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## Staff Education to Implement the PHQ-9 for Depression Screening

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# Walden University

College of Nursing

This is to certify that the doctoral study by

Lydia E. Opara

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Review Committee

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2025

Executive Summary: Staff Education Project  
Staff Education to Implement the PHQ-9 for Depression Screening

by

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Executive Summary Submitted in Partial Fulfillment  
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## Summary

Depression is common yet frequently underdiagnosed in outpatient group home settings serving adult and geriatric residents. At the practice site, a gap in practice revealed that missed recognition of depressive symptoms was linked to a lack of knowledge in using the Patient Health Questionnaire-9 (PHQ-9), a validated screening tool. It led to the project question of whether educating staff on the routine use of the PHQ-9 would improve knowledge, as measured by pre- and post-education assessments. This educational project utilized the ADDIE instructional design model and the Johns Hopkins evidence-based practice framework. With support from Walden University library resources and academic databases such as Academic Journals, CINAHL, and MEDLINE, 14 high-quality studies informed the development of a culturally responsive educational intervention tailored to the needs of the site's diverse population. A total of 20 staff members, including three nurse practitioners, three registered nurses, four licensed practical nurses, two social workers, eight geriatric nursing assistants, attended two education sessions and completed a 15-item pre- and post-test to assess learning outcomes. Results showed a statistically significant increase in scores, with mean results rising from 8.25 (55%) to 11.5 (76.6%), with a post-test score increase on average of 21.6 percentage points, suggesting knowledge improvement. A paired *t* test demonstrated statistical significance ( $t = 9.04, p < .001$ ). This project supports nursing's role in promoting positive social change by enabling early depression recognition and timely intervention for vulnerable residents, such as older adults in long-term care at risk due to illness, isolation, or cognitive decline.

## **Background**

Depression is a common chronic health condition affecting individuals of all ages, including adults and geriatric populations (van de Water et al., 2024). If left undetected or poorly treated, depression can lead to functional decline, comorbidities, reduced quality of life, and increased healthcare utilization and costs (Miles et al., 2023; Garcia et al., 2022). The Centers for Disease Control and Prevention (CDC, 2024) has reported rising rates of depression among adult populations, particularly in underserved groups. Early detection of depression is vital to prevent adverse outcomes; however, provider practices vary widely in the use of standardized screening tools such as the Patient Health Questionnaire-9 (PHQ-9). At the practice site, a group home serving adults and geriatric residents, an internal review revealed inconsistent use and documentation of the PHQ-9. Staff knowledge gaps related to the administration and interpretation of the PHQ-9 led to missed opportunities for timely detection and intervention of depressive symptoms in this vulnerable population. The inconsistent use of depression screening tools can expose residents to risks of delayed or inadequate treatment and poorer mental health outcomes.

An analysis of the contributing factors revealed a multifactorial problem. Staff were not routinely administering the PHQ-9 during resident assessments, nor consistently documenting results. Additionally, staff lacked knowledge in interpreting PHQ-9 scores to guide clinical decisions. The practice problem identified was a gap in staff knowledge regarding the use of the PHQ-9, including its administration, scoring, and implications for resident care. The gap in practice indicated a need for educational intervention to improve staff knowledge and routine use of the PHQ-9 for depression screening. The

problem question that guided this evidence-based project (EBP) was as follows: "Does educating staff on implementing the routine use of standardized depression screening tools like the PHQ-9 improve their knowledge as evidenced by pre- (education) and post- (education) intervention assessments?"

### **Staff Education Project Development**

This educational project study utilized the ADDIE instructional model for a mapping concept. The model consists of five phases: analysis, design, development, implementation, and evaluation (Luo et al., 2024). The Johns Hopkins nursing evidence-based practice (JHEBP) framework also guided the project to ensure a structured approach grounded in evidence-based methodology (Dang, et al., 2021). The project aimed to enhance staff knowledge of the PHQ-9 depression screening tool by educating clinical staff in a group home serving adult and geriatric residents. The Walden University Doctor of Nursing Practice (DNP) committee and site leadership approved the educational project. Peer-reviewed academic sources were collected throughout the planning and development phases to support the intervention and were reviewed using JHEBP appraisal tools. Project data and materials were presented to the faculty advisor, project mentor, and content expert for feedback and final approval. All project activities followed the procedural phases outlined in Walden University's (2022) DNP Project Process Guide and DNP project checklist. This approach supports Walden students in becoming scholar-practitioners who contribute to positive social change by educating healthcare staff, improving clinical knowledge, promoting early detection of mental health concerns, and supporting equitable care for vulnerable populations.

