



Document Owner Tricia Mayek, Director of Quality Innovation		Document Author Tricia Mayek, Director of Quality Innovation	Intended Users All Inclusa Colleagues, Members, & Providers
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Purpose

The purpose of this clinical practice guideline is to provide guidance for IDT staff, providers, and caregivers, to ensure a consistent proactive approach to assessing depression risk, education, and developing interventions. IDT staff will provide members and their informal and/or formal supports with prevention and wellness resources in the form of printed educational materials and can include this clinical practice guideline.

The guideline includes instruction to IDT staff as to when a depression screening should be completed and what to do after a screening is completed. Provides opportunities for early intervention and assists members in identify and improving overall mental health. Members will have the opportunity to be an active participant in helping identify personal risk of depression to support his/her overall outcomes.

Overview

Everyone at one time or another has felt depressed, sad, or blue. Being depressed is a normal reaction to loss, life’s struggles, or an injured self-esteem. But sometimes the feeling of sadness becomes intense, lasting for long periods of time and preventing a person from leading a normal life. Depression that has these characteristics is a treatable, medical condition. It is a medical problem, not a personal weakness. Major depression is an illness that requires professional diagnosis and treatment.

Depression is a serious medical illness that involves the brain. It's more than just a feeling of being "down in the dumps" or "blue" for a few days. For the more than 20 million people in the United States who have depression, the feelings do not go away. They persist and interfere with everyday life. Depression is one of the most common mental illnesses and a serious illness that needs treatment. A major depressive episode is characterized by a set of symptoms that last for more than two weeks and may last for months.

Depression is not a normal or necessary part of aging or disabilities but is a widespread problem that is often not diagnosed and frequently undertreated. Left untreated it can prevent our members from enjoying life and can take a heavy toll on their overall health. The very nature of depression can interfere with someone seeking help. Many older people will not admit to the signs or symptoms of depression for fear of a negative social stigma. Never assume that a loss of mental sharpness is just a normal sign of old age. Depression in the elderly can be confused with cognitive impairment, or Pseudodementia.



There are several forms of depression.

- **Major depression** involves severe symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person's lifetime, but more often a person has several episodes.
- **Dysthymic disorder, or dysthymia**, is characterized by depressive symptoms that last a long time (2 years or longer) but are less severe than those of major depression.
- **Minor depression** is similar to major depression and dysthymia, but symptoms are less severe and may not last as long.
- Women can also get [postpartum depression](#) after the birth of a baby.
- Some people get [seasonal affective disorder](#) in the winter.
- Depression is one part of [bipolar disorder](#).

Several factors, or a combination of factors, may contribute to depression.

- **Genetics** - people with a family history of depression may be more likely to develop it than those whose families do not have the illness.
- **Brain chemistry** - people with depression have different brain chemistry than those without the illness.
- **Stress** - loss of a loved one, a difficult relationship, or any stressful situation may trigger depression.

Depression affects different people in different ways.

- **Women** experience depression more often than men. Biological, life cycle, and hormonal factors that are unique to women may be linked to women's higher depression rate. Women with depression typically have symptoms of sadness, worthlessness, and guilt.
- **Men** with depression are more likely to be very tired, irritable, and sometimes even angry. They may lose interest in work or activities they once enjoyed and have sleep problems.
- **Older adults** with depression may have less obvious symptoms or they may be less likely to admit to feelings of sadness or grief. They also are more likely to have medical conditions like heart disease or stroke which may cause or contribute to depression. Certain medications also can have side effects that contribute to depression.

The [National Institute of Mental Health: Depression](#) website can be utilized for additional information.

Definitions

PHQ-9 - A Depression Screening Tool: a validated tool that is used to assess a member for possible issues related to depression. The validated tool selected by Inlusa is the PHQ-9 Depression Health Questionnaire. It is a self-assessment that will help determine if further professional assessment of depression is needed for an Inlusa member.

Resources

[Depression Education - Basics for Members](#)

[Depression Education - Managing Your Depression](#)

[Depression Education - Member Management Guide](#)

[Depression Self-Assessment Tool – PHQ-9](#)

[Depression Self-Care Action Plan Form](#)

[Member Safety and Risk Policy and Procedure](#)

Suicide Prevention Guideline (*coming soon*)

Assessment

Anticipating, recognizing and responding to assessed needs

IDT staff, providers and caregivers will maintain awareness that depression may present in a variety of ways with emotional, mental and physical symptoms. See the Assessment Tools and Frequency table below which outlines the required screening frequency for those with a depression diagnosis.

