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NR 601: Week 6

Discussion Initial Post

My current clinical practicum setting is an internal medicine office; however, my preceptor is also a board-certified pediatrician, so we see clients across the lifespan. In the same day, we may see a new client coming in for a newborn screening and see a 94-year-old for management of chronic illnesses. A typical population that we see for mental health screenings and services involves women in their 30s to 40s. One common screening tool at the clinic is known as PHQ-9, which is a Patient Health Questionnaire that is used for depression screening. Another tool is GAD-7 or Generalized Anxiety Disorder-7 that is used for screening for anxiety. Both screening measures were common questionnaires used at my previous clinical practicum site as well. The PHQ-9 functions mostly to identify depression symptoms and to measure the severity of the symptoms the client is having (Katz et al., 2021). The PHQ-9 includes 9 items within the depression module that was derived from the longer version known as PHQ. The scoring ranges from 0 to 27 with 27 being the most severe depression symptoms. Each item can be rated from 0 being not at all present to 3 with the symptom occurring nearly every day. A diagnosis of major depression is made if 5 or more of the 9 depression symptom criteria have been rated as present for the minimum of "more than half the days" within the past 2 weeks, and if 1 of the symptoms involves a depressed mood. The term "other depression" is diagnosed when 2, 3, or 4 depression symptoms are present for the minimum of "more than half the days" in the time frame of the past 2 weeks with 1 of the symptoms being depressed mood. GAD-7 is used in the primary care setting to assess for a generalized anxiety disorder using a 7-item questionnaire that focuses on anxiety symptoms (Sapra et al., 2020). Scoring for each item ranges from 0 to 3 with the total score of all questions together ranging from the lowest score of a 0 to the highest