



## Behavioral Health Toolkit

Revised 1/15/2024

# Tool Kit Survey

To help us continuously improve our tool kits, education, and communication with providers, please take this short survey regarding the Behavioral Health Toolkit by scanning the QR code with your mobile device or visiting <https://forms.office.com/r/m6XCEWq9hY>



Thank you so much for your feedback!

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## Introduction Letter

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1/15/2024

Dear Providers:

Banner Plans & Networks continue to make strides in providing clinically relevant opportunities that impact the quality of care for our members. The Banner Plans and Networks Behavioral Health Clinical Strategy Committee has devised best practices and a toolkit, geared toward Primary Care Physicians to improve outcomes for patients with behavioral health issues.

Depression contributes to most adult primary care visits, often in the form of somatic symptoms, and is diagnosed and treated most frequently by PCPs<sup>1,2</sup>. However, up to half of all cases of depression remain undetected, and even those patients who are appropriately diagnosed frequently do not receive treatment in accordance with recommended guidelines<sup>3</sup>. Depression is a leading cause of disability. It interferes with treatment adherence and exacerbates the course of chronic diseases such as cardiovascular disease, diabetes, obesity, and immune disorders, resulting in poorer outcomes<sup>4</sup>. Depression frequently leads to physical inactivity, sleep disturbances, smoking, excessive alcohol consumption or other substance use, and poor nutrition, further compromising the physical health of patients.

**We encourage you to screen for depression using standardized tools such as the PHQ-2 and/or PHQ-9 at least annually. Screening for anxiety is recommended as well, using the GAD-7.**

The resources we've put together for you are based on Evidence Based Practice and the latest clinical guidelines.

### Toolkit Items:

- Best Practice for Adult Depression
- Best Practice for Adult Anxiety
- Best Practice for Older Adult Depression
- Best Practice for Pediatric Depression
- Best Practice for Pediatric Anxiety
- Screening Tools
- Behavioral Health Coding Guidelines
- Behavioral Health Billing Guidelines
- Resources for Providers & Patients

We hope these resources assist you in your practice. Thank you for your ongoing work to help Banner Plans and Networks make health care easier, so life can be better.

Sincerely,

Dr. Vicki Knight

Medical Director

Chairperson of Behavioral Health Clinical Strategy Committee  
Banner Plans & Networks

# Best Practices

## Best Practices for Adults with Depression

### Why Screen and Treat Adults with Depression?

Depression contributes to most adult primary care visits, often in the form of somatic symptoms, and is diagnosed and treated most frequently by PCPs<sup>1,2</sup>. However, up to half of all cases of depression remain undetected, and even those patients who are appropriately diagnosed frequently do not receive treatment in accordance with recommended guidelines<sup>3</sup>. Depression is a leading cause of disability. It interferes with treatment adherence and exacerbates the course of chronic diseases such as cardiovascular disease, diabetes, obesity, and immune disorders, resulting in poorer outcomes<sup>4</sup>. Depression frequently leads to physical inactivity, sleep disturbances, smoking, excessive alcohol consumption or other substance use, and poor nutrition, further compromising the physical health of patients.

### Risk Factors and Screening to Detect Depression in Adults:

Those with significant risks factors should be screened using appropriate tools below:

Adults	Geriatric	Pregnant & Postpartum
PHQ-9	Geriatric Depression Scale	Edinburgh Postpartum Depression Scale
Female gender At risk age range (18-29) Undereducated Previously married Unemployed Chronic Illnesses Hx of Depression or Substance Use Family Hx of depression Family Hx of psychiatric disorders	Disability Poor physical health status Complicated grief Chronic sleep disturbances Loneliness Hx of depression	Poor self-esteem Child care stressors Prenatal anxiety Life stress Decreased social support Single/unpartnered relationship status Difficult infant temperament Hx of postpartum depression or depression Lower Socioeconomic status Unintended pregnancy

**All Adults ages 18 and over should be screened annually using the PHQ-2 or PHQ-9**

### How Often to Screen?

- Annually – if no significant risk factors or previous positive screening
- Quarterly – after initial positive screening
- Following reports of depressive symptoms, change in risk factors or significant life events
- In accordance with clinical judgement

### Evaluation and Diagnosis of Depressive Disorders:

#### DSM-5-TR Criteria for Major Depressive Disorder (MDD)

- Five or more of the following symptoms during the same 2-week period, occurring most of the days, nearly every day.

Criteria for Major Depressive Disorder (MDD)	
Depressed Mood (Subjective or Observed)	Psychomotor Agitation or Retardation
Loss of Interest/Pleasure in Activities	Fatigue or Loss of Energy
Significant Unintentional Weight Loss or Gain	Feelings of Worthlessness or Excessive Guilt
Decrease or Increase in Appetite	Decreased Concentration
Insomnia or Hypersomnia	Recurrent Thoughts of Death/Suicide

*These guidelines serve to assist in the management, documentation, and coding of clinical diagnoses. The intent of this document is to supplement, but not replace, the provider's clinical judgement.*

**DSM-5-TR Criteria for Major Depressive Disorder (MDD) – Continued**

- Symptoms must represent a change from a previous level of functioning.
- Symptoms must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Episode must not be attributable to the physiological effects of a substance or another medical condition.
- Episode is not better explained by a schizophrenia spectrum diagnosis.
- No history of manic or hypomanic episodes.

**Depression Treatment Guidelines:**

Nonpharmaceutical Treatment Interventions for Depression		
Psychotherapy	Other	
<ul style="list-style-type: none"> <li>• Behavioral Therapy</li> <li>• Cognitive Behavioral Therapy (CBT)</li> <li>• Interpersonal Therapy</li> <li>• Psychodynamic Therapy</li> <li>• Supportive Therapy</li> <li>• Mindfulness</li> </ul>	<ul style="list-style-type: none"> <li>• Electroconvulsive Therapy (ECT)</li> <li>• Transcranial Magnetic Stimulation (TMS)</li> <li>• Exercise</li> <li>• Sleep</li> <li>• Nutrition</li> </ul>	
Pharmaceutical Treatment for Depression	Starting Dose	Usual Dose
<b>SSRI's (Selective Serotonin Reuptake Inhibitors)</b>		
Citalopram (Celexa)	20 mg	20-60 mg
Escitalopram (Lexapro)	10 mg	10-20 mg
Fluoxetine (Prozac)	20 mg	20-60 mg
Paroxetine (Paxil)	20 mg	20-60 mg
Paroxetine, extended release (Paxil CR)	12.5 mg	25-75 mg
Sertraline (Zoloft)	50 mg	50-200 mg
<b>DNRI's (Dopamine Norepinephrine Reuptake Inhibitors)</b>		
Bupropion, immediate release (Wellbutrin)	150 mg	300-450 mg
Bupropion, sustained release (Wellbutrin SR)	150 mg	300-450 mg
Bupropion, extended release (Wellbutrin XL)	150 mg	300-450 mg
<b>SNRI's (Serotonin Norepinephrine Reuptake Inhibitors)</b>		
Venlafaxine, immediate release (Effexor)	37.5 mg	75-375 mg
Venlafaxine, extended release (Effexor XR)	37.5 mg	75-375 mg
Desvenlafaxine (Pristiq)	50 mg	50 mg
Duloxetine (Cymbalta)	60 mg	120 mg
<b>Norepinephrine-Serotonin Modulator</b>		
Mirtazepine (Remeron)	15 mg	15-45 mg
<b>TCA's (Tricyclic Antidepressants)</b>		
Amitriptyline (Elavil)	25-50 mg	100-300 mg
Doxepin (Sinequan, Silenor)	25-50 mg	100-300 mg
Imipramine (Tofranil)	25-50 mg	100-300 mg
Nortriptyline (Pamelor)	25 mg	50-200 mg
<b>MAOI's (Monoamine Oxidase Inhibitors)</b>		
Phenelzine (Nardil)	15 mg	45-90 mg
Tranlycypromine (Parnate)	10 mg	30-60 mg
Isocarboxazid (Marplan)	10-20 mg	30-60 mg

