

2-6-2026

Staff Education Project Staff Education to Increase Knowledge of the Patient Health Questionnaire-9 Screening Tool

Linda Ejem
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Linda Uzomma Ejem

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

Dr. Patricia Schweickert, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2026

Executive Summary: Staff Education Project
Staff Education to Increase Knowledge of the Patient Health Questionnaire-9
Screening Tool

by

Linda Uzomma Ejem

MS, Walden University, 2022

BS, Chamberlain University, 2016

Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2026

Summary

This staff education doctoral project focused on educating nursing staff about the Patient Health Questionnaire-9 (PHQ-9) for depression screening in inpatient psychiatric care. Addressing this issue is crucial, as poor adherence leads to missed diagnoses and treatment, increased hospital visits, and poor patient outcomes. Low adherence to the PHQ-9 depression screening protocol has emerged as a significant practice gap. The purpose of this doctoral project was to increase nursing staff knowledge of the PHQ-9 depression screening tool in psychiatric care through staff education. The practice-focused question was: Does education on PHQ-9 depression symptoms improve nursing staff knowledge as compared pre- to post-education? The Johns Hopkins evidence-based practice model was used to synthesize evidence. A total of 20 articles were reviewed, and 12 support this project. The levels of evidence included Level I-Systematic Review, Level II-Randomized Controlled Trial, Level III-Observational Cohort Study, Level IV-Cross-Sectional Study, and Level V-Literature Review. Three in-person classroom sessions were delivered with a total of 10 participants. A pre- and post-education knowledge test was administered to evaluate the impact of the educational project. A paired-samples *t* test showed a statistically significant increase in scores with a mean difference of 3.8, indicating that the program effectively improved staff knowledge of the PHQ-9, $p < .001$. Deliverables include an educational program adaptable to various healthcare settings. Recommendations include expanding the intervention to larger, diverse groups and using longitudinal studies to assess long-term impacts. This project holds important implications for nursing practice, emphasizing the role of education in addressing disparities in mental health care.

Background

This staff education initiative aimed to address the practice gap in knowledge of depression screening. Depression significantly impacts an individual's quality of life, contributing to functional impairment, emotional distress, and, in severe cases, suicidal ideation and attempt (Substance Abuse and Mental Health Services Administration, 2022). According to the World Health Organization (WHO, 2023) report, depression is estimated to affect approximately 280 million people of all ages worldwide. About 29% of adults have been diagnosed with depression at some point, and 18% are currently experiencing it (WHO, 2023). Early detection of depression through routine screening is essential to initiate timely intervention and improve long-term outcomes. Although nurses play a key role in depression screening, depression is frequently underdiagnosed in health care settings due to a lack of knowledge on depression screening practices (Sharp et al., 2023). To address this gap, a structured educational intervention was developed using the Analyze, Design, Develop, Implement, and Evaluate (ADDIE) model, aiming to enhance nurses' knowledge and skills. Equipping healthcare professionals with adequate evidence-based education will improve patient outcomes and advance practices (ELM Learning, 2024).

The primary practice-focused question used to guide this doctoral project was: Does education on PHQ-9 depression symptoms improve nursing staff knowledge compared pre- to post-education? I used this question to address a critical issue in psychiatric care, as low adherence to the PHQ-9 depression screening protocol leads to missed diagnosis and treatment, increased hospital visits, and poor patient outcomes (Pfoh et al., 2020). Barriers to the use of the PHQ-9 screening tool include knowledge

gaps, low confidence, inconsistent use, and limited understanding of scoring and documentation procedures (Korsen & Gerrish, 2022). These challenges contribute to underutilization or misuse of the tool, reducing its effectiveness and leading to missed opportunities for early intervention (Korsen & Gerrish, 2022).

