

Abstract for the American Psychiatric Nurses Association Annual Conference

Problem Statement: A counseling center does not have a protocol to utilize the Patient Healthcare Questionnaire-9 (PHQ-9) tool or any questionnaire for depression to screen for depressed and suicidal patients. The staff at the counseling center has no formal education or training on the utilization and significance of the PHQ-9.

Theoretical Framework: Kurt Lewin's Change Theory was applied to create a frame of reference. The Change Theory involves three stages: unfreezing, change, and refreezing. The three major concepts of the Change Theory are driving forces, restraining forces, and equilibrium.

Methods and Design: A PHQ-9 protocol was implemented at the counseling center. Education and training were provided to all staff members. A pre and post staff knowledge survey was used to measure the front desk's knowledge on PHQ during the pre and post implementation. All patients were provided pre and post PHQ-9 forms. A convenient sample size of 30 charts were reviewed.

Results: The PHQ protocol identified 60% of the sample size were depressed and 10.5% were suicidal. The front desk's knowledge PHQ improved by 30.95%, comparing the pre and post staff knowledge surveys.

Implications for Psychiatric-Mental Health Nursing Practice: A PHQ protocol can identify depressed and suicidal patients at a counseling center. The identification of depressed and suicidal patients can yield positive clinical outcomes. Serial PHQ-9s can assist in making clinical decisions.

Implications for Future Research: A PHQ protocol may likely be able to assist in identifying depression and suicidal patients at various clinical settings.