



Expanding the Pediatric Mental Health Approach: A Quality Improvement Initiative Aimed at Increasing Screening for Anxiety Disorder and Utilization of Behavioral Health Resources

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Background

- In 2017, 3.2 million (13.3%) youth aged 12-17 were found to have experienced a major depressive episode and 31.9% of youth aged 13-18 were found to have an anxiety disorder^{1,2}
- The American Academy of Pediatrics (AAP) has published guidelines on annual screening of depression for all children age 12 and older; however, similar guidelines do not exist for the screening of anxiety^{3,4}
- While pediatric anxiety screening tools exist, many of them are lengthy and therefore are very time-consuming to administer and evaluate
- A primary care clinic at the Penn State Children's Hospital used a much shorter 9-question Generalized Anxiety Disorder (GAD) subset based on a larger survey tool: the Screen for Child Anxiety Related Disorders (SCARED)⁴
- In 2018, then third-year medical student, Margaret Teets, worked with Dr. Caroline Rowlands of Optum (formerly DaVita) pediatrics to provide patients with moderate to severe depression symptoms, with an updated behavioral health (BH) resource handout
- In 2018, there was no statistically significant difference in BH follow up between intervention groups

Project Overview

- In 2019, third-year medical student, Josten Overall worked with Dr. Caroline Rowlands to expand upon the 2018 initiative to include screening for anxiety disorders using the SCARED GAD subset
- The BH handout was further updated for accuracy and included additional behavioral health providers/counselors not previously listed
- The handout was also updated to include a brief introductory text highlighting the importance of mental health for overall health, and to encourage follow-up using principles of the Health Belief Model

Objective

- To achieve a BH follow-up rate of at least 50%, for patients who screen positive on either form and who are provided the BH handout

Methods

- December 2019–March 2020: Patients between the ages 12-18 presenting for their annual health maintenance visits were screened for depressive and anxiety symptoms. BH handout was provided to any patient with a PHQ-A score ≥ 10 or SCARED GAD subset score ≥ 9
- November 2019–February 2020: pre-existing pediatric mental health handout was updated using information obtained from online research and personal phone calls to providers and BH counselors
- February 2020: Updated handout replaces former version
- January–March 2020: Follow-up calls were completed with parents of any patients who had a positive screen and received BH handout

Behavioral Health Handout

Child and Adolescent Behavioral Health Resources

Your pediatrician wants to make sure both your mind and body are healthy. Emotional and mental health are a big part of your total health. Your survey results show that we can take steps to make your mental health better! One of those steps is making sure that we have the right tools. Below are some local resources that provide mental health counseling and treatment for pediatric patients. In 2-3 weeks one of our clinic team members will call you to check in and see if you need help connecting to one of these mental health care resources.

PSYCHIATRISTS AND PSYCHOLOGISTS

Below are Medical Doctors (MD), Doctors of Philosophy (PhD) and/or Doctors of Psychology (PsyD) who are specialized in the diagnosis, treatment and management of pediatric mental health conditions. As an addition to the care provided by your pediatrician, these providers help care for mental health specifically:

George Athey, MD, PhD

The Colorado Center for
Neuropsychiatry
and Behavioral Care
Phone: 719-268-6992
4760 Flintridge Dr Suite 250
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*Accepts most major insurances

