



Increasing Utilization of Mental Health Resources by Adolescents Screening Positive for Depression and Anxiety at the ECU Pediatric Diabetes Clinic

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Disclosures: None

Introduction





- **Background**: Adolescents with diabetes are at increased risk for depression and anxiety, which left untreated, may negatively affect diabetes management and outcomes (Bernstein et al., 2013)
 - In 2020, implementation of a standardized screening protocol in the ECU Pediatric Diabetes Clinic successfully increased annual screening rates for depression and anxiety from 2% to 46%.
 - During this time period, though, only 40% of patients with significantly positive screens (score of >10 on the PHQ 9 or GAD-7 and/or self harm concerns) without an established mental health provider were offered and accepted information regarding mental health resources and only 21% of those with significantly positive screens had confirmed utilization of mental health services.
- **Aim statements**: Through the implementation of standard process for responding to moderate to severely positive screen and or self/harm concerns focusing on education, documentation and follow up, in 12 to 18 months we aim to:
- Increase the percentage of patients 12 to 21 years seen in our diabetes clinic with moderate to severely positive screens without an established mental health provider who are **offered and accept** mental health resources from 40% to 90%
- Increase confirmed **utilization** of mental health resources for patients with moderate to severely positive screens from 21% to 50%.

Methods: PDSA Cycles





Day of Appointment with Annual PHQ-9/GAD-7 Screening

Diabetes nurse will review daily clinic schedule and identify all patients with diabetes 12 to 21 years old who need to be screened based on the EHR care gap. Names of the patients who need to be screened will be highlighted on the schedule.

NA2/RN will give screen to all identified patients (script explaining the purpose of screen provided).

Provider will review the screen while in the room with the patient (provider will hand the screen to the CNS to enter in the EHR flowsheet

Negative score
on both tests

after the visit).

No further action

Family prefers

f/u at PSC

PDSA 1: Streamline scheduling process for internal referral to PSC LCSW

PDSA 2:
Documentation of follow up plan for positive screens

Moderately
Positive score
(10+) on one/both
tests or positive
response to
suicidal question

MD/APP discusses the results of testing with family, strongly encouraging utilization of mental health services. May involve clinic social worker if desired. Follow-up plan should be documented in Depression Flowsheet.

Not utilizing any MH services

Strongly encourage family to see PSC LCSW or accept information to get set up with outside mental health services.

Mildly positive score (5-9) without suicide/self harm concern

MD/APP discusses the results of testing with family and offers resources.

Already
utilizing MH
service
outside PSC
(PCP, outside
MH provider)

family and gets
them to sign a
release between
MH provider and
PSC to open lines of
communication (will
send our clinic
notes). Gina to keep
list of these patients
and remind
providers to check
in at next visit.

Gina meets with

PDSA 3: Utilization of clinic SW to educate, document and follow up

Family prefers outside resources

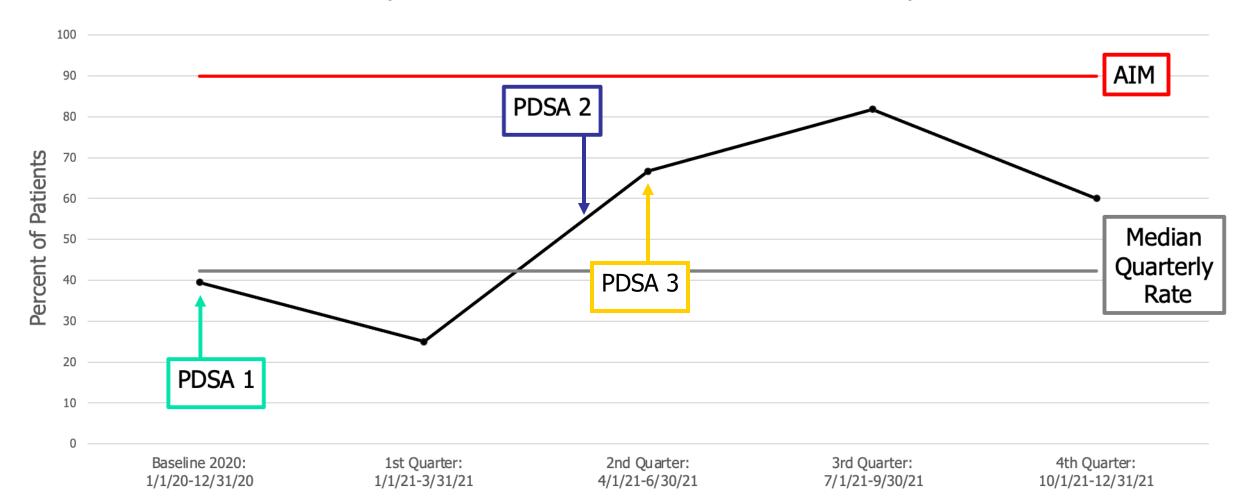
Place internal referral to PSC LCSW. Either have Vicki Hayes schedule (if private insurance) or have PAS staff schedule at check-out (if Medicaid). Provider also sends staff message to Gina to add patient to follow-up list. Gina meets with family and provides information on mental health providers closer to home and compatible with patient's insurance. Keeps list of patients to help identify and address any barriers.

