Depression and Primary Care

Two-thirds of people with mental illness do not receive treatment.¹

**Depression**

- second highest cause of disability and premature death worldwide by 2020²
- $83.1 billion in direct and indirect costs³
- majority of people with depression turn to primary care providers for help

Screening improves the accurate identification of depressed patients in primary care settings:

- 1/100 patients screened will have clinical depression
- treatment with antidepressants, psychotherapy, or both decreases clinical morbidity
- programs combining depression screening and feedback with staff-assisted depression care supports improved clinical outcomes in adults and older adults

For initial screening, asking the following TWO simple questions about mood and anhedonia are effective in helping to determine whether a patient is depressed.⁴

- “Over the past two weeks, have you felt down, depressed, or hopeless?”
- “Over the past two weeks, have you felt little interest or pleasure in doing things?”

As a next step, the nine-question PHQ-9 depression scale is an easy tool for assisting primary care providers in diagnosing depression, as well as selecting and monitoring treatment.⁵

When you choose to refer a patient, you can call the Mental Health/Substance Abuse telephone number printed on the back of his or her health insurance ID card.

**References**

1. USPSTF recommendation statements and evidence reviews – [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)
2. World Health Organization – [www.who.int](http://www.who.int)
4. The MacArthur Initiative on depression & Primary Care - Depression Tool Kit (includes PHQ-9) – [www.depression-primarycare.org/clinicians/toolkits/](http://www.depression-primarycare.org/clinicians/toolkits/)

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