At times any member may present with certain behaviors that might indicate signs of depression that may require a depression screening or e screening, during contacts with members, staff are to be cognizant of appropriate responses. Below signs/symptoms are outlined along with supportive responses IDT staff can use when interacting with members.

Emotional Signs/Symptoms:

- Feelings of sadness for no reason
- Persistent sad, anxious, or empty mood
- Negative thoughts or self-criticism
- Expressing feelings of: helplessness, hopelessness, worthlessness, pessimism
- Guilt or anger
- Behavior (apathy, social withdrawal, or any significant change in behavior)
- Excessive crying
- Temper outbursts
- Unwillingness to leave their home

Mental Signs/Symptoms:

- Changes in thinking, problems in concentration and decision making
- Difficulty with short-term memory and forgetting things
- Irritability
- Restlessness
- Loss of interest (no longer enjoying normal activities and pleasurable activities or hobbies they have enjoyed in the past)
- Thoughts of death, suicide, or self-injury

Physical Signs/Symptoms:

- Fatigue and/or decreased energy

- Pain - Headaches, body aches, abdominal pain
- Decreased sexual activity
- Changes in sleep patterns:
 - trouble falling asleep
 - trouble staying asleep/insomnia
 - excessive sleepiness
 - trouble getting out of bed/oversleeping
- Appetite changes (excessive eating or loss of appetite)
- Weight changes (loss or gain)
- Digestive Disorders
- Changes in appearance or hygiene may be observed
- Isolation from friends and/or family
- Suicide attempts or previous self-injury

Situational Signs/Symptoms:

- Stressful life events (i.e. divorce, change in residence, loss of job)
- Significant loss (i.e. death of family member – human or animal)
- Traumatic life events (i.e. abuse, assault, accidents)

Supportive Responses:

- Be attentive to signs of depression
- Ask questions of the member to assess their level of depression.
- Point out to the member if they seem particularly defensive or irritable and ask them to talk about it.
- Point out positive attributes the member has and compliment them for their successes.
- Break down situations with the member they are trying to work through. Go in simple steps to make the task seem less overwhelming.
- Ask the member what interests or hobbies they have. Together figure out ways to get involved in these.
- Encourage member to talk with their doctor about sexual dysfunction and how medications may affect this. Member may wish to consult with a counselor and are encouraged to talk with their partner about their fears and concerns.
- Ask member about their sleeping patterns and how they would like to adjust it.
- Don't hesitate to ask the member if they are thinking about hurting themselves. It will not put ideas into their head. On the contrary, they may be relieved to know someone is willing to listen to them and has acknowledged there is a problem. Offer professional help (if trained utilize QRP skills) or call 911 if necessary to promote safety when serious threat of self-harm is evident.
- Redirect the member and explore strategies to help them focus that are consistent with the member's need.
- Ask the member about their sleeping patterns and how they would like to adjust it. Brainstorming ways to accomplish this.
- Talk to the member about their eating patterns and point out ways of altering their diet to make their eating habits healthier.
- Point out to the member they appear restless. Suggest it may be helpful to go for a walk and talk so the member burn off some of their restlessness.

- Advise the member to get a physical exam to rule out any physical conditions leading to depressive symptoms. Remain in consult with the primary physician regarding treatment options. Monitor the member closely for additional changes and reports these as needs to the physician.

Note: IDT will notify 911 if there is an immediate threat to safety. Immediate threat examples: member has plan for suicide, member has a means to follow through with plan. IDT staff have a legal and ethical responsibility of contacting law enforcement if threat is imminent.

Assessment Tools and Frequency

Tool:

The PHQ-9 Depression Health Questionnaire (*Depression Self-Assessment Tool – PHQ - 9*) is the tool utilized to complete the assessment. The tool is linked in the resources area of this document.

