

Depression Screening: A Best Practice Approach within a Health Center

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Learning Objectives

- Explain the importance of depression screening within a student health center
- Identify screening tools utilized in implementing this best practice approach
- Identify the steps necessary to prepare your practice for the implementation of depression screening



“Nearly 51% of college students have received
mental health services prior to coming to
college”

Storrie, Ahearn & Turkett, 2010



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“In the absence of systematic screening, family physicians miss at least 50% of cases of major depression”

Arroll, Smith, Crengle, Gunn, Kerse, Fishman, Falloon, Hatcher, 2010



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“80-90 % of those who seek the necessary form of mental health treatment can function effectively”

Borchard, 2010



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Mental Health & College Students

- 1/5 college students experience depression in some form
- 44% of college students report symptoms of depression
- Over 2/3 of young people do not talk about or seek help for mental health problems

Borchard, 2010



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Mental Health & College Students

- Stereotypes are one of the largest barriers to young people seeking the help they need (Borchard, 2010)
 - Although stigma continues to exist, more students are willing to discuss their mental health concerns (Eisenberg & Hunt, 2010)
 - Students continue to be unaware of services or do not utilize services when they know CS exists (Yorgason, Linville & Zitzman, 2008)



Depression & Suicide

- Young adults diagnosed with depression are more likely to attempt suicide than adults
 - About 19% of college aged adults contemplate or attempt suicide each year
 - Suicide is the second leading cause of death among college students ages 20-24
 - In about 4/5 college students, signs of depression and suicide are evident before an actual attempt

<http://psychcentral.com/blog/archives/2010/09/02/statistics-about-college-depression/>



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Depression & Academic Success

- College students with depression are twice as likely to drop out of school
 - Depression is a significant predictor of \downarrow GPA and \uparrow probability of dropping out (University of Michigan, 2009)
 - Association b/t depression & academic outcomes is strong among those who have a positive screen for anxiety disorder
(University of Michigan, 2009)

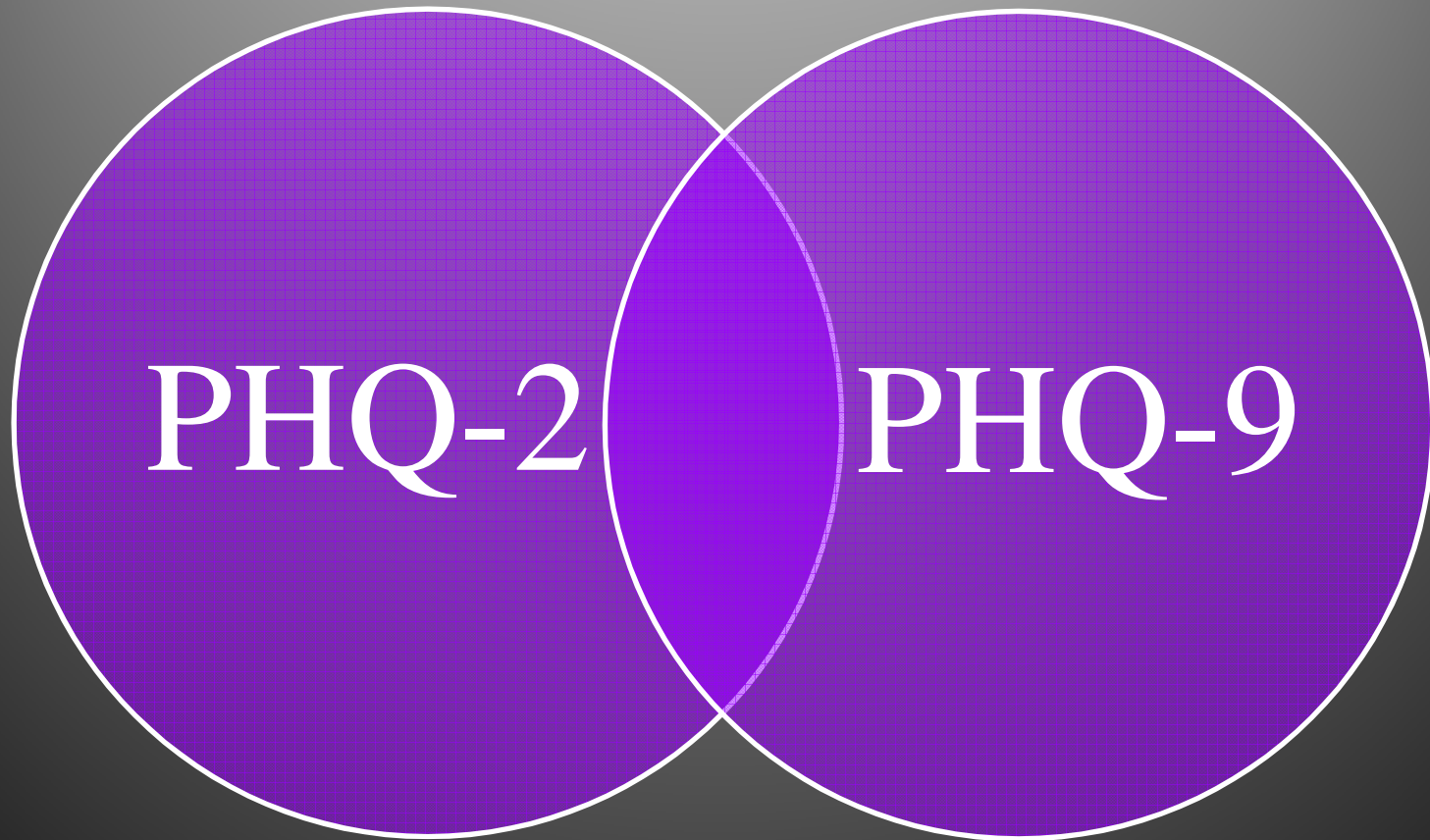


Early Identification & Referral

- College semesters are brief, on average 14 weeks
- Student interactions may at times be somewhat random
- Early intervention is essential, ensuring timely referral to Counseling Services
- PHQ Scales assist us in quickly identifying students who may be at risk for depression and/or suicide



Depression Screening Tools



PHQ-2 Screening

- Validity/Sensitivity/Specificity
- PHQ-2 Questionnaire asks about frequency of symptoms of depressed mood and anhedonia
- Reduces depression screening to 2 questions enhancing routine screening for the most prevalent & treatable mental health disorder

(Kroenek, 2003)



PHQ-2 Questionnaire & Scoring

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, hopeless	0	1	2	3

If a student's score is anything other than "0" they should be offered the PHQ-9



PHQ-9 Screening

- Validity, Sensitivity/Specificity
- Is a reliable and valid measure of depression severity (Kroenke, Spitzer, Williams, 2001)
- Useful clinical and research tool
- Can generate diagnosis of major depression
- Provides continuous score to monitor treatment



PHQ-9 Screening

- There are two components of the PHQ-9:
 - Assessing symptoms and functional impairment to make a tentative depression and diagnosis
 - Deriving a severity score to help select and monitor treatment

<http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>



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Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself-or that you are a failure or have let yourself/family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching T.V.	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

PHQ-9 Scores and Proposed Treatment Actions

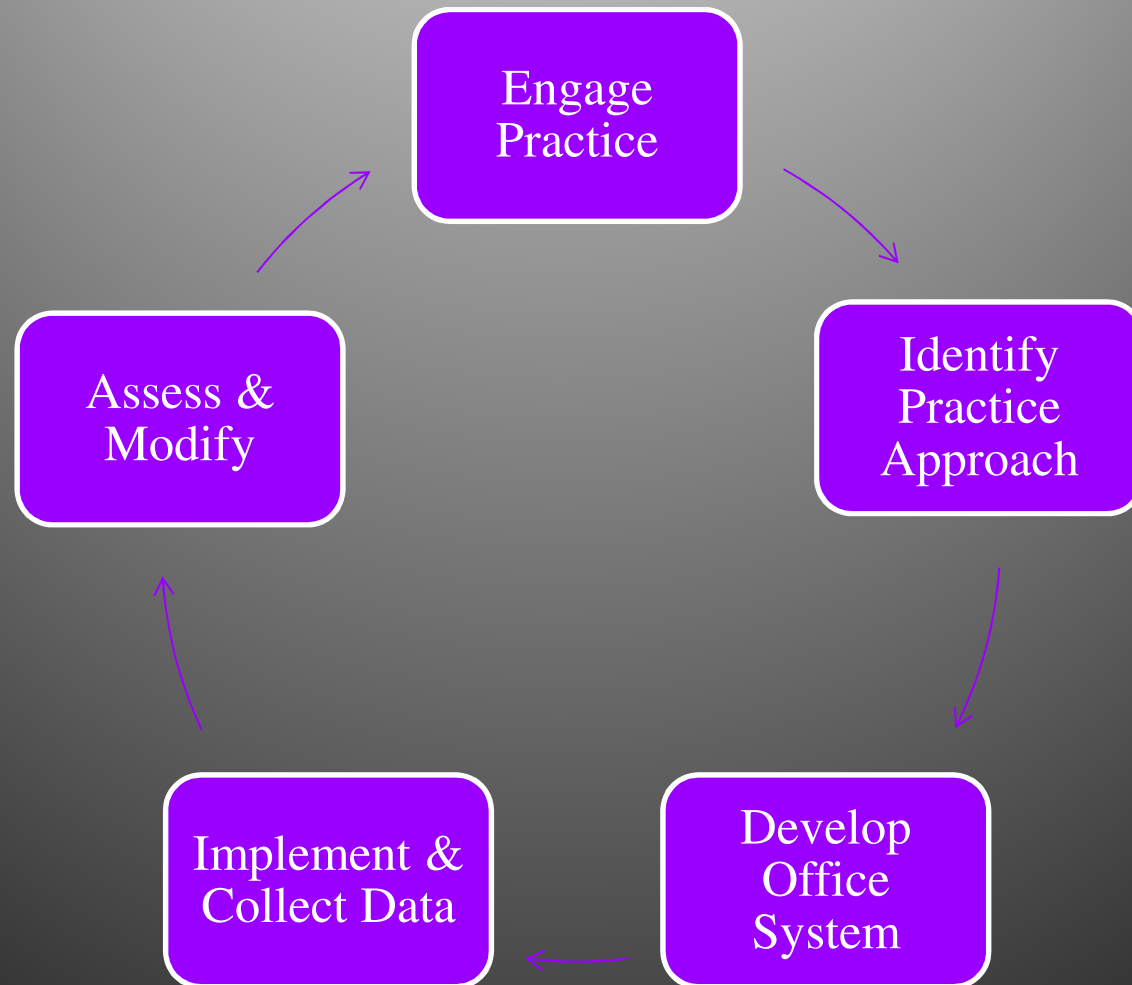
PHQ-9 Score	Depression Severity	Proposed Treatment Actions
1-4	None	None
5-9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10-14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15-19	Moderate/Severe	Immediate initiation of pharmacotherapy and/or psychotherapy
20-27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

The PHQ-9 is adapted from PRIMEMDTODAY, developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc.



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Depression Screening Implementation



Engaging Practice



Engaging Practice

- Identify Departmental Goal
 - Establish mechanism for routine screening of depression amongst student populace
- Assess Institution Support
 - Is it part of your mission, strategic plan, goals?
- Establish staff support/buy in
 - Most important since they will be doing the work
- Identify funding source
 - Not necessary, depends on implementation process



Identifying Practice Approach

2 Important Components

- Screening Process
 - Who is going to be screened
 - Will screening be:
 - Intra-departmental
 - Inter-departmental
 - Most successful ,facilitates collaborative partnerships
- Case Management
 - Registered Nurses
 - Health Educator
 - Social Worker



Development of Office System

- Mechanism- Electronic vs paper
- Identify screening process within clinic
 - Role identification based on capabilities of office personnel in each office
- Identify tracking system
 - Ensures continuity of care & referral
 - Prevents loss of students from semester to semester
- Establish SOP's on intra-departmental communication
 - Protocols for use, consents, follow-ups, missed appts

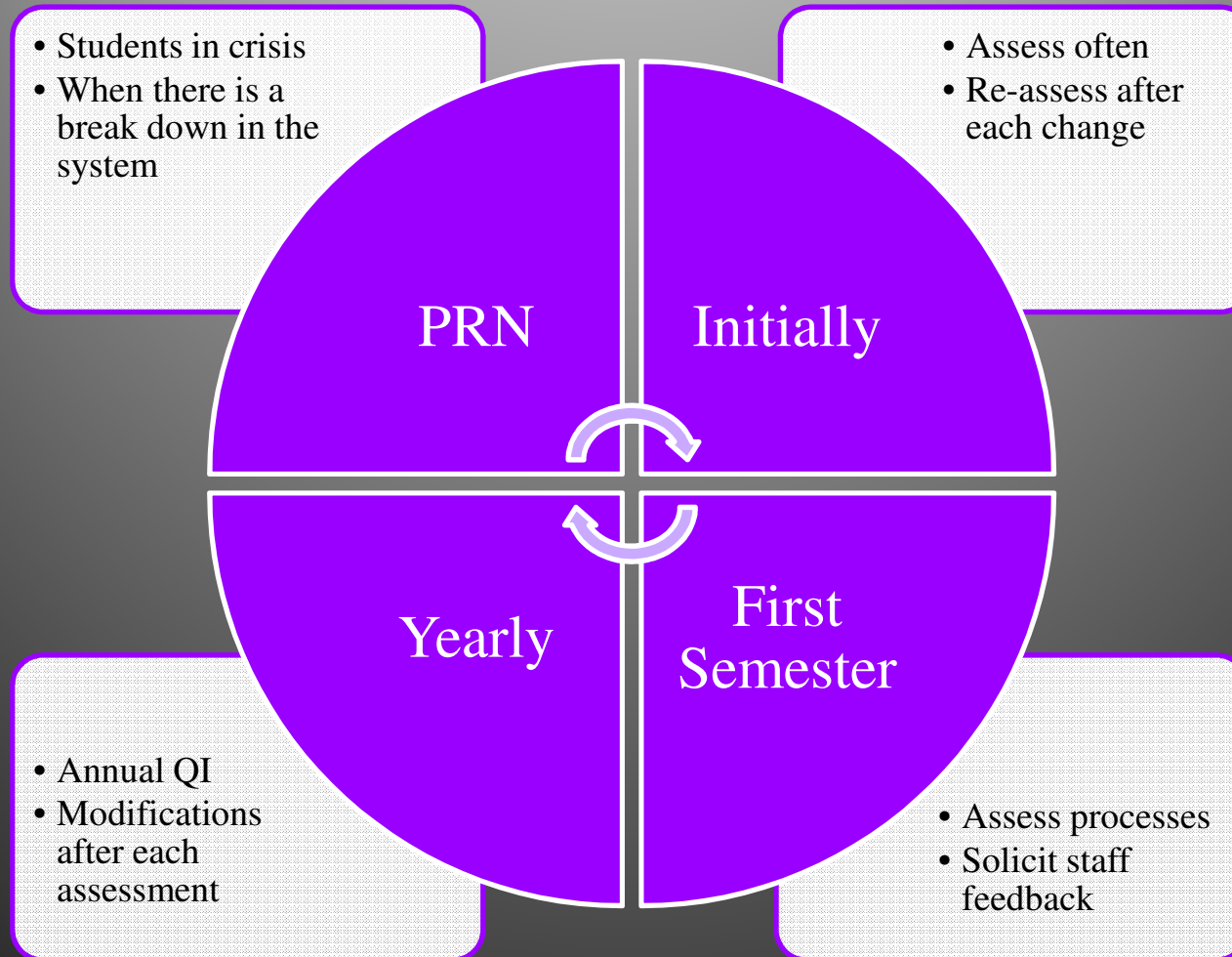


Implementation & Data Collection

- Implementation
 - Most effective if PHQ-2 is integrated into routine questions when seeking care
 - If screen positive, offer PHQ-9 screen
 - Share results with student at POS, opening dialogue
 - Refer if warranted, if refuses, you can bring back to SHS
- Data Collection
 - Establish your QI
 - What data is necessary and beneficial to you as a clinic
 - What are you going to do with the data



Assess & Modify



Clinical Finding

Niagara University 2012-13

- All students presenting to SHS with a scheduled appointment completed the PHQ-2 depression screening questionnaire
 - Total # students screened- 2,027
 - 4.48% (n=91) screened positive on the PHQ-2 and were offered the PHQ-9
 - 75.8 % (n=69) completed the PHQ-9 screen
 - 52.7 % (n=48) were referred from SHS to NUCS after being identified as “at risk”



Clinical Finding

Niagara University 2012-13

- Early identification of students at risk allowed students to be connected with internal support systems resulting in the following:
 - 100 % of students referred successfully finished their semester of study
 - 87.5% were retained this academic year
 - 27.0% successfully graduated from NU this year
 - 12.5 % withdrew from NU



Clinical Finding

Niagara University 2012-13

Reasons Identified for Student Withdrawal

Medical	Major Not Offered	Discipline/ Administrative	Closer to Home	Unknown
1	1 Fall Semester Only	2	1	1 Fall Semester Only



Resources

- Arroll, Smith, Crengle, Gunn, Kerse, Fishman, Falloon, Hatcher. (2010, July) Validation of PHQ-2 and PHQ_9 to Screen for Major Depression in the Primary Care Population. *The Annals of Family*. Retrieved on September 12, 2012 from www.annfammed.org/content/8/4/348.full
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Questions



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