

# Screening Tools and Interventions for Common Behavioral Health Disorders

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- **Depression**

- Depression is a potentially life-threatening illness that affects up to 6.7 percent of Americans (or approximately 14.8 million people) in any given year. It is the leading cause of disability in the United States for those between the ages of 15 and 44.

- **Screening**

- The Preventive Services Task Force<sup>1</sup> indicates the benefits of regular screening of children and adolescents are unknown. The predictive value of positive screening tests has been found to be lower in children and adolescents than in adults. However, studies have found that screening tests perform reasonably well in adolescents and treatments have proven effective. Therefore, Primary Care Physicians (PCPs) should be alert for possible signs of depression in younger patients.



# Potential Signs of Depression

- **Childhood Symptoms**

- Symptoms lasting two or more weeks and meeting the following impairment in functioning criteria:

- Bad temper, irritable and easily annoyed
    - Drop in school performance
    - Repeated emotional outbursts, shouting or complaining
    - Repeated physical complaints without a medical cause (headaches, stomachaches, aching arms or legs)

# Screening Tools (Public Domain)

Standardized Screening Tool <sup>2</sup>	Additional Information
Patient Health Questionnaire (PHQ-9)	9-item depression scale designed for use in the primary care setting, provider administered
Patient Health Questionnaire (PHQ-2)	2 -item screening designed for PCP office; could be conducted by clinical staff or on patient questionnaire
AUDIT (Alcohol Use Disorder Identification Test)	10-item alcohol screening tool; this is the most studied alcohol screening tool for use in primary care settings
CAGE	This 4-item tool is the most popular tool for detecting alcohol abuse or dependence in primary care settings

# Screening Tools (Proprietary)

Standardized Screening Tool	Additional Information
Hamilton Depression Rating Scale (HAM-D)	17-21- item provider-administered tool that provides information on depression severity/progress
Major Depression Inventory (MDI)	10-item scale based on ICD-10 diagnosis
Burns Depression Checklist	15-item self- screening tool
Beck Depression Inventory	21-item multiple choice self screener (must be purchased)
Zung Self-Rated Depression Scale	20-item self-screening tool



# Screening Tools (Depression)

- The Whooley Depression Screen is a simple two-question tool that can be used to screen patients for depression
- If a patient answers “yes” to either one or both of the questions, a more thorough screening tool should be used (such as PHQ-9)

## Table 1. Patient Health Questionnaire: Two Items

Over the past two weeks have you been bothered by any of the following problems?

- (1) Little interest or pleasure in doing things.
- (2) Feeling down, depressed, or hopeless.



# Treatment

- **Acute Phase<sup>2</sup>:** First 12 weeks after diagnosis of a new episode of major depression:
  - Amerigroup, in accordance with clinical practice guidelines, recommends three follow-up contacts during this phase,
    - At least one of which should be with a prescribing practitioner
    - At a minimum, medications should be continued for the entire acute phase
- **Continuation Phase<sup>2</sup>:** When patients have been treated with antidepressant medications during the acute phase, consideration should be given to maintaining them on medications for at least six months to help prevent relapse
- **Maintenance Phase<sup>2</sup>:** Consideration should be given to continue antidepressant medication for patients with a history of severe and recurrent episodes, suicidal thoughts and presence of co-morbid conditions or psychotic features
- **Psychotherapy<sup>2</sup>** – Amerigroup, in accordance with clinical practice guidelines, recommends therapy when there are significant stressors, interpersonal difficulties or co-morbid disorders are present. Psychotherapy, in addition to antidepressant medications, has demonstrated better outcomes and may be particularly useful in improving treatment adherence.



# Treatment (Cont.)

- The FDA has issued an advisory<sup>3</sup> regarding the increased risk of suicidal thoughts and behavior among children, adolescents and young adults taking antidepressants.
  - Pediatric patients taking such medications should be carefully monitored using the *FDA Medication Guide for Parents*<sup>4</sup>
- Referral to a psychiatrist or other prescribing mental health professional for care coordination should be considered for problems with medication management such as severe, recurrent or psychotic depression, poor adherence, or partial or no response to treatment<sup>2</sup>.

# References

- <sup>1</sup> U.S. Preventive Services Task Force. (2009) Screening For Depression. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf/uspschdepr.htm>
- <sup>2</sup> Retrieved from [Providers.Amerigroup.com/TX](http://Providers.Amerigroup.com/TX)
- <sup>3</sup> U.S. Food and Drug Administration. (2007). FDA Proposes New Warnings About Suicidal Thinking, Behavior in Young Adults Who Take Antidepressant Medications. Retrieved from <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2007/ucm108905.htm>
- <sup>4</sup> U.S. Food and Drug Administration. (2005). Medication Guide: About Using Antidepressants in Children and Teenagers. Retrieved from <http://www.fda.gov/downloads/drugs/drugsafety/informationbydrugclass/UCM161646.pdf>

