

Documenting Depression Screenings, Referrals, and Follow Up for NFP instruction

Depression Screening:

What are we measuring?



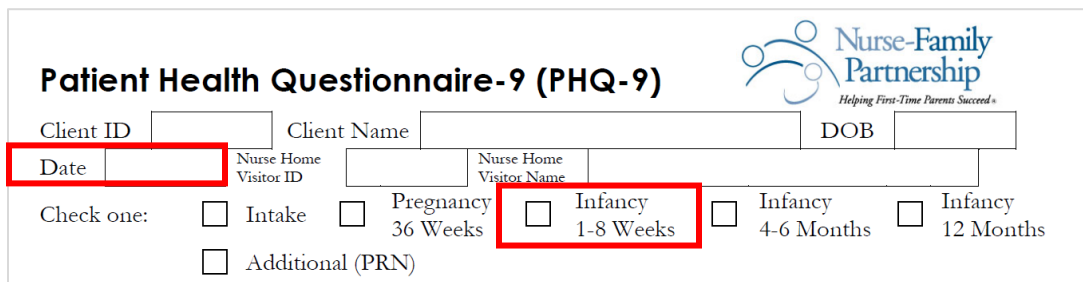
HVSA Aligned Measure: Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of delivery if enrolled pregnant or 3 months of enrollment if enrolled postnatally.

Instructions:


Complete a depression screening for primary caregivers using the PHQ-9 form within **3 months of delivery** if enrolled pregnant or **3 months of enrollment** if enrolled postnatally.

Which form should I use to document Depression Screenings?

1. **Use the PHQ-9 Form for Depression Screening.**



Patient Health Questionnaire-9 (PHQ-9)



Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one: Intake Pregnancy 36 Weeks Infancy 1-8 Weeks Infancy 4-6 Months Infancy 12 Months

Additional (PRN)

- Remember to enter the date this assessment was done.
- Screening within 3 months of delivery may correspond to a 1-8 weeks Infancy Visit.
- If enrolled postnatally (e.g., due to a transfer from another state), PHQ-9 should be conducted within 3 months of enrollment and documented here.

2. Fill out the responses for the 9 questions in the PHQ-9 Form and calculate the total score.

- For HVSA, a total score of 10 or greater (moderate to severe depression) is determined to be a positive screen requiring mental health interventions or referral.
- Any suicidal ideation (1-3 scores for Question 9), regardless of any total score, is also a positive screen.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- | | |
|--|---|
| <p>1. ♦ Little interest or pleasure in doing things</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> | <p>7. ♦ Trouble concentrating on things, such as reading the newspaper or watching television</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> |
| <p>2. ♦ Feeling down, depressed or hopeless</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> | <p>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</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> |
| <p>3. ♦ Trouble falling or staying asleep, or sleeping too much</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> | <p>9. ♦ Thoughts that you would be better off dead or of hurting yourself in some way</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> |
| <p>4. ♦ Feeling tired or having little energy</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> | <p>Add all individual item scores to determine
Total Score: <input style="width: 50px; height: 20px;" type="text"/></p> |
| <p>5. ♦ Poor appetite or overeating</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> | <p>10. 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?</p> <p><input type="checkbox"/> Not difficult at all</p> <p><input type="checkbox"/> Somewhat difficult</p> <p><input type="checkbox"/> Very difficult</p> <p><input type="checkbox"/> Extremely difficult</p> |
| <p>6. ♦ Feeling bad about yourself – or that you are a failure or have let yourself or your family down</p> <p><input type="checkbox"/> 0 - Not at all</p> <p><input type="checkbox"/> 1 - Several days</p> <p><input type="checkbox"/> 2 - More than half the days</p> <p><input type="checkbox"/> 3 - Nearly every day</p> | <p>Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.</p> |

3. Enter the information on the Form into FLO.



Completed Depression Referrals:

What are we measuring?




MIECHV Performance Measure 17: Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.

Instructions: If the total PHQ-9 score is 10 or higher or the caregiver answered something other than “not at all” to question 9, the depression screening is positive, and a referral is needed. The referral is considered complete when the caregiver receives one or more service contacts as

Which forms should I use to document Depression Referral and Completion?


1. Use the Referrals to Services Form to document a referral made.

Referrals to Services					
Client ID	<input type="text"/>	Client Name	<input type="text"/>	DOB	<input type="text"/>
Date	<input type="text"/>	Nurse Home Visitor ID	<input type="text"/>	Nurse Home Visitor Name	<input type="text"/>

		Mental Health
✓		9. Mental health treatment or therapy

- Remember to enter the date a referral was made.
- Date of the referral needs to be on or after the date of the positive screen.
- Check #9. Mental health treatment or therapy for referred.
- If a nurse home visitor provided the mental health intervention, this form still needs to be filled out per NSO guidance.

2. Use the Use of Government & Community Services Form to document referral completion.



Use of Government & Community Services

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

◆ Record services used only at following time points:

Intake Infancy 6 Months Toddler 18 Months
 Infant's Birth Infancy 12 Months Toddler 24 Months

		Mental Health
✓		9. Mental health treatment or therapy

- Remember to enter the date this form was filled out.
- Date of referral completion needs to be on or after the date of a positive screening, and on or after the date of referral made.
- If the nurse home visitor provides the mental health intervention or a client receives outside counseling or therapy, nurse home visitor needs to appropriately document in the Use of Government & Community Services Form.

3. Enter the information on the Form into FLO.