



DEPRESSION OVERVIEW



What is Depression?

Depression is common and can be a serious mental disorder. It often affects people differently. Depression can change how a person feels, thinks, acts, and handles daily activities like sleeping, eating, and working. People with depression may feel sad, hopeless, angry, irritable, and tired. They may lose interest in activities once enjoyed. Depression can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home. Sometimes those with depression may have suicidal thoughts and suicide attempts.

Not all depression is classified as a serious mental illness, or clinical depression (Major Depressive Disorder). Depression can occur at various times and stages of people's lives and may not always require treatment. Sometimes a change in diet, exercise, or gaining hobbies can help improve common depression.

Sometimes medical conditions such as thyroid problems, brain tumors or vitamin deficiencies can mimic symptoms of depression. It is important to rule out general medical causes as well as understand the differences between depression and other emotional issues.

Depression is different from sadness or grief and bereavement. Death of loved ones and other major life losses produce natural feelings of sadness or grief in people. Sadness and grief should be considered typical responses to negative life circumstances and should not be classified as depression. The key differences between grief and depression is that an individual experiences fluctuating and eventual dissipation of emotion while maintaining an inherent sense of self while depression has effects that are much longer lasting and impair an individual's self-esteem.

Key Facts

Prevalence

- An estimated 16.2 million adults in the United State have had at least one major depressive episode. This number represented 6.7% of all U.S. adults.
- The prevalence of major depressive episode was higher among adult females (8.5%) compared to males (4.8%).
- The prevalence of adults with major depressive episode was highest among individuals aged 18-25 (10.9%).
- The prevalence of major depressive episode was highest among adults reporting two or more races (10.5%).

General Symptoms

A person with depression may not realize it. The symptoms vary from person to person. Without proper treatment, the symptoms may get worse.

A person with depression will have some of the following symptoms for at least two weeks, as well as significant impact on their daily life functions:

- Sadness, anxiety or feeling “empty” of any mood
- Feelings of hopelessness
- Feelings of pessimism, expecting only bad things to occur
- Loss of interest or pleasure in previously enjoyed hobbies and activities
- Neglecting care of oneself, such as not bathing, grooming or eating
- Fatigue or decreased energy level; moving or speaking slowly
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Restlessness or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty following through with tasks, being unable to perform well at work, or ineffective parenting
- Increase in pain sensitivity
- Difficulty sleeping, waking very early in the morning, or sleeping more than usual
- Increased or decreased appetite, large changes in body weight
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause or that do not ease even with targeted treatment
- Thoughts of death, suicide, or suicide attempts

Not everyone who is depressed has all symptoms. The severity and frequency of symptoms and how long they last will vary depending on the person.

Recognizing the symptoms of depression and seeking treatment and support early can prevent depression or shorten its duration. The earlier the patient starts treatment, the more effectively the patient can be treated and the sooner the symptoms will improve.

Risk Factors

Depression can affect anyone, even someone who appears to have a relatively ideal life. Several factors can play a role in depression:

- Biochemistry – differences in certain chemicals in the brain may contribute to symptoms of depression
- Genetics – depression can run in families; for example, if one identical twin has depression the other has a 70 percent chance of having the illness sometime in life
- Personality – people with low self-esteem, who are easily overwhelmed by stress or who are generally pessimistic appear to be more likely to experience depression
- Environmental Factors – continuous exposure to violence, neglect, abuse or poverty may make some people more vulnerable to depression



Assessment & Screening

Before a diagnosis or treatment, a health professional should conduct a thorough diagnostic evaluation. There are best practice tools that can be used to aid in the initial evaluation process to proactively identify the presence of depression. Using these tools can help make the decision to refer to a behavioral health provider easier.

