

## Introduction

- ❖ Depression affects more than **264 million** people globally.
- ❖ Two-thirds of people who commit suicide struggle with depression.
- ❖ Depression causes more than 8 million doctor's visits yearly in the United States, of which more than half are within the primary-care setting.
- ❖ The United States Preventive Services Task Force (USPSTF) recommends screening all adults in the primary care setting for depression with a standardized screening tool.
- ❖ The **Patient Health Questionnaire-9 (PHQ-9)** is a valid commonly used depression screening tool.

## Background & Significance

- ❖ The site for this project did not screen patients for depression.
- ❖ Gap in evidence to practice:
  - Lack of knowledge/ experience
  - Lack of time
  - Lack of comfort implementing a depression screening tool

## Aim & Objectives

### Aim

To improve the identification of depression in patients at a primary- urgent care setting through the implementation of the PHQ-9, and referral to behavioral health services.

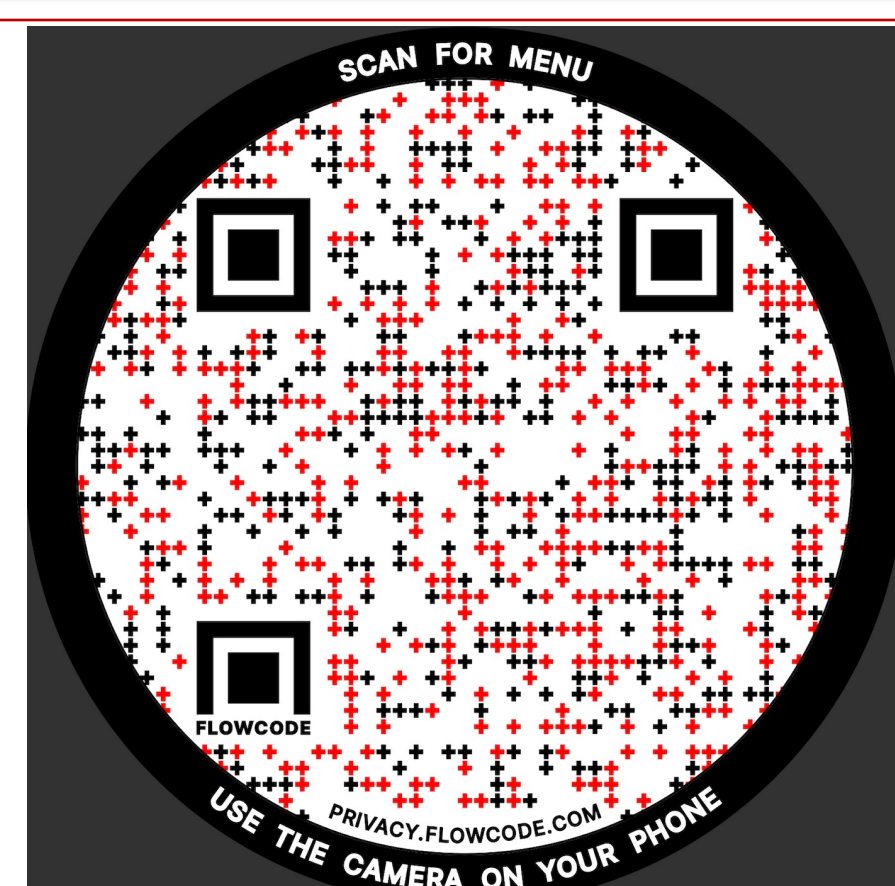
### Objectives

- ❖ Provide an educational presentation to train clinicians on the use of the PHQ-9 to screen for depression.
- ❖ Evaluate the implementation and the effectiveness of educational training through pre and post surveys taken from the **Depression Literacy (D-Lit) Questionnaire** and the **Revised Depression Attitude Questionnaire (RDAQ)**.
- ❖ Use of PHQ-9 and referral to behavioral health service as needed.

## Contact & References

This project was completed as a Doctor of Nursing Practice (DNP) Project by

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## Methodology

### Design

- ❖ Quality Improvement

### Sample/Setting

- ❖ Clinicians: 16 part-time clinicians from a primary-urgent care in **northern New Jersey**.
- ❖ Medical Records: 2096 charts reviewed one month pre- implementation and one month post- implementation of the PHQ-9.

### Measured Outcomes

- ❖ Change in clinician's knowledge and attitude in implementing and administering the PHQ-9.
- ❖ Collecting Data on the use of the PHQ-9 and referral to Behavioral Health.