**Indications for Referral to Psychiatric Providers:**

Indications for Specialty Referral	
Patient Preference for Therapy Before Medication	Lack of Response to Trials of Multiple Medications
Suicidality or History of Suicide Attempts	Concerns for Mania or Psychotic Features
Complex Clinical Presentation	Diagnostic Uncertainty
Chronic and Recurrent Depression	Co-occurring Mental Health & Substance Use
History of Significant Trauma	Co-occurring Mental Health & Personality Disorders

## Best Practices for Adults with Anxiety

### Why Screen and Treat Adults with Anxiety?

Anxiety is the most common psychiatric disorder in the United States, affecting up to one-third of individuals at some time in their lives. Women more commonly are affected than men. Although anxiety is a frequent cause of significant functional impairment in adults, only about 10% of patients with anxiety disorders receive treatment within one year of onset, and fewer than 40% receive any treatment at all for the disorder<sup>6</sup>. Patients are most likely to present initially to a primary care provider with a variety of somatic complaints (such as heart palpitations, an increased heart rate, shortness of breath, chest tightness, feelings of fatigue, headache, GI disturbances, sensations of numbness or tingling, dizziness, difficulty sleeping or muscle weakness), rather than explicit emotional or behavioral health concerns. Up to 60-75% of individuals with depression have a comorbid anxiety disorder.

### Common Types of Anxiety Disorders:

**Generalized Anxiety Disorder:** An excessive, persistent, and unrealistic worry about everyday life events, often accompanied by physical symptoms, that produces a constant feeling of being overwhelmed.

**Social Anxiety Disorder:** Fear of situations in which an individual may be scrutinized, evaluated, or judged by others.

**Panic Disorder:** Characterized by sudden episodes of intense fear that trigger severe physical reactions when there is no real danger or apparent cause.

**Post-Traumatic Stress Disorder:** A condition in which a traumatic event is persistently re-experienced in the form of intrusive recollections, dreams or dissociative flashback episodes.

**Obsessive-Compulsive Disorder:** Characterized by repeated, persistent, and unwanted thoughts, urges or images that are intrusive and cause distress, accompanied by repetitive, ritualistic behaviors that follow specific rules and patterns to help diminish the feelings of distress.

**Phobias:** Uncontrollable, irrational, and persistent fears of specific objects, situations, or activities.

### Risk Factors and Screening to Detect Anxiety in Adults:

Those with significant risks factors should be screened using appropriate tools:

Risk Factors	
Female gender	Early parental loss
Family history of anxiety/depression	Childhood trauma or sexual abuse
History of self-harm by age 16	Substance Use Disorder before age 21
Stressful environment (home, work, school)	Limited education
Low self esteem	Loneliness
Chronic medical conditions	Socioeconomic & cultural factors
Personality traits such as: introversion, overthinking, perfectionism, resistance to change, empathy	

### How Often to Screen?

- Annually – if no significant risk factors or previous positive screening
- Quarterly – after initial positive screening
- Following reports of anxiety symptoms, change in risk or significant life events
- In accordance with clinical judgement

### Tools for Screening:

Generalized Anxiety Disorder 2-item or 7-item – GAD 2 or GAD-7

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## Evaluation and Diagnosis of Anxiety:

### DSM-5-TR Criteria for Generalized Anxiety Disorder (GAD)

Excessive anxiety and worry about numerous events or activities that are difficult to control and occur more days than not for at least 6 months, accompanied by at least 3 of the 6 symptoms:

Criteria for Generalized Anxiety Disorder	
Restlessness	Being easily fatigued
Difficulty concentrating	Irritability
Muscle tension	Sleep disturbances

- Symptoms must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The patient’s clinical presentation is not better explained by another mental health disorder, the physiological effects of a substance, or another medical condition.

## Anxiety Treatment Guidelines:

### Nonpharmaceutical Treatment Interventions for Anxiety

- |                                                                                                                                                                                             |                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Education, resources &amp; monitoring</li> <li>• Cognitive Behavioral Therapy (CBT)</li> <li>• Self-help &amp; psychoeducational groups</li> </ul> | <ul style="list-style-type: none"> <li>• Relaxation therapy &amp; techniques</li> <li>• Exercise</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

Pharmaceutical Treatment for Anxiety	Starting Dose	Usual Dose
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<b>SSRI’s (Selective Serotonin Reuptake Inhibitors)</b>			
Citalopram (Celexa)	20 mg	20-60 mg	
Escitalopram (Lexapro)	10 mg	10-20 mg	
Fluoxetine (Prozac)	20 mg	20-60 mg	
Paroxetine (Paxil)	20 mg	20-60 mg	
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Sertraline (Zoloft)	50 mg	50-200 mg	
<b>SNRI’s (Serotonin Norepinephrine Reuptake Inhibitors)</b>			
Venlafaxine, immediate release (Effexor)	37.5 mg	75-375 mg	
Venlafaxine, extended release (Effexor XR)	37.5 mg	75-375 mg	
Desvenlafaxine (Pristiq)	50 mg	50 mg	
Duloxetine (Cymbalta)	60 mg	120 mg	
<b>Azapirones</b>	Bupirone (Buspar)	7.5 mg BID	20-30 mg QD Daily Max 60 mg
<b>Antihistamines</b>	Hydroxyzine (Vistaril, Atarax)	50-100 mg up to 4 times daily	
	Diphenhydramine (Benadryl)	25-50 mg up to 4-6 times daily	
<b>Gabapentinoids</b>	Pregabalin (Lyrica)	50 mg TID or 75 mg BID	450 mg daily Daily Max 600 mg
	Gabapentin (Neurontin)	300 mg QD	600-1800 mg Daily Max 3600 mg
<b>Benzodiazepines</b>	<i>*Short term use only (2 weeks), avoid in patients with history of substance use disorders, scheduled doses (not PRN), use agents with longer half-lives)</i>		
Long Acting -	Clonazepam (Klonopin)	0.5-1 mg BID or TID	Daily Max 20 mg
	Diazepam (Valium)	2-10 mg BID to QID	Daily Max 40 mg
Short Acting -	Lorazepam (Ativan)	0.5-1 mg TID or QID	Daily Max 10 mg
	Alprazolam (Xanax)	0.25-0.5 mg BID/TID	Daily Max 4 mg

