

A Primary Care Guide to Mental Health Integration

Mental health is "...a state of successful performance of mental and physical functioning resulting in productive activities, fulfilling relationships with others, and the ability to adapt to change and cope with adversity." — U.S. Surgeon General, 1999

INTRODUCTION

Responsibility for providing mental health care falls increasingly to primary care providers (PCPs). To assist PCPs in screening for, diagnosing, monitoring, and managing patients and families with mental health disorders, Intermountain Healthcare has implemented a mental health integration (MHI) model.

WHAT IS MENTAL HEALTH INTEGRATION?

The mental health integration model aims to integrate mental health care into everyday primary care practice by offering a standardized and supportive, team-based approach. PCPs and their office staff collaborate with care managers and mental health specialists to implement individualized strategies for patients and their families. This collaboration reduces the burden on PCPs, improves clinical decision-making, and provides patients and their families with an array of needed services within the primary care context.

WHO ARE THE TEAM MEMBERS?

- **Primary care providers (PCPs).** With the help of the **Clinic Manager** and other **office staff**, the PCP initiates the MHI process, coordinates and leads the MHI team, and prepares patients and families for the MHI process.
- **Mental health specialists (PhD, MSW, APRN, Psychiatrist).** PCPs consult with and/or refer patients to mental health specialists to help clarify diagnosis and design and deliver treatment. Mental health specialists provide expertise to all members of MHI team, and consult with patients and families as needed.
- **Care managers.** Care managers follow up with patients and families to provide education and improve treatment adherence. They also track outcomes and report to the MHI team and the PCP clinic. Even if a clinic does not have a formal "care manager," the care management function can be provided by other health professionals.
- **Community resources.** Many communities have advocacy groups and other resources that patients and families can be linked to for free or affordable education, family support, and other services.

WHAT ARE THE BENEFITS?

For team members:

- **Reduced burden on PCPs, and increased physician and staff satisfaction.** MHI eases the burden on PCPs and staff by giving them additional support, tools, and skills to treat mental illness.
- **Improved communication.** MHI follows a standard, yet flexible, process that facilitates communication and coordination of care, enhances team members' existing expertise, and helps members excel in respective roles.
- **Focus on outcomes.** The MHI program helps providers set goals and track outcomes, providing reports and using data to improve care processes over time.

For patients and families:

- **Better care.** Multiple studies show that an organized system of collaborative mental health care delivery can identify more people needing treatment and improve the care they receive. It also promotes compliance with treatment by reinforcing ongoing relational patient and family contact.
- **Lower cost.** Studies have shown that integrated mental health care systems do not increase mental health expenditures. They may, in fact, not only lower inpatient and overall healthcare expenditures, but also improve productivity at work and school.
- **Improved patient/family satisfaction.** Patients receive more comprehensive, continuous, and convenient care. They also feel less stigmatized—in a primary care context, mental health services are reframed as simply part of good health care.

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MHI PROCESS OVERVIEW

This algorithm gives a general outline for using MHI tools and resources to evaluate and manage mental illness within a primary care setting. The process can—and should—be **modified** to fit the **workflow of an individual office**, the **resources available in the office**, the **needs of a particular patient and their family**, and the **primary care provider's clinical judgment**.

Patient/parent presents or calls with possible mental-health-related concerns.

1. Office sends or gives patient/parent appropriate **Baseline Evaluation Packet(s)**—OR instructs patient to complete and print from web application.

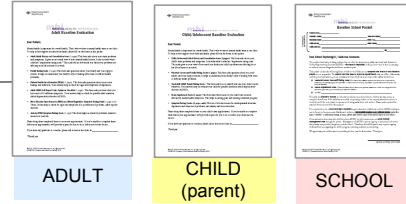
2. Patient/Parent brings completed packet to appointment

3. PCP, staff, and/or care manager evaluate and/or score information in packet. Use Adult or Child Score Tracking Sheets.

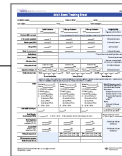
4. PCP discusses packet results with parent/patient and records appropriate results and observations on **"Risk Stratification, Diagnosis, & Care Plan."**

5. PCP makes initial **diagnosis based on DSM-IV criteria** and clinical judgment. Stratify the patient to the **appropriate level of team management*** according to **severity and complexity level**.

MHI BASELINE PACKETS



CHARTING AND TRACKING FORMS



Score Tracking Sheets.
Use these to summarize scores from packets and to track scores over time. Use the "Scoring Instructions" beginning on page 4 of this booklet for scoring guidance.



Risk Stratification, Diagnosis, and Care Plan.
Use this form to summarize packet results and record diagnosis and care plans. The **SCORING SNAPSHOT** on the back page of this document provides a general guide of how scores may equate to risk level in various areas.

SUMMARY OF DSM-IV CRITERIA



***Factors influencing selected levels of team management.**
In addition to the results of the mental health assessment, clinicians should also consider the following factors when determining the appropriate level of team management:

- Patients with severe depression benefit more from care management than patients with mild depression.
- Many clinicians have more interest and ability in caring for more complex and severe cases than others.
- Resource levels vary among different practices and communities.