## **Analysis**

An internal review at the group home identified a gap in staff knowledge related to the PHQ-9 screening tool, which contributed to inconsistent screening and documentation practices. This gap was confirmed through staff interviews and chart audits. A comprehensive literature search was conducted in databases including CINAHL, PubMed, and PsycINFO with the assistance of Walden librarians. Keywords such as “*PHQ-9*,” “*depression screening*,” and “*staff education*” were used, resulting in 14 high-quality articles appraised using the JHEBP model’s research appraisal tools. The organizational readiness was assessed through a SWOT and stakeholder analysis, which indicated leadership support and staff readiness, confirming the feasibility of implementing an education-based intervention.

## **Design/Development**

Findings from the analysis phase informed the design and development of the educational intervention using the JHEBP action planning and work breakdown structure tools to establish timelines, learning objectives, and instructional methods. Educational materials included a 15-item knowledge assessment focused on PHQ-9 competencies (see Appendix A). Two content experts reviewed the materials and rated them as highly relevant and aligned with current best practices (see Appendix B). For the final Power Point presentation (see Appendix C)

The first expert is a psychiatric nurse practitioner with extensive experience in depression screening and staff education. The second expert is a seasoned healthcare professional and former director of nursing with clinical and administrative expertise.

Their feedback informed final refinements to the materials, ensuring content accuracy and clinical relevance. These materials were then approved by the DNP committee and faculty advisor, following Walden University's project guidelines.

### **Implementation**

This educational project implementation began following completion of the ethics pledge required by Walden University. The education was delivered over one week through two live virtual sessions scheduled to accommodate various staff shifts. Twenty clinical staff participated, including three nurse practitioners, three registered nurses, four licensed practical nurses, two social workers, and eight geriatric nursing assistants. Participation was voluntary, and informed consent was obtained prior to the sessions. The sessions focused on educating staff on how to administer, score, document, and integrate PHQ-9 results into clinical care. A PowerPoint presentation guided the instruction, followed by a question-and-answer segment. A 15-question pre-survey was administered to assess baseline knowledge, and the same 15-question post-survey was completed following the presentation to measure knowledge gained. Surveys were completed on paper and linked using a letter code known only to the participant to maintain confidentiality. Project data were analyzed to determine whether the educational intervention improved staff knowledge.

### **Evaluation**

Evaluation efforts centered on participant feedback regarding the quality and delivery of the educational content, along with analysis of pre- and post-survey data to assess knowledge improvement. The final step of the project involved evaluating,

presenting, and disseminating findings in alignment with Walden University's DNP Project Process Guide (2022). Study results were organized using a data analysis chart provided by Walden University, which supported the calculation of percentage change and the difference in mean scores between the pre- and post-surveys. A paired one-tailed  $t$  test was utilized to determine whether the observed changes in scores were statistically significant. All evaluation procedures adhered to the Walden University Staff Education Manual and reinforced the project's goal of promoting meaningful staff engagement and positive practice change.

### **Results**

A review of the educational PowerPoint and pre- and post-intervention assessments was completed using content expert evaluation by two content experts. Both experts rated the educational materials and knowledge assessments as “*very relevant*,” with a content validity score of 4, describing the materials as engaging, clinically relevant, and aligned with the project's objectives. They recommended sustaining the education program internally and adapting it for broader primary care use.

The pre- and post-intervention assessments consisted of 15 items administered to 20 staff members. The mean pre-test score was 8.25 (55%), and the post-test mean score increased to 11.5 (76.6%), representing a 21.6% gain in knowledge. A paired one-tailed  $t$  test was conducted to compare pre- and post-test scores. Results showed a statistically significant improvement in knowledge ( $t = 9.04$ ,  $df = 19$ ,  $p < .001$ ,  $SD = 1.87$ ; see Table 1). These results indicate that the staff education intervention effectively enhanced staff knowledge of PHQ-9 administration, scoring, and documentation.

See Table 2 for a comparison per participant from pre- to post-intervention and overall mean change in staff knowledge on PHQ-9 screening competencies.

