

# Clinical Practice Guideline (CPG)

## DEPRESSION



### SCOPE:

☒ Family Care    ☒ PACE    ☒ Partnership

### AUDIENCE:

Interdisciplinary Team Staff (IDTS),  
Specialists, Clinicians, Providers

### PURPOSE:

To provide best practice approach to Community Care, Inc. Interdisciplinary Team Staff, Physicians and other providers who care for our members.

Community care Clinical Practice Guidelines (CPG) are recommendations intended to guide an overall approach to care. (Please see references for an in-depth review of the condition/disease.)

Individual member factors, comorbidities, member preferences and member “Goals of Care” should be considered when making recommendations for an individual member.

**Version:** 1.0

**Delivery:** 10/02/2024

**Owner:** Psychiatric APNP

**Reviewer:** Medical Management, Behavioral Health

**Approver:** Medical Director

**Date Approved:** 07/28/2025

**Review Period in Years:** 1 year

**Next Review Date:** 07/28/2026

## CONTENTS:

- 1. Overview of Depression**
- 2. Best Practice Standards – Prevention and Management**
  - **Depression Screening Tools**
  - **Depression Assessment and Diagnosis**
  - **Options for Treatment**
- 3. Preventive Care, Management of Acute Issues – Anticipating, Recognizing and Responding to Condition/Disease Related Symptoms**
  - **Assess for Self-Neglect**
  - **Suicide Risk Assessment**
  - **Referral to Behavioural Health and Psychiatry**
- 4. Process for Interdisciplinary Team Staff**
- 5. Quality Assurance Monitoring**
- 6. References**

### 1) Overview of Disease/Condition

- Depression is one of the most common mental health disorders in the US. Twenty-one million US adults, 8.3% of the adult population had one major depressive episode in 2021 (NIMH).
- Symptoms of depression include depressed mood, loss of interest or pleasure, decreased appetite and weight loss or increased appetite and weight gain, insomnia or hypersomnia, fatigue, cognitive dysfunction, psychomotor agitation or retardation, feelings of worthlessness or guilt and suicidal ideation and behavior.
- Few patients discuss these symptoms directly with their primary care providers. Instead, two-thirds of primary care patients with depression present with somatic symptoms, for example, headache, back problems or chronic pain. Major depression is

often recurrent. More than 40% of patients who recover from an initial episode will experience a recurrence within two years.

- In the absence of screening, only 50% of patients with major depression are identified.
- Although we do not know the exact cause, it is thought that depression is caused by a combination of factors and can happen at any age.
- When depression co-occurs with other medical illnesses, assessment and treatment can be challenging. Medications taken for physical illnesses may cause side effects that contribute to depression. A provider experienced in treating these complicated illnesses can help work out the best treatment strategy.
- Untreated depression is a serious public health problem complicating chronic conditions such as heart disease, diabetes and stroke. Untreated depression increases health care costs and is associated with functional impairment, disability and premature death.

## 2) Best Practice Standards

- Depression Screening: The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression in the general adult population, including pregnant and postpartum individuals.
  - Depression Screening Tools
    - PHQ-2
    - PHQ-9
    - Geriatric Depression Scale (GDS)
    - Glasgow Depression Scale (GDS) Self Report and GDS-LD-Caregiver Supplement
    - Cornell Scale for Depression in Dementia
- A positive screen should be followed by a careful diagnostic assessment and treatment.
- Depression assessment, in order to make a diagnosis includes:
  - Complete symptom inventory or use DSM-5 criterion;
  - Screen for past trauma/PTSD;
  - Screen for suicide risk; and
  - Screen for alcohol or other drug use.
- Options for Treatment
  - Monitoring and supportive counselling
  - Antidepressant medication

- Psychotherapy
  - Combination of medication and psychotherapy
  - Brain stimulation therapies
  - Exercise
    - 45-60 minutes of moderate intensity exercise (60%-80% max heart rate) two to three times per week
  - Other
    - Self-help books
    - Art or music therapy
    - Light therapy
- The American College of Physicians (ACP) supports the integration of behavioural health care (including screening, diagnosis, brief treatment and referral) into primary care and encourages addressing behavioural health issues within the limits of available resources.

### 3) Preventive Care, Management of Acute Issues

- Assess risk for self-neglect, vulnerability to abuse and/or exploitation.
- Monitor for suicide risk.
  - Identify risk factors, protective factors.
  - Determine level of risk and choose appropriate plan.
  - Consider collaborative safety plan.
- Referral to BH and psychiatry

### 4) Process for Interdisciplinary Team Staff (IDTS)

- Complete depression screen at initial assessment and at annual MCP review assessment.
- Educate members regarding risks of untreated depression and risks/benefits of various options for treatment, as appropriate.
- Offer emotional wellness plan and/or safety plan where indicated, utilizing a shared decision-making process.
- Use motivational interviewing techniques to assess barriers to treatment adherence.

- Collaborate with Primary Care Provider (PCP) psychiatric provider.
- Incorporate supports, interventions and member goals in member care plan where indicated, utilizing a shared decision-making process.

## 5) Quality Assurance Monitoring

- Community care monitors quality of care provided to all its members via Internal File Reviews, target audits, risk reports, HEDIS data, Acumen data, electronic health record guideline reports, Clinical Dashboards and feedback from providers.
- Community care recognizes that Clinical Practice Guidelines are intended to assist in decision-making and may not apply to all members or circumstance. Complete compliance is not expected for all guidelines.

## 6) References

1. Major depressive disorder in adults: Approach to Initial Management in Adults. UpToDate accessed 9/19/2024  
**AUTHOR:** [A John Rush, MD](#)  
**SECTION EDITORS:** [Peter P Roy-Byrne, MD](#); [Robert McCarron, DO](#) Literature review current through: **Aug 2024**. This topic last updated: **Aug 06, 2024**.
2. MedlinePlus: Depression  
<https://medlineplus.gov/depression.html>  
Accessed 9/19/24
3. Depression
4. NIH, National Institute of Mental Health:  
<https://www.nimh.nih.gov/health/publications/depression>  
Accessed 9/19/24

5. Agency for Healthcare Research and Quality:  
<https://www.ahrq.gov/topics/depression.html>  
Accessed 9/19/24
6. Substance Abuse and Mental health Services Administration (SAMHSA):  
<https://www.samhsa.gov/find-help/disorders> Accessed 9/19/24
7. Link to suicide prevention lifeline  
<https://suicidepreventionlifeline.org/> Accessed 9/19/2024  
<https://www.samhsa.gov/find-help/988> Accessed 9/19/2024
8. Mental Health.gov: <https://www.mentalhealth.gov/what-to-look-for/mooddisorders/depression>
9. Catherine VanDerwerker, Gregory Sahlem, Alice Bell, Lisa Saladin (2022). *The Role of Physical Therapy in the Management of Depression: Can We Do More?* Session GR-11027, APTA