

Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs)

Mental Health: Consult for Depression Clinical Content White Paper

Department of Veterans Affairs (VA)



**Knowledge Based Systems (KBS)
Office of Informatics and Information Governance (OIIG)
Clinical Decision Support (CDS)**

Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs): Mental Health: Consult for Depression Clinical Content White Paper

by Department of Veterans Affairs (VA), , , , and

Publication date April 2018

Copyright © 2018 B3 Group, Inc.

Copyright © 2018 Cognitive Medical Systems, Inc.

Contract: VA118-16-D-1008, Task Order (TO): VA-118-16-F-1008-0007

Table 1. Relevant KNART Information: Mental Health: Consult for Depression

Mental Health	Associated CLIN
Consult for Depression - Order Set	CLIN0004AB
Consult for Depression - Documentation Template/ Consult Request	CLIN0005AB
Consult for Depression - Composite/Consult Request	N/A

B3 Group, Inc.

NOTICE OF GOVERNMENT COPYRIGHT LICENSE AND UNLIMITED RIGHTS LICENSE

Licensed under the Apache License, Version 2.0 (the "License"); you may not use this file except in compliance with the License.

You may obtain a copy of the License at <http://www.apache.org/licenses/LICENSE-2.0>

Unless required by applicable law or agreed to in writing, software distributed under the License is distributed on an "AS IS" BASIS, WITHOUT WARRANTIES OR CONDITIONS OF ANY KIND, either express or implied. See the License for the specific language governing permissions and limitations under the License.

Portions of this content are derivative works from content produced by Cognitive Medical Systems, Inc. licensed under the Apache License, Version 2.0.

Additional portions of this content are derivative works from content contributed by Motive Medical Intelligence Inc., under Creative Commons Attribution-ShareAlike 4.0.

Contributions from 2013-2018 were performed either by US Government employees, or under US Veterans Health Administration contracts.

US Veterans Health Administration contributions by government employees are work of the U.S. Government and are not subject to copyright protection in the United States. Portions contributed by government employees are USGovWork (17USC §105). Not subject to copyright.

See: <https://www.usa.gov/government-works>

Contribution by contractors to the US Veterans Health Administration during this period are contractually contributed under the Apache License, Version 2.0 and US Government sponsorship is acknowledged under Contract VA118-16-D-1008, Task Order VA11817F10080007.

Cognitive Medical Systems, Inc.

Licensed under the Apache License, Version 2.0 (the "License"); you may not use this file except in compliance with the License.

You may obtain a copy of the License at <http://www.apache.org/licenses/LICENSE-2.0>

Unless required by applicable law or agreed to in writing, software distributed under the License is distributed on an "AS IS" BASIS, WITHOUT WARRANTIES OR CONDITIONS OF ANY KIND, either express or implied. See the License for the specific language governing permissions and limitations under the License.

This and related content produced by Cognitive Medical Systems, Inc. licensed under the Apache License, Version 2.0 is available at: <https://bitbucket.org/cogmedsys/hl7-kas-examples>

Additional portions of this content are derivative works from content contributed by Motive Medical Intelligence Inc., under Creative Commons Attribution-ShareAlike 4.0. <https://bitbucket.org/cogmedsys/kas-source-material>

Contributions from 2013-2018 were performed either by US Government employees, or under US Veterans Health Administration contracts.

US Veterans Health Administration contributions by government employees are work of the U.S. Government and are not subject to copyright protection in the United States. Portions contributed by government employees are USGovWork (17USC §105). Not subject to copyright. See: <https://www.usa.gov/government-works>

Contribution by contractors to the US Veterans Health Administration during this period are contractually contributed under the Apache License, Version 2.0 and US Government sponsorship is acknowledged under Contract VA118-16-D-1008-0007.

Table of Contents

VA Subject Matter Expert (SME) Panel	vii
Introduction	viii
Conventions Used	ix
1. Mental Health: Consult for Depression	1
Clinical Context	1
Knowledge Artifacts	1
2. Composite/Consult Request: Consult for Depression	2
Knowledge Narrative	2
Consult and Referral Request	2
3. Documentation Template: Consult for Depression	4
Knowledge Narrative	4
Screening Mental Health Evaluation	4
Medical History	6
Treatment History	6
4. Order Set: Consult for Depression	8
Knowledge Narrative	8
Consults and Referrals	8
Patient and Caregiver Education	8
Bibliography/Evidence	9
A. Existing Sample VA Artifacts	10

List of Figures

A.1. Mental Health Depression (MHD) Consult (image 1 of 3)	10
A.2. Mental Health Depression (MHD) Consult (image 2 of 3)	11
A.3. Mental Health Depression (MHD) Consult (image 3 of 3)	12
A.4. Order a Mental Health Depression (MHD) Outpatient Consult	13
A.5. Template Mental Health Depression (MHD) Consult – E-Consult (image 1 of 2)	14
A.6. Template Mental Health Depression (MHD) Consult – E-Consult (image 2 of 2)	15
A.7. Order a Mental Health Depression (MHD) Outpatient E-Consult	16
A.8. I am NOT a Mental Health Provider	16
A.9. Emergency to be Seen by Emergency Department Psychiatrist	17
A.10. Reason for Request - Mental Health Psychiatry Emergency Outpatient	18
A.11. Reason for Request - Mental Health Clinic Outpatient (image 1 of 4)	19
A.12. Reason for Request - Mental Health Clinic Outpatient (image 2 of 4)	20
A.13. Reason for Request - Mental Health Clinic Outpatient (image 3 of 4)	21
A.14. Reason for Request - Mental Health Clinic Outpatient (image 4 of 4)	22
A.15. Mental Health Consult from Specialty Clinics, for Patients Older Than 65 with Multiple Medical Problems (image 1 of 2)	23
A.16. Mental Health Consult from Specialty Clinics, for Patients Older Than 65 with Multiple Medical Problems (image 2 of 2)	23
A.17. Reason for Request - Geropsychiatry Clinic Outpatient (image 1 of 3)	24
A.18. Reason for Request - Geropsychiatry Clinic Outpatient (image 2 of 3)	25
A.19. Reason for Request - Geropsychiatry Clinic Outpatient (image 3 of 3)	26
A.20. Mental Health Consult from Specialty Clinics	27
A.21. Mental Health Consult for Medical or Surgical Inpatient	28
A.22. Template: Depression Assessment Consult Note (image 1 of 5)	29
A.23. Template: Depression Assessment Consult Note (image 2 of 5)	30
A.24. Template: Depression Assessment Consult Note (image 3 of 5)	31
A.25. Template: Depression Assessment Consult Note (image 4 of 5)	32
A.26. Template: Depression Assessment Consult Note (image 5 of 5)	33
A.27. Reminder Dialog Template: Geriatric Research Education and Clinical Center (GRECC) Exam Tools (image 1 of 2)	34
A.28. Reminder Dialog Template: Geriatric Research Education and Clinical Center (GRECC) Exam Tools (image 2 of 2)	35
A.29. Geriatric Depression Scale (GDS) Test (image 1 of 2)	36
A.30. Geriatric Depression Scale (GDS) Test (image 2 of 2)	37
A.31. Reminder Dialog Template: Geriatric Research Education and Clinical Center (GRECC) Exam Tools – post Geriatric Depression Scale (GDS) Test Completion	38
A.32. Patient Health Questionnaire-2 (PHQ-2)	39
A.33. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 1 of 7)	40
A.34. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 2 of 7)	40
A.35. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 3 of 7)	41
A.36. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 4 of 7)	41
A.37. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 5 of 7)	42
A.38. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 6 of 7)	42
A.39. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 7 of 7)	43

List of Tables

1. Relevant KNART Information: Mental Health: Consult for Depression	ii
1.1. Clinical Context Domains	1

VA Subject Matter Expert (SME) Panel

Name	Title	Project Role
William Becker, MD	Internist West Haven ,CT	SME, Primary
Katy Lysell, MD	National Mental Health Director for Informatics Honolulu, HI 96819	SME, Secondary
Elizabeth Oliva	VA National OEND Coordinator VA Palo Alto Health Care System Menlo Park, VA 04025	SME
Kendall Browne, MD	Post Doctoral Fellow VAPSHCS – SEATTLE Seattle, WA 98108	SME
Rani Hoff, PhD, MPH	Director, Northeast Program Evaluation Center Office of Mental Health and Suicide Prevention (10NC5) VA Central Office (VACO) Professor of Psychiatry Yale University School of Medicine	SME
Edward P Post, PhD		SME
Bridget Matarazzo		SME

Introduction

The VA is committed to improving the ability of clinicians to provide care for patients while increasing quality, safety, and efficiency. Recognizing the importance of standardizing clinical knowledge in support of this goal, VA is implementing the Health Level 7 (*HL7*) Knowledge Artifact Specification for a wide range of VA clinical use cases. Knowledge Artifacts, referred to as (*KNARTs*), enable the structuring and encoding of clinical knowledge so the knowledge can be integrated with electronic health records to enable clinical decision support.

The purpose of this Clinical Content White Paper (*CCWP*) is to capture the clinical context and intent of *KNART* use cases in sufficient detail to provide the *KNART* authoring team with the clinical source material to construct the corresponding knowledge artifacts using the *HL7* Knowledge Artifact Specification. This paper has been developed using material from a variety of sources: VA artifacts, clinical practice guidelines, evidence in the body of medical literature, and clinical expertise. After reviewing these sources, the material has been synthesized and harmonized under the guidance of VA subject matter experts to reflect clinical intent for this use case.

Unless otherwise noted, items within this white paper (e.g., documentation template fields, orderable items, etc.) are chosen to reflect the clinical intent at the time of creation. To provide an exhaustive list of all possible items and their variations is beyond the scope of this work.

Conventions Used

Conventions used within the knowledge artifact descriptions include:

<obtain>: Indicates a prompt to obtain the information listed

- If possible, the requested information should be obtained from the underlying system(s). Otherwise, prompting the user for information may be required
- Default Values: Unless otherwise noted, *<obtain>* indicates to obtain the most recent observation. It is recognized that this default time-frame value may be altered by future implementations

[...J]: Square brackets enclose explanatory text that indicates some action on the part of the clinical user, or general guidance to the clinical or technical teams. Examples include, but are not limited to:

[Begin ...J], [End ...J]: Indicates the start and end of specific areas to clearly delineate them for technical purposes.

[Activate ...J]: Initiates another knowledge artifact or knowledge artifact section.

[Section Prompt: ...J]: If this section is applicable, then the following prompt should be displayed to the user.

[Section Selection Behavior: ...J]: Indicates technical constraints or considerations for the selection of items outlined in the section prompt.

[Attach: ...J]: Indicates that the specified item (e.g. procedure or result interpretation) should be attached to the documentation template if available.

[Link: ...J]: Indicates that rather than attaching an item (e.g. image), a link should be included in the documentation template.

[Clinical Comment: ...J]: Indicates technical considerations or notes to be utilized for KNART authoring and at time of implementation planning.

[Technical Note: ...J]: Indicates technical considerations or notes to be utilized for KNART authoring and at time of implementation planning.

[If ...J]: Indicates the beginning of a conditional section.

[Else, ...J]: Indicates the beginning of the alternative branch of a conditional section.

[End if ...J]: Indicates the end of a conditional section.

[Check box]: Indicates items that should be selected based upon the section selection behavior.

Chapter 1. Mental Health: Consult for Depression

Clinical Context

[Begin Clinical Context.]

This set of KNARTs is intended to support initiation of appropriate clinical orders and provision of required documentation to place a consult request.

Depression is a highly prevalent condition that is among the most common causes of morbidity, mortality (i.e., suicide, homicide), and disability. In view of this, the VA has established structured protocols for collaborative care management that are generally implemented by behavioral health nurses or clinical social workers, with provision for referral to specialty mental health care programs when needed.

Table 1.1. Clinical Context Domains

Target User	Primary Care Providers (PCPs) and Mental Health Providers embedded in primary care practice settings
Patient	Adults Outpatients identified as requiring evaluation or treatment for depression
Priority	Routine
Specialty	Primary Care
Location	Outpatient

[End Clinical Context.]

Knowledge Artifacts

[Begin Knowledge Artifacts.]

This section describes the CDS knowledge artifacts that are part of the Mental Health group, and include:

- A Composite/Consult Request: Mental Health: Consult for Depression KNART
 - High-level, encompassing artifact
 - Relies upon the documentation template and order set artifacts
- A Documentation Template: Mental Health: Consult for Depression KNART
 - Documents the information provided by the referring provider
 - Includes logic for appropriate display of documentation sections
- An Order Set: Mental Health: Consult for Depression KNART
 - Orderable items associated with the consult request
 - Includes logic for appropriate display of the order set

[End Knowledge Artifacts.]

Chapter 2. Composite/Consult Request: Consult for Depression

[Begin Composite/Consult Request: Consult for Depression.]

Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

Consult and Referral Request

[Begin Consult and Referral Request.]

[Technical Note: The following list provides the basic components of the consult request. This is the high-level, encompassing artifact, and must be combined with the documentation template and order set to form a fully functional knowledge artifact.]