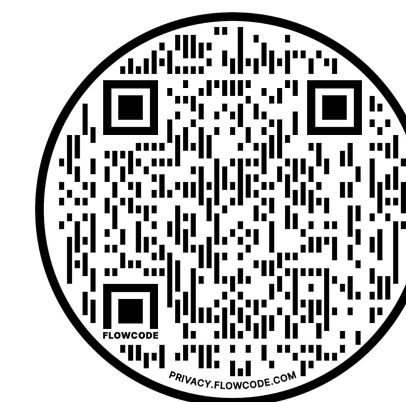
### Data Collection/ Analysis

- ❖ Educational presentation and pre/post surveys were available on Qualtrics from September 23<sup>rd</sup> - October 7<sup>th</sup> .
- ❖ Implementation of the PHQ-9 from October 8<sup>th</sup> to November 8<sup>th</sup>
- ❖ Data entered into Microsoft Excel Spreadsheet.

## Outcome Measures

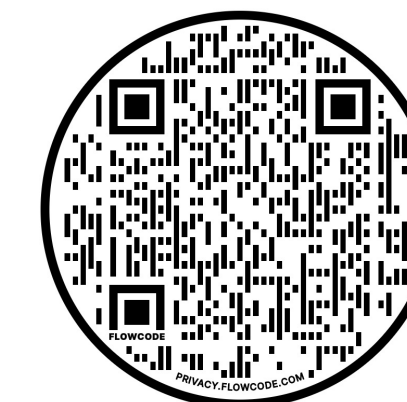
### Patient Health Questionnaire- 9

- ❖ Uses the nine *DSM-5* criteria for depressive disorders.
- ❖ Summary scores range from 0 to 27
- ❖ A score of 10 or higher on the PHQ-9 requires treatment or referral
- ❖ Scan Code to view PHQ-9 tool:



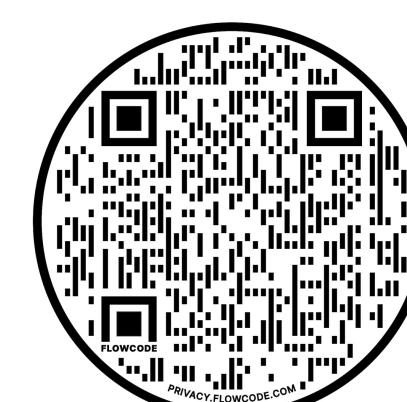
### Depression Literacy Questionnaire

- ❖ Developed by the National Institution for Mental Health Research
- ❖ A 22-item questionnaire that assesses providers knowledge of depression.
- ❖ Consists of true or false questions
- ❖ Scan Code to view D- Lit tool:



### Revised Depression Attitude Questionnaire

- ❖ Developed in the United Kingdom for use by General Practitioners
- ❖ A 22-item depression attitude questionnaire
- ❖ Consists of questions scored with a five- point Likert scale
- ❖ Items are about professional confidence, therapeutic optimism, depression occurrence, recognition, and management
- ❖ Scan Code to view RDAQ tool:



## Results

### D-Lit and RDAQ Data

- ❖ 8 out of 16 clinicians participated in the educational training
- ❖ 2 out of 8 clinicians completed the pre- questionnaires
- ❖ 1 out of 8 completed the post- questionnaires
- ❖ There was no increase in knowledge through the D-Lit Questionnaire
- ❖ There was an increase in clinician's level of comfort with screening for Depression through the RDAQ with scores ranging from 87 to 103 out of 110

### PHQ-9 Data

- ❖ 1256 patients seen one month before implementing the PHQ-9.
  - 0 diagnosed at risk for Depression
- ❖ 840 patients seen one month during implementation of the PHQ-9.
  - All 840 patients were screened
  - 21 diagnosed at risk for Depression
  - Score of 10 or higher on PHQ-9
- 17 screened moderate (range from 10-14)
- 2 screened mod- severe (range from 15-19)
- 2 screened severe (range from 20-27)

## Discussion

### Conclusion

- ❖ There was minimal increase in depression literacy and attitude towards depression measured through the D-LIT and RDAQ Questionnaires.
- ❖ There is a significant increase from 0 to 21 patients screened for depression, diagnosed and referred to behavioral health services.

### Implications

- ❖ **Practice:** Educate clinicians on the administration, scoring and referral of the PHQ-9.
- ❖ **Patient Care:** Screening of every patient for Depression.
- ❖ **Policy:** Use of standardized Depression Screening tool, as recommended by USPSTF.
- ❖ **Economy:** Implementation and administration of the PHQ-9 depression screening tool will decrease cost with undiagnosed mental health issues.