Preferred Practice Guidelines

Behavioral Health Screening, Assessment and Treatment

This guideline is based in part on the following:

American Academy of Pediatrics. ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents.
http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654

National Institute of Mental Health. Bipolar Disorder.
http://www.nimh.nih.gov/health/publications/bipolar-disorder/complete-index.shtml

National Institute of Mental Health. Treatment of Anxiety Disorders.
http://www.nimh.nih.gov/health/publications/anxiety-disorders/treatment-of-anxiety-disorders.shtml

Substance Abuse Mental Health Services Administration. Medication-Assisted Treatment (MAT).
http://dpt.samhsa.gov/

U.S. Preventive Services Task Force. Screening and Behavioral Counseling Interventions In Primary Care to Reduce Alcohol Misuse.
http://www.uspreventiveservicestaskforce.org/uspstf/uspsdrin.htm

U.S. Preventive Services Task Force. Screening For Depression.
http://www.uspreventiveservicestaskforce.org/3rduspstf/depression/depressrr.htm

The practice guidelines included in this document are not intended to be required treatment protocols. Physicians and other health professionals must rely on their own expertise in evaluating and treating patients. Practice guidelines are not a substitute for the best professional judgment of physicians and other health professionals. Behavioral health guidelines may include commentary developed by the Company's behavioral health committees. Further, while authoritative sources are consulted in the development of these guidelines, the practice guideline may differ in some respects from the sources cited. With respect to the issue of coverage, each patient should review his/her Policy or Certificate and Schedule of Benefits for details concerning benefits, procedures and exclusions prior to receiving treatment. The practice guidelines do not supersede the Policy or Certificate and Schedule of Benefits.

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Rationale:

The company considers professional society guidance when implementing guidelines. This guideline uses resources noted above to identify patients with possible behavioral health (mental health or substance use) disorders and provide guidance for decisions to refer for specialized behavioral health treatment.
Screening Tools and Interventions for Common Behavioral Health Disorders Seen in Primary Care

Depression:

Depression is a potentially life-threatening illness that affects up to 6.7% of Americans (or approximately 14.8 million people) in any given year. It is the leading cause of disability in the United States for those between the ages of 15 and 44.

Screening

The U. S. Preventive Services Task Force recommends screening adults for depression in primary care when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

Many screening tools are available, including, but not limited to:

- PHQ-9 – Most common depression screening tool. Available in Spanish language version. Click here to access: **PHQ-9**
- Zung Self-Assessment Depression Scale
- Beck Depression Inventory
- Center for Epidemiologic Study Depression Scale (CES-D)
- Whooley Depression Screen (a two-item screen that may be as effective as longer instruments in detecting possible depression)

The company recommends that primary care physicians:

- Administer the Whooley Depression Screen (two questions) at least annually.
- If positive, administer the PHQ-9 screening tool with scoring interpretation according to the following algorithm:

PHQ-9 SCORE	PROVISIONAL DIAGNOSIS	TREATMENT RECOMMENDATION
5-9	Minimal symptoms*	Support, educate to call if worse, return in one month
10-14	Minor depression** Dysthymia* Major depression, *mild*	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19	Major depression, *moderately severe*	Antidepressant or psychotherapy
20 or greater	Major depression, *severe*	Antidepressant and psychotherapy (especially if not improved on monotherapy

*If symptoms present greater than two years, then probably chronic depression, which warrants antidepressant or psychotherapy treatment. (ask, "*In the past two years, have you felt depressed or sad most days, even if you felt okay sometimes?*")

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** If symptoms present greater than one month or severe functional impairment exists, consider active treatment © *3CM, 2003-2009*

All positive screenings should be followed up with a full assessment using standard diagnostic criteria such as those from the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (2013), also known as the DSM-V.

The severity of depression and co-morbid psychological problems should be addressed.

According to the Preventive Services Task Force, the benefits of regular screening of children and adolescents are unknown. The predictive value of positive screening tests has been found to be lower in children and adolescents than in adults. However, studies have found that screening tests perform reasonably well in adolescents and treatments have proven effective. Therefore, primary medical physicians (PMPs) should be alert for possible signs of depression in younger patients.

Treatment:
Treatment may include antidepressants or psychotherapy, either alone or in combination.

For more information, see WellPoint's Clinical Practice Guideline "Identification and Treatment of Adult Depressive Disorder."

Alcohol Misuse and Dependence:

The U. S. Preventive Services Task Force recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.

