



Quick Guide for Primary Care

# BEHAVIORAL HEALTH SCREENING & INTERVENTION

Your patient's complaint may relate to a psychiatric issue rather than a physical one.

## Start Screening

### What You Need to Know

Alcohol & Drugs

Depression

Anxiety

Suicide

### Next Steps

Alcohol & Drugs

Depression

Anxiety

Suicide

## Resources & Referral

# START SCREENING



Visit [ok.gov/odmhsas/Prevention\\_in\\_Practice.html](http://ok.gov/odmhsas/Prevention_in_Practice.html) for essential resources related to behavioral health screening and intervention.

- Screening tools and protocols
- Local behavioral health referral
- Billing guides
- Patient materials
- Research and news
- Industry recommendations
- Primary care widgets for preventive screening

## Receive free screening consultation:

- Go to [ok.gov/odmhsas/Prevention\\_in\\_Practice.html](http://ok.gov/odmhsas/Prevention_in_Practice.html)
- Email [sbirt@odmhsas.org](mailto:sbirt@odmhsas.org)
- Call 1-877-SBIRTOK (1-877-724-7865)

## Billing & Coding

A long list of preventative services including alcohol counseling and depression screening for patients is covered by private insurance and, in most cases, without co-pays or coinsurance. In addition, Medicare reimburses for preventative screening and counseling, and SoonerCare covers tobacco cessation and screening for behavioral health symptoms, substance misuse and abuse. Please visit [ok.gov/odmhsas/Prevention\\_in\\_Practice.html](http://ok.gov/odmhsas/Prevention_in_Practice.html) for more information.

WHAT YOU NEED TO KNOW

# ALCOHOL & DRUGS



Substance use disorders are associated with significant morbidity and mortality worldwide. Patients with alcohol/drug problems frequently present in primary care.<sup>1</sup> Alcohol problems are overrepresented in many populations seeking medical care, affecting up to 44%<sup>2</sup> of primary care patients.

In addition to alcohol and illicit drug use, nonmedical use of prescription drugs is also common in the primary care setting.<sup>3</sup> “In 2007, 16.3 million Americans age 12 and older had taken a prescription pain reliever, tranquilizer, stimulant, or sedative for nonmedical purposes at least once in the past year—behaviors that can lead to serious health problems, including addiction,” according to Dr. Galson, a rear admiral in the U.S. Public Health Service.

<sup>1</sup>Treating substance abuse in primary care: a demonstration project Denise Ernst, MA, MS, William R. Miller, PhD, and Stephen Rollnick, PhD

<sup>2</sup> Buchsbaum DG, Buchanan RG, Lawton MJ, Schnoll SH. Alcohol consumption patterns in a primary care population. *Alcohol and Alcoholism*. 1991;26(2):215–20. [PubMed]

<sup>3</sup> A Single-Question Screening Test for Drug Use in Primary Care Peter C. Smith, MD, MSc, Susan M. Schmidt, Donald Allensworth-Davies, MSc, and Richard Saitz, MD, MPH.

## Signs/Symptoms

- High blood pressure
- Red palms, flushed face
- Enlarged liver
- Nausea, bloating, dyspepsia, and ulcers
- Pancreatitis
- Easy bruising and/or bleeding
- Shakiness, tremor
- Weakness of the wrists, ankles
- Numbness and tingling
- Impaired memory
- Erectile dysfunction
- Yellowing of the whites of eyes or skin (jaundice)

[NEXT STEPS](#) ➔

WHAT YOU NEED TO KNOW

# DEPRESSION



Primary care doctors carrying heavier mental health load, more than a third of patients rely solely on them to treat psychiatric conditions as the number of psychiatrists fails to keep pace with demand. Nearly one in 10 Americans 18 and older is depressed, according to a Centers for Disease Control and Prevention study in the Oct. 1 Morbidity and Mortality Weekly Report. One in four adults has a diagnosable mental disorder in any given year, according to the National Institute of Mental Health.<sup>4</sup> Depressive disorders affect approximately 18.8 million adults or 9.5% of the U.S. population age 18 and older in a given year. This includes major depressive disorder, dysthymic disorder, and bipolar disorder.<sup>5</sup>

<sup>4</sup> CHRISTINE S. MOYER, amednews staff. Posted Oct. 25, 2010.

