

Depression Screening Quick Reference

Beyond Substance Use: Catching What's Underneath

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Why this matters in February: Post-holiday depression lingers. Seasonal Affective Disorder (SAD) peaks. Clients may present with increased substance use when the root issue is untreated depression. Don't just screen for use—screen for mood.

PHQ-2: Quick Initial Screen

Start here. If either question is positive, follow up with PHQ-9.

Over the past 2 weeks, how often have you been bothered by:

1. Little interest or pleasure in doing things?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

2. Feeling down, depressed, or hopeless?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Seasonal Affective Disorder (SAD) Signs

SAD often gets missed because symptoms overlap with 'winter blues' or substance withdrawal.

Watch for patterns:

- Depression that starts in fall/winter, lifts in spring
- Increased sleep but still feeling exhausted
- Carbohydrate cravings, weight gain
- Social withdrawal ('hibernating')
- Low energy, difficulty concentrating
- Symptoms that are worse in the afternoon/evening

Questions to Add to Your Assessment

Beyond the standard screening, try asking:

- *'How has your mood been—separate from your use?'*
- *'Do you notice your mood changes with the seasons?'*
- *'What came first—the low mood or the increased use?'*
- *'How are you sleeping? Eating?'*
- *'Are you enjoying anything right now?'*

When to Escalate or Refer

- PHQ-9 score of 10 or higher → consider psychiatric evaluation
- Any suicidal ideation (Question 9 on PHQ-9) → immediate safety assessment
- Symptoms not improving with SUD treatment alone
- Client requests medication evaluation
- Functional impairment significantly impacting daily life

Remember: Treating only the substance use while ignoring depression is like mopping the floor while the faucet's still running. Screen for both.