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Equipping Home Visiting Staff for High PHQ-9 Scores in the Home

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Equipping Home Visiting Staff for High PHQ-9 Scores in the Home

Introduction of the Problem

The mental health of mothers has been a healthcare concern for many years. One way this is currently being addressed is by bringing nurses into the homes. Home health visits by nurses allow mental health concerns to be identified earlier and give more opportunities for women to have access to the health care system. Research continues to show that the more mothers are seen by a nurse after they give birth, the better the physical and mental health outcomes are for both them and their children (Rowan et al., 2015). The prevalence of postpartum depression in the United States has been steadily on the incline (Polmanteer et al., 2019). The rates, on average, are at 13% but increase to around 20% when vulnerable patients are involved. Nurses needed readily available resources in a home visiting program for mothers and babies when patients scored high on a PHQ-9 screening. Developing a resource that nurses could give their patients while in the home can improve access to mental health care and nurse satisfaction. This DNP Project aimed to increase the comfort level of nurses in the home when patients score high on their PHQ-9 screeners.

Literature Review

Current research shows that women who are part of a vulnerable population, such as women with Medicaid insurance and women who are African American, Asian, American Indian, or other races that are considered mixed races, are less likely to be screened for depression (Bina & Glasser, 2019). If screened, they are less likely to receive the care they need (Gopalan et al., 2022). There are several reasons why this could be happening. Some of these reasons are a lack of places that take their insurance, language barriers, discomfort, or the inability to navigate the healthcare system.

The American College of Obstetricians and Gynecologists (ACOG) and the United States Preventative Services Task Force (USPSTF) suggest that every mother should be screened and provided with mental health resources (Gopalan et al., 2022). However, currently, only 40% of women are screened for concerns with their mental health (Bina & Glasser, 2019). The women who are part of the 60% not being screened are often part of one of the populations mentioned above, and when they are screened, there are limited resources provided to them.

Project Methods

This DNP Project aimed to create a research-based resource for a home visiting program in central Illinois. This program is for mothers and babies who are a part of a vulnerable population in this community. A secondary goal was to increase the comfort level of the nurses who work for this program in speaking with their patients about mental health. The project started in January of 2023 with a meeting between the team members and the stakeholders. At this meeting, the stakeholders expressed a need for more mental health resources for their nurses to provide to patients. The project was given approval from the SIUE Institutional Board of Review.

The next phase of this project began in March of 2023, with the development of the resource to be given to the home visiting nurses. The literature review determined that mental resources in the homes were needed, and evidence-based resources were gathered in a PDF, which was then placed in a QR code to be readily available to both the nurses and the patients. The resources available within this PDF were breathing techniques, local providers sorted by insurance coverage, helplines, and evidence-based mental health apps. Before the resource was implemented, a pre-survey was completed to assess the nurse's perception of need. With the pre-survey results, it was determined that the QR code could be implemented.

The implementation of the DNP Project began in August of 2023. With implementation, the QR code was emailed to the home visiting team. The team members of the DNP Project met with the stakeholders at this time to review the use of the QR code and to answer any questions about the resources available within the PDF document. The implementation phase lasted two months so the nurses had adequate time to utilize the QR code. Data was then collected with a post-survey that was sent to the home visiting team.

Evaluation

The participants of this study included nurses from a home visiting program for pregnant women and mothers of young children. This project aimed to evaluate the feasibility and acceptability of using a QR code to provide mental health resources for patients in the home. The QR code linked participants to evidence-based resources and contacts for mental health providers. This project was conducted over four months, starting on August 8, 2023, and ending on December 20, 2023.