The purpose of this doctoral project was to increase the nursing staff's knowledge of the PHQ-9 depression screening tool in psychiatric care through staff education. In this project, I determined whether educating staff on the use of the PHQ-9 screening tool enhances their knowledge by comparing pre- and post-intervention outcomes. The primary objective was to increase the nursing staff's knowledge of the PHQ-9 depression screening tool. By bridging the gap through nursing education, my goal was to improve the quality of care provided to patients with depression. Through staff education, nursing staff would be better equipped to support patients with depression through early intervention, ultimately leading to improved patient outcomes and reduced hospital readmissions. This initiative is aligned with the broader goal of advancing psychiatric nursing practices through evidence-based education and training. To ensure a structured and effective implementation, I used the ADDIE model as a guide to analyze, develop, design, implement, and evaluate the educational interventions.

Existing evidence underscores the positive impact of staff education on depression screening practices. A literature review of recent studies reveals that when used appropriately, the PHQ-9 is an effective tool for early identification of depression, facilitating informed clinical decision-making and monitoring patient progress (Ajele & Idemudia, 2025). The PHQ-9 is a standardized screening tool designed to identify depressive symptoms and assess severity (Kroenke et al., 2019). Proper administration

and interpretation of the PHQ-9 is essential for guiding clinical decision-making, documenting patient risk, and initiating referrals to mental health services. It could lead to early detection and intervention of depression and improved patient outcomes. Inconsistent use, incorrect scoring, and incomplete documentation can compromise care quality, delay diagnosis, and negatively impact patient safety (Kroenke et al., 2019). During the literature review, I used the following databases: PubMed, PsycArticles, Google Scholar, Thoreau, Education Source, CINAHL Plus, and SAGE Journals. The keyword search terms used included *PHQ-9*, *depression*, *depression screening*, *quality improvement*, *staff education*, *mental health*, *primary care providers*, *PHQ-9 education*, *mental health assessment tools*, and *suicide risk*. I selected 20 articles, of which 12 were included based on their relevance.

Based on the search, I categorized the 12 articles by evidence level using the Johns Hopkins Research Evidence Appraisal Tool (Dang et al., 2021). The following evidence was included in this project: Level I-Systematic Review (four articles), Level II-Randomized Controlled Trial (one article), Level III Observational Cohort Study (three articles), Level IV-Cross-Sectional Correlational Study (one article), Level V-Literature Review (three articles). The evidence supporting this project is strong. The ADDIE model was used to structure an educational intervention that addressed gaps and enhanced psychiatric nursing practices through evidence-based education and training.

Inegbenosun (2021) showed that using PHQ-9 screening within an integrated care approach improves early depression identification and access to psycho-oncology care for cancer patients. Sharp et al. (2023) found that implementing a depression screening and management protocol increased the number of screenings, new depression diagnoses, and

treatment offers. Wang et al. (2021) and Negeri et al. (2021) endorsed the PHQ-9 as a reliable tool for identifying major depressive disorder in perinatal populations and diverse demographics. Research by Garcia et al. (2022), O'Connor et al. (2023), and Pfoh et al. (2020) supports integrating depression screening in primary care, showing improved screening rates, diagnoses, and treatment uptake. Duttah (2025) and Horseman et al. (2020) emphasized the significance of effective leadership, particularly coaching and interpersonal skills, for successful implementation of the PHQ-9. Constantini et al. (2021) also stressed the need for a structured questionnaire to validate screening tools, aligning with broader clinical practice guidelines.

The articles selected collectively highlight the importance of systematic depression screening across diverse settings, the strengths and limitations of the PHQ-9, and the potential of innovative interventions to improve access and outcomes. The evidence supports systematic depression screening with moderate to high quality due to a large sample size, a real-world setting, and clear outcome measures. It includes systematic reviews and a randomized controlled trial, reinforced by cohort studies. The findings demonstrate a solid and growing body of evidence for systematic depression screening, while also emphasizing the need for careful implementation strategies and complementary interventions to enhance accuracy and fairness in care delivery. For instance, Pfoh et al. (2020) found that using the PHQ-9 significantly increased the detection and treatment initiation of depression across a broad health system. Routine screening is essential for reducing disparities and improving the management of depression in diverse populations, as noted by Garcia et al. (2022).