Deane Berson, MD

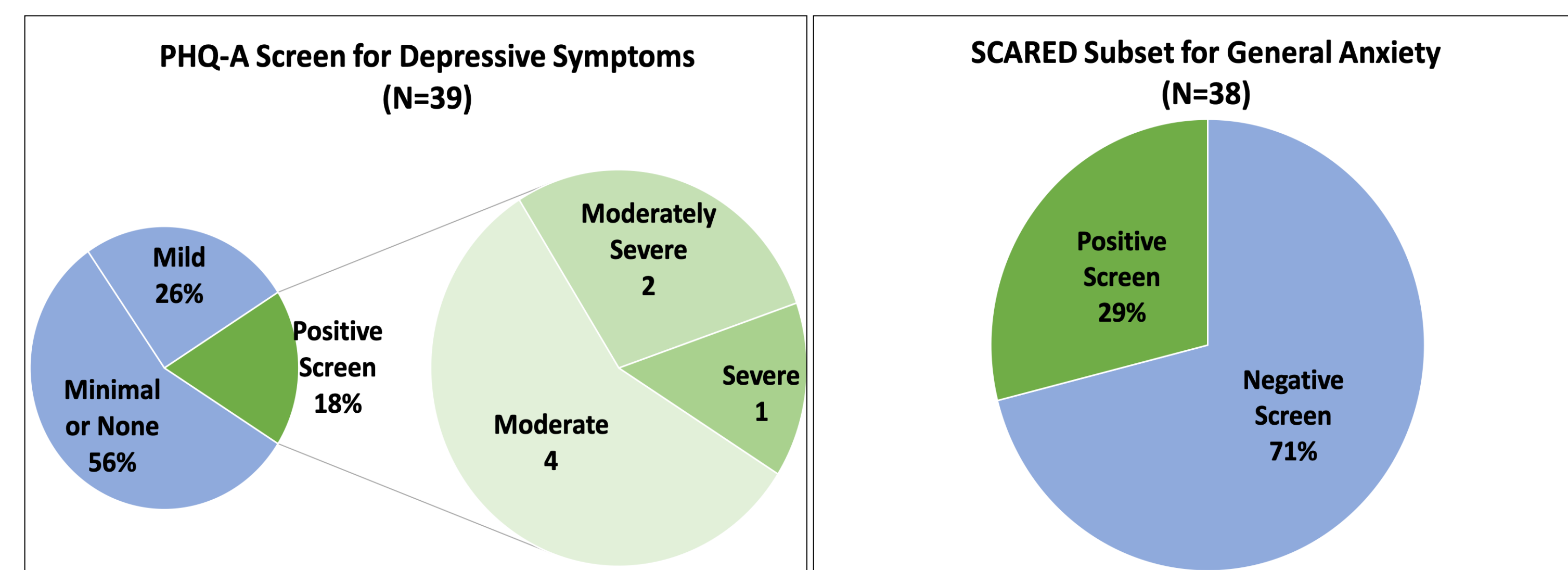
Phone: 719-475-9363
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Colorado Springs, CO 80903
*Accepts: Kaiser Beacon Health,
United Health, Cigna

Matthews-Vu Behavioral & Mental Health Services

Phone: 719-722-2542
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Colorado Springs, CO 80920
*Accepts most major insurances

Results

Quantitative Findings



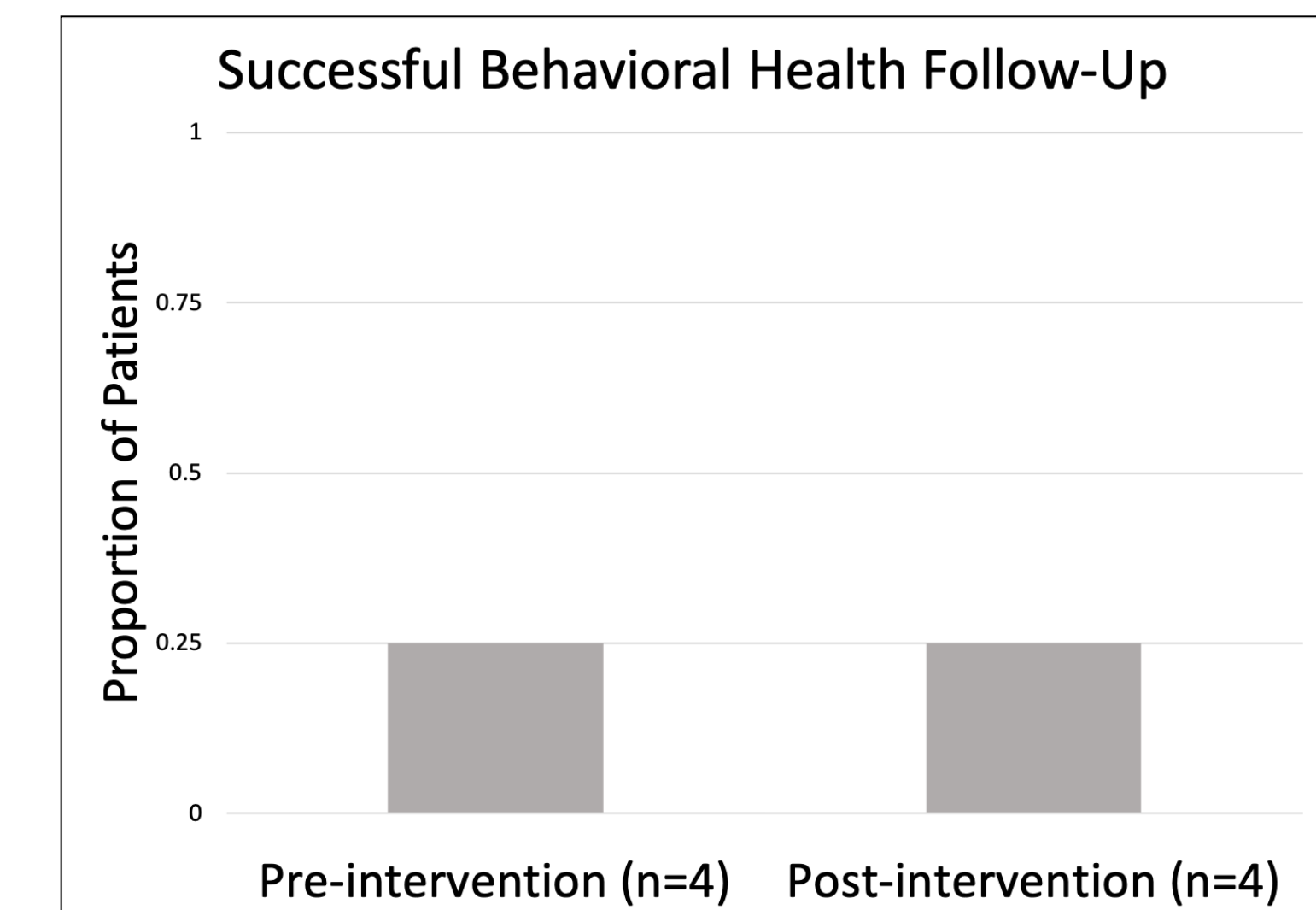
Patients who screened positive for anxiety or depressive symptoms (n=12)

