



Introduction

- Evidence indicates that screening for depression is incomplete due to barriers such as the lack of prioritizing depression, the need of support to implement screenings, and providers' education about depression management and referrals (Henry et al., 2019).
- Adequate screening for depression is critical in primary care, particularly during the COVID-19 pandemic.
- Failure to screen patients can contribute to missed opportunities to effectively treat and offer the appropriate support or referrals.
- Several organizations, such as the U.S. Preventive Services Task Force, recommend that the Patient Health Questionnaire (PHQ-9) or PHQ-2 be used for screening (*Patient Health Questionnaire*, 2020).
- For the purpose of this QI project, the PHQ-9 was used. The goal was to improve detection and management of depression in a primary care site that does not screen.

PHQ-9 Questions

Over the last 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
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling asleep or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Background and Significance

- Depression is known as the primary cause of disability, which has contributed to the financial burden in healthcare (Sanchez et al., 2016).
- Depression has been shown to increase the risk of dementia, premature death from coinciding physical illnesses, and suicide (Reynolds & Patel, 2017).
- Screening for early detection and treatment of depression can improve quality of life, reduce health care costs, and decrease complications from other behavioral and chronic health conditions that coincide with depression (Williams & Nieuwsma, 2020).

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Methodology

Design: Quality Improvement (QI) project

Sample: 40 completed PHQ-9 forms

Setting: Primary care office in Bergen County

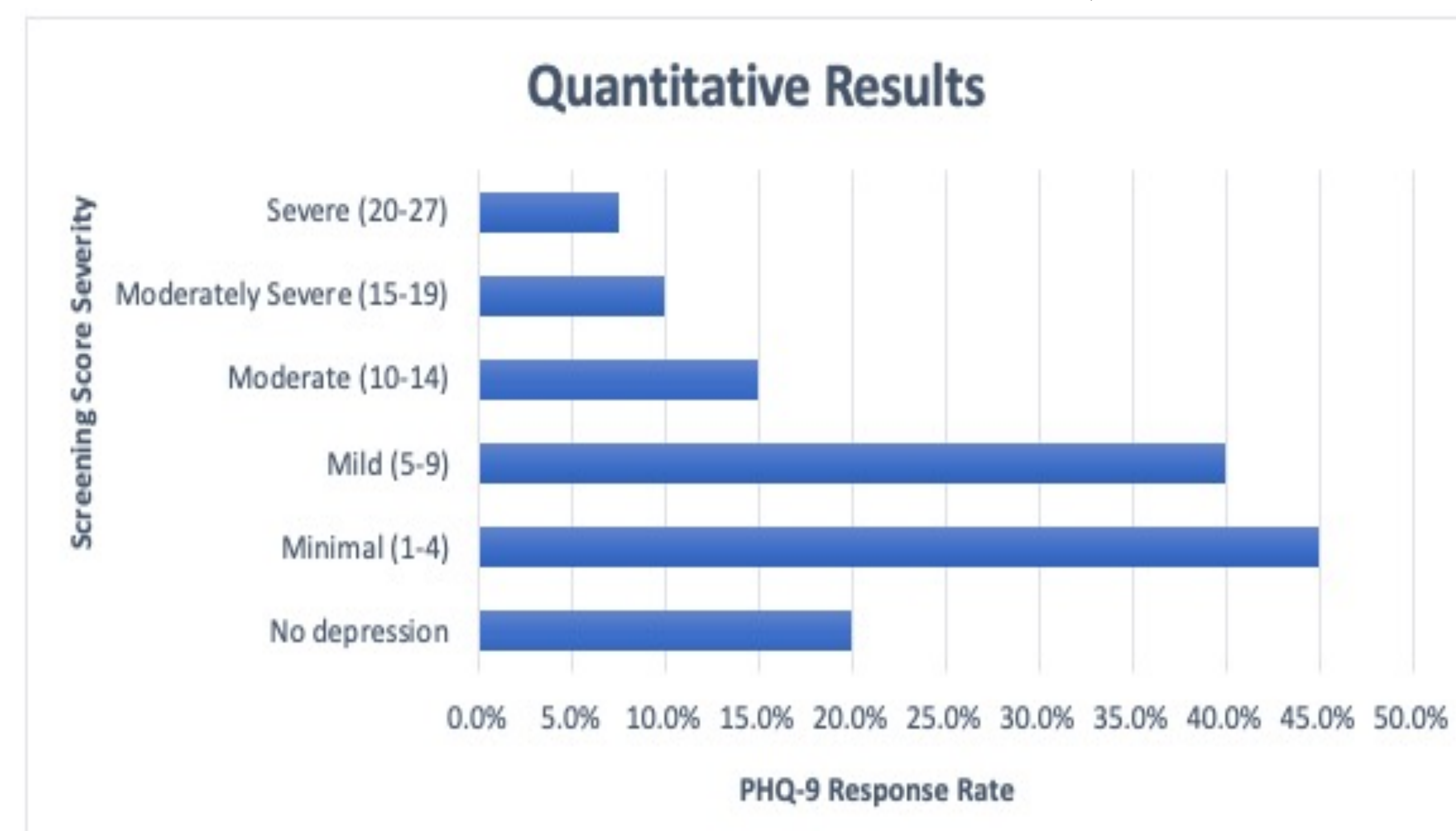
Intervention: A policy was created for the staff to follow. During the 4-week implementation phase, the staff administered the forms to all adult patients, 18 years old or older, who spoke English as their primary language. Patients with scores ≥ 10 received a mental health resource list or a referral to the in-house psychologist.

