



## **PHQ-9 Intervention and Follow Up Protocol**

**Patient score of 1-4** no follow up needed as there is minimal evidence of depression.

### **Patient score of 5-9**

1. Provider talks with patient to explore whether or not they have been feeling depressed.
2. Once patient and provider discuss, then if any depressive symptoms are present either make decision to screen again at a next appointment in a month or six weeks depending on patient circumstances.

### **Patient score of 10-14**

1. Provider engages the behavioral health consultant. Steps and two follow after the behavioral health consultant interview.
2. Provider talks with patient about depression and its varied origins. If the depression is situational, then a decision can be made to screen again in several weeks.
3. If the patient reports depressive symptoms that are persistent and not situational, then provider discusses medication options and either initiates medication or schedules patient for a repeat visit to conduct a second screening and consider treatment options.

### **Patient score of 15-19**

1. Patient is suffering from moderately severe depression. Provider should engage the behavioral health consultant to conduct immediate intervention during the current visit to assess need for short-term ongoing visits.
2. Behavioral health consultant should complete a suicide and violence risk assessment at this visit.
3. Patients with moderate to high suicide or violence risk need further mental health evaluation by the behavioral health consultant before the visit ends.
4. Patients who are determined to be experiencing suicidal ideation or intent or contemplating violence toward others need to be seen by community crisis stabilization team and evaluated for hospitalization or other intervention before the visit ends.

### **Patient score of 20-27**

1. With this score, the patient is most likely severely depressed. Provider needs to engage the behavioral health consultant immediately.
2. Suicide and violence risk assessment should be completed and followed up on.
3. Patients with moderate to high suicide or violence risk need further mental health evaluation before the visit ends.