HEALTH PROMOTION PROGRAMS AND INTERVENTIONS

HEALTH OUTCOMES OF THE DEPRESSION SCREENING PROGRAM CONDUCTED IN THE REPUBLIC OF SRPSKA

Dijana Štrkić, Jelena Niškanović

Public Health Institute of the Republic of Srpska, Department for social medicine, Banja Luka, Republic of Srpska, Bosnia and Herzegovina

DOI: 10.5937/BatutPHCO24101S

Background: Public Health Institute designed methodological guidelines for the depression screening program, implemented in 2021/2022, in ten primary health care centers, through collaboration of mental health centers (MHC) and family medicine teams (FMT). Main objective of the program was to improve mental health and quality of life of the adult population at increased risk of depression.

Methods and Objectives: Opportunistic screening of the patients was conducted in FMT and patients with increased risk for depression, according to *Patient Health Questionnaire* 9 (PHQ 9), were referred to MHC, for additional support and treatment.

In MHC the Hamilton Depression Rating Scale (HAM-D) scale was used for confirmation of depression and control measurement of patients after three months of treatment, along with Quality-of-Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-SF).

Results: Screening of 1678 patients resulted with 747 patients referred to MHC. Among referred patients, 57.8% (n=432) sought professional support at MHC, where depression was confirmed among 418 patients. Most of them, according to the HAM-D scale, had severe depression (31.5%), while 27.2% of the patients had mild depression. After three months of the treatment, 41.6% patients had no depression, while 38.8% patients had mild depression. Overall, percentage of the patients with no signs of depression increased after three months of treatment from 1.5% to 41.6%, while percentages of patients with severe depression decreased from 31.5% to 4%. There was a significant improvement in satisfaction with quality of life (Q-LES-Q-SF) among patients at the end of the treatment (AS= 57.4) in comparison with the beginning of the treatment (AS=40.3) ($t= 19.85$, $p<0.001$).

Conclusions: Results showed that the program`s objective was accomplished, mental health and quality of life of patients were improved. Collaboration between FMT and MHC in the primary health care centers is crucial for a successful implementation.

Keywords: depression, screening, quality of life, program