The nurses completed a pre-survey before the intervention and a post-survey following implementation. The pre-survey aimed to establish a baseline level of satisfaction, gather insights into participants' experiences and opinions, and identify potential areas for improvement with their current resources. The post-survey assessed the effectiveness of the intervention and determined areas that required further improvement. The survey was conducted anonymously using a web-based survey platform, Qualtrics. The nurses' feedback and opinions were gathered using a brief questionnaire administered using a Likert scale. The questionnaire consisted of survey questions designed to collect insights into the nurses' level of comfort while providing patient resources, their perception of the value of such resources, and their overall satisfaction with using the QR code to provide resources.

The survey data supported the use of QR codes to access evidence-based resources for women experiencing depressive symptoms. Pre-survey results showed that 77.78% of nurses felt that their current resources 'somewhat' were up-to-date and readily available, and 11.11% 'strongly disagreed.' Post-implementation, 80% of nurses strongly agreed' and 20% 'somewhat agreed.' The post-survey also revealed that more nurses use resources 'most of the time,' increasing resource utilization from 22.22% to 60%. Regarding their current practice before the implementation of the QR code, 88.89% rated their resources as 'average' compared to the post-survey, where 80% of participants rated the use of resources from the QR code as 'excellent.' These results suggested that the use of QR codes had a significant impact on the effectiveness and accessibility of the resources.

The comfortability of accessing resources also increased from 66.67% of nurses who 'somewhat agree' to 100% who 'strongly agree.' When assessing whether the nurses' expectations were met, they reported the following: "This was a thorough, well-organized resource that will be a great asset for our team!"; "Yes, they were met" and "This resource was AMAZING! My clients loved it and all the information that was so readily available to them. They also loved that it was just a QR code that they had to scan. Easy and accessible". This data highlighted the use of QR codes in improving the accessibility of evidence-based resources and supporting individuals experiencing depressive symptoms.

Limitations

Throughout this project, there were limitations in our ability to collect comprehensive data. First, to enhance the results' overall reliability, it would have been advantageous to have more participants available for the study. Since the sample size for this project was small, it is difficult to determine whether the intervention would yield similar benefits in a larger healthcare

setting. There could also be a limitation for some patients who do not have access to the internet or do not own a phone. This may lead to a situation where these patients need further assistance accessing the resources. Also, specific resources, such as phone applications, may have a cost associated with extended use.

Last, implementation was conducted in one region, which may have limited the generalizability of our findings to other settings. Despite the small sample size, the study yielded valuable insights into the possible advantages of using QR codes to access evidence-based resources for mental health. By offering resources that are easily accessible through QR codes, women can quickly and efficiently access the assistance they require. This strategy could increase the number of women seeking help for their mental health concerns.

Impact on Practice

This project aimed to improve the number and accessibility of resources for mothers participating in a home visiting program. These resources included information about local healthcare providers and evidence-based mental health resources that promote better mental health. By providing these resources, the nurses had immediate access to options for care when a patient had a high PHQ-9 screening.

Some evidence-based resources included phone applications and online tools that offered self-help resources, coping mechanisms, and mental health assessments. Empowering patients with these tools will continue to promote self-care and mental health. Nurses provided patients with quick and easy access to resources, which will continue to garner trust between the nurse and the patient. This small step in creating trust in the healthcare system can, in turn, help make generational changes in populations who have yet to trust the system historically.

Patients could access these resources from the privacy of their homes, allowing them to seek help without fear of being judged or misunderstood. Using QR codes for mental health resources was shown to be valuable for promoting better mental health among patients and giving resources to the nurses. This document could, however, require constant review and revision. When implementing again, it would be recommended to have someone within the home visiting program who can monitor resource updates and/or changes. Having the users invested in the resource could gain trust in the product that is being provided.

Conclusion

This DNP Project resulted in the development of a QR code that provided patients with mental health resources. This QR code, linked to those resources, was given to the home-visiting nurses and increased their comfort levels when previously they felt they did not have a tangible item to give to their patients. There were limitations of a small sample size, and it was only implemented in one home visiting program. Despite these limitations, this project was successful in helping nurses provide supportive care to their patients and helping them facilitate conversations about mental health.

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