Screening Tools

- **Patient Health Questionnaire (PHQ)-9** – a simple screening tool utilized in primary care settings if a patient exhibits any signs and symptoms of depression; patients who screen positive should be further evaluated; this tool can help track a patient’s overall depression as well as the specific symptoms that are improving or not with treatment
- **Beck Depression Inventory Scale** – a 21-item, self-rated scale that evaluates key symptoms of depression including mood, pessimism, sense of failure, self-dissatisfaction, guilt, punishment, self-dislike, self-accusation, suicidal ideas, etc.
- **Edinburgh Depression Scale (EDS)** – a 10-item self-report measure designed to screen women for symptoms of emotional distress during pregnancy and the postnatal period

Importance of Screening

According to an analysis of National Ambulatory Medical Care Surveys, provider screening for depression is extremely low despite the high prevalence of depression in primary care. Approximately 10 to 12 percent of patients have some form of depression, yet screening for depression only occurs with 2 to 4 percent of patients.

Percentage of Visits with Depression Diagnosis and Screening

Family Practice

2% screening
13% diagnosis

Internal Medicine

5% screening
11% diagnosis

Severity of Depression: Assessing for Major Depressive Disorder

Major Depressive Disorder is a clinical diagnosis for depression as a serious mental illness. For Major Depressive Disorder, universal symptoms of depression (i.e., depressed mood, diminished interest or pleasure, significant weight loss or gain, insomnia, etc.) are markedly more frequent in occurrence with emphasized severity. The criterion for Major Depressive Disorder must be present nearly every day to be considered present. The essential feature of the disorder is a period of at least two weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities.

Treatment Practices

Depression is among the most treatable of mental disorders – between 80 and 90% of people eventually respond well to treatment and almost all patients gain relief from some of their symptoms with the following treatment practices.

- **Medication** – Antidepressants may be prescribed to help modify one’s brain chemistry; antidepressants may produce some improvement within the first or second week of use; if benefits are not seen within two to three months of use, a psychotropic may be prescribed
- **Psychotherapy** – “Talk therapy” is used for patients with mild depression; for moderate to severe depression it may be coupled with an antidepressant prescription; Cognitive Behavioral Therapy (CBT) is an effective form of therapy focused on the present and problem solving; psychotherapy can take place individually or in a group setting and improvement can be seen within 10 to 15 sessions
- **Electroconvulsive Therapy (ECT)** – This form of treatment is commonly used for patients with severe major depression or bipolar disorder who have not responded to other treatments; the treatment involves brief electrical stimulation to the brain and is managed by a team of trained professionals
- **Self- Help and Coping** – Individuals can do things in their everyday lives to reduce the symptoms of depression such as: regular exercise, getting enough sleep, eating a healthy diet, avoiding alcohol, talking with trusted friends

Related Conditions

- Peripartum/postpartum depression
- Seasonal Depression
- Persistent depressive disorder
- Premenstrual dysphoric disorder
- Disruptive mood dysregulation disorder
- Bipolar disorder

Referrals

When to Refer to a Behavioral Health Provider

In Adults

- When a patient demonstrates an emotional or behavioral problem that constitutes a threat to their safety or the safety of those around him/her (e.g. suicidal behavior, severe aggressive behavior, an eating disorder that is out of control, other self-destruction)
- When a patient is hospitalized for the treatment of a psychiatric illness
- When a patient with behavioral or emotional problems has had a course of treatment intervention for six to eight weeks without meaningful improvement
- When a patient presents complex diagnostic issues involving cognitive, psychological, and emotional components that may be related to an organic etiology or complex mental health/legal issues
- When a patient has a history of abuse, neglect and/or removal from a home, with current significant symptoms as a result of these actions
- When a patient whose symptoms and family psychiatric history suggest that treatment with psychotropic medication may result in an adverse response (e.g. the prescription of stimulants for a hyperactive child with a family history of bipolar disorder or schizophrenia)
- When a patient with a chronic medical condition demonstrates behavior that seriously interferes with the treatment of that condition

In Children

- When a patient demonstrates a significant change in his/her emotional or behavioral functioning for which there is no obvious or recognized precipitant (e.g. the sudden onset of school avoidance, a suicide attempt or gesture in a preciously well-functioning individual)

