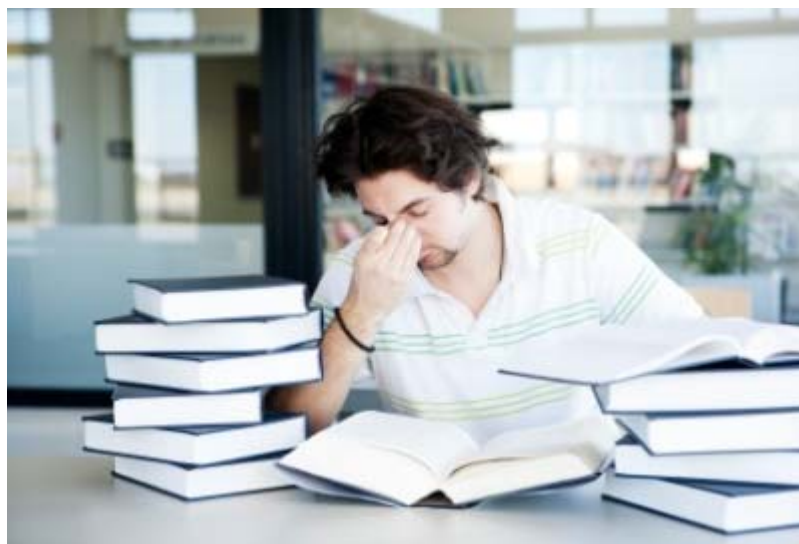


Campus casts wider safety net for depressed students

For the past year, UCLA has taken part in a nationwide program at 20 colleges and universities to expand the mission of their student health services centers to include screening students for signs of depression.



UCLA was the only university in California and one of only three in the Western United States to participate in the National College Depression Partnership, which was formed to find new ways to reach out to students who might be slipping through the cracks. UCLA's Arthur Ashe Student Health and Wellness Center — where students go for primary care — participated in the project with the support of the student Office of Counseling and Psychological Services (CAPS).

In concluding this phase of the project, the partnership reported that in 2008-09, about 100,000 students who sought

treatment in university primary health care settings nationwide were screened for signs of depression, out of which 2,000 were treated.

Dr. Henry Chung, national project director of the partnership and associate vice president of student health at New York University, where the partnership is based, said that the partnership created a model for collaborative care for depression in higher education settings by using a shared learning approach “that actively breaks down campus silos so that we can better serve students.”

Now that the latest phase has been completed, the goal is to inspire other campuses to routinely offer screening for depression to students who visit campus health centers.

For the last year, UCLA's Ashe used the PHQ-9, a nine-question self-administered patient health questionnaire. The PHQ-9 is a way of measuring the level of depression students are feeling.

For example, students who seek care at Ashe for a cold might be asked whether over the previous two weeks they have had “little interest or pleasure in doing things” or are “feeling down, depressed or hopeless.” A number would be assigned to each response, i.e., a zero for “not at all” or a three for “nearly every day.” If the numbers add up to three or more on these two questions, the students are asked seven additional questions about their sleep patterns, appetite, energy levels, concentration and, lastly, whether they had thoughts “that you would be better off dead or of hurting yourself in some way.” Obviously, more treatment actions are called for when a student's numbers are higher, and immediate action is warranted when they are 15 or over.

“Fortunately, at UCLA we have a lower suicide rate than other campuses, and overall we have a higher rate of students who are already being counseled at CAPS,” said Susan Quillan, chief of clinical services at Ashe, who oversaw UCLA’s participation in the partnership. “Some of the depressed students that we see here at Ashe are people who haven’t sought counseling or who are slightly to moderately depressed.”

Quillan said she and other Ashe clinicians who participated in the partnership found that they could help alleviate some depressive symptoms in their patients by helping them change some ways of doing things. During these interactions with students, Quillan said, she and other Ashe clinicians focused not on psychological counseling but on support and motivation.

“For example, a patient of mine had a skin problem, which was embarrassing for him, and he came in for treatment,” Quillan said. While he was in her office, Quillan had him fill out the patient health questionnaire.

“I said, ‘Look at this score. It looks like you’re down,’” Quillan said. “And he said, ‘Yeah.’”

The two of them talked about what was happening in his life, and Quillan suggested that he identify an activity that would make him feel good. For this student, it was contacting his family. A similar conversation with another student revealed that the student often felt better when she walked home from school rather than took the bus.

“When they come up with their own goals, it’s much more successful,” Quillan said. She said as a result of the project, “Our relationship with CAPS has deepened. We are now more aware of the mental health care of our students.”

Dr. Jo Ann Dawson, executive director of Ashe, said of UCLA’s participation, “Students are grateful to have their feelings identified. They might be mildly depressed and not even know it.”

In addition to implementing PHQ-9, Ashe utilized electronic medical records to administer and record the survey. A system for following up with students is now in place in Ashe.

Quillan added, “Now that the study is over, we are challenged with what to do on our own.” For example, there are some indications that this method of screening is effective with minority students, which would be a reason to keep them in place.

Among the other colleges and universities, besides UCLA and NYU, that participated in the partnership were Columbia University, Sarah Lawrence College, Michigan State University, Princeton University, Texas Christian University, the University of Arizona and Rensselaer Polytechnic University. More information can be found [here](#).

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