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The Effectiveness of the Patient Health Questionnaire-9 Across Cultures

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Main Depression is one of the most common and disabling chronic illnesses seen in the United States, with approximately 6.7% of the population experiencing at least one episode of major depression (Shuss, Rask, & Katon, 2004). The disorder is often progressive, recurrent, and becomes more frequent, severe and longer over time (Boyd, 2005).

Mayo Clinic Health System – Springfield is located in a community with a lack of mental health providers or resources. In rural areas, primary care providers are usually responsible for treating mental health issues. Mayo Clinic Health System uses the PHQ-9 as their standard depression screening tool. Scores are entered into the electronic medical record, but often receive little to no follow-up by the primary care provider. The limited recognition of depression is not isolated to the Springfield community; it is seen in other rural communities (Huang et al., 2008; Kolatsosky, Reich, Romanso & Jaramillo, 2005; Merz, Malarcon, Roisey & Riel, 2011).

Purpose
This project has two purposes. First, to evaluate the effectiveness of the Patient Health Questionnaire (PHQ-9) across cultures since it is the standard depression tool used across Mayo Clinic Health System. Second, to develop a Standard of Care that would create consistency in the follow-up provided to patients at Mayo Clinic Health System – Springfield Clinic whose PHQ-9 score reflects signs of depression.

Research Questions
1) What is the most effective evidence-based screening tool?
2) What is the most effective evidence-based screening tool for people of various races or cultures?

Review of Literature
One form of assessment tool includes rapid assessment instruments, which can be used to screen for symptoms of psychiatric disorders (Eack, Singer & Greeno, 2008). Rapid assessment instruments are used to "identify degrees of psychopathology or impairment based on a specific score…to suggest clinically significant symptomatology" (Eack, Singer & Greeno, p. 465). These tools are usually self-administered but can be administered by the staff member if needed (Monahan et al., 2008).

The following is not a complete list of cultural views of mental health, but two examples have been provided to show some varying beliefs among different cultures. African Americans are less likely to seek mental health treatment or services than Caucasians, but are more likely to seek informal support (Conner et al., 2010). This could be in part because of their culture, or part of their exposure to racism, discrimination, prejudice, unemployment, poverty, violence, and excessive levels of preventable illness and death (Conner et al., 2010, p. 267; Szwirtzka & Lee, 2011, p. 289).

Latinos experience high rates of depression, possibly due to immigrant stressors such as poverty, missing daily social contact and interaction with family and friends, and difficulty communicating in English, social isolation, acculturation, boredom, and loneliness (Greeno et al., 2008). The following is not a complete list of cultural views of mental health, but two examples have been provided to show some varying beliefs among different cultures. African Americans are less likely to seek mental health treatment or services than Caucasians, but are more likely to seek informal support (Conner et al., 2010). This could be in part because of their culture, or part of their exposure to racism, discrimination, prejudice, unemployment, poverty, violence, and excessive levels of preventable illness and death (Conner et al., 2010, p. 267; Szwirtzka & Lee, 2011, p. 289).

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Methods
• Conducted a systematic review of the literature regarding the psychometric properties of depression screening tools. Some of the databases that were used included: Academic Search Premier, MEDLINE (PubMed), ERIC, ProQuest, Google Scholar, PsychINFO, PsychTESTS, SAGE Premier, and Social Services Abstracts. Key search terms included: culture, evidence-based, primary care, rapid assessment, rural, self-report, time-effective, and translations. Articles regarding cultural views of mental illness were also reviewed.
• Developed a Standard of Care that incorporated best practices found in the literature to generate consistency in the follow-up provided to patients.
• Led an educational meeting with the Mayo Clinic Health System – Springfield Clinic nurses including a brief overview of the literature and discussion of the Standard of Care.

The Effectiveness of the Patient Health Questionnaire-9 Across Cultures

Table 1: Psychometric Properties of Depression Screening Tools

<table>
<thead>
<tr>
<th>Property</th>
<th>PHQ-9</th>
<th>BDI-II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptable to rural and small communities</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Appropriate use for Primary Care</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cultural utility</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cost</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Evidence-based</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Rapid assessment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Time-effective</td>
<td>5 minutes</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Self-report</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Translations available</td>
<td>79</td>
<td>14</td>
</tr>
</tbody>
</table>

Table 1 depicts that the PHQ-9 had the highest internal validity of α= 0.94. The BDI-II was close with an internal validity of α= 0.91. The Beck Depression Inventory was not considered because of the over diagnosis of depression. Table 2 shows the screening of the PHQ-9 and BDI-II through certain characteristics for use. The PHQ-9 was shown to have more translations available and had no cost to use the tool. This, along with the higher internal validity, showed that the PHQ-9 was a better depression screening tool for use at Mayo Clinic Health System.