alcohol use.”	Brief Intervention to reduce or abstain and specific follow-up appointment (Brief Treatment if available)
14+	IV – Severe	“Someone using alcohol at this level could benefit from more assessment and assistance.”	Brief Intervention to accept referral to specialty treatment for a full assessment

**Positive Health Message:** An opportunity to educate patients about the NIAAA low-risk drinking levels and the risks of excessive alcohol use.

**Brief Intervention to Reduce Use:** Patient-centered discussion that uses Motivational Interviewing concepts to raise an individual’s awareness of his/her substance use and enhance his/her motivation to change behavior. Brief interventions are typically 5-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention. The recommended behavior change is to cut back to low-risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.).

**Brief Intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up:** Patients with numerous or serious negative consequences from their alcohol use, or patients who likely have an alcohol use disorder who cannot or are not interested in obtaining specialized treatment, should receive more numerous and intensive BIs with follow up. The recommended behavior change is to cut back to low-risk drinking levels or abstain from use. Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available. If brief treatment is not available, secure follow-up in 2-4 weeks.

**Brief Intervention to Accept Referral:** The focus of the brief intervention is to enhance motivation for the patient to accept a referral to specialty treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for diagnostic assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: [www.sbirtoregon.org](http://www.sbirtoregon.org)

\* Johnson J, Lee A, Vinson D, Seale P. “Use of AUDIT-Based Measures to Identify Unhealthy Alcohol Use and Alcohol Dependence in Primary Care: A Validation Study.” *Alcohol Clin Exp Res*, Vol 37, No S1, 2013: pp E253–E259

## DRUG USE QUESTIONNAIRE (DAST-20)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following questions concern information about your potential involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question.

In the statements "drug abuse" refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

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For information on the DAST, contact Dr. Harvey Skinner at the Addiction Research Foundation, 33 Russell St., Toronto, Canada, M5S 2S1.

These questions refer to the past 12 months.

Circle your  
response

1. Have you used drugs other than those required for medical reasons?..... Yes No
2. Have you abused prescription drugs? ..... Yes No
3. Do you abuse more than one drug at a time? ..... Yes No
4. Can you get through the week without using drugs? ..... Yes No
5. Are you always able to stop using drugs when you want to?..... Yes No
6. Have you had "blackouts" or "flashbacks" as a result of drug use? ..... Yes No
7. Do you ever feel bad or guilty about your drug use? ..... Yes No
8. Does your spouse (or parents) ever complain about your involvement with drugs? ..... Yes No
9. Has drug abuse created problems between you and your spouse or your parents? ..... Yes No
10. Have you lost friends because of your use of drugs? ..... Yes No
11. Have you neglected your family because of your use of drugs? ..... Yes No
12. Have you been in trouble at work because of drug abuse? ..... Yes No
13. Have you lost a job because of drug abuse? ..... Yes No
14. Have you gotten into fights when under the influence of drugs? ..... Yes No
15. Have you engaged in illegal activities in order to obtain drugs? ..... Yes No
16. Have you been arrested for possession of illegal drugs? ..... Yes No
17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? ..... Yes No
18. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?..... Yes No
19. Have you gone to anyone for help for a drug problem? ..... Yes No
20. Have you been involved in a treatment program specifically related to drug use? ..... Yes No