<sup>5</sup> NIMH. "The Numbers Count: Mental Illness in America," Science on Our Minds Fact Sheet Serie

## Signs/Symptoms

- Feelings of sadness or unhappiness
- Irritability or frustration, even over small matters
- Loss of interest or pleasure in normal activities
- Reduced sex drive
- Insomnia or excessive sleeping
- Changes in appetite
- Agitation or restlessness
- Slowed thinking, speaking or body movements
- Indecisiveness, distractibility and decreased concentration
- Fatigue, tiredness and loss of energy
- Feelings of worthlessness or guilt, fixating on past failures
- Frequent thoughts of death, dying or suicide
- Unexplained physical problems, such as back pain or headaches.

[NEXT STEPS](#) ➔

WHAT YOU NEED TO KNOW

# ANXIETY



In any given year, 18% of people will suffer from an anxiety disorder.<sup>6</sup> The majority of these individuals receive treatment in general medical rather than specialty mental health settings.<sup>7</sup>

## Signs/Symptoms

- Bothered by nerves, feeling anxious, or on edge
- Anxious or uncomfortable around people
- Spells or attacks where all of a sudden feels frightened, anxious, or uneasy
- Recurrent dreams or nightmares of trauma, or avoidance of trauma reminders

<sup>6</sup> Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry 2005; 62: 617-27.

<sup>7</sup> Wang PS, Lane M, Olfson M, Pincus HA, Wells KB, Kessler RC. Twelve-month use of mental health services in the United States. Results from the National Comorbidity Survey Replication. Arch Gen Psychiatry 2005; 62: 629-40

# SUICIDE



Since physical illness itself is a risk factor for suicide primary care physicians and other health care providers are highly likely to see patients who are depressed and may be at risk of suicide.<sup>8</sup>

Most people who complete suicide signal their intention to do so before ending their lives, and they often display these distress signals to their doctors. A substantial number of elderly people who die by suicide contact their primary care physicians within a month before their death.<sup>9</sup>

## Signs/Symptoms

- Talking about suicide or death
- Giving direct verbal cues, such as “I wish I were dead”
- Giving less direct verbal cues, such as “What’s the point of living?”
- Isolating him- or herself from friends and family
- Expressing the belief that life is meaningless or hopeless
- Giving away cherished possessions
- Exhibiting a sudden and unexplained improvement in mood
- Neglecting his or her appearance and hygiene

These signs are especially critical if the patient has a history or current diagnosis of a psychiatric disorder, such as depression, alcohol or drug abuse, bipolar disorder, or schizophrenia.

<sup>8</sup> Maris, R.W., Berman, A., & Silverman M.M. (Eds.). (2000). Comprehensive textbook of suicidology. New York: Guilford Press.

<sup>9</sup> Contact With Mental Health and Primary Care Providers Before Suicide: A Review of the Evidence, Jason B. Luoma, M.A.; Catherine E. Martin, M.A.; Jane L. Pearson, Ph.D., Am J Psychiatry 2012; 159: 909-916. 10.1176/appi.ajp.159.6.909

# ALCOHOL & DRUGS



## Commonly Used Screening Tools:

**Adolescent:** CRAFFT

**Adult:** Alcohol Use Disorders Identification Test (AUDIT)  
Drug Abuse Screening Test (DAST)

Low Risk	Moderate Risk	High Risk
<p>Discuss results with patient</p> <p>↓</p> <p>Reinforce and educate healthy limits</p>	<p>Discuss results with patient</p> <p>↓</p> <p>Educate and motivate change (Discuss laws – i.e. minimum drinking age)</p> <p>↓</p> <p>Negotiate plan</p>	<p>Discuss results with patient</p> <p>↓</p> <p>Educate and motivate change (Discuss laws – i.e. minimum drinking age)</p> <p>↓</p> <p>Negotiate plan</p> <p>↓</p> <p>Refer to Behavioral Health (See Referral and Resource Section of Guide)</p>