6. PCP/MHI team initiates treatment plan, following **diagnosis-specific Care Process Model** when available.

7. PCP/MHI team provides ongoing follow-up. Uses appropriate **Follow-up Evaluation Packets** to evaluate improvement.

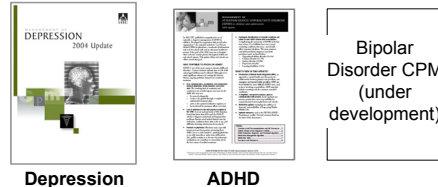
Patient improving?

yes

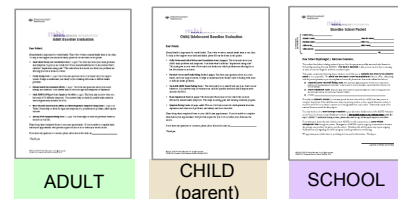
no

Reconsider stepping up level of team management. Refer to Mental Health Specialist as needed.

CARE PROCESS MODELS



MHI FOLLOW-UP EVALUATION PACKETS



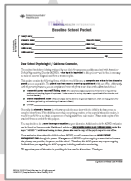


MHI PACKET OVERVIEW

1. **Baseline evaluation using standardized MHI packets.** Intermountain has developed standardized packets of mental health assessments to help clinicians do the following:

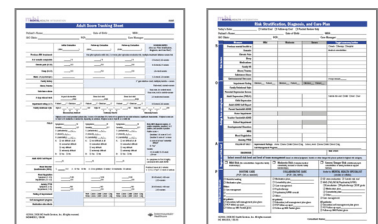
- Reach a diagnosis based on DSM-IV criteria
- Identify relational issues that may impact treatment
- Develop, track, and communicate a comprehensive management plan for each patient and family

Providers can use standardized packets or customize packets based on known or suspected comorbidities. Each tool included in the packets represents an area of assessment that is key to developing a comprehensive care plan. The tools were either derived and used with permission from other well-known and validated sources, or created by Intermountain following best clinical practice and recommendations of nationally recognized organizations. Additional tools—such as patient education sheets and care process models—are also available on the Intermountain Healthcare website (intermountainhealthcare.org/clinicalprograms).


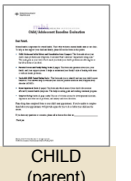
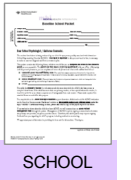
For Adults	For Children and Adolescents
 <p>Adult Baseline Packet</p> <ul style="list-style-type: none"> ▪ Baseline Evaluation Cover Letter ▪ Initial History and Consultation ▪ Family Rating Scale ▪ Patient Health Questionnaire (PHQ-9) ▪ Adult ADHD Self-Report Scale ▪ Mood Disorder Questionnaire (MDQ) ▪ Mood Regulation Symptom Rating Scale ▪ Anxiety/PTSD Symptom Rating Scale <p>ADULT</p>	 <p>Child & Adolescent Baseline Packet</p> <ul style="list-style-type: none"> ▪ Baseline Evaluation Cover Letter ▪ Initial History and Consultation ▪ Parental Screen and Family Rating Scale ▪ Vanderbilt ADHD PARENT Rating Scale ▪ Home Impairment Scale ▪ Development Disorders Symptom Rating Scale ▪ Depression Symptom Rating Scale ▪ Mood Regulation Symptom Rating Scale ▪ Anxiety/PTSD Symptom Rating Scale <p>CHILD (parent)</p>  <p>Baseline School Packet</p> <ul style="list-style-type: none"> ▪ Baseline Evaluation Cover Letter ▪ Vanderbilt ADHD TEACHER Rating Scale ▪ School Impairment Scale <p>SCHOOL</p>

2. **Tools to assist with scoring, diagnosis, stratification, and care planning.**

- Adult Score Tracking Sheet
- Child/Adolescent Score Tracking Sheet
- MHI Stratification and Care Plan



3. **Tools to assist with follow-up evaluation and outcomes tracking.**

For Adults	For Children and Adolescents
 <p>Adult Follow-up Packet</p> <ul style="list-style-type: none"> ▪ Follow-up Evaluation Letter ▪ Follow-up Consultation ▪ Patient Health Questionnaire (PHQ-9) ▪ Adult ADHD Self-Report Scale ▪ Mood Regulation Symptom Rating Scale ▪ Anxiety/PTSD Symptom Rating Scale <p>ADULT</p>	 <p>Child & Adolescent Follow-up Packet</p> <ul style="list-style-type: none"> ▪ Follow-up Evaluation Cover Letter ▪ Follow-up Consultation ▪ Vanderbilt ADHD PARENT Rating Scale ▪ Home Impairment Scale ▪ Depression Symptom Rating Scale ▪ Mood Regulation Symptom Rating Scale ▪ Anxiety/PTSD Symptom Rating Scale <p>CHILD (parent)</p>  <p>Follow-up School Packet</p> <ul style="list-style-type: none"> ▪ Follow-up Evaluation Cover letter ▪ Vanderbilt ADHD TEACHER Rating Scale ▪ School Impairment Scale <p>SCHOOL</p>

SCORING INSTRUCTIONS (Unless specified otherwise, scoring is the same for adults and children.)

