

# Action

## The College Breakthrough Series – Depression (CBS-D) Project: Transforming Depression Care on College Campuses – Part II

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*The first part of this article on the College Breakthrough Series – Depression (CBS-D) appeared in the January 2008 issue of Action.*

### The College Breakthrough Series for Depression (CBS-D)

Recent tragic events on college campuses remind us that many students at high risk for suicide remain unknown and therefore untreated at college counseling centers. A survey of counseling center directors indicated that over 80% of student suicides in 2005 were by students who had never been to their institution’s counseling center (Gallagher, 2005).

We recruited eight universities (New York University, Princeton, Cornell, Saint Lawrence, Case Western Reserve, Hunter and Baruch Colleges of City University of New York, and Northeastern) to work together to

improve depression identification and treatment. The project was supported by the Aetna Foundation and the New York Community Trust. For more information regarding the project’s aims, model of healthcare improvement, and method of implementation, please see our previous article in the January *Action* Newsletter at [http://members.acha.org/members/action\\_newsletter.cfm](http://members.acha.org/members/action_newsletter.cfm) (Klein & Chung, 2008).

### Results

Our collective screening efforts were highly successful. The eight schools screened more than 58,000 students for depression in 2007. This approach identified many students with symptoms who were previously unrecognized and contributed to the creation of a depression registry with over 800 students. Students who scored greater than 10 on the Patient Health Questionnaire (PHQ-9) and

endorsed having a “very” or “extremely difficult” time functioning in academic, social, or occupational pursuits were added to the registry. Students were excluded if they had bipolar disorder, psychosis, eating disorder, or substance dependence. Table 1 (on page 10) lists the demographic composition of those identified for treatment. Student outcomes were tracked at the sites and used for clinical and quality improvement purposes; only aggregate data was reported for the purposes of collaborative-wide data analysis. Each university’s Internal Review Board (IRB) approved the project. The preliminary results described on page 10 constitute aggregate information available across the eight participating sites from January 1, 2007 through December 31, 2007.

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- Gallagher, R.P. (2005). National Survey of Counseling Center Directors. The International Association of Counseling Services, Inc. Monograph Series Number 80.
- Klein, M.C. & Chung, H. (2008). The College Breakthrough Series — Depression (CBS-D) project: Transforming depression care on college campuses. *Action Newsletter*, 47(3).

Annual Meeting Sessions on Topics Related to Mental Health:

Wednesday, June 4  
12:00 P.M.-1:15 P.M.  
**BS090. Mental Health Section Meeting** *(open to all)*

Friday, June 6  
8:00 A.M.-9:30 A.M.  
**FR136. Improving the Identification and Treatment of Depression in College Health, Part I: Depression Collaborative Research Data Findings**

Friday, June 6  
10:00 A.M.-11:30 A.M.  
**FR250. Improving the Identification and Treatment of Depression in College Health, Part II: Implementing the Depression Collaborative**

Check the *Preliminary Program* for more annual meeting sessions on mental health.

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All eight participating sites agreed to collect data on six measures of depression treatment. Goals were set at a level consistent with prior improvement collaboratives and controlled treatment trials. Naturalistic treatment outcomes in community settings have shown that process and clinical outcomes are frequently only half that of the goals set for the CBS-D collaborative. Three process measures, which are proxies of quality depression treatment hypothesized to translate to better treatment outcomes were: 1) Percentage of depressed students who had evidence-based treatment initiated\* within four weeks of diagnosis, 2) had at least one follow up PHQ-9 reassessment within four weeks after starting treatment, and 3) having at least one documented self-management goal by eight weeks after starting treatment. (\*Evidence-based treatment initiation was defined as a student receiving an antidepressant prescription or attending at least one session with a mental health specialist.) Table 2 illustrates the aggregated performance on these metrics, comparing the aggregate CBS-D performance against pre-determined goal levels.