**Table 1**

*Paired One-Tailed t-Test Results*

Survey	<i>N</i>	M	SD	<i>t</i> -cal	<i>df</i>	<i>p</i>
Presurvey	20	8.25	1.87	9.04	19	< .001
Postsurvey	20	11.5	1.87			

*Note.* Comparison of the means of pre- and post-test knowledge scores on the PHQ-9 tool.

**Table 2***Survey Results*

Participant	Pre- <i>n</i>	%	Post- <i>n</i>	%	% Change
1	9	60.00	9	60.00	0.00
2	8	53.33	12	80.00	26.67
3	8	53.33	13	86.67	33.34
4	9	60.00	13	86.67	26.67
5	11	73.33	13	86.67	13.34
6	9	60.00	14	93.33	33.33
7	8	53.33	13	86.67	33.34
8	9	60.00	11	73.33	13.33
9	4	26.67	12	80.00	53.33
10	10	66.67	12	80.00	13.33
11	10	66.67	12	80.00	13.33
12	10	66.67	14	93.33	26.66
13	9	60.00	11	73.33	13.33
14	8	53.33	15	100.00	46.67
15	7	46.67	13	86.67	40.00
16	10	66.67	10	66.67	0.00
17	8	53.33	13	86.67	33.34
18	8	53.33	13	86.67	33.34
19	9	60.00	13	86.67	26.67
20	9	60.00	13	86.67	26.67

**Implications and Limitations**

The impact of these findings on the organization includes improved staff knowledge of the PHQ-9 tool for depression screening. Enhanced knowledge of PHQ-9 administration and documentation will support more accurate and timely identification of depressive symptoms. This improved staff knowledge can lead to earlier interventions and better care coordination for residents. The resulting improvements contribute to more effective mental health care delivery within the group home setting.

Limitations of the project include the relatively small sample size ( $N = 20$ ), limiting generalizability beyond the practice site. The short implementation period constrained the ability to assess long-term knowledge retention and behavior changes in clinical practice. Additionally, this project focused exclusively on staff knowledge and did not measure direct patient outcomes. Despite these limitations, the project confirmed that education effectively enhances staff knowledge in PHQ-9 use and supports ongoing efforts to improve depression screening protocols.

The significance of this project extends beyond the local setting, addressing the widespread underdiagnosis of depression in adult and geriatric populations. Culturally responsive, scalable staff education initiatives have the potential to close gaps in depression screening, reduce stigma, and promote timely, evidence-based care aligned with public health goals and health equity.

### **Conclusions**

This educational project demonstrated a meaningful impact on the organization by improving staff knowledge in administering, interpreting, and documenting the PHQ-9 depression screening tool. Staff working in the group home setting became more confident and consistent in applying standardized, evidence-based screening practices. These improvements contributed to more accurate identification of depressive symptoms and better coordination of care for adult and geriatric residents. The results affirm that focused educational interventions can enhance knowledge of validated tools such as the PHQ-9.

While quantitative results are reported separately, participants emphasized the clarity and clinical relevance of the education. They appreciated the practical walkthroughs and educational tools but suggested incorporating more interactive components and a slower pace for better engagement. These recommendations will help guide future improvements to the academic content.

To sustain these outcomes, organizations should consider incorporating depression screening education into staff orientation and offering periodic refresher sessions. Evaluation methods such as knowledge assessments and staff feedback can help maintain educational effectiveness over time. Continued reinforcement of PHQ-9 protocols will help preserve the consistency of screening practices. This project reflects the critical role of DNP-prepared nurses in leading educational strategies that improve mental health care delivery in underserved settings.

The broader implications for positive social change include increasing staff knowledge of culturally responsive depression screening and reducing disparities in behavioral health care. By promoting standardized use of the PHQ-9, staff can better recognize and address depressive symptoms in adult and geriatric populations, helping to reduce stigma and support early intervention. This educational model can be adapted across similar care settings to promote mental health equity. In doing so, it contributes to advancing inclusive, patient-centered care and supports ongoing efforts to strengthen public health through improved access to evidence-based depression screening. Ultimately, enhancing staff knowledge through structured education creates a more responsive and equitable care environment.