	Pre-Intervention* (n=6)	Post-Intervention* (n=6)	Confidence Interval
Gender (% Female)	67%	100%†	
Mean Age	13.7	15†	(-0.58, 0.75)
Mean PHQ-A Score	13.5	8	(-12.5, 1.5)
Mean GAD Subset Score	13.8	12.2	(-6.7, 3.3)

*Intervention refers to distribution and patient receipt of the updated behavioral health handout

† Determination of gender and mean age for patients in the post-intervention group was based upon data from 5 of 6 positively screened patients due to lack of demographic data from one patient

Quantitative Findings (continued)



Qualitative Findings

- Cost can serve as a barrier to accessing BH services (n=1)
- Having an in-house counselor or BH specialist would be helpful (n=1)
- Pandemic (COVID-19) serves as a barrier to accessing and comfortably receiving care (n=2)

Discussion

Conclusions

- Updating information on the existing BH handout was vital
- At the Optum Southwest pediatric clinic, there was a higher percentage of positive screens for anxiety symptoms (29%) compared to depressive symptoms (18%) during this QI initiative
- There was no difference in successful mental health follow-up for patients who received the former vs. updated version of the handout

Limitations

- Some patients were lost due to follow-up (n=3) or data (n=1) issues
- Small sample size
- Unable to determine causation/correlation of the updated BH handout

Recommendations

- There should be guidelines for universal screening of anxiety, in addition to depression, during annual visits for youth aged 12-18
- Clinic BH resources should be updated at least annually for accuracy
- Future initiatives may consider other methods or solutions to more directly improve BH follow-up

References

1. Major Depression. National Institute of Mental Health. <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>. Updated February 2019. Accessed November 27, 2020
2. Any Anxiety Disorder. National Institute of Mental Health. https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml#part_155096. Updated November 2017. Accessed November 27, 2019.
3. Mossman SA, Luft MJ, Schroeder HK, et al. The Generalized Anxiety Disorder 7-item scale in adolescents with generalized anxiety disorder: Signal detection and validation. *Ann Clin Psychiatry*. 2017;29(4):227–234A.
4. Haele T. Universal adolescent anxiety screening is feasible in primary care. *MDedge Pediatrics*. <https://www.mdedge.com/pediatrics/article/200394/mental-health/universal-adolescent-anxiety-screening-feasible-primary-care>. Published May 7, 2019. Accessed November 27, 2019.