

A Pilot Study Exploring the Obstacles in using the 2-Item Depression Screen and the Patient Health Question 9 (PHQ-9) in South Seas Healthcare for Patients Experiencing Depression.

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Approximately 20 percent of the general population experiences a mental disorder at any time in their lives, but only one person in three receives treatment from mental health services (MoH, 2004).

The overarching documents that set the policy direction for health services delivery in New Zealand are;

- The New Zealand Health Strategy
- Primary Health Care Strategy
- Allied sector or population-specific strategies
- The Pacific Health and Disability Action Plan

These strategies signal a major policy shift towards primary health care, placing it and the workforce required to deliver health services including mental health care at the centre of the health service industry.

The critical areas in the development of Pacific primary mental health services are;

- Improved access to mental health services
- Partnerships between secondary mental health services and primary care
- Workforce development
- Information and research
- Improved quality of Pacific primary mental health provision

This policy direction results in part from evidence for increasing prevalence of some mental health disorders such as depression in New Zealand (MOH, 2004).

The MaGPIe Study (2003) concluded that about a third of all people who consulted a General Practitioner (GP) in the previous 12 months had a diagnosable mental health problem.

- 13% had an anxiety disorder
- 7% had a depressive disorder
- 3% had a substance use disorder

The Diagnostic and Statistical Manual of Mental Disorders (*DSM1V-TR*) American Psychiatric Association, (2000) states that depression can be characterised as depressed mood, and /or greatly diminished interest in, or pleasure from, normal activities.

It also includes one or more of the following:

- significant weight loss or gain
- sleep disturbance
- feelings of excess guilt or worthlessness
- reduced ability to think or concentrate
- indecisiveness
- agitation
- fatigue or loss of energy
- recurrent suicidal thoughts or actions

Much of the research suggests that depression is very common in the general population and in patients who consult in general practice (Chew-Graham, Mullin, May, Hedley, & Cole, 2002; Gilbody, House, & Sheldon, 2001; MaGPIe 2003; Paykel & Priest, 1992; Remick, 2002; Schulberg, 2001; Simon & Von Korff, 1995).

It is expected to be the second leading cause of disability for people of all ages by 2020 (Glass, 2003; Remick, 2002, WHO 1999).

The prevalence of depression in Pacific populations is unknown.

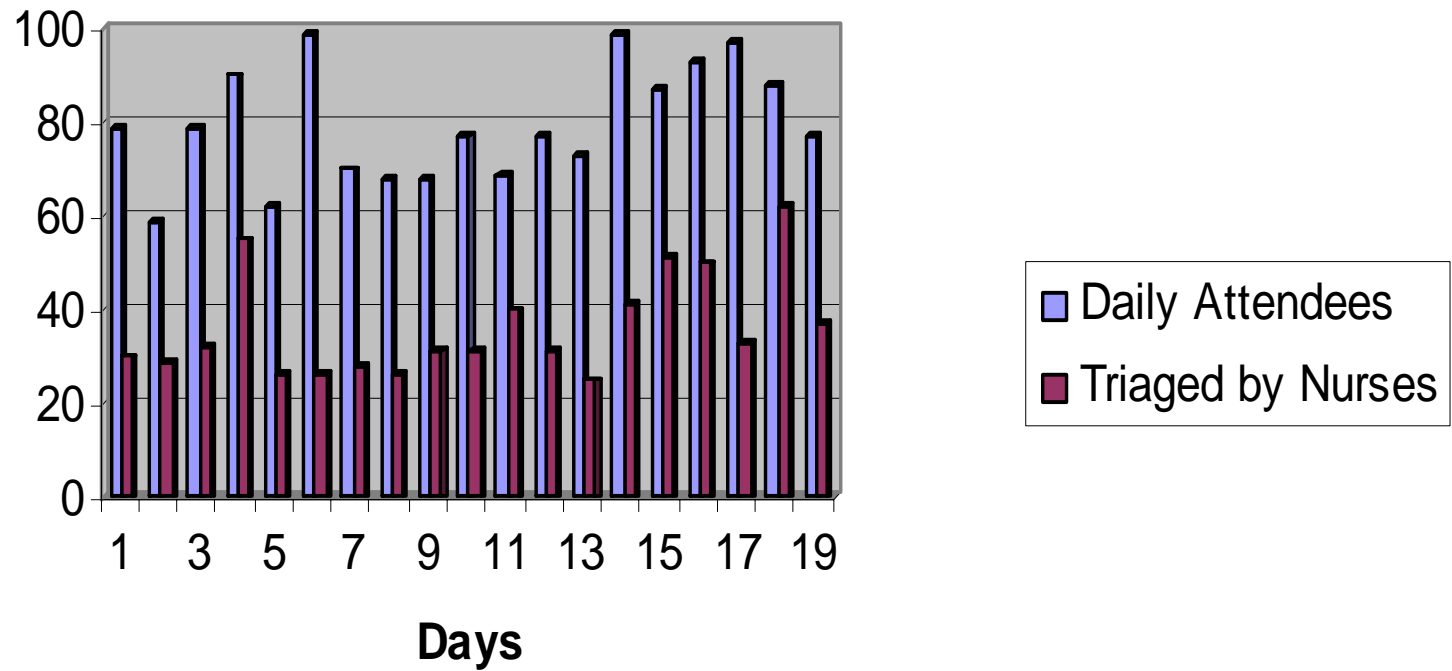
This study was designed to explore and identify obstacles or practical problems that primary care practices were likely to encounter in attempting to instigate the use of the 2-Question Screen (2-QS) and the Patient Health Question-9 (PHQ-9)