## Indications for Referral to Psychiatric Providers:

### Indications for Specialty Referral

Patient Preference for Therapy Before Medication	Lack of Response to Trials of Multiple Medications
Severe impairment in daily functioning	Co-occurring Mental Health & Substance Use
Complex Clinical Presentation	Diagnostic Uncertainty

## Best Practices for Older Adults with Depression

### Why Screen and Treat Older Adults with Depression?

Up to 80% of older adults who are treated for mental health disorders receive care for these conditions from primary care providers<sup>5</sup>. Unfortunately, depression in the elderly is often considered a normal part of the aging process. Depressive disorders therefore are under-recognized, under-diagnosed, and under-treated in this population. Current evidence indicates that older adults are at increased risk for experiencing depression. However, elderly patients with depression tend to report more somatic and cognitive symptoms than affective symptoms. In addition, features of medical comorbidities frequently are present that may complicate the patient's diagnosis and presentation, such as fatigue, weight loss, and insomnia. Depression in older adults is known to be associated with significant negative consequences, including poor quality of life, difficulties with activities of daily living, physical comorbidities, premature mortality, and cognitive impairment. Some of these symptoms are not included in the DSM 5-TR criteria for Major Depressive Disorder but may be categorized as Other Specified Depressive Disorders—Depressive Episode with Insufficient Symptoms or simply Unspecified Depressive Disorder. Depression is a significant predictor of suicide in the elderly, particularly among white males aged 85 and older, who have a suicide rate that is six times higher than the general population<sup>7</sup>.

### Risk Factors and Screening to Detect Depression in Older Adults:

Risk Factors for Depression in Older Adults	
Chronic Medical Conditions	Chronic Stress
Social isolation and Loneliness	Cognitive Impairment
Bereavement	Functional Limitations/Difficulty Performing ADLs
Sleep Problems	Prior History or Family History of Depression
Lack of Exercise or Physical Activity	Substance Use

Those with significant risks factors should be screened using tools below:

Screening Tools		
PHQ-2	PHQ-9	Geriatric Depression Scale

### How Often to Screen?

- Annually – if no significant risk factors or previous positive screening
- Quarterly – after initial positive screening
- Following reports of depressive symptoms, change in risk factors or significant life events
- In accordance with clinical judgement

## Evaluation and Diagnosis of Depressive Disorders:

Diagnostic criteria for depression is the same in adults of any age. However, symptoms more commonly present in older adults include:

Diagnostic Criteria for Depression	
Fatigue/feeling tired/lack of energy	Lack of pleasure/enjoyment in usual activities
Difficulty sleeping	Psychomotor retardation
Irritability	Change in weight or appetite
Confusion	Frequent/persistent aches and pains
Difficulty paying attention	Suicidal ideation
Feelings of hopelessness, worthlessness, and guilt	

## Physiological Factors, Risks, and Medication Considerations:

Physiological Factors/Conditions Associated with Depression in Older Adults:	
• Inflammation/autoimmune disorders	• Cancer/malignancy (particularly pancreatic)
• Cardiovascular/Cerebrovascular disease	• Viral infections
• Neurodegeneration	• Metabolic disorders/nutritional deficiencies
• Endocrine disorders	
Risks Associated with Antidepressant Use in Older Adults:	
• Falls	• Anticholinergic effects
• Osteoporosis/fractures	• Extrapyrmidal symptoms
• Orthostatic hypotension	• Medication interactions/polypharmacy
• Sedation	• Cardiac effects
Medication Considerations:	
• Lower initial doses	• TCAs generally not recommended
• SSRIs preferred over SNRIs as first line treatment	• Consider medications with prior response

## Indications for Referral to Psychiatric Providers:

Indications for Specialty Referral	
Suicidal ideation	Lack of Response
Psychosis	Diagnostic complexity/uncertainty
Unable to tolerate initial medications	Possible need for ECT to induce rapid response

*These guidelines serve to assist in the management, documentation, and coding of clinical diagnoses. The intent of this document is to supplement, but not replace, the provider's clinical judgement.*

## Best Practice for Children or Adolescents with Depression

### Why Screen and Treat Children or Adolescents with Depression?

Why is screening so important? Depression is a serious mental health concern. Children and adolescents with depression have a much higher chance of having depression as adults and carry a higher risk of suicide. Treatment of depression in children and adolescents can improve physical and emotional health, leading to healthy and productive lives<sup>9</sup>.

### Screening to Detect Depression in Adolescents and Children:

Who and When to Screen:		
Age Range	Frequency of Screening	Screening Tools
12 Years and Older	Annually	PHQ-2 - Prior to office visit PHQ-A or PHQ-9 - During office visit
11 Years and Younger	When depression suspected	Short Mood & Feeling Questionnaire (SMFQ) prior to office visit Long Mood & Feelings Questionnaire (LMFQ) during office visit
<b>Risk Factors for MDD:</b> Females, older age, family history of depression, prior history of depression, comorbid mental health or behavioral problems, chronic medical illness, obesity, ACEs, uncertainty about sexual orientation, low socioeconomic status, poor academic performance.		

### Evaluation and Diagnosis of Depressive Disorders:

#### DSM 5 TR Criteria for Major Depressive Disorder (MDD)

- Discreet episode of at least 2 weeks – of a clear change in mood for the worse (sadness/irritability) and at least 5 of the below criteria must be present for most of the day, nearly every day and must result in significant distress or functional impairment for the child.

Criteria for Major Depressive Disorder (MDD)	
Depressed Mood (Subjective or Observed)	Psychomotor Agitation or Retardation
Loss of Interest/Pleasure in Activities	Fatigue or Loss of Energy
Significant Unintentional Weight Loss or Gain	Feelings of Worthlessness or Excessive Guilt
Decrease or Increase in Appetite	Decreased Concentration
Insomnia or Hypersomnia	Recurrent Thoughts of Death/Suicide

#### DSM 5 TR Criteria for Persistent Depressive Disorder

- Chronic form of Depression lasting > 1 year
- Symptoms occurring on most days
- Symptoms are similar to MDD, however less severe and less pervasive

#### DSM 5 TR Criteria for Disruptive Mood Dysregulation Disorder

- Symptoms must be recurrent and present for at least 12 months with no longer than 3 months symptom free
- Persistent irritable or angry mood most days of the week and in at least 2 settings
- Severe temper outbursts (behavioral/verbal) at least 3 times a week that are not in line with the situation or the child’s developmental level
- Resulting in significant distress or functional impairment for the child
- Child must be ≥ 6 years old. Symptoms are usually present by age of 10

