




DEPRESSION MEASURES/SCREENING TOOLS

Measure	Description	
Patient Health Questionnaire (PHQ-2*, PHQ-9)	<p>2-item: two hallmark symptoms of depression: depressed mood and anhedonia. Typically used as screen in clinical settings. (Yes/no version)</p> <p>9-item: severity of depressive symptoms over the previous 2 weeks. Arguably the most popular assessment tool available; adopted by many clinical trials, large federally funded surveys, federal departments (e.g., VA), and large private groups (e.g., American Heart Association, and American Psychiatric Association). Free to use.</p>	 PHQ-9
PROMIS-Depression Neuro-QOL - Depression	<p>Negative mood (sadness), views of self (worthlessness), and social cognition (loneliness), as well as decreased positive affect and engagement (loss of interest, purpose). Free to use.</p> <p>https://www.healthmeasures.net/</p>	 PROMIS-D
Center for Epidemiological Studies Depression Scale (CES-D)	<p>Popular 20-item assessment tool that has wide applicability in the general population. Based on depressive symptoms used for clinical diagnosis of depression. Free to use.</p> <p>https://www.apa.org/depression-guideline/epidemiologic-studies-scale.pdf</p>	 CES-D
Hamilton Depression Rating Scale (Ham-D)	<p>21-item clinician-rated scale that includes subtyping (severity). Free to use.</p>	

Patient Health Questionnaire-2
(PHQ-2)

Over the last 2 weeks, how often have you been bothered by any of the following problems: (Use “✓” to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed or hopeless				

Scoring the PHQ-2

- A PHQ-2 score ranges from 0-6. A score of 3 is the optimal cutpoint when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, major depressive disorder is likely.
- Patients who screen positive should be further evaluated with the [PHQ-9](#), other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

TREATMENT

What is the name of the treatment?	Who benefits from the treatment?	What would the treatment look like?
Talk Therapy		
Acceptance & Commitment Therapy (ACT)	People with anxiety or depression	You would talk with a psychologist or counselor to recognize your reactions to life events. Then you would select actions that are consistent with your goals and values.
Behavioral Activation (BA)	People with depression	You would talk with a psychologist or counselor to identify activities that you used to enjoy. Then you would try to re-engage and become more active.
Cognitive-Behavioral Therapy (CBT)	People with anxiety, depression, sleep issues, or fatigue	You would talk with a psychologist or to identify negative thoughts. Then you would finding new positive ways to think and develop new coping strategies.
Medications		
Medications for stroke and side effects of medications	People with all mental health conditions	People with stroke often get medications to manage symptoms and reduce the risk of having another stroke. For some, their existing medications can cause side effects (like fatigue and depression). A doctor and pharmacist can evaluate current medications and may adjust medications to improve mental health.
Medications for mental health	People with all mental health conditions	Doctor may prescribe a new medication specifically for the treatment of mental health issues.
Self-Care		
Exercise	People with all mental health conditions	<p>Exercise promotes good mental health. You would engage in a range of physical activity such as</p> <ul style="list-style-type: none">• Fast paced (aerobic) exercise (e.g. a brisk walk)• Strength training (e.g. lifting weights)• Stretching (e.g. yoga) <p>You should check with your doctor to make sure it is safe to engage in different types of physical activity. Some exercises may need to be modified due to the stroke. Consider adaptive recreation/adaptive sports opportunities.</p>
Socialize with friends and family and continue regular routines	People with anxiety or depression	Try to maintain routines, like getting out of bed and getting dressed at the same time every day. Work to remain engaged in previous social activities, such as going to religious services or civics groups.
Support groups for people with stroke and/or their family members	People with mental health conditions and family members	You and/or your family members would share your stroke recovery story to a group of peers. You would hear your peers' stories and learn what strategies they have found most helpful.

MENTAL HEALTH RESOURCES FOR STROKE SURVIVORS AND CAREGIVERS

Resource	Description	Contact
National Suicide Prevention Hotline	Persons who feel like hurting themselves can reach out to the National Suicide Prevention Hotline at any time of day or night.	1-800-273-TALK (8255) https://suicidepreventionlifeline.org/
Stroke Family Warmline	Persons with questions about stroke or who just want to talk to another stroke survivor or family member, can contact the Stroke Family Warmline.	1-888-4-STROKE(7653)
National Stroke Association	People with mild stroke, caregivers, family members can speak with call-center volunteers.	1-800-STROKES (787-6537), menu option 3 http://www.stroke.org/stroke-resources/stroke-help-line
Mental Health America	Take a screening test for mental health conditions and use the database to find local mental health resources.	http://www.mentalhealthamerica.net
National Alliance on Mental Illness	Learn more about mental health conditions, treatment options, local support services, legal issues, and support for family members.	Text NAMI to 741741 1-800-950-NAMI (6264) https://www.nami.org/
American Stroke Association	Learn more about stroke and find stroke-based supports.	http://www.strokeassociation.org