[Technical Note: Consult specialty of mental health should be selected automatically]

[Section Prompt: Consult Specialty: Mental Health]

<obtain> Reason for consult

[Section Prompt: Goal of Consult.]

[Section Selection Behavior: Required. Select One.]

- Provide consultation to PCP
- Start treatment and return to PCP for follow up and maintenance
- Start treatment, monitor for effect and when on stable therapy return to PCP
- Treat as long as necessary (or indefinitely)

[Section Prompt: Priority.]

- Routine (within 30 days)
- Routine with Scheduling Instructions

[Technical Note: Obtain from Documentation Template.]

- <obtain> Current psychiatric medications

[Section Prompt: Patient Treatment Preference.]

[Section Selection Behavior: Select one or more. Required.]

- Psychotherapy
- Medication
- Medication and psychotherapy

Composite/Consult Request:
Consult for Depression

No preference

<obtain> Additional information

[Technical Note: Obtain from Documentation Template or input by ordering provider.]

<obtain> Referring Physician

<obtain> Referring Physician Contact Information

[Technical Note: Referring Physician and Referring Physician Contact Information to be filled in automatically.]

[End Consult and Referral Request.]

[End Composite/Consult Request: Consult for Depression.]

Chapter 3. Documentation Template: Consult for Depression

[Begin Documentation Template: Consult for Depression.]

[Technical Note: This documentation template—consult request should be available to PCPs and mental health providers embedded in primary care practice settings caring for outpatients identified as requiring evaluation or treatment for depression.]

Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

Screening Mental Health Evaluation

[Begin Screening Mental Health Evaluation.]

[Section Prompt: Patient Health Questionnaire-9 (*PHQ-9*). (A score of 10 is considered the threshold for mild symptoms of depression.)]

[Technical Note: Both the most recent *PHQ-9* score from any timeframe and all *PHQ-9* scores from the past 1 year should be presented to the user, with the dates of those scores, from available data.]

[Technical Note: *PHQ-9* must be calculated by totaling the form label values (displayed below following each user selection option) for the form labels selected by the user. Note that the following form components are adapted from Kroenke 2001. A score of 10 is considered the threshold for mild symptoms of depression.]

[Section Selection Behavior: Select one for each question asked. Optional.]

[Technical Note: *PHQ-9* score calculated using numbers following the response options below. Use the following reference link for scoring: <https://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>.]

[Section Prompt: Patient response to "over the past two weeks, how often have you been bothered by any of the following problems?"]

[Section Prompt: "Little interest or pleasure in doing things."]

- Not at all 0
- Several days 1
- More than half the days 2
- Nearly every day 3

[Section Prompt: "Feeling down, depressed, or hopeless."]

- Not at all 0
- Several days 1
- More than half the days 2

Nearly every day 3

[Section Prompt: "Trouble falling or staying asleep, or sleeping too much."]

Not at all 0

Several days 1

More than half the days 2

Nearly every day 3

[Section Prompt: "Feeling tired or having little energy."]

Not at all 0

Several days 1

More than half the days 2

Nearly every day 3

[Section Prompt: "Poor appetite or overeating."]

Not at all 0

Several days 1

More than half the days 2

Nearly every day 3

[Section Prompt: "Feeling bad about yourself-or that you are a failure or have let yourself or your family down."]

Not at all 0

Several days 1

More than half the days 2

Nearly every day 3

[Section Prompt: "Trouble concentrating on things, such as reading the newspaper or watching television."]

Not at all 0

Several days 1

More than half the days 2

Nearly every day 3

[Section Prompt: "Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual."]

Not at all 0

Several days 1

More than half the days 2

Nearly every day 3

[Section Prompt: "Thoughts that you would be better off dead or of hurting yourself."]

- Not at all 0
- Several days 1
- More than half the days 2
- Nearly every day 3

[Technical Note: The following question should be presented if PHQ-9 score >= 1. Note that this is an unscored question in the PHQ-9 and has no form label value.]

Patient response to "If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?"

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

[Section Prompt: For positive responses to the suicidal ideation question consider the following.]

[Technical Note: Upon completion of the PHQ-9, if there was any positive response to the question about suicidal ideation, the user should be presented with links to the following:

Documentation Template: Mental Health Suicide Risk Assessment KNART

Order Set: Mental Health Positive Suicide Risk Screening KNART.]

[Section Prompt: Prompt user to follow VA protocol for emergency situations. Information about the Veterans Crisis Line should be provided as appropriate, including the telephone number (800.273.8255), text message support (838255), and the website (<https://www.veteranscrisisline.net/>).]

<obtain> Additional information

[End Screening Mental Health Evaluation.]

Medical History

[Begin Medical History.]

[Technical Note: Thyroid study results from the past 1 year should be autopopulated, with the dates of those results.]

<obtain> Thyroid-stimulating hormone (TSH), free T4 results and dates

<obtain> Additional Information

[End Medical History.]

Treatment History

[Begin Treatment History.]

<obtain> Interventions tried prior to consult request (timeframes, intensities, and providers for psychotherapy and any other interventions)

[End Treatment History.]

Documentation Template:
Consult for Depression

[End Documentation Template: Consult for Depression.]

Chapter 4. Order Set: Consult for Depression

[Begin Order Set: Consult for Depression.]

Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

Consults and Referrals

[Begin Consults and Referrals.]

[Section Prompt: Follow VA protocol for emergency situations. Information about the Veterans Crisis Line should be provided to the patient as appropriate, including the telephone number (800.273.8255), text message support (838255), and the website (<https://www.veteranscrisisline.net/>).]

[Technical Note: This section should be provided to PCPs and mental health providers embedded in primary care practice settings who are caring for outpatients identified as requiring evaluation or treatment for depression.]

[Section Prompt: Inform patient that referral order was placed, including location of consult and emergency contact details for informed consent and contingency planning.]

- Referral to mental health to evaluate and treat for depression (routine-within 30 days)

[End Consults and Referrals.]

Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

[Technical Note: This section should be provided to primary care providers and mental health providers embedded in primary care practice settings who are caring for outpatients identified as requiring evaluation or treatment for depression.]

- Depression education now

[End Patient and Caregiver Education.]

[End Order Set: Consult for Depression.]

Bibliography/Evidence

- [Arrol, 2010] B Arroll, F Goodyear-Smith, S Crengle, J Gunn, N Kerse, T Fishman, K Falloon, and S Hatcher. “Validation of PHQ-2 and PHQ-9 to screen for major depression in the primary care population”. *Ann Fam Med.* 2010. 8. 4. 348-353.
- [Dundon, 2011] M Dundon, K Dollar, M Schohn, and LJ Lantinga. “Primary Care-Mental Health Integration Co-Located, Collaborative Care: An Operations Manual”. *U.S. Department of Veterans Affairs Mental Illness Research, Education and Clinical Centers (MIRECC)/Centers of Excellence (CoE) website.* https://www.mirecc.va.gov/cih-visn2/Documents/Clinical/MH-IPC_CCC_Operations_Manual_Version_2_1.pdf. Updated March 2011.
- [Kroenke, 2001] K Kroenke, RL Spitzer, and JB Williams. “The PHQ-9: validity of a brief depression severity measure”. *J Gen Intern Med.* 2001. 16. 9. 606-613.
- Primary Care Mental Health Integration (PCMHI): Providing Same Day Access to Mental Health.* *U.S. Department of Veterans Affairs Mental Illness Research, Education and Clinical Centers (MIRECC)/Centers of Excellence (CoE) website.* https://www.mirecc.va.gov/cih-visn2/Documents/Clinical/PCMHI_Same_Day_Access_Options_for_Implementation.pdf. Accessed October 5, 2017.
- [Siu, 2016] AL Siu, K Bibbins-Domingo, DC Grossman, and et al. “US Preventive Services Task Force (USPSTF). Screening for Depression in Adults: US Preventive Services Task Force Recommendation Statement”. *JAMA.* 2016. 315. 4. 380-387.
- [Thibault, 2004] JM Thibault and RW Steiner. “Efficient identification of adults with depression and dementia”. *Ann Fam Physician.* 2004. 70. 6. 1101-1110.

Appendix A. Existing Sample VA Artifacts

Figures A.1-A.7: Portland Oregon VA Medical Center (VAMC) Screenshots: Mental Health Consult for Depression - Order Set

Figure A.1. Mental Health Depression (MHD) Consult (image 1 of 3)

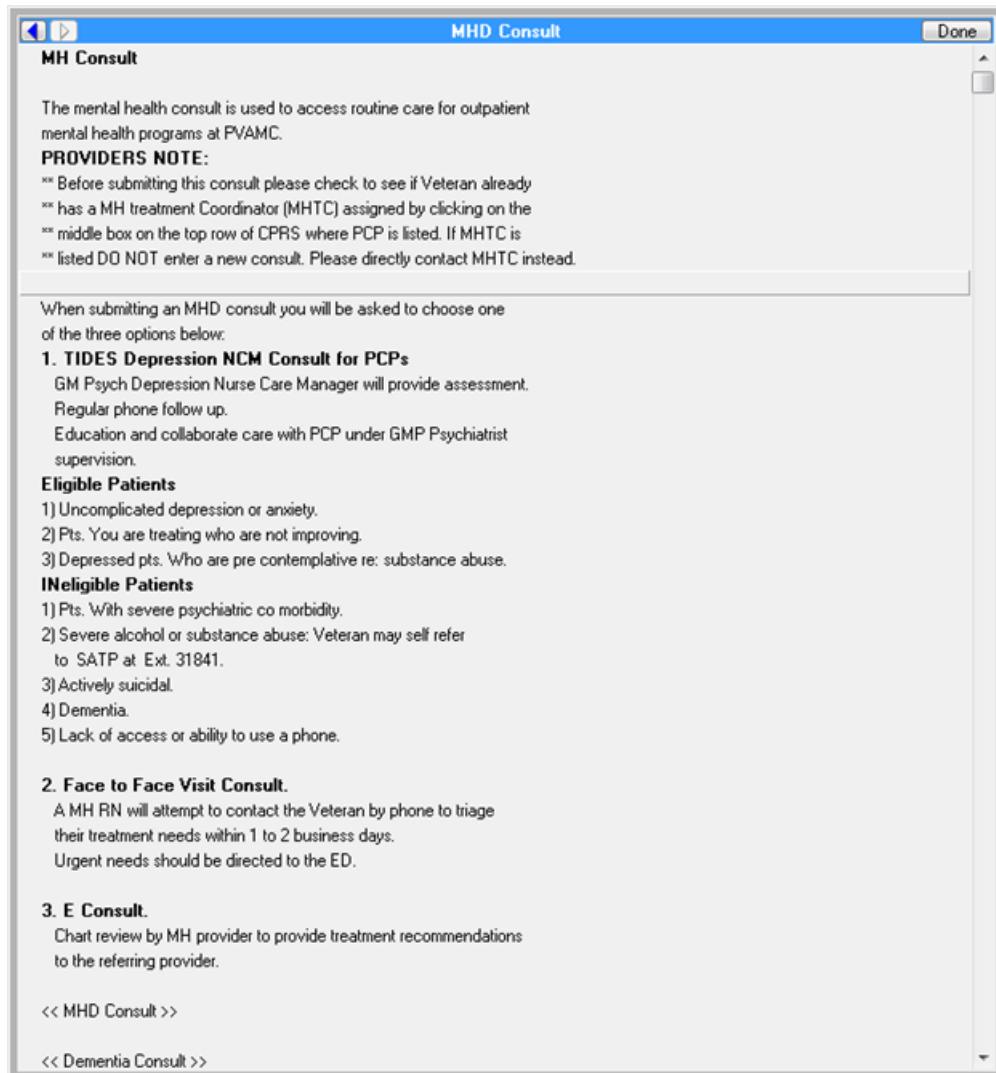


Figure A.2. Mental Health Depression (MHD) Consult (image 2 of 3)

Template: MHD Consult

****PROVIDERS NOTE: Choose one of the options below****
The Tides Depression Option if FOR PCP's ONLY

Tides Depression NCM Consult Reason for Request:
* test

FACE TO FACE: Reason for Request:
1. Presenting problem, reason for MH referral:
* test

2. Goal of treatment:
* test

3. Brief MH history
a. Has the patient been treated for mental health in the past?
 YES. Previous Mental Health Treatment. Explain:
* test

YES. Patient has current Mental health medications. Explain:
* test

c. Substance abuse issues, current or past?
 YES. Patient has substance abuse issues, current or past. ...
 NO. Patient DOES NOT have substance abuse issues, current or past. ...
 NO. Patient DOES NOT have Mental health current medications. ...
 NO - Previous Mental Health Treatment.

