A PDSA Journey

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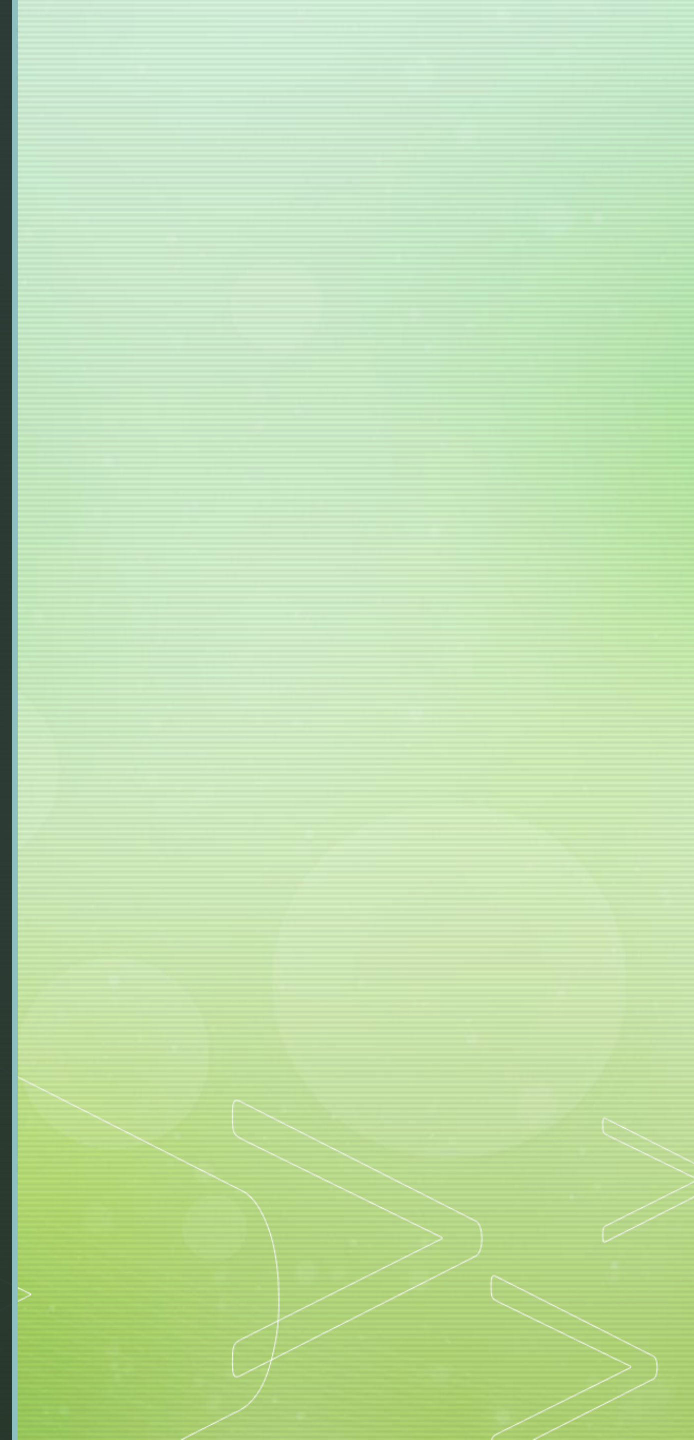
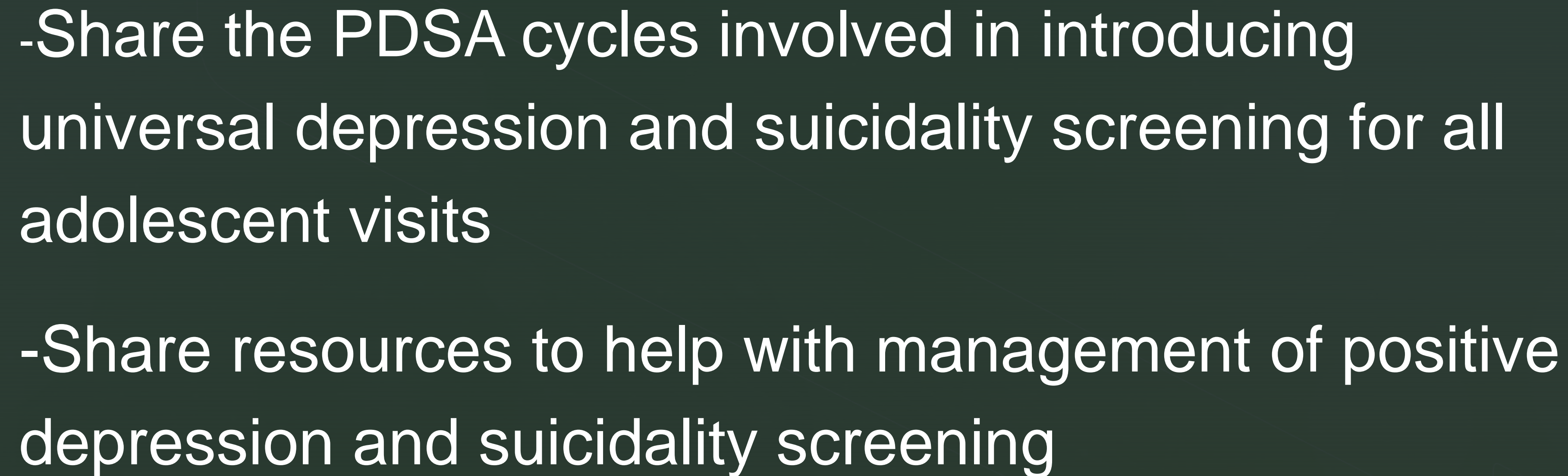
Making Mental Health Mainstream



