

Managing ADULT Psychiatric Emergency in a Family Practice Setting – City of Ottawa

PHQ-9 Depression Screener

PATIENT HEALTH QUESTIONNAIRE 9 (PHQ-9)

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	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING: 0 + + + = Total Score: _____

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

P-4 Suicide Screener

Have you had thoughts of actually hurting yourself?

NO **YES**

4 Screening Questions

- Have you ever attempted to harm yourself in the past?
NO **YES**
- Have you thought about how you might actually hurt yourself?
NO **YES** → [How? _____]
- There's a big difference between having a thought and acting on a thought. How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life some time over the next month?
 a. Not at all likely _____
 b. Somewhat likely _____
 c. Very likely _____
- Is there anything that would prevent or keep you from harming yourself?
NO **YES** → [What? _____]

Risk Category	Shaded ("Risk") Response	
	Items 1 and 2	Items 3 and 4
Minimal	Neither is shaded	Neither is shaded
Lower	At least 1 item is shaded	Neither is shaded
Higher	At least 1 item is shaded	At least 1 item is shaded

Assess and Screen

Obtain Collateral Information

Clinical Interview and Assessment for Suicide Risk

Refer and/or Consult

MENTAL HEALTH CRISIS LINE

Patient Line: 613-722-6914 (within Ottawa)
1-866-996-0991 (Champlain LHIN/Outside Ottawa*)

TOH MOBILE CRISIS TEAM AND COMMUNITY CRISIS BED PROGRAM

Health Professional Line Only: 613-241-8161

To consult with Mobile Crisis Team Staff regarding residents of the Ottawa area.

A **referral** from a health professional or community service worker is required and should be faxed to **613-241-7710**

*The Adult Crisis Line Service is for individuals 16 years of age or older living in the following regions:

- Counties of Prescott & Russell
- United Counties of Stormont, Dundas & Glengarry
- Renfrew County

Note – Other areas of Ontario may have access to regional crisis teams / phone lines. Please check local phone directory.