**Rule out/Differentials to be considered:**

Medical Conditions	Medications	Substances/Toxins	Other Mental Health Conditions
<ul style="list-style-type: none"> <li>• Hypothyroidism</li> <li>• Mononucleosis</li> <li>• Anemia</li> <li>• Autoimmune Diseases</li> <li>• Chronic Fatigue Syndrome</li> <li>• Migraines</li> <li>• Epilepsy</li> <li>• Asthma</li> <li>• Inflammatory Bowel Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Narcotic Analgesics</li> <li>• Chemotherapy Agents</li> <li>• Cardiovascular Medications</li> <li>• Stimulants</li> <li>• Corticosteroids</li> <li>• Immunosuppressants</li> <li>• Oral Contraceptives</li> </ul>	<ul style="list-style-type: none"> <li>• Nicotine</li> <li>• Alcohol</li> <li>• Cannabis</li> <li>• Opiates</li> <li>• Cocaine</li> <li>• Other Stimulants</li> <li>• Sedatives</li> <li>• Anabolic Steroids</li> <li>• Carbon Monoxide</li> </ul>	<ul style="list-style-type: none"> <li>• ADHD</li> <li>• Disruptive Behavior Disorders</li> <li>• Anxiety</li> <li>• PTSD</li> <li>• Bipolar Depression</li> <li>• Psychotic Disorders</li> <li>• Autism Spectrum Disorder</li> <li>• Learning Disorders</li> </ul>

**Depression Treatment Guidelines:**

*Nonpharmaceutical Treatment Interventions for Depression:*

Psychotherapy		Integrative Approaches
Older Children/Adolescents:	Younger Children:	
<b>Individual Psychotherapy</b> <ul style="list-style-type: none"> <li>• CBT (Gold Standard)</li> <li>• Interpersonal Therapy</li> <li>• Modified CBT</li> <li>• Psychoanalytic</li> </ul> + many other options	<b>Individual Psychotherapy</b> <ul style="list-style-type: none"> <li>• CBT (Gold Standard)</li> <li>• Interpersonal Therapy</li> <li>• Play Therapy</li> </ul> <b>Family Therapy</b> <ul style="list-style-type: none"> <li>• Attachment Based</li> <li>• Parent-Child Interaction Therapy</li> </ul> <b>Group Therapy</b>	<b>Somatic Therapies</b> <ul style="list-style-type: none"> <li>• Biofeedback/Integrative Physical Therapy</li> <li>• Somatic Experiencing</li> </ul> <b>Supplementation</b> <ul style="list-style-type: none"> <li>• Omega-3 (Fish Oil), St. John's Wort, Many Others</li> </ul> <b>Other</b> <ul style="list-style-type: none"> <li>• Electroconvulsive Therapy</li> <li>• Transcranial Magnetic Stimulation</li> <li>• Sleep Hygiene</li> <li>• Nutrition</li> </ul>

*Pharmaceutical Treatment Interventions for Depression:*

SSRIs	SNRIs	MAOs/TCAs	Miscellaneous
Fluoxetine (FDA approved 8+) Escitalopram (FDA approved 12+) Citalopram Sertraline Paroxetine Fluvoxamine Vilazodone	Venlafaxine Venlafaxine XR Desvenlafaxine Duloxetine	<b>Monoamine Oxidase Inhibitors</b> Phenelzine Tranylcypromine Isocarboxazid <b>Tricyclic Antidepressants</b> Amitriptyline Doxepin Imipramine Nortriptyline	<b>Dopamine Norepinephrine Reuptake Inhibitors</b> Bupropion, Bupropion XR or SR <b>Norepinephrine-Serotonin Modulator</b> Mirtazepine <b>Serotonin Antagonist Reuptake Inhibitors</b> Trazodone

**Indications for referral to Psychiatric Providers:**

Indications for Specialty Referral	
Suicidality or History of Suicide Attempts	Concerns for Mania
Moderate to Severe Depression	Diagnostic Uncertainty
Chronic and Recurrent Depression	Co-occurring Mental Health & Substance Use
MDD with Psychotic Features	Co-occurring Mental Health & Personality Disorders

*These guidelines serve to assist in the management, documentation, and coding of clinical diagnoses. The intent of this document is to supplement, but not replace, the provider's clinical judgement.*

## Best Practice for Children or Adolescents with Anxiety

### Why Screen and Treat Children or Adolescents with Anxiety?

Why is screening so important? Anxiety is a common mental health concern. Per the National Institutes of Mental Health estimation, 25% of youth ages 13-18 years old experience an anxiety disorder, with almost 6% of these youth experiencing severe anxiety. Treatment of anxiety in children and adolescents can improve physical and emotional health, leading to healthy and productive lives<sup>8</sup>.

### Screening to Detect Anxiety in Adolescents and Children:

- USPSTF recommends screening for anxiety disorders in children and adolescents 8+ years.
- Screening occurs based on either parent or child self-reports symptoms OR based on practitioner observations/clinical history.

Screening Tools	
<ul style="list-style-type: none"> <li>• Screen for Child Anxiety Related Disorders (SCARED)</li> <li>• Spence Children’s Anxiety Scale (SCAS) and Preschool Anxiety Scales</li> <li>• Generalized Anxiety Disorder – 7 (GAD-7)</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety Pediatric Symptom Checklist</li> <li>• Strengths and Difficulties Questionnaire</li> <li>• American Psychiatric Association’s Cross-Cutting Symptom Measures</li> </ul>
<b>Risk Factors for Anxiety Disorders in Children and Adolescents:</b> Family history of anxiety disorders, exposure to violence/trauma, ACES, low socioeconomic status, social support, comorbid mental health, or behavioral concerns, etc.	

### Evaluation and Diagnosis of Anxiety Disorders:

There are 11 defined anxiety disorders in the DSM 5 TR. All the disorders cause clinically significant distress or impaired functioning for the individual. Some of the more common ones are:

DSM 5 Diagnosis	Symptoms	Time Duration
Generalized Anxiety Disorder	<ul style="list-style-type: none"> <li>• Excessive anxiety or worry about events/activities</li> <li>• <b>1 or more of the following:</b> Restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance</li> </ul>	<ul style="list-style-type: none"> <li>• Occurring more days than not for at least 6 months</li> </ul>
Panic Disorder	<ul style="list-style-type: none"> <li>• Recurrent, unexpected panic attacks</li> <li>• 1 or more attacks followed by maladaptive behavior changes or worry related to panic attacks</li> <li>• Intense fear or discomfort peaking within minutes with <b>4 or more of the following:</b> Palpitations, sweating, trembling, shortness of breath, choking, chest pain, nausea, feeling faint or dizzy, chills and/or hot flashes, paresthesia, derealization/depersonalization, fear of losing control/dying</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 month of persistent worry or maladaptive behavior changes related to panic attacks</li> </ul>
Social Anxiety Disorder	<ul style="list-style-type: none"> <li>• Excessive anxiety or worry about events/activities</li> <li>• <b>1 or more of the following:</b> Restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent, lasting for at least 6 months</li> </ul>
Separation Anxiety Disorder	<ul style="list-style-type: none"> <li>• Developmentally inappropriate anxiety/fear of separation from attachment figure</li> <li>• <b>3 or more of the following:</b> Recurrent excessive distress when anticipating or experiencing separation; persistent and excessive worry about loss and harm; persistent and excessive worry about an event causing separation; persistent reluctance or refusal to go out because of separation fear; persistent and excessive fear or reluctance to be alone or without attachment figure; persistent reluctance or refusal to sleep away from home or be away from attachment figure; repeated separation nightmares; repeated complaints of physical symptoms when separation occurs or is anticipated</li> </ul>	<ul style="list-style-type: none"> <li>• Lasting at least 4 weeks</li> </ul>



