Can Group Visits be Effective in Treating Mild-to-Moderate Depression? A Pilot Project

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Can Group Visits be Effective in Treating Mild-to-Moderate Depression? A Pilot Project

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I. Introduction:
Mental health needs of patients at Neighborhood Health Centers of Lehigh Valley (NHCLV) have historically been difficult to meet. A feasibility study was performed to determine if group depression visits can meet the mental health needs of urban patients with mild-to-moderate depression.

II. Methods:

Sample:
- Clinic patients were identified by primary care providers
- Providers were asked to screen patients with PHQ-9
- Patients who met the criteria for mild-to-moderate depression were referred to the feasibility study
- Patients were referred without advance screening on the basis of clinical judgment.
- Baseline PHQ-9 indicated:
  - 50% of patients had mild-to-moderate depression
  - 50% of patients had moderately severe-to-severe depression
- Baseline GHQ-28 revealed:
  - 85.7% patients scored >4/28 suggesting psychological distress.
- 75% attrition rate seen after 4th visit.

Intervention:
- One resident and a counselor facilitated weekly group visits for 8 sessions
- Education was provided re: depression symptoms, management and CBT

Measurement:
- Baseline and follow-up PHQ-9 and GHQ-28 were given at weeks one and eight

III. Results:

<table>
<thead>
<tr>
<th>Patient Cohort (n=8)</th>
<th>Baseline PHQ-9</th>
<th>Baseline GHQ-28</th>
<th>Total Sessions Attended</th>
<th>Follow-up PHQ-9</th>
<th>Follow-up GHQ-28</th>
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</thead>
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<td>19</td>
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</table>

IV. Discussion:
- Subjective feedback revealed that group members valued community support and this helped them cope with their depression and life stressors.
- For the participant who completed the study, there was a clear decrease in PHQ-9 score indicating a reduction in depression severity.
- Difference between participant who completed the study and others was a GHQ-28 score <4, suggesting lack of psychological distress.
- There is an apparent relationship between score of the GHQ-28 and consistent attendance in the group, suggesting that psychological distress influences participation as much or more than depression severity.

V. Limitations:
Feasibility was limited by a high attrition rate:
- Baseline PHQ-9 revealed that 50% of the patients referred were severely depressed.
- Severe depression may impact participants’ capacity to attend.
- Baseline GHQ-28 scores indicated psychological distress in 85% of the group, which could be reflected in life stressors, identified during the group sessions.
- Life stressors named were: homelessness, financial hardship, domestic/immigration concerns, abuse and child care issues.

VI. Recommendations:
- Improved pre-referral screening of patients to ensure more individualized care and close follow-up.
- Multidisciplinary team care to identify obstacles to attendance and help address psychological and life stressors of participants.
- An open group that allows for rolling admission may increase access to mental health care benefits of group.

The author would like to thank Tom Gonzalez, LCSW for his guidance and participation in the group visits.

NHCLV