MEASURE/SCALE	HOW TO SCORE & WHAT SCORES MEAN	ACTION(S) TO TAKE
FORM(s): <i>Initial History and Consultation (adult baseline packet); Initial History and Consultation (child/adolescent baseline packet)</i>		
Previous mental health treatment history	Predicts level of mental health risk and relapse: 1 prior episode: mild risk 2 or more prior episodes: moderate risk multiple treatment failures: severe risk	Triage to appropriate level of care. Review treatment history (medication, therapy, hospitalization or other services) and number of providers involved in care.
# Somatic complaints	2 or more somatic complaints or unexplained physical symptoms suggest possible depression or other mental health condition. 0-1 = no significant problem 2-5 = moderate risk 6+ = severe risk	If positive, triage to appropriate care (see Scoring Snapshot on page 8). Rule out biological or medical condition. Note: 80% of patients who are depressed first seek help for physical symptoms. Depression disability is correlated with number of physical symptoms.
Chronic pain (0-10)	Score of 4 or more is a positive risk factor for depression or other mental health conditions, and these patients are 2 to 3 times more likely to complete suicide. Chronic pain is also associated with an overall increase in morbidity and mortality. 0-3: mild risk 4-6: moderate risk 7-10: severe risk	Review medication history (including OTC). Do suicide screen . Triage to appropriate care (Scoring Snapshot on page 8).
Sleep (0-10)	Score of 4 or more is positive and confirms that there is a physiological component that may be affecting the level of impairment.	Evaluate sleep hygiene. R/o medical condition (e.g., sleep apnea); consider medication to target specific sleep symptoms in context of overall MH diagnosis.
Medication	Positive risk if patient is on 1 or more psychotropic medications. 1-2 psychotropic meds = moderate risk 3 or more psychotropic meds = severe risk	Triage to appropriate care (see Scoring Snapshot on page 8). Assess med side effects (e.g., adverse response to SSRIs or stimulants).
Family Hx (+ or -)	If + for 2 nd generation relative: mild risk If + for 1st degree biological relative: moderate risk If + for multiple family members, multiple conditions, and/or suicide attempts or completions: high risk	Triage to appropriate level of care (see Scoring Snapshot on page 8). Assess previous mental health diagnosis or treatment of mental health conditions.
Abuse/Trauma Hx (+ or -)	If positive past history: moderate risk If current: severe risk <i>Note: Abuse and trauma are associated with significant rates of psychiatric illness and mood disorders in children.</i>	Refer immediately if current or unresolved abuse poses severe danger. Consider previous treatment successes and failures. Triage to appropriate level of care (see Scoring Snapshot on page 8).
Substance Abuse (+ or -)	Past history: mild risk Uses now but not out of control: moderate risk Uses now and not in control, affects family functioning: severe risk <i>Note: 49% comorbidity with anxiety and mood disorders</i>	Confirm use/abuse with family member; do a drug screen; refer to drug/alcohol treatment; treat other MH conditions concurrently (e.g., depression); triage to appropriate level of care (see Scoring Snapshot on page 8).
Environmental stressors	Past stressors but no or minimal missed work/school: mild risk Past stressors and <1 week missed work or school: moderate risk Current stressors and/or ≥1 week missed work school: severe risk	Can precipitate sudden onset of MH disorder. Identify and prioritize which stressors are affecting impairment, and work on those first.
Impairment rating (1-7) <i>(provides a standard measure of impairment over time)</i>	Score of 4 or more is significant. 1-3: mild risk 4-5: moderate risk 6-7: severe/danger risk	Clinician should also rate, and document, the patient's impairment level. If severe danger risk, immediate consult with Mental Health Specialist. Otherwise, triage to appropriate level care (see Scoring Snapshot on page 8).
FORM(s): <i>Family Rating Scale (adult baseline packet); Parental Screen and Family Rating Scale (child/adolescent baseline packet)</i>		
Parental screen for depression (+ or -) <i>Validated depression screening tool</i>	Screen is positive if answer is YES to either of first 2 questions. <i>Notes: Parental depression is a significant predictor of childhood depression and anxiety disorders. Childhood behavioral problems are significant stressors in adult depression.</i>	Acknowledge family impact; administer PHQ-9; refer to care manager and/or mental health consult for integrated support.
Family relational style <i>(Use to establish relationship support goal).</i>	Add the ratings for each question number. Highest score is most prevalent pattern style. A score >5 in any item on the family rating scale OR a total of 9 or greater for one style indicates a significant characteristic. If highest scores are in Style I or II: moderate or severe risk, depending on extremes. If highest score is Style III: no or mild risk	