**Rule out/Differentials to be considered:**

Medical Conditions	Medications	Substances/toxins	Mental Health Disorders
<ul style="list-style-type: none"> <li>• Hyperthyroidism</li> <li>• Caffeinism</li> <li>• Migraines</li> <li>• Asthma</li> <li>• Diabetes</li> <li>• Chronic pain/illness</li> <li>• Hypoglycemic episodes</li> <li>• Hypoxia</li> <li>• Pheochromocytoma</li> <li>• Central Nervous Systems Disorders</li> <li>• Cardiac arrhythmias</li> <li>• Cardiac valvular disease</li> <li>• Systemic lupus erythematosus</li> <li>• Allergic reactions</li> <li>• Dysmenorrhea</li> </ul>	<ul style="list-style-type: none"> <li>• Bronchodilators</li> <li>• Nasal decongestants and other sympathomimetics</li> <li>• Antihistamines</li> <li>• Steroids</li> <li>• Dietary supplements</li> <li>• Antidepressants</li> <li>• Antipsychotics</li> <li>• Stimulants</li> <li>• Withdrawal from benzodiazepines (esp. short-acting)</li> </ul>	<ul style="list-style-type: none"> <li>• Cannabis</li> <li>• Cocaine</li> <li>• Anabolic Steroids</li> <li>• Hallucinogens</li> <li>• Phencyclidine</li> <li>• Withdrawal from nicotine, alcohol, or caffeine</li> <li>• Exposure to organophosphates</li> <li>• Ingestion of metals (lead, arsenic, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• ADHD</li> <li>• Obsessive-Compulsive disorder</li> <li>• Psychotic disorder</li> <li>• Autism Spectrum disorder</li> <li>• Learning disorders</li> </ul>

**Anxiety Treatment Guidelines:**

*Nonpharmaceutical Treatment Interventions for Anxiety:*

Psychotherapy		Integrative Approaches
Older Children/Adolescents:	Younger Children:	
<b>Individual Psychotherapy</b> <ul style="list-style-type: none"> <li>• CBT (Gold Standard)</li> <li>• Interpersonal Therapy</li> <li>• Modified CBT</li> <li>• Psychoanalytic</li> </ul> + many other options	<b>Individual Psychotherapy</b> <ul style="list-style-type: none"> <li>• CBT (Gold Standard)</li> <li>• Interpersonal Therapy</li> <li>• Play Therapy</li> </ul> <b>Family Therapy</b> <ul style="list-style-type: none"> <li>• Attachment Based</li> <li>• Parent-Child Interaction Therapy</li> </ul> <b>Group Therapy</b>	<b>Somatic Therapies</b> <ul style="list-style-type: none"> <li>• Biofeedback/Integrative Physical Therapy</li> <li>• Somatic Experiencing</li> </ul> <b>Supplementation</b> <ul style="list-style-type: none"> <li>• Omega-3 (Fish Oil), St. John's Wort, Many Others</li> </ul> <b>Other</b> <ul style="list-style-type: none"> <li>• Electroconvulsive Therapy</li> <li>• Transcranial Magnetic Stimulation</li> <li>• Sleep Hygiene</li> <li>• Nutrition</li> </ul>

*Pharmaceutical Treatment Interventions for Anxiety:*

SSRIs	SNRIs	Miscellaneous	
Fluoxetine    Escitalopram Citalopram    Sertraline Paroxetine    Fluvoxamine Vilazodone	Venlafaxine Venlafaxine XR Desvenlafaxine Duloxetine ( <b>FDA approved 7+</b> )	<b>Unknown Mechanism of action</b> Buspirone Hydroxyzine <b>Benzodiazepines</b> Alprazolam    Lorazepam Diazepam        Clonazepam	<b>Antihistamines</b> Diphenhydramine  <b>Beta blockers</b> Propranolol

**Indications for Specialty Referral**

Suicidality or History of Suicide Attempts	Moderate to Severe Symptoms
Chronic or Recurrent Symptoms	Diagnostic Uncertainty
Co-occurring Mental Health and Personality Disorders	Co-occurring Mental Health and Substance Use Disorders

*These guidelines serve to assist in the management, documentation, and coding of clinical diagnoses. The intent of this document is to supplement, but not replace, the provider's clinical judgement.*

# Tip Sheets



## Depression & Anxiety Screening Tips

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### Best Practices:

- All patients should be screened for depression at least annually.
- For pre-appointment screening, please use the PHQ-2.
- The PHQ-9 questions regarding suicidality need to be reviewed and acted upon by the provider, so distributing in advance is not advised.
- Printable copies of screening tests in multiple languages are available for download from <https://www.phqscreeners.com/select-screener>
- Laminate copies of the screening tools for patients to complete with wipe-off marker while in the exam area waiting for their provider.
  - After the patient has completed the questionnaire on the laminated screening tool the laminated tool should be scored and inputted into the patient's chart prior to cleaning for the next patient's use.
- Have a tablet with screening tools for patient to use.
- As with all tools, clinical judgement should be used when interpreting results.

## PHQ-9 Interpretation, Treatment & Determining Remission

PHQ-9 total score	Depression Severity	Actions
0-4	None or minimal depression	<ul style="list-style-type: none"> <li>Treatment typically is not needed.</li> </ul>
5-9	Mild depression	<ul style="list-style-type: none"> <li>Monitor and repeat PHQ-9 in 6-12 months, or sooner if clinically indicated.</li> <li>Consider possible treatment based on duration and severity of symptoms, as well as patient preferences.</li> </ul>
10-14	Moderate depression	<ul style="list-style-type: none"> <li>Repeat PHQ-9 in 4-6 weeks to assess symptom progression and/or response to treatment.</li> <li>Consider counseling referral and possible medication treatment based on severity and duration of symptoms, as well as patient preferences.</li> <li>Symptoms that are present for 2 years or more constitute chronic depression, consider pharmacotherapy.</li> <li>Active treatment is indicated if symptoms have been present for more than one month and are associated with significant functional impairment.</li> </ul>
15-19	Moderately severe depression	<ul style="list-style-type: none"> <li>Repeat PHQ-9 in 4-6 weeks to assess treatment response.</li> <li>Treatment generally is indicated with medication, therapy, or both.</li> </ul>
20-27	Severe depression	<ul style="list-style-type: none"> <li>Repeat PHQ-9 within 4-6 weeks, or sooner if clinically indicated, to assess treatment response.</li> <li>Prompt initiation of pharmacotherapy is indicated.</li> <li>Consider expedited referral to mental health specialists for psychotherapy and collaborative medical management.</li> </ul>

