

Universal depression screening

▶ Intervention in brief

System wide:	<p>Universal depression screening involves the screening of all patients in the primary care setting using standardized measures (e.g., PHQ-9). The goal is to identify all patients with depressive symptoms to prompt additional assessments (e.g., determine severity, identify any comorbid psychological problems) and referrals to evidence-based treatment.</p>
Strength of evidence	 <p>High</p>
Impact	<ul style="list-style-type: none"> • Decreased cost: \$106.09-416.90 cost effective • Decreased utilization: Not demonstrated • Improved quality, clinical outcomes: 9-19% more likely to be in remission; 28-59% decreased risk of depression among post-partum women; ≥5 point decreased PHQ-9 score • Increased access: 150% increased screening; 31.5-140% increased diagnosis rates • Improved stakeholder satisfaction: 80-90% compliance rate; 76-78% of physicians found screening helpful; 54-97% of providers agree depression screening enhances quality; 96-97% of post-partum women found discussion with physician acceptable or a good idea
How to succeed	<p>To effectively integrate universal depression screening into your primary care practices:</p> <ul style="list-style-type: none"> • Adopt evidence-based screening processes using standardized guidelines and care team protocols • Use self-administered tools to optimize patient disclosure of mental health problems • Document behavioral health screening results and patient risk factors to ensure effective communication and collaboration across care team members • Deploy volunteer behavioral health specialists in primary care practices to help primary care providers overcome screening implementation barriers, facilitate improved collaboration across care settings, and lead training sessions to further screening and treatment efforts <p>To learn more about screening patients for depressive symptoms, check out pages 12-14 of our Integrated Behavioral Health Implementation Toolkit here.</p>

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► Demonstrated impact

Literature review summary

Title: Screening for Depression in Adults: An Updated Systematic Evidence Review for the U.S. Preventive Services Task Force

Publication: Agency for Healthcare Research and Quality

Date: 2016

Type: Systematic review

Study population: Patients screened across 71 studies in the U.S., the Netherlands, and Australia with most focused on pregnant and post-partum women

Major findings: Patients screened for depression resulted in:

- Decreased risk of depression among post-partum women (28% vs. 59%)
- Higher rate of remission compared to control group (47-58% vs. 28-49%)
- Increased identification of depression (130-140%)
- Improved stakeholder satisfaction
 - 80-90% compliance rate
 - 76-78% of physicians found screening helpful
 - 54-97% of providers agree depression screening enhances quality
 - 96-97% of post-partum women found discussion with physician acceptable or a good idea

Source: Full article [here](#).

Title: Universal Depression Screening, Diagnosis, Management, and Outcomes at a Student-Run Free Clinic

Publication: Academic Psychiatry

Date: 2015

Type: Retrospective cohort analysis

Study population: 215 patients at two medical student-run free clinics

Major findings: Universal depression screening using the PHQ-2 and PHQ-9 resulted in increased depression diagnoses (27.9% vs. 19.1%, or 31.5% change) and clinically significant improvement (≥ 5 point decreased score on the PHQ-9).

Source: Full article [here](#).

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Appendix

- O'Connor E, et al., "Screening for Depression in Adults: An Updated Systematic Evidence Review for the U.S. Preventive Services Task Force," *Agency for Healthcare Research and Quality*, 14, no. 128 (2016), <https://www.ncbi.nlm.nih.gov/pubmed/26937538>.
- Soltani M, et al., "Universal Depression Screening, Diagnosis, Management, and Outcomes at a Student-Run Free Clinic," *Academic Psychiatry*, 39, no. 3 (2015), <https://link.springer.com/article/10.1007/s40596-014-0257-x>.