MEASURE/SCALE	HOW TO SCORE & WHAT SCORES MEAN	ACTION(S) TO TAKE
	<p>Style I: Add scores for question 3 + 6 + 8 = ____/30 Disconnected/Avoidant Family Relationship Pattern (Isolated Support) – “turns to no one.” Uses avoidant strategies to respond to distress. Moderate to high risk for “poor” adherence to treatment (dismissing or avoiding).</p>	Introduce to care management for follow-up and education. Adherence improves with illness facts and assertive, proactive contact. Adjust follow-up to match preference for self-reliance.
	<p>Style II: Add scores for questions 1 + 4 + 9 = ____/30 Confused/Chaotic Family Relationship Pattern (Exhausted /Burnt-Out Support) – “turns to everyone/anyone.” Uses anxious chaotic strategies to respond to distress. Moderate to high risk for inconsistent adherence.</p>	Refer to care manager for structural support and link to mental health consult. Adherence to self-management improves with consistent approach and limited providers.
	<p>Style III: Add scores for questions 2 + 5 + 7 = ____/30 Balanced/Secure Family Relationship Pattern (Available Support) – “turns to close friend, spouse, or partner.” Uses balance strategies to respond to distress. Low risk for non-adherence.</p>	Care manager/mental health per patient preference. Reinforce value of relational support in preventing relapse.

FORM(s): PHQ-9 (adult baseline and follow-up packets)

