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)5
- In 2018, then third-year medical student, Margaret Teets, worked with Dr. Caroline Rowlands of Optum (formerly DaVita) pediatrics to provide pediatric 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.

Results

Quantitative Findings

- PHQ-A Screen for Depressive Symptoms (N=39)
- SCARED Subset for General Anxiety (N=38)

| Patients who screened positive for anxiety or depressive symptoms (n=12) |
|-----------------|-----------------|-----------------|
| Gender (% Female) | 67% | 100% |
| Mean Age | 13.7 | 15 |
| Mean PHQ-A Score | 13.5 | 8 |
| Mean GAD Subset Score | 13.8 | 12.2 |

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 you have the right tools. Below are some local resources that provide mental health counseling and learning disabilities life coaching, and marriage counseling.

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