Carelon Behavioral Health
Depression Screening Program Description

Purpose

Carelon's *Depression Screening Program* establishes a formal process to assess and ensure early detection and treatment of depressive disorders to promote optimal health for its members. The program is founded on the principles of depression health management and is applicable across treatment settings and modalities, using a multi-pronged approach to achieve the best possible outcomes, including early identification, timely and personalized practitioner interventions, and ongoing care monitoring and evaluation.

Background/Rationale

The National Institute of Mental Health (NIMH 2023) reports an estimated 21 million adults in the United States had at least one major depressive episode. This number represented 8.3% of all U.S. adults. According to the US Centers for Disease Control (CDC 2023), 4.4% of children aged 3-17 years (approximately 2.7 million) have diagnosed depression in 2016-2019. People of all ages and all racial, ethnic, and socioeconomic backgrounds experience depression, but it does affect some groups more than others (National Institute of Mental Health, 2020). Without treatment, the frequency and severity of depression symptoms worsen over time. Individuals with depressive symptoms ranging from mild to severe have reported difficulties with work, home, and social activities related to their symptoms. Functional limitations are also more prevalent in individuals with depression compared to those without depressive symptoms (Pratt & Brody, 2014). The World Health Organization (2022) describes depression as "the leading cause of disability worldwide" and "a major contributor to the overall global burden of disease." Children/adolescents with depression suffer from social, emotional and educational impairments. Childhood/adolescent depression are also associated with an increased risk of suicide as well as risk for developing other psychiatric disorders and substance abuse. Studies suggest that less than 50% of depressed children/adolescents receive mental health care, thus there is a clear need for screening for depression across health care settings.

According to the Center for Disease Control (CDC), depression can adversely affect the course and outcome of common chronic conditions, such as arthritis, asthma, cancer and diabetes (Pratt & Brody, 2014). Not only is depression a chronic disease, it is also proven to be associated with unhealthy behaviors as a way to cope. For example, studies conclude that depression is associated with an increased risk for smoking, which is a leading cause for lung disease, and can further impede smoking cessation efforts. Physical inactivity is a risk factor for depression and strongly correlated to obesity. Along with screening for depression, Carelon offers and promotes self-management tools to help individuals take charge of their health. *Increasing Physical Activity* is one such tool (To access it, click here). Depression can additionally result in work absenteeism, short-term disability, and decreased productivity.

Depression not only affects the person suffering from the illness, but also those who are around them. Interpersonal relationships tend to suffer for those experiencing symptoms of depression. Very few families or friend groups are not affected by their loved one's depression. Effective treatment of depression can help to improve the health of someone who is suffering, as well as repair broken interpersonal relationships.

The prevalence of depression, along with the cited scientific research regarding the adverse effects of this mental illness, are evidence that a comprehensive screening program is necessary to yield positive health outcomes and reduce costs, by providing timely and effective treatment.

Screening for depression should also include a suicide risk assessment. There are several evidence-based screening tools available in the public domain. Carelon encourages its providers to review and adhere to the Clinical Practice Resource developed by the National Action Alliance for Suicide Prevention in 2018 titled; *Recommended standard care for people with suicide risk: Making health care suicide safe*. To access this resource, click here. Carelon developed a white paper in 2017 titled; *We need to talk about suicide*, which is available here.

Eligible Members

- All Carelon members (3 years of age and older) receiving behavioral health treatment under the following conditions:
    - Members with a diagnosis of a depressive disorder
    - Members assessed to be at high risk for depression, to include, but not limited to the following (Siu, 2016):
        - Presence of other psychiatric disorders, to include substance use disorders (see Carelon's *Co-occurring Mental Health and Substance Use Disorder Screening Program*)
        - Presence of a chronic medical disease and/or terminal illness
        - Genetic history
        - Unemployment or lower socioeconomic status
        - Significant life event (stress, injury, trauma, death of a loved one, homelessness, loss of support network)

Planned Depression and Suicide Screenings

Carelon recognizes that screening is the first step in identifying the appropriate treatment and level of care for members with depression.

Depression screening in general medical practitioner settings should be conducted at the initial visit and at subsequent follow-up visits. The purpose of depression screening is to identify potential symptoms that may warrant further evaluation. Depression screening within the behavioral health care setting should be conducted during the initial interview, repeated at regular intervals as clinically indicated, and when depression management programs are in place to ensure effective monitoring and follow-up with the patient.

The American Academy of Child and Adolescent Psychiatry recommends:

- Routine screening for depression in children/adolescents aged 8 and older across health care settings, including primary care as well as mental health care setting
- Assessing symptoms of depression in children/adolescents 3 and older referred for emotional and behavioral problems.
- If a child/adolescent has depressive symptoms, the primary care provider or the mental health clinician should conduct a clinical interview with the child/adolescent and parent(s) to assess for a possible diagnosis of depression.
- Once the diagnosis of depression has been established, the child/adolescent and family should be educated about depression in youth, and the child should be treated or referred for treatment.
- Improving education of health professionals, teachers, and the general public about the signs and symptoms of depression and its treatment in youth.

