

# Depression Screening: An Effective Tool to Reduce Disability and Loss of Productivity

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# What Is It?

- Common mental disorder
- Affects ability to work, form relationships, and quality of live
- Presents with
  - depressed mood,
  - loss of interest or pleasure,
  - feelings of guilt or low self-worth,
  - disturbed sleep or appetite,
  - low energy, and poor concentration
- May become chronic or recurrent
- Can lead to suicide—fatality of 850,000 lives every year
- Depression occurs in persons of all genders, ages, and backgrounds.

# The Problem: Today

- Depression affects 121 million people worldwide
- Costs: \$43 billion annually, of which \$17 billion represents lost work days
- Major depression-**fourth leading cause of worldwide disease in 1990**, causing more disability than either ischemic heart disease or cerebrovascular disease
- Today, depression is already the 2nd cause of DALYs in the age category 15-44 years for both sexes
- New research published in BioMed Central's open access journal *BMC Medicine* compares social conditions with depression in 18 countries across the world Science Daily, July 2011
- Overall prevalence rate of Major Depressive Disorder—10 to 20 %
- Not recognized—up to 50%
- Access to effective treatments

# The Facts

- Treatment
  - Effective for 60-80%--Antidepressant medications and brief, structured forms of psychotherapy
  - Fewer than 25 % of those affected (in some countries fewer than 10 %) receive such treatment
  - Barriers to effective care include the lack of resources, lack of trained providers, and the social stigma associated with mental disorders including depression

# The Problem: Future

\*By 2020, depression projected to be the leading cause of disability globally

\*Work Loss Data Institute, 'Management of Workplace Mental Health Issues and Appropriate Disability Prevention Strategies,' Pamela A. Warren, Ph.D., 2005

- Systematic screening has been advocated as a means of improving detection, treatment, and outcomes of depression
- Quality improvement programs for depression have shown improvement in:
  - quality of care
  - satisfaction with care
  - health outcomes
  - functioning
  - economic productivity
  - and household wealth at a reasonable cost

# World Mental Health Survey Initiative

- WHO and researchers from 20 centers collaborated to investigate the prevalence of global depression
- Classified as having a Major Depressive Episode (MDE) required to have five of nine criteria
  - sadness,
  - loss of interest or pleasure
  - feelings of guilt or low self-worth
  - disturbed sleep or appetite
  - low energy
  - poor concentration

# World Mental Health Survey

- Over 89,000 interviews
- Outcomes
  - 15% of the population from high-income countries (compared to 11% for low/middle-income countries) were likely to get depression over their lifetime with 5.5% having had depression in the last year.
  - MDE were elevated in high-income countries (28% compared to 20%) and were especially high (over 30%) in France, the Netherlands, and America. The country with the lowest incidence was China at 12%, common in India (at almost 36%).
  - Cross cultural
    - women were twice as likely to suffer as men; main contributing factor was loss of a partner, whether from death, divorce or separation
    - age of onset was almost two years earlier in low income countries, more apparent in people from high income countries.

# United States Experience

- An estimated 1 in 10 U.S. adults report depression
- Adversely affect the course and outcome of common chronic conditions, such as arthritis, asthma, cardiovascular disease, cancer, diabetes, and obesity
- Result in increased work absenteeism, short-term disability, and decreased productivity



# CDC Survey Results

- Survey indicated that, among 235,067 adults (in 45 states, the District of Columbia [DC], Puerto Rico, and the U.S. Virgin Islands),
  - 9.1% met the criteria for current depression (significant symptoms for at least 2 weeks before the survey) with 4.1% who met the criteria for major depression.
  - increased prevalence in southeastern states, where a greater prevalence of chronic conditions associated with depression has been observed (e.g., obesity and stroke).
  - following groups more likely to meet criteria for major depression
    - persons 45-64 years of age
    - women
    - blacks, Hispanics, non-Hispanic persons of other races or multiple races
    - persons with less than a high school education
    - those previously married
    - individuals unable to work or unemployed
    - persons without health insurance coverage

# Screening for Depression: Recommendations from the U.S. Preventive Services Task Force

- Medical condition: with minor to major results
- Depression Screening
  - Involves looking for a disease in people who do not report symptoms.
  - Screening works best if systems in place to support accurate diagnosis, prescription of effective treatment, and follow-up ..
- Identify more adults with depression.
- No method better than another
- It does appear that two questions work as well as long questionnaires
  - 1] Over the past 2 weeks, have you ever felt down, depressed, or hopeless?
  - 2) Over the past 2 weeks, have you felt little interest or pleasure in doing things?
- Improved patient outcomes

# Screening Tool

1. Over the past two weeks, have you ever felt down, depressed or hopeless?
2. Over the past two weeks, have you felt little interest or pleasure in doing things?

