

## **CHRONIC CARE MANAGEMENT PLAN DEPRESSIVE DISORDERS OVERVIEW**

### **What is major depression?**

The death of a loved one, loss of a job, or the end of a relationship are difficult experiences to endure. It is normal for feelings of sadness or grief to develop in response to such stressful situations. Those experiencing trying times often might describe themselves as being “depressed.” But *sadness* and *depression* are not the same. While feelings of sadness will lessen with time, the disorder of depression can continue for months, even years.

Depression is a serious medical illness that negatively affects how you feel, the way you think, and how you act. It is a common illness that each year affects 17 million Americans (nearly 1 in 10). Depression does not discriminate; it affects men and women, young and old, and people of all races, cultures, and incomes.

Fortunately, depression is very treatable. The majority (80%-90%) of people who receive treatment experience significant improvement, and almost all individuals derive some benefit from medical care.

Common symptoms of major depression include:

- Low self-esteem
- Simple pleasures are no longer enjoyed
- The world can seem dark and uncontrollable
- Emotional and physical withdrawal are common
- Changes in appetite, with either weight loss or weight gain (not related to diet)
- Insomnia or oversleeping
- Loss of energy or increased fatigue
- Restlessness or irritability
- Feeling of worthlessness or inappropriate guilt
- Difficulty thinking, concentrating, or making decisions
- Thoughts of death or suicide or attempts at suicide

Assessment of suicide risk should include presence of suicidal or homicidal ideation, access to lethal means, any command hallucinations, previous attempts, family history, and alcohol/drug abuse.

### **Treatment**

In Job Corps, the goal of treatment for major depression should be to help the student make progress toward employability.

Psychotherapy should be cognitive-behaviorally focused and emphasize education about stressors, sleep hygiene, symptoms of relapse, importance of activity/exercise, and medication compliance. Other psychological issues include the emotional consequences of coping with a poor self-esteem, social isolation, stigmatization, fear of relapse and prevention, and interpersonal challenges, as well as academic or occupational issues.

Some common psychotropic medications for the treatment of depression are Effexor, Paxil, Prozac, Wellbutrin, and Zoloft. All medication should be consulted with the original treating physician or with a Job Corps psychiatrist.

#### References:

American Psychological Association. Depression. Available at: <http://www.apa.org/topics/topicdepress.html>.  
National Alliance on Mental Illness. Major Depression. Available at: <http://www.nami.org/>.

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CHRONIC CARE MANAGEMENT PLAN  
DEPRESSIVE DISORDERS**

**OUTREACH AND ADMISSIONS PERIOD**

Please provide us with the following information regarding the applicant's self-disclosed diagnosis of Depression. [To be obtained from applicant's physician or other health provider.]

1. Classification of Depressive Disorders  
\_\_\_\_ Major Depression- Single Episode  
\_\_\_\_ Major Depression- Recurrent  
\_\_\_\_ Dysthymic Disorder  
\_\_\_\_ Depressive Disorder NOS

2. Date of diagnosis: \_\_\_\_\_

3. Age of onset: \_\_\_\_\_

4. What are the current symptoms?

\_\_\_\_\_  
\_\_\_\_\_

5. List **current** (within the past 6 months) self-harm behaviors, if applicable.

\_\_\_\_\_  
\_\_\_\_\_

6. List current medications and/or treatment, including dosage and frequency.

\_\_\_\_\_  
\_\_\_\_\_

7. Has applicant been compliant with medications and treatment? If no, explain.

\_\_\_\_\_  
\_\_\_\_\_

8. List past hospitalizations, including dates, reason for admission, and discharge plans related to the disclosed diagnosis.

\_\_\_\_\_  
\_\_\_\_\_

9. What is the current status?

\_\_\_\_\_  
\_\_\_\_\_

10. What is the applicant's prognosis with medication?

\_\_\_\_\_  
\_\_\_\_\_

10a. What is the applicant's prognosis **without** medication?

\_\_\_\_\_  
\_\_\_\_\_

11. When was last appointment? \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

12. Will applicant need to continue follow-up under your care? If yes, please list date and/or frequency of follow-up appointments.

\_\_\_\_\_

\_\_\_\_\_

13. In your opinion, will the applicant be able to self-manage his/her medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.

\_\_\_\_\_

\_\_\_\_\_

14. In your opinion, will the applicant be appropriate to reside in a non-mental health dormitory-style residence with minimal supervision? If no, please explain.

\_\_\_\_\_

\_\_\_\_\_

15. Are there any restrictions or limitations related to this specific illness?

\_\_\_\_\_

\_\_\_\_\_

16. List any precipitants that could induce increased symptoms.

\_\_\_\_\_

\_\_\_\_\_

17. List any environmental features that might trigger worsening symptoms (e.g. noisy room, crowded room with strangers, family gatherings, etc.).

\_\_\_\_\_

\_\_\_\_\_

Please sign below and return the form in the attached addressed envelope.

