Anxiety and Depression Assessment: Using the Depression Anxiety Stress Scales

**What Is the Depression Anxiety Stress Scales?**

- The Depression Anxiety Stress Scales (DASS) is a valid and reliable tool used to assess for the presence of depression, anxiety, or stress symptoms
  - **What**: The DASS is a client self-reporting tool designed to measure the severity of the negative emotional states of depression, anxiety, and stress. The DASS broadly assesses for depression, anxiety, and stress using a subscale for each of the three categories, each of which contains 14 items. The DASS can be used serially to evaluate client response to treatment. The original DASS is a 42-item questionnaire, and a short version, the DASS-21, is available that contains seven items for each of the three subscales. Information in this Social Work Practice & Skill focuses on the use of the original 42-item version of the DASS
  - **How**: To complete the DASS, the client chooses a response to each of the corresponding statements in each of the three subscales. Each statement is scored 0–3, with higher scores indicating greater levels of depression, anxiety, and/or stress
  - **Where**: The DASS can be administered and interpreted in many types of settings, including outpatient (e.g., office of a mental health clinician) and inpatient settings (e.g., psychiatric inpatient units) and in the community (e.g., the clients home)
  - **Who**: Social workers, nurses, primary care providers, acute care providers, and/or mental health clinicians can administer and interpret the DASS for clients who are suspected to have depression, anxiety, and stress and to serially monitor clients who are known to experience depressive, anxiety, and/or stress signs and symptoms

**What Is the Desired Outcome of Using the Depression Anxiety Stress Scales?**

- The social worker or other clinician will gain an accurate, subjective assessment of the severity of a client’s depression, anxiety, and/or stress levels and appropriately develop or revise an individualized treatment plan to maintain client safety and assist in resolving depressive, anxiety, and/or stress-related symptoms

**Why Is Using the Depression Anxiety Stress Scales Important?**

- Depression and anxiety are psychiatric disorders that can result in emotional and/or physical pain, impaired functioning, and difficulty in relationships and/or employment. Depression is also linked with an increased risk for suicide. Prompt screening, assessment, and treatment improve prognosis in clients with depression and/or anxiety
  - Depression and anxiety each have unique clinical features and overlapping signs and symptoms and often coexist with general stress
  - Stress can contribute to an overaroused and tense state, the inability to relax, and irritability
  - The DASS can provide information on a client’s self-report of low mood, motivation, and self-esteem; tension; irritability; perceived panic; and fear associated with depression, anxiety, and stress
Depending on the score of the DASS and further clinical assessment, clients with signs and symptoms of depression, anxiety, and/or stress may be referred to the following psychotherapeutic interventions, as appropriate:

- Individual therapy
- Group therapy
- Initiation and/or dose adjustment of psychotropic medications
- Psychiatric inpatient admission

Facts and Figures

- Anxiety disorders are the most common mental disorder, affecting an estimated 1 in 15 people each year and nearly 13% of people at some point during their lifetimes. Mood disorders, including depression, affect an estimated 1 in 20 people each year, and approximately 9.6% of people over their lives (Steel et al., 2014)
- Scores on the DASS are based on mean population scores of a large, comparatively heterogeneous population sample (Parkin et al., 2010)
- The DASS is equally valid for use with both men and women (Gomez, 2013)
- S. H. Lovibond and P. F. Lovibond, researchers from the University of New South Wales, developed the DASS in 1995. Their original goal was creation of two subscales to measure depression and anxiety, which contained items that were unique to each to maximally distinguish between symptoms of anxiety and depression. Items that were nonspecific to depression and anxiety were used as controls, but evolved into the separate subscale for stress, which is characterized by chronic, nonspecific arousal symptoms (Crawford et al., 2003)

What You Need to Know Before Using the Depression Anxiety Stress Scales

- The DASS can be administered to clients who are ≥ 12 years of age to assess for depression, anxiety, and stress symptoms within the last week
- The DASS is translated into 33 languages and takes 10–20 minutes to complete
- An electronic version of the DASS with automated scoring is available online
- A DASS manual can be purchased that includes extensive information regarding the theoretical background and interpretation of the DASS at http://www2.psy.unsw.edu.au/dass/order.htm
- The DASS is a measurement tool, not a diagnostic tool, and is not intended as a substitute for a comprehensive biopsychosocial assessment
- The DASS is composed of three 14-item subscales, for a total of 42 questions. The questions are scored on a 4-point Likert scale. For example, in response to the question, “I was bothered by trivial things,” the client would choose one answer that best fits his/her experience
  - Corresponding answers for each item are scored 0–3 as follows:
    - 0 indicates “Did not apply to me at all”
    - 1 indicates “Applied to me to some degree or some of the time”
    - 2 indicates “Applied to me to a considerable degree or a good part of time”
    - 3 indicates “Applied to me very much or most of the time”
- DASS scores can be 0–42 on each subscale
- Total score is calculated by summing the scores for each subscale. The depression scale items are 3, 5, 10, 13, 16, 17, 21, 24, 26, 31, 34, 37, 38, and 42. The anxiety scale items are 2, 4, 7, 9, 15, 19, 20, 23, 25, 28, 30, 36, 40, and 41. The stress scale items are 1, 6, 8, 11, 12, 14, 18, 22, 27, 29, 32, 33, 35, and 39. Interpretation is performed according to the following indications:
  - Depression subscale score and interpretation
    - 0–9 indicates no evidence of depression
    - 10–13 indicates mild depression
    - 14–20 indicates moderate depression
    - 21–27 indicates severe depression
    - ≥ 28 indicates extremely severe depression
  - Anxiety subscale score and interpretation
    - 0–7 indicates no evidence of anxiety
    - 8–9 indicates mild anxiety
    - 10–14 indicates moderate anxiety
    - 15–19 indicates severe anxiety
– ≥ 20 indicates extremely severe anxiety

• Stress subscale score and interpretation
  – 0–14 indicates no evidence of stress
  – 15–18 indicates mild stress
  – 19–25 indicates moderate stress
  – 26–33 indicates severe stress
  – ≥ 34 indicates extremely severe stress

Preliminary steps that should be performed before administering the DASS include the following:
  • Review the treating clinician’s order for administering the DASS, if necessary, although administering the DASS does not require a written or verbal order
  • Review the instructions for administering, scoring, and interpreting the DASS
  • Review the DASS manual, if purchased by the interviewer or agency
  • Review the client’s presenting problem and mental status, including
    – medical and mental health history
    – family mental health history
    – biopsychosocial and developmental history

Gather the DASS in the client’s preferred language, if available, and a pen for data collection

Social Work Responsibilities in Regard to Using the Depression Anxiety Stress Scales

  • Establish privacy
  • Verify that the client is alert and oriented. Introduce yourself to the client and family member(s), if present, and explain your clinical role in administering the DASS. Assess for knowledge deficits and anxiety regarding the DASS
  • Determine if the client/family requires special considerations regarding communication (e.g., due to illiteracy, language barriers, deafness); make arrangements to meet these needs if they are present
    – Follow agency protocols for using professional interpreters when language barriers exist
  • Explain details of the DASS, including its purpose; answer questions and provide additional information and emotional support as needed
  • Obtain verbal consent to administer the DASS, as appropriate
  • Verify that the client has basic reading comprehension, and if not, arrange for the scales to be read aloud to the client
  • With client’s permission, ask family members to stay during the interview if the client requires assistance (e.g., has communication difficulties or decreased concentration level) from a trusted source. Obtain necessary releases of information if family members are to remain appropriate
  • As appropriate, ask family members and other visitors to leave the room during administration of the DASS to promote privacy and create an environment that allows the client to concentrate without self-consciousness
  • Provide the client with the DASS tool and pen. Instruct him/her that for each question or statement, he/she should recall symptoms experienced during the past week and choose one of the four options that most closely reflects his/her thoughts, feelings, or emotional reactions using the following Likert scale:
    • 0 indicates “Did not apply to me at all”
    • 1 indicates “Applied to me to some degree or some of the time”
    • 2 indicates “Applied to me to a considerable degree or a good part of time”
    • 3 indicates “Applied to me very much or most of the time”
  • Allow sufficient time for the client to answer all of the questions; provide assistance if the patient requests it or seems uncomfortable with completing the tool independently
  • Verify that all items of the DASS are completed, calculate the final DASS score for each of the three subscales, and interpret the results for each subscale
    • More comprehensive interpretation can be performed if the DASS manual has been purchased
  • As appropriate, discuss the scoring and interpretation of the DASS with the client and/or family members
  • Add the completed DASS to the client’s record
  • Collaborate with other members of the treatment team for initiating a plan of care or changing the established plan of care, as appropriate
  • Update the patient’s plan of care, as appropriate, and document the administration of the DASS in the client’s medical record, including the following information:
    • Date and time the DASS was administered
• Total score, interpretation of the DASS, and whether or not the treating clinician was notified
• All referrals and consultations requested, if appropriate (for details, see Red Flags, below)
• All client assessment information, including
  –client’s mood and mental status (e.g., alert, oriented)
  –client’s response to the administration of the DASS (e.g., cooperative, unable to understand and/or answer questions)
• Any unexpected client events (e.g., refusal to complete the DASS, anger), interventions performed, whether or not the treating clinician was notified, and client outcome
• All client/family education provided, including the purpose of the DASS, response to education provided, plan for follow-up education and/or psychotherapeutic interventions, barriers to communication, and techniques that promoted successful communication

Other Interventions That May Be Necessary Before, During, or After Using the Depression Anxiety Stress Scales

› Clients may require additional assessment with self-reported and objective screening tools for suspected comorbidities (e.g., bipolar disorder) and/or evaluation by a licensed mental health professional for a comprehensive psychological assessment
› Depending on the client’s DASS score, he/she will be additionally evaluated and referred for appropriate psychotherapeutic interventions to improve mood, reduce anxiety, resolve stress, and/or promote safety

What Social Work Models Are Used With the Depression Anxiety Stress Scales?

› The DASS is a tool used to screen for the presence of depression, anxiety, and stress. Further biopsychosocialspiritual assessment should take place to determine a formal diagnosis of depression or anxiety. Once a diagnosis has been determined, any established mode of social work practice can be used to treat the client’s symptoms
› The presence of depressive symptoms indicates that an evaluation for suicidal ideation should take place and safety should be established

Red Flags

› A limitation of the DASS is that none of the items in the DASS addresses suicide risk. An experienced social worker or other mental health professional will need to separately assess risk for suicide in persons whose DASS scores indicate depression and/or anxiety. Persons with moderate to severe depression are at increased risk for suicide and require immediate referral to a mental health professional for prompt assessment and treatment
› Persons with developmental delays may have difficulty understanding the items on the DASS and responding appropriately

What Do I Need to Teach the Client/Client’s Family?

› Explain that the purpose of the DASS is to measure the severity of depressive, anxiety, and stress symptoms within the last week
› Educate that the average time for completing the DASS is 10–20 minutes, and encourage asking for assistance if the client has difficulty comprehending a question
› Explain the scoring system and correlating indications, and emphasize that the DASS is a tool for measuring symptoms of depression, anxiety, and stress and is not a diagnostic tool
› Encourage the client to seek professional care for management of symptoms of depression, anxiety, and/or stress
› Educate the client and family members that referral to a mental health clinician and/or revision of the current treatment plan of psychotherapeutic interventions may be necessary

References


