

A Quality Improvement Project: Increasing Depression Screening and Intervention:

Mandie R. Gardner, RN, BSN, DNP-FNP Student

Abstract

Background: Depressive disorders are the leading cause of disability worldwide. Screening for depression is one of the main interventions for those at risk. Combining mental and physical health treatment could save billions of dollars per year in the United States.

Local Problem: Inconsistent screening, time constraints, and an underdeveloped process resulted in missed opportunities for screenings and treatment at Providence Family Medicine Clinic Lacey. The project aim was to improve access to mental health care by implementing consistent screening for depression in the primary care setting and clear treatment options.

Methods: The ADKAR Change Model and Ausubel's Meaningful Learning Theory were used to guide the process of planning, implementing, and evaluating the new screening and treatment options between August 2020 and November 2020. Automatic assignment of the PHQ-2, applicable treatment for PHQ-9 scores, education for providers and staff, and focus groups were the identified treatment.

Interventions: Primary care screened for depression using the PHQ tool. Appropriate treatment was administered and documented based on the PHQ-9 score. Treatment options included repeat screening, medication management, and referrals to psychotherapy, behaviorist, and a mental health provider.

Results: Depression screening was 100% for all virtual wellness visits. Patients answering positive for risk using the PHQ tool were treated and referred to specialty care when appropriate.

Conclusion: Less than two percent of the total patients screened were positive for depressive symptoms, requiring treatment. This project showed that depression screening in primary care is manageable.