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Integration of Mental Health Screening in Primary Health Care for Patients Who Have Experienced a Traumatic Event

Karra Adams

Executive Summary

Introduction of the Problem

Mental health status is not always assessed in patients involved in a physically traumatic event unless the patient expresses concern (Rahtz, Bhui, Smuk, Hutchinson, & Korszun, 2017). This is in part because psychological assessment tools are not often used in most trauma settings. (Fakhry et al., 2017; Rahtz et al., 2017). Implementing a protocol for a routine mental health screening after a physically traumatic event is crucial in developing a holistic, successful treatment plan for the patient. The urban orthopedic primary care clinic in which this project was implemented was not conducting routine mental health screenings for their patients. Often times, orthopedic injuries are a result from a traumatic event. Orthopedic patients usually have an extensive recovery period including therapy and follow-up appointments which can potentially lead to frustrations due to the daily lifestyle changes occurring during the recovery period. Routine mental health screening in the primary care orthopedic setting can help identify mental health care needs early on so that adequate interventions can be implemented in a more effective manner.

Literature Review

Psychological distress of an orthopedic-trauma patient can be categorized into several subsets: anxiety, depression, and post-traumatic stress. Furthermore, it is noted that functional outcomes are negatively impacted when psychological distress is not assessed or treated. Mental distress can also lead to long term complications such as chronic pain and failure to thrive

(Castillo et al., 2016). When caring for patients with traumatic injuries, assessment of psychological distress is usually forgone because of the immediate physiological needs of the patient. It is usually not until the patient expresses concern that psychological needs are addressed (Fakhry, et al., 2017). Researchers have found that most patients involved in traumatic events are unaware of their mental decline as they focus on their physiological state (Rahtz et al., 2017).

Mental health stigma is another potential factor that deters patients from seeking appropriate treatment and consequently the patient may endure symptom severity (Stolzenburg, et al., 2017). Some individuals embrace functional deficits rather than seeking psychological aid due to concern of stigma (Pless Kaiser, Seligowski, Spiro & Chopra, 2016). Primary health care providers are in an excellent position to diminish the mental illness stigma and raise awareness of the importance to be psychologically healthy (Parrish, 2016). The pairing of mental illness stigma and a trauma setting creates an additional barrier to patients seeking psychological assistance. Psychological stigma may lead patients to imagine themselves are to blame and they are undeserving of support (Rahtz et al., 2017). In regards to environment, the acute trauma setting is not conducive to developing rapport and personal relationships due to time-sensitive reality and extensive stress. To combat this unfortunate truth, primary care continuity in assessment of mental health is essential (Rahtz, et al., 2017; Liu et al., 2015). It is essential to follow up with these patients in the outpatient clinic setting and perform mental health assessments along with physical assessments during follow up visits.

Project Methods

The purpose of this project was to evaluate the potential feasibility of incorporating the use of a brief depression and anxiety screening tool in a primary care setting to assess the mental

health needs of patients who have been involved in a traumatic event. The physicians, nurses, and healthcare staff of an orthopedic clinic were educated on the use of the Patient Health Questionnaire (PHQ-4) and its potential benefits (Kroneke, Spitzer, Williams, & Lowe, 2009). This is a well validated tool to quickly assess anxiety and depression, which are the most common mental health disorders (Kroenke et al., 2009). The tool has been validated among patients in primary care (Kroenke et al., 2009) as well as among patients in the general populations (Lowe et al., 2010).

The outpatient orthopedic clinic where the project was conducted is a hospital based outpatient clinic associated with a trauma center in an urban area. The three most-common traumatic admissions are gun-shot wounds (GSW), motor vehicle accidents (MCV), and falls. These patients will follow up at the outpatient clinic after being discharged from the hospital. The clinic lacks a protocol or current practice for psychological distress following a traumatic event. Providing education to the physicians, nurses, and healthcare staff, and evaluating their perceptions about the feasibility of implementing the PHQ-4 in practice is a first step in potential implementation of a routine mental health screening tool in this setting.

