LAKELAND CARE Local. Compassionate. Dependable.	
Clinical Guideline: Depression Screening	
Affected LC Units: Care Management	
Effective Date: **March 2017**	Last Review Date: **October 2020**

Purpose:

- To identify undiagnosed members with signs/symptoms of depression
- To screen the members with signs/symptoms for level of depression
- To provide options/intervention(s) to members with moderate to severe score on screening tool

Scope: All Lakeland Care members who have signs/symptoms of depression with or without a formal diagnosis of depression will have baseline screening to assess for presence/level of depression.

Definitions:

- Intervention: Referral to Primary Care Provider PCP /counselor (for further assessment of findings) or formal support group
- Geriatric: Refers to members age 60 or greater for purpose of using Geriatric Depressions Scale (GDS.)

Possible Risk Factors that may increase potential for developing or triggering depression:

- Significant loss such as the death of a spouse
- Physiological changes such as stroke, heart attack, recent cardiac surgery, cancer, MS, mastectomy, sexual dysfunction, etc.
- Serious or chronic illness, such as including cancer, stroke, chronic pain or heart disease
- Financial difficulties
- Poor social skills or primary dependence on others, unobtainable goals or lack of goals
- Feelings of shame, lack of self-control, or loneliness.
- Social isolation
- Family conflicts, relationship difficulties, and problems at work or school
- History of depression, bipolar disorder, alcoholism or suicide within the immediate family.
- History of other mental health disorders, such as anxiety disorder, eating disorders or post-traumatic stress disorder
- History of childhood trauma or depression.
- History or presence of physical, emotional or sexual abuse
- Identifying as lesbian, gay, bisexual or transgender and in an unsupportive situation
- Low self-esteem, feelings of extreme stress & a persistent, pessimistic outlook
- Certain personality traits, such as being too dependent or self-critical
- High amount of stress at home, work, or school
- Difficult relationships, undergoing significant life changes (good or bad)

- Work excessively long hours, change in work responsibilities
- Chronic debilitating illness such as heart disease, immune deficiency disorders, COPD, etc.
    - Certain medications taken for these physical illnesses may cause side effects that contribute to depression.
- Certain medications, such as some high blood pressure medications or sleeping pills (a doctor should be consulted before stopping any medication)
- Change in home responsibilities, single parenting, caring for children or aging parents
- Abuse of alcohol or illegal drugs
- Masking symptoms with irritability, anger, discouragement, alcohol or drug abuse
- **FOR WOMEN:**
    - Hormonal factors: menstrual cycle, pregnancy, miscarriage, postpartum, pre-menopause
- **FOR MEN:**
    - Less likely to admit they are depressed

Process:

1. Screen based on member's age and ability to participate, regardless of diagnosis of depression. Screen on enrollment for baseline, minimally every six (6) months thereafter, with new diagnosis of depression and with any depression symptoms.
    a. Observe for risk factors
    b. If there are no risk factors present Care Manager/ Register Nurse (CM/RN) should still continue to monitor during assessment process and ongoing for any symptoms of depression.
    c. Major Depression Inventory (MDI): Use if member is 18-59 years old and is able to participate in the assessment. This is located in the Behavioral Health/Cognition/Communication/Restrictive Measures/Depression Worksheet in MIDAS. Summarize findings into Section Summary of the Behavioral Health/Cognition/Communication/Restrictive Measures/Depression Worksheet in MIDAS. Findings should be incorporated into the MCP as indicated.
    d. Geriatric Depression Scale (GDS): Use if member is over 59 and is able to participate in the assessment. This is located in the Behavioral Health/Cognition/Communication/Restrictive Measures/Depression Worksheet in member assessment tool. Summarize findings into Section Summary of the Behavioral Health/Cognition/Communication/Restrictive Measures/Depression Worksheet in member assessment tool. Findings should be incorporated into the MCP as indicated.
    e. The Cornell Scale for Depression in Dementia: Use for members with dementia diagnoses if they are unable to participate in the MDI or GDS, regardless of age. This can be found in the S:Drive S:\All Staff\Forms\Care Management\Depression. If completed, summarize findings into Section Summary of the Behavioral Health/Cognition/Communication/Restrictive Measures/Depression Worksheet in member assessment tool. Findings should be incorporated into the MCP as indicated.
    f. Informal screening: Use for members who are cognitively impaired or have severe physical impairment which interferes with completing a formal depression screen (i.e. unable to participate in the assessment, verbalize). Screening should be based on the presentation of depression

