

Behavioral Health 101: Depression

For Healthcare Providers

Learning Objectives

- Recognize symptoms of depression
- Name 2 screening tools for depression
- Identify 2 medications that are recommended for depression
- List 2 treatment options for individuals who could have depression
- Apply learning in an exercise utilizing screening options and identifying treatment options

Role of PH Providers in Treating BH



Only 20% of adult clients with mental health disorders are seen by BH providers

Clients often prefer and receive treatment in primary care settings

60% of premature death in persons with Schizophrenia are due to medical conditions such as cardiovascular, pulmonary, and infection diseases

(American Hospital Association, 2014; Unützer, Harbin, Schoenbaum, & Druss, 2013)

Role of PCPs in Suicide Prevention



- 75% of individuals who die by suicide are in contact with a primary care physician in the year before their death
- 45% do so within one month of their death
- Only 20% of these patients saw a mental health professional in the preceding month
- 62% of antidepressant prescriptions in the U.S. are written by generalists (internists, pediatricians, PCPs)

(McDowell, Lineberry, & Bostwick, 2011; Office of the Surgeon General, US & National Action Alliance for Suicide Prevention, US. (2012))

Systematic integration facilitates the communication and coordination of:

- Physical healthcare
- Behavioral healthcare
- Substance use disorder treatment

Integrated care promotes a cohesive service delivery system & better continuity of care.

Common Disorders

- Depression
- Bipolar Disorders
- Anxiety Disorders
- Posttraumatic Stress Disorder
- Substance Use Disorders
- Schizophrenia & Psychotic Disorders

Depression

“There is no point treating a depressed person as though she were just feeling sad, saying, 'There now, hang on, you'll get over it.' Sadness is more or less like a head cold – with patience, it passes. Depression is like cancer.”

— Barbara Kingsolver, *The Bean Trees*

Depression



- A mood disorder that causes a persistent feeling of sadness and loss of interest
- Affects how you feel, think and behave and can lead to a variety of emotional and physical problems
- Trouble doing normal day-to-day activities
- Persistent thoughts that life isn't worth living

(Mayo Clinic Staff, 2015)

Depression Symptoms

- Changes in appetite
- Changes in sleep
- Loss of pleasure in activities once enjoyed
- Difficulty concentrating
- Difficulty following routines
- Loss of energy/motivation
- Slowed thinking, speaking, and movement
- Frequent tearfulness and crying spells

- Chronic sadness
- Feelings of guilt or worthless
- Feelings of hopelessness or helplessness
- Anger and irritability especially in children and adolescents
- Anxiety, agitation or restlessness
- Frequent thoughts of death or suicide

(Mayo Clinic Staff, 2015)

Depression Diagnostic Criteria



Major Depressive Disorder

- Feelings of sadness or hopelessness nearly every day for at least two weeks
- Loss of interest in previously enjoyed activities nearly every day for at least two weeks
- Changes in appetite, sleep patterns
- Diminished concentration and decision-making

(American Psychiatric Association, 2013)

Depression Diagnostic Criteria

Disruptive Mood Dysregulation Disorder

- Chronic, severe persistent irritability
- Between ages 6 and 18
- Frequent temper outbursts

(American Psychiatric Association, 2013)

Depression Diagnostic Criteria

Persistent Depressive Disorder

- Use to be called Dysthymia, which is no longer a diagnosis in the DSM-5
- Depressed mood most of the day, most days, for 2 years
- Two or more other symptoms of depression

(American Psychiatric Association, 2013)

Screening Tools



Depression

PHQ-2

PHQ-9

Edinburgh

PHQ-2 Depression Screening Tool



*“How often have you been bothered by any of the following
OVER THE LAST 2 WEEKS:*

Little interest or pleasure in doing things? Feeling down,
depressed or hopeless?”

