



DEPRESSION HRA

DEPRESSION ASSESSMENT RECOMMENDED



RISK EXPLAINED

People in this group scored 2 or higher on the PHQ-2. This score indicates individuals should receive additional depression screening by a health care professional.

The two questions that comprise the PHQ-2 are:

- Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?
- Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

For each PHQ-2 question, answers are scored as follows:

- Not at all (0 points)
- Several days (1 point)
- More than half the days (2 points)
- Nearly every day (3 points)



EXAMPLE PERSONA

Joline is a 24-year-old female. She is currently attending graduate school to become an architect and lives at home with her parents.

Joline has always been very active and sociable, but as the stress of her schooling increases, she's choosing to study and sleep nearly every day instead of spending time with her friends.

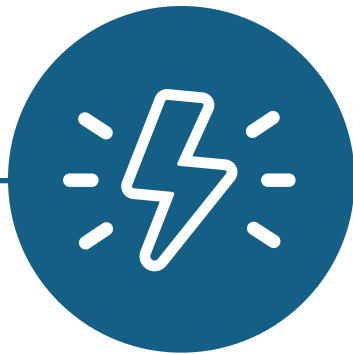
She discovered this HRA after her parents said she seems "down" lately and suggested that she might benefit from seeing a therapist.

Joline is greatly bothered by this lack of interest in the social activities she used to enjoy. She's relieved to see that there may be a reason for her symptoms but is also anxious about the idea of having depression.



DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Appointment scheduling, potentially with mental health.
- Crisis line or mental health emergency contact information.
- Relevant health content.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Review their results report with them and answer any questions they have.
- Schedule an appointment for screening, potentially with mental health.
- Discuss potential treatments, as well as their next-steps.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- Who should be screened for depression, and when.
- What to do and who to contact in case of a mental health emergency.
- Common and uncommon symptoms of depression.
- The importance of maintaining a relationship with primary care for better mental health.



SCREENING & REFERRAL TO MENTAL HEALTH

- In most cases, users in this group should complete the longer PHQ-9 questionnaire in a primary care setting.
- These users will likely benefit from a referral to mental health services.

NO



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

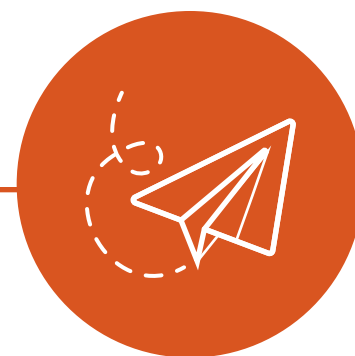
- Finding a doctor.
- Crisis line or mental health emergency contact information.
- Relevant health content.



PHONE CALL FOLLOW UP

Follow up with the user as soon as possible by phone call to:

- Review their results report with them and answer any questions they have.
- Establish a primary care physician and schedule an appointment for screening.
- Discuss potential treatments as well as their next-steps.



FOLLOW-UP EMAILS

Customize your follow-up email content to focus on:

- Who should be screened for depression, and when.
- What to do and who to contact in case of a mental health emergency.
- Common and uncommon symptoms of depression.
- The importance of creating a relationship with primary care for better mental health.



SCREENING & REFERRAL TO MENTAL HEALTH

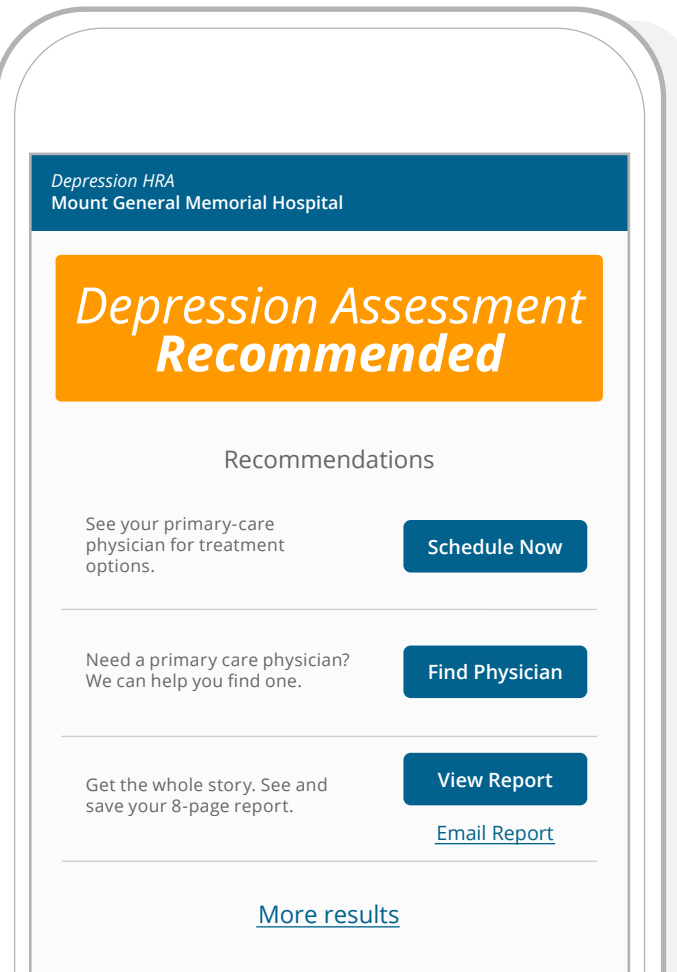
- In most cases, users in this group should complete the longer PHQ-9 questionnaire in a primary care setting.
- These users will likely benefit from a referral to mental health services.