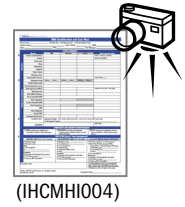
<p>Depression (Adult)</p> <p><i>The PHQ-9 is a validated diagnostic and severity outcomes tracking tool</i></p> <p>SUICIDE RISK FACTORS:</p> <p>Near-term:</p> <ul style="list-style-type: none"> Significant comorbid anxiety or psychotic symptoms Active substance abuse Access to firearms <p>Long-term:</p> <ul style="list-style-type: none"> Prior suicide attempts Social isolation/living alone Male and elderly Hopelessness Family history of completed suicide 	<p>Question 1 assesses anhedonia (loss of pleasure); a score of 2 or 3 is positive.</p> <p>Question 2 assesses mood disturbance; a score of 2 or 3 is positive.</p> <p>Questions 3-8: A score of 2 or 3 is positive.</p> <p>Question 9: Assesses suicide ideation. A score of 1 or more is positive. If positive, do SUICIDE RISKASSESSMENT (see below):</p> <p>Question A assesses functional impairment; a score of at least “somewhat difficult” is positive.</p> <p>Question B assesses dysthymia (chronic depression); YES is positive.</p> <p>SYMPTOM SCORE: Total number of positive symptoms for questions 1 through 9.</p> <p>SEVERITY SCORE: The total points from all questions 1-9. Used to rate severity and measure progress.</p>	<p>For all depression diagnoses:</p> <ul style="list-style-type: none"> Activate mental health integration team as needed. Give patient education sheet describing the disease and treatment options. Discuss treatment options: medications, care management, and psychotherapy. Set self-management goals. Emphasize compliance to treatment, especially adhering to prescribed medication regimen. Establish treatment goal to achieve remission. 													
	<table border="1"> <thead> <tr> <th>SUICIDE RISK ASSESSMENT</th> <th>Risk Level</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>No current thoughts of hurting or harming self and no other major risk factors.</td> <td>LOW risk</td> <td>Continue follow-up visit and monitoring as per treatment algorithm.</td> </tr> <tr> <td>Current thoughts of harming or killing self, but no plans or previous attempts and /or other major risk factors</td> <td>INTERMEDIATE risk</td> <td>Refer for urgent mental health assessment. Assess suicide risk carefully at each subsequent visit and contract with patient to call you if suicide thoughts become more prominent</td> </tr> <tr> <td>Current thoughts or attempts of harming or killing self, with plans</td> <td>HIGH risk</td> <td>Emergency management by a mental health specialist. Arrange a safe means for transport to the nearest ER.</td> </tr> </tbody> </table>	SUICIDE RISK ASSESSMENT	Risk Level	Action	No current thoughts of hurting or harming self and no other major risk factors.	LOW risk	Continue follow-up visit and monitoring as per treatment algorithm.	Current thoughts of harming or killing self, but no plans or previous attempts and /or other major risk factors	INTERMEDIATE risk	Refer for urgent mental health assessment. Assess suicide risk carefully at each subsequent visit and contract with patient to call you if suicide thoughts become more prominent	Current thoughts or attempts of harming or killing self, with plans	HIGH risk	Emergency management by a mental health specialist. Arrange a safe means for transport to the nearest ER.		
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	<p>PHQ-9 scores</p> <ul style="list-style-type: none"> <5 symptoms of depression Questions A and B negative 	Other	<p>Treatment Recommendations</p> <ul style="list-style-type: none"> Reassurance &/or supportive counseling Reassess if no improvement or condition worsens 												
	<ul style="list-style-type: none"> <5 symptoms Question 1 or 2 positive Question A positive 	Atypical depression (depression not otherwise specified or minor depression)	<ul style="list-style-type: none"> Watchful waiting Supportive counseling If no improvement after 4+ weeks, use antidepressant or brief psychotherapy 												
	<ul style="list-style-type: none"> 2-4 symptoms Question 2 positive Question B positive 	Dysthymia (chronic depression)	<ul style="list-style-type: none"> Antidepressant and/or psychotherapy 												
	<ul style="list-style-type: none"> ≥5 symptoms Question 1 or 2 positive (scored 2 or 3) Question A positive (at least “somewhat difficult”) 	<p>MAJOR DEPRESSIVE EPISODE (Can be further classified as mild, moderate, or severe – and recurrent or single episode.)</p> <table border="1"> <thead> <tr> <th colspan="2">Severity score</th> <th>Treatment Recommendations</th> </tr> </thead> <tbody> <tr> <td>10-14</td> <td>MILD</td> <td>■ Antidepressant OR psychotherapy (patient preference)</td> </tr> <tr> <td>15-19</td> <td>MODERATE</td> <td>■ Antidepressant AND/OR psychotherapy (patient preference)</td> </tr> <tr> <td>≥20</td> <td>SEVERE</td> <td>■ Antidepressant alone OR antidepressant in combination with psychotherapy</td> </tr> </tbody> </table>		Severity score		Treatment Recommendations	10-14	MILD	■ Antidepressant OR psychotherapy (patient preference)	15-19	MODERATE	■ Antidepressant AND/OR psychotherapy (patient preference)	≥20	SEVERE	■ Antidepressant alone OR antidepressant in combination with psychotherapy
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MEASURE/SCALE	HOW TO SCORE & WHAT SCORES MEAN	ACTION(S) TO TAKE																											
FORM(s): Depression Symptom Rating Scale (child/adolescent)																													
<p>Depression symptoms (Child & Adolescent only)</p> <p><i>Use DSM-IV criteria to establish diagnosis</i></p>	<p>*SYMPTOM SCORES: A score of 5 or more for any one symptom is positive 5 or more positive symptoms = suggests MAJOR DEPRESSION 2 or more positive symptoms for >1 year = DYSTHYMIA A score of 8 or more for any one symptom = a target symptom for treatment focus Question 10 (“thoughts of death”) assesses suicide ideation. If positive, do suicide assessment (see previous page under PHQ-9). *TOTAL SYMPTOM SCORE: 0-30 = no problem; 30-60 = mild to moderate problem; >60 =severe IMPAIRMENT SCORE: Anything ≥10 is considered severe impairment.</p>	<p>*NOTE: Total symptom score ranges are suggested, but not validated, for help in determining MHI stratification and level of team management (see Scoring Snapshot on page 8.)</p> <ul style="list-style-type: none"> ▪ Follow Depression action items listed for adult PHQ-9 interpretation on previous page. ▪ See Depression CPM for more information for child and adolescent SSRI recommendations. ▪ Educate parents regarding FDA warnings and importance of routine follow-up. 																											
FORM(s): Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist (Adult baseline and follow-up packets)																													