Goal:



-Share the PDSA cycles involved in introducing universal depression and suicidality screening for all adolescent visits

-Share resources to help with management of positive depression and suicidality screening

Who We Are

- Doors Opened in 1999 as MUSC Outreach Clinic to meet needs of underserved
- 2 offices
- 7 Pediatricians
- 3 Nurse practitioners
- Multilingual Staff (English, Spanish, and Portuguese)
- PCMH Level 3 Recognized
- Serving over 10,000 children and adolescents
- ~75% Hispanic Patients
- ~90% Medicaid Patients

How It Started 1/2020

- **S**ituation: Wide range of provider comfort in asking about depression and suicide and inconsistent screening
- **B**ackground: Some providers using PHQ-9, some PHQ-A, some PSC-17, some SCARED. Some providers use on all Adolescent visits, some > 16 yo, some when they “get a feeling”, most are getting blindsided at least sometimes on HEADSS exam with depression/Suicidality, and definitely missing a lot of depressed and suicidal patients.
- **A**ssessment: We are missing opportunities to identify depression and suicidality, and lack comfort managing it
- **R**ecommendation: Need to work together to select a clinic-wide screening tool and improve comfort in management of depression and suicidality

Initial Changes

- Provider Meeting (Monthly Staff Meetings)
- Decided on PHQ-A passed out at Adolescent WCK (>=12 yo)
- Handed out by Front Desk
- Some concerns that this would be “opening a Pandora’s Box”

PHQ-9: Modified for Teens

Name: ______________ **Clinician:** ______________ **Date:** ______

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an **"X"** in the box beneath the answer that best describes how you have been feeling.

	(0) **Not At All**	(1) **Several Days**	(2) **More Than Half the Days**	(3) **Nearly Every Day**
1. Feeling down, depressed, irritable, or hopeless?	☐	☐	☐	☐
2. Little interest or pleasure in doing things?	☐	☐	☐	☐
3. Trouble falling asleep, staying asleep, or sleeping too much?	☐	☐	☐	☐
4. Poor appetite, weight loss, or overeating?	☐	☐	☐	☐
5. Feeling tired, or having little energy?	☐	☐	☐	☐
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	☐	☐	☐	☐
7. Trouble concentrating on things like school work, reading, or watching TV?	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	☐	☐	☐	☐

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

☐ Yes ☐ No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

☐ Yes ☐ No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

☐ Yes ☐ No

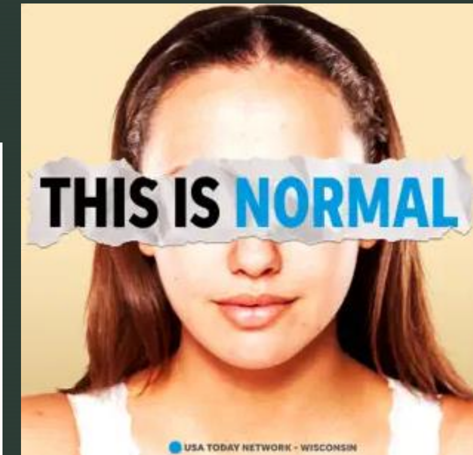
***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only: **Severity score:** ________

