



Resource Guide

Subject:	Depression Screening
Facility Site Review Source:	Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review or any superseding APL
Relevant Law/Standard:	AB 2193 (Chapter 755, Statutes of 2018) Health and Safety Code, section 123640
Agency/Organization Source:	US Preventive Service Task Force (USPSTF)/American Academy of Family Physician AAFP
Agency/Organization URL	https://www.uspreventiveservicestaskforce.org/ https://www.aafp.org/home.html

Background:

Primary care physicians are well situated to discuss risks and offer interventions. Evidence supports routinely screening for obesity and depression, offering testing for human immunodeficiency virus infection, and screening for other sexually transmitted infections in some adolescents.

It is estimated that postpartum depression (PPD) affects approximately 1 in 9 new mothers in the US annually. Unaddressed PPD can have harmful, long-term effects on mothers, their babies, and their family members.

DHCS Standard:

Pediatric Depression Screening

- AAP recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 20 years.
- Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up if screening is positive and a follow up plan is documented.
- Provider shall offer and document appropriate follow-up intervention(s) for patient whose screening is positive for depression.
- Depression screening must be done using a validated screening tool.

Maternal Depression Screening

- Maternal mental health condition is defined as a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.
- Maternal depression screen at 1-, 2-, 4-, and 6-month visits.
- Maternal depression screening must be done using a validated screening tool, such as the Edinburgh Postnatal Depression Scale (EPDS), Postpartum Depression Screening Scale, or Patient Health Questionnaire (PHQ) 9.
- As with any screening test, results should be interpreted within the clinical context and when appropriate referral to the PCP and/or to mental health care providers for follow up.

- Provider shall offer and document appropriate follow-up intervention(s) for women whose screening is positive for maternal depression.

Purpose:

The PHQ-2, comprising the first 2 items of the PHQ-9, inquires about the degree to which an individual has experienced depressed mood and anhedonia over the past two weeks. Its purpose is not to establish final diagnosis or to monitor depression severity, but rather to screen for depression. Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder. The PHQ-2 has been validated in 3 studies in which it showed wide variability in sensitivity (Gilbody, Richards, Brealey, and Hweitt, 2007).

Links:

- **Mental Health Tools for Pediatrics**
https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf
- **American College of Obstetricians and Gynecologists (ACOG) guidance on Screening for Perinatal Depression**
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression>
- **Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice**
<https://pediatrics.aappublications.org/content/143/1/e20183259>
- **ACOG Frequently Asked Questions on Postpartum Depression**
<https://www.acog.org/Patients/FAQs/Postpartum-Depression>
- **USPSTF recommendation on Screening Depression in Adults**
<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1>
- **U.S. Department of Health and Human Services guidance on Postpartum Depression**
<https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>
- **Adolescent Health Screening and Counseling**
<https://www.aafp.org/afp/2012/1215/p1109.html>

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