

Clinical Audit Report on Mental Health Screening by nurses at a Primary Health Care Centre

Dr. Noor Fathima Shaik^{1*}, Dr. Abdul Bari Shaik¹¹Consultant Family Medicine, PHCC, QatarDOI: [10.36347/sjams.2023.v11i07.019](https://doi.org/10.36347/sjams.2023.v11i07.019)

| Received: 11.06.2023 | Accepted: 15.07.2023 | Published: 17.07.2023

*Corresponding author: Dr. Noor Fathima Shaik
Consultant Family Medicine, PHCC, Qatar

Abstract

Original Research Article

Mental health awareness is a vital part of a comprehensive National Mental Health and Wellbeing Strategy for the entire population [1]. The Ministry of Public Health (MOPH) in Qatar along with various stakeholders including PHCC are tasked with promoting and improving the delivery of Mental health services across the country as per Public Health Strategy 2017-2022 and the National Health Strategy 2018-2022 [2, 3].

The Qatar Global Burden of Disease 2010 reveals that major depressive disorder is the most burdensome disease in Qatar as per DALYs [4]. The WHO estimates about 30-50% patients attending primary care with depressive disorder are not detected and nearly two-thirds of people with a known mental disorder never seek help from a health professional due to stigma, discrimination, and negative stereotype [5]. Other reasons include limited time, access, affordability and lack of education and training. It was reported that an average delay between first symptoms presentation and intervention is approximately 11 years, which makes screening important as it allows for early identification and intervention. Recently MOPH launched Ma'ak Educational Program to enhance mental health and wellbeing in Qatar [6]. This can help bridge the gap and lead to better outcomes. Evidence suggests early treatment may also lessen long-term disability and suffering [7].

This Audit is done to review the adherence to mental health screening by nurses at our primary health care center (HC) and suggest measures to improve quality of patient care and health outcomes at PHCC if audit finds any gap in practice.

A baseline audit sample of 354 health records was selected from the total volume of patients (18years and above) who were seen at nurses' station at our HC between 11th to 20th January 2023 and reviewed retrospectively against audit specific criterion. This data was then analysed to see how many of them had mental health screening performed using PHQ2 and GAD2 questionnaires. Following data analysis of the baseline audit findings, an action plan was formulated with recommendations for improvements, followed by the implementations of the proposed changes. A reaudit was then conducted on a sample of 482 health records during 1st to 10th March 2023, to evaluate if there were any improvements in practice following implementation of actions.

The audit report suggests the key findings identified during the audit and reaudit cycle: Baseline Audit: January 11th to 20th 2023

- 55% (195/354) were screened for depression (PHQ2)
- 55% (195/354) were screened for General Anxiety Disorder (GAD2) 45% (159/354) were not screened.

Reaudit Data: March 1st to 10th 2023

- 65% (313/482) were screened for depression (PHQ2)
- 65% (313/482) were screened for General Anxiety Disorder (GAD2) 35% (169/482) were not screened.

Keywords: Mental Health, depressive disorder, anxiety disorders, primary health, nursing.

Copyright © 2023 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

An estimated one in four people globally will experience a mental health condition in their lifetime. Anxiety and depression are ranked as the most common mental health conditions among them with prevalence rates influenced by age, peaking in older adulthood [1]. Generalized Anxiety Disorders are typically associated with at least one other psychiatric condition, depression being the most common co-morbidity accounting in 39% to 80% of patients [2, 3]. Mental health problems can adversely impact pre-existing chronic medical conditions such as cardiovascular disease, diabetes, and metabolic syndrome. PHQ2 and GAD2 are vital tools

used to screen for depression and anxiety disorders as they are easy to conduct, quick and are reliable. The diagnostic accuracies of these short questionnaires were comparable to the longer version (PHQ9 and GAD7) as per various studies [2, 3]. The high prevalence, chronic nature and negative impact on daily living can contribute significantly to years of life lost to disability and cost health care systems nearly one trillion USD every year incurred from the health care costs and loss of productivity at work [5].

Nurses are the frontline staff in all health care settings are often the first point of contact for patients.

They play a vital role in supporting early detection and timely intervention of common mental health conditions.

AIM

The aim of this audit cycle is to assess the current compliance with mental health screening for anxiety and depression by nursing staff at our HC in accordance with PHCC guidelines, identify areas of improvement to recommend changes and conduct Re-

Audit to ensure improvements in uptake of screening is achieved in the target population.

