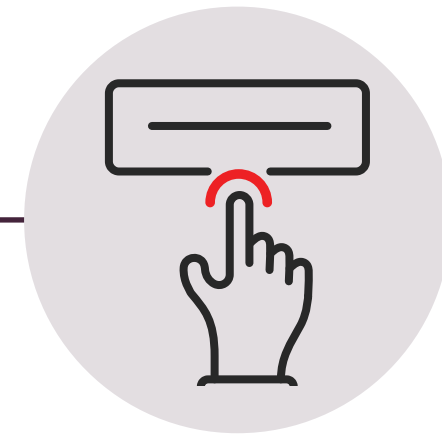
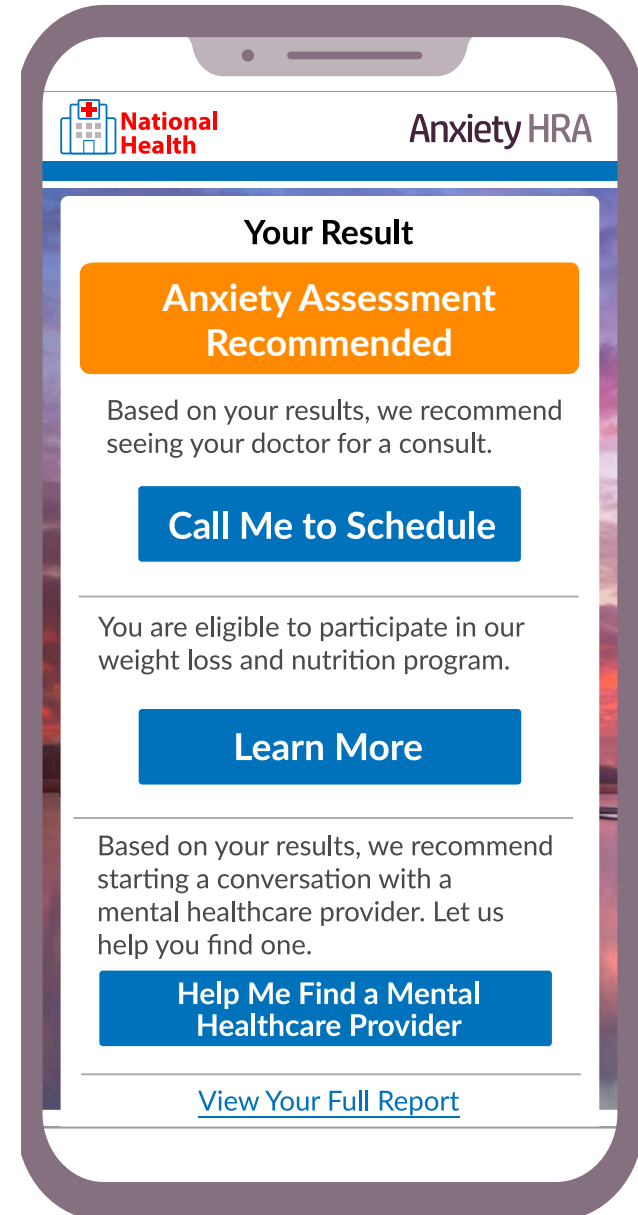




# ANXIETY HRA

## GOAL: SCHEDULING AN ANXIETY SCREENING



### CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling, potentially with mental health.
- Crisis line or mental health emergency contact information.
- Relevant health content.



### FOLLOW UP

Follow up with the user as soon as possible to:

- Review their results report with them and answer any questions they have.
- Schedule an appointment for screening, potentially with mental health.
- Discuss potential treatments, as well as their next-steps.



### NURTURING

Customize your nurturing content to explain:

- Who should be screened for anxiety, and when.
- What to do and who to contact in case of a mental health emergency.
- Common and uncommon symptoms of anxiety.
- The importance of maintaining a relationship with primary care for better mental health.



### SCREENING & REFERRAL TO MENTAL HEALTH

- In most cases, users in this group should complete the longer GAD-7 questionnaire in a primary care setting.
- These users will likely benefit from a referral to mental health services.



## ANXIETY ASSESSMENT RECOMMENDED

People in this group scored 3 or higher on the GAD-2, or they indicated that they've experienced a panic attack within the past 4 weeks. This score indicates users should receive additional anxiety screening by a health care professional.

The two questions that comprise the GAD-2 are:

- Over the past 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?
- Over the past 2 weeks, how often have you been bothered by not being able to stop or control worrying?

For each GAD-2 question, answers are scored as follows:

- Not at all (0 points)
- Several days (1 point)
- More than half the days (2 points)
- Nearly every day (3 points)

In addition to meeting the GAD-2 criteria for additional screening, these people may have one or more of the other symptoms or risk factors for anxiety.

These individuals should be encouraged to seek screening with primary care at their earliest convenience. They should also be encouraged to track their symptoms and alert primary care or a mental health professional if their symptoms worsen or don't improve, or if they experience new symptoms of anxiety.



### EXAMPLE PERSONA

Annie is a 44-year-old female. She has been divorced for 5 years and has sole custody of her two teenage children. She works full time as an adjunct professor at a local university.

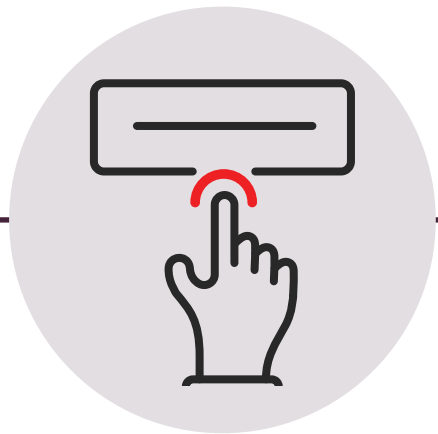
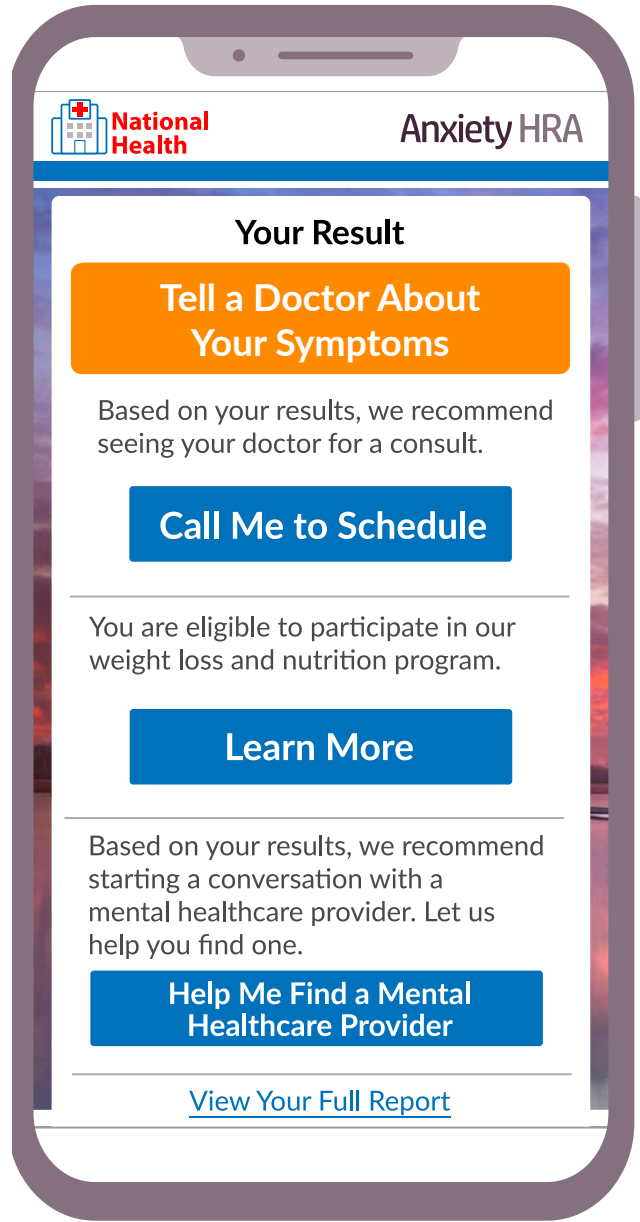
Her job is extremely stressful, so Annie drinks several glasses of wine each night to unwind. She feels anxious and on edge several days a week and is having a hard time getting to sleep at night because of this. She's bothered by a feeling that her daily worrying is out of control. However, she has not had a panic attack or thoughts of self-harm.

Annie wondered if she has anxiety, but she wasn't sure if there was anything that could be done about it, so she never sought care.



# ANXIETY HRA

GOAL: DISCUSS SCREENING DURING REGULAR PRIMARY CARE VISIT



## CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Relevant health content.
- Crisis line or mental health emergency contact information.



## FOLLOW UP

Follow up with the user as soon as possible to:

- Review their results report with them and discuss next steps.
- Schedule an appointment to address their current symptoms.
- Encourage them to keep a symptom journal over the following two weeks, to track any new symptoms that arise.



## NURTURING

Customize your nurturing content to explain:

- Who should be screened for anxiety, and when.
- Common and uncommon symptoms of anxiety.
- What to do and who to contact in case of a mental health emergency.
- The importance of maintaining a relationship with primary care.



## DISCUSS SCREENING IN PRIMARY CARE SETTING

- Users in this group should be educated about anxiety disorders.
- Users may benefit from screening for related psychological conditions.
- In most cases, these users should be encouraged to track their symptoms and return for screening if their symptoms worsen or do not improve, or they experience new symptoms.



## EXAMPLE PERSONA

Cameron is a 32-year-old male who works in finance. His wife gave birth to their first child 6 months ago, and shortly after that they purchased their first home.

Cameron's life has always been very stressful. He doesn't feel nervous or anxious, but lately he's been more irritable and easily annoyed by small things.

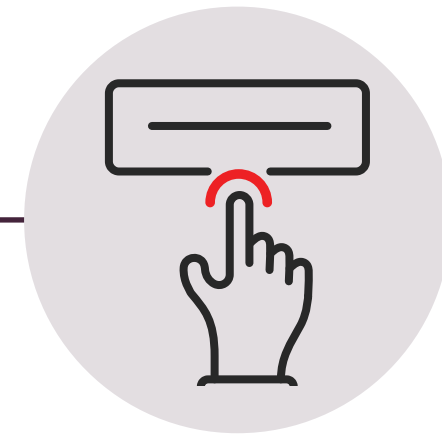
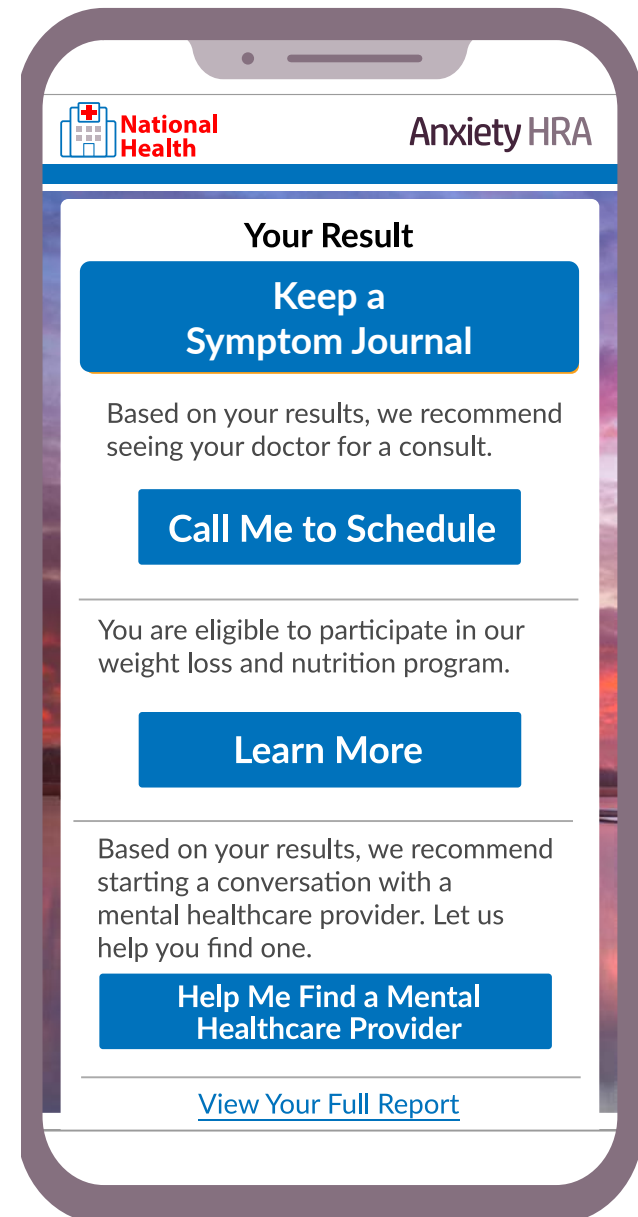
His irritability has caused him to argue with colleagues and his wife more frequently. He took this assessment at her urging, because she's concerned about what it's doing to his health.