E - CONSULT Reason for Request:
1. Presenting problem, reason for MH referral:
* test

2. Is the veteran pregnant, post partum, or planning conception?
* Yes No

All None * Indicates a Required Field Preview OK Cancel

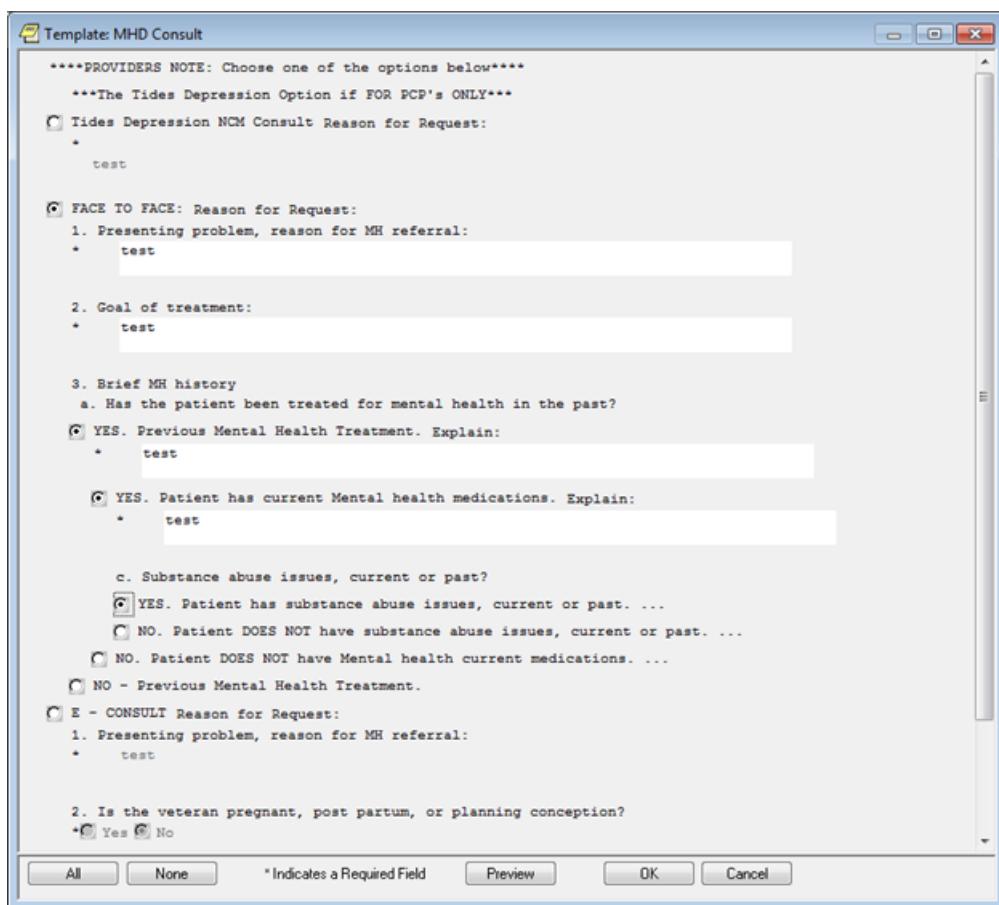


Figure A.3. Mental Health Depression (MHD) Consult (image 3 of 3)

Template: MHD Consult

FACE TO FACE:

1. Presenting problem, reason for MH referral:
test

2. Goal of treatment:
test

3. Brief MH history

a. Has the patient been treated for mental health in the past?
YES. Previous Mental Health Treatment.
test

YES. Patient has current Mental health medications.
test

c. Substance abuse issues, current or past?
YES. Patient has substance abuse issues, current or past. Explain:
* test

4. Has the patient been informed that he/she is being referred to mental health? Yes No Please enter any additional comments or information below:
test

5. I have confirmed that this veteran's contact information is correct. A secondary contact number for the veteran is:
*test

PO BOX 20
PORTLAND, OR 97207
(503) TEST TEST

* Indicates a Required Field Preview OK Cancel

Figure A.4. Order a Mental Health Depression (MHD) Outpatient Consult

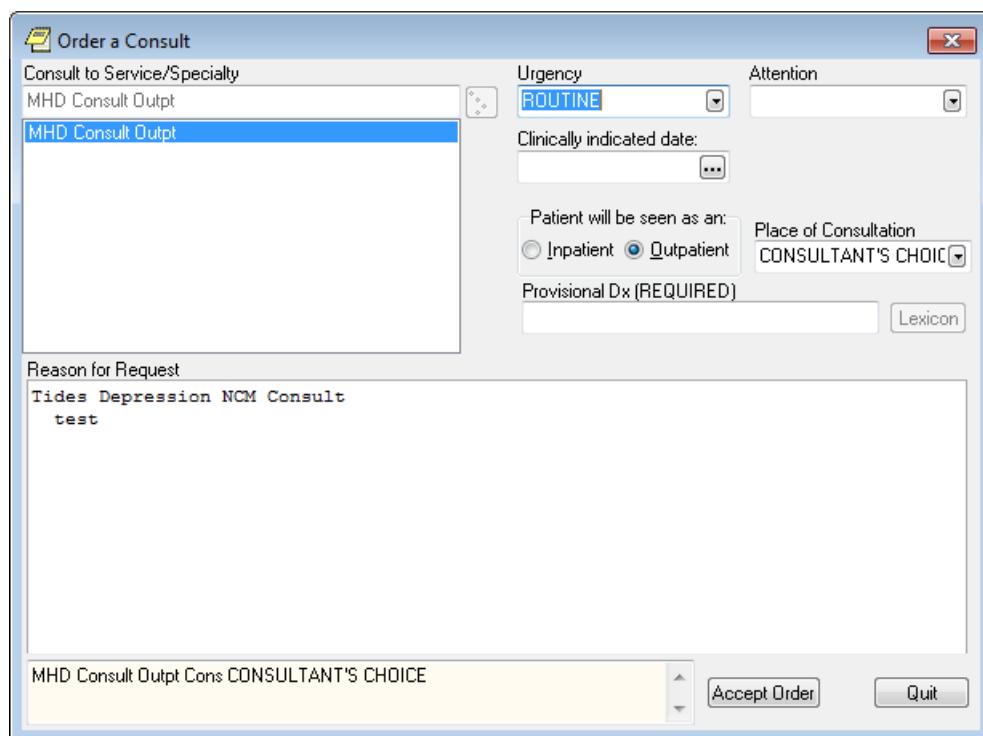


Figure A.5. Template Mental Health Depression (MHD) Consult – E-Consult (image 1 of 2)

Template: MHD Consult

FACE TO FACE: Reason for Request:

1. Presenting problem, reason for MH referral:
* test
2. Goal of treatment:
* test
3. Brief MH history
a. Has the patient been treated for mental health in the past?

E - CONSULT Reason for Request:

1. Presenting problem, reason for MH referral:
* test
2. Is the veteran pregnant, post partum, or planning conception?
+ Yes No
3. Goal of treatment:
* test
4. Brief MH history
a. Has the patient been treated for mental health in the past?
 YES. Previous Mental Health Treatment. Explain:
* test
- YES. Patient has current Mental health medications. Explain:
* test
- c. Substance abuse issues, current or past?
 YES. Patient has substance abuse issues, current or past. ...
 NO. Patient DOES NOT have substance abuse issues, current or past. ...
 NO. Patient DOES NOT have Mental health current medications. ...
 NO - Previous Mental Health Treatment.

All None *Indicates a Required Field Preview OK Cancel

Figure A.6. Template Mental Health Depression (MHD) Consult – E-Consult (image 2 of 2)

Template: MHD Consult

E - CONSULT

1. Presenting problem, reason for MH referral:
test

2. Is the veteran pregnant, post partum, or planning conception?
No

3. Goal of treatment:
test

4. Brief MH history

a. Has the patient been treated for mental health in the past?
YES. Previous Mental Health Treatment.
test
YES. Patient has current Mental health medications.
test

c. Substance abuse issues, current or past?
YES. Patient has substance abuse issues, current or past. Explain:
* test

4. Has the patient been informed that he/she is being referred to mental health? Yes No Please enter any additional comments or information below:

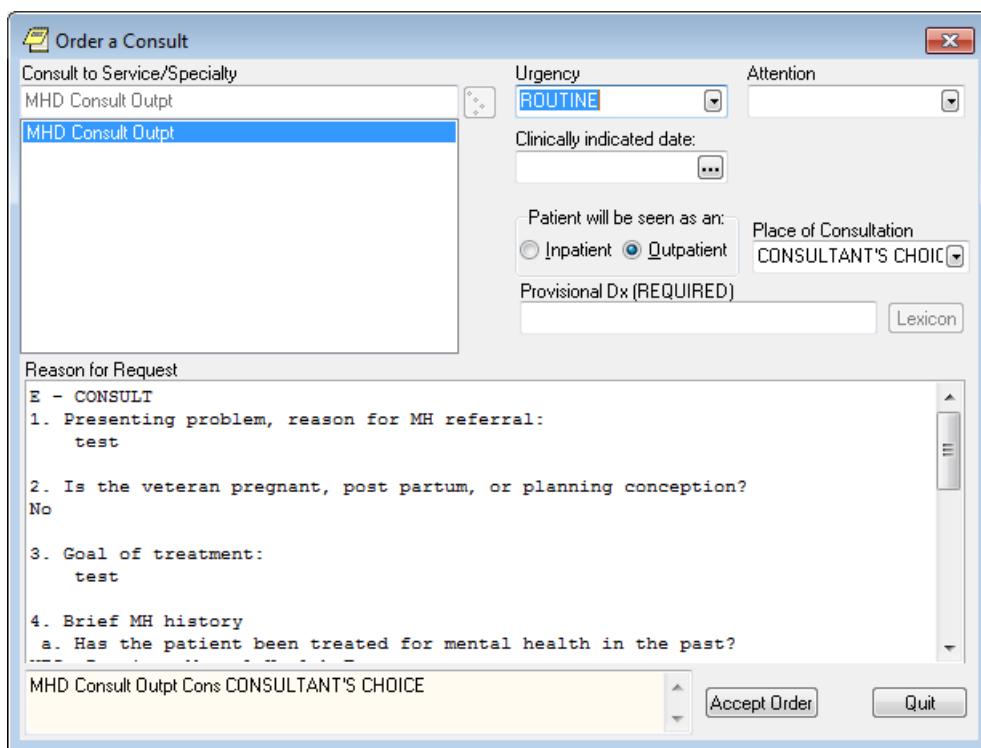
[Text area]

5. I have confirmed that this veteran's contact information is correct. A secondary contact number for the veteran is:
*test

PO BOX 20
PORTLAND, OR 97207

(503) TEST TEST

* Indicates a Required Field Preview OK Cancel

Figure A.7. Order a Mental Health Depression (MHD) Outpatient E-Consult

Figures A.8-A.21: Greater Los Angeles, CA VAMC Screenshots Mental Health Depression - Order Set

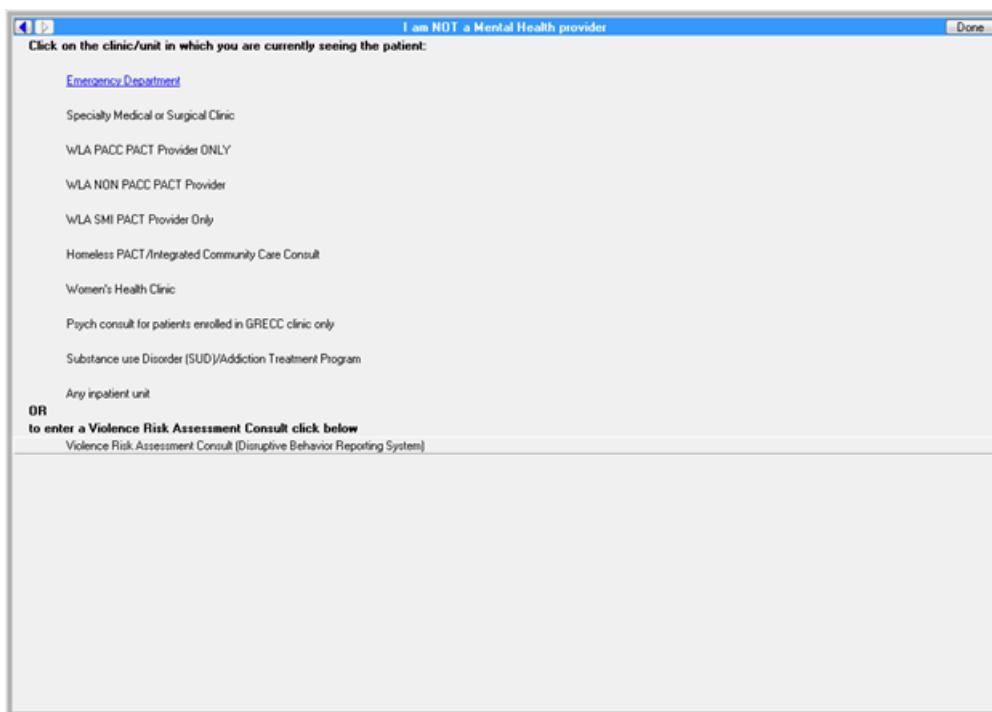
Figure A.8. I am NOT a Mental Health Provider