AUDIT OBJECTIVE

To ascertain whether patients are screened by nursing staff for mental health by using validated questionnaires like Patient Health Questionnaire 2 and Generalised Anxiety Disorder 2 (PHQ-2 and GAD-2)

To recommend changes for improving compliance and quality of screening by nursing staff

AUDIT STANDARD

Standard / Criteria	Target	Measurement frequency (repeat data collection) if needed	Exception
Standard: Nurses should screen all suspected patients for anxiety and depression according to PHCC guidelines	80%	Audit cycle will be repeated after 6 months	Emergency cases that need immediate treatment. Those who decline screening and those with communication difficulty or disability (not language barrier).
Criterion 1: All patients 18 years and above should have screening for anxiety disorder by nurses using GAD2 questionnaire.			
Criterion 2: All patients 18 years and above should have screening for depressive disorder by nurses using PHQ2 questionnaire.			

METHODOLOGY AND SAMPLE

Inclusion Criteria

- All patients 18 years and above presenting for nursing assessment and screening at our HC during the audit and re audit period

Exclusion criteria

- Emergency cases that need immediate treatment
- Those who decline screening and those with communication difficulty or disability (not language barrier).

SAMPLING

A retrospective data compilation was done comprising of all patients presenting to nurses' station in UMG HC between 11th to 20th January 2023 and repeated from 1st to 10th March 2023. Patients that were seen during these time frames included the target

population aged 18 years and above based on the Audit criteria from all triage categories.

DATA SOURCE

The CERNER was used to retrieve electronic health records which were the primary source of data collection.

AUDIT TOOL

Microsoft Excel and word documents were used incorporating various elements of the data including screening criteria, age distribution, gender, triage category, date, time, and triaging individual.

DATA ANALYSIS

A quantitative analysis was carried out using Audit criteria, tables, proportions, and percentages in order to ensure accurate interpretation of the collected data.

RESULTS

Table 1: Findings as per the Criterion

Criterion	Audit findings (compliance %)	
	Baseline Audit	Re-Audit
Criterion 1: All patients 18 years and above who had screening for anxiety disorders by nurses using GAD2 questionnaire.	55% (195/354)	65% (313/482)
Criterion 2: All patients 18 years and above who had screening for depressive disorder by nurses using PHQ2 questionnaire.	55% (195/354)	65% (313/482)

CLINICAL AUDIT ACTION PLAN

Audit Topic	Clinical Audit on Mental Health Screening by HC nurses atUMG HC	AuditNo.	HC/CA.23-010
Health Centers	Umm Ghuwailina Health Centre	Audit Dates	January to March 2023
Audit Lead	Dr Abdul Bari Shaik	UC Manager	Dr Shawqiya Al Majid
Recommendations	Actions Required	Responsible	Initiation date
1- Reinforce compliance to PHCC Guideline on screening	Organize a teaching session to re-visit the PHCC guidelines of mental health disorders. Use of Poster display or presentation at Health center notice Boards	Abdul Bari Shaik & Noor Fathima Shaik	April 2023
2 - To improve documentation	Optimize use of Official email, HC WhatsApp forum and small group discussions to aid learning of nursing staff on importance of screening and mandatory documentation. Monitor the implementation by assigning focal members within nursing staff to guide and review the progress.	Abdul Bari Shaik & Noor Fathima Shaik	April 2023
5 - Re-audit to review the progress.	Following the discussion and implementation of the recommendations the Audit cycle will be repeated in 6-9 months to re-evaluate the improvement in clinical practice.	Abdul Bari Shaik & Noor Fathima Shaik	April 2023

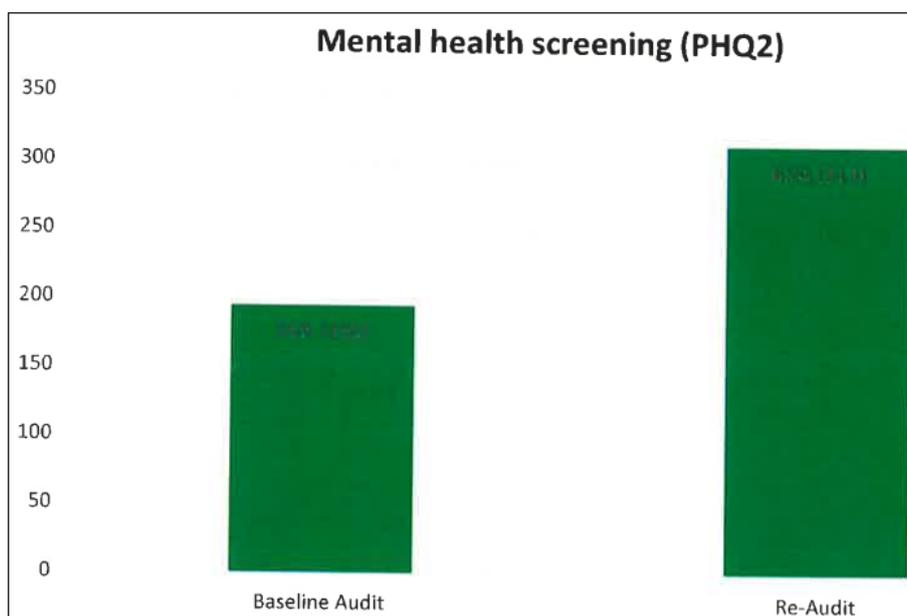


Figure 1: All patients 18 years and above who had screening for depressive disorders by nurses using PHQ-2 questionnaire comparing the Baseline (n=354) and Reaudit (n=482)

