



Health Care that Matters

Your Behavioral Health Screening Tools
Pocket Reference

The role of health care professionals has evolved to include discussing and addressing mental health and substance use disorders with patients. In fact, the relationships that patients have with their doctors and other health care professionals have proven to be one of the most important factors in ensuring individuals receive appropriate behavioral health care.

Recognizing the signs of a behavioral health condition is not always easy. We are providing you with the following behavioral health screening tools to help you diagnose and refer individuals for further care. We hope you find this reference guide useful in determining the best treatment options.



DEPRESSION

PHQ-9: QUESTIONS

Patient Health Questionnaire-9 (PHQ-9)				
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?				
	Not At All	Several Days	More Than Half The Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
* If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

DEPRESSION

PHQ-9: SCORING AND ACTION STEPS

Patient Health Questionnaire-9 (PHQ-9)	
Scoring	Action Steps
Score of 1-4 = Minimal depression	Action: Watchful waiting; repeat PHQ-9 at follow-up visit.
Score of 5-9 = Mild depression	Action: Watchful waiting; repeat PHQ-9 at follow-up visit. Possible referral to behavioral health care professional for psychotherapy within 30 days of positive screen.
Score of 10-14 = Moderate depression	Action: Develop treatment plan, consider pharmacotherapy and/or referral to behavioral health care professional for psychotherapy within 30 days of positive screen.
Score of 15-19 = Moderately severe depression	Action: Active treatment with pharmacotherapy and/or referral to behavioral health care professional for psychotherapy within 30 days of positive screen.
Score of 20-27 = Severe depression	Action: Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy exists, expedite referral to behavioral health care professional for psychotherapy and/or collaborative management.
Positive score on Item 9	Action: Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy exists, expedite referral to behavioral health care professional for psychotherapy and/or collaborative management.

DEPRESSION

PHQ-9 MODIFIED FOR TEENS: QUESTIONS

Patient Health Questionnaire-9 (PHQ-9) Modified for Teens				
Over the past 2 weeks , how often have you been bothered by any of the following problems?				
	Not At All	Several Days	More Than Half The Days	Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?	0	1	2	3
2. Little interest or pleasure in doing things?	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much?	0	1	2	3
4. Poor appetite, weight loss, or overeating?	0	1	2	3
5. Feeling tired, or having little energy?	0	1	2	3
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	0	1	2	3
7. Trouble concentrating on things like school work, reading, or watching tv?	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	0	1	2	3
In the past year have you felt depressed or sad most days, even if you felt okay sometimes?			Yes	No
*If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
Has there been a time in the past month when you have had serious thoughts about ending your life?			Yes	No
Have you ever , in your whole life , tried to kill yourself or made a suicide attempt?			Yes	No

DEPRESSION

PHQ-9 MODIFIED FOR TEENS: SCORING AND ACTION STEPS

Patient Health Questionnaire-9 (PHQ-9) Modified for Teens	
Scoring	Action Steps
Score of 1-4 = Minimal depression	Action: Watchful waiting; repeat PHQ-9 at follow-up visit.
Score of 5-9 = Mild depression	Action: Watchful waiting; repeat PHQ-9 at follow-up visit. Possible referral to behavioral health care professional for psychotherapy within 30 days of positive screen.
Score of 10-14 = Moderate depression	Action: Develop treatment plan, consider pharmacotherapy and/or referral to behavioral health care professional for psychotherapy within 30 days of positive screen.
Score of 15-19 = Moderately severe depression	Action: Active treatment with pharmacotherapy and/or referral to behavioral health care professional for psychotherapy within 30 days of positive screen.
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Positive score on Item 9	Action: Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy exists, expedite referral to behavioral health care professional for psychotherapy and/or collaborative management.

Please consult with the following resources for help in making referrals or determining treatment options for your EmblemHealth patients:

EmblemHealth Behavioral Health Services Program:
888-447-2526

Beacon Health Options PCP Consult Line/Psychiatric Hotline:
877-241-5575 (Routine Consultations)

Beacon Health Options Referral/Scheduling:
877-695-9449 (Routine/Urgent Consultations)

University Behavioral Associates Referral Line
800-401-4822 (Montefiore only)

Beacon Health Options PCP Toolkit:
providertoolkit.beaconhealthoptions.com

Community Resources

NYC Well-Hotline:
888-NYC-WELL (888-692-9355)

National Suicide Prevention Hotline:
800-273-8255

References

PHQ-2, PHQ-9, GAD-2, GAD-7: Spitzer, R.; Williams, J. B.W.; Kroenke, K. and colleagues, with an educational grant from Pfizer. No permission required to reproduce, translate, display, or distribute.

PHQ-9: Modified for Teens: Johnson J.G., Harris E.S., Spitzer R.L., Williams, J.B.W.: The Patient Health Questionnaire for Adolescents: Validation of an instrument for the assessment of mental disorders among adolescent primary care patients. *J Adolescent Health* 30:196–204, 2002.



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