Alcohol misuse includes "risky or hazardous" and "harmful" drinking defined as:

- Risky/hazardous
  - Women – More than 7 drinks per week or more than 3 drinks per occasion
  - Men – More than 14 drinks per week or more than 4 drinks per occasion
- Harmful
  - Persons who are experiencing physical, social, or psychological harm related to alcohol use, but do not meet clinical criteria for alcohol dependence.

Screening

Based on a full assessment using standard diagnostic criteria such as those from the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (2013).

Many effective screening tools are available, including but not limited to:

- AUDIT (Alcohol Use Disorders Identification Test)
  - This is the most studied alcohol screening tool for use in primary care settings
  - Effective in detecting alcohol misuse, abuse, and dependence

- CAGE or CAGE/AID. Click here to access: CAGE AID
  - This four-item tool is the most popular tool for detecting alcohol abuse or dependence in primary care settings.

- MAST (Michigan Alcohol Screening Test). Click here to access: MAST
  - This widely used measure consists of a 25-item questionnaire designed to provide an effective screening for lifetime alcohol-related problems and dependence
  - It can be used for both adults and adolescents

- CRAFFT
  - This is a validated six-item alcohol screening test for use with adolescents.
  - It is recommended that all pregnant women and women contemplating pregnancy should be informed of the harmful effects of alcohol on the fetus and advised to remain abstinent during pregnancy.

    - According to the U. S. Preventive Services Task Force, the optimal interval for screening and intervention is unknown. Patients with past alcohol problems, young adults, and other high risk groups, such as smokers, may benefit from frequent screening.

    - The company suggests that PMP's utilize a brief screening procedure known as "Screening, Brief Intervention, and Referral for Treatment (SBIRT)" on an annual basis with all patients, using a brief screening tool such as the CAGE or CAGE-AID.
- Patients who screen positive should receive a brief and clear intervention to decrease or stop use.
- Effective interventions to reduce alcohol misuse include an initial counseling session of about 15 minutes, feedback, advice, and goal setting, as well as an offer of further assistance and follow-up.
- Multi-contact interventions for patients ranging widely in age (12-75 years) are shown to reduce mean alcohol consumption by 3 to 9 drinks per week, with effects lasting up to 6 to 12 months after the intervention.
- These interventions can be delivered wholly or in part in the primary care setting and by one or more members of the health care team, including physician and non-physician practitioners.

For more information on SBIRT services, visit **http://www.integration.samhsa.gov/clinical-practice/sbirt.**

Treatment

Treatment modalities include but are not limited to:

- Inpatient detoxification
- Ambulatory detoxification
- Inpatient rehabilitation
- Partial hospitalization treatment
- Intensive outpatient treatment
- Outpatient substance abuse treatment
- 12-step or other peer support programs

For more information, please see WellPoint's Clinical Practice Guideline "Clinical Guideline For the Management of Substance Abuse Disorders in Adults.

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Drug Abuse and Dependence:

Illicit drug use and abuse are serious problems among adolescents, adults, and pregnant women

Screening:

Standardized tools to screen adolescents and adults for drug use/misuse have been shown to be valid and reliable.

Screening tools for drug abuse include but are not limited to:

- CAGE-AID available at http://www.integration.samhsa.gov/images/res/CAGEAID.pdf
  - A commonly used short tool that can be used for both alcohol and drug abuse Screening

- DAST-10
  A 10-item self-report instrument that can be used with adults and older youth.

  The company suggests annual use of Screening, Brief Intervention, and Referral For Treatment (SBIRT) - See above under Alcohol Misuse and Dependence

Treatment:

In addition to the types of treatment noted above under Alcohol Misuse and Dependence, other treatments for drug abuse include:

Medication assisted treatment (MAT) – Involves use of medications (e.g. buprenorphine) in combination with other behavioral and other therapies, to treat substance abuse. -+

For more information, please see WellPoint's Clinical Practice Guideline "Identification and Treatment of Substance Use Disorders (SUD)."

Attention Deficit Hyperactivity Disorder:

Attention deficit hyperactivity disorder is the most common behavioral disorder of childhood and can severely limit academic performance, self-esteem, and social interaction in children.

Screening:

The American Academy of Pediatrics (AAP) recommends screening and evaluation of any child 4 through 18 years of age who exhibits academic or behavioral problems along with symptoms of inattention, hyperactivity, or impulsivity.

Commonly used screening tools include the Conners Comprehensive Behavioral Rating Scale and the ADHD Rating Scale IV. Both are focused checklists.

