The College Breakthrough Series — Depression (CBS-D) Project: Transforming Depression Care on College Campuses

Michael C. Klein, PhD, and Henry Chung, MD (New York University)

This is the first part of an article on the College Breaktrough Series — Depression (CBS-D). The conclusion will appear in the April 2008 issue of Action.

Increasing Mental Health Needs at Colleges and Universities

It is known that many students at high risk for suicide remain unknown to and therefore untreated at college counseling centers. In a 2005 survey, of 154 reported completed student suicides, 27 out of 154 (17.5%) in the previous year were by current or former counseling center clients. Most completed suicides are by students who have never been to their institution's counseling center (Gallagher, 2005). These data illustrate a critical need to better identify and treat depressed college students.

Identifying Depressed Students in Primary Care: A Critical Point of Entry

Research on medical care utilization in college health centers suggests that the vast majority of college students visit their student health (primary care) center at some point during the academic year, and most visit multiple times (Patrick, 1988). Thus, primary care is a critical pathway for accessing and identifying depressed students at risk for suicide. In fact, the 2002 United States Preventive Services Task Force recommended depression screening for all adult "prepared" primary care practices — that is, those practices that have the ability to effectively treat or refer patients identified as clinically depressed (Pignone, Gaynes, Rushton et al., 2002). Unfortunately, the quality of depression detection in medical settings is often inadequate. Studies have found that adult medical patients under the age of 35 were less likely to be identified as having mental health problems, while male and African American status were also associated with lower rates of detection (Borowsky, Rubenstein, Meredith et al., 2000; Chung, Teresi, Guarnaccia et al., 2003).

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

To address the need for broader and improved depression identification and treatment in college health, we have applied the highly successful Institute for Health Care Improvement (IHI) Breakthrough Series (BTS) model for healthcare improvement (Wagner, Glasgow, Davis et al., 2001) adapted for depression (Katzelnick & Chung, 2006; Katzelnick, Von Korff, Chung et al., 2005). With grant support (from the Aetna Foundation, the New York Community Trust (NYCT), and the New York City Department of Health and Mental Hygiene) New York University, Princeton University, Cornell University, Hunter and Baruch Colleges of the City University of New York, Saint Lawrence University, Case Western Reserve University, and Northeastern University came together to develop this regional pilot program: the College Breakthrough Series — Depression (CBS-D).

The improvement model is action-oriented and emphasizes an "all teach, all learn" approach over a 12-18 month period involving face-to-face "learning sessions" and supplemental "between session" learning opportunities. Action periods between each learning session are approximately three months in duration, and act as opportunities to begin the "PDSA" (Plan-Do-Study-Act) test cycles that produce actionable outcomes data that guide additional modifications and implementation.

Hallmarks of every BTS healthcare improvement initiative include defining quantifiable goals, collecting data, and using data to track progress and guide strategies for improvement. Choosing a valid, reliable measure is critical to this function. We utilize the nine-item depression module of the Patient Health Questionnaire (PHQ-9) for depression screening and severity monitoring (Kroenke, 2001). We have found the measure helpful for treatment planning, including sensitivity for detecting clinical change. Unique in college health, each site has created a centralized database where depressed students' progress is actively tracked. Currently the registry monitors three process goals (benchmarks for rapid treatment initiation and assertive follow-up) and three treatment goals (benchmarks of student symptom relief and functional improvement).

Conclusion

By striving for universal depression screening and defining clear, yet relatively flexible inclusion and exclusion criteria for our depression data registries, we have screened over 40,000 students and added over 600 depressed students to the aggregate registry amongst the eight universities. Many of these students may have been overlooked in traditionally organized health settings where systematic coordination of mental health screening and treatment does not exist. It is anticipated that we will present the collaborative's aggregate outcomes data in early 2008, and plan to launch a new expanded National Collaborative in May 2008 with the goal of recruiting 20-30 universities. For more information about the CBS-D initiative, please contact Michael C. Klein, PhD, at 212-443-1074 or by email at michael.klein@nyu.edu. ■

A full analysis of the data will be presented in the April 2008 issue of Action.

Michael C. Klein, PhD, joined the Student Health Center staff at New York University in 2006. He holds a dual role as Grants Administrator/Clinical Psychologist. He coordinates the College Breakthrough Series — Depression (CBS-D). Dr. Klein's role as Clinical Psychologist involves treating individuals and couples at NYU Counseling and Behavioral Health Services.

Henry Chung, MD, is Associate Vice President for Student Health. He is also Clinical Associate Professor of Psychiatry at New York University School of

Medicine. Dr. Chung is currently Principal Investigator of the College Breakthrough Series — Depression (CBS-D) with primary funding by the Aetna Foundation and New York Community Trust.

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