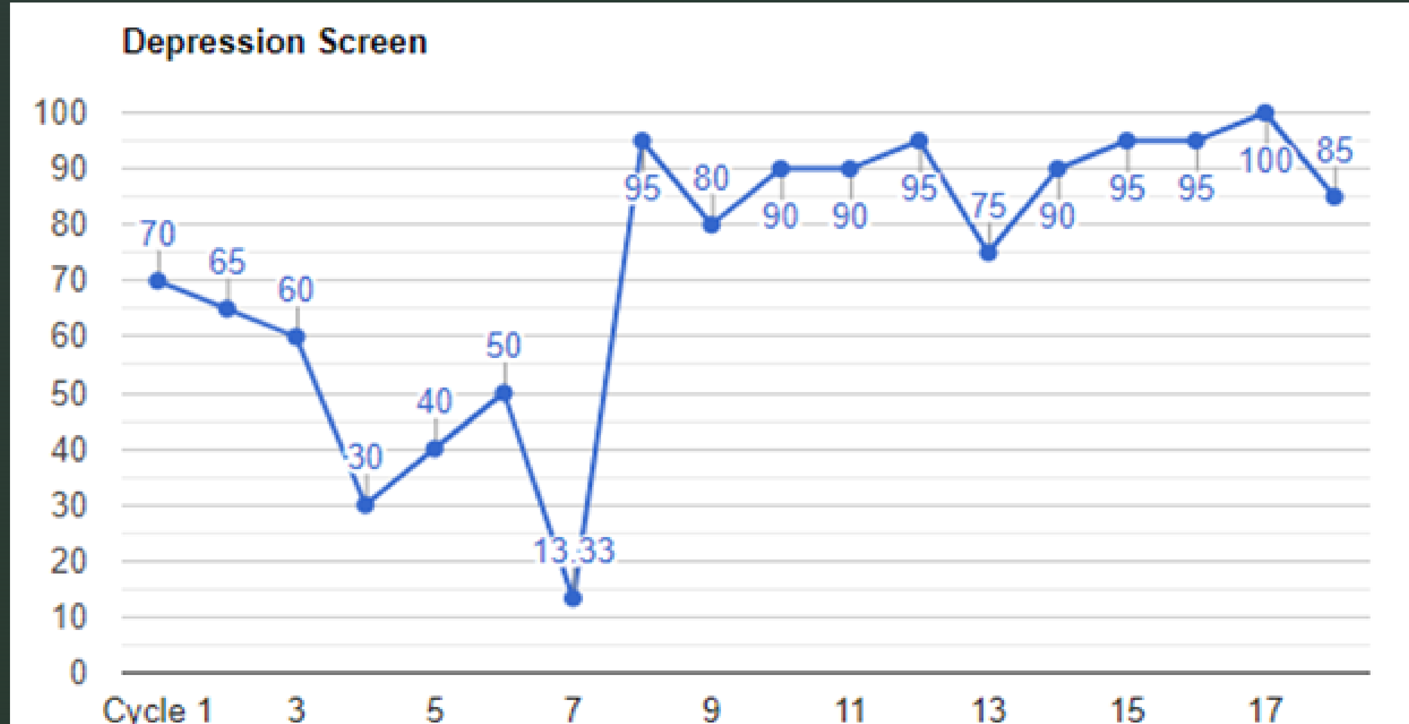
Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)

So what do we do if they're depressed?

- Used the next provider meeting to help providers develop comfort with SSRI Rx
- Optimizing Referral Options
- Provided everyone with some key resources
  - MindShift
  - Calm
  - Podcasts



Depression Screening Results



COVID-19 Shutdown

But What About Suicidality?

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	**High Risk**	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	**High Risk**	
Always Ask Question 6	**Life-time**	**Past 3 Months**
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. **If yes, was this within the past 3 months?**		**High Risk**

If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.

Download Columbia Protocol app

Patient Safety Plan Template

Step 1: My Warning signs (thoughts, mooods, or behaviors indicating you might be thinking about suicide)

1. ______
2. ______
3. ______

Step 2: My Coping Strategies (Activities that you can do to distract you from thoughts of suicide)

1. ______
2. ______
3. ______

Step 3: My Distractions (People or places that can provide some distraction or comfort)

1. Name______ Phone______
2. Name______ Phone______
3. Place______ 4. Place______

Step 4: My Network (People you identified to contact when you are having thoughts of suicide:

1. Name______ Phone______
2. Name______ Phone______
3. Name______ Phone______

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name______ Phone______
2. Local Emergency Room: MUSC Pediatric Emergency Department
   Address: 10 McClellan Banks Dr., Charleston, SC 29425
3. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
4. Emergency Psychiatric Crisis Line: 833-364-3371 to get help by phone and a real person to your house if needed
5. Text HOME to 741741 to connect via text with a Crisis Counselor