When to Screen:

Required Screening Frequency:

1. Upon enrollment with a diagnosis of Depression
2. A new diagnosis of Depression
3. Every 6 months for those with a diagnosis of Depression

IDT staff will use the above information to determine if the member needs further assessment-screening. The screening is also offered in the following circumstances:

4. A noted increase in depressive symptoms
5. Member requests, or
6. When the IDT Staff find it appropriate to further assess symptoms of depression

When Using the PHQ-9 Depression Health Questionnaire:

Introduce the Questionnaire: “Depression can be a very difficult thing for people to manage; but talking about it sometimes can help. Identifying what symptoms are most troublesome for you, as well as determining the severity of your Depression can help us understand what interventions might be helpful. By answering some questions about your Depression, we could both understand your depression better. Would you be willing to do this? I’d be happy to help you with the questions if you’d like.”

- **Member declines to participate:** the IDT staff will talk with the member about being referred to their primary physician for further follow up.
 - If they refuse to follow up with their physician for further evaluation of their depression and decline any interventions, the IDT staff will complete a Risk Assessment/Agreement Tool with the member.
- **Member is agreeable to participate:** the IDT staff will provide the member with a copy of the Questionnaire for them to complete. If the member needs assistance with the questionnaire, the IDT staff may assist the member in completing this.
 - **Documentation:** A copy of the completed questionnaire will be kept in the member record and the score will be noted in the Comprehensive Social Assessment: Section VII-Health (Mental/Behavioral Section).

Plan

Best Practice standards for prevention and management

Assessment/screening results are utilized to engage the member in conversation regarding potential depression or severity of depression. The conversation will lead to planning interventions which can be used to best meet the members need.

Follow up of Results & Member Refusal

Inform the member and /or legal decision maker of the screening results.

Assessment Results with a score of 15 or above:

- After discussion with and authorization by the member and/or legal decision maker the Inlusa CRC will make a referral for the member to see their primary care provider (if the member is not already being treated for their Depression by a health care provider) for further assessment and aid in coordinating the appointment if necessary.
 - With the referral a copy of the PHQ-9 Depression Health Questionnaire should be forwarded to the primary care provider.
- Consult with the Member Support Manager if the member and/or legal decision maker does not give authorization for a referral to the primary care provider.
- IDT Staff will review with the member the depression education material.
- IDT Staff will also review other potential interventions with the member from the options listed within the Intervention section below and implement as appropriate.
 - If interventions have been previously applied, assess effectiveness.
- Documentation: Document interventions and education in the Mental Health Domain.

Members scoring a 20 or above on the questionnaire and refusing interventions:

- IDT staff will complete a Risk Assessment and Risk Mitigation Tool (per *Member Safety and Risk Policy & Procedure*) with the member.

Member Follow-Up:

- Follow-up with the primary care and/or mental health provider should occur after any appointments for further assessment and any changes in medications, diagnosis or services should be noted in the MCP.
- If a new depression diagnosis is determined, team is to obtain written verification of diagnosis.
- Evaluate Effectiveness: IDT staff to follow up with member at next monthly contact after an intervention has been put in place or to re-offer interventions if the member had refused at time of assessment.
- Documentation of Follow-up: Document in case note the effectiveness of interventions, education provided, an/or risk reviewed. Any changes to the plan are to be documented in the Mental Health Domain.

Intervention

Guideline/process for IDT to use regarding negotiating incorporation of prevention and management plan with member into the MCP

Members with a Depression diagnosis or significant symptoms of Depression should have an associated LTC outcome on the MCP (for MATRIX users document in the mental health domain) related to management of signs and symptoms of depression. IDT staff will assist member to identify an outcome related to depression and provide effective behavior change interventions. Empowering the member as the change agent in his/her care makes them the central part of their care. Include on the MCP any interventions the member participates in. IDT staff and the member will work collaboratively with providers and/or caregivers to ensure they are knowledgeable about the plan the member has outlined regarding depression.

Teams seeking additional support or having a member who declined interventions, are encouraged to reach out to behavioral health staff within the Member support division by utilizing the mailbox BehavioralHealth@inclusa.org.