Score	0	1	2	3
Response	Not at all	Several days	More than half the days	Nearly every day

PHQ-2 Alternate Version



- Over the past month, have you often had little interest or pleasure in doing things? (Yes/No)
- Over the past month, have you often been bothered by feeling down, depressed, or hopeless? (Yes/No)

(University of Michigan Health System, 2011)

PHQ-2 Depression Screening Tool



- NOT to diagnose or monitor depression severity
- Scores: further evaluation needed if...
- Score of ≥ 3
- One “yes” on alternative version
- Do PHQ-9 to determine if criteria met for referral to diagnose possible depressive disorder

PHQ-9 Depression Screening Tool

- Taken from the DSM-5 criteria for Major Depressive Disorder
- First two questions are PHQ-2
- NOT intended to diagnose
- Free to use in over 50 languages
(<http://www.phqscreeners.com>)

PHQ-9 Scores and Proposed Treatment

Table 4. PHQ-9 Scores and Proposed Treatment Actions *

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

* From Kroenke K. Spitzer RL. Psychiatric Annals 2002;32:509-521

Edinburgh Depression Screening Tool

According to the American Academy of Pediatrics, what is the most underdiagnosed obstetric complication in America?

Perinatal depression



(Earls, 2010)

Edinburgh Depression Screening Tool

- For use with pregnant or post partum members
- Consists of 10 questions
- Assesses how member has been feeling over the past 7 days
- Free to use (<https://psychology-tools.com/epds/>)

Treatment for Depression

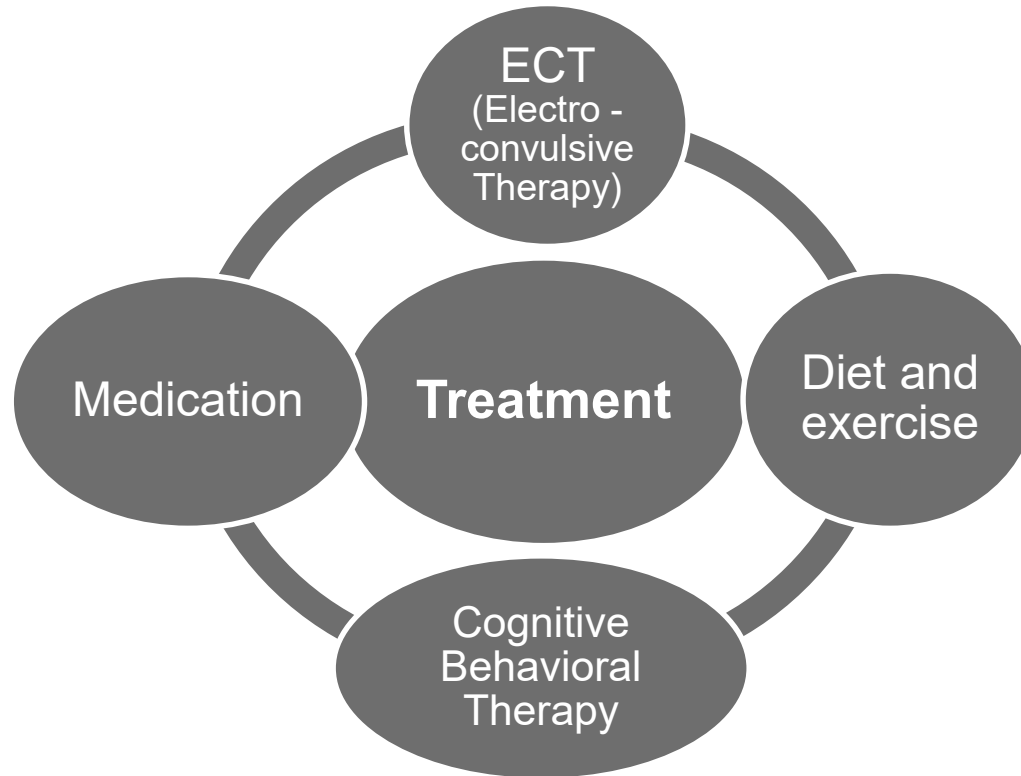
There are psychological treatments with proven effectiveness/evidenced-based practice

Encourage professional help

– Types of professionals:

- Doctors
- Psychiatrists
- Therapists/ Counselors
 - » LCSW, LPC, LMHC, LMFT, etc.
 - » Drug and alcohol specialists