- When a patient demonstrates emotional or behavioral problems (regardless of severity) and the primary caretaker has serious emotional impairment or substance abuse problem (e.g. a child with emotional withdrawal whose parent is significantly depressed, a child with behavioral difficulties whose parents are going through a “hostile” divorce)
- When a patient demonstrates an emotional or behavioral problem in which there is evidence of significant disruption in day-to-day functioning or reality contact (e.g. a child/adolescent who has repeated severe tantrums with no apparent reason, a child reports hallucinatory experiences without an identifiable physical cause)
- When a patient has had only a partial response to a course of psychotropic medication or when any child is being treated with more than two psychotropic medications
- When a child under the age of five experiences emotional or behavioral disturbances that are sufficiently severe or prolonged as to merit a recommendation for the ongoing use of a psychotropic medication

Billing & Coding

Below lists the CPT and HCPCS coding for assessment and screening of depression.

Individual Codes	Definition
CPT 96161	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
HCPCS G0444	Annual depression screening

Please note: These codes are examples of codes typically billed for this type of service and are subject to change. Billing these codes does not guarantee payment.

Medicaid providers should check the Indiana Medicaid Fee Schedule prior to claim submission at <http://provider.indianamedicaid.com/>.

Marketplace providers should refer to the Centers for Medicare and Medicaid Services (CMS) Fee Schedule prior to claim submission at <https://www.cms.gov/>.

CareSource Resources

Referring to Provider

Your patients experiencing depression who are CareSource members can get help when they need it by seeing a mental health professional or going to any provider in our network. If a screening is positive for depression, the provider can outreach to a behavioral health provider within the CareSource provider network. Members don't need a doctor's referral or prior approval for most outpatient treatment. **Indiana Medicaid members can see any Indiana Health Coverage Programs (IHCP) psychiatrist with no referral. All other Indiana behavioral health providers must be in-network and can be self-referred.** Providers can refer patients to care management by calling CareSource Member Services at **1-844-607-2829** (TTY: 1-800-743-3333 or 711). CareSource members can also find a provider close to them by calling Member Services.

The CareSource Find-a-Doc tool helps find a variety of health professional including marriage and family therapists, substance use counselors, social workers, community mental health centers and more: [Caresource.com/providers/indiana](https://caresource.com/providers/indiana). If your patient is having suicidal thoughts, they may contact the Suicide Prevention Lifeline at **1-800-273-TALK (8255)**.

Care Management

A Care Manager can help members find the resources needed to be healthy. If a member does not have a Care Manager, they can request one by calling Member Services at **1-844-607-2829** (TTY: 1-800-743-333 or 711).

Depression Toolkit

CareSource has developed an online Depression Toolkit with information and resources that help with identifying patients with depression and understanding next steps for patients with depression. These resources can be incorporated into your everyday practice to ensure continuity of care and coordination for your patients with mental health issues.

- Major Depressive Disorder Overview
- Major Depressive Disorder Interventions Fact Sheet
- Major Depressive Disorder Clinical Practice Guideline
- PHQ-9 Screening Tool & Instructions
- Beck Depression Inventory Screening Tool & Instructions
- Postpartum Mood Disorder Overview
- Postpartum Mood Disorder Clinical Practice Guideline
- Edinburgh Postnatal Depression Scale Tool & Instructions

Source Citations

American Psychiatric Association, What is Depression?

(<https://www.psychiatry.org/patients-families/depression/what-is-depression>)

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition TR (2013).

SAMHSA Substance Abuse and Mental Health Services Administration, Depression

(<https://www.samhsa.gov/find-help/treatment>)

American Academy of Child & Adolescent Psychiatry and National Institute of Mental Health

(<http://atomalliance.org/nimh-transforming-the-understanding-and-treatment-of-mental-illnesses/>)

Beck Depression Inventory (<https://beckinstitute.org/beck-inventory-and-scales/>)

PHQ-9 (<http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>)