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Implementation of A Mental Health Screening in a Gastroenterology Office

Kayla Craig

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Executive Summary

Introduction

Depression impacts the population despite race, gender, ethnicity, or education and has a powerful effect on the economy and society (Sui & US Preventative Services Task Force, 2016). According to the National Institute of Mental Health (2019), 17.3 million adults in the U.S. experienced a depressive episode in 2017, and of that 7.1% of the population, 35% of them never received treatment. The Patient Health Questionnaire-9 (PHQ-9) is a screening tool that tests for depression and anxiety with simple statements. Costa et al. (2016) found the PHQ-9 meets the requirements to diagnosis depression and is easier and quicker to interpret than other screening tools. PHQ-9 is freely available online and is quick and easy to use, therefore providing a feasible option for incorporating depression screening into a variety of outpatient settings (Keefer, Olafur, & Pandolifino, 2018).

Mental health disorders like depression can become impacted by or lead to a gastrointestinal (GI) disease (Zhang et al, 2016). While gastroenterology offices are not required to screen patients for depression, they have the potential to improve early detection and treatment if. Prior to the intervention the project site neither screened for nor addressed depression in their office. In this office they screen, evaluate, and provide procedures and treatment for GI issues that range from routine to severe. The US Preventative Services Task Force (USPSTF) suggests early treatment for depression in combination with screening tools and support systems improve clinical outcomes (Sui & USPSTF, 2016). By developing a standard of practice along with educating the staff of the importance of screening for depression especially in this population, the implementation of the PHQ-9 was appropriate for this clinical setting.

Literature Review

The main theme perceived from the research review was the lack of mental health screening in outpatient settings despite evidence-based practice recommendations. The PHQ-9 form is a validated screening tool that is used to diagnosis and treat depression in outpatient settings (American Psychological Association, 2020). There are many research studies that prove depression has a negative impact on the GI systems as well as longer recovery times from surgery or illnesses (Byrne et al., 2017; Zhang et al., 2016; Lee et al., 2015).

Depression is relevant to GI disorders whether it is a risk factor or a secondary result of the disease (Zhan et al., 2016). Lee et al. (2015) concluded that depression along with stress can possibly influence the risk of GI conditions including cancer. Mental health issues may hold a negative stigma causing people to not talk about their problems until they are severe or causing physical complications. A problem that many gastroenterology providers face is how to properly diagnose and suggest treatment for psychological issues because patients may feel that their physical complaints are being dismissed as psychosomatic (Keefer et al., 2018). To properly treat a patient, providers must ensure that their patient's mental health is being assessed along with their physical health. Depression could impair the body's control over inflammation which then increases the probability of heightened pain sensations in the GI system along with poor outcomes for the disorder (Keefer et al., 2018). Lee et al. (2015) found that depression can worsen a patient's symptoms or condition depending on the severity of the disease. Patients with depression paired with digestive diseases are at a higher risk for longer recovery times, more serious symptoms, worse prognosis, and increased medical costs (Zhang et al., 2016).

The National Institute for Health and Clinical Excellence (NICE) recommends a stepped care approach to managing depression in both primary and secondary outpatient setting

(Vrublevska, Trapencieris, & Rancans, 2018). Vrublevska, Trapencieris, and Rancans (2018) concluded the PHQ-9 was developed for use in outpatient settings to diagnosis and recommend treatment for depression in patients. Although there are two separate methods to perform the screening, the summed-item score has been shown to have a greater chance of diagnosing depression in a patient (Manea, Gilbody, & McMillian, 2015). In a study done by Costa et al. (2016) with 129 patients in an outpatient setting, the PHQ-9 form had a sensitivity and specificity of 94% in diagnosing patients with depression. Another study conducted by Byrne et al. (2017) with 327 patients with irritable bowel disease attending an outpatient clinic showed the sensitivity and specificity to be at 88% for both. These two conclusions provide a statistical importance along with confirmation of the accuracy and validity of this screening tool when it comes to identifying patients with depression.