Treatment for Depression



Antidepressants

Selective serotonin reuptake inhibitors (SSRIs)

- Fluoxetine (Prozac)
- Citalopram (Celexa)
- Setraline (Zoloft)
- Paroxetine (Paxil)
- Escitalopram (Lexapro)

Serotonin and norepinephrine reuptake inhibitors (SNRIs)

- Venlafaxine (Effexor)
- Duloxetine (Cymbalta)
- Desvenlafaxine (Pristiq)

Antidepressants

Tetracyclics

- Amoxapine (Asendin)
- Maprotiline HCL (Ludiomil)
- Mirtazapine (Remeron)

Serotonin antagonist and reuptake inhibitor (SARIs)

- Nefazodone
- Trazodone

Antidepressants

Black box warning for all antidepressants:
Increased risk of suicidal thinking or attempts
in children and adolescents taking them



How SSRIs Work



(Mayo Clinic, 2010)

Group Activity

Healthcare professional

- Interviews patient with verbal PHQ-2 first
- Completes either a verbal PHQ-9 or hands to patient

Patient

- Gets interviewed and answers “yes” to one of PHQ-2 questions
- Answers PHQ-9 however they want to

Observer

- Evaluates interviewer
- Times interaction
- Gives feedback to interviewer
- Asks interviewer what they would do

Rotate roles

- 6 minutes for each round

Process



How difficult was it to conduct the screening?

How long did it take to conduct the screening?

What decisions did interviewers make after the screening?

How could you use what you've learned for integrated patient care in your practice?

What Questions Do You Have?



Learning Objectives Revisited

- Recognize symptoms of depression
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Reflection



- What are two or three of the important things you're taking away from this training?
- What changes will you make in your practice as a result of this training?

Parting Thought

“Never give up on someone with a mental illness. When ‘I’ is replaced by ‘We’, illness becomes wellness.”

Shannon L. Alder



References



- American Hospital Association (2014, February). Integrating behavioral health across the continuum of care. Chicago, IL: Health Research & Educational Trust. Retrieved from <http://www.hpoe.org/Reports-HPOE/Behavioral%20health%20FINAL.pdf>
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders 5th ed.). Washington, DC: Author.
- Anxiety and Depression Association of America (AADA). (2016). Find help: Treatment. Retrieved from <http://www.adaa.org/finding-help/treatment>
- Aldwin, C.M., Sutton, K.J., Chiara, G & Spiro III, A. (1996). Age differences in stress, coping, and appraisal: Findings from the Normative Aging Study. Journal of Gerontology: Psychological Sciences, 51(4), 179-188.
- Boyd, N. (n.d.). Symptoms of Schizophrenia: Positive and negative. Retrieved from <http://study.com/academy/lesson/symptoms-of-schizophrenia-positive-and-negative.html>
- Brady, K. T., Killeen, T. K., Brewerton, T., & Lucerini, S. (2000). Comorbidity of psychiatric disorders and posttraumatic stress disorder. The Journal of Clinical of Psychiatry, (suppl 7), 1-478.

References Continued...



- Brewin C.R, Andrews B., Valentine J.D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. J Consult Clin Psychol. 68(5):748-66.
- Carlat, D. J. (1998). The psychiatric review of symptoms: a screening tool for family physicians. American Family Physician, 58(7), 1617-1624.
- Charney D.S. Psychobiological mechanisms of resilience and vulnerability: implications for successful adaptation to extreme stress. Am J Psychiatry. 2004 Feb; 161(2):195-216.
- Center for Quality Assessment and Improvement in Mental Health. (2007). STABLE resource toolkit. Retrieved from http://www.integration.samhsa.gov/images/res/STABLE_toolkit.pdf
- Colton, C. W., & Manderscheid, R. W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Prev Chronic Dis, 3(2), A42.

References Continued...