[U.S. Preventive Services Task Force. Screening for Depression in Adults: Summary of the Evidence. \*Ann Intern Med\* 2002](#)

# One Company's Experience

- Short Term Disability salary continuance exceeds \$ 1.8 million
- STDs with a diagnosed depression component have an absolute minimum cost three to five times higher and other diagnoses.
- Need to address these costs
- **Imbed Depression Screening in an Employer Based Disability Management Program pilot**
- Assumption: Depression screening and dialogue with the Nurse Case Manager would positively impacted clinical care as defined by a patient-initiated discussion with the provider

# Methods

- Nurse Case Managers engaged employees at initial assessment
- Two screening questions, recommended by USPSTF
- Follow up calls for positive screens- Measure three items:
  - 1) Positive/Negative screen (y/n)
  - 2) Follow up with provider for positive screen? (y/n)
  - 3) Whether changes to treatment? (y/n)
- 'Re-screening' as indicated
- Spreadsheet documentation

# Screening Program Description

- Disability Management (DM) group
  - Add questions to the initial screening conversation
  - Telephonic contacts with the Nurse Case Manager occur at least monthly and in many cases one or more times weekly.
  - Allows frequent 'check steps' with employee
  - The intent is to actively engage and focus employees on the potential impact of depression.
- Numerous Tools.
  - Efficient but not drain resources
- Tool used
  - "Over the past 2 weeks, have you ever felt down, depressed, or hopeless?"
  - "Over the past 2 weeks, have you felt little interest or pleasure in doing things?"
- Results
  - A 'yes' answer to one or both questions indicates the need for follow up with a qualified provider.

# Process

1. Each Nurse Case Manager asked the two screening questions at the time of the initial assessment conversation with the employee.
2. If the employee screens positive (yes to one or both questions), the NCM recommends options for action.
  - recommends the employee to follow up with their own healthcare provider at the earliest opportunity.
  - advised to tell the provider that he/she screened positively on a depression screening and would like to be evaluated by the provider to rule out the possibility of depression.
  - made aware of immediate access to a web based self-screening tool via our Employee Assistance Program (EAP)
  - or the option of telephoning the EAP to receive a more detailed screening and, if needed, a referral and appointment with an appropriate provider
3. Tracked information includes:
  1. Yes/no to training questions
  2. Yes/no to talking with healthcare provider
  3. Diagnosis or modification in treatment plan

# Operational Challenges

Challenges to incorporating a screening component within our disability management program included the following:

- Clarity of purpose
- Change management
- Competing priorities and decreasing resources
- Employee privacy concerns



# Clarity of Purpose

## Shared Vision

- Align with corporate mission
- The purpose of the pilot
  - imbed depression screening as a way of working
  - Focus on the depression raised collective awareness of and ability to recognize the consequences of depression to the individual, to the workplace and to society as a whole.
  - measurable decrease in disability days. mission—to help people ‘feel better, do more and live longer.’ This screening initiative has potential for making a sustainable and measurable difference in the lives of all our customers, starting with the employee customer.

# Change Management

Disability Management program consists of five Nurse Case Managers (NCM), all Registered Nurses, and three administrative Case Managers

- Nurses led pilot
- The comfort level and experience of team
- Developed some basic template verbiage which could be used to begin dialogue with the employee.
- Met periodically to share

# Competing Priorities, Decreasing Resources

- Competing priorities for diminishing resources-
- Check step periodically---for alignment and simplification

# Employee Privacy Concerns

Employee privacy concerns may exist and should be discussed thoroughly.

- Reaffirmed that all principles and policies regarding confidentiality applied and that the employee's right to confidentiality was in no way infringed upon by raising this area of depression as a potential concern.
- Tracking of aggregate results was done in a manner to protect each individual employee's right to privacy and confidentiality.

# Screening Pilot Findings

**July 1, 2006-July 1, 2008--2127** cases screened using the USPTF questions, excludes pregnancies

**40 %** (863/2127) screened positive

**62.69 % of positive** (541/863) talked with their treating doctor about the screen

**74%** (398/541) report either starting or changing treatment for depression

Approximately 37% tested positive, but were not captured as 'yes' to having followed up with their provider or contacting the EAP.

- The most common reason—the employee returned to work before having further contact with Nurse Case Manager.
- The other reason--the employee did not believe they could have any type of depressive disorder, therefore the employee did not perceive the need for follow up.

# Screening Pilot Findings

## Overall Results

- ✓ 8 months prior to pilot compared to 8 months post pilot
  - depression diagnosis increased
  - medications for mental health increased
  - more adherence to medications
  - referral to EAP increased
- ✓ Comparison to HRA stress questions where no significant increase in mental health status occurs

# Impact To Our Practice

- Ensure mental health services for employees
- Institute screening questions in clinical and disability practice
- Arrange treatment with mental health professionals and services
- Follow-up for best results in the workplace