

Evaluation of the Patient Health Questionnaire-9 Modified for Comprehensive Screening to Support Initial Diagnosis of Depression Among Military Adolescent Dependents

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Introduction

According to the National Association of Mental Illness (2016), between the ages of 10 to 21 years old, one in five individuals in the United States will suffer from depression. Adolescents whose parents are members of the United States Military are 2.5 times more likely to develop a psychological illness than civilian children with ratios only intensifying when one or both parents are Active Duty status or on deployment (Becker et al., 2014; Wolfson, 2013). Due to the unique life circumstances associated with military service, greater burdens are experienced by a military member's family increasing stress and risk for mental illness, especially among pediatric dependents.

Aim

The outcome to be evaluated is the potential for an increase in early diagnosis and treatment for depression leading to a decrease in suicide ideation/attempts with initiation of the PHQ-9 Modified as a regular comprehensive standardized screening tool.

Theoretical Framework and Project Plan

The FADE Model which focuses on four main phases serves as a framework to support this Quality Improvement project.

Focus: Through initial research regarding adolescent Military population, one substantial issue will be discussed and verified in order to further define a PICO question and guide focus for the rest of the model's phases.

Analyze: Data, patterns and protocols will be collected and reviewed to determine influential factors, key stakeholders and to identify what needs to be known regarding this population specifically. Key stakeholders will be identified and communication will be initiated. Efforts are made to identify root causes of screening problems for which a solution is being sought.

Develop: Development of implementation plans for a selected solution for depression screening. This step is critical and must be clearly defined so that proposed actions may take place without disruption or uncertainty.

Execution: For purposes of this academic project, within this phase dissemination plans and action will be discussed.

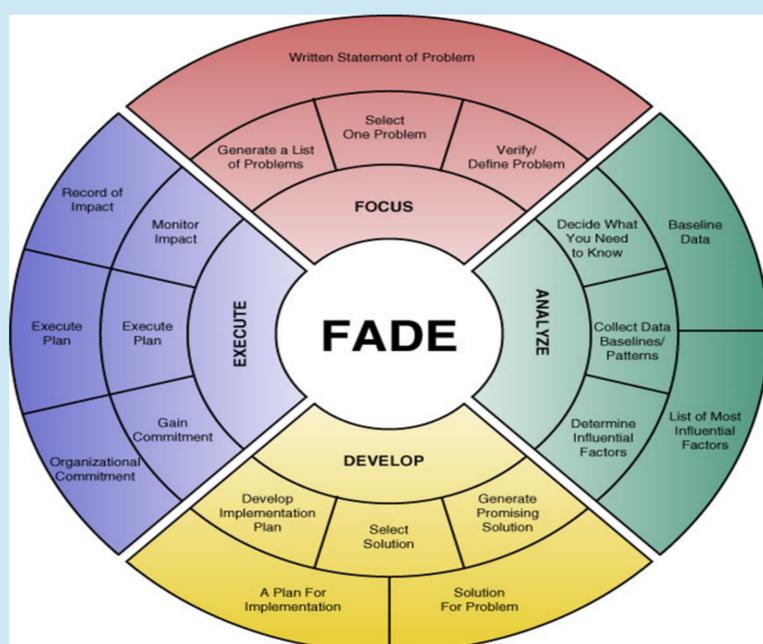


Fig. 1: Human Resources and Safety Administration FADE Model for Quality Improvement

Patient Health Questionnaire-2

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things?
(0) Not At All (1) Several Days (2) More Than Half the Days (3) Nearly Every Day
2. Feeling down, depressed or hopeless?
(0) Not At All (1) Several Days (2) More Than Half the Days (3) Nearly Every Day

Patient Health Questionnaire-9 Modified

1. Feeling down, depressed, irritable, or hopeless?
 2. Little interest or pleasure in doing things?
 3. Trouble falling asleep, staying asleep, or sleeping too much?
 4. Poor appetite, weight loss, or overeating?
 5. Feeling tired, or having little energy?
 6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?
 7. Trouble concentrating on things like school work, reading, or watching TV?
 8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?
 9. Thoughts that you would be better off dead, or of hurting yourself in some way?
- In the past year have you felt depressed or sad most days, even if you felt okay sometimes?
- If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?
- Has there been a time in the past month when you have had serious thoughts about ending your life?
Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

Projected Dissemination

Briefings will be conducted to provide supported findings to support and promote the Implementation Plan for a pilot study to lead to a further policy change regarding initiation of a regular comprehensive depression screening utilizing the Patient Health Questionnaire-9 Modified for our military adolescent beneficiaries seen at all Military Treatment Facilities.

Conclusion

Despite the growth in adolescent depression rates, as well as numerous supporting studies, practice guidelines have not wavered and we continue to Diagnose less than 50% of depression.

This quality improvement project will gather data through completion of a literature review, interviews with key stakeholders with a goal of identifying and supporting the need for the PHQ-9 Modified as routine comprehensive screening tool utilized by all Military Treatment Facilities statewide as well as overseas so not only can we promote early diagnosis and treatment for our adolescents but also a pangentry benefit to assist our Military members to focus on their mission.