# ANXIETY HRA

## GOAL: PSYCHOEDUCATION & EARLY INTERVENTION AT REGULAR PRIMARY CARE VISIT



### CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Relevant health content.
- Health fairs or other events sponsored by your community.
- Appointment scheduling.
- Crisis line or mental health emergency contact information.



### FOLLOW UP

Follow up with the user as soon as possible to:

- Review their results report and answer any questions they have about their results.
- Encourage them to keep a symptom journal over the following two weeks, to track any new symptoms that arise.



### NURTURING

Customize your nurturing content to explain:

- Symptoms of anxiety or panic attacks, as well as when to seek help for mental health problems.
- Lifestyle-related risk factors for anxiety, such as high stress.
- What to do in the case of a mental health emergency.
- The importance of staying in touch with primary care.



### PSYCHOEDUCATION & EARLY INTERVENTION

- In most cases, these users don't require any immediate screening or intervention.
- These users may benefit most from psychoeducational health content during a regular primary care visit.



## KEEP A SYMPTOM JOURNAL

Individuals in this category did not report any symptoms of anxiety within the past 2 weeks, including the GAD-2 symptoms. They also didn't report a recent panic attack. These people may or may not have risk factors for anxiety.

Risk factors assessed include:

- Family history of anxiety or depression
- Feelings of guilt, envy, or anger
- Shyness or avoidance of new places, situations and people
- Fear of criticism
- Being self-critical
- Feeling incompetent or useless
- Moderate to high levels of stress
- Difficulties or trauma during childhood

The questions in the HRA focus on symptoms within the past 2 weeks. Although these people didn't report symptoms of anxiety within the past 2 weeks, they may have experienced them in another time period.

These individuals did not experience a panic attack in the past 4 weeks, but they may have experienced one at some other point.

People are told that mental health symptoms often change over time, and that no two people experience anxiety in the same way. They are encouraged to keep a symptom journal to track any new symptoms as they arise.



### EXAMPLE PERSONA

Lucia is 20 years old. She's attending university and working part-time on campus. Her fear of criticism makes her strive for perfection at school, at work, and in her personal life.

Lucia is prone to worrying about things, but it's not excessive and it doesn't bother her. She learned about Generalized Anxiety Disorder in school last year, and she has wondered ever since then if she might have it.

She found this assessment while searching the internet for more information.