

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

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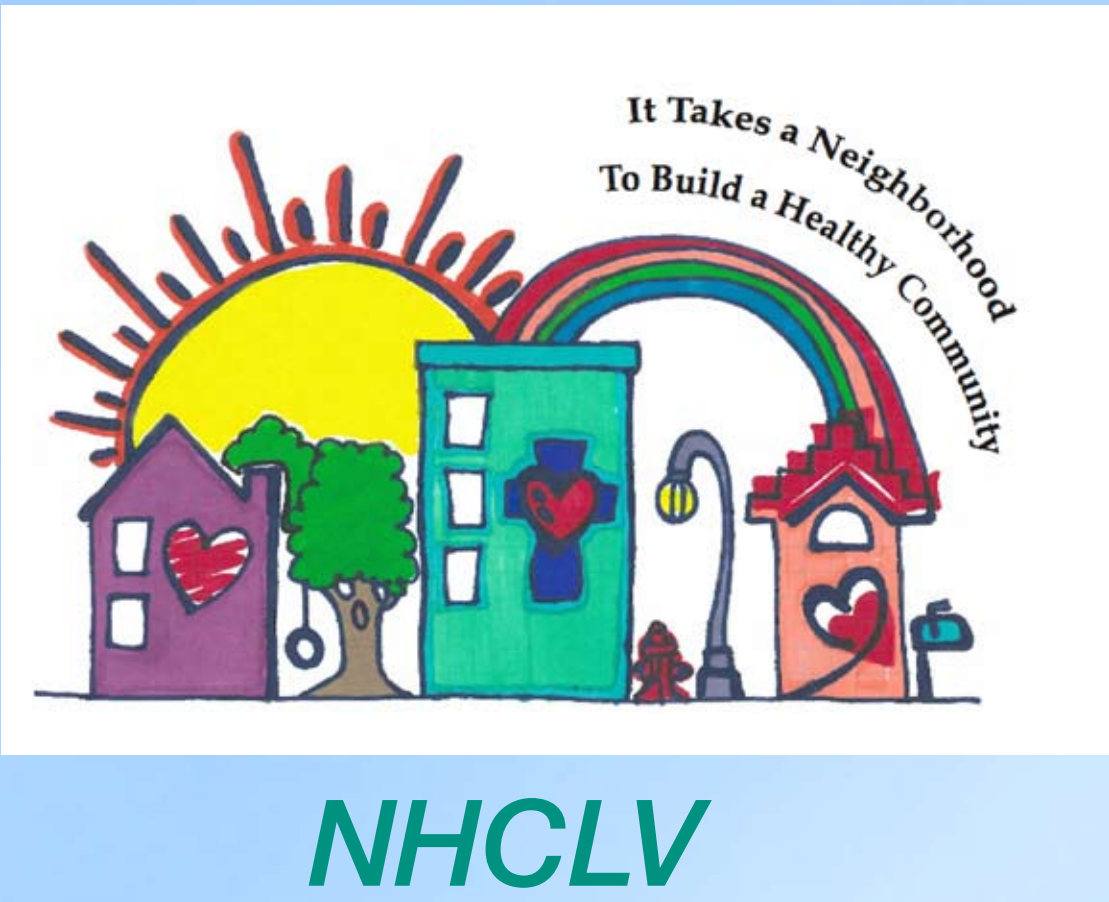
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Can Group Visits be Effective in Treating Mild-to-Moderate Depression? A Pilot Project

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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

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:

| Patient Cohort (n=8) | Baseline PHQ-9 | Baseline GHQ-28 Total Score | Total Sessions Attended | Follow-up PHQ-9 | Follow-up GHQ-28 |
|----------------------|----------------|-----------------------------|-------------------------|-----------------|------------------|
| Patient #1 | 12 | 18 | 1 | | |
| Patient #2 | 20 | 0 | 6 | 12 | 1 |
| Patient #3 | 25 | 19 | 1 | | |
| Patient #4 | 22 | 19 | 1 | | |
| Patient #5 | 7 | 5 | 5 | | |
| Patient #6 | 10 | 10 | 2 | | |
| Patient #7 | 5 | 11 | 3 | | |
| Patient #8 | 29 | Not available | 3 | | |

- 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.
- Patients were lost to follow-up despite multiple contact attempts.

“I anticipated and looked forward to the group. We need other people in our lives who give us community and support. I got that from the group.”
--Patient D.H.

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.

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