A brief screening tool, such as the PHQ-2, may be used for routine depression screening. For annual mental health screening, an answer of “yes” to any one of the following questions from the PHQ-2 should prompt further evaluation by a member of the healthcare team and, if necessary, referral to a mental health provider. For the PHQ-2 and other screening tools, see Mental Health Screening Tools, available at www.hvguidelines.org.

### Questions to Identify Depression

- In the past year, were you ever on medication or antidepressants for depression or nerve problems?
- In the past year, was there ever a time when you felt sad, blue, or depressed for more than a few weeks in a row?
- In the past year, was there ever a time lasting more than 2 weeks when you lost interest in things you usually enjoyed, such as hobbies, work, or activities that you thought gave you pleasure?

### Questions to Identify Anxiety

- In the past year, did you ever have a period lasting more than 1 month when most of the time you felt worried and anxious?
- In the past year, did you have a spell or an attack where all of a sudden you felt extremely anxious, or very uneasy about what was going to happen?
- In the past year, did you ever have a spell or an attack in which for no reason you suddenly started to race, felt faint, or you couldn’t catch your breath?

### Questions to Identify Post-Traumatic Stress Disorder

- During your lifetime, as a child, or adult, have you experienced or witnessed traumatic event(s) that involved harm to yourself or to others?
- In the past year, did you have a spell or an attack when you felt extremely energetic or irritable and more talkative than usual?
- In the past year, did you have a spell or an attack when all of a sudden you felt very afraid, anxious, or very uneasy about what would happen next?

### Questions to Identify Mania

- In the past month, have you felt搅拌, hyperactive, or more talkative than usual?
- In the past month, have you experienced or witnessed traumatic event(s) that involved harm to yourself or to others?
- In the past months, have you experienced any event(s) or received information that was so upsetting it affected how you cope with everyday life?

### Questions to Identify Mobility

- In the past year, were you ever on medication or antidepressants for depression or nerve problems?
- In the past year, was there ever a time when you felt sad, blue, or depressed for more than a few weeks in a row?
- In the past year, was there ever a time lasting more than 2 weeks when you lost interest in things you usually enjoyed, such as hobbies, work, or activities that you thought gave you pleasure?

### Questions to Identify Mobility

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- In the past year, did you have a spell or an attack where all of a sudden you felt extremely anxious, or very uneasy about what was going to happen?
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- In the past year, did you ever have a spell or an attack in which for no reason you suddenly started to race, felt faint, or you couldn’t catch your breath?
Refer to a mental health provider when a patient presents with:

- Risk for violence to self or others (see algorithm on previous page)
- Psychosis, including delusions, hallucinations, flight of ideas, disordered thinking
- Poor response or relapse of psychiatric symptoms while receiving medication/treatment
- Active substance abuse or relapse to substance use with mental health disorder

Successful mental health referral involves communication between medical and mental health providers, as well as patient education.

*Refer to a program for newly diagnosed patients.

Mental Health Referral

HIV-Related Triggers of Mental Distress

Clinicians should be aware of triggers that can cause mental distress, such as:

- Learning of HIV status and disclosure to sex partner, family, and friends
- Physical illness, diagnosis of an STI, introduction of ART medications, AIDS diagnosis
- Hospitalization (particularly first hospitalization)
- Life changes (death of a significant other, relationship, job loss)
- Necessity of making end-of-life permanency planning decisions

ELEMENTS OF A PSYCHOSOCIAL ASSESSMENT

The following assessment may help determine the need for additional support:

- Stability of housing
- Employment, government assistance, and level of education
- Support network and safety
- Are there family and friends who are aware of the patient’s HIV status?
- Does the patient have contact with family and friends?
- Does the patient have a partner? Is the patient afraid of being avoided or abandoned by the partner or someone else close?
- Legal issues, including end-of-life arrangements

Additional resources


For additional information, see Suicidality and Violence in Patients with HIV/AIDS (available at www.hivguidelines.org)