Algorithm: Identification & Management of Anxiety and Depression in Primary Care

UNIVERSAL SCREENING:
Patient ≥3 at each well child visit

(Documenting family mental health history for every patient is valuable "best practice")

OR

***TARGETED SCREENING*:**
(chief complaint of mental/behavioral health concerns, chronic health conditions, or frequent somatic complaints)
Follow pathway for UNIVERSAL screening **plus**
Generalized Anxiety Disorder **(**GAD-7) (≥ age 11)
OR SCARED-5 (≥ age 8)

SCREENING TESTS

AGES 3-4:	AGES 5-12:	OVER AGE 12:		≥ AGE 11	AGES 8-18:
Pre-school PSC (parent)	PSC-17 (parent)	PSC-17 (parent)	PHQA & CRAFFT (teen)	GAD-7 (teen)	5-question SCARED

SCORING

Pre-school PSC Risk: Total Score ≥9	**PSC-17 Risk:** Depression subscale score ≥ 5 (Qs 1-5) **AND/OR** Anxiety subscale score of 2 on Q4		**PHQA risk:** 5-9 mild, 10-14 moderate, 15-19 Moderate-Severe, 20-27 Severe **CRAFFT risk:** ≥ 2 questions answered positive is threshold for substance abuse/ concern	**GAD-7 risk:** 5-9 mild, 10-14 moderate, ≥ 15 severe	**SCARED risk:** ≥ 3 discriminates anxiety from non-anxiety

RISK

RISK IDENTIFIED

NO → Repeat screening at each well-child visit

YES

ASSESSMENT

1) Obtain further history and assess impact of symptoms (on school, peers, family, extracurriculars)
2) Obtain/review family mental history, if not previously done
3) Administer GAD-7 or SCARED-5 to screen for anxiety, if not previously done
4) Administer Child Trauma Screen (CTS) (≥ age 6) to assess trauma history (abuse, neglect, signif loss) or possible PTSD
5) Review PHQ-A for suicide risk and assess further as needed
6) Consider Vanderbilt tool to screen for ADHD

(See ***Appendix B*** for links to tools)

RISK SEVERITY

Severity of risk by screen and history

SEVERE → If suicidal or psychotic (at any point during evaluation or follow-up care)

Immediately call Emergency Mobile Psychiatric Services (e.g. EMPS @ 211 or refer to E.D. (call 911) If patient refuses emergency care, complete Physician's Emergency Certificate (PEC) *(Appendix B)*

MILD

1) Discuss diagnosis and consider referral to school based resources or Behavioral Health Provider.
2) Provide education to family about worsening symptoms and availability of crisis resources (e.g. EMPS @ 211)
3) Schedule one-month follow-up; repeat screening and patient assessment of safety as necessary

MODERATE

MANAGEMENT

If signs of:
* Bipolar disorder
* Depression complicated by non-suicidal self-injury (NSSI)
* Complex Co-Morbidity (substance use, severe ADHD, ODD/conduct disorder)
OR
* Recurrent/chronic depression (2 or more episodes or ≥ 2 years of continuous depression)

YES → ***Refer to Psychiatrist (Utilize ACCESS MH-CT if need to connect patient to care) (Appendix F)***

1) PCP continues to see patient as "bridge" provider at regular intervals until patient is in active treatment with psychiatrist
2) Request ongoing communication with psychiatrist

NO

1) Discuss diagnosis
2) Refer to Behavioral Health Provider
3) Consider medication (see attached Medication Recommendations in ***Appendix H***) and/or consult with Access Mental Health (ACCESS MH-CT)
4) Consider school-based resources (e.g., 504 Plan)
5) Provide education to family about worsening symptoms and availability of crisis resources (e.g. EMPS @ 211)

Meds Indicated: Significant impairment of function and/or feedback from Behavioral Health Provider

YES → Meds prescribed by PCP

NO → Schedule one-month follow-up; repeat screening and patient assessment of safety as necessary.

NO → (back to Meds prescribed by PCP)

YES

1) See specific recommendations for initiation of medication titration schedule and monitoring schedule ***(Appendix H)***
2) Discuss target symptoms and goals of treatment with pt/ family; offer psycho-education about disorder (e.g., "Facts for Families" ***(Appendix D)***, and consider school-based resources
3) Review patient safety plan with lethal means restrictions ***(Appendix G)***.
4) Review black box warning ***(Appendix E)***
5) Request ongoing communication with patients Behavioral Health Provider

PCP Follow-Up Evaluation:

1) Follow standard of care
2) Re-assess family stressors, and repeat initial anxiety/ depression screening
3) Assess treatment outcomes to measure patient progress: reduction in PHQA or screening tool score and/or improvements in daily functioning assessed by clinical interview
4) Refer to follow-up frequency indications ***(Appendix C).***

Patient improved and no medication complications

YES →
1) Continue tx for additional 6-9 months to prevent relapse
2) Schedule 3-month interval f/up evals. At each visit:
- repeat initial depression/anxiety screen
- assess for high-risk behaviors and suicidality
3) At 12 months, if symptoms remit, consider tapering medication down gradually by 25% every 2-4 weeks. Monitor for signs of relapse. If relapse, resume medication dose that was successful for additional 6-12 months of treatment ***(Appendix C).***

NO → (back to ***Refer to Psychiatrist (Utilize ACCESS MH-CT if need to connect patient to care) (Appendix F)***)

For any additional support regarding medication use or mental health resources, contact ACCESS MH-CT (Appendix F)