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### Appendix A: Pre-Test/Post-Test Survey

1. What is the primary purpose of PHQ-9 in clinical settings?
  - A) To diagnose all psychiatric disorders
  - B) To screen for and assess the severity of depressive symptoms
  - C) To determine a patient's overall mental health status
  - D) To measure anxiety and mood disorders together

Answer:  B) To screen for and assess the severity of depressive symptoms

2. What is one key reason for integrating PHQ-9 into routine patient care?
  - A) It helps in early detection and timely intervention for depression
  - B) It eliminates the need for mental health referrals
  - C) It is only necessary for patients with prior psychiatric diagnoses
  - D) It ensures patients receive immediate antidepressant prescription

Answer:  A) It helps in early detection and timely intervention for depression

3. Which PHQ-9 score range indicates moderately severe depression?
  - A) 0-4
  - B) 5-9
  - C) 10-14
  - D) 15-19

Answer:  D) 15-19

4. What is the recommended method for administering PHQ-9?
- A) Leading patients to select specific responses
  - B) Allowing patients to complete the form privately, with clinician support if needed
  - C) Filling it out for the patient based on their clinical history
  - D) Adjusting the questions to align with the patient's assumed diagnosis

Answer:  B) Allowing patients to complete the form privately, with clinician support if needed

5. When interpreting PHQ-9 scores, what action should be taken for a score of 20 or higher?
- A) No action is needed unless the patient complains of symptoms
  - B) Immediate referral for mental health evaluation should be considered
  - C) Retest the patient in a month before making any decisions
  - D) Ignore the score if the patient denies feeling depressed

Answer:  B) Immediate referral for mental health evaluation should be considered

6. How can healthcare staff increase patient comfort when administering the PHQ-9?
- A) Reassure the patient that the PHQ-9 is a standard screening tool
  - B) Urge the patient to answer quickly to complete the form faster
  - C) Only ask a few selected questions from the PHQ-9
  - D) Read the questions in a hurried manner to avoid discomfort

Answer:  A) Reassure the patient that the PHQ-9 is a standard screening tool

7. What is the correct PHQ-9 scoring range for mild depression?

- A) 0-4
- B) 5-9
- C) 10-14
- D) 15-19

Answer:  B) 5-9

8. If a patient has language or cultural barriers during PHQ-9 screening, what is the best approach?

- A) Skip questions that the patient does not understand
- B) Use culturally sensitive explanations and ensure comprehension
- C) Assume the patient understands based on their background
- D) Avoid discussing the results with the patient

Answer:  B) Use culturally sensitive explanations and ensure comprehension

9. How should PHQ-9 results be documented in Electronic Health Records (EHRs)?

- A) Only record the total PHQ-9 score
- B) Document individual responses, total score, and clinical observations
- C) Only note if the score is high or low
- D) Exclude patient responses to maintain confidentiality

Answer:  B) Document individual responses, total score, and clinical observations

10. What is best practice for ensuring consistent PHQ-9 administration across healthcare providers?

- A) Allow interpretation of scores to vary between providers
- B) Skip certain questions if a provider feels they are unnecessary
- C) Read and present each question in a neutral, standardized manner
- D) Modify questions based on what the provider believes fits the patient's case

Answer:  C) Read and present each question in a neutral, standardized manner

11. How frequently should the PHQ-9 be administered for optimal patient assessment?

- A) Only during the patient's first visit
- B) Upon admission, quarterly, and as needed
- C) Annually, unless symptoms worsen
- D) Only when a patient requests a mental health evaluation

Answer:  B) Upon admission, quarterly, and as needed

12. What is the PHQ-9 cutoff score that typically suggests major depression?

- A) 5
- B) 10
- C) 15
- D) 20

Answer:  B) 10

13. What is an important consideration when interpreting PHQ-9 results?

- A) The score alone determines the diagnosis
- B) Clinical judgment and patient history should be considered alongside the score
- C) Patients should be automatically referred to psychiatry for scores above 10
- D) The PHQ-9 should replace all other depression assessments

Answer:  B) Clinical judgment and patient history should be considered alongside the score

14. How should a provider respond if a patient scores high on the PHQ-9 but denies depressive symptoms?

- A) Ignore the score and document the patient's denial
- B) Discuss the results with the patient and explore possible explanations
- C) Refer the patient to psychiatry immediately
- D) Assume the patient misunderstood the questions and retest immediately

Answer:  B) Discuss the results with the patient and explore possible explanations