There is a strong correlation between depression and GI conditions in patients. Depression is a prevalent and significant mental health issue which often goes undetected. The use of a depression screening is overwhelmingly recommended in outpatient settings as an evidence-based method of promoting mental health. The PHQ-9 screening tool has been proven to accurately detect and recommend treatment for those suffering from depression. The high incidence of mental health comorbidities in patients with GI issues makes gastroenterology offices an ideal location to screen patients for depression.

Project Methods

The project took place in a busy gastroenterology outpatient office that performed esophagogastroduodenoscopy and colonoscopies for patients. This practice sees roughly 700-800 patient monthly in their office. They see patients for a variety of reasons from routine screening to gastrointestinal diseases or cancers. The setting was chosen because there is a need to screen

patients in all specialty settings to assist in early diagnosis of depression. The objectives of this project included: (a) create a depression screening tool policy; (b) provide accurate referrals to all patients who test positive for depression symptoms; and (c) provide education on options for treatment and services in the area to those in need. Both the stakeholder and the staff at the clinical setting were open and willing to implement this project into their facility to better treat their patients holistically.

Evaluation

The tool used for this project was a qualitative tool known as PHQ-9 (Patient Health Questionnaire-9). This is a quantitative methodology tool that is used to screen for depression. The screening form was scored by a nurse while the patient was in with the provider, and after the appointment the appropriate intervention was recommended to the patient per the policy. There were 110 patients screened during the intervention period. While most (n=63, 57.3%) patients were identified as having minimal to no depression, nearly half (n = 47, 42.7%) did test positive for depression. 29.1% (n=32) of scores showed mild to moderate depression, with 13.6% (n=15) of scores showing moderate to severe depression. Identification of patients with moderate to severe depression is important because it indicates need for discussion, counseling, or referral for specialized treatment.

A limitation during this implementation stage was that less patients were screened than the target amount. The smaller sample size was largely due to a global pandemic during this time. The patients taking the questionnaire may have had difficulty reading the questions which could result in inaccurate responses. Another limitation was the uncertainty of prior patient mental health status, patient awareness of depression status, prior or current treatment for depression, or if they had concerns about depression.

Impact on Practice

The clinical site realized the importance of screening patients for depression in their office, and they saw that many of their patients were identified as having depression. The providers and stakeholder also verbalized a better understanding of the impact depression can have on their patient's overall treatment outcome. The long-term impact is improved patient outcomes through providing the necessary resources to patients who are identified as having depression and by ensuring the patients are getting necessary treatment during follow-up calls from the staff.

For on-going implementation, a follow-up plan should be created for patients who were identified as having moderate to severe depression to ensure they are receiving needed mental health care. Patient follow-up or guidance can help the patients with accountability as well as any additional information or referrals that may need to be done. Patient awareness of mental health status should also be ascertained by asking if they have any concerns related to depression and if they are currently being treated for depression once they have completed the PHQ-9. If a patient is still scoring high on a PHQ-9 despite them being treated for depression, then it would be important to have them talk with their mental health provider about further treatment options.

Conclusion

The project implementation demonstrated successful use of the PHQ-9 form in a specialty practice to identify and help patients with depression. The incidence of depression as identified through PHQ-9 screening highlighted the importance of screening patients in gastroenterology offices as well as the need to expand to other specialty offices. Depression has an impact on GI patients whether it causes their symptoms or worsens them. It is important to ensure patients are treated holistically and all aspects of their health are taken into consideration.

Future investigation should include a larger sample size to allow for a broader range of patients being seen. Expansion of PHQ-9 screening to other specialty practice areas, particularly those with high correlation to depression, will benefit patients through earlier identification and treatment and ultimately better outcomes

Author Contact Information

Kayla Craig

Address: 7576 Jerusalem Road Edwardsville IL, 62025

Phone number: 309-241-9410

Email: kayla_craig@hotmail.com

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