



# Improving Mental Health Screening at Stanford Adult Endocrinology



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## Background & Objective

People with type 1 diabetes (T1D) are at higher risk for depression and anxiety. Reports by JDRF indicate that one in four people with diabetes are impacted by depression.<sup>1</sup> Routine screening is essential to reduce psychological comorbidities and improve diabetes care. This quality improvement initiative was implemented to increase screening for depression and anxiety from 0% to 50% over 12 months.