# DEPRESSION



## Commonly Used Screening Tools:

**Pediatric:** Center for Epidemiological Studies Depression Scale for Children (CES-DC)

**Adolescent:** 11-Item Kutcher Adolescent Depression Scale (KADS-11)  
 Patient Health Questionnaire Modified for Teens (PHQ-9)  
 Pediatric Symptom Checklist – Youth (PSC-Y)

**Adult:** Patient Health Questionnaire (PHQ-9)

**Older Adult:** Geriatric Depression Scale (GDS)

Low Risk	Moderate Risk	High Risk
<p>Discuss results with patient</p> <p style="text-align: center;">↓</p> <p>Discuss patient support and healthy behaviors</p> <p style="text-align: center;">↓</p> <p>Call if symptoms worsen</p>	<p>Discuss results with patient</p> <p style="text-align: center;">↓</p> <p>Discuss patient support and healthy behaviors</p> <p style="text-align: center;">↓</p> <p>Refer to Behavioral Health (See Referral and Resource Section of Guide)</p>	<p>Discuss results with patient</p> <p style="text-align: center;">↓</p> <p>Discuss patient support and healthy behaviors</p> <p style="text-align: center;">↓</p> <p>Assess for anti-depressant</p> <p style="text-align: center;">↓</p> <p>Refer to Behavioral Health (See Referral and Resource Section of Guide)</p>

# ANXIETY



## Commonly Used Screening Tools:

**Adolescent:** Pediatric Symptom Checklist – Youth (PSC-Y)

**Adult:** Hamilton Anxiety Rating Scale (HAM-A)

Generalized Anxiety Disorder 7-item (GAD-7)

PostTraumatic Stress Disorder (PTSD) Checklist – civilian version

Zung Self-Rating Anxiety Scale (SAS)

Low Risk	Moderate Risk	High Risk
Discuss results with patient	Discuss results with patient	Discuss results with patient
↓	↓	↓
Discuss patient support and healthy behaviors	Discuss patient support and healthy behaviors	Discuss patient support and healthy behaviors
↓	↓	↓
Call if symptoms worsen	Refer to Behavioral Health (See Referral and Resource Section of Guide)	Assess for psychiatric medication
		↓
		Refer to Behavioral Health (See Referral and Resource Section of Guide)

# SUICIDE



## Commonly Used Screening Tools:

**Adolescent:** Pediatric Symptom Checklist –Youth (PSC-Y)

**Adult:** Columbia Suicide Severity Rating Scale (C-SSRS)

Low Risk	Moderate Risk	High Risk
Refer to High Risk	Refer to High Risk	Discuss results with patient ↓ Keep patient safe (supervised) ↓ Discuss hospitalization ↓ If involuntary, call 911 or local police ↓ If voluntary, secure safe transportation

# RESOURCES & REFERRAL



## Patient Supports and Behavioral Health Referral:

### · 211 Oklahoma:

[www.211oklahoma.org](http://www.211oklahoma.org)

Information and referrals to human services for every day needs and in times of crisis.

### · Substance Abuse Treatment Facility Locator:

[findtreatment.samhsa.gov/TreatmentLocator/](http://findtreatment.samhsa.gov/TreatmentLocator/)

*Find the Closest Services & Treatment Locations.*

Find alcohol and drug abuse treatment or mental health treatment facilities and programs around the country.

### · SAMHSA's National Helpline:

[www.samhsa.gov/treatment/natHelpFAQs.aspx](http://www.samhsa.gov/treatment/natHelpFAQs.aspx)

1-800-662-HELP (4357)

TTY: 1-800-487-4889

Also known as, the Treatment Referral Routing Service, this Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

### · National Suicide Prevention Lifeline:

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

1-800-273-TALK

24-hour Assistance for Individuals in Emotional Distress

### · Oklahoma Health Care Authority:

[www.okhca.org](http://www.okhca.org)

(800) 987-7767

(800) 757-5979 (TDD)

For SoonerCare eligible customers contact Member Services

Screening in Primary Care for substance abuse and mental health is critical as more than a third of patients rely solely on primary care for treatment.