\_\_\_\_\_

Print Name and Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Phone

\_\_\_\_\_

Date

For any questions, please call

\_\_\_\_\_

Admissions Counselor/Health and Wellness Staff

\_\_\_\_\_

Phone

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

**CHRONIC CARE MANAGEMENT PLAN  
DEPRESSIVE DISORDERS**

**Goals:**

1. Enhance employability by optimizing control of symptoms
2. Educate the student regarding recognition of symptoms and self-management
3. Reduce environmental triggers, which might set off increased symptoms
4. Optimize pharmacotherapy, based on student's past and current experience
5. Help student develop outline of plans to arrange for optimal care after graduation

**This care management plan includes suggested clinical activities and accommodations that are not mandatory for any particular student. In keeping with the importance of individualized care, please choose those that are most appropriate for this particular student's care plan, considering the specific presentation of the problem and needs of the student. The overall goal is to develop a care plan that supports the student's goal toward employability.**

Mark each item with an **X** that is part of the student's case management plan.

<b>OUTREACH AND ADMISSIONS</b>	
<input type="checkbox"/>	Conduct clinical file review
<input type="checkbox"/>	Request additional health and educational information for file review, if needed
<input type="checkbox"/>	Refer and participate with IDT team for accommodation planning

<b>CAREER PREPARATION PERIOD</b>	
<input type="checkbox"/>	Screen for co-occurring disorders
<input type="checkbox"/>	Establish a symptom action plan for current or returning symptoms
<input type="checkbox"/>	Evaluate need for brief on-center treatment
<input type="checkbox"/>	Evaluate need for outside mental health resources
<input type="checkbox"/>	Arrange for continued off-center appointments with physician and/or therapist
<input type="checkbox"/>	Discuss vocational training match
<input type="checkbox"/>	Develop safety/behavior plan with student
<input type="checkbox"/>	Review center emergency response plan
<input type="checkbox"/>	Refer to center physician or consulting psychiatrist for medication evaluation, if indicated
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written schedule of medications and calendar of compliance
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written description of possible medication side effects
<input type="checkbox"/>	Consult with oral health and wellness staff about the effects of psychotropic medications on oral care, if applicable. Reduced saliva (dry mouth), a side effect from some medications, can cause oral health care problems
<input type="checkbox"/>	Provide student with sleep hygiene brochure, if appropriate ( <a href="http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/">http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/</a> )
<input type="checkbox"/>	Refer to TEAP, if appropriate
<input type="checkbox"/>	Refer to anger and/or stress management group
<input type="checkbox"/>	Refer to TUPP/smoking cessation enrollment
<input type="checkbox"/>	Refer to recreation to practice social and group recreation skills
<input type="checkbox"/>	Educate student about self-care plans to monitor and cope with symptoms of Depressive Disorder: <ul style="list-style-type: none"><li>• Identify a pattern to your episodes of depression and what triggers them</li><li>• Coping skills if needed</li><li>• Compliance with therapy and/or medical appointments</li><li>• Medication compliance if needed</li><li>• Depression symptoms in the employment setting</li><li>• Refer to Web site <a href="http://www.ndmda.org/">http://www.ndmda.org/</a> for support with management of depression</li></ul> Refer to Web site <a href="http://www.nimh.nih.gov">http://www.nimh.nih.gov</a> and <a href="http://www.apa.org">http://www.apa.org</a> for more information
<input type="checkbox"/>	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Preparation Period:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

<b>CAREER DEVELOPMENT PERIOD</b>	
	Monitor adherence issues: <ul style="list-style-type: none"><li>• Regular counseling planned and kept on or off center, if applicable</li><li>• Participation in groups on center</li><li>• Self-monitoring, asking for assistance when needed</li><li>• Medication regimen, including anticipate getting refills</li><li>• Rest, exercise, nutrition</li><li>• Address any tobacco, alcohol, drug use</li></ul>
	If off-center treatment is sought, assure communication with treatment provider is documented
	Encourage active participation in CSS and Social Skills Training. Standards that could be particularly helpful are Workplace Relationships and Ethics, Communications, Interpersonal Skills, and Independent Living
	Participate in review of accommodations with the disability coordinator
	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Development Period.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>CAREER TRANSITION PERIOD</b>	
	Conduct a health and wellness center exit interview approximately 4 weeks before program completion and review self management skills
	Work with the career transition specialist to identify potential sources of mental health care, and specialty care if needed, in the work community
	Work with the HWM to obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
	Work with the HWM and career transition specialist in assisting the student in enrolling or maintaining enrollment in a public or private health insurance program
	Provide student with copy of SF-93, SF-88, and management plan, including sleep and mood charts, if any
	Work with HWM and/or center physician to provide student with adequate supply of medication(s) at departure
	Consult with the disability coordinator and review accommodation needs for future employment, and give student a written description of ideas to be reviewed with providers in the work community

I agree with the care management plan for the Career Transition Period:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>SUGGESTED TRAINING AND ACCOMMODATION ACTIVITIES</b>	
	Educate instructors to be sensitive to any changes in behavior that might signal that the student is struggling with depressive symptoms
	If student requests extra time or separate study space or room for test taking, because of distractibility in the presence of others, comply if possible
	With student's permission, consult with mental health consultant and student to develop any special modifications of educational or vocational strategies that may be needed to help overcome residual symptoms (e.g., use of ear plugs if in a noisy environment that might distract from finishing assignments), and a mechanism to practice skills needed for work environment
	Manage symptoms. If the student appears to be struggling with his/her mood, check with student/HWC to see if student has been taking his/her prescribed medication and if not, provide pass to health and wellness center for student to discuss this with the health and wellness staff