

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>)

(Pfizer, 2002-2016)

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

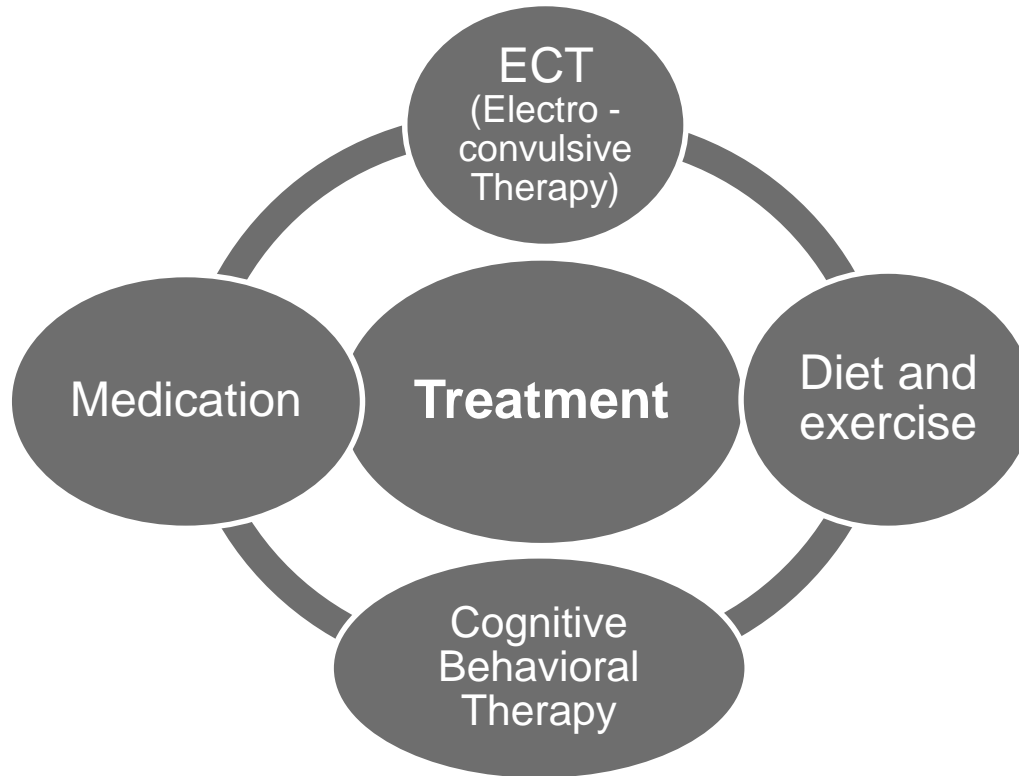
There are psychological treatments with proven effectiveness/evidenced-based practice

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

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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



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Resources

