Week 6 discussion

My current clinical practicum is in Dr. Niazi Family Medicine & Urgent Care. We provide health care services to all ages. PHQ-2, PHQ-9, and GAD-7 are the mental health screening tools used in the office for the assessment of depression and anxiety. Typically, PHQ-2 for depression screening is first completed, and then if the score for PHQ-2 is positive, then the PHQ-9 is completed and assesses the severity of depression. To assess the severity of anxiety, only GAD-7 is used.

At the precepting site, I have not seen any bias or disparities in the screening for mental health. Everyone in the office should evaluate the patient for anxiety and depression regardless of their age. There is no psychiatrist or psychologist available for a patient who is positive for the PHQ-9 at the clinical site, but the physician always makes sure that the patient gets the referral for the psychiatrist and psychologist who, ever the patient chooses, for further evaluation and treatment. Education about the community resources available that can be helpful depending on the patient's age is provided in the office. The office also makes sure the patient gets an appointment with the other healthcare professionals before they leave the office, and the office staff follow up with the patient after the appointment with the mental health professionals. Eylem et al. (2020) state that depression and anxiety disorders are the most common mental disorders that are highly prevalent and can cause an increase in morbidity, which can reduce the quality of life. However, mental illness stigma is one of the common problems that can impact the population seeking treatment, leading to negative public opinion and discrimination against patients with mental illness, and it is more common with racial or ethnic backgrounds (Eylem et al., 2020). I found it familiar in my practicum setting when I showed the patient/parents the survey results that people from the white population are more accepting of information and education about mental illnesses than people from ethnic groups/minority groups.

The NP needs to have knowledge of depression, anxiety, and other mental health disorders to improve the assessment and treatment of mental disorders. One of the strategies to improve the screening and assessment of mental health is open communication with the patient. When a patient is positive for the PHQ-9, it is always important to have open communication with the patient alone to further assess the suicide risk (Farley, 2020). Another strategy is to implement the protocol and guidelines to improve the safety of vulnerable patients who are at risk for depression and anxiety. Many times, mental health is ignored at the follow-up appointment as the chief complaint on the follow-up does not co-relate with mental health (Farley, 2020). According to Biringer et al. (2018), having some continuity in care for mental health issues is important as that promotes satisfaction with their mental health, builds trust and rapport with healthcare providers, and provides consistent information about their health.