The Pilot Study took place during July 2005 whereby all Pacific adults aged 16-65 were eligible participants.

There were 1,584 seen at South Seas Healthcare during the four week trial

- Triaged by the nursing staff
46% (*n*=727)
- Registration forms completed
9% (*n*=69).

Study Population Group



If all the 1,584 patients visiting South Seas had been triaged then closer to 50 patients would have screened positively for depression - clearly a significant number of depressed clients are being missed (as supported by the New Zealand literature) reinforcing the need for better systems for recognition of mental health problems in primary care.

Of the 23 patients that answered YES to the 2-Question Screen

- 18 consented to participate
- 13 patients (72%) that GPs managed to correctly complete a PHQ-9

Of the 13 completed PHQ-9

- 9 were done on paper
- 4 using the electronic version

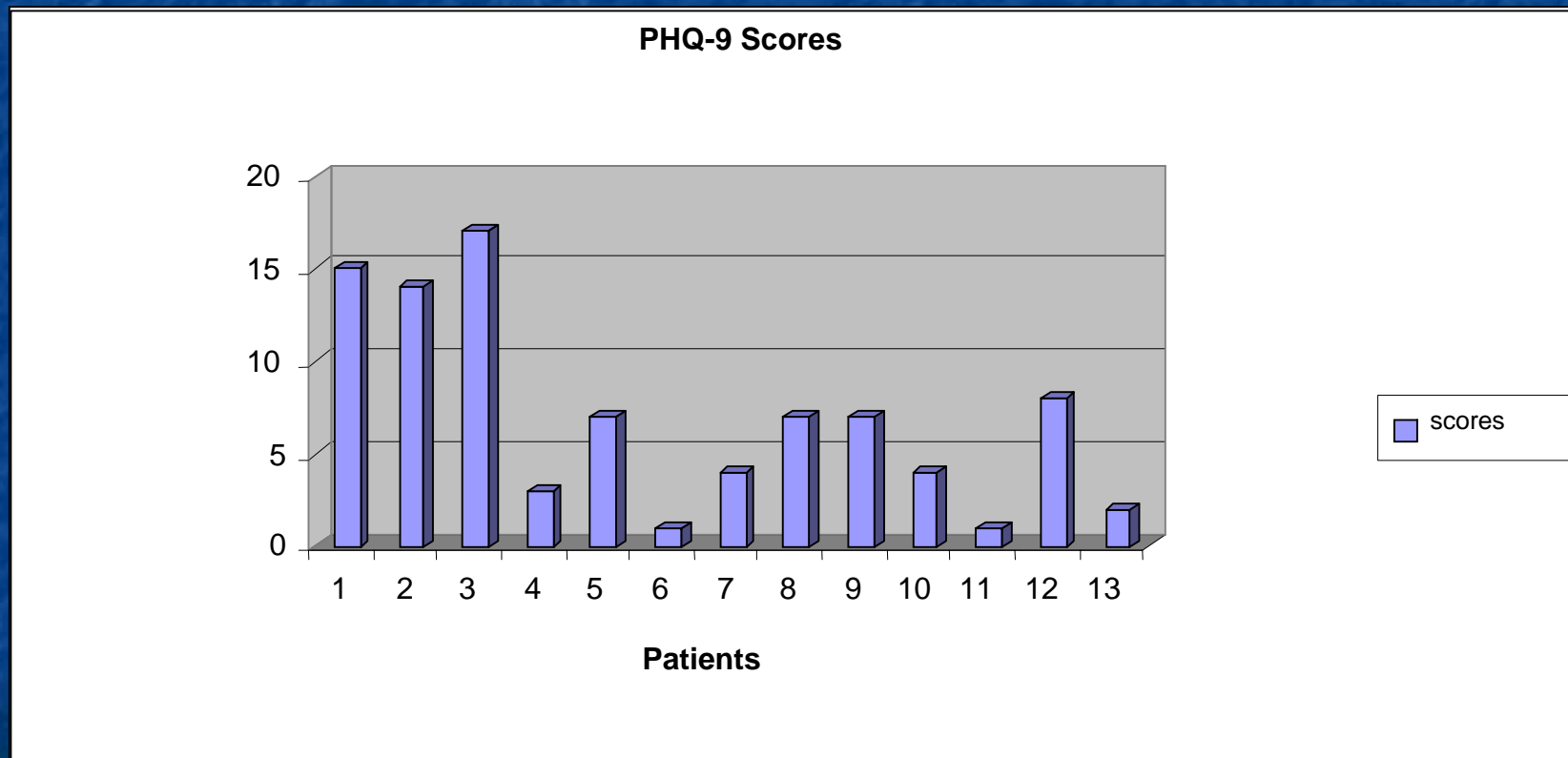
Of the 5 uncompleted PHQ-9 questionnaires