signs/symptoms and information gathered from all other informal or formal supports. .
    i. Findings should be summarized in the informal screening text sections of the Behavioral Health / Cognition / Communication / Restrictive Measures / Depression Worksheet in member assessment and incorporated into the MCP as indicated.
2. Respond based on screen findings
    a. Refer to the table below for symptoms, how they may present and suggestions for responses
    b. Provide education to informal or formal supports regarding signs and symptoms of depression
    c. Develop a Safety Plan as needed.
    d. Refer to the Crisis Plan Procedure S:\All Staff\Policies & Procedures\Current LCI Policies and Procedures\Care Management\Crisis Plan Procedure.docx and Best Practice Standard to determine if the member meets the criteria for a referral to the county of responsibility's Crisis Unit and/or the development of an Emergency Protocol.
    e. Refer to Suicide Risk Health Promotion Guideline if indicated S:\All Staff\CM Processes\Prevention Education Wellness\Prevention & Promotion Guidelines\Health Promotion Guideline - Suicide Risk.docx
    f. For serious threat of harm to self or others, call 911
3. Establish appropriate interventions if the member scores mild/moderate to severe on GDS, MDI or 12 or greater on Cornell Scale for Depression.
    a. Refer to Primary Physician, Psychiatrist, or Therapist as indicated with screening findings
    b. Alert caregivers to risks as indicated
    c. Educate member and informal/formal supports
    d. Offer support groups
4. As part of ongoing care management, the CM/RN will consult with the physician/psychiatrist and review medications with prescribing physicians when symptoms persist, worsen or show no signs of improvement despite interventions.

Symptoms	**How to recognize symptoms**	**Response to symptoms**
Persistent sad, anxious, or empty mood.	May cry easily or appear overly worried or concerned about simple daily occurrences.	• Be attentive to signs of depression. • Encourage a consult with a doctor about their symptoms to see if depression or another medical condition is causing their symptoms. • Offer a consult with a counselor. • Encourage them to reach out to their church clergy if appropriate.

Feelings of hopelessness and pessimism.	• Negative attitude. • May present as being irritable or completely disinterested in doing anything.	• Ask questions of the member to assess their level of depression. • Discuss with the member that they seem particularly defensive or irritable and ask them to talk about this. • Share your concerns regarding the changes you have noted and ask the member how they would like to be supported.
Feelings of emptiness.	Belief they have nothing to offer to any given situation.	• Point out the positive attributes about the member, accomplishments the member has achieved and compliment them for their success.
Feelings of guilt, worthlessness, and helplessness.	May not be able to make simple decisions or want to bother in participating in making decisions about themselves.	• Break down situations with the member they are trying to work through. • Go in simple steps to make the task seem less overwhelming.
Loss of interest in pleasurable activities or hobbies.	• Withdraws from normal daily activities. • Experiences sexual dysfunction and loss of libido.	• Ask the member what interests/hobbies they have and together, figure out ways to get involved in these. • Encourage to talk with their doctor about sexual dysfunction and how medications may affect this. • Offer consult with a counselor. • Encourage member to talk with their sexual partner about their fears and concerns.
Loss of energy or chronic fatigue.	Sleeps often and frequently reports feeling tired throughout the day.	• Ask the member about their sleeping patterns and how they would like to adjust it. • Brainstorm on ways to accomplish this. • Encourage a consult with doctor to see if a sleep study would be appropriate.