Figure A.9. Emergency to be Seen by Emergency Department Psychiatrist

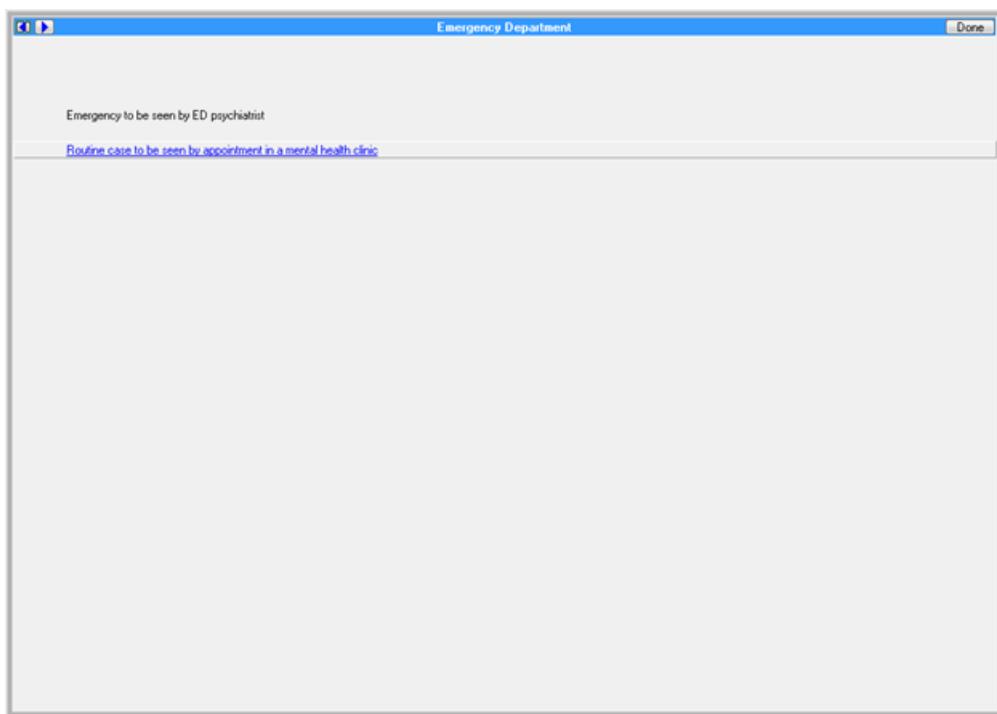


Figure A.10. Reason for Request - Mental Health Psychiatry Emergency Outpatient

Reason for Request: MH-PSYCHIATRY EMERGENCY OUTPT -(WLA)

```
*****
ZZTEST,A PATIENT GRACE 4399 77 Y/O FEMALE
SERVICE CONNECTED % - NONE FOUND RATED DISABILITIES - NONE FOUND
*****
** PAST CLINIC APPOINTMENTS **
DATE/TIME CLINIC ( LOCATION )
*** NO DATA ***
*****
** TODAY'S & FUTURE CLINIC APPOINTMENTS **
DATE/TIME CLINIC ( LOCATION )
*** NO DATA ***
*****
```

For urgent request, please page the service: [Pager info link](#)

>Referring provider's pager/phone:
NAME: WEDEMEYER,LINDA
SERVICE/SECTION: SURGICAL & PERIOPERATIVE CARE
PHONE EXT: 213 253-2677 4633
VA PAGER: 3450
UCLA PAGER:
OTHER PAGER(S):

>Is the referring provider contact information above correct? Yes No
If "no," please update info below:

>This is an emergent psychiatric evaluation for:
*

- Danger to Self
- Danger to Others
- Grave Disability
- Delirium/Behavioral Management
- Capacity to Make (Specific) Medical Decision
- Other (Please describe)

* Indicates a Required Field [Preview](#) [OK](#) [Cancel](#)

Figure A.11. Reason for Request - Mental Health Clinic Outpatient (image 1 of 4)

Reason for Request: MH-MENTAL HEALTH CLINIC OUTPT -(WLA)

It has been determined that there is no psychiatric emergency, no suicidal or homicidal ideation, grave disability, or severe intoxication requiring emergency medical attention. No indication for calling emergency services.

For urgent request, please page the service: [Pager info link](#)

PLEASE NOTE THAT ANY REFERRALS DETERMINED
DURING REVIEW TO BE COMPLETED
INCORRECTLY OR INCOMPLETELY WILL BE
DISCONTINUED AND RETURNED TO YOU,
WHICH WILL RESULT IN A DELAY.

1. ZZTEST,A PATIENT GRACE

2. Is Patient currently being hospitalized for psychiatric reasons?
 Yes No

3. Best contact phone number (please confirm with patient):
*

4. What is patient's zip code? *

5. Which of the following VA clinics with mental health services is closest to the patient's current residence?

Downtown Clinic on Temple Street
 Sepulveda Clinic in San Fernando Valley
 East Los Angeles Clinic
 Gardena Clinic
 Bakersfield Clinic
 Oxnard Clinic
 Lancaster Clinic
 West Los Angeles Clinic
 Santa Barbara Clinic
 Santa Maria Clinic

6. If the patient lives closer to another clinic that is NOT West Los Angeles,

* Indicates a Required Field Preview OK Cancel

Figure A.12. Reason for Request - Mental Health Clinic Outpatient (image 2 of 4)

Reason for Request: MH-MENTAL HEALTH CLINIC OUTPT -(WLA)

6. If the patient lives closer to another clinic that is NOT West Los Angeles, why are you submitting this referral to West Los Angeles MHC?

7. Is the patient already currently engaged in any mental health services at any VA clinic on any VA campus?
* Yes No

If yes, please stop filling out this referral and refer to patient's existing mental health providers (refer to "MH Treatment Coordinator" in top middle panel of CPRS).

8. For which of the following psychiatric diagnosis are you seeking treatment for this patient?
 Depression
 Anxiety
 Substance Use Disorder (e.g. alcohol, cocaine, cannabis, etc.)
 Bipolar Disorder
 PTSD related to COMBAT
 PTSD related to MILITARY SEXUAL TRAUMA
 Schizophrenia
 Other

9. Does the patient explicitly agree to be referred to the Mental Health Clinic at West Los Angeles?
* Yes No If you check off "NO", please do not submit this referral.

Please indicate that it is safe for the patient to wait for an evaluation by confirming all of the following are false.
**** IF ANY ANSWERS ARE "TRUE", ESCORT PATIENT TO THE EMERGENCY ROOM and CANCEL THIS REQUEST. ****

* TRUE FALSE The patient is so despondent that he plans

* Indicates a Required Field Preview OK Cancel

Figure A.13. Reason for Request - Mental Health Clinic Outpatient (image 3 of 4)

Reason for Request: MH-MENTAL HEALTH CLINIC OUTPT -(WLA)

* TRUE FALSE The patient is so despondent that he plans to commit suicide.

* TRUE FALSE The patient is so angry that he plans to assault others.

* TRUE FALSE The patient is so disorganized that he cannot obtain the basic necessities (e.g. food, clothing, shelter).

* TRUE FALSE The patient is currently too intoxicated with alcohol or other substances to leave the supervision of healthcare providers.

* TRUE FALSE The patient is likely to develop severe alcohol withdrawal within hours or days.

* TRUE FALSE The patient is so disorganized that he would be unable to keep an appointment.

If ANY of the above are "TRUE", then this is an emergency. If patient is inpatient and this is during regular business hours, please page the Psychiatry Consultation/Liaison Service at 5915 or call them at 310-995-1885.

All others, please page the ED psychiatrist at 5625, and, if necessary, call VA PD for assistance and walk the patient to the ED.

If ALL of the above are "FALSE", please provide patient with the contact information below:

1. To inquire about MHC appointment scheduling or to reschedule an appointment please call 310-268-4449.
2. In case of emergencies, please come to the Emergency Department or call 911.
3. In case of crisis, please call the National Crisis Hotline at 1-800-273-8255.

* Indicates a Required Field Preview OK Cancel

Figure A.14. Reason for Request - Mental Health Clinic Outpatient (image 4 of 4)

Reason for Request: MH-MENTAL HEALTH CLINIC OUTPT -(WLA)

* TRUE FALSE The patient is so angry that he plans to assault others.

* TRUE FALSE The patient is so disorganized that he cannot obtain the basic necessities (e.g. food, clothing, shelter).

* TRUE FALSE The patient is currently too intoxicated with alcohol or other substances to leave the supervision of healthcare providers.

* TRUE FALSE The patient is likely to develop severe alcohol withdrawal within hours or days.

* TRUE FALSE The patient is so disorganized that he would be unable to keep an appointment.

If ANY of the above are "TRUE", then this is an emergency. If patient is inpatient and this is during regular business hours, please page the Psychiatry Consultation/Liaison Service at 5915 or call them at 310-995-1885.

All others, please page the ED psychiatrist at 5625, and, if necessary, call VA PD for assistance and walk the patient to the ED.

If ALL of the above are "FALSE", please provide patient with the contact information below:

1. To inquire about MHC appointment scheduling or to reschedule an appointment please call 310-268-4449.
2. In case of emergencies, please come to the Emergency Department or call 911.
3. In case of crisis, please call the National Crisis Hotline at 1-800-273-8255.

Mental Health point of contact sheet with suicide crisis information given to veteran AND any questions and concerns addressed. * Yes No

* Indicates a Required Field Preview OK Cancel

Figure A.15. Mental Health Consult from Specialty Clinics, for Patients Older Than 65 with Multiple Medical Problems (image 1 of 2)

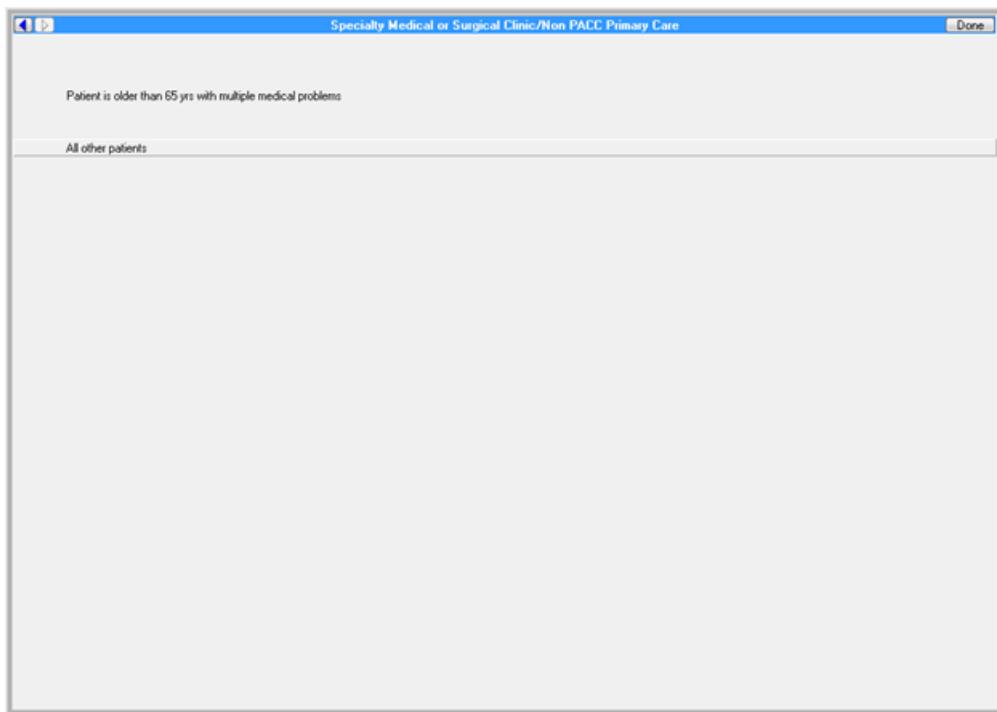


Figure A.16. Mental Health Consult from Specialty Clinics, for Patients Older Than 65 with Multiple Medical Problems (image 2 of 2)

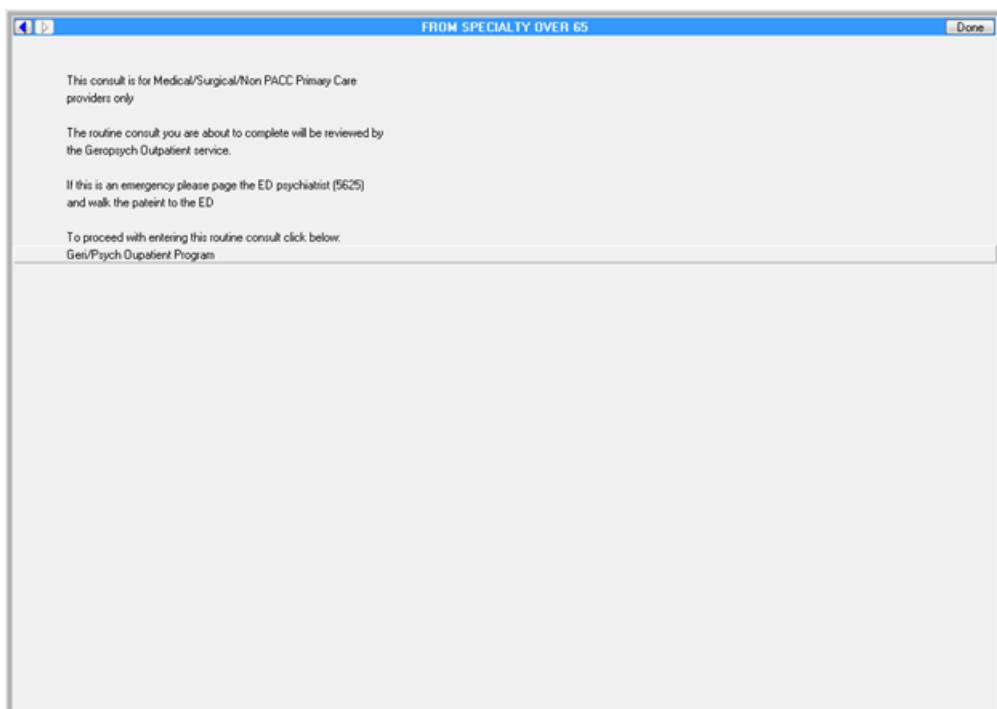


Figure A.17. Reason for Request - Geropsychiatry Clinic Outpatient (image 1 of 3)