15. What is a key limitation of PHQ-9?

- A) It cannot be used in primary care settings
- B) It is not useful for tracking changes in depression severity over time
- C) It relies on patient self-reporting, which may be influenced by various factors
- D) It can only be used by psychiatrists

Answer:  C) It relies on patient self-reporting, which may be influenced by various factors

**Thank You**

## Appendix B: Content Evaluation Form

### Content Expert Form 1

**INSTRUCTIONS:** Please review each item below to determine if the question reflects the objectives of the educational intervention and accurately corresponds to the content covered in the project. These items are part of the pre/post-test used to evaluate staff knowledge on the PHQ-9 tool and its implementation in clinical practice.

Please check the box that best reflects your evaluation of each test item.

Pre/Post-Test Item #	Not Relevant	Somewhat Relevant	Relevant	Very Relevant	Comments
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## **Content Expert Evaluation: Form 2**

**Below are the responses from Content Experts A & B in relation to educational intervention and project outcomes.**

### **I. Project Overview**

This DNP project implemented an educational intervention aimed at increasing healthcare providers' knowledge in administering and interpreting the PHQ-9 tool to improve depression screening, diagnosis, and treatment at the practice site

**a. Please describe this project's effectiveness (or not) related to communication, motivation, and outcomes.**

#### **Content Expert A:**

The project successfully improved provider awareness and communication about depression screening. The PHQ-9 training fostered meaningful dialogue about patient health and empowered providers with tools to address symptoms early. This ultimately contributed to better patient-provider interaction and care planning.

#### **Content Expert B:**

The project was instrumental in enhancing clinical conversations about mental health. Staff felt more confident using the PHQ-9 tool and appreciated the clarity it brought to patient assessments. This improved motivation to screen consistently and created a shared understanding of depression management.

**b. How do you feel about your involvement as a content expert?**

#### **Content Expert A:**

Serving as a content expert was professionally fulfilling. I appreciated being involved in

a project that addressed a critical need in outpatient mental health care. It was rewarding to see the student's leadership and the positive outcomes of the initiative.

**Content Expert B:**

It was an honor to support the student in this meaningful project. Despite some limitations, the experience was collaborative, productive, and indicative of strong scholarly leadership. The student showed initiative and responsiveness throughout.

**c. What aspects of the project would you like to see improved?**

**Content Expert A:**

Additional time for follow-up and evaluation would be beneficial. It would also be helpful to incorporate refresher training or ongoing support for providers of post-intervention.

**Content Expert B:**

Future projects could benefit from involving patient feedback about their screening experience. This would provide a fuller picture of the tool's impact and help refine communication strategies.

**II. Pre/Post-Test Evaluation**

**Was the pre/post-test relevant to the content?**

**Content Expert A:**

Yes, the test accurately reflected the project objectives and measured provider understanding of PHQ-9 use.

**Content Expert B:**

Yes, the test items were consistent with the content taught and effectively assessed knowledge gain.

**Share how you might have changed the project.****Content Expert A:**

I would consider including brief case scenarios in the training to illustrate PHQ-9 scoring and clinical decision-making more dynamically.

**Content Expert B:**

Incorporating role-play or mock assessments could deepen staff engagement and simulate real-world use of the tool in diverse patient interactions.

**III. Leadership Evaluation****How did the student direct the team to meet the project goals as a team leader?****Content Expert A:**

The student displayed excellent organization, communicated clearly with all participants, and followed up consistently to ensure training completion and data collection. Her leadership was critical in meeting project milestones.

**Content Expert B:**

She inspired trust and engagement among the clinical team, created a supportive learning environment, and led the project with professionalism. Her ability to adapt and respond to staff needs was impressive.

#### **IV. Suggestions for Improvement**

##### **Content Expert A:**

The student was well-prepared and enthusiastic. With more institutional flexibility, I would recommend extending the project duration for broader impact assessment.

##### **Content Expert B:**

The student showed maturity and insight throughout the process. I suggest exploring additional digital tools or follow-up methods to track sustained changes in provider practice related to depression screening.