The company suggests the use of the Connors Rating Scale for children with the above symptoms. For more information, see http://www.mhs.com/product.aspx?gr=edu&id=overview&prod=cbrs

Treatment:

Treatments include but are not limited to:

Medication - According to the AAP stimulant medications have proven very effective for most children in reducing symptoms of ADHD.

Behavior therapy – A broad range of interventions with the goal of modifying the physical and social environment to attempt to change behavior.

Parent training.

For more information, please see WellPoint's Clinical Practice Guideline"Preferred Practice Guidelines for the Evaluation and Treatment of Children With Attention deficit/Hyperactivity Disorder." **Other Disorders:**

Childhood Psychosocial Problems:

Epidemiologic studies report that between 2-25% of all American school-age children, and 13% of pre-school children, have an emotional and/or behavioral disorder. Rates of psychosocial impairment are even higher among risk groups such as low income or single parent households.

Recommendations for screening for psychosocial problems have been issued by the American Academy of Pediatrics (AAP), the American Medical Association (AMA), and the American Academy of Family Physicians, among others.

In addition, the Patient Protection and Affordable Care Act require that new health plans incorporate an assessment of psychosocial and behavioral health into well-child visits.

Although there is no definitive evidence to support or rule out use of screening tools with children, for those patients exhibiting psychosocial issues, WellPoint recommends annual use of the following screening instrument:

Pediatric Symptom Checklist (PSC) may be accessed here: **Pediatric Symptom Checklist.** This 35-item instrument is designed to be completed by parents.

- Subscale scores for internalizing, conduct, and attention problems can be calculated from specific items.
- It is available in numerous languages

When screening indicates psychosocial problems, it is important to obtain a full assessment from an

appropriate practitioner such as a child psychiatrist or pediatrician.

Treatments for childhood psychosocial issues include but are not limited to:

- Individual therapy (e.g. "play" therapy)
- Family therapy
- Medication management

Bipolar Disorder

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. Symptoms are typically severe.

The disorder often develops in the late teenage or early adult years, though some symptoms may appear in younger children or older adults.

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Bipolar I disorder is characterized by manic or mixed episodes of at least seven days duration.

Bipolar II disorder is defined by a pattern of depressive episodes shifting back and forth with hypomanic episodes but no full-blown manic or mixed episodes.

Screening:

The company recommends the use of the most common screening tool for Bipolar Disorder, the Mood Disorder Questionnaire (MDQ), and a 13-item instrument. Click here to access: **MDQ**

Treatment may include:

- Medications, including mood stabilizers, atypical antipsychotic medications, and antidepressants
- Psychotherapy
- Electroconvulsive therapy

Generalized Anxiety Disorder (GAD)

This common sub-type of anxiety disorders is the most common seen in primary care practices. GAD is more common in women than in men and prevalence rates are high in mid-life. Research has found that there is considerable co-morbidity with depression and that patients with this disorder often demonstrated a high degree of impairment and disability.

Screening:

Anthem suggests the use of the GAD-7, the most common screening tool for this disorder for patients exhibiting patterns of persistent worry, anxiety symptoms, and tension. To access this screening tool, click here: **GAD-7**

Treatment:

Treatment may include medications or psychotherapy, either alone or in combination. Cognitive behavioral therapy has been found to be particularly useful in the treatment of anxiety disorders.

EDUCATION:
Patient and family education about behavioral health disorders can be very useful. Helpful websites for information include:

Depression, Bipolar Disorder
Anxiety and Depression Association of America
http://www.adaa.org/
National Institute of Mental Health - Depression page
http://www.nimh.nih.gov/health/topics/depression/index.shtml

Substance Abuse
National Institute on Drug Abuse
http://www.drugabuse.gov/
Alcoholics Anonymous
www.aa.org
Narcotics Anonymous
www.na.org

Anxiety Disorders (stress)
National Institute of Mental Health – Anxiety Disorders page
http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

References:

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, APA 2015.

Massachusetts General Hospital. Pediatric Symptom Checklist. Retrieved September. 27, 2012 from http://www.massgeneral.org/psychiatry/services/psc_why.aspx

Spitzer R, Kroenke K, Williams J. Validation and utility of a self-report version of PRIME-MD: the PHQ Primary Care Study. Journal of the American Medical Association 1999; 282: 1737-1744

Wittchen HU. (2002). Generalized Anxiety Disorder: prevalence, burden, and cost to society. Depression and Anxiety, 16(4):162-171. Abstract retrieved May 24 4, 2013, from PubMed at http://www.ncbi.nlm.nih.gov/pubmed/12497648.

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