Purpose
Beacon’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 in 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) reports that an estimated 17 million American adults - 7.1% of the population - had at least one major depressive episode in the past year. 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, 2019). 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). World Health Organization (2018) describes depression as “the leading cause of disability worldwide” and “a major contributor to the overall global burden of disease.”

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 furthermore impede smoking cessation efforts. Also as evidence of this, research shows that physical inactivity is a risk factor for depression and strongly correlated to obesity. Along with screening for depression, Beacon 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. Beacon 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. Also, Beacon developed a white paper in 2017 titled We need to talk about suicide, which is available here.

Eligible Members

- All Beacon members (13 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 Beacon’s Comorbid 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

Beacon 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 also when depression management programs are in place to ensure effective monitoring and follow-up with the patient. Beacon utilizes clinically validated screening tools within its network. The most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes a brief self-report instrument which includes depression criteria for screening and diagnosis, as well as selecting and monitoring treatment (American Psychiatric Association, 2013, p. 734-736). 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).
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- **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](#).

*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 tool (American Psychological Association, 2011). 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 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](#).

**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.
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Input for Program Design

a) Provider/Practitioner Input:
   - Elicitation of feedback at Provider Advisory/Stakeholder Committees and via provider surveys.
   - Consultation with Beacon’s team of board certified and actively practicing psychiatrists.
   - Discussion/recommendations based on the medical record review process that includes indicators for use of screening tools. For example, the following question is included in the Provider Record Review Tool (PRRT):

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For OP services- Is there evidence the member was screened for Depression using the PHQ-9 or PHQ-9A? *

○ Yes ○ No ○ NA
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b) Beacon 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 Beacon Scientific Review Committee and Corporate Medical Management Committee Oversight and approval of revisions to program and use of screening tools at Beacon's Quality Improvement Committee.

Screening Promotion
Beacon encourages and promotes the importance of screening using a variety of interventions to include:

- Online access to Beacon’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 which can be used by members and providers on Beacon’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 Beacon’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 Beacon clinical team members.
Targeted questions on the medical record audit tool used on provider record reviews around depression and suicide screening:

1. For members age 18 or older diagnosed with depression or dysthymia: Was the PHQ-9 tool used to monitor progress of treatment?
   a. If yes, was the tool utilized once every four months to monitor progress?
   b. If no, select the reason:
      i. Member was not diagnosed with depression or the member was under the age of 18
      ii. The tool was used once, but the record review took place prior to the member’s next appointment with the provider/plan
      iii. Other reason

2. Was the member asked about thoughts of suicide or self-harm?
3. Was a standardized suicide risk screening or assessment tool used?
   a. If yes, what tool was used?
4. Where risk was identified, was at least brief safety planning intervention done to develop a plan to recognize suicidal thoughts and manage them safely?

Conclusion
Beacon 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, Beacon promotes depression and suicide screening in order to aid members in obtaining the proper services and treatment for their needs.

References


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Updated 10/2016, 08/16/2018, 08/20/2019