Staff Education Project Development

To guide the development and implementation of this educational program, I applied the ADDIE model throughout the project. During the analysis phase, a needs assessment was conducted through preliminary surveys to establish the nursing staff's baseline knowledge of the PHQ-9 screening tool. At this stage, I identified a practice gap: low adherence to the PHQ-9 screening protocol, resulting in missed diagnoses and poor patient outcomes. The design phase involved creating an education intervention tailored to address identified knowledge gaps. In the development phase, training materials, including PowerPoint presentations and handouts, were prepared. A team consisting of two psychiatric mental health nurse practitioners with 15 and 8 years of experience, respectively, and a psychiatrist with over 30 years of experience conducted a thorough review of the project content. They assessed the educational program to ensure alignment with the project's objectives and the tool to assess for content validity.

The implementation phase involved delivering educational sessions to 10 nursing staff members at an inpatient mental health facility in Houston, Texas. The participants included four male and six female nurses. Among the male nurses, two were nurse practitioners with 4 years of experience each, whereas another had 6 years of experience. The female nurses included two floor nurses with 7 years of experience each, two with 6 years of experience each, and one with 20 years of experience. Additionally, a male nurse director brought over 20 years of nursing experience to the group, including 8 years in a leadership role. The nurse manager contributed 25 years of nursing experience, including 8 years in a leadership position.

I delivered the education session in three in-person classroom sessions to maximize participation, given nurses' varying schedules, through a PowerPoint presentation that included an overview of the PHQ-9 screening tool, its clinical applications, scoring, interpretation, and implications for practice. Each education session lasted for 30 minutes. The session started with a pretest (see Appendix A), followed by the PowerPoint presentation (see Appendix B). At the end of the session, a posttest was conducted. Handouts were used to enhance learning quality. Participation was voluntary, and recruitment occurred during staff meetings. Inclusion criteria require at least 1 year of experience working with patients diagnosed with major depressive disorder in an inpatient mental health care facility. Nurses with limited direct patient access were omitted. Data collection involved pre- and post-intervention knowledge assessments using multiple-choice questions developed for the project. These questions measured participants' knowledge of the PHQ-9 depression screening tool. Data were analyzed using paired t tests to evaluate changes in knowledge scores.

The educational intervention and assessment tool underwent expert evaluation to ensure validity and effectiveness. Three content experts assessed the tool using the Content Validity Index (CVI) to measure relevance, clarity, and comprehensiveness. This evaluation yielded a Scale-Level CVI (S-CVI) of 1.0 (universal agreement), indicating strong content validity and alignment with best practices in psychiatric nursing education. The educational program itself was evaluated using a five-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*) to assess clarity, effectiveness, and applicability. It received an average rating of 4.8, indicating strong agreement among participants on its usefulness in enhancing nursing knowledge about the PHQ-9 screening tool.

These findings confirmed the credibility of both the assessment tool and the educational intervention, reinforcing their potential to improve nursing competency and patient outcomes. The evaluation phase focused on changes in participants' knowledge, identifying the intervention's strengths and weaknesses, and gauging its potential for long-term application.

Results

To evaluate the effectiveness of the educational intervention, a pre- and posttest design was utilized to assess for knowledge increase via a 10-question multiple-choice tool designed to evaluate knowledge of the PHQ-9 screening tool. A paired-samples *t* test was conducted to evaluate how the educational intervention affected participants' knowledge of the PHQ-9 screening tool. The findings showed a notable rise in staff knowledge after the intervention was implemented.