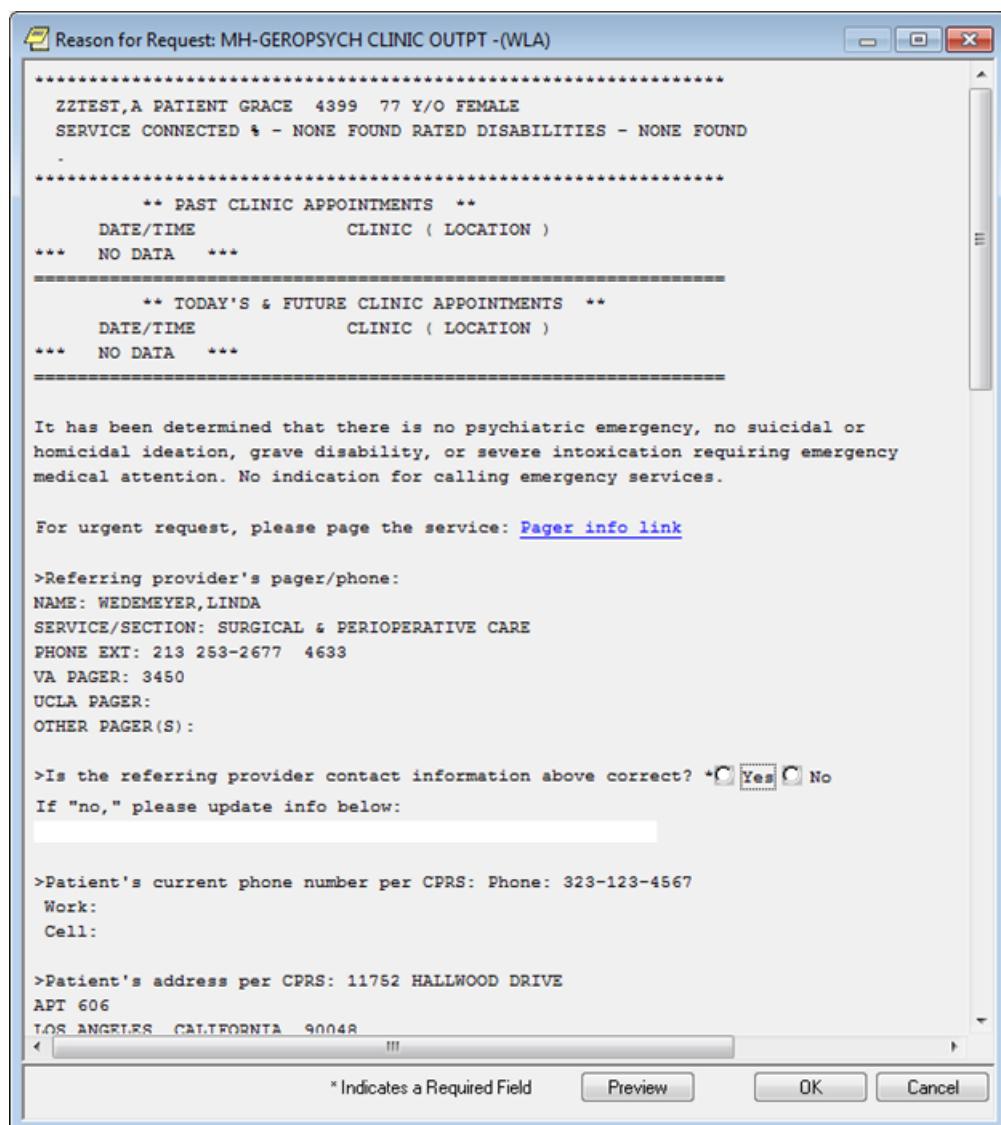


Figure A.18. Reason for Request - Geropsychiatry Clinic Outpatient (image 2 of 3)

Reason for Request: MH-GEROPSYCH CLINIC OUTPT -(WLA)

>Patient's address per CPRS: 11752 HALLWOOD DRIVE
APT 606
LOS ANGELES, CALIFORNIA 90048

>Is the patient's contact information above correct? Yes No

>If "no," please update info below:
>Current Phone Number: _____
(If the patient does not have a phone number, please call GeroPsych outpatient scheduling so they can talk to the patient and schedule an appointment.)

>Current living situation/address:

>What symptom(s) or problem(s) do you want the consultant to evaluate?
*
 Depression
 PTSD
 Psychotic symptoms (e.g. delusions, hallucinations, etc)
 Memory problems
 Substance abuse or dependence
 Other (Please describe)

>Relevant history: *

>Please indicate that it is safe for the patient to wait for an evaluation by confirming all of the following are false.
*
TRUE FALSE The patient is ...
[] [] no respondent that he plans to commit.
!!!

* Indicates a Required Field OK Cancel

Figure A.19. Reason for Request - Geropsychiatry Clinic Outpatient (image 3 of 3)

Reason for Request: MH-GEROPSYCH CLINIC OUTPT -(WLA)

basic necessities (e.g. food, clothing, and shelter) and these are not provided by a caregiver.

..currently too intoxicated (with alcohol or drugs) to leave the supervision of healthcare providers.

..likely to develop severe alcohol withdrawal within hours or days.

..so disorganized that he would be unable to keep an appointment and there is no caregiver available to take him.

If ANY of the above are "TRUE," this is an emergency. If the patient is in an inpatient this is during regular hours (8am-5pm, Monday-Friday) please page the Geriatric Psychiatrist (pager 5452)

All other emergencies please, page the ED psychiatrist (pager 5625)

If ALL of the above are "FALSE," please provide pt with the contact info at the bottom

>SELECT ONE:

* No contact given to patient because pt referred immediately to Geriatric Psychiatry
 Pt given info to be used while waiting for appt

Patients not immediately seen were given the following contact numbers:

1. Mental health provider's contact information:
Dr. Sultzzer (310-268-3708)
OR
Dr. Osato [(310)478-3711 ext 83336]

2. In case of emergencies, pt should come to the ED or call the Suicide Hotline (Los Angeles 1-877-727-4747 / National 1-800-273-8255)

[Click here for Mental Health Contact Info ED Pt Print Out](#)

* I have discussed the need for this consultation with the patient.
* The patient agreed to see a mental health provider.

* Indicates a Required Field [Preview](#) [OK](#) [Cancel](#)

Figure A.20. Mental Health Consult from Specialty Clinics

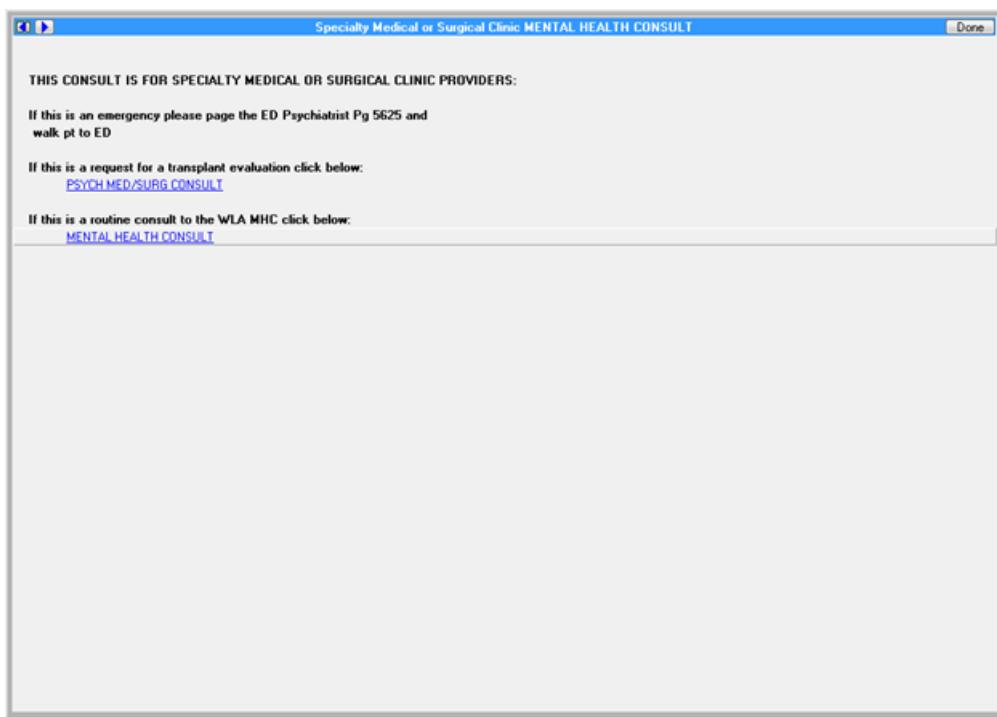


Figure A.21. Mental Health Consult for Medical or Surgical Inpatient

Reason for Request: MH-PSYCHIATRY FROM MED/SURG INPT -(WLA)

```
*****
ZZTEST,A PATIENT GRACE 4399 77 Y/O FEMALE
SERVICE CONNECTED & - NONE FOUND RATED DISABILITIES - NONE FOUND

*****
** PAST CLINIC APPOINTMENTS **
DATE/TIME CLINIC ( LOCATION )
*** NO DATA ***

=====
** TODAY'S & FUTURE CLINIC APPOINTMENTS **
DATE/TIME CLINIC ( LOCATION )
*** NO DATA ***

=====

For urgent request, please page the service: Pager info link
ALL INFORMATION MUST BE FILLED OUT

Patient has been told about consult request and agrees to be seen by consultant *  Yes
 No
```

Referring provider:Linda Wedemeyer, MD
 Pager/phone:
 Team/Team#:*

What symptom(s) or problem(s) do you want the consultant to evaluate?
 (Please describe) *

Patients medical problems/relevant history: *

Please indicate that it is safe for the patient to wait for an evaluation by confirming all of the following are false.
 *

TRUE FALSE The patient is ...

* Indicates a Required Field

Figures A.22-A.32: Greater Los Angeles, CA VAMC Mental Health Consult for Depression - Documentation Template

Figure A.22. Template: Depression Assessment Consult Note (image 1 of 5)

Template: Depression Assessment Consult Note

DEPRESSION ASSESSMENT CONSULT NOTE

ZZTEST, A PATIENT GRACE was interviewed by phone on [redacted] by a TIDES Depression Care Manager. Please order depression treatment as an addendum to this note and identify DCM as an additional signer. Nurse care managers can assist with referrals, but cannot order medication. Treatment decision support given below is based on medical center and TIDES algorithms and should be modified by your clinical judgment as needed.

To review the full assessment on which the algorithm-based proposed treatment plan is based, please see the related note titled "---INSERT INITIAL ASSESSMENT NOTE TITLE HERE---".

DEPRESSIVE SYMPTOMS AND OTHER POSITIVE FINDINGS

PHQ-9 Score out of 27. (10+ suggests major depression)
Number of depressive symptoms experienced over past 2 weeks: 0 out of 9

Have these symptoms made it difficult to work, take care of things at home or to get along with other people?

Do patient's depressive symptoms include one or both symptoms required for a diagnosis of MDD (feeling little interest/pleasure or feeling down/depressed/hopeless)? Yes No

Diagnosed with depression in the past? Yes No
Dysthymia? Yes No

Probable Co-Morbidities:

Suicidal ideation
 Activity deficits
 Anxiety
 Cognition
 ETOH
 General Medical
 Loneliness
 Mental Health

All None * Indicates a Required Field Preview OK Cancel

Figure A.23. Template: Depression Assessment Consult Note (image 2 of 5)

Template: Depression Assessment Consult Note

Loneliness
 Mental Health
 Pain Issues
 PTSD
 Other:

Spine Consult:

PATIENT TREATMENT PREFERENCES

Watchful Waiting- pt understands he/she may need treatment for depression, but refuses psychotherapy or antidepressant treatment at this time.
 Patient Self-Help- Pt will consider exercise, stress reduction, sleep hygiene.
 Anti-Depressants- declined at this time.
 Anti-Depressants- Wants to start medication
 Anti-Depressants - Wants to start medication but will not stop drinking
 Anti-Depressants - Wants to start medication and will stop drinking
 Anti-Depressants- No previous history of antidepressant use.
 Anti-Depressants- past use, has done well on
[Text Input Field]
 Psychotherapy- strong indication, pt declines at this time.
 Referral- Pt understands he/she has significant depressive symptoms and agrees to referral to Mental Health.