- Earls, M. F. (2010). Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. *Pediatrics*, 126(5), 1032-1039.
- Gold, K. J., Kilbourne, A. M., & Valenstein, M. (2008). Primary care of patients with serious mental illness: your chance to make a difference: a primary care visit may lead to regular care of side effects and comorbidities, especially if you coordinate care. *Journal of Family Practice*, 57(8), 515-526.
- Groberman, A. (2012). Difference between stress and anxiety. Retrieved on March 11, 2016 from <http://www.psyweb.com/articles/anxiety/difference-between-stress-and-anxiety>
- Hafner, H., Maurer, K., Löffler, W., & Fatkenheuer, B. an der Heiden W, Riecher-Rossler A, Behrens S, Gattaz WF. (1994). The epidemiology of early schizophrenia: Influence of age and gender on onset and early course. *Br. J. Psychiatry Suppl*, 23, 29-38.

References Continued...



- Hirschfeld, R. M. (2002). The Mood Disorder Questionnaire: a simple, patient-rated screening instrument for bipolar disorder. *Primary Care Companion J Clin Psychiatry*, 4(1), 9-11.
- Kessler R.C., Chiu W.T., Demler O., Walters E.E. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62(6):617-27.
- Kessler R.C., Berglund P.A., Demler O., Jin R., Walters E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62(6):593-602.
- Kroenke, K., & Spitzer, R. L. (2002). The PHQ-9: a new depression diagnostic and severity measure. *Psychiatric annals*, 32(9), 509-515.
- Lane, C. (2015). Schizophrenia delusions. Retrieved from <http://www.schizophrenic.com/content/schizophrenia/symptoms/schizophrenia-delusions>

References Continued...



- Lang, A.J., Stein, M.B. (2005). An abbreviated PTSD checklist for use as a screening instrument in primary care. Behaviour Research and Therapy, 43, 585-594.
- Lang, A. J., Wilkins, K., Roy-Byrne, P. P., Golinelli, D., Chavira, D., Sherbourne, C., Rose, R. D., Bysritsky, A., Sullivan, G., Craske, M. G., & Stein, M. B. (2012). Abbreviated PTSD Checklist (PCL) as a Guide to Clinical Response. General Hospital Psychiatry, 34, 332-338.
- Lanius, R., Brand, B., Vermetten, E., & Spiegel, D. (2012). The dissociative subtype of posttraumatic stress disorder: Rationale, clinical and neurobiological evidence, and implementations. Depression and Anxiety, 29, 701-708. doi: 10.1002/da.21889.
- Mayo Clinic. (2010). How SSRI's work. Retrieved from <http://www.mayoclinic.org/diseases-conditions/depression/multimedia/antidepressants/vid-20084764>
- Mayo Clinic Staff. (2014). Generalized anxiety disorder: Lifestyle and home remedies. Retrieved from <http://www.mayoclinic.org/diseases-conditions/generalized-anxiety-disorder/basics/lifestyle-home-remedies/con-20024562>

References Continued...



- Mayo Clinic Staff. (2015). Diseases and conditions: Depression (major depressive disorder). Retrieved from <http://www.mayoclinic.org/diseases-conditions/depression/basics/definition/con-20032977>
- McDowell, A. K., Lineberry, T. W., & Bostwick, J. M. (2011). Practical Suicide-Risk Management for the Busy Primary Care Physician. Mayo Clinic Proceedings, 86(8), 792–800. <http://doi.org/10.4065/mcp.2011.0076>
- Mental Health America. (2015). Schizophrenia. Retrieved from <http://www.mentalhealthamerica.net/conditions/schizophrenia>
- Mental Health Guru Media, Inc. (2015). Symptoms of schizophrenia. Retrieved from <http://mental.healthguru.com/video/symptoms-of-schizophrenia>
- Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). Journal of the American Academy of Child & Adolescent Psychiatry, 49(10), 980-989.

References Continued...



- National Council for Behavioral Health. (2015). First episode psychosis: Early intervention treatments for psychosis. Retrieved from <http://www.thenationalcouncil.org/topics/first-episode-psychosis/>
- National Institute of Mental Health. (2016). Anxiety Disorders. Retrieved from <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>
- National Institute of Mental Health. (2016). Schizophrenia. Retrieved from <http://www.nimh.nih.gov/health/statistics/prevalence/schizophrenia.shtml>
- National Institute for Mental Health. (2009). Schizophrenia. Retrieved from <http://www.nimh.nih.gov/health/publications/schizophrenia/index.shtml>
- Nestler Laboratory at the Icahn School of Medicine at Mount Sinai. (n.d.) Brain reward pathways. Retrieved from <http://neuroscience.mssm.edu/nestler/brainRewardpathways.html>

References Continued...



