

# THE IMPORTANCE OF DEPRESSION SCREENINGS



Depression is one of the leading causes of disability across the world.<sup>1</sup> The earlier depression is detected, the earlier it can be treated. Research shows when collaboration occurs between primary, OB/GYN and behavioral health care to screen for depression, monitor symptoms, and provide or refer for treatment, patient outcomes improve. Perinatal depression refers to minor and major depression episodes during pregnancy and/or the first 12 months after childbirth and is a common condition that affects functional outcomes both for affected women and for their families.<sup>2</sup>

## Provider Tips

- Ensure all staff understand the importance of and are well versed in strategies to engage patients on completing and understanding the screening tools.
- Offer to assist patients with low health literacy on completing the questionnaire.
- Whenever possible, ensure depression screening and treatment are culturally appropriate and offered in the patient's first language.
- Question nine on the screening tool needs special consideration as it is a screening for suicidal symptoms.
  - Have a standard workflow in place for patients answering yes regarding suicidal ideation. Have staff and treatment plans in place for these patients.
- Screen patients at new visits, on an annual basis at well care visits, or when clinically indicated.
  - Discuss the results and address any questions or concerns during the appointment and work with a care team to coordinate follow-up care for members with a positive screening.
- Develop a workflow to identify the PHQ-9 score that requires intervention in your setting.
- Ensure all services conducted during the visit are coded appropriately, including the depression screening LOINC codes.
- All primary care, maternity care, allied health, and public health professionals seeing individuals in the perinatal period should use the Edinburgh Postnatal Depression Scale (EPDS) to screen for depression. Scores 13 and above indicate an 80% chance that the mother has depression.<sup>3</sup>



## Measures

- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Prenatal and Postpartum Depression Screening and Follow-Up (PND-E and PDS-E)



## Additional Support

- Substance Abuse and Mental Health Services Administration (SAMHSA)  
[www.samhsa.gov](http://www.samhsa.gov)
- National Institute for Mental Health:  
[www.nimh.nih.gov/](http://www.nimh.nih.gov/)



## Sources

- <sup>1</sup> <https://www.ama-assn.org/>
- <sup>2</sup> <https://www.ncqa.org/hedis/measures/depression-screening-and-follow-up-for-adolescents-and-adults/>
- <sup>3</sup> <https://www.samhsa.gov/resource/dbhis/edinburgh-postnatal-depression-scale#:~:text=This%20questionnaire%20should%20be%20conducted,questionnaires%20in%2014%20different%20languages>

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This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided.