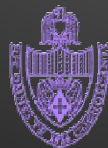


# Alcohol & Depression Screening: A Best Practice Approach within a Health Center

Lori Soos, MA,BSN,RN



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# Learning Objectives

- Explain the importance of alcohol and depression screening within a student health center
- Review three screening tools utilized in implementing alcohol and depression screening
- Identify four steps necessary to prepare your practice for the implementation of both the Audit- C and the PHQ screen
- Discuss two benefits of the early identification and treatment of symptoms through screening



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

Storrie, Ahearn & Turkett, 2010

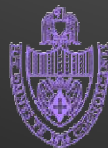


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“In the absence of systematic screening,  
family physicians miss at least 50% of  
cases of major depression”

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

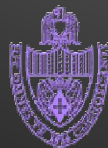


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“80-90 % of those who seek the necessary form of mental health treatment can function effectively”

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



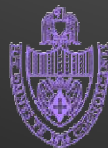
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# Depression & Suicide

- 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/>

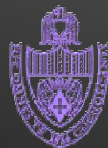


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# Depression & Academic Success

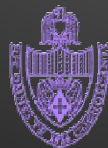
- College students with depression are twice as likely to drop out of school
  - Depression is a significant predictor of ↓GPA and ↑ probability of dropping out (University of Michigan, 2009)
  - Association b/t depression & academic outcomes is strong among those who have a positive screen for anxiety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





# Early Identification & Referral

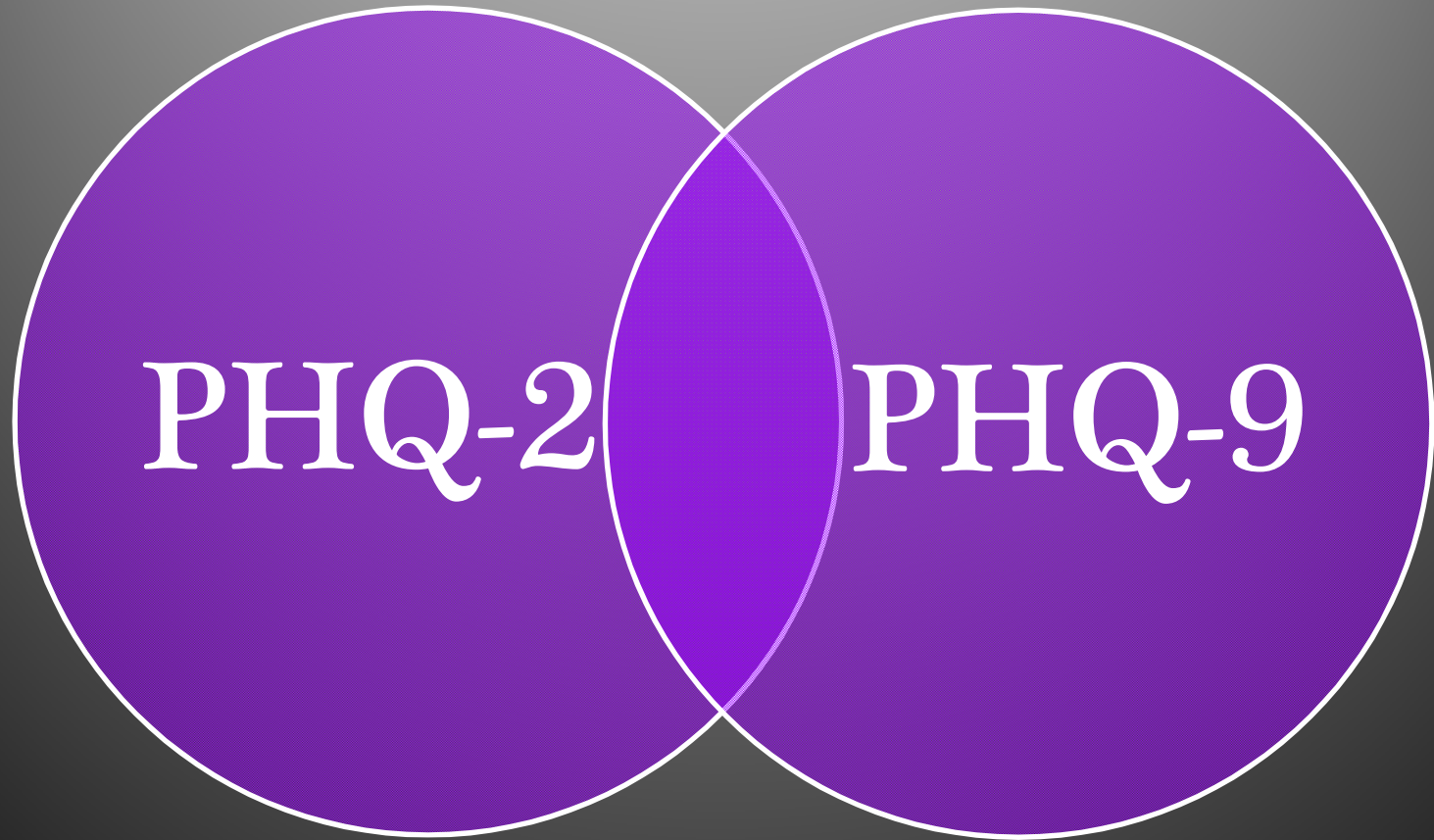
- College semesters are brief, on average 14 weeks
- Student interactions may at times be somewhat random
- Early intervention is essential, ensuring timely referral to Counseling Services
- PHQ Scales assist us in quickly identifying students who may be at risk for depression and/or suicide



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# Depression Screening Tools



# PHQ-2 Screening

- PHQ-2 Questionnaire asks about frequency of symptoms of depressed mood
- Reduces depression screening to 2 questions
- Enhancing routine screening for the most prevalent & treatable mental health disorder

(Kroenek, 2003)



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# PHQ-2 Questionnaire & Scoring

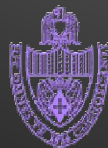
Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, hopeless	0	1	2	3

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



# PHQ-9 Screening

- 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



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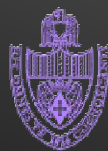
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<b>Over the past 2 weeks, how often have you been bothered by any of the following problems?</b>	<b>Not at All</b>	<b>Several Days</b>	<b>More Than Half the Days</b>	<b>Nearly Every Day</b>
Little interest or pleasure in doing things	0	1	2	3
Feeling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





“Approximately 70 % of college students reported alcohol use in the past month”

O’Malley & Johnston, 2002

“Approximately 25% of college students report academic consequence of their drinking including missing class, falling behind, doing poorly on exams or papers and receiving lower grades overall”

Wechsler, 2002

“97,000 students between the ages of 18-24 are victims of alcohol-related sexual assault or date rape.”

Hingson, 2009

# Alcohol Screening

There are five AUDIT questionnaires that are commonly used to monitor alcohol consumption

- Audit
- Audit C
- Fast
- SASQ
- Audit PC

# AUDIT-C

AUDIT-C (AUDIT-Consumption) is derived from the first three questions of the full AUDIT.

- Takes a very short time to administer
- Will indicate whether an individual is potentially drinking at increasing or higher risk levels
- Cannot determine the type of intervention required
- Does not indicate alcohol dependence

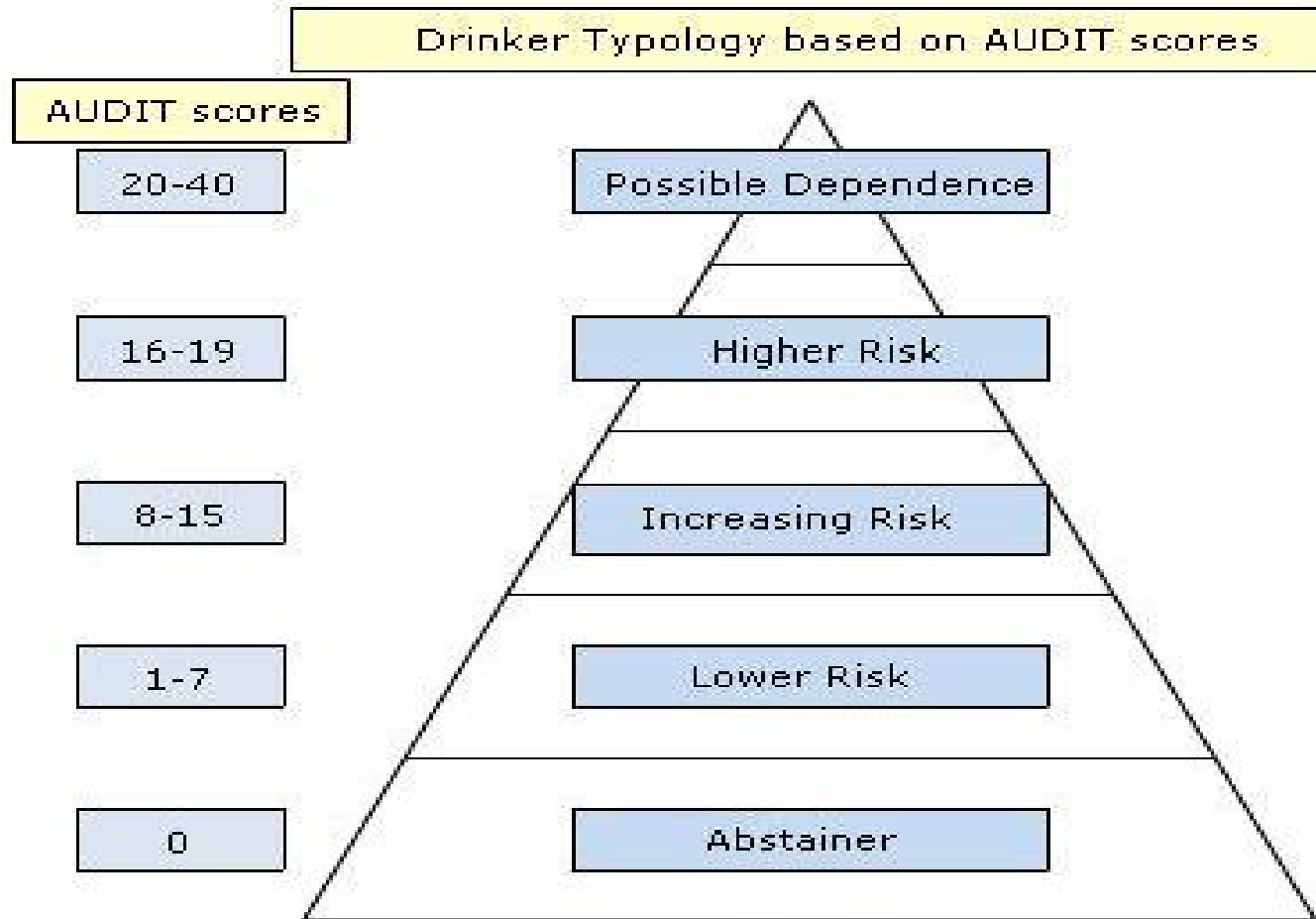
# AUDIT-C Questionnaire and Scoring

AUDIT-C Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?						
How many units of alcohol do you drink on a typical day when you are drinking?						
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?						
	TOTAL					

Each question is answered with the corresponding score from 0 to 4. The scores for each question are added to obtain the score for the test.

A score of 5 or more indicates the individual is possibly drinking at increasing risk or higher risk levels.

