Improving Depression Screening, Diagnosis, and Treatment in a Diverse Urban University Health Service

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Abstract. Background: Depression is common among college students, and the symptoms of depression often go unrecognized. The new electronic health record at our University Health Services did not have a depression screening prompt leading us to be concerned clinicians might be missing the symptoms of depression. Objectives: The purpose of this practice innovation is to evaluate whether integrating a brief depression screening tool and decision support into an electronic health record (EHR) increases the proportion of students screened, diagnosed, and treated for depression. Participants: Data were drawn from a convenience sample of 260 randomly selected student patient scheduled visit notes in the Department of General Medicine at a diverse urban University. Methods: Using the Plan-Do-Study-Act method of quality improvement, the brief depression screening tool and decision support was integrated into the EHR. Evaluation consisted of a pre/post implementation comparison of measures for screening for depressive symptoms, depression diagnosis, and treatment plan. Results: Integration of the PHQ-2 and decision support into the EHR increased the proportion of students: screened for depressive symptoms (7.7%:69.2%); diagnosed with Major Depressive Disorder (30%:71.4%) as well as the number treated. Conclusions: The integration of a valid and reliable tool to screen and diagnose depression can increase the number of students treated for depression. This has implications for academic success and quality of life.