Interventions for Member who have Positive Results

- Contact Primary Care Provider and/or Psychologist/Psychiatrist (ROI required): The first step to getting the right treatment for depression is to visit a primary care physician (PCP) or mental health professional (MHP). PCP/MHP can do an exam and/or lab test to rule out other conditions that may have the same symptoms as depression. He or she can also tell if certain medications may be affecting mood. The PCP/MHP should get a complete history of symptoms, including when they started, how long they have lasted, and how bad they are; whether they have occurred before, and if so, how they were treated. He or she should also ask if there is a history of depression in the member's family.
- Referral to therapy/counseling: Psychotherapy helps by teaching new ways of thinking and behaving, and changing habits that may be contributing to the depression. Therapy can help a person understand and work through difficult relationships or situations that may be causing the depression or making it worse.
- Provide Educational materials (see in "Resources" section)
- Assist the member in creating a depression self-care action plan.
- Offer to schedule or attend appointment with member
- Participate in a self-help support group
- Distribute crisis phone numbers
- Provide list of websites to visit on depression at their leisure
- Provide list of NAMI meetings/Peer to Peer groups
- Set up an informal support to stay, call, and/or spend time with member
- Set up a scheduled time in the next 3 days to visit member again

- For many people with depression, a combination of oral medication and talk therapy, or psychotherapy, is ideally beneficial.
- Contact Card (a list of who to contact if member is in crisis due to depression or suicidal thoughts). The Contact Card should include:
 - List of informal supports and their contact information, that the member could call to talk to or ask to come stay with them.
 - County Crisis Line
 - National Crisis Line
 - Primary Care Physician
 - Mental Health Professional (psychiatrist, psychologist, counselor)
 - Local Depression or Mental Health support group
- Other identified interventions the team determines are appropriate

Following are some potential treatment options the member may utilize:

- **Medications:** Antidepressants can work well to treat depression but may take several weeks to begin having a noticeable effect. Antidepressants can have side effects including headache, nausea, difficulty sleeping or nervousness, agitation or restlessness, or sexual problems. Most side effects lessen over time. Members experiencing any side effects should talk to their primary care provider about them.
 - It's important to know that although antidepressants can be safe and effective for many people, they **may present serious risks to some**, especially children, teens, and young adults. A "black box"—the most serious type of warning that a prescription drug can have—has been added to the labels of antidepressant medications. These labels warn people that antidepressants may cause some people, especially those who become agitated when they first start taking the medication and before it begins to work, to have suicidal thoughts or make suicide attempts. Anyone taking antidepressants should be monitored closely, especially when they first start taking them. For most people, though, the risks of untreated depression far outweigh those of antidepressant medications when they are used under a doctor's careful supervision.
- **Electroconvulsive therapy (ECT)** is sometimes used for extremely severe depression that is very difficult to treat and does not respond to medication or therapy. Although ECT once had a bad reputation, it has greatly improved and can provide relief for people for whom other treatments have not worked. ECT may cause side effects such as confusion and memory loss. Although these effects are usually short-term, they can sometimes linger.
- **Eye Movement Desensitization and Reprocessing, or EMDR** is a treatment that uses a patient's own rapid, rhythmic eye movements to lessen the power of emotionally charged memories of past traumatic events.
- **Light Therapy** can be used as treatment for seasonal affective disorder, or SAD, also known as winter depression. This consists of a full-spectrum bright light that is shined directly at the person for several minutes each day.

- Other recommendations include: trying to spend some amount of time outside every day, even when it's very cloudy, as the effects of daylight are still beneficial.
- **Eat a well-balanced diet**, including sufficient amounts of vitamins and minerals as recommended by the FDA. This promotes a feeling of energy even if the body is craving starchy and sweet foods.
- **Exercising** for 30 minutes a day most days of the week and staying involved with a social circle and regular activities are also helpful.
- **Social support** is extremely important for those with mood disorders, especially during winter months.

Evaluation

Plan for quality assurance monitoring of guideline effectiveness.

Quality Improvement will monitor that the guideline is being utilized as identified in this document through periodic file review process and for effectiveness. Reviewers will audit records for documentation pertaining to implementation and ongoing utilization of depression practice guidelines according to established criteria.

A cycle will be identified for the review of this document along with tools and educational materials. This will ensure members are receiving the most current and accurate information.

References

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Revision History #	Date	Description of Revision(s)	Requested By	Staff Training Date
1	01/16/2018	Merged legacy documents for Includa.	Mayek	3/1/2018
2	7/24/2018	Updated tools and frequency.	Carla Lundeen	n/a
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