<p>Adult ADHD</p>	<p>Part A. If 4 or more answers are positive (appear in the shaded boxes within Part A), the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted. The 6 questions in Part A are most predictive.</p> <p>Part B. No total score or diagnostic likelihood is used for these 12 questions. Use these scores to probe further into the patient’s symptoms. Pay particular attention to marks in the shaded boxes.</p> <p>Review entire checklist with patient and evaluate level of impairment associated with each symptom. Ask patients to describe how these problems have affected their ability to work, take care of things at home, or get along with other people such as their spouse.</p>	<ol style="list-style-type: none"> 1. Screen for substance abuse or other comorbidities. 2. Assess the presence of these symptoms in childhood. (Adults with ADHD need not have been formally diagnosed in childhood, although some significant symptoms should have been present.) 3. Use DSM-IV criteria for diagnosis, and start trial of stimulants if indicated. 																											
FORM(s): Vanderbilt ADHD PARENT Rating Scale (child/adolescent baseline and follow-up packets) Vanderbilt ADHD TEACHER Rating Scale (school baseline and follow-up packets)																													
<p>These scales should not be used alone to make a diagnosis. Clinicians must consider information from multiple sources. A child must meet DSM-IV criteria for a diagnosis of ADHD to be appropriate.</p> <p><i>NOTE: This scoring summary is for the PARENT and TEACHER Vanderbilt versions included in the Intermountain MHI packets. You can access the NICHQ/AAP versions of the Vanderbilt tools (which are very similar), along with scoring instructions and other tools, on the NICHQ website at this url:</i></p> <p>http://www.nichq.org/NICHQ/Topics/ChronicConditions/ADHD/Tools/</p>	<table border="1"> <tr> <td data-bbox="386 1163 581 1262">Inattentive type</td> <td colspan="2" data-bbox="581 1163 1032 1262">Questions 1-9: 6 or more positive symptoms (score 2 or 3) plus one or more positive scores (1 or 2) on any item in the performance section.</td> </tr> <tr> <td data-bbox="386 1262 581 1360">Hyperactive type</td> <td colspan="2" data-bbox="581 1262 1032 1360">Questions 10-18: 6 or more positive symptoms (score 2 or 3) plus one or more positive scores (1 or 2) on any item in the performance section.</td> </tr> <tr> <td data-bbox="386 1360 581 1423">Combined</td> <td colspan="2" data-bbox="581 1360 1032 1423">Must meet criteria for both inattentive and hyperactive types.</td> </tr> <tr> <td data-bbox="386 1423 581 1522">Total symptom score</td> <td colspan="2" data-bbox="581 1423 1032 1522">Calculate a total symptom score (add all answers for questions 1-18). Can be used to track progress over time.</td> </tr> <tr> <td data-bbox="386 1522 581 1564">Comorbidities</td> <td data-bbox="581 1522 820 1564">PARENT form</td> <td data-bbox="820 1522 1032 1564">TEACHER form</td> </tr> <tr> <td data-bbox="386 1564 581 1663">Oppositional Defiant Disorder (ODD)</td> <td data-bbox="581 1564 820 1663">Questions 19-26 4 or more positive symptoms (score 2 or 3)</td> <td data-bbox="820 1564 1032 1663">Questions 19-28 3 or more positive symptoms (score 2 or 3)</td> </tr> <tr> <td data-bbox="386 1663 581 1761">Conduct Disorder</td> <td data-bbox="581 1663 820 1761">Questions 27-40 3 or more positive symptoms (score 2 or 3)</td> <td data-bbox="820 1663 1032 1761"></td> </tr> <tr> <td data-bbox="386 1761 581 1885">Anxiety / Depression</td> <td data-bbox="581 1761 820 1885">Questions 41-47 3 or more positive symptoms (score 2 or 3)</td> <td data-bbox="820 1761 1032 1885">Questions 29-35 3 or more positive symptoms (score 2 or 3)</td> </tr> <tr> <td data-bbox="386 1885 581 1999">Performance section</td> <td colspan="2" data-bbox="581 1885 1032 1999">A score of 1 or 2 on any question in the performance section is positive. Positive performance scores can be used to target goals. Calculating an average performance score can help track progress.</td> </tr> </table>	Inattentive type	Questions 1-9: 6 or more positive symptoms (score 2 or 3) plus one or more positive scores (1 or 2) on any item in the performance section.		Hyperactive type	Questions 10-18: 6 or more positive symptoms (score 2 or 3) plus one or more positive scores (1 or 2) on any item in the performance section.		Combined	Must meet criteria for both inattentive and hyperactive types.		Total symptom score	Calculate a total symptom score (add all answers for questions 1-18). Can be used to track progress over time.		Comorbidities	PARENT form	TEACHER form	Oppositional Defiant Disorder (ODD)	Questions 19-26 4 or more positive symptoms (score 2 or 3)	Questions 19-28 3 or more positive symptoms (score 2 or 3)	Conduct Disorder	Questions 27-40 3 or more positive symptoms (score 2 or 3)		Anxiety / Depression	Questions 41-47 3 or more positive symptoms (score 2 or 3)	Questions 29-35 3 or more positive symptoms (score 2 or 3)	Performance section	A score of 1 or 2 on any question in the performance section is positive. Positive performance scores can be used to target goals. Calculating an average performance score can help track progress.		<p>To confirm a diagnosis, a child’s behavior must:</p> <ul style="list-style-type: none"> ▪ Occur in more than one setting, such as home, school, and social situations ▪ Occur to a greater degree than in other children the same age ▪ Begin onset before the child reaches 7 years of age and continue on a regular basis for more than 6 months ▪ Significantly impair the child’s academic and social functioning ▪ Not be better accounted for by another disorder <p>See the Intermountain Healthcare ADHD CPM (www.intermountainhealthcare.org/clinicalprograms) for algorithms to follow for diagnosing ADHD, developing an “ADHD Patient Management Plan,” and ensuring timely re-evaluation and follow-up to assess progress and adjust treatment plan.</p> <p>If child screens positive for comorbidities, confirm diagnosis based on results of other mental health screens and consultation with Mental Health Specialist. Triage to appropriate level care (see Scoring Snapshot on page 8).</p> <p>ADHD is a disorder of cognition and behavior. When mood symptoms are severe, also consider mood disorders, and screen and refer appropriately.</p>
Inattentive type	Questions 1-9: 6 or more positive symptoms (score 2 or 3) plus one or more positive scores (1 or 2) on any item in the performance section.																												
Hyperactive type	Questions 10-18: 6 or more positive symptoms (score 2 or 3) plus one or more positive scores (1 or 2) on any item in the performance section.																												
Combined	Must meet criteria for both inattentive and hyperactive types.																												
Total symptom score	Calculate a total symptom score (add all answers for questions 1-18). Can be used to track progress over time.																												
Comorbidities	PARENT form	TEACHER form																											
Oppositional Defiant Disorder (ODD)	Questions 19-26 4 or more positive symptoms (score 2 or 3)	Questions 19-28 3 or more positive symptoms (score 2 or 3)																											
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Anxiety / Depression	Questions 41-47 3 or more positive symptoms (score 2 or 3)	Questions 29-35 3 or more positive symptoms (score 2 or 3)																											
Performance section	A score of 1 or 2 on any question in the performance section is positive. Positive performance scores can be used to target goals. Calculating an average performance score can help track progress.																												