## Appendix C: PHQ-9 Education Presentation

**Title: Implementing Staff Education on the PHQ-9 for Depression Screening and Management in Geriatric Population**

**Presenter Name: Lydia Opara**  
**Date: March 30, 2025**

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### Introduction

- Depression is a significant public health issue affecting the geriatric population.
- Early identification and management are crucial for improving outcomes.
- The PHQ-9 is a validated screening tool for depression (Kroenke, 2021).
- Staff education on PHQ-9 can enhance its use in clinical settings.
- This presentation outlines the importance, implementation, and impact of PHQ-9 training.

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### Understanding the PHQ-9

- The PHQ-9 is a self-report questionnaire for depression screening.
- It consists of 9 items based on DSM-5 depression criteria.
- Each item is scored from 0 (not at all) to 3 (nearly every day).
- Higher scores indicate greater depression severity.
- The PHQ-9 is validated for use in adolescents.

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### Staff Knowledge Gaps in Depression Screening

- Many healthcare providers lack formal training on PHQ-9 administration.
- Misinterpretation of PHQ-9 scores can lead to inconsistent care.
- Ongoing professional development is essential (Hudgens et al., 2021).
- Knowledge gaps contribute to underdiagnosis and undertreatment.
- Addressing these gaps improves screening accuracy and patient outcomes.

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### Importance of Depression Screening in Youth

- Depression affects academic performance, social interactions, and overall well-being.
- It can affect the quality of life of members of the geriatric population
- Early identification leads to timely intervention.
- Many cases go undiagnosed due to lack of awareness.
- Screening tools like PHQ-9 improve detection rates.

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### Role of PHQ-9 in Clinical Practice

- Used in primary care, schools, and mental health clinics.
- Helps in early detection and monitoring of depression.
- Supports clinical decision-making for treatment planning.
- Can be integrated with other mental health assessments.
- Enhances communication between healthcare providers and patients.

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### Benefits of PHQ-9 in Diagnosing Depression

- Standardized and easy to administer.
- Provides a quantifiable measure of depression severity.
- Helps distinguish between mild, moderate, and severe cases.
- Facilitates timely referrals to mental health specialists.
- Enhances patient engagement in their own care.

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### Reliability and Validity of the PHQ-9

- PHQ-9 has been extensively validated across populations.
- Strong correlation with clinical depression diagnoses.
- High internal consistency and test-retest reliability.
- Proven effectiveness in adolescent populations.
- Supported by multiple systematic reviews and meta-analyses (Hudgens et al., 2021; Negeri et al. 2021).

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### Challenges in Using PHQ-9 with Adolescents

- Fear of judgment or stigma may lead to underreporting symptoms (Negeri et al., 2021).
- Older adults may struggle to articulate their emotions accurately.
- Health literacy differences can impact comprehension of PHQ-9 items.
- Cultural norms may influence willingness to disclose symptoms.
- Parental involvement is necessary but may pose confidentiality concerns.



### Training Staff on PHQ-9 Administration

- Develop structured training sessions for healthcare staff (Kroenke, 2021).
- Use case-based learning and role-playing exercises.
- Provide easily accessible reference materials for ongoing support.
- Conduct periodic knowledge assessments to reinforce learning.
- Encourage interdisciplinary collaboration in mental health screening.

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### Implementing a Staff Education Program

- Identify key training needs and objectives before program rollout (Arias, 2024).
- Schedule periodic training sessions to reinforce learning.
- Utilize both digital and in-person learning formats for flexibility.
- Monitor staff performance post-training to assess effectiveness.
- Encourage peer mentorship and continuous education.

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### Steps for Effective PHQ-9 Administration

- Review each PHQ-9 question clearly and without influencing the patient's responses.
- Avoid leading or suggestive questions to minimize any potential response bias.
- Be patient and give individuals sufficient time to answer each question thoughtfully.
- Ensure consistency in delivery across all staff members for accurate screenings (Chodosh et al., 2015).



### How to Administer the PHQ-9

- Patients complete the PHQ-9 as a self-report or with clinician assistance.
- Can be administered in paper form or digitally.
- Should be completed in a private and comfortable setting.
- Takes approximately 5 minutes to complete.
- Clinicians review responses to ensure understanding (Korczak et al., 2023).



### Interpreting PHQ-9 Scores

- Scores range from 0-27, indicating depression severity.
- 0-4: Minimal depression.
- 5-9: Mild depression.
- 10-14: Moderate depression.
- 15-19: Moderately severe depression.
- 20-27: Severe depression (Cheung, 2024).

