



Health Plus Promotes Depression Screening

Dear Dr. _____ :

Health Plus is committed to the early identification and treatment of behavioral health problems. With this in mind, Health Plus has strongly encouraged its primary care physicians (PCP's) to screen our members for depression and substance abuse in the primary care setting. To assist them in this endeavor, we have created and distributed a screening module that includes three well-known instruments: the PHQ-9, the Zung Self-Rating Depression Scale, and the CAGE-AID, along with information on scoring and interpretation of results.

Please be advised that members who test positive on one or more of these screening tools (or other instruments selected by the PCP) may be referred to you as a participating Health Plus Behavioral Health Provider. Therefore, you may find an increasing number of referrals which will require your consultation.

As a consequence, Health Plus expects that the results of your evaluation and treatment recommendations will be forwarded back to the member's PCP in a timely manner. Further, if you assume responsibility for providing ongoing treatment, periodic clinical updates should be shared with the referring PCP.

Health Plus provides free classes to members on stress management and depression. For the dates and locations of our health education classes, members may call Member Services at (800) 300-8181, or the Outreach Department at (888) 743-3508. Health Plus also offers depression disease management, and a referral form for this program is included in this mailing.

For assistance with member referrals, please contact the Health Plus Behavioral Health Department at (800) 727-0910 during the hours of 9 am to 5 pm, Monday to Friday, or Member Services at (800) 300-8181. Our 24 hour Behavioral Health Advice Line is also available at (866) 223-9500.

Thank you for your cooperation and efforts on behalf of Health Plus members. If you have questions, feedback or suggestions on improving our depression and substance abuse monitoring and treatment programs, please feel free to contact me directly at (718) 491-8379, or Dr. William Fishbein at (718) 491-7463.

Sincerely,

Michael Silver M.D., M.Ed.
Medical Director of Behavioral Health

William Fishbein, Ph.D., MBA
Director of Behavioral Health

Important Facts About Depression

Depression is a common, serious and costly illness that affects 1 in 10 adults in the United States each year. It can cost up to 44 billion dollars annually and causes impairment, suffering and disruption of personal, family and work life (1,2).

In addition the prevalence of depression in the following chronic medical illnesses range from:

Multiple Sclerosis	6-57%
Stroke	30-50%
Cancer (inpatients)	42%
Parkinson's Disease	40%
Diabetes Mellitus	33%
Coronary Artery Disease	18-26%
Post Myocardial Infarction	16-18% (3,4).

For example, depression puts heart attack victims at greater risk and appears to exacerbate their disability from heart disease. Depression can contribute to a worsening of symptoms as well as poor adherence to cardiac treatment regimens. Patients who survive heart attacks but suffer from major depression have a three to four times greater risk of dying within six months than those who do not suffer from depression (1).

Lastly, most patients seek mental health services first from general medical physicians (5). Patients often present first to their primary care physician with somatic complaints (6). However, depression is underdiagnosed and is undertreated (7,8). In addition, only one third to one half of patients with depression who present in primary care settings receive a diagnosis of depression (9).

Numerous primary care, mental health and public health organizations have recommended screening adults for depression in the primary care setting, including:

- The American Academy of Family Physicians (AAFP)
- The US Preventative Services Task Force (USPSTF)
- The Agency for Health Care Policy and Research (AHCPR)
- The New York City Department of Health & Mental Hygiene (NYCDOHMH)

In addition to the screening tools provided in this packet, you may wish to consider others (10, 11).

Bibliography:

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- 3) Goldberg RH, *RI Med* 1993;76:391-396.
- 4) Musselman DL, et al. *Arch Gen Psych* 1998;55:580-92.
- 5) Regier DA, et al. The de facto US Mental and Addictive Disorder Service System. *Archives of General Psychiatry* 1993; 50:85-94.
- 6) Depression Guideline Panel. AHCPR Publication 1993;93-0550.
- 7) Wells KB, et al. *JAMA*. 1989;262:3298-3302.
- 8) Simon GE, et al. *General Hosp Psychiatry*. 2000;22:153-162.
- 9) US Department of Health and Human Services. 1999;263.
- 10) The Harvard Department of Psychiatry/National Depression Screening Day Scale, (<http://www.nmisp.org/dep/dep-hands.htm>)
Jacobs DG. (Discussant). *Clinical Crossroads: A 52-year old suicidal man*. *JAMA*. 2000; 283:2693-2699
- 11) The Beck Deression Inventory (BDI), (<http://cps.nova.edu/~cpphelp/BDI.html>)
(scoring information:
http://www.cvproutcomes.com/manual/scoring_the_beck_depression_inve.htm)