OTHER CONSIDERATIONS

In addition to meeting the PHQ-2 criteria for additional screening, these people may have other symptoms or risk factors for depression.

People in this category should be encouraged to seek screening with primary care at their earliest convenience. They should also be encouraged to track their symptoms and alert primary care or a mental health professional if their symptoms worsen or don't improve, or if they experience new symptoms of depression.

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DEPRESSION HRA

TELL A DOCTOR ABOUT YOUR SYMPTOMS

GOAL: DISCUSS SCREENING DURING REGULAR PRIMARY CARE VISIT



RISK EXPLAINED

Individuals in this category have one or more of the following:

- A total PHQ-2 score of 1 (see the *Depression Assessment Recommended* page for details)
- Bothered by 1 or more of these symptoms on more than half the days over the last two weeks:
 - Sleep problems
 - Fatigue
 - Appetite problems
 - Feeling bad about themselves
 - Trouble concentrating
 - Moving or speaking more slowly than usual
 - Being fidgety or more restless than usual



EXAMPLE PERSONA

Pat is a 42-year-old, divorced father of two. He works in sales, and he was promoted 4 months ago to a very stressful management position at work.

At about the same time, his ex-wife was remarried and moved with their young children to a city further away. This move significantly impacted his visitation schedule, so he's missing the time he used to spend with his children.

Although he doesn't feel "depressed," he's been experiencing insomnia that results in fatigue and difficulty concentrating at work.

This is making his work and home life somewhat difficult. He's wondering if these things are all related.



DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Appointment scheduling.
- Relevant health content.
- Crisis line or mental health emergency contact information.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Review their results report with them and discuss next steps.
- Explain the symptom tracking journal included in their report.
- Schedule an appointment to address their current symptoms.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- Who should be screened for depression, and when.
- Common and uncommon symptoms of depression.
- What to do and who to contact in case of a mental health emergency.
- The importance of maintaining a relationship with primary care for better mental health.



DISCUSS SCREENING IN PRIMARY CARE SETTING

- Users in this group should be educated about the signs and symptoms of depression.
- Users may benefit from additional screening for related psychological conditions.
- In most cases, these users should be encouraged to track their symptoms and return for screening if their symptoms worsen or do not improve, or if they experience new symptoms.

NO

GOAL: CREATING A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Finding a doctor.
- Relevant health content.
- Crisis line or mental health emergency contact information.



PHONE CALL FOLLOW UP

Follow up with the user as soon as possible by phone call to:

- Review their results report with them and discuss next steps.
- Explain the symptom tracking journal included in their report.
- Establish a primary care physician and schedule an appointment to address their current symptoms.



FOLLOW-UP EMAILS

Customize your follow-up email content to focus on:

- Who should be screened for depression, and when.
- Common and uncommon symptoms of depression.
- What to do and who to contact in case of a mental health emergency.
- The importance of maintaining a relationship with primary care for better mental health.



DISCUSS SCREENING IN PRIMARY CARE SETTING

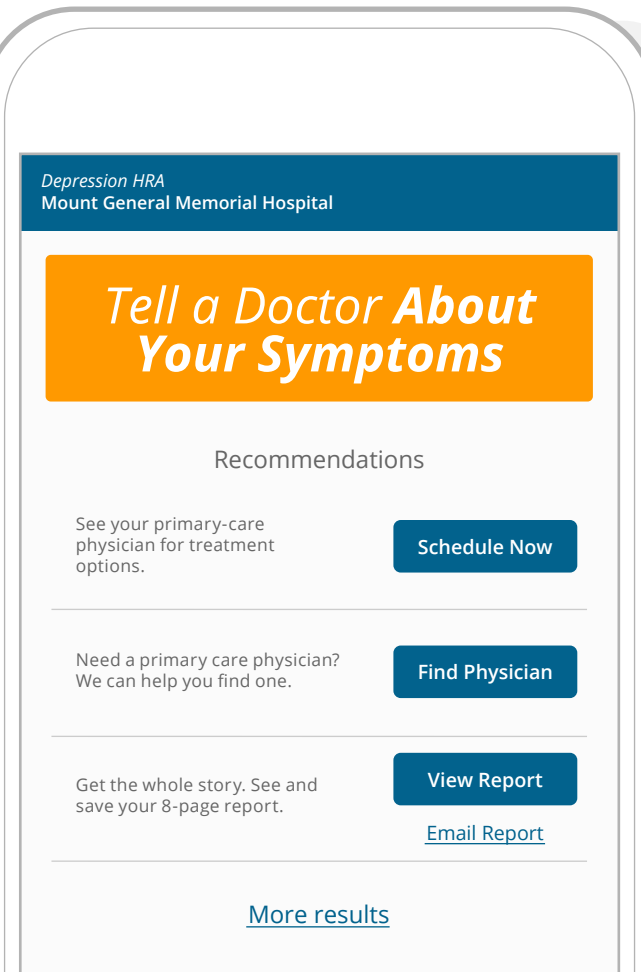
- Users in this group should be educated about the signs and symptoms of depression.
- Users may benefit from additional screening for related psychological conditions.
- In most cases, these users should be encouraged to track their symptoms and return for screening if their symptoms worsen or do not improve, or if they experience new symptoms.