Step 6: Keeping Myself Safe (Some thing you can do to remove harmful objects or substances from your surroundings)

1. ______
2. ______afety

without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

The one thing that is most important to me and worth living for is:

______

- Matches My3 or Be Safe Apps

PHQ-9 modified for Adolescents (PHQ-A)

Name: ________________________ **Clinician:** ______________________ **Date:** ________

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☐Yes ☐No

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Office use only: **Severity score:** ________

Ask the patient:

(1) In the past few weeks, have you wished you were dead? YES NO

(2) In the past few weeks, have you felt that you or your family would be better off if you were dead? YES NO

(3) In the past week, have you been having thoughts about killing yourself? YES NO

(4) Have you ever tried to kill yourself? YES NO

If yes, how? ______________________________ When? ______________

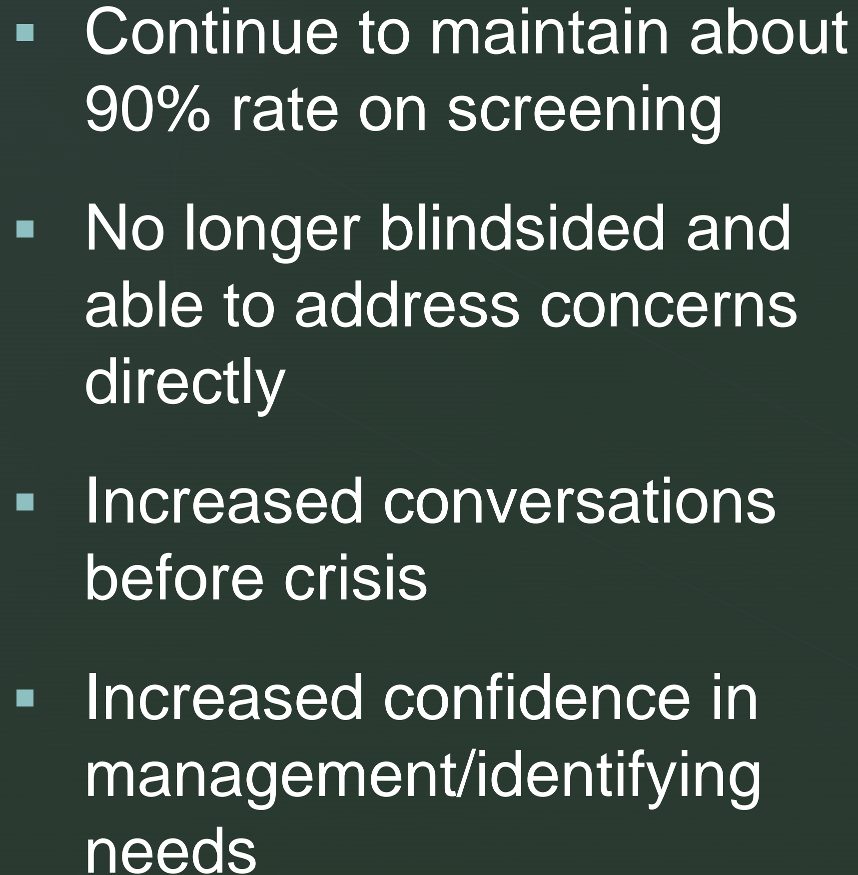
If the patient answers yes to any of the above, ask the following question:

(5) Are you having thoughts of killing yourself right now? YES NO

If yes, please describe: ____

Based on a QTIP Presentation, Added Ask Suicide Screening Questions to PHQ-A

How It's Going



- Continue to maintain about 90% rate on screening
- No longer blindsided and able to address concerns directly
- Increased conversations before crisis
- Increased confidence in management/identifying needs

FACTORS THAT LED TO SUCCESS

- This was a real need!
- Participated in COIIN study to increase Adolescent Depression Screening
- QTIP Suicidality focus group, QTIP PDSA Cycles, COIIN Study, and PCMH goals all lined up!

Areas of Continued Need

- Improved ability of providers to utilize the SC Crisis Lines
- Increased therapy resources, especially Spanish speaking
- Resources for helping families

If you or someone you know is experiencing a mental health emergency, contact our 24/7/365 Statewide Crisis Response dispatcher at 833-364-2274, or call 911.

National Suicide Prevention Lifeline: 988

The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.