Table 1

Pretest–Posttest Scores and Difference

Participants	Pretest score (out of 10)	Posttest score (out of 10)	Point difference (Pretest–Posttest)
1	3	9	6
2	5	9	4
3	4	8	4
4	6	8	2
5	5	9	4
6	4	8	4
7	6	9	3
8	6	8	2
9	3	7	4
10	4	8	4
Mean	4.6	8.4	3.8

Based on Table 1, the mean pretest score was 4.6, and the mean posttest score was 8.4, with a difference of 3.8 points. The minimum pretest score was 3, and the minimum posttest score was 7. The maximum pretest score was 6, and the maximum posttest score was 9. Participant 1 had the greatest increase in score of 6 points. Participants 2, 3, 5, 6, 9, and 10 all recorded a 4-point increase in score between the pretest and posttest. The increase in scores after the educational intervention is clearly visible across all participants. This suggests that the intervention was effective for participants who initially lacked knowledge of the PHQ-9 screening tool.

The formula of the paired t test:

$$t = \frac{\bar{d}}{s_d/\sqrt{n}}$$

The paired-samples t test yielded the following statistical values: $N = 10$, mean difference = 3.8, standard deviation of differences = 1.1, $SEM = 0.4$, $t = 10.6$, $df = 9$, $p < .001$.

Since the p value is much less than the conventional significance level of $<.05$, we reject the null hypothesis (that there is no difference between the pretest and post-test means). The results indicate a statistically significant improvement in participants' knowledge scores after completing the educational program. The observed increase in scores is unlikely to be due to chance. These findings underscore the importance of staff continuing to use educational programs to enhance their knowledge.

The project showed improved knowledge of the PHQ-9, thereby potentially impacting the organization through this improved staff knowledge of the PHQ-9 screening tool. This improvement may contribute to better patient care, professional development, and overall organizational efficiency. This is supported by findings from previous research suggesting that educational interventions can effectively improve staff

competency and promote adherence to evidence-based practice (Boamah et al., 2022). Additionally, the program encouraged a culture of continuous learning and knowledge sharing among healthcare providers, positioning the organization as a proactive institution in addressing adherence challenges.

The project faced several limitations that potentially influenced its results. Despite its success, the small sample size of 10 participants limited the generalizability of the findings, underscoring the need for future iterations involving larger, more diverse staff groups. Moreover, the short implementation period limited the ability to assess long-term sustainability and impact on patient outcomes. The reliance on self-reported data introduced potential bias, as participants may have overestimated their confidence or knowledge. Future studies could incorporate cross-verifying self-reported information with external records or data from other sources.

The implications of this project extend beyond the local site, offering a replicable model for other mental health facilities seeking improved mental health screening tools. The intervention's success underscores the value of staff education programs in addressing systemic challenges in mental healthcare. By demonstrating that structured educational initiatives can enhance staff knowledge and improve patient outcomes, the project highlights a scalable approach to achieving broader patient outcomes. Furthermore, adopting similar interventions across different healthcare settings could lead to increased staff competency and engagement, support health equity, and ensure culturally sensitive care.

Conclusions

The program had a significant impact on the organization, aiming to promote the organizational approach to the use of the PHQ-9 screening tool with patients diagnosed with depression in an inpatient mental health setting. Staff education emphasizes equipping healthcare professionals with adequate knowledge of the PHQ-9 screening tool. By addressing the knowledge deficit among the nursing staff, the program empowered professionals to embrace evidence-based approaches that directly improve patient outcomes. The key organizational impacts include enhanced staff knowledge in using the PHQ-9 screening tool and potential improvement in patient outcomes.

To ensure the project's sustainability, several recommendations should be considered. The first recommendation is to integrate the PHQ-9 education and competency assessment into the formal onboarding process and orientation package for all new nursing staff, clinicians, and medical assistants. The second is to establish a formal, written policy that mandates routine depression screening using the PHQ-9 tool for all eligible patients at admission, at one-month intervals, and at discharge. The third is to implement peer-led education by selecting participants with exceptional skills to serve as peer educators and mentors, which could help disseminate knowledge across care teams. Lastly, it is recommended to promote patient involvement through educational sessions and providing patient-focused resources, such as brochures and videos, to complement staff efforts in improving adherence.