Measures: PHQ-9 scores were calculated to evaluate the prevalence of depression. Feasibility was measured via observations and the feedback provided.

Analysis: Descriptive statistics were conducted on PHQ-9 scores via Excel to determine the distribution of the data and assess prevalence of depression. Observations were also made during implementation and any comments or feedback were documented.

Results

The chart below breaks down the scores from the 40 PHQ-9 forms received.



Patients receiving scores ≥ 10 totaled N=25%.

This total included:

- 15% of patients scoring between 10-14 (moderate depression)
- 2.5% scoring between 15-19 (moderately severe depression)
- 7.5% scoring between 20-27 (severe depression)

Of the 25% of patients who scored ≥ 10

- 60% of them received a list of local resources
- 40% of them were referred to the in-house psychologist

Qualitative Results:

- Patients were very receptive to this change in practice.
- When short staffed, the medical assistant felt overwhelmed with completing the extra task of administering the form to patients.
- Staff reported that administering the forms to patients is feasible, but they will need the secretary's assistance distributing them when it is busy.

Discussion

- The results demonstrated that minimal and mild depression are more prevalent in the adult population than suspected. This revealed the importance of discussing symptoms with patients who not only identify with moderate or severe depression, but also mild depression.
- Most patients expressed that they often feel tired or have little energy. This finding demonstrated the importance of exploring patients' sleep patterns.

Implications

Clinical Practice: The results of this project demonstrate the need to expand the use of universal screening in all primary care practices and the importance of increasing healthcare workers' knowledge regarding depression. In addition, this project has also showed how important it is to explore patients' sleep hygiene on a continued basis. It is worth considering a sleep screening questionnaire in the clinical setting to assist with better sleep management in adult patients.

Healthcare Policy: Consider the expansion of access to affordable behavioral health services and early detection/prevention among young adults.

Quality and Safety: Early identification of depression can assist with appropriate treatment and can ultimately improve the quality of care given to patients.

Education and Economic: The findings from this project emphasize the need to prioritize depression in pre-med and nursing schools. The potential economic implication from this project is a decrease in costs related to depression. Screening is cost-effective and relatively simple to do. Identifying depression early and providing treatment may alleviate the financial burden from depression.

Conclusion

Improving the screening process in adult primary care settings is vital to detecting depression at an early stage. The high prevalence of undiagnosed depression uncovered as a result of implementation of the screening tool highlights its importance. The feedback from the staff and patients contributed to the project's sustainability.

References

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