MEASURE/SCALE	HOW TO SCORE & WHAT SCORES MEAN	ACTION(S) TO TAKE
FORM(s): <i>Home Impairment Scale (child/adolescent baseline and follow-up packets); School Impairment Scale (school baseline and follow-up packets)</i>		
Home Impairment	Score of 4 or more in any domain is significant. 1-3: mild risk 4-5: moderate risk factor 6-7: severe danger risk	If severe danger risk , immediate consult with Mental Health Specialist. Otherwise, triage to appropriate level care (see Scoring Snapshot on page 8). Base goals and target behaviors on domains of greatest improvement.
School Impairment	Score front side (domains of functioning) per instructions for home impairment (above). Back side of this form assesses the effect of student's behaviors on specific areas of school performance.	Set goals around most impaired areas of performance.
FORM(s): <i>Mood Disorder Questionnaire (adult baseline packet) Mood Regulation Symptom Rating Scale (adult AND child/adolescent baseline and follow-up packets)</i>		
Mood Disorder Questionnaire (MDQ) (Adult only)	For a positive screen, all 3 of the following criteria must be met: <u>Question 1:</u> 7/13 positive (yes) responses + <u>Question 2:</u> Positive (yes) response + <u>Question 3:</u> "moderate" or "serious" response	Diagnosis of bipolar disorder is tricky and cannot be based on information from forms alone. Interview patient to determine if symptoms meet DSM-IV criteria for diagnosis. Consult and/or refer to MHI Specialist to help confirm diagnosis and plan treatment. Refer immediately if a patient demonstrates unmanageable behaviors (e.g., suicidality, psychosis, or violence).
Mood Regulation Symptom Rating Scale <i>Use DSM-IV criteria to establish diagnosis</i>	SYMPTOM SCORE: (These score ranges are suggested, but not validated, for help in determining MHI stratification and level of team management (see Scoring Snapshot on page 8.) 0-30 no significant problem 30-60 mild to moderate >60 severe IMPAIRMENT SCORE: Anything ≥ 10 is considered severe impairment. For children: Screen is positive if score ≥ 4 on questions 1,3,4,6, and 9, plus a first-generation relative previously diagnosed with bipolar disorder.	You may need to begin treatment while waiting for a mental health consult. If so, do not use unopposed antidepressants . This can make the illness worse by inducing mania and mixed bipolar states. See PCP Bipolar Disorder pocket card and/or the Bipolar Disorder CPM (under development) for medication information. Repeat Mood Regulation Symptom Rating Scale in follow-up visits to track target symptoms. The <i>Young Mania Scale</i> (posted on the MHI website) can also be used to help evaluate symptoms.
FORM(s): <i>Anxiety/PTSD Symptom Rating Scale (adult AND child/adolescent baseline and follow-up packets) Developmental Disorders Rating Scale (child/adolescent baseline packet)</i>		
Anxiety/PTSD <i>Use DSM-IV criteria to establish diagnosis</i>	SYMPTOM SCORE: (These score ranges are suggested, but not validated, for help in determining MHI stratification and level of team management (see Scoring Snapshot on page 8.) A score of 5 or more on any single symptom item is significant for considering specific anxiety disorders. 0-20 no significant problem 20-40 mild to moderate >40 severe IMPAIRMENT SCORE: Anything ≥ 10 is considered severe.	<ul style="list-style-type: none"> ▪ Administer ADHD Vanderbilt. ▪ Evaluate for anxiety-related disorders (see DSM-IV Summary). Confirm diagnosis with mental health consultant. ▪ Repeat rating scale in follow-up evaluation. ▪ See DSM-IV diagnostic criteria.
Developmental disorders (Child & Adolescent only) <i>Use DSM-IV criteria to establish diagnosis</i>	Symptom score: If any single symptom score is ≥ 4 , consider development syndromes Impairment score: Anything ≥ 10 is considered severe impairment.	If suspect developmental disorders, consult or refer to mental health specialist for developmental evaluation. The <i>Modified Checklist for Autism in Toddlers (M-CHAT)</i> is a useful, validated tool to assess for autism in toddlers. It's available on the MHI website. See DSM-IV diagnostic criteria.
FORM(s): <i>Follow-up History and Consultation (adult and child/adolescent follow-up packets)</i>		
Rating of improvement and self-management progress	If no or mild improvement, access family, care manager, and mental health specialist support as needed. Suggest modifications to self-management plans and goals to target key behaviors.	
Medication side effects	Patients often stop taking their meds because of side effects. If compliance to medications is a problem, activate care management / phone follow-up and reschedule PCP visit as needed. If significant side effects, change or augment meds based on disease-specific care process model.	