Recurring thoughts and/or plans of death, dying, or suicide.	• May focus conversation on suicide or death and dying. • Be attentive for specific plans the member may share and their accessibility to carry this plan through.	• Don't hesitate to ask the member if they are suicidal. It will not put ideas into their head. On the contrary, they may be relieved to know someone is willing to listen to them and has acknowledged there is a problem. • Ask the member if they have any specific plan and determine the member's ability to carry out the plan. • Offer professional help or call 911 if necessary to promote safety when serious threat of self-harm is evident. • Refer to Suicide Guideline
Difficulties concentrating, remembering, or making decisions.	• May be unable to focus or stay on track during a conversation. • May forget to take their medication they have taken correctly in the past.	Continue to redirect the member and explore strategies to help them focus that are consistent with the member's needs.
Insomnia, early morning awakening, or oversleeping.	Sleeps too much or has trouble sleeping.	• Ask the member about their sleeping patterns and how they would like to adjust it. • Brainstorm on ways to accomplish this.
Significant weight loss or weight gain; overeating or loss of appetite.	Experiences significant weight gain or loss.	• Talk to the member about their eating patterns and provide education on ways of altering their diet to make their eating habits healthier.
Restlessness and irritability.	Unable to sit still and becomes easily upset or agitated.	• Discuss with the member their restless behaviors. • Suggest it may be helpful to go for a walk and talk so the member can burn off some of their restlessness.

Persistent physical symptoms that don't respond to treatment, i.e. headaches, digestive disorders, and chronic pain.	Frequent somatic complaints without a medical basis.	• Advise the member to get a physical exam to rule out any physical conditions leading to depressive symptoms. • Remain in consult with the primary physician regarding treatment options. • Monitor the member closely for additional changes & report these as needed to the physician.

LCI Evaluation of Use and Effectiveness of the Depression Screening Guideline:

- Use of Depression Screening Guideline:
  - Determine the number of members who do not have a diagnosis of depression. Of these members identify the number screened for depression.
  - The percent screened will be mechanism for determining use of guideline for a given period.
  - Documentation in Midas assessment and /or case notes of presence of signs/symptoms will be needed for validation of need for screen.
- Effectiveness of Depression Screening Guideline:
  - Of those screened, determine number who scored mild/moderate to severe on GDS or MDI or 12 or greater on the Cornell Scale. One Percent or greater of these members offered an intervention will be mechanism for determining effectiveness of guideline.
  - Documentation in the member record of interventions offered will be needed for validation.

References:

- American Psychiatric Association, Practice Guideline Provides Recommendations for Assessing and Treating Patients With Suicidal Behaviors, Psychiatric Annuals 34:5, May 2004.
- Geriatric Depression Scale website: http://www.stanford.edu/~yesavage/GDS.html.
- Hartford Institute for Geriatric Nursing, Issue 4, Revised 2007. The Geriatric Depression Scale (GDS).
- Institute for Clinical Systems Improvement (ICSI), Depression, Major, in Adults in Primary Care (Guideline) 5/2007.
- Institute for Clinical Systems Improvement (ICSI), Major Depression, Panic Disorder and Generalized Anxiety Disorder in Adults in Primary Care, 5/2002.
- Metastar, Depression in Elderly Care Recipients, by Nick Zullo.
- Metastar Algorithm for Treatment of Geriatric Depression.
- National Institute of Mental Health https://www.nimh.nih.gov/index.shtml

- Tollman, Anton O, Ph.D., Depression in Adults: The Latest Assessment and Treatment Strategies, 2nd Edition, 2001, Compact Clinicals, Kansas City, Missouri.
- University of Oxford Department of Clinical Gerontology, Geriatric Depression Scale, 2003.
- http://www.mayoclinic.org/diseases-conditions/depression/basics/risk-factors/con-20032977
- https://sleepfoundation.org/sleep-news/cdc-study-shows-association-between-depression-and-sleep-apnea
- http://www.helpguide.org/articles/depression/helping-a-depressed-person.htm