OTHER CONSIDERATIONS

The questions in the HRA focus on symptoms *within the past 2 weeks*. Although these individuals didn't meet the PHQ-2 criteria for further screening, they may have experienced those symptoms during another time period. These people may also have risk factors for depression.

People are told that mental health symptoms often change over time, and that no two people experience depression in the same way. They should be encouraged to speak with primary care about the symptoms they reported, which may indicate depression or another psychological condition. They should also track their symptoms and speak with a health care professional if symptoms worsen or don't improve, or if they experience new symptoms of depression.

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DEPRESSION HRA

KEEP A SYMPTOM JOURNAL



RISK EXPLAINED

Individuals in this category did not report either PHQ-2 symptom or any of the other common symptoms of depression within the past 2 weeks. These people may or may not have risk factors for depression.

Risk factors assessed include:

- Personal or family history of depression
- Repeated negative emotions (guilt, envy, anger, anxiety)
- Chronic pain, chronic illness, or prior traumatic brain injury
- Current or recent pregnancy
- Weight change in the past month or severe obesity
- Low or no income
- Moderate to high stress levels
- Limited emotional support from friends/family
- Low self-esteem
- Recent major life event



EXAMPLE PERSONA

Dina is a 64-year-old woman. She is married with two adult children. She works full-time in administration for a construction company, and her husband is currently searching for work.

Dina herself has no symptoms of depression. But her 36-year-old daughter was recently diagnosed with Major Depressive Disorder and Alcohol Use Disorder.

Dina doesn't know much about either condition, so she was searching her local hospital's website for information and found this HRA.

OTHER CONSIDERATIONS

The questions in the HRA focus on symptoms *within the past 2 weeks*. Although these people didn't report symptoms of depression within the past 2 weeks, they may have experienced them in another time period.

People are told that mental health symptoms often change over time, and that no two people experience depression in the same way. They are encouraged to keep a symptom journal to track any new symptoms as they arise.

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GOAL: PSYCHOEDUCATION & EARLY INTERVENTION AT REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

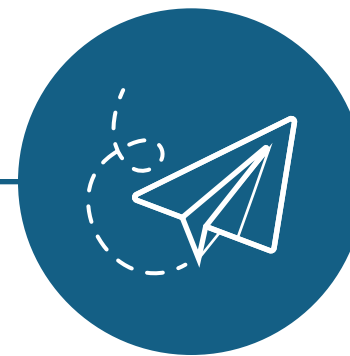
- Relevant health content.
- Health fairs or other events sponsored by your community.
- Appointment scheduling.
- Crisis line or mental health emergency contact information.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Review their results report and answer any questions they have about their results.
- Encourage them to use the included symptom journal over the following two weeks, to track any new symptoms that arise.



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The common and uncommon signs of depression, as well as when to seek help for mental health problems.
- Lifestyle-related risk factors for depression.
- What to do in the case of a mental health emergency.
- The importance of staying in touch with primary care.



PSYCHOEDUCATION & EARLY INTERVENTION

- In most cases, these users don't require any immediate screening or intervention.
- These users may benefit most from psychoeducational health content during a regular primary care visit.

YES

NO

GOAL: CREATING A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN



CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

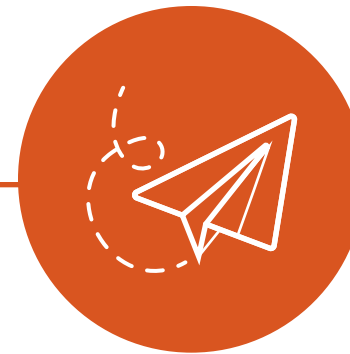
- Relevant health content.
- Health fairs or other events sponsored by your community.
- Finding a doctor.
- Crisis line or mental health emergency contact information.



PHONE CALL FOLLOW UP

Follow up with the user by phone call to:

- Review their results report and answer any questions they have about their results.
- Encourage them to use the included symptom journal over the following two weeks, to track any new symptoms that arise.



FOLLOW-UP EMAILS

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- The common and uncommon signs of depression, as well as when to seek help for mental health problems.
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- The importance of creating a relationship with primary care.



PSYCHOEDUCATION & EARLY INTERVENTION

- In most cases, these users don't require any immediate screening or intervention.
- These users may benefit most from psychoeducational health content during a regular primary care visit.

