

Behavioral Health Screening, Assessment and Treatment

CLINICAL PRACTICE GUIDELINE		
BEHAVIORAL HEALTH SCREENING, ASSESSMENT AND TREATMENT		
GOAL		
To outline methods for identifying patients with possible behavioral health (i.e., 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		
<ul style="list-style-type: none"> • Depression <ul style="list-style-type: none"> ○ Depression is a potentially life-threatening illness that affects up to 6.7 percent 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 <ul style="list-style-type: none"> ○ 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 ensure accurate diagnosis, effective treatment and follow-up. ○ Many screening tools are available, including but not limited to: <ul style="list-style-type: none"> ▪ PHQ-9 – The most common depression screening tool. 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).. ○ HealthKeepers, Inc. recommends that Primary Care Physicians (PCPs): <ul style="list-style-type: none"> ▪ 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, <i>mild</i>	Support, watchful waiting Antidepressant or psychotherapy
15-19	Major depression, <i>moderately severe</i>	Antidepressant or psychotherapy
20 or greater	Major depression, <i>severe</i>	Antidepressant <u>and</u> psychotherapy (especially if not improved on monotherapy)
<p>*If symptoms present greater than two years, then probably chronic depression which warrants antidepressant or psychotherapy treatment. Ask, <i>"In the past two years, have</i></p>		

you felt depressed or sad most days, even if you felt okay sometimes?"

****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 fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (2009), also known as the DSM-IV-TR.
 - The severity of depression and comorbid 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, PCPs 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 the clinical practice guideline for Identification and Treatment of Adult Depressive Disorder, available at www.anthem.com.
 - **Alcohol Misuse and Dependence**
 - The 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 seven drinks per week or more than three drinks per occasion
 - Men – More than 14 drinks per week or more than four 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 fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (2009).
 - Many effective screening tools are available, including but not limited to:
 - Alcohol Use Disorders Identification Test (AUDIT)
 - 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
 - This four-item tool is the most popular tool for detecting alcohol abuse or dependence in primary care settings.
 - Michigan Alcohol Screening Test (MAST)

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- 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 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.
 - HealthKeepers, Inc. recommends that PCPs 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 three to nine drinks per week, with effects lasting up to six 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 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 the Clinical Practice Guideline "Substance Abuse Guidelines" available at www.anthem.com.
- **Drug Abuse and Dependence**
 - Illicit drug use and abuse are serious problems among adolescents, adults and pregnant

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- 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
 - 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.
 - HealthKeepers, Inc. recommends annual use of 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 behavioral and other therapies to treat substance abuse.
- For more information, please see the Clinical Practice Guideline “Substance Abuse Guidelines” available at www.anthem.com.
- **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 DSM-IV based checklists.
 - HealthKeepers, Inc. recommends the use of the Conners Rating Scale for children with the above symptoms. For more information, see www.mhs.com/product.aspx.
 - 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 the clinical practice guideline “Evaluation and Treatment of Children with Attention Deficit/Hyperactivity Disorder” available at www.anthem.com.
- **Other Disorders**
 - Childhood Psychosocial Problems
 - Epidemiologic studies report that between 2-25 percent of all American school-age children and 13 percent of preschool children have an emotional and/or behavioral

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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 AAP, the American Medical Association (AMA) and the American Academy of Family Physicians, among others.
- In addition, the Patient Protection and Affordable Care Act requires 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, HealthKeepers, Inc. recommends annual use of the following screening instrument:
 - Pediatric Symptom Checklist (PSC)
 - 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 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.
 - 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
 - HealthKeepers, Inc. recommends the use of the most common screening tool for Bipolar Disorder, the Mood Disorder Questionnaire (MDQ), a 13-item instrument. 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 disorder is the most commonly seen in primary care practices. GAD is more common in women than in men, and prevalence rates are high in midlife. Research has found that there is considerable comorbidity with

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depression and that patients with this disorder often demonstrated a high degree of impairment and disability.

- Screening
- HealthKeepers, Inc. recommends 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. 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 at www.adaa.org
 - National Institute of Mental Health — Depression page at www.nimh.nih.gov/health/topics/depression/index.shtml.
- **Substance Abuse**
 - National Institute on Drug Abuse at www.drugabuse.gov.
 - Alcoholics Anonymous at www.aa.org.
 - Narcotics Anonymous at www.na.org.
- **Anxiety Disorders (stress)**
 - National Institute of Mental Health – Anxiety Disorders page www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml.

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