Three clinical outcome measures were used. Percentages were recorded of

Table 1: Demographic Composition of CBS-D Depression Registry

Gender	N	% of total
Male	256	32.0
Female	545	68.0
<b>Ethnicity</b>		
African American/Black	69	8.6
American Indian/Native American	9	1.1
Asian American/Pacific Islander	109	13.6
Hispanic/Latino(a)	88	11.0
Multiracial/Other	14	1.7
Caucasian/White	394	49.2
Unknown	118	14.7

all registered students who: 1) showed a five-point reduction in PHQ-9 total score within eight weeks of treatment, 2) achieved partial remission (defined as PHQ-9 score of less than or equal to 9) within 12 weeks, and 3) reported improved functioning (reporting “none” or “somewhat” as the level of impairment) by 12 weeks. The preliminary results indicate that the collaborative project is meeting or exceeding the goals set for these outcome measures.

The 2007 CBS-D results show that instituting standardized depression screening in college health centers is a

viable approach to identifying depressed students who might not otherwise access treatment. It is important to highlight that more than 35% of the total registrants were self-identified as racial/ethnic minority students, who traditionally underutilize mental health services. Our preliminary outcomes strongly suggest that evidence based process improvements for depression treatment are important to measure and implement. These outcomes have the potential to serve as benchmarks for quality improvement efforts for depression in college health settings.

Next Steps

We now plan to demonstrate that the collaborative chronic care model for depression treatment, which emphasizes an integrative approach through screening, increased access, and evidence based processes of care, can be expanded beyond this regional pilot.

A national expansion entitled “The College Depression Partnership: Overcoming Depression, Supporting Student Learning,” which will include measurement of learning outcomes, will be launched with a target recruitment of 25-30 new colleges/universities. Recruitment has begun with the first two-day learning session planned for June 20-21, 2008, in New York City. This national phase is generously supported by the Engelhard Foundation. Interested parties should contact Jennifer Hur at [Jennifer.hur@nyu.edu](mailto:Jennifer.hur@nyu.edu) or go to [www.nyu.edu/shc/about/college\\_depression\\_partnership.html](http://www.nyu.edu/shc/about/college_depression_partnership.html) for more information. ■

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Table 2: Aggregate Performance on Process Measures

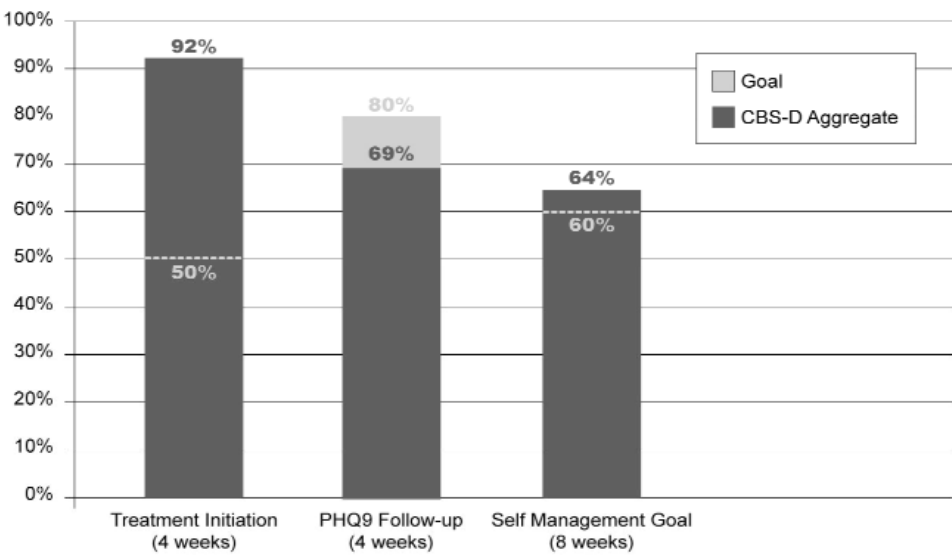


Table 3: Aggregate Performance on Outcome Measures

