Title: Improving Depression Screening and Diagnosis in a Diverse Urban University Health Service

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Abstract: Background: Twenty percent of the United States (U.S.) adult population is affected by mental illness each year of which depression is the most common cause of disability and suicide. Each year, one in four young adults between the ages of 18 – 25 will experience at least one depressive episode. This demographic propensity for young adults to suffer depression has implications for college campuses where young adults congregate and high rates of depression have been noted. In addition to the impact of depression on health and quality of life, depression has been linked to a decrease in students' academic performance. Thus from a health perspective as well as its potential impact on academic success, depression is a major health concern on college campuses. Objectives: The purpose of this quality improvement project is to evaluate whether integrating a brief depression screening tool into an electronic health record (EHR) and providing decision support increases the proportion of students screened and diagnosed for depression. Participants: Data were drawn from a convenience sample of 130 student patient scheduled visit notes in the Department of General Medicine at a diverse urban University over a 4 year period. Methods: Using the Plan-Do-Study-Act method of quality improvement, the brief depression screening tool was integrated into the EHR. Evaluation consisted of a pre/post implementation comparison of measures for screening for depressive symptoms and depression diagnosis. Results: Integration of the PHQ-2 and decision support into the EHR increased the proportion of students: screened for depressive symptoms (7.7%:86.2%); and diagnosed with Major Depressive Disorder (30%:45.5%).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.