### PHQ-9 Scoring After 4-6 Weeks of Treatment with an Antidepressant at an Adequate Dose

PHQ 9 Change	Action
Drop of 5 points or more OR 50% Reduction in Score	<ul style="list-style-type: none"> <li>Adequate response. No treatment changes needed.</li> <li>Follow up in 4-6 weeks.</li> </ul>
Drop of 2-4 points	<ul style="list-style-type: none"> <li>Likely inadequate response.</li> <li>Consider increase in antidepressant dose.</li> <li>Follow up in 4-6 weeks.</li> </ul>
Drop of 0-1 points or increased score	<ul style="list-style-type: none"> <li>Increase dose, add an augmenting agent, or switch to an alternative antidepressant.</li> <li>Consider counseling, if not already in place.</li> <li>Consider psychiatric consultation.</li> <li>Follow up in 4-6 weeks.</li> </ul>

### Evaluating Treatment Response

Follow Up PHQ 9 Score	Action
Drop of 5 or more points after 3 months of treatment	<ul style="list-style-type: none"> <li>Clinically Significant Response</li> <li>Continue to monitor every 6 months or as clinically indicated</li> </ul>
Score of 6-10	<ul style="list-style-type: none"> <li>Partial remission</li> <li>Continue to monitor every 6 months or as clinically indicated</li> </ul>
Score of 1-5	<ul style="list-style-type: none"> <li>Remission</li> <li>Continue to monitor every 6-12 months or as clinically indicated</li> </ul>

See Behavioral Health Toolkit Main Document for References and Additional Resources

## Behavioral Health Coding

### Documentation tips

Include the episode, severity (mild, moderate, or severe; with or without psychotic features) and/or the remission status of current episode.

- Single episode: A person can have only one single depressive episode during their lifetime.
- Recurrent episode: An episode is considered recurrent when there is an interval of at least two consecutive months between separate episodes during which criteria are not met for a major depressive episode.
- In remission: Whether or not a patient is actively being treated for MDD (for example, receiving counseling and/or taking anti-depressive medication and is “stable”), the provider should still document and code the remission status rather than “history of.”
  - Partial remission: Occasional symptoms from a previous major depressive episode without meeting full criteria or hiatus lasting less than two months without any significant symptoms.
  - Full remission: No significant signs or symptoms of the disturbance present during the past two months.

ICD-10-CM codes	Description	ICD-10-CM codes	Description
F32.0	Major depressive disorder, single episode, mild	F33.0	Major depressive disorder, recurrent, mild
F32.1	Major depressive disorder, single episode, moderate	F33.1	Major depressive disorder, recurrent, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features	F33.2	Major depressive disorder, recurrent, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features	F33.3	Major depressive disorder, recurrent, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission	F33.40	Major depressive disorder, recurrent, in remission, unspecified
F32.5	Major depressive disorder, single episode, in full remission	F33.41	Major depressive disorder, recurrent, in partial remission
F32.81	Premenstrual dysphoric disorder	F33.42	Major depressive disorder, recurrent, in full remission
F32.89	Other specified depressive episodes	F33.8	Other recurrent depressive episodes
F32.9	Major depressive disorder, single episode, unspecified	F33.9	Major depressive disorder, recurrent, unspecified
F32.A*	Depression, unspecified		

### Documentation and coding example\*

Patient has affective mood disorder due to recent divorce; however, did not quite score PHQ-9 screening of mild depression, Bupropion XL 300 mg is prescribed.

#### **F39** Mood disorder

Z63.5 Disruption of family by separation and divorce

# Provider & Patient Resources

## \*Crisis Resources

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### What is a Behavioral Health Emergency?

- When you think you are having a crisis or any situation where you believe you might hurt yourself or someone else because of your mood or thinking.
- When someone's thinking changes rapidly to the point where the person is not able to recognize reality from fantasy. Sometimes the person does not realize what is happening and may not want help.

If patient has an **IMMEDIATE** need,  
please call the appropriate **CRISIS LINE** or **911**:

### National 24-Hour Crisis Hotlines

Suicide & Crisis Lifeline: **988**

National Suicide Prevention Lifeline: **800-273-8255**

National Substance Use & Disorder Issues Referral & Treatment Hotline: **800-662-4357**

Teen Lifeline – **Phone or Text: 602-248-8336**

SAMHSA Crisis Text Line: **Text HOME to 741741F**

### Suicide & Crisis Hotlines by County

Maricopa County: **800-631-1314 or 602-222-9444**

Apache, Gila, Mohave, Navajo & Yavapai: **877-756-4090**

Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz & Yuma: **866-495-6735**

### Warm Lines by County

*A Warm Line is a confidential, free phone service offering mental health support. Unlike a crisis line, they are not intended for emergency situations.*

Gila & Maricopa County: **602-347-1100**

Pima County: **520-770-9909**

Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz & Yuma: **844-733-9912**

Tribal Warm Line for American Indian Community Members: **855-728-8630**



2701 E. Elvira Road, Tucson, Arizona 85756  
(800) 582-8686 • TTY 711 • Fax (520) 874-5555  
[www.BannerUHP.com](http://www.BannerUHP.com)

## PCP Referral to Behavioral Health Provider

### How can a Behavioral Health (BH) Provider help?

Banner – University Health Plans (BUHP) is committed to coordination of care for patients/members to ensure optimal integrated care to meet their needs. Many of our members have complex behavioral health and physical health conditions that may require multiple providers to communicate their treatment approaches and interventions to improve the member’s care.

BH Providers offer a wide array of evidence-based services to help meet each member’s needs to promote their overall wellbeing. BH Providers can help support members who are struggling with mental health symptoms and can assist them in making behavioral changes. Members who complete an intake with a BH Provider agency receive a comprehensive assessment that helps identify their unmet needs and treatment objectives, provides an initial diagnosis and identifies potential interventions. A BH Provider Case Manager is assigned to regularly reach out to the patient to re-assess symptom severity and connect them to clinically appropriate services to help the member reach their goals. In addition to formal services, BH Providers help meet cultural needs and empower members by connecting them to community supports to encourage long-term wellness.

### Who can benefit from a referral to a BH Provider?

Members may benefit from a referral to a BH Provider if their behavioral health needs require extensive or specialized services beyond the primary care provider’s scope. Examples of support that BH providers can offer include the following:

- Counseling, psychotherapy or a specialized therapy
- Support for co-occurring conditions (e.g. physical, behavioral, substance use, and/or developmental)
- Intensive wrap-around services from direct support providers which may support members who have recently attempted to harm self and/or others
- Psychiatric, psychological or neuropsychological testing and implementation of recommendations
- Support for complex trauma
- Care coordination for members at risk of BH hospitalization or BH residential services
- Medication for a diagnosis other than ADHD, Anxiety, Depression and Opioid Use Disorder

### How and when to refer to a BH Provider?

If BUHP members require medication for certain limited behavioral health disorders (Anxiety, Depression, Attention Deficit Hyperactive Disorder (ADHD) and Opioid Use Disorder), they may obtain medication from a primary care provider. All other psychiatric diagnoses must be referred to a BUHP contracted BH Provider.