# AUDIT Scores



# Full AUDIT Scoring

- AUDIT score 0: Abstainer
  - No action required for this group
- AUDIT score 1-7: Lower risk
  - Positive reinforcement
  - Brief Advice should be offered

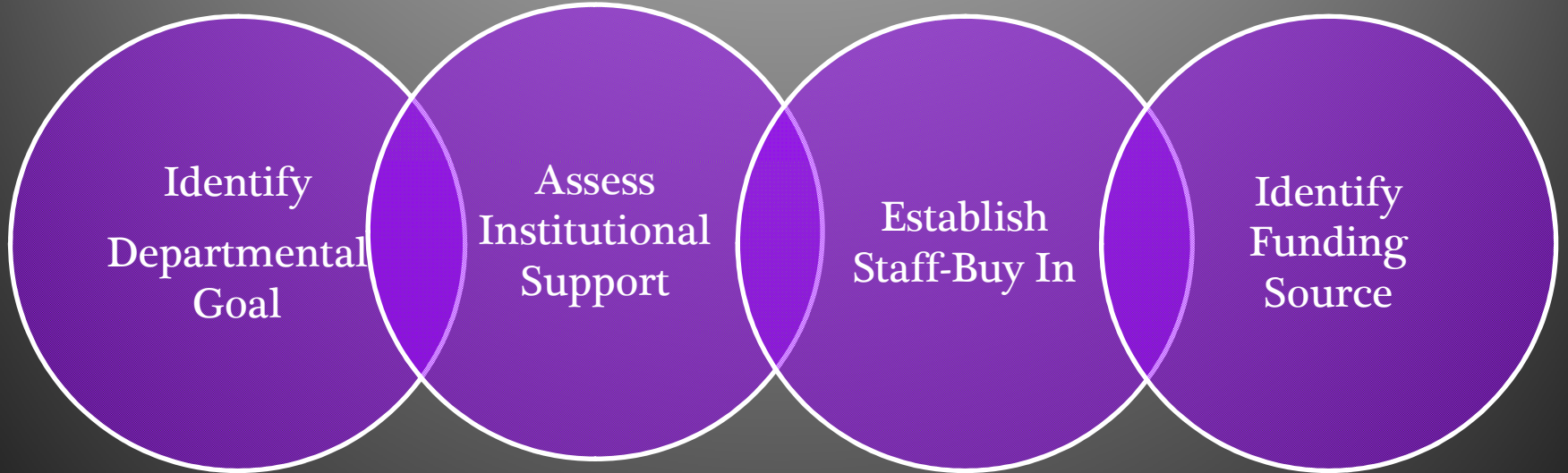


- AUDIT score 8-15: Increasing risk
- AUDIT score 16-19: Higher risk
  - Brief Advice
  - Individuals in this range who have previously had Brief Advice and who are still scoring in the higher risk range could be given Extended Intervention by a competent practitioner
  - Referred
- AUDIT score 20-40: Possible dependence
  - Patients scoring 20+ on the AUDIT should be considered for referral to an appropriate service for treatment for alcohol dependence

# Refusal of Referral

- If the patient refuses to consider treatment, he or she should be offered brief counseling in the practice and if this is refused, Brief Advice
- If any form of treatment or intervention is refused
  - the patient should be advised that he or she may be causing damage to their health and welfare by drinking at the current level
  - And they are risking more serious problems if they continue to drink at the current level
- They should be encouraged to return to the practice if they change their minds