The project has valuable implications for nursing practice. It underscores the importance of embracing evidence-based approaches in managing mental health patients and encouraging shared decision-making. Promoting ongoing education and reflective

practice fosters lifelong learning and enhances nurses' clinical competence, professional development, and increased job satisfaction. From a broader perspective, the project advances positive social change by strengthening equity and inclusion within mental healthcare. It encourages culturally responsive care, reduces disparities, and empowers nurses to support marginalized population. By integrating diversity and inclusion principles into practice, it contributes to a more just and compassionate healthcare system. Ultimately, this initiative elevates nursing practice and drives meaningful social change by advancing a more equitable and humane mental health landscape- one where every individual is seen, heard, and supported.

References

- Ajele, K. W., & Idemudia, E. S. (2025). Charting the course of depression care: a meta-analysis of reliability generalization of the Patient Health Questionnaire (PHQ- 9) as the measure. *Discover Mental Health*, 5(1). <https://doi.org/10.1007/s44192-025-00181-x>
- Boamah, S. A., Laschinger, H. K. S., Wong, C., & Clarke, S. (2022). Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nursing Outlook*, 70(3), 327–334. <https://doi.org/10.1016/j.outlook.2021.11.007>
- Constantin, L., Pasquarella, C., Odone, A., Colucci, M. E., Costanza, A., Serafini, G., Aguglia, A., Murri, M. B., Brakoulias, V., Amore, M., Ghaemi, S. N., & Amerio, A. (2021). Screening for depression in primary care with Patient Health Questionnaire-9 (PHQ-9): A systematic review. *Journal of Affective Disorders*, 279, 473–483. <https://doi.org/10.1016/j.jad.2020.09.131>
- Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2021). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines* (4th ed.). Sigma Theta Tau International.
- Dutta, A. (2025). Project management for scientific research: Strategy, leadership, and implementation. *2025 7th International Congress on Human-Computer Interaction, Optimization and Robotic Applications (ICHORA)*, 1–10. <https://doi.org/10.1109/ichora65333.2025.11017040>
- Elm Learning. (2024). *What is ADDIE? Your complete guide to the ADDIE model*. <https://elmlearning.com/hub/instructional-design/addie-model/>

- Garcia, M. E., Hinton, L., Neuhaus, J., Feldman, M., Livaudais-Toman, J., & Karliner, L. S. (2022). Equitability of depression screening after implementation of general adult screening in primary care. *JAMA Network Open*, 5(8), Article e2227658. <https://doi.org/10.1001/jamanetworkopen.2022.27658>
- Horseman, Z., Hamilton, S., Noble, H., Jones, A., Rafferty, A. M., Holloway, A., Reid, J., Harris, R., Smith, P., & Kelly, D. (2020). Identifying the challenges and opportunities of the executive nurse director role in the UK: A scoping review. *Nursing Management*, 27(6), 21–27. <https://doi.org/10.7748/nm.2020.e1948>
- Horwitz, A. G., Zhao, Z., & Sen, S. (2023). Peak-end bias in retrospective recall of depressive symptoms on the PHQ-9. *Psychological Assessment*, 35(4). <https://doi.org/10.1037/pas0001219>
- Inegbenosun, H. (2021). Implementation of a depression screening tool at the Department of Radiation Oncology. *International Journal of Radiation Oncology*Biophysics*Physics*, 111(3), e155–e156. <https://doi.org/10.1016/j.ijrobp.2021.07.619>
- Korsen, N., & Gerrish, S. (2022). Use of PHQ-9 for monitoring patients with depression in integrated primary care practices. *The Annals of Family Medicine*, 20(Supplement 1). <https://doi.org/10.1370/afm.20.s1.2769>
- Maurer, M., Mangrum, R., Boone, T. H., Amolegbe, A., Carman, K. L., Forsythe, L., Mosbacher, R., Lesch, J. K., & Woodward, K. (2022). Understanding the influence and impact of stakeholder engagement in patient-centered outcomes research: A qualitative study. *Journal of General Internal Medicine*, 37(S1), 6–13. <https://doi.org/10.1007/s11606-021-07104-w>

