Depression Screening Using Patient Health Questionnaire (PHQ): The Lifetime Clinic Experience

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Purpose
To implement a quality improvement program for depression screening using the Patient Health Questionnaire (PHQ) of patients 18 and older with cerebral palsy during clinic visits to include a follow-up plan for those at-risk and reporting to the Minnesota Community Measures (see note).

Background/Significance
Depression is a public health concern and a focus for the Healthy People 2020. Prevalence of depression identified in community–based surveys range from 4.9 to 16.2% in the general population and 25 to 44% for individuals with a developmental disability. Since Gillette is committed to holistic care that encompasses both physical and emotional health we believe depression screening will improve patient outcomes.

Why Are We Screening for Depression?
- Depressive symptoms can be fairly easily identified
- Depression can be effectively treated
- Untreated depression can exacerbate other medical conditions
- Best practice in Minnesota through MN Community Measurement
- To determine if remission from depressive symptoms occurs and is maintained

What is the PHQ-2 or PHQ-9?
PHQ-2 is the Patient Health Questionnaire – 2 item version plus self-harm question
PHQ-9 is the Patient Health Questionnaire – 9 item version with 0-3 scoring plus level of difficult rating
It is a standardized and validated screening tool that asks nine questions describing common symptoms of depression. The scoring system, in addition to the provider’s clinical judgment, provides guidance for determining the presence of depressive symptoms and the severity of the symptoms.

Method
All patients 18 and older with cerebral palsy seen at Lifetime clinic that are able to respond verbally were screened for depression using the PHQ-2 or 9 on the initial visit in 2013 to determine baseline risk and establish a plan of care if needed. The risk score of 10 or greater on the PHQ-9 determined the rescreening plan a minimum of every six months. If a patient indicated thoughts of self-harm, social work was consulted to determine imminent depression risk. If an intervention referral was indicated, at 6 months and 12 months rescreening was completed to determine effectiveness of the treatment plan.

Results
Data was analyzed for the first 18 months of this project. Two hundred eighty-six patients 18 years and older (males 146; females 140) age 18-92 completed the PHQ-2 screen during clinic visits. Of the 286 patients, 22% or 63 patients screened with the PHQ-2 answered yes to one of the three questions. These patients were then asked to complete the PHQ-9. The patients completing the PHQ-9 that scored nine or less totaled 45 (71%). These patients are rescreened annually during clinic visits. Of the 18 (29%) patients scoring greater than a nine on the PHQ-9 screen 15 patient have a mental health diagnosis with treatment plans in place. All at-risk patients were referred to follow-up with their mental health providers or establish care.

Conclusions & Implications for Practice
The finding from this study has encouraged the health care team to focus on the importance of educating patients about general health risks related to depression. Patients are made aware of this health concern and referrals are written for follow-up care. This project demonstrated collaboration between the clinical team and state reporting.

Note: Minnesota Community Measurement, a Minneapolis-based group that publicly reports information on the quality of medical clinics, now publishes information on the quality of depression care at MN clinics. Measures of screening for depression is now a routine practice at Gillette Children’s Specialty Healthcare using the recommended Patient Health Questionnaire for patients 18 years of age and older who cognitively able to participate.