Carelon utilizes clinically validated screening tools within its network for children, adolescents, and adults. there are several tools that screen specifically for suicide in children. These include Ask Suicide Screening (ASQ), Patient Health Questionnaire-A (PHQ-A), and Moods and Feelings Questionnaire (MFQ), Depression screening should include ruling out bipolar disorders. There are several tools available to screen for bipolar disorders, one option is to use the Mood Disorder Questionnaire (MDQ). MDQ Link

Patient Health Questionnaires (PHQ-2, PHQ-9, and PHQ-A) are brief, multipurpose, self-administered tools for assessing depression (American Psychological Association, 2011).

- PHQ-2: The sole purpose of PHQ-2 is to screen for depression, encompassing only the first two questions of the PHQ9, identifying the degree to which an individual experienced depressed mood and anhedonia over the past two weeks. To access the PHQ-2 screening tool, click here.
- PHQ-9: The PHQ-9 is used to screen for depression, but is also valid for the assessment of depression severity. Thus, when used successively during a treatment episode, the PHQ-9 is a practical means to quantitatively monitor the patient's response to depression treatment (NCQA, n.d.). To access the PHQ-9 screening tool, available in over 30 languages, click here.
- PHQ-A: The PHQ-A is a modified version of the PHQ-9 sensitive to the adolescent experience of depression that is an acceptable and efficient tool for early detection and recognition of mental disorders in this high-risk group. To access the PHQ-A screening tool, click here.
- ASQ: The ASQ is one of the more commonly used depression screening tools for children. It has been validated in emergency departments with a reported sensitivity of 96.5% and specificity of 87.6%. To access the ASQ tool, click Ask Suicide-Screening Questions (ASQ) Toolkit | Zero Suicide (edc.org)
- MFQ: The MFQ consists of a series of descriptive phases regarding how the child/adolescent has been feeling or acting recently, click here to access the MFQ.

Note on Screening Frequency: Tools can be administered repeatedly to measure treatment progress. The frequency of re-administration should be determined by the treating behavioral health clinician. Individuals who screen positive with the PHQ-2 should be further evaluated with the PHQ-9/PHQ-A to determine if they meet criteria for a depressive disorder (American Psychological Association, 2020). For all service providers the PHQ-9/PHQ-A tool should also be utilized at the discretion of the provider when the member meets any of the criteria in the eligible member's section above.

The National Action Alliance for Suicide Prevention (2018) recommends screening individuals for suicide at primary care, emergency department, outpatient behavioral health care, and inpatient behavioral health care visits. A reliable, though not exhaustive, list of suicide screening and risk assessment instruments are provided in the Appendix A (National Action Alliance for Suicide Prevention, 2018, p.14-16).

The Columbia Suicide Severity Rating Scale (CSSR) is one best practice tool that providers are encouraged to use to screen for the potential for suicide in individuals with depressive

symptoms and comorbid risks. The scale was developed through a collaboration among multiple institutions, including Columbia University, with NIMH support. The scale is evidence-based and is part of a national and international public health initiative involving the assessment of suicidality. Available in 103 different languages, the scale has been successfully implemented across many settings, including schools, college campuses, military, fire departments, the justice system, primary care and for scientific research. For additional information about the Columbia Suicide Severity Rating Scale, click here. For the English Behavioral Health CSSR tool, click here.

After screening members, behavioral and physical healthcare providers should follow the recommendations outlined on each screening tool assessment to assist members in obtaining appropriate care.

Conditions Required for Screening

A screening is performed when the following condition(s) or circumstance(s) exist:

- All adolescents and adults in behavioral health treatment that meet the depressive diagnosis or members at high risk as defined in the eligible member's section above.
- Members who self-identify.
- Members identified by the health plan/client.

Input for Program Design

a) Provider/Practitioner Input:
   - Elicitation of feedback at Provider Advisory Committees and via provider surveys.
   - Consultation with Carelon's team of board certified and actively practicing psychiatrists.

b) Carelon Clinical Input:
   - Literature reviews on current clinical practice guidelines for screening and treatment of substance use disorders, recognizing that the PCP/medical provider is quite often the provider that first sees signs of depression.
   - Update and review at least every two years or more often if there is new evidence, including review by the Carelon Scientific Review Committee and oversight and approval of the revision to the program and use of the screening tools at Carelon's Corporate Quality and Medical Management Committee

Screening Promotion

Carelon encourages and promotes the importance of screening using a variety of interventions to include:

- Online access to Carelon's Member Depression Treatment Tool (MDTT), which is a resource for prescribers to use in assisting members in understanding depression treatment, and letters emphasizing the importance of members' follow-up appointments and medication management. To access the MDTT, click here.
- Online access to the PCP/ Provider Toolkit, which includes educational and screening materials. To access the PCP/ Provider Toolkit, click here.

- Online access to member focused self-management tools can be used by members and providers on Carelon's Achieve Solutions website. To access Achieve Solutions, click here.
- Distribution of provider postcards, provider bulletins, and provider newsletters that are mailed, emailed, or faxed to providers at least annually and list educational and screening materials posted on Carelon's website.
- Collaboration with health plan partners/ clients on dissemination of the Depression Screening Program to primary care sites.
- Education and feedback during provider events, such as expert panels, provider breakfasts, site visits and medical record reviews by Carelon clinical team members.

Conclusion

Carelon will continue to work with its clients, industry experts, and internal subject matter experts to decrease the stigma of mental health and substance use disorders to help people to live their lives to the fullest potential. In particular, Carelon promotes depression and suicide screening in order to aid members in obtaining the proper services and treatment for their needs.

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