Results: Offered and Accepted





Percent of adolescents with diabetes without an existing mental health provider with a score or 10 or greater on a PHQ-9 or GAD-7 or self harm concerns who were offered and accepted mental health resources at time of the positive screen

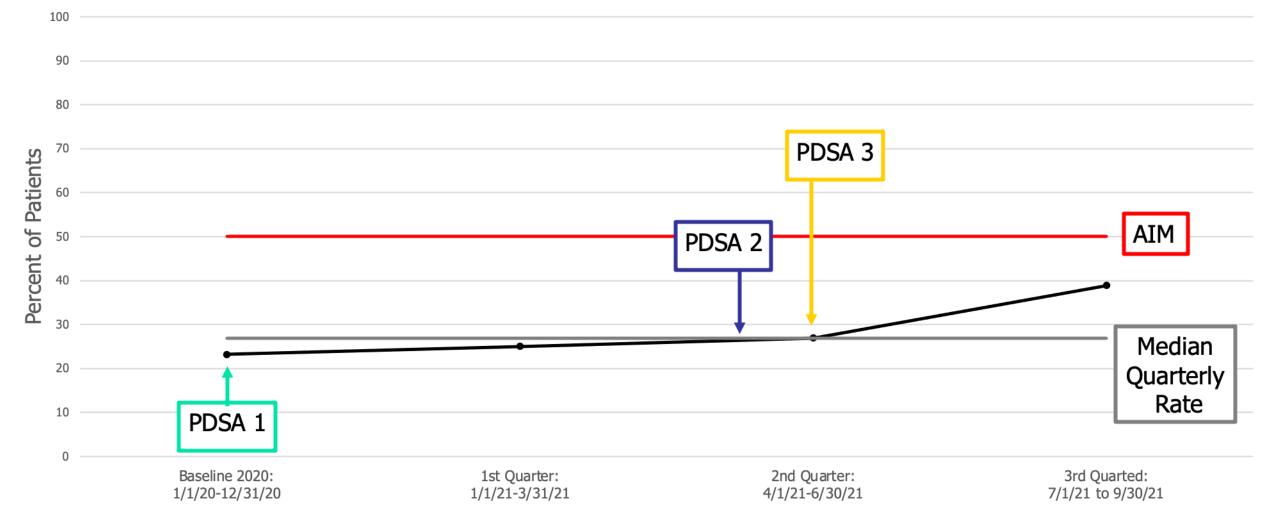


Results: Utilization Rates





Percent of adolescents with diabetes with a score or 10 or greater on a PHQ-9 or GAD-7 or self harm concern with confirmed utilization of mental health resources within one year of the positive screen (updated quarterly)



Conclusions





While this project is still ongoing, through the implementation of a process that focuses on patient education and encouragement utilizing our clinic social workers we have increased rate of acceptance of mental health resources among patients in the pediatric diabetes clinic and are starting to see the impact on utilization of mental health resources. The hope is the improve disease control and quality of life in our adolescents with diabetes.

Lessons learned:

- By focusing on a later step in the process first, we missed that there were issues with an earlier step that was impacting the achievement of our larger aim.
- Standardizing both a process and its associated documentation is crucial for consistency and follow-up.
- Utilizing clinic social workers as champions of change was the key to success their expertise has been crucial for increasing acceptance of resources and ensuring follow-up of barriers.