

Screening for Depression in Primary Care:

STEP 1: The front desk gives the patient the THRIVE tool, which includes screens for depression, unhealthy substance use, and social determinants of health. The **PHQ-2** screens for depression:

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

STEP 2: Medical Assistant (MA) adds up the patient's PHQ2 score and enters in Epic. If ≥ 3 , the MA gives the PHQ-9.

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself- or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that the other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

STEP 3: The MA either enters the PHQ-9 score into Epic or leaves it in paper form for the provider to review.

STEP 4: The provider's role is to interpret and respond to the score, per the suggested guidance below:

PHQ-9 Score	Severity of Depression	Follow-up Question	Next Steps
≤ 9	Minimal or mild	N/A	Provide education and supportive counseling
10 - 14	Moderate	Short-term symptoms + no functional impairment?	As above; consider IBH referral and/or meds*; follow-up in 4-6 weeks
		Symptoms are chronic and/or functional impairment?	Begin meds and/or refer to IBH*; follow-up in 4-6 weeks
≥ 15	Moderately severe or severe	N/A	Begin meds and/or refer to IBH*; follow-up in 4-6 weeks

*Not diagnostic unto itself; use clinical judgement. If considering antidepressants: R/o bipolar first; if meds started, patient should follow up w/PCP in 4-6 weeks

PLEASE NOTE: Please pay attention to the patient's response to **Question #9**, which assesses for presence and duration of suicidal ideation.

For more information about the emergency protocol for a patient who is at risk for self-harm, refer to the Emergency Protocol page.