- Negeri, Z. F., Levis, B., Sun, Y., He, C., Krishnan, A., Wu, Y., Bhandari, P. M., Neupane, D., Brehaut, E., Benedetti, A., & Thombs, B. D. (2021). Accuracy of the Patient Health Questionnaire-9 for screening to detect major depression: Updated systematic review and individual participant data meta-analysis. *British Medical Journal*, 375, Article n2183. <https://doi.org/10.1136/bmj.n2183>
- O'Connor, E. A., Perdue, L. A., Coppola, E. L., Henninger, M. L., Thomas, R. G., & Gaynes, B. N. (2023). Depression and suicide risk screening: Updated evidence report and systematic review for the US Preventive Services Task Force. *JAMA*, 329(23), 2068–2085. <https://doi.org/10.1001/jama.2023.7787>
- Pfoh, E. R., Janmey, I., Anand, A., Martinez, K. A., Katzan, I., & Rothberg, M. B. (2020). The impact of systematic depression screening in primary care on depression identification and treatment in a large health care system: A cohort study. *Journal of General Internal Medicine*, 35(11), 3141–3147. <https://doi.org/10.1007/s11606-020-05856-5>
- Sharp, L. K., Montgomery, S. L., & Williams, R. W. (2023). Improving screening for major depressive disorder. *Journal of the American Association of Nurse Practitioners*, 35(1), 71–78. <https://doi.org/10.1097/JXX.0000000000000817>
- Substance Abuse and Mental Health Services Administration. (2022). 2022 National Survey on Drug Use and Health (NSDUH) Releases. U.S. Department of Health and Human Services. www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2022
- Tenny, S., & Abdelgawad, I. (2023, November 23). Statistical significance. In StatPearls. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK459346/>

- Wang, L., Kroenke, K., Stump, T. E., & Monahan, P. O. (2021). Screening for perinatal depression with the Patient Health Questionnaire depression scale (PHQ-9): A systematic review and meta-analysis. *General Hospital Psychiatry*, 68(1), 74–82. <https://doi.org/10.1016/j.genhosppsy.2020.12.007>
- World Health Organization. (2023). *Depressive disorder (depression) fact sheet – References*. Scientific Research Publishing. <https://www.scirp.org/reference/referencespapers?referenceid=3729513>
- Xiang, X., Kayser, J., Turner, S., Ash, S., & Himle, J. A. (2024). Layperson-supported, web-delivered cognitive behavioral therapy for depression in older adults: Randomized controlled trial. *Journal of Medical Internet Research*, 26(1), Article e53001. <https://doi.org/10.2196/53001>

Appendix A

Pre-Post Assessment

PHQ-9 pre-test _____ and post-test _____.

Participant # _____

Date completed _____

Instructions: Review each scenario and choose the most appropriate response based on PHQ-9 guidelines and clinical judgment.

1. Mr. Alavarez reports feeling “down” for a month. Scores 2 on Q1, 3 on Q2. What is the severity of his depression, and what should be the next step?
 - A. Mild depression; monitor symptoms
 - B. Moderate depression; offer counseling
 - C. Moderately severe depression: initiate treatment and refer
 - D. Severe depression; call emergency services

2. Ms. Chen scores zero on all items except question 9, where she scores a 2. What should the nurse do?
 - A. Reassure the patient in 2 weeks
 - B. Document and continue routine care
 - C. Conduct suicide risk assessment and notify provider
 - D. Ignore since total score is low

3. Mr. Johnson denies having suicidal ideation; however, he reports poor sleep and fatigue. He scores a 5 on the PHQ-9, what does the score indicate?
 - A. Mild depression; monitor and provide education
 - B. No depression

- C. Moderate depression; refer to psychiatry
 - D. Severe depression; initiate medication
4. Mr. Patel, after completing the PHQ-9, scored a 15. He declines a referral, saying he is “just tired.” What is the best approach?
- A. Respect his decision and close the visit
 - B. Use motivational interviewing to explore concerns
 - C. Force referral
 - D. Ignore symptoms
5. Mr. Lee has recently returned from his workplace and arrives just before the clinic is scheduled to close for his appointment. He quickly completes the PHQ-9 and scores a total of 20. What should the nurse do?
- A. Accept the score and refer
 - B. Re-administer PHQ-9 with guided support
 - C. Disregard the score
 - D. Call emergency services
6. Ms. Okafor is concerned about the stigma around depression in her community. She completes the PHQ-9 and gets a score of 12. How should the nurse respond?
- A. Avoid discussing mental health
 - B. Ignore her concern
 - C. Refer without explanation
 - D. Normalize depression and offer culturally sensitive support
7. Ms. Nguyen, a 65-year-old woman, comes into the clinic for her monthly follow-up appointment. Her daughter accompanies her. Ms. Nguyen completes the PHQ-

9 and scores a 4. Her daughter reports that the patient has been withdrawn and forgetful. Question: What should the nurse consider?

- A. Depression only
- B. Dementia screening and collateral history
- C. No action needed
- D. Immediate psychiatric hospitalization

8. A 55-year-old with diabetes and hypertension scores 16. She attributes her fatigue and poor sleep to her chronic conditions. How should the nurse interpret the PHQ-9 score?

- A. Ignore PHQ-9 due to comorbidities
- B. Consider depression and explore overlap with physical symptoms
- C. Refer only for diabetes management
- D. Re-administer PHQ-9 after medical stabilization

9. A 22-year-old college student scores an eight and reports experiencing academic stress and sleep problems. Question: What is the best nursing intervention?

- A. Immediate psychiatric referral
- B. Ignore since score is below 10
- C. Provide stress management resources and monitor
- D. Recommend medication

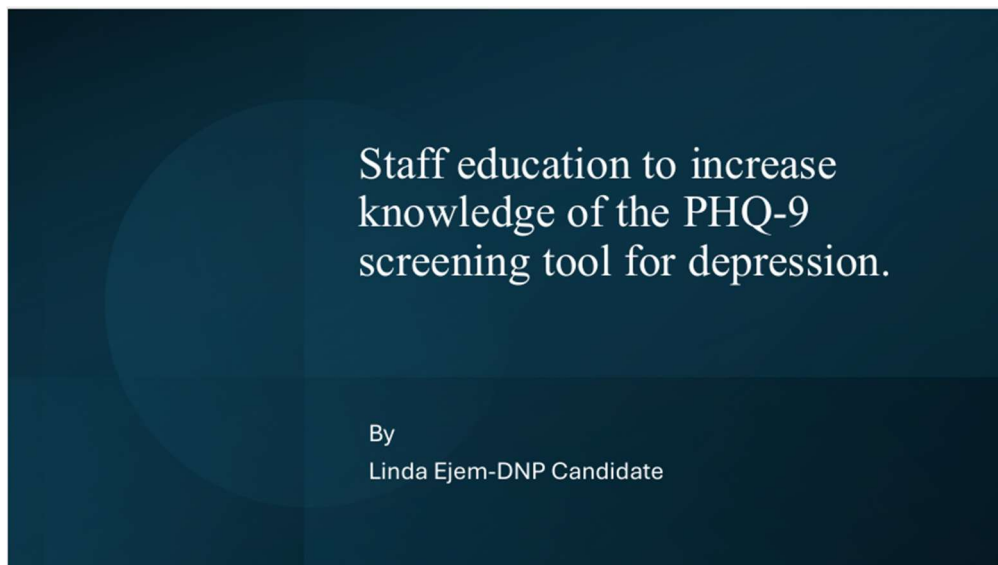
10. A 30-year-old postpartum woman scores 21 and reports feeling overwhelmed and disconnected from her baby. Question: What should the nurse do?