Referrals can be made with the attached PCP Referral to BH Provider form, which includes general information about the member, referring PCP information and the chief complaint/symptoms resulting in the referral. Once the referral is submitted by email, a BUHP Care Manager will follow up on member intake and enrollment with the BH Provider to verify the member is connected to services. The referral is not required if the member would prefer to contact a BH Provider directly or to outreach BUHP Customer Care at (800) 582-8686. The benefit of completing the included referral is that a BUHP Care Manager will be assigned to the member for additional support as needed.

Members suspected as having an autism diagnosis can be managed through this referral process or directly referred to a specialized Autism Spectrum Disorder (ASD) diagnosing provider located at:

<https://www.banneruhp.com/resources/autism-spectrum-disorder>.

Banner – University Family Care/ACC | Banner – University Family Care/ALTCS  
Banner – University Care Advantage HMO SNP





2701 E. Elvira Road, Tucson, Arizona 85756  
 (800) 582-8686 • TTY 711 • Fax (520) 874-5555  
 www.BannerUHP.com

## PCP Referral to Behavioral Health Provider

*This patient receiving medical care services at our practice is in need of a Behavioral Health Assessment.*

Section 1: Member Information	
<b>Urgency of Referral:</b> <input type="checkbox"/> Routine (Member must be seen within 7 days) <input type="checkbox"/> Urgent (Member must be seen within 24 hours)	
<b>Date:</b>	<b>AHCCCS ID:</b>
<b>Member's Name:</b>	<b>DOB:</b>
<b>Phone:</b>	<b>Address:</b>
<b>Legal Guardian (if applicable):</b> <input type="checkbox"/> Parent/Guardianship <input type="checkbox"/> Department of Child Safety	<b>Guardian's Name (if applicable):</b>
<b>Member's Preferred Language:</b>	<b>Guardian's Preferred Language (if applicable):</b>
<b>Payer Source:</b> <input type="checkbox"/> Banner–University Family Care (ACC) <input type="checkbox"/> Banner–University Family Care (ALTCS) <input type="checkbox"/> Banner–University Care Advantage (HMO SNP)	
Section 2: Referring PCP Information	
<b>Primary Care Provider's Name:</b>	<b>Practice Name:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Fax:</b>	<b>Email:</b>
Section 3: Referral Information	
<b>Complaint/Symptoms Resulting in Referral:</b> <input type="checkbox"/> Anxiety/panic <input type="checkbox"/> Cognitive decline/dementia <input type="checkbox"/> Depression <input type="checkbox"/> Developmental delay <input type="checkbox"/> Difficulty with attention, hyperactivity or impulsivity <input type="checkbox"/> Post-traumatic stress/trauma/abuse <input type="checkbox"/> Eating disorder behavior <input type="checkbox"/> Substance use type:	<input type="checkbox"/> Obsessions/compulsions <input type="checkbox"/> Personality disordered behaviors <input type="checkbox"/> Violence/aggressive/oppositional behavior <input type="checkbox"/> Other behavioral health symptoms: <input type="checkbox"/> <i>Psychosis (auditory/visual hallucinations, delusions)*</i> <input type="checkbox"/> <i>Suicidal ideation*</i> <input type="checkbox"/> <i>Homicidal ideation*</i> <i>*If patient is a danger to self or others, or otherwise in need of IMMEDIATE support, please call the appropriate CRISIS LINE below.</i>
<b>Current Diagnoses:</b>	<b>Current Medications:</b>
<b>PHQ9, ACES or other screening tool findings (including tool name and score):</b>	
<b>Additional Information:</b>	

**If the patient has an IMMEDIATE need, please call the appropriate CRISIS LINE:**

**Maricopa County:** (800) 631-1314 or (602) 222-9444

**Gila County:** (877) 756-4090

**Pima, Pinal, Yuma, La Paz, Cochise, Graham, Greenlee and Santa Cruz Counties:** (866) 495-6735

**Email routine and urgent referrals to: [BUHPCareMgmtBHMailbox@bannerhealth.com](mailto:BUHPCareMgmtBHMailbox@bannerhealth.com)**

Banner – University Family Care/ACC | Banner – University Family Care/ALTCS

Banner – University Care Advantage HMO SNP

## Arizona Perinatal Psychiatry Consult Line



THE UNIVERSITY OF ARIZONA  
COLLEGE OF MEDICINE TUCSON

Arizona Perinatal  
Psychiatry Access Line



# Arizona Perinatal Psychiatry Access Line

Is your patient pregnant or postpartum and struggling with substance use and/or their mental health?

**Call 888-290-1336**

to consult with perinatal psychiatrists who will provide free clinical guidance, M-F, 12:30 p.m.-4:30 p.m.

*APAL is a statewide perinatal psychiatry access line. We assist medical providers in caring for their pregnant and postpartum patients with mental health and substance use disorders. Perinatal psychiatrists are available by phone to answer your questions and review treatment options.*

[APAL.arizona.edu](https://apal.arizona.edu)

[team@apal.arizona.edu](mailto:team@apal.arizona.edu)



# Screening Tools

## PHQ – 2 Short Depression Screening Tool

---

### Patient Health Questionnaire-2 (PHQ-2)

**Instructions:**

Please respond to each question.

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

Give answers as 0 to 3, using this scale:

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

1. **Little interest or pleasure in doing things**

0123

2. **Feeling down, depressed, or hopeless**

0123

**Instructions**

Clinic personnel will follow standard scoring to calculate score based on responses.

**Total score:**                    --

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute

## PHQ – 9 Depression Screening

### PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult  
at all

Somewhat  
difficult

Very  
difficult

Extremely  
difficult

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## GAD – 7 Anxiety Screening

### GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

**(For office coding: Total Score T\_\_\_ = \_\_\_ + \_\_\_ + \_\_\_)**

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## Geriatric Depression Scale (GDS)– Short Form

### Patient Version

## Geriatric Depression Scale (Short Form) Self-Rated Version

Patient's Name: \_\_\_\_\_

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

***Instructions:*** Choose the best answer for how you felt over the past week.

No.	Question	Answer	Score
1.	Are you basically satisfied with your life?	YES / NO	
2.	Have you dropped many of your activities and interests?	YES / NO	
3.	Do you feel that your life is empty?	YES / NO	
4.	Do you often get bored?	YES / NO	
5.	Are you in good spirits most of the time?	YES / NO	
6.	Are you afraid that something bad is going to happen to you?	YES / NO	
7.	Do you feel happy most of the time?	YES / NO	
8.	Do you often feel helpless?	YES / NO	
9.	Do you prefer to stay at home, rather than going out and doing new things?	YES / NO	
10.	Do you feel you have more problems with memory than most people?	YES / NO	
11.	Do you think it is wonderful to be alive?	YES / NO	
12.	Do you feel pretty worthless the way you are now?	YES / NO	
13.	Do you feel full of energy?	YES / NO	
14.	Do you feel that your situation is hopeless?	YES / NO	
15.	Do you think that most people are better off than you are?	YES / NO	
		<b>TOTAL</b>	

(Sheikh & Yesavage, 1986)

## GDS Scoring

Answers indicating depression are in bold and italicized; score one point for each one selected. A score of 0 to 5 is considered normal. A score greater than 5 suggests depression.