- Norman, S. B., Campbell-Sills, L., Hitchcock, C. A., Sullivan, S., Rochlin, A., Wilkins, K. C., & Stein, M. B. (2011). Psychometrics of a brief measure of anxiety to detect severity and impairment: The Overall Anxiety Severity and Impairment Scale (OASIS). *Journal of Psychiatric Research*, 45(2), 262–268. <http://doi.org/10.1016/j.jpsychires.2010.06.011>
- Norman, S. B., Hami Cissell, S., Means-Christensen, A. J. and Stein, M. B. (2006). Development and validation of an Overall Anxiety Severity And Impairment Scale (OASIS). *Depression and Anxiety*, 23, 245–249. doi: 10.1002/da.20182
- Norris, F.H. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology*, 60, 409-418.
- Office of the Surgeon General, US & National Action Alliance for Suicide Prevention, US. (2012). 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the US Surgeon General and of the National Action Alliance for Suicide Prevention. Retrieved from http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf

References Continued...



- Pfizer, Inc. (2002-2016). Patient health questionnaire (PHQ) screeners. Retrieved from <http://www.phqscreeners.com/>
- Prins, A. O., Ouimette, P., Kimerling, P., Cameron, R., Hugelshofer, R. P., Shaw-Hegwer, D. S., & Sheikh, J. J. (2003). The primary care PTSD screen (PC-PTSD): Development and operating characteristics. *Primary Care Psychiatry*, 9(1), 9-14.
- SAMHSA. (n.d.). What is integrated care?. Retrieved from <http://www.integration.samhsa.gov/about-us/what-is-integrated-care>
- SAMHSA. (n.d.). Medication assisted treatment. Retrieved from <http://www.samhsa.gov/medication-assisted-treatment>
- SAMHSA. (n.d.). Treatment for substance use disorders. Retrieved from <http://www.samhsa.gov/treatment/substance-use-disorders>
- Scheeringa, M.S., Zeanah, C.H., & Cohen, J.A. (2011). PTSD in children and adolescents: Toward an empirically based algorithm. *Depression and Anxiety*, 28, 770-782. doi:10.1002/da20736.

References Continued...



- Seitz, D. P. (2005). Screening mnemonic for generalized anxiety disorder. *Canadian Family Physician*, 51(10), 1340–1342.
- Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4), 363–371.
- Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.
- University of Michigan Health System. (2011, August). Depression guideline update. Retrieved from <http://www.med.umich.edu/1info/FHP/practiceguides/depress/depress.pdf>
- Unützer, J., Harbin, H., Schoenbaum, M., & Druss, B. (2013). The collaborative care model: An approach for integrating physical and mental health care in Medicaid health homes. HEALTH HOME, Information Resource Center, 1-13. Retrieved from <https://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/HH-IRC-Collaborative-5-13.pdf>

References Continued...



- U.S. Department of Veterans Affairs/Department of Defense. (2010). VA/DoD clinical practice guideline for management of post-traumatic stress. Retrieved from http://www.healthquality.va.gov/ptsd-sum_2010a.pdf (PDF)
- Viron, M., Baggett, T., Hill, M., & Freudenreich, O. (2012). Schizophrenia for primary care providers: how to contribute to the care of a vulnerable patient population. *The American Journal of Medicine*, 125(3), 223-230.
- Wisner, K. L., Parry, B. L., Piontek, C. M. (2002). Postpartum depression. *New England Journal of Medicine*, 347(3), 194-199.
- Zivin, K., Kim, H.M., McCarthy, J.F., Austin, K.L., Hoggatt, K.J., Walters, H.M., Valstein, M. (2007). Suicide mortality among individuals receiving treatment for depression in the VA health system: Associations with patient and treatment setting characteristics. *American Journal of Public Health*, 97(12), 2193-2198.

Resources

