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Depression Screening in Ashe

By Susan Quillan

According to the American College Health Association survey of 2005, an estimated 12% of college students suffer from clinical depression. While research indicates that, in the general population, approximately 75% of individuals with depression are not receiving treatment, the proportion of untreated depressed students in college campuses is highly variable across the nation. The percentage is much lower where campus counseling centers are well utilized. We are fortunate to have such a situation here at UCLA.

In the past, Primary Care providers have been successful in both referring students for depression and treating depression. However, routine screening for depression was not a consistent part of our patient intake questionnaire process. Since Primary Care (including Women's Health) is the access point for health care for most UCLA students, this is a logical and effective location for screening for depressive symptoms. Routine screening would allow us to document our services better and also identify additional students with depression for treatment.

In June of 2008, a small team consisting of staff from the UCLA Ashe Student Health and Wellness Center and UCLA Counseling and Psychological Services (CAPS) embarked on an 18 month project with 20 other US colleges and university student health services called the National College Depression Project. Organized and led by faculty at the NYU Student Health Service, the schools agreed to find ways to implement recommended routine screening for depression in students using primary care and counseling health centers on each campus. The screening instrument used is one that has long been validated for clinical use. It is called the "Patient Health Questionnaire 9" (PHQ-9).

The purpose of the project is to improve the clinic's care delivery systems to more routinely screen and identify depressed students; and, when appropriate, to provide evidence-based treatment to identified students seen in Primary Care.

As an additional part of the study, a small team of providers initiated examination of clinic systems to identify barriers to routine screening and its impact on patient flow and clinician schedules. Depression screening using the PHQ-9 began in July 2008. In October, 2008, the questionnaire was installed in the Ashe Center electronic medical record system.

As a result of the changes in clinic operations, the project providers have screened 1565 unique students in Primary Care in about 7 months. CAPS began utilizing the PHQ-9 clinically as well in February, 2009. On Monday, April 6th, all Primary Care providers began screening in conjunction with routine physical exam appointments.

As of the beginning of March sixty-two students (3.9% of all the screened students) indicated moderate to severe depression symptoms in Primary Care with a significant negative life quality impact and are being assertively followed at CAPS and/or Ashe. (60% of these students had already accessed some CAPS treatment prior to the PHQ-9 screening). Many students with less severe depression are treated in Ashe. Of the students identified in the Fall Quarter, 70% were female, 30% male, and no transgender students.

Many students have expressed an appreciation for the interest shown in their emotional health, and overall they respond very positively to the survey in Ashe—even when the visit is ostensibly unrelated to an emotional concern (med refill, injuries, asthma, etc). Many students have expressed to me opinions to the effect that, "It is very important to ask students these questions. Lots of students feel down or depressed some of the time and don't know who to talk to." Many students have taken the opportunity to talk about emotional concerns even when their depression scores do not show evidence of major depression.

Ashe plans to continue work on our clinic systems to gradually increase the number of students routinely screened for depression over the next year and beyond.