# 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

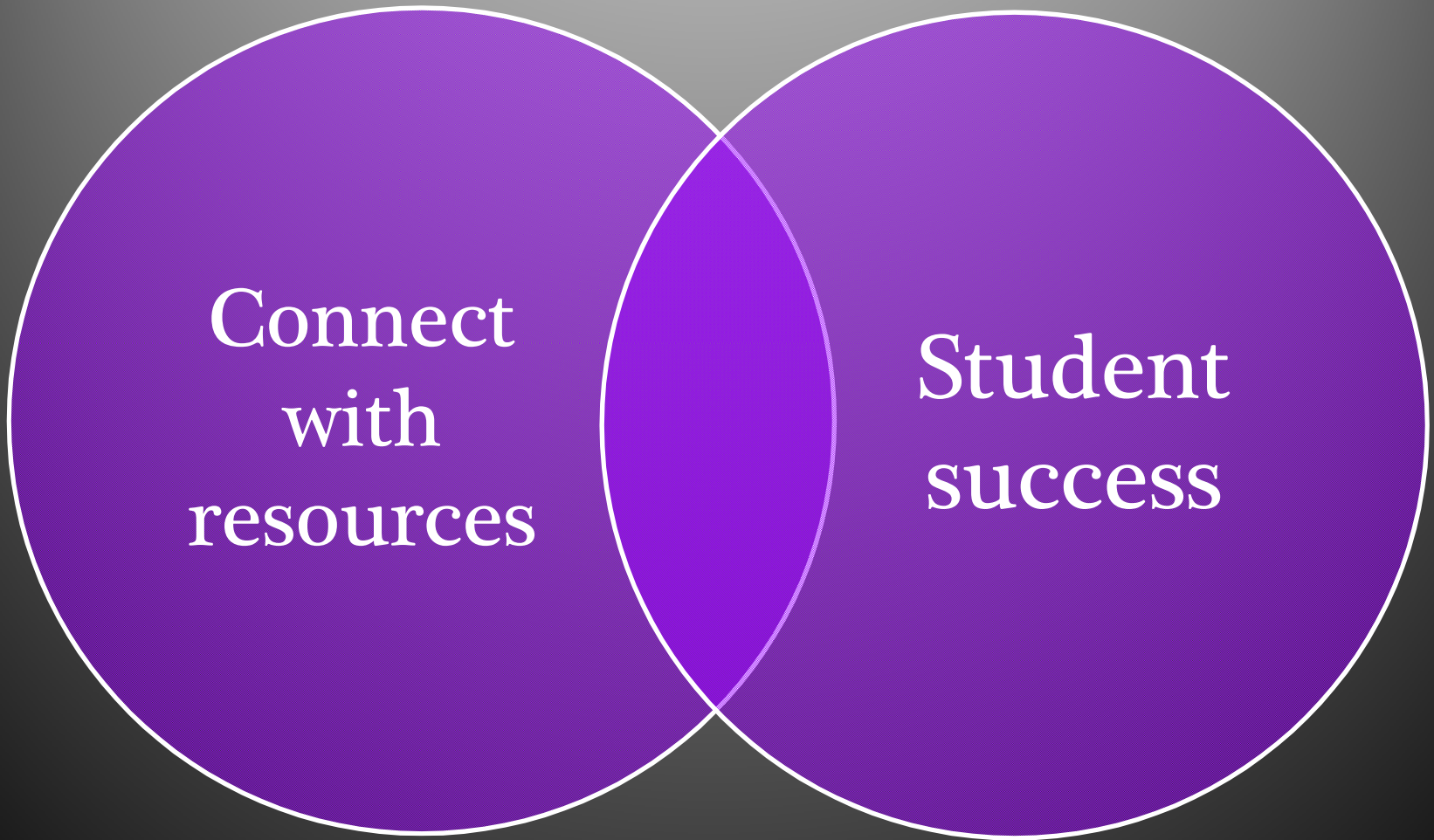
## 2 Important Components

- 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

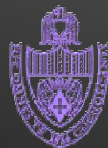
- Mechanism- Electronic vs paper
- Identify screening process within clinic
  - Role identification based on capabilities of office personnel in each office
- Identify tracking system
  - Ensures continuity of care & referral
  - Prevents loss of students from semester to semester
- Establish SOP's on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

# 2 Benefits of Early Intervention



# Resources

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# Questions



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