Evaluation

There were several barriers that prevented implementation of the project in its original format namely the IRB process at the chosen site of implementation. The original plan was to pilot the mental health screening with at least 10 patients to evaluate the time efforts, effectiveness, and feasibility of implementing this tool in a primary care orthopedic setting. Issues with the IRB at the original planned site of implementation included concerns regarding implementation of the tool by a student to a population of vulnerable patients and a lengthy IRB review process that lasted over 4 months; even after agreeing not to include mental health

screening implementation with patients during the project. The stakeholder facility requested that an IRB be submitted due to the nature of the facility and the vulnerable populations possibly subjected to the study. After explaining to a secondary stakeholder that the project was modified to be a quality-improvement project that would include the implementation of staff education and evaluating their perceptions of the feasibility of the PHQ-4, the stakeholder agreed to participate.

An educational session consisting of a PowerPoint presentation and a question and answer session was conducted at a staff meeting at the orthopedic primary care clinic where this project took place. Information discussed included describing overall mental health among patients that have experienced a physically traumatic event and the importance of early identification of mental health concerns. Instructions on using the PHQ-4 assessment tool and the scoring of the assessment findings was discussed. After a period for questions and answers, the healthcare staff completed an evaluation survey to give feedback on the educational session and to evaluate their perceptions about the feasibility of implementing the PHQ-4 in the orthopedic clinic.

Fifteen clinic staff attended the meeting and completed a post-education survey. Three of the fifteen staff members were physicians, two physician assistants, five medical residents, three registered nurses, and two medical assistants. The survey was a total of 7 questions; the first 4 of which were on a Likert type scale ranging from strongly agree to strongly disagree and 3 open-ended short answer questions. In regards to the first 4 questions, 12 participants agreed that the PHQ-4 assessment tool would be useful in practice; 3 participants chose neither agree nor disagree. Eight participants agreed that the PHQ-4 would be feasible to implement into practice; 6 reported neither agree nor disagree; 1 disagreed. Regarding the question if the PHQ-4 was

appropriate for the orthopedic population, 13 agreed the survey was appropriate, 2 reported neither agree nor disagree. All 15 participants agreed that they understood the PHQ-4 and the education provided.

The three open-ended questions of the survey included listing personal opinions about the use of the PHQ-4 in the clinic including advantages, concerns, and changes to the proposed mental health screening process. Survey results showed participants appreciated the short length of the PHQ-4 and agreed that the target population was appropriate. However, participants expressed some concerns with the screening and with the proposed process. These concerns included a need to have recommendations of what interventions to implement when screening scores are high, truthfulness of patients during the screening process, and steps to manage patients at risk of suicide upon screening. The results from the evaluation surveys were reported in aggregate form to the stakeholder to provide information about potential barriers that may need to be addressed to facilitate implementation if they chose to implement the screening tool in future practice.

A protocol was then developed into a flow chart based on published research. According to current psychiatric literature, after the PHQ-4 assessment tool is completed and screens positive, the patient should be assessed for major depression or generalized anxiety disorder using the DSM 5 criteria (Irwin & Hirst, 2018). Baldwin (2017) and the American Academy of Family Physicians (2012) suggest that if patients screen positive for anxiety using the PHQ-4, they should then be assessed using the PHQ-9 and the Generalized Anxiety Disorder-7 (GAD-7) scale.

The PHQ-4 assessment tool will be administered by the nurse that begins assessment of the patient during their clinic visit. The nurse will have the patient complete the PHQ-4 during

the time vital signs, pain scale, and therapy progress is being assessed. The nurse will review the PHQ-4 score with the provider and intervene appropriately according to the mental health screening flow chart.

Impact on Practice

The purpose of this project was to improve psychological outcomes of patients involved in a physically traumatic event. The immediate impact on practice was that the healthcare providers' knowledge increased regarding implementation of a mental health screening protocol with orthopedic-trauma patients. The project also resulted in increased awareness of the feasibility of implementing the protocol. Further follow-up would be needed to evaluate implementation of the project and the resulting long-term outcomes.

This project can be implemented on a larger scale. Recommendations for future projects may include educating more healthcare staff regarding implementation, changing to electronic format of the screening tool, and evaluation of adherence to screening protocol flow chart. Further recommendations include choosing an allotted time frame and an appropriate sample size where one can follow through with the flow chart in its entirety and collect data from its success.

Conclusions

The results of the evaluation surveys used in this project suggest that providers approve of the quick and simple PHQ-4 tool that could easily identify signs of anxiety and depression. Long-term follow-up to evaluate implementation of the PHQ-4 tool would be needed to assess if the tool and protocol in its current form are effective in assessing the mental health needs of the population in this orthopedic care clinic.

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