

Improving Assessment and Treatment of Pediatric Mental Health Disorders in Primary Care

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Introduction

- **Problem:** Pediatric primary care practices are seeing a higher number of patients with mental health disorders¹
- Mental health disorders are considered a leading cause of disability in children and adolescents²
- The prevalence of childhood mental health disorders indicates that 13% to 20% of children have been diagnosed with a mental disorder³
- The American Academy of Pediatrics recommends routine screening for mental health disorders at well child visits⁴

Purpose

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- The purpose of this project was to improve the identification, diagnosis, and treatment of mental health disorders for children and adolescents in a pediatric primary care practice

Objectives:

1. Develop and implement a training program for the primary care providers (PCPs) to increase their knowledge and confidence to identify and treat common pediatric mental health disorders
2. Integrate the use of validated mental health screening tools during well-child visits
3. Create and distribute an updated resource and referral binder

Methods

- Project deemed not human subject research by University of Iowa IRB
- **Setting:** Mercy Pediatrics in Coralville, Iowa
- **Population:** PCPs within the practice

Assessed Current Practice

Training

Implemented Screening Tools

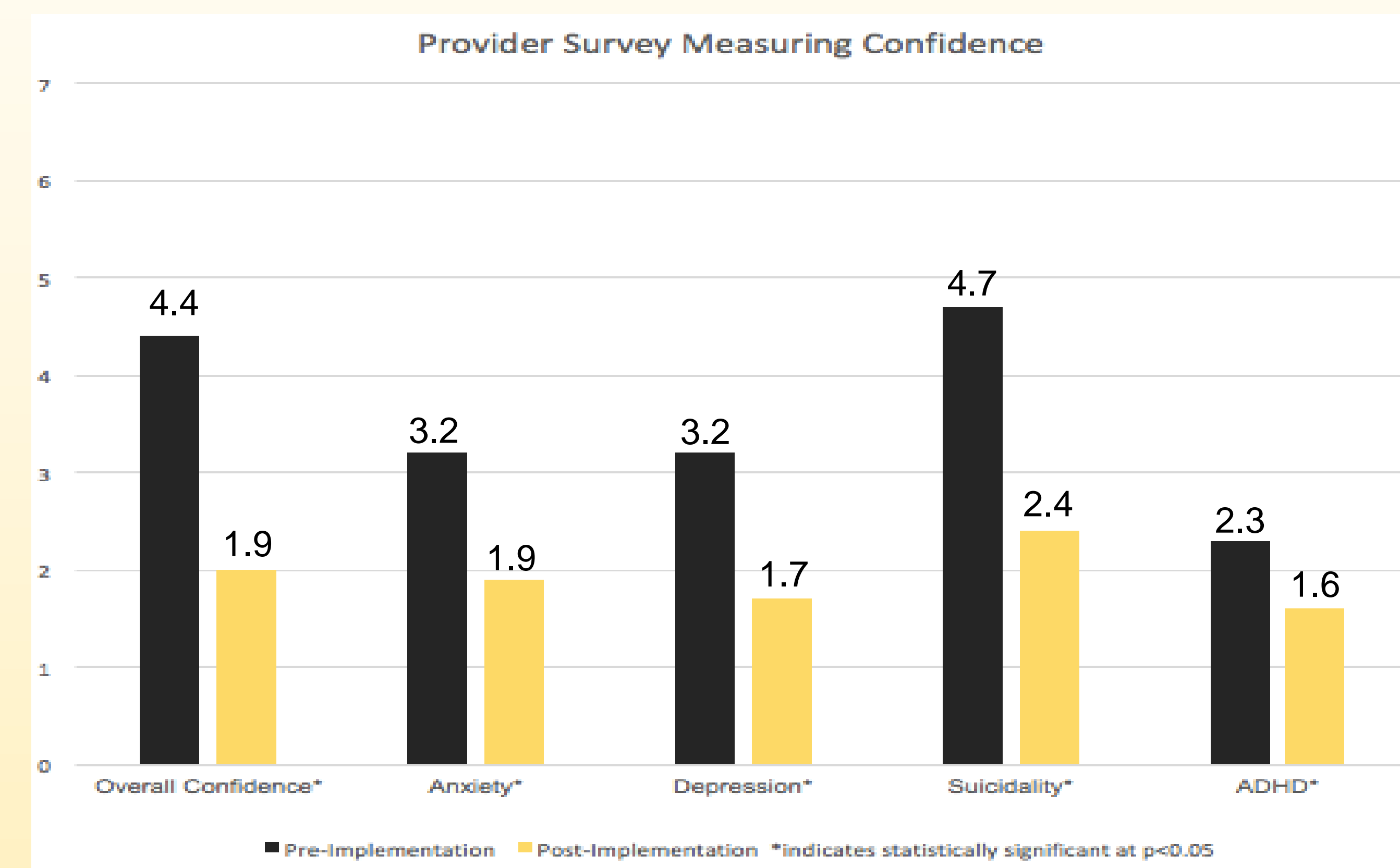
- PCPs recognized a need for mental health care
- Pre-implementation survey identified gaps in knowledge, comfort, practice, and referral sources

- Mental health screening tools identified
- Training sessions taught by a Pediatric Nurse Practitioner with expertise in pediatric mental health
- Referral and resource binder given to PCPs

- Pediatric Symptom Checklist 17-item (PSC-17) given to all 6-12 year olds at their well child visit
- Patient Health Questionnaire Modified for Adolescents (PHQ-A) given to all 13-18 year olds at their well child visit

Outcomes

- Outcome 1- PCPs confidence overall improved. Post-data demonstrated a 20% increase in overall confidence
- Outcome 2- Provider self report demonstrated use of validated screening tools. Post-implementation chart review demonstrates increased PSC-17 usage
- Outcome 3- Provider self report and observational data demonstrated use of referral and reference binder



Likert Scale 1-7

1= Strongly Agree 2= Agree 3= Somewhat Agree 4= Neither Agree nor Disagree 5= Somewhat Disagree 6= Disagree 7= Strongly Disagree

- PSC-17 given through the electronic health record (EHR) to 45 out of 102 well-child visits of children age 6-12 years old
- Out of 10 PSC-17 significant screens, 9 patients had appropriate follow-through based on PCPs training
- Provider self-report use of PHQ-A

Evaluation

- Confidence improved across all questions on the survey administered to PCPs
- The results of the post-implementation survey indicated that the intervention did resonate well with the PCPs
- There has been a short term change in practice
- Sustainable change would need to be evaluated over time

Project limitations

- Due to limitations with the EHR, data was not available for pre-implementation practice
- Not all screening and referrals were made through the EHR
- Sample size was limited to 4 PCPs; 3 MD's and 1 PA

Future Recommendations

- When implementing a screening program. System changes should include the process as well as alterations to the EHR
- Project can be replicated in other practices with a larger sample size

Conclusions

- Training and ongoing consultation is effective in encouraging providers to follow recommended guidelines and has demonstrated the ability to improve knowledge, confidence, and practice of PCPs in mental health
- Validated screening tools are likely to be utilized when easy to access during appointments
- Providers will use resources and referrals when system changes support their use
- This project has been presented as a poster at the University of Iowa Quality Improvement Symposium
- Plan to submit an abstract to the Iowa Nurse Practitioner Society Annual Fall Conference



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