- A. Normalize postpartum stress
- B. Reassure and rescreen in 6 weeks

- C. Recommend sleep hygiene
- D. Conduct suicide risk assessment and escalate care

Appendix B

Staff Education PowerPoint Slides



Overview

- Definition of depression, symptoms
- Definition of key terms.
- Overview of the PHQ-9 screening tool.
- Clinical applications of the PHQ-9 screening tool.
- Scoring and interpretation
- The implication for practice.

Goals

To enhance the
quality of patient
care.

Improving the
use of the PHQ-9
as a screening
tool

Learning Objectives

- Explain the purpose of the PHQ-9 and scoring criteria
- Identify the components of the PHQ-9
- Correctly administer the PHQ-9
- Accurately interpret PHQ-9 scores
- Inform clinical decision-making

Definition of depression

- Depression is a common and severe mental disorder that negatively affects how you feel, think, act, and perceive the world.
- About 29% of adults have been diagnosed with depression at some point
- 18% are currently experiencing it, according to 2023 data.
- It can first appear during one's late teens to mid-20s.
- Women and younger adults are more prone to depression than men and older adults

Symptoms of Depression.

- Feeling sad, irritable, empty, and/or hopeless.
- Losing interest or pleasure in activities.
- A significant change in appetite
- Sleeping too little or too much.
- Decreased energy or increased tiredness or fatigue
- Increase in purposeless physical activity
- Feeling worthless or excessively guilty.
- Difficulty thinking or concentrating.
- Thoughts of death, suicidal ideation, or suicide attempts.

Impact of Depression

- Contributes to disability worldwide.
- Common in adolescents, adults, and older adults
- Linked to inadequate academic and work performance.
- Increased risk of suicide
- Increased chronic disease comorbidity.

Overview of the PHQ-9 screening tool

- Standardized Screening Tool for depression
- Consists of nine specific questions
- Simplicity and Reliability
- Used for both adults and adolescents
- Administration
- Time frame: report on symptoms over the past two weeks.

PHQ-9 Item breakdown

- Item 1: Anhedonia
- Item 2: Depressed mood
- Item 3-insomnia
- Item 4: lack of motivation
- Item 5: appetite
- Item 6: self-worth
- Item 7: problem with concentration/focus
- Item 8: Psychomotor changes
- Item 9: Suicide ideation

Scoring and Interpretation

Severity levels:

- **0–4:** Minimal depression
- **5–9:** Mild depression
- **10–14:** Moderate depression
- **15–19:** Moderately severe depression
- **20–27:** Severe depression

Interpretation guidelines

- Scores greater than 10 are typically the threshold for clinical intervention.

Scores help guide the needs for:

- Further assessment
- Therapeutic interventions
- Medication management

Administration of the PHQ-9 Screening Tools.

- Ensure privacy and confidentiality
- Create a supportive atmosphere.
- Confirm patient consent and readiness.
- The PHQ-9 can be self-administered or clinically administered
- Measure the patient's literacy, cognitive status, and comfort level.
- Discuss results with empathy and clarity

Implications for Practice and Recommendations

- Improved Screening Accuracy and Consistency
- Enhanced Clinical Decision-Making
- Increased Staff Competency and Engagement
- Foundation for Broader Behavioral Health Integration
- Support for Health Equity and Culturally Sensitive Care

Integrating PHQ-9 Education Into Ongoing Professional Development

- Continuous nursing education
- Sustained competency
- Quality Improvement



Conclusion

Staff Education on the PHQ-9 Screening Tool:

- Improves knowledge and confidence
 - leads to early intervention and better patient outcomes
 - Fosters evidence-based practice and addresses disparities
 - Sets a foundation for continued improvement
 - Promotes interdisciplinary collaboration
-