

APPENDICES

Table 1. *The VA Survey of Depression Care Practices in Primary Care* survey items for scales used in this analysis

| Scale   | Survey items   | Description   |
|---|--|---|
| <p>Primary care provider (PCP) performance of depression management behaviors</p> | <p>Think about the patients with suspected or diagnosed depression that you may have seen during the past six months. For approximately what percentage of those patients did you:</p> <ul style="list-style-type: none"> <li>• Proceed with further primary care-based assessment after a positive depression screen (e.g., PHQ-2) rather than refer to a mental health specialist (MHS)</li> <li>• Assume primary responsibility for managing their depression</li> <li>• Diagnose depression according to DSM-IV criteria</li> <li>• Educate them about their condition and self-management strategies and/or relapse prevention</li> <li>• Treat their depression with medication</li> <li>• Modify their treatment (i.e., medication and/or counseling) when they did not adequately respond to initial regimens</li> </ul> | <p>Each question was rated on a six-point Likert scale ranging from “all/almost all” to “none,” with higher ratings indicating more experience.</p> |
| <p>PCP comfort with depression management</p>                                     | <p>In general, how comfortable are you doing the following activities?</p> <ul style="list-style-type: none"> <li>• Managing depression</li> <li>• Diagnosing depression according to DSM-IV criteria</li> <li>• Educating patients about their condition and self-management strategies including relapse prevention</li> <li>• Treating depression with medication</li> <li>• Assessing patients for group therapy benefit</li> </ul>  | <p>Each question was rated on a four-point Likert scale ranging from “very” to “not at all,” with higher values indicating more comfort.</p>        |

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|--|---|--|
| <p>PCP difficulty with depression management</p> | <p>Think about your current VA practice environment, including available support from other VA clinicians and staff. In this environment, how difficult is it to carry out the following for your depressed patients?</p> <ul style="list-style-type: none"> <li>• Provide further primary care-based assessment when indicated after a positive depression screen (e.g., PHQ-2), rather than refer to a MHS</li> <li>• Assume primary responsibility for managing their depression</li> <li>• Diagnose depression according to DSM-IV criteria</li> <li>• Educate them about their condition and self-management strategies and/or relapse prevention</li> <li>• Treat their depression with medication</li> <li>• Modify their treatment (i.e., medication and/or counseling) when they did not adequately respond to initial regimens</li> </ul> | <p>Each question was rated on a six-point Likert scale ranging from “usually do with no difficulty” to “usually do not do,” with higher scores indicating less difficulty.</p> |
| <p>Collaboration with MHS</p>                    | <p>During the past six months, did you and a MHS engage in any of the following activities for your patients with depression?</p> <ul style="list-style-type: none"> <li>• Jointly develop a treatment plan</li> <li>• Actively and explicitly share clinical information</li> <li>• Proactively monitor a patients’ response to treatment (e.g., change in symptoms, adherence to treatment, compliance with recommended follow-up)</li> <li>• Share responsibility for patients’ outcomes</li> </ul>  | <p>Each question was dichotomized into Yes/No.</p>   |

PCP = Primary Care Provider

MHS = Mental Health Specialist

DSM = Diagnostic and Statistical Manual of Mental Disorders