SCORING SNAPSHOT

Use this **Scoring Snapshot** to help you complete the **MHI Stratification and Care Plan** (IHCMHI004) and assess overall severity and complexity level and MHI treatment cascade (level of team management). **Remember: Scores are only suggestive of risk levels.** Treatment plan and level of team management should be determined based on DSM-IV criteria, clinical judgment, the interest and ability of clinicians involved, and overall severity and complexity. Suicidality places patient in the highest severity category.



SCORE SUMMARY					
	Measure	Mild	Moderate	Severe	Target concerns/action
Risk factors	Previous mental health tx	One prior episode	2 or more prior episodes	Multiple treatment failures	
	Somatic	0-1 / 9	2-5 / 9	6+ / 9	Medical comorbidities:
	Chronic pain	0-3 / 10	4-6 / 10	7-10 / 10	
	Sleep	<4 / 10	≥4 / 10		
	Medications	<1 psychotropic med	1-2 psychotropic meds	3+ psychotropic meds	For follow-up, monitor adverse response
	Family HX	None or 2 nd generation	1 immediate family	Multiple / suicide	
	Abuse/trauma	None	Past	Current	If current abuse presents danger risk, immediate referral to MHS
	Substance abuse	Past use	Uses now - in control	Uses now - not in control	
	Environmental stressors	Past; no work/school missed	<1 week work/school missed	≥1 week work/school missed	
Ratings from screening tools	Impairment rating	1-3 / 7	4-5 / 7	6-7 / 7	If severe danger risk, immediate referral to MHS
	Family relational style	Type III	Type I or II		
	Parental depression screen	- screen	+ screen		If +, administer PHQ-9
	Adult depression (PHQ-9)	<5 /9 symptoms 10-14 severity score	≥5 / 9 symptoms 15-19 severity score	≥5 / 9 symptoms ≥20 severity score	Suicide risk evaluation if indicated <input type="checkbox"/> low <input type="checkbox"/> int <input type="checkbox"/> high
	Child depression	Symptom score 0-30 / 100	Symptom score 30-60 /100	Symptom score >60 / 100 Impairment score ≥10	See scoring instruction for differential diagnosis (MDD, dysthymia, etc.)
	Adult ADHD Self-Report				
	Parent Vanderbilt ADHD	1-9: 6/9=Inatt; 10-18: 6/9=Hyp/Imp; 19-26: 4/8=ODD; 27-40: 3/14=Conduct Disorder; 41-47: 3/7=Anxiety/Depression; score of 1 or 2 on any question in Performance section			
	Home Impairment	1-3 / 7 in any domain	4-5 / 7 in any domain	1-3 / 7 in any domain	4-5 / 7 in any domain
	Teacher Vanderbilt ADHD	1-9: 6/9=Inatt; 10-18: 6/9=Hyp/Imp; 19-28: 3/10=ODD/Conduct Disorder; 29-35: 3/7=Anxiety/Depression; score of 1 or 2 on any question in Performance section			
	School Impairment	1-3 / 7 in any domain	4-5 / 7 in any domain	1-3 / 7 in any domain	4-5 / 7 in any domain
	MDQ		1: 7/13 positive; 2: positive; 3: "mod." or "serious"		Interview patient and use DSM-IV criteria to confirm diagnosis. Consult with Mental Health Specialist. Refer immediately if unmanageable behaviors (suicidality, psychosis, violence, etc.)
	Mood Regulation	Symptom score 0-30 / 100	Symptom score 30-60 / 100	Symptom score >60 / 100 Impairment score ≥10	
	Anxiety/PTSD	Symptom score 0-20 / 60	Symptom score 20-40 /60	Symptom score >40 / 60 Impairment score ≥10	
	Developmental Disorders	Symptom score 0-30 / 100	Any symptom score ≥4/10: 1. ___/10 2. ___/10 3. ___/10 4. ___/10 Impairment score ≥10		Refer to specialist for developmental evaluation. Use M-CHAT for autism screen for toddlers.
FOLLOW-UP ONLY :	Improvement Ratings: Home: <input type="checkbox"/> none <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> sig School/work: <input type="checkbox"/> none <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> sig Self-Management Progress: _____				
DIAGNOSIS	Use DSM-IV criteria			TIME SPENT:	
COMPLEXITY AND SEVERITY STRATIFICATION					
<input type="checkbox"/> MILD severity and complexity (No comorbidities; supportive family relationships)		<input type="checkbox"/> MODERATE severity and complexity (Complex medical comorbidity; isolated or chaotic family relationships)		<input type="checkbox"/> HIGH severity and complexity (Additional psych comorbidities or family/relational support burden)	
CARE PLAN (level of team management)*					
ROUTINE CARE (PCP; CM as needed)		COLLABORATIVE CARE (PCP, CM, MHS)		Consult with MENTAL HEALTH SPECIALIST	

See **MHI Stratification and Care Plan** (IHCMHI004) for possible treatment components of each level of team management.