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### Summary of PHQ-9 Scoring and Interpretation

- The PHQ-9 scoring system ranges from 0 to 27, indicating various depression severity levels (Mitchell et al., 2016).
- Each score guides clinicians on whether to monitor, refer, or actively intervene.
- Accurate interpretation of scores aligns with best clinical guidelines to support patient care.
- Precise scoring ensures patients receive timely and appropriate mental health follow-up.

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### Integrating PHQ-9 into Routine Assessments

- Incorporate into usual geriatric population care to detect early signs of depression (Arias, 2024).
- Use in mental health screenings in geriatric care settings.
- Pair with other assessments like the GAD-7 for a more comprehensive evaluation.
- Establish standardized workflows for seamless administration (Arias, 2024).
- Train providers to integrate PHQ-9 into routine health checkups.

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## Best Practices for PHQ-9 Utilization

- Train healthcare staff on proper administration and interpretation of PHQ-9 (Hudgens et al., 2021).
- Ensure culturally sensitive application for diverse patient populations.
- Provide immediate follow-up care for individuals with high scores.
- Maintain strict confidentiality and patient trust.
- Incorporate PHQ-9 findings into electronic health records for ongoing monitoring.

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## Overcoming Barriers to PHQ-9 Implementation

- Address lack of provider training through structured educational programs.
- Integrate PHQ-9 into clinical workflow to reduce time constraints.
- Utilize motivational interviewing techniques to encourage patient participation.
- Explore digital screening tools and telehealth options to reach more patients (Fonseca-Pedrero et al., 2023).
- Seek funding to support mental health initiatives in underserved areas.

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## Ethical Considerations in Depression Screening

- Obtain informed consent before administering the PHQ-9 (Sun et al., 2022).
- Maintain patient confidentiality and data security.
- Avoid stigmatizing language when discussing depression symptoms.
- Ensure proper follow-up and referrals for patients with high scores.
- Adapt screening processes to accommodate minors and parental involvement.

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## Addressing Challenges in Using PHQ-9 with Adolescents

- Obtain informed consent before administering the PHQ-9 (Sun et al., 2022).
- Maintain patient confidentiality and data security.
- Avoid stigmatizing language when discussing depression symptoms.
- Ensure proper follow-up and referrals for patients with high scores.
- Adapt screening processes to accommodate minors and parental involvement.



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## Techniques for Enhancing Patient Comfort During Screening

- PHQ-9 implementation leads to earlier treatment interventions.
- Screening improves long-term mental health outcomes (Hudgens et al., 2021).
- Establish a calm and private setting to help patients feel more at ease.
- Explain that the PHQ-9 is a routine tool for screening depression symptoms.
- Encourage honesty, reassuring patients that their responses remain confidential.
- Allow patients to ask questions about the tool if they need further clarification (Chodosh et al., 2015).

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## Consistency in PHQ-9 Use for Quality Care

- Routine use of the PHQ-9 ensures early detection and timely intervention.
- Standardized PHQ-9 application aligns with the organization's evidence-based care goals.
- Accurate documentation of PHQ-9 results ensures continuity and consistency in care.
- Regular PHQ-9 administration improves clinical decision-making and patient outcomes (Henry et al., 2020).
- Ongoing staff training enhances screening accuracy and effectiveness.

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## Case Studies on PHQ-9 Implementation

- Case 1: PHQ-9 integration in a geriatric care settings.
- Case 2: Training nurses in a mental health program.
- Case 3: Use of digital PHQ-9 screening in telemedicine services.
- Lessons learned: Effective training improves screening accuracy and follow-up care.
- Challenges addressed: Overcoming resistance to mental health screening (Korczak et al., 2023).

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## Summary of Key Points

- PHQ-9 is a validated and effective tool for geriatric depression screening.
- Staff training significantly improves screening accuracy and implementation.
- Addressing barriers such as provider training gaps enhances success.
- Ethical considerations, including confidentiality and informed consent, are critical.
- Continuous evaluation and improvement are necessary for long-term success.

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## Conclusion

- Depression screening is vital for geriatric mental health.
- The PHQ-9 enhances early detection and management of depression.
- Staff education ensures accurate administration and interpretation.
- Addressing challenges leads to more effective implementation.
- Ongoing evaluation and refinement strengthen screening programs.

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