

Abstract

Major depression is a common mental health disorder in the United States (US), and can result in substantial impairments and limitations on the quality of life. According to the National Institute of Mental Health, an estimated 17.3 million adults or 7.1% of the adult population currently experience at least one major depressive episode. Community-based studies estimate a prevalence of undiagnosed depression of 11% and higher. Early screening, diagnosis, and treatment of depression are critical for the effective management of the condition. Evidence-based studies confirm that screening is highly beneficial for the effective management of social, economic and health problems experienced by depressed patients. However, it has also been determined that primary health care facilities have remained an untapped resource for screening with only 1.4% reporting Patient Health Questionnaire (PHQ) utilization as part of standard ambulatory care. The Plan-Do-Study-Act (PDSA) cycle framed this project to improve clinical staff knowledge of depression and PHQ tools and to introduce a standardized protocol as an effort to increase PHQ utilization. A paired sample t-test estimated that participation in an in-house educational workshop lead to a 15.3% improvement in knowledge and awareness ($t=3.27$, $p=.014$) among $N=8$ participants. A chi-square analysis of ($N=729$) electronic medical records estimated a 20.8% increase in the number of patients who completed a PHQ-9 screening ($X^2=21.63$, $P=.000$). Outcomes suggest that implementation of the intervention was successful with creating short-term improvements and provide optimism for sustainable long-term change in depression screening at the project site and similar community-based primary care facilities.

Keywords: Depression, Screening, Primary Care, PHQ-2, PHQ-9, Knowledge, Educational Session, Protocol, Quality Improvement