1 declined when seeing the GP

1 was only partially completed

3 occasions when the GP was too busy to undertake the PHQ-9.

Distribution of scores on PHQ-9



Patients Scores on PHQ-9

6 patients scored between 0-4	absence of clinical depression
4 patients scored between 5-9	mildly depressed
2 patients scored between 10-14	moderate depression
1 patient scored between 15-19	moderately severe depression

This distribution would be consistent with the expectation that there would be decreasing numbers of cases with increasing severity.

Ethnicity and gender for the 23 patients that answered "YES" to the 2-QS

<u>Ethnicity</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Samoaan	5	11	16
Cook Island	2	3	5
Tongan	1	1	2
Total Sample	8	15	23

Implications of the Results

The prevalence of depression in the Pacific community is not known but estimates from population based community samples in New Zealand indicate a point-prevalence of approximately 5% of the population being depressed at any given time (Hornblow et.al., 1990).

Using this 5% figure as an estimate then of the 727 people triaged using the 2-QS the expected number of depressed clients would have been 36 (i.e. 5% of 727).

The reasons for such low triage rates by the nurses are multifactorial.

Key aspects being;

- communication
- leadership
- busyness of the clinic
- sensitivity to asking about depression
- lack of staff interest
- limited knowledge regarding psychiatric issues

Communication

Communication regarding future mental health initiatives from management level down to front line staff requires improvement.

Training

Further training needed for GPs with the PHQ-9's electronic version is required. This process will be undertaken with the CCM-Depression module.

More efficient methods for completion of the PHQ-9 should be explored.

Movement towards training nurses which takes 4-8 hours for someone with no previous experience to review and become familiar with PHQ-9 material.

To have patients self-administer the PHQ-9 is also another possibility with minimal assistance from nurses before the GP consultation would also increase efficiency.

Information Technology

There were times when the server operated quite slowly having an impact on PHQ-9 completion but these problems were only minor.

Language

60% of patients are Samoan speaking

The clinic has a number of Samoan speaking staff

There is not always a Samoan speaking GP available

Workforce

In developing the workforce at South Seas to represent the major Pacific communities that use the organisation is an important strategic issue.

Investment in the nursing and medical staff training is of critical importance.

Improved identification of mental health problems in the primary care setting will require improved support from secondary mental health services and specialists.

It is recommended that improved communication and pathways to care are developed between Pacific primary and secondary services.

One suggested model is the nurse specialist working within Pacific primary care practices.

Acknowledgements

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