Figure 1 illustrates that there was a ten percent (10%) improvement in screening rates during re Audit compared to the baseline audit.

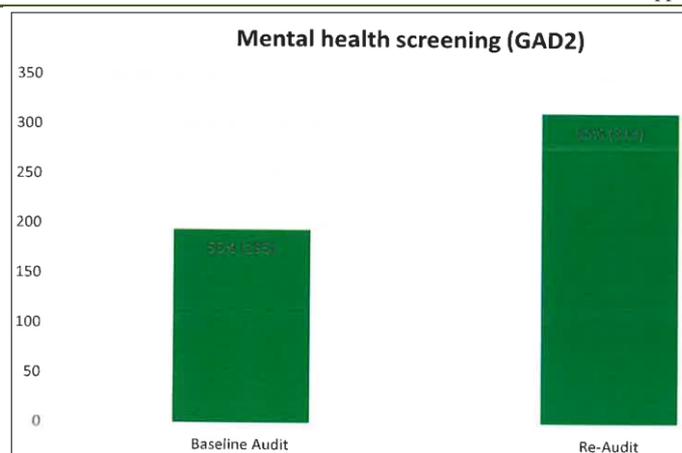


Figure 2: All patients 18 years and above who had screening for anxiety disorders by nurses using GAD-2 questionnaire comparing the Baseline (n=354) and Reaudit (n=482)

Figure 2 Above illustrates that there was a ten percent (10%) improvement in screening rates during re Audit compared to the baseline audit, however further improvement is required to achieve our target compliance.

AREAS FOR IMPROVEMENT

Screening of All patients aged 18 years and above for depressive disorder using PHQ2 questionnaire in accordance with PHCC guidelines with clear documentation of all responses in the questionnaire.

Screening of All patients aged 18 years and above for general anxiety disorder using GAD2 questionnaire in accordance with PHCC guidelines with clear documentation of all responses in the questionnaire.

All patients with positive screening should be handed over to the attending physician for appropriate detailed assessment and management.

CONCLUSION

Overall Audit findings revealed improvement in compliance with mental health screening as per the guideline from 55% during baseline to 65% during reaudit. Following discussions with health center team educational session for the nurses was arranged to reinforce the clinical guidelines on mental health screening of all patients along with frequent reminders to be sent with the support from IT support to improve adherence. Although reaudit evidenced positive development however it still requires further improvement to achieve the target compliance. We plan to re-audit after 6 months and continue working on the recommendations and supportive measures to further improve our compliances and the quality of care delivery at the Health Center.

RECOMMENDATIONS

Reinforce compliance to PHCC Guideline on screening to improve documentation Repeat the Audit to review the progress.

REFERENCES

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. American Psychiatric Publishing; 2013.
2. Clinical Practice Guideline for the Diagnosis and Management of Depression in Adults in Primary Care (CLA-G1 9V03.0) PHCC, Qatar 2020.
3. Clinical Practice Guideline for the Diagnosis and Management of Generalized Anxiety Disorder (GAD) in Adults (CLA-G20V03.0) PHCC, Qatar 2020.
4. Hukoomi WebPortal [Internet]. Hukoomi.gov.qa. 2023 [cited 2023 Apr 30]. Available from: <https://hukoomi.gov.qa/en/news/moph-launches-new-national-mental-health-wellbeing-program>
5. International Classification of Diseases (ICD) [Internet]. World Health Organization. World Health Organization; [cited 2023Apr30]. Available from: <https://www.who.int/standards/classifications/classification-of-diseases>
6. Mental health screening [Internet]. NAMI. [cited2023 Apr 30]. Available from: <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-Screening>
7. Staples, L. G., Dear, B. F., Gandy, M., Fogliati, V., Fogliati, R., Karin, E., ... & Titov, N. (2019). Psychometric properties and clinical utility of brief measures of depression, anxiety, and general distress: The PHQ-2, GAD-2, and K-6. *General hospital psychiatry*, 56, 13-18. Available from: <https://pubmed.ncbi.nlm.nih.gov/30508772/>