No.	Question	Answer	Score
1.	Are you basically satisfied with your life?	YES / <b><i>NO</i></b>	
2.	Have you dropped many of your activities and interests?	<b><i>YES</i></b> / NO	
3.	Do you feel that your life is empty?	<b><i>YES</i></b> / NO	
4.	Do you often get bored?	<b><i>YES</i></b> / NO	
5.	Are you in good spirits most of the time?	YES / <b><i>NO</i></b>	
6.	Are you afraid that something bad is going to happen to you?	<b><i>YES</i></b> / NO	
7.	Do you feel happy most of the time?	YES / <b><i>NO</i></b>	
8.	Do you often feel helpless?	<b><i>YES</i></b> / NO	
9.	Do you prefer to stay at home, rather than going out and doing new things?	<b><i>YES</i></b> / NO	
10.	Do you feel you have more problems with memory than most people?	<b><i>YES</i></b> / NO	
11.	Do you think it is wonderful to be alive?	YES / <b><i>NO</i></b>	
12.	Do you feel pretty worthless the way you are now?	<b><i>YES</i></b> / NO	
13.	Do you feel full of energy?	YES / <b><i>NO</i></b>	
14.	Do you feel that your situation is hopeless?	<b><i>YES</i></b> / NO	
15.	Do you think that most people are better off than you are?	<b><i>YES</i></b> / NO	
		<b>TOTAL</b>	

(Sheikh & Yesavage, 1986)



# Edinburgh Postnatal Depression Scale (EPDS)

## Patient Version

### Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.
- No, not very often      Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As much as I always could</li> <li><input type="checkbox"/> Not quite so much now</li> <li><input type="checkbox"/> Definitely not so much now</li> <li><input type="checkbox"/> Not at all</li> </ul> | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</li> <li><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</li> <li><input type="checkbox"/> No, most of the time I have coped quite well</li> <li><input type="checkbox"/> No, I have been coping as well as ever</li> </ul> |
| <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As much as I ever did</li> <li><input type="checkbox"/> Rather less than I used to</li> <li><input type="checkbox"/> Definitely less than I used to</li> <li><input type="checkbox"/> Hardly at all</li> </ul>     | <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, not at all</li> </ul>                                                                                                            |
| <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, some of the time</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, never</li> </ul>                  | <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, not at all</li> </ul>                                                                                                                                        |
| <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No, not at all</li> <li><input type="checkbox"/> Hardly ever</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> Yes, very often</li> </ul>                                      | <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Only occasionally</li> <li><input type="checkbox"/> No, never</li> </ul>                                                                                                                        |
| <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, quite a lot</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> No, not much</li> <li><input type="checkbox"/> No, not at all</li> </ul>                               | <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Sometimes</li> <li><input type="checkbox"/> Hardly ever</li> <li><input type="checkbox"/> Never</li> </ul>                                                                                                                                           |

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

## EPDS Scoring

### Edinburg Postnatal Depression Scale (EPDS)

Postpartum depression is the most common complication of childbearing.<sup>2</sup> The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center <[www.4women.gov](http://www.4women.gov)> and from groups such as Postpartum Support International <[www.chss.iup.edu/postpartum](http://www.chss.iup.edu/postpartum)> and Depression after Delivery <[www.depressionafterdelivery.com](http://www.depressionafterdelivery.com)>.

#### SCORING

##### QUESTIONS 1, 2, & 4 (without an \*)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

##### QUESTIONS 3, 5-10 (marked with an \*)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30  
Possible Depression: 10 or greater  
Always look at item 10 (suicidal thoughts)

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#### Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199



# PHQ – A (PHQ-9 Modified for Adolescents)

## PHQ-9 modified for Adolescents (PHQ-A)

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

**Instructions:** How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed?  Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?  
 Yes                       No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?  
 Not difficult at all     Somewhat difficult     Very difficult     Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?  
 Yes                       No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?  
 Yes                       No

*\*\*If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

**Office use only:** **Severity score:** \_\_\_\_\_

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)

## SMFQ – Short Mood & Feelings Questionnaire

The SMFQ is designed to measure core depressive symptomology in children and adolescents aged 6-17 years old. There are two versions, one for the patient responses and one for parent or caregiver responses. There are no prescribed cut points for the SMFQ; however higher scores (over 12), suggest greater severity in depression symptoms. Providers should use their clinical judgement and discretion.

### Self-Reported

## Short Mood and Feelings Questionnaire

This form is about how you might have been feeling or acting recently.

For each question, please check how much you have felt or acted this way *in the past two weeks*.

If a sentence was true about you most of the time, check TRUE.

If it was only sometimes true, check SOMETIMES.

If a sentence was not true about you, check NOT TRUE.

	NOT TRUE	SOMETIMES	TRUE
1. I felt miserable or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I didn't enjoy anything at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt so tired I just sat around and did nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was very restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt I was no good any more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I cried a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I found it hard to think properly or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I hated myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was a bad person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I thought nobody really loved me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I thought I could never be as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I did everything wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Parent or Caregiver Reported

Parent Report Version – SMFQ

# Short Mood and Feelings Questionnaire

This form is about how your child may have been feeling or acting recently.

For each question, please check how much she or he has felt or acted this way *in the past two weeks*.

If a sentence was true about your child most of the time, check TRUE.

If it was only sometimes true, check SOMETIMES.

If a sentence was not true about your child, check NOT TRUE.

	NOT TRUE	SOMETIMES	TRUE
1. S/he felt miserable or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. S/he didn't enjoy anything at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. S/he felt so tired that s/he just sat around and did nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. S/he was very restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. S/he felt s/he was no good any more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. S/he cried a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. S/he found it hard to think properly or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. S/he hated him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. S/he felt s/he was a bad person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. S/he felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. S/he thought nobody really loved him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. S/he thought s/he could never be as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. S/he felt s/he did everything wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## SMFQ Scoring

(Short Mood and Feelings Questionnaire)

# Scoring the SMFQ

Note: the SMFQ has been validated for use in children age 6 years and up.

The SMFQ should not be used to make a definitive diagnosis of depression. It has usefulness as a screening tool for situations where depression is suspected, and as an aid toward following a child's symptom severity and treatment response over time.

### Scoring:

Assign a numerical value to each answer as follows:

Not true = 0

Sometimes = 1

True = 2

Add up the assigned values for all 13 questions. Record the total score.

*A total score on the child version of the SMFQ of 8 or more is considered significant.*

Sensitivity of 60% and specificity of 85% for major depression at a cut off score of 8 or higher. Source is Angold A, Costello EJ, Messer SC. "Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents." *International Journal of Methods in Psychiatric Research* (1995), 5:237-249.

Sensitivity/specificity statistics of the parent version is not reported in the literature. If your patient does not complete the child version of SMFQ, repeated administration of the parent version over time should still be useful for symptom tracking.

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