PATIENT ACTIVATION/SELF-HELP PLAN: Patient has self-help plan None

PATIENT QUESTIONS OR CONCERNS:
None at this time.

PROBABLE DEPRESSION-RELATED DSM IV DIAGNOSIS
(If the patient does not already have a depression-related diagnosis)

ALGORITHM-BASED CARE PLAN SUGGESTIONS

DCM FOLLOW UP

DCM TO DISCUSS WITH TIDES SUPERVISING PSYCHIATRIST?
 Yes No

All None * Indicates a Required Field Preview OK Cancel

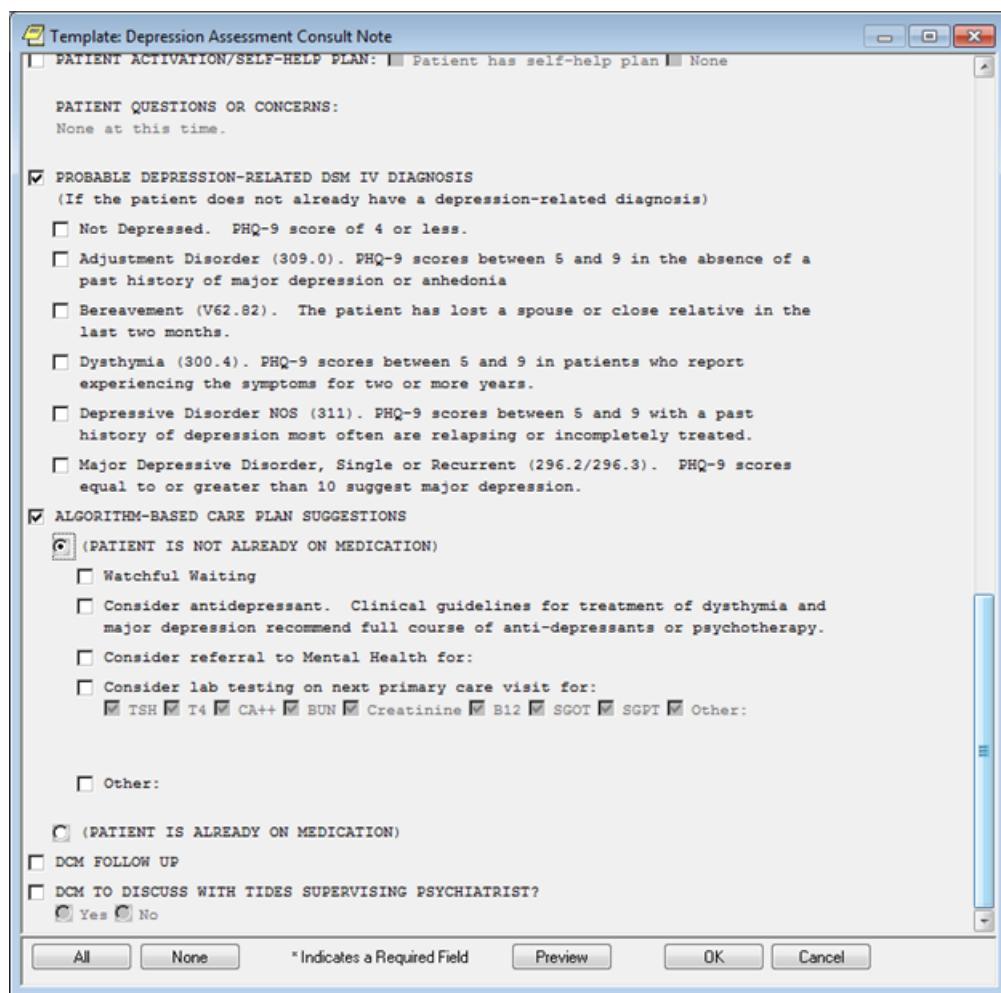
Figure A.24. Template: Depression Assessment Consult Note (image 3 of 5)

Figure A.25. Template: Depression Assessment Consult Note (image 4 of 5)

Template: Depression Assessment Consult Note

ALGORITHM-BASED CARE PLAN SUGGESTIONS

(PATIENT IS NOT ALREADY ON MEDICATION)
 (PATIENT IS ALREADY ON MEDICATION)

Patient is compliant with medication and not experiencing significant side effects. No changes indicated

Based on patient's medication side effects and compliance, consider changing medication

Based on patient's current symptoms and medication compliance, consider referring patient for 24 weeks of regular telephone follow-up by a Greater Los Angeles Depression Care Manager

Consider lab testing on next primary care visit for:
■ TSH ■ T4 ■ CA++ ■ BUN ■ Creatinine ■ B12 ■ SGOT ■ SGPT ■ Other:

Consider referral to Mental Health for:

Patient needs follow up with PC Provider in wks for further medication management and depression assessment per Major Depression Performance Guidelines

Other:

DCM FOLLOW UP

Unless otherwise directed by referring clinician, depression care manager will call patient for symptom assessment and follow-up in
Patient is aware of and agrees to follow-up contact by depression care manager.

Unless otherwise directed by referring clinician, patient to be followed by MH. DCM will monitor for medication compliance and keeping scheduled appointments. PHQ-9 will be re-administered at 24 weeks.

Unless otherwise directed by referring clinician, depression care manager will not re-contact patient. Veteran refuses further follow-up. Patient to follow with Primary Care Provider on scheduled appointments for depression symptoms.

No depressive symptoms expressed and no future contacts are needed. Patient to follow with Primary Care Provider on scheduled appointments

All None *Indicates a Required Field Preview OK Cancel

Figure A.26. Template: Depression Assessment Consult Note (image 5 of 5)

Template: Depression Assessment Consult Note
Effects. No changes indicated

Based on patient's medication side effects and compliance, consider changing medication

Based on patient's current symptoms and medication compliance, consider referring patient for 24 weeks of regular telephone follow-up by a Greater Los Angeles Depression Care Manager

Consider lab testing on next primary care visit for:
■ TSH ■ T4 ■ CA++ ■ BUN ■ Creatinine ■ B12 ■ SGOT ■ SGPT ■ Other:

Consider referral to Mental Health for:

Patient needs follow up with PC Provider in wks for further medication management and depression assessment per Major Depression Performance Guidelines

Other:

DCM FOLLOW UP

Unless otherwise directed by referring clinician, depression care manager will call patient for symptom assessment and follow-up in
Patient is aware of and agrees to follow-up contact by depression care manager.

Unless otherwise directed by referring clinician, patient to be followed by MH. DCM will monitor for medication compliance and keeping scheduled appointments. PHQ-9 will be re-administered at 24 weeks.

Unless otherwise directed by referring clinician, depression care manager will not re-contact patient. Veteran refuses further follow-up. Patient to follow with Primary Care Provider on scheduled appointments for depression symptoms.

No depressive symptoms expressed and no future contacts are needed. Patient to follow with Primary care provider on scheduled appointments.

Veteran refuses further follow-up. Patient to follow with Primary care provider on scheduled appointments for depression symptoms

DCM TO DISCUSS WITH TIDES SUPERVISING PSYCHIATRIST?
 Yes No

All None * Indicates a Required Field Preview OK Cancel

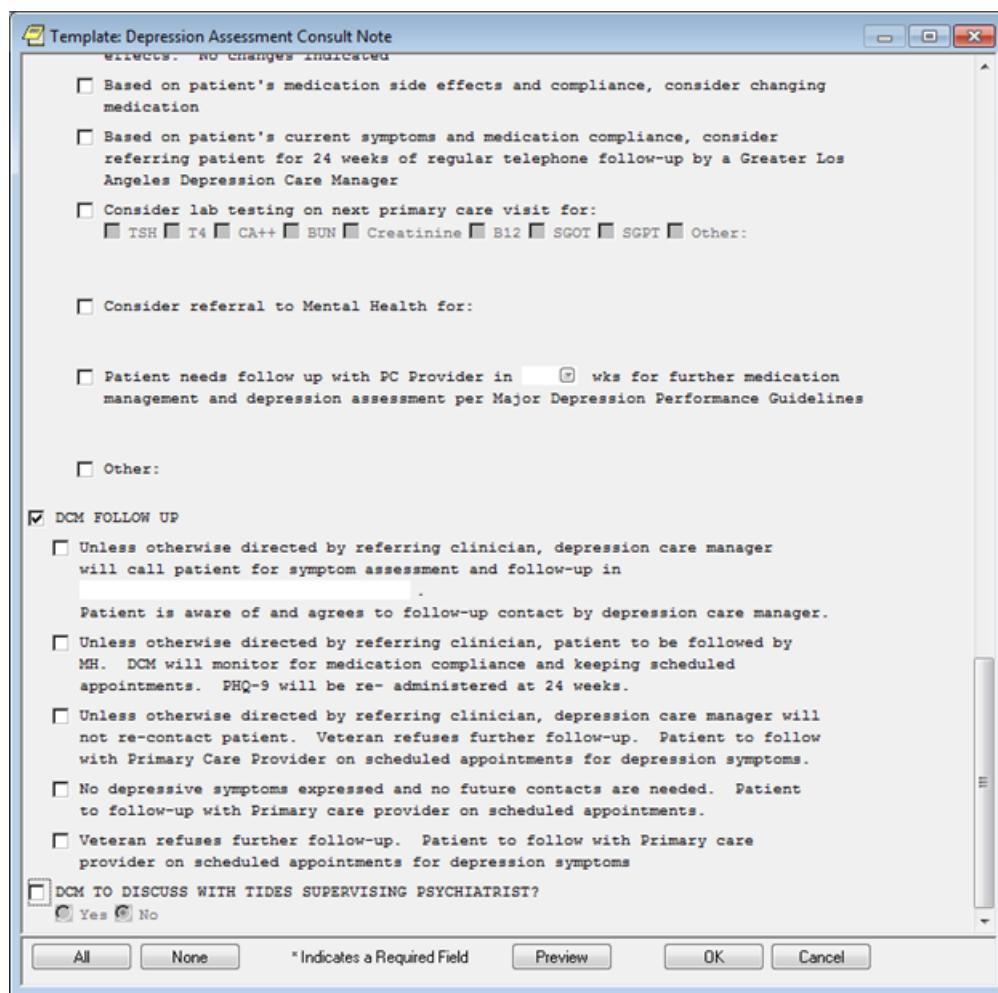


Figure A.27. Reminder Dialog Template: Geriatric Research Education and Clinical Center (GRECC) Exam Tools (image 1 of 2)

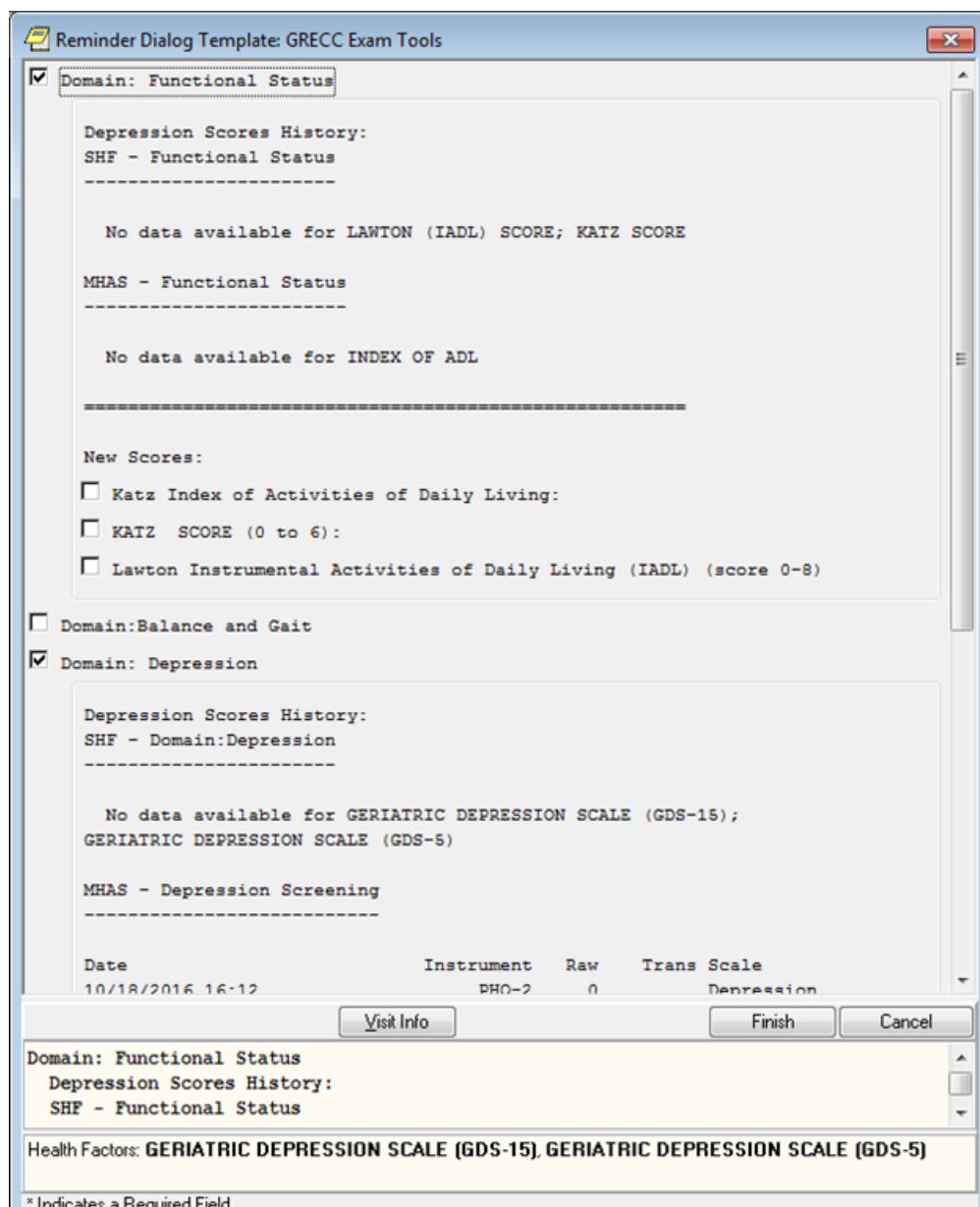


Figure A.28. Reminder Dialog Template: Geriatric Research Education and Clinical Center (GRECC) Exam Tools (image 2 of 2)

Reminder Dialog Template: GRECC Exam Tools

Domain: Functional Status
 Domain: Balance and Gait
 Domain: Depression

Depression Scores History:
SHF - Domain:Depression

No data available for GERIATRIC DEPRESSION SCALE (GDS-15);
GERIATRIC DEPRESSION SCALE (GDS-5)

MHAS - Depression Screening

Date	Instrument	Raw	Trans Scale
10/18/2016 16:12	PHQ-2	0	Depression
10/18/2016 16:12	PHQ-2	0	Depression
08/23/2016 10:07	PHQ-2	4	Depression
05/13/2015 13:54	PHQ-2	5	Depression

New Scores:

Geriatric Depression Scale:
 Global Deterioration Scale:
 Geriatric Depression Scale-15 (GDS-15) (Score 0-15)
 Geriatric Depression Scale-5 (GDS-5) (Score 0-5)

PHQ-2

Domain:Mental Status Testing:
 Domain: Geriatric Risk Assessment:

Domain: Depression
Depression Scores History:
SHF - Domain:Depression

<No encounter information entered>

* Indicates a Required Field

Figure A.29. Geriatric Depression Scale (GDS) Test (image 1 of 2)

GDS: ZZTEST,A PATIENT GRACE

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life?

0. No 1. Yes

2. Have you dropped many of your activities and interests?

0. No 1. Yes

3. Do you feel that your life is empty?

0. No 1. Yes

4. Do you often get bored?

0. No 1. Yes

5. Are you in good spirits most of the time?

0. No 1. Yes

6. Are you afraid that something bad is going to happen to you?

0. No 1. Yes

7. Do you feel happy most of the time?

0. No 1. Yes

8. Do you often feel helpless?

0. No 1. Yes

9. Do you prefer to stay at home, rather than going out and doing new things?

0. No 1. Yes

Use speed tab

Hint: Use the number key of the item to speed data entry.

Question	Response 0. No	Response 1. Yes
1. Are you basically satisfied with your life?	<input checked="" type="radio"/>	<input type="radio"/>
2. Have you dropped many of your activities and interests?	<input checked="" type="radio"/>	<input type="radio"/>
3. Do you feel that your life is empty?	<input checked="" type="radio"/>	<input type="radio"/>
4. Do you often get bored?	<input checked="" type="radio"/>	<input type="radio"/>
5. Are you in good spirits most of the time?	<input checked="" type="radio"/>	<input type="radio"/>
6. Are you afraid that something bad is going to happen to you?	<input checked="" type="radio"/>	<input type="radio"/>
7. Do you feel happy most of the time?	<input checked="" type="radio"/>	<input type="radio"/>
8. Do you often feel helpless?	<input checked="" type="radio"/>	<input type="radio"/>
9. Do you prefer to stay at home, rather than going out and doing new things?	<input checked="" type="radio"/>	<input type="radio"/>

Figure A.30. Geriatric Depression Scale (GDS) Test (image 2 of 2)

GDS: ZZTEST,A PATIENT GRACE

8. Do you often feel helpless?
 0. No 1. Yes

9. Do you prefer to stay at home, rather than going out and doing new things?
 0. No 1. Yes

10. Do you feel you have more problems with memory than most?
 0. No 1. Yes

11. Do you think it is wonderful to be alive now?
 0. No 1. Yes

12. Do you feel pretty worthless the way you are now?
 0. No 1. Yes

13. Do you feel full of energy?
 0. No 1. Yes

14. Do you feel that your situation is hopeless?
 0. No 1. Yes

15. Do you think that most people are better off than you are?
 0. No 1. Yes

Use speed tab
Hint: Use the number key of the item to speed data entry.

Figure A.31. Reminder Dialog Template: Geriatric Research Education and Clinical Center (GRECC) Exam Tools – post Geriatric Depression Scale (GDS) Test Completion

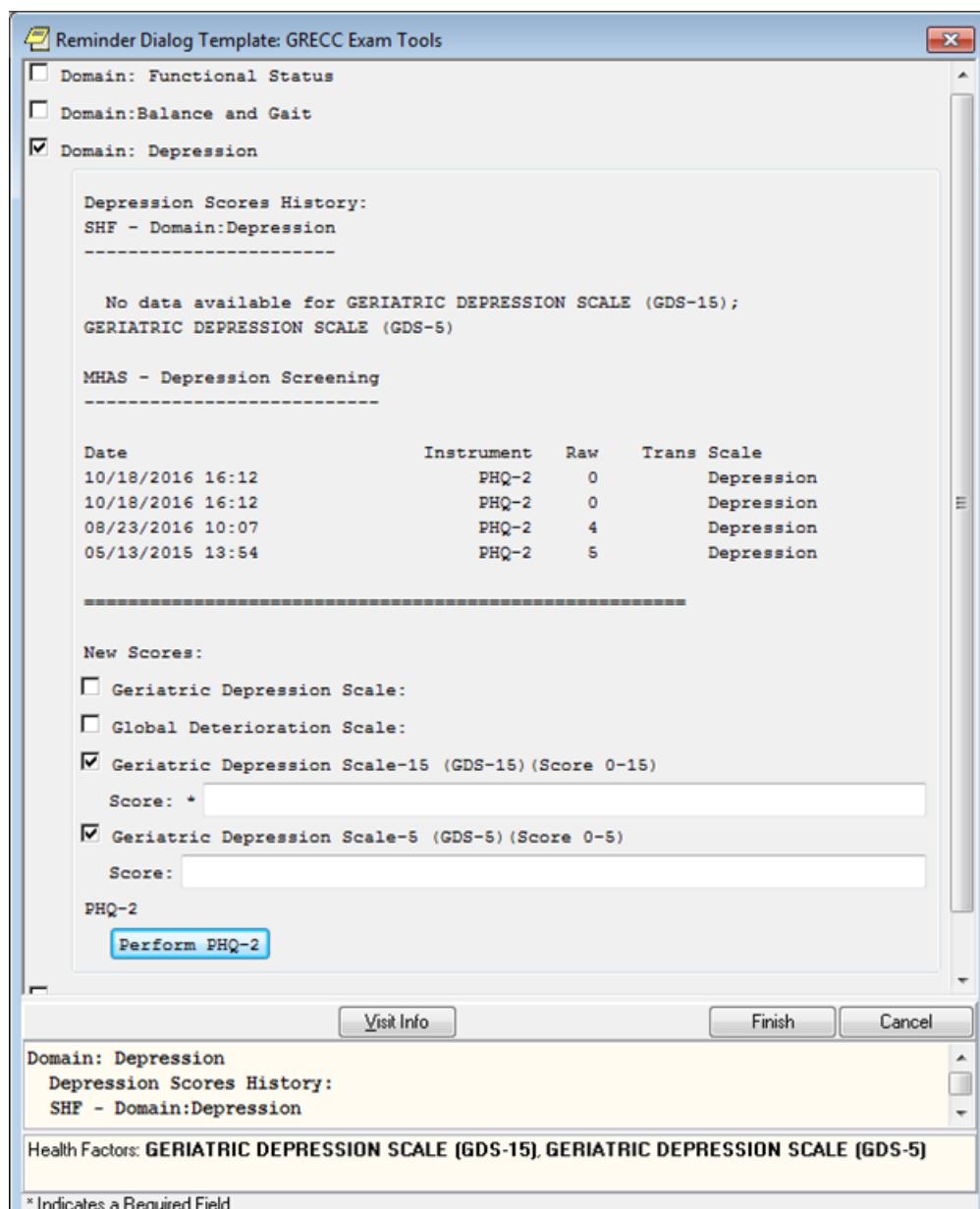
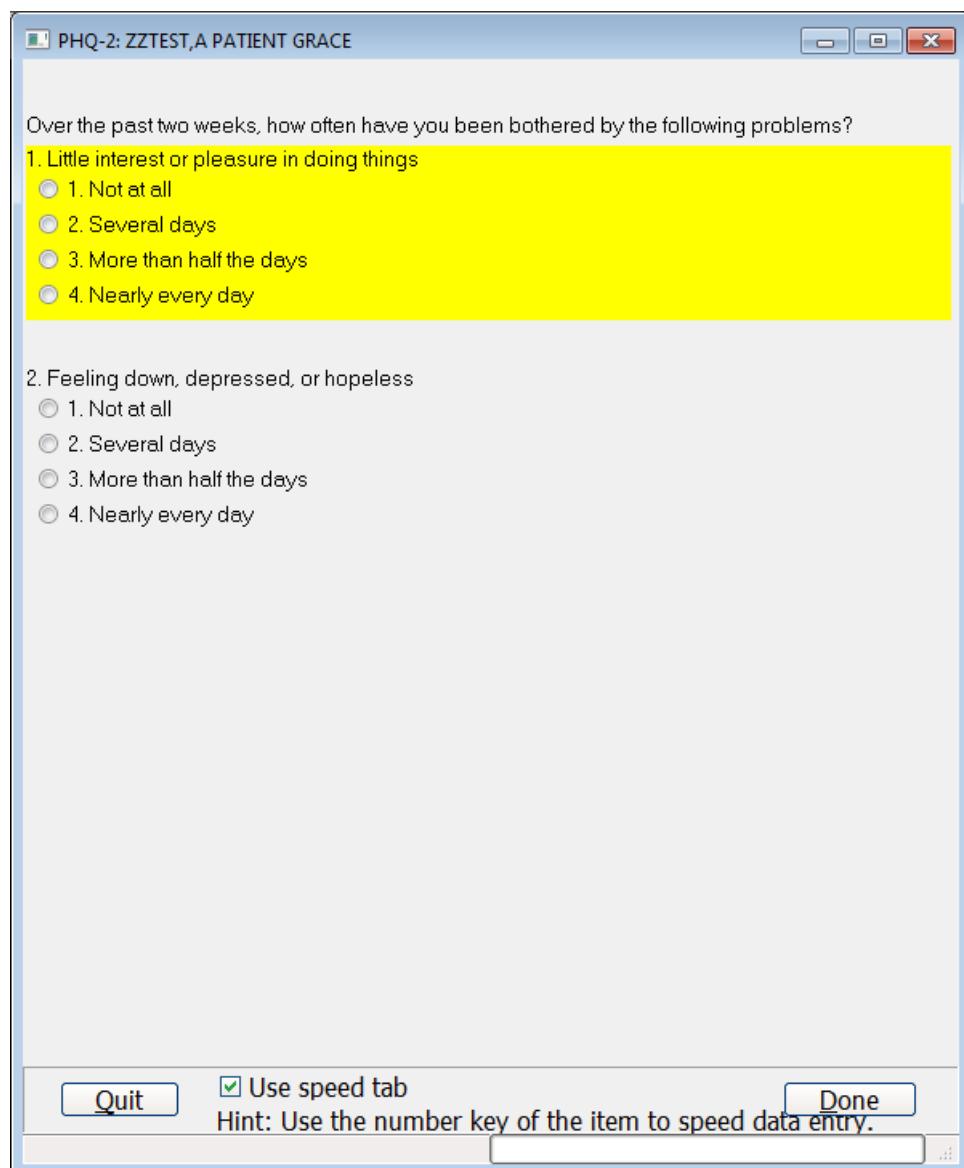


Figure A.32. Patient Health Questionnaire-2 (PHQ-2)



PowerPoint Slides: Veterans Integrated Service Network (VISN) 1 - Depression Evaluation and Follow-up

Figure A.33. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 1 of 7)

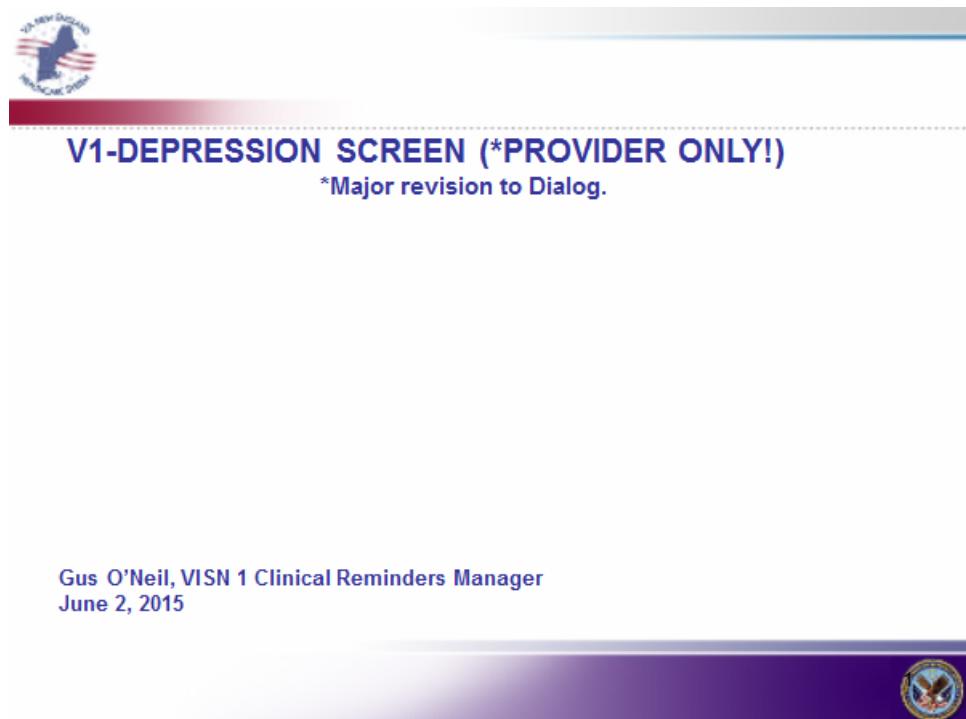


Figure A.34. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 2 of 7)

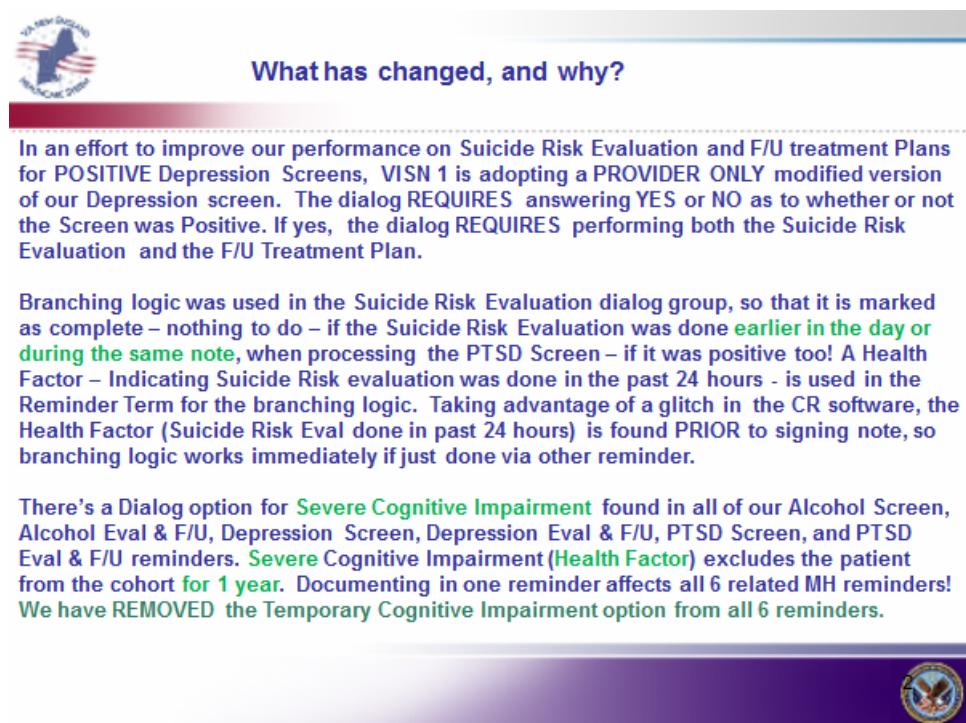


Figure A.35. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 3 of 7)

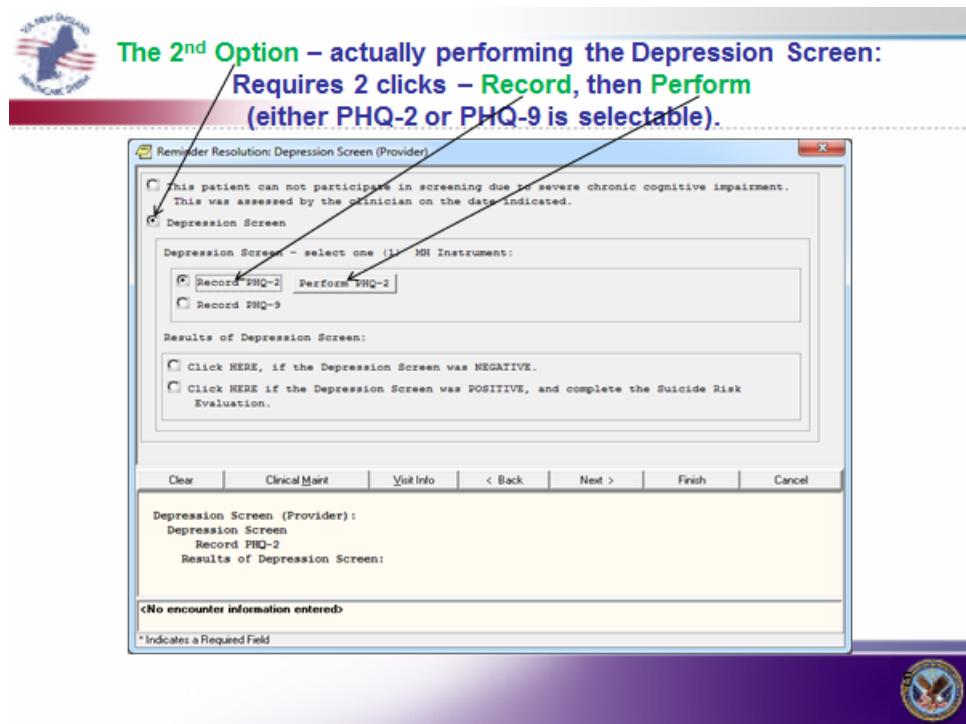


Figure A.36. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 4 of 7)

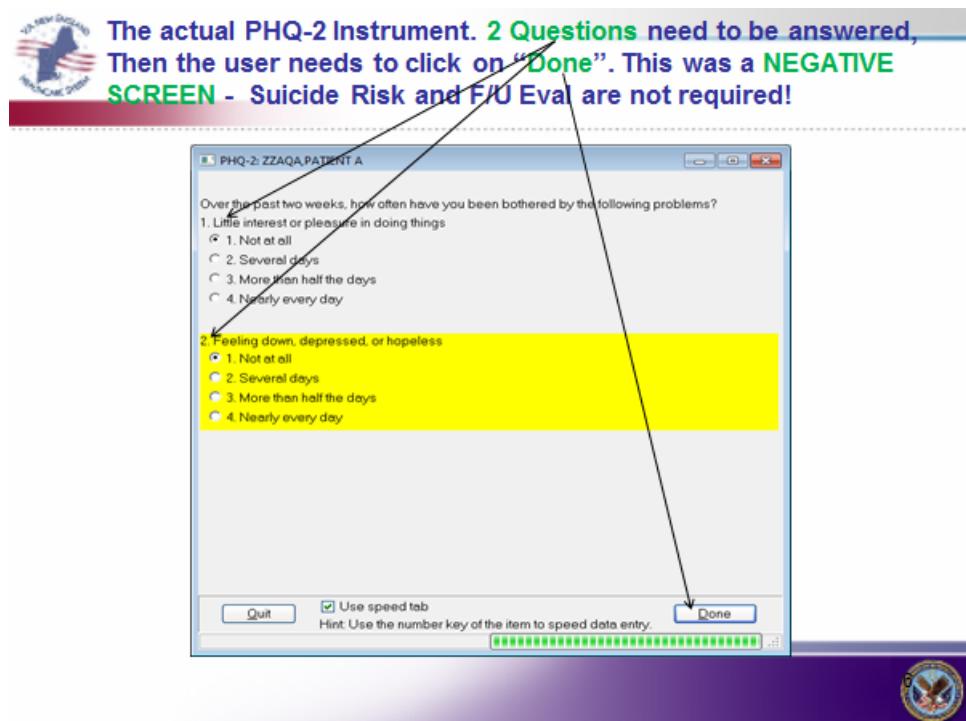


Figure A.37. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 5 of 7)

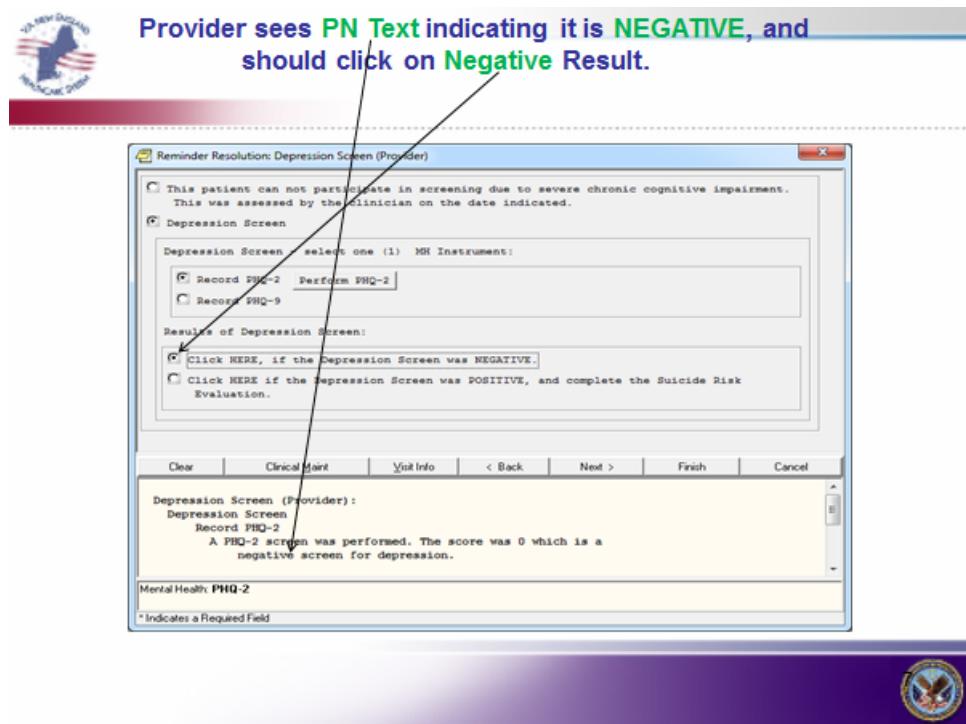


Figure A.38. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 6 of 7)

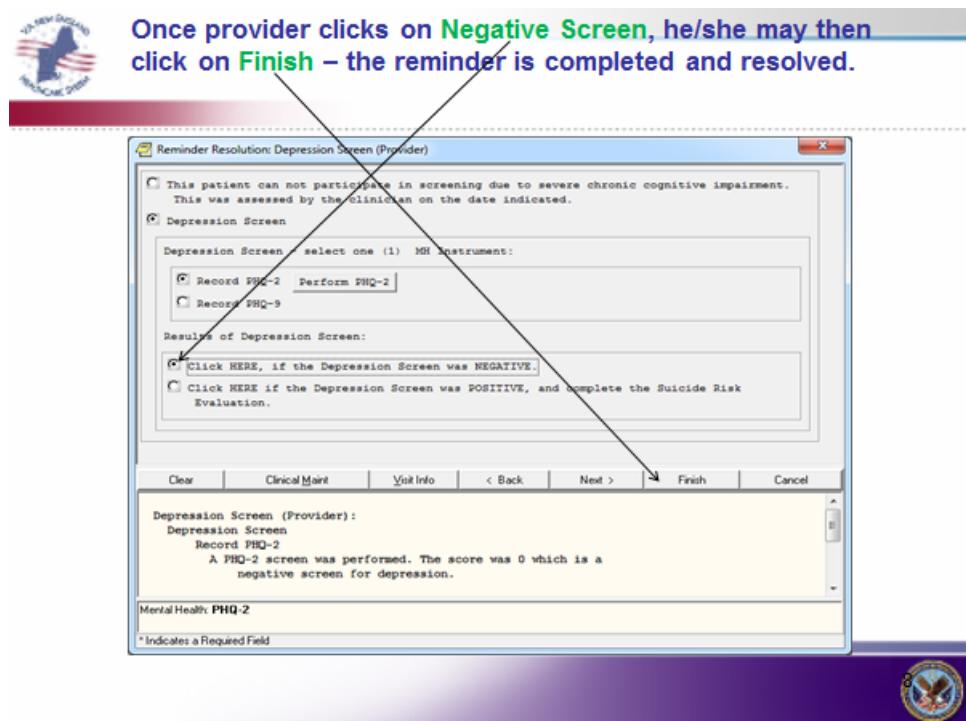


Figure A.39. Veterans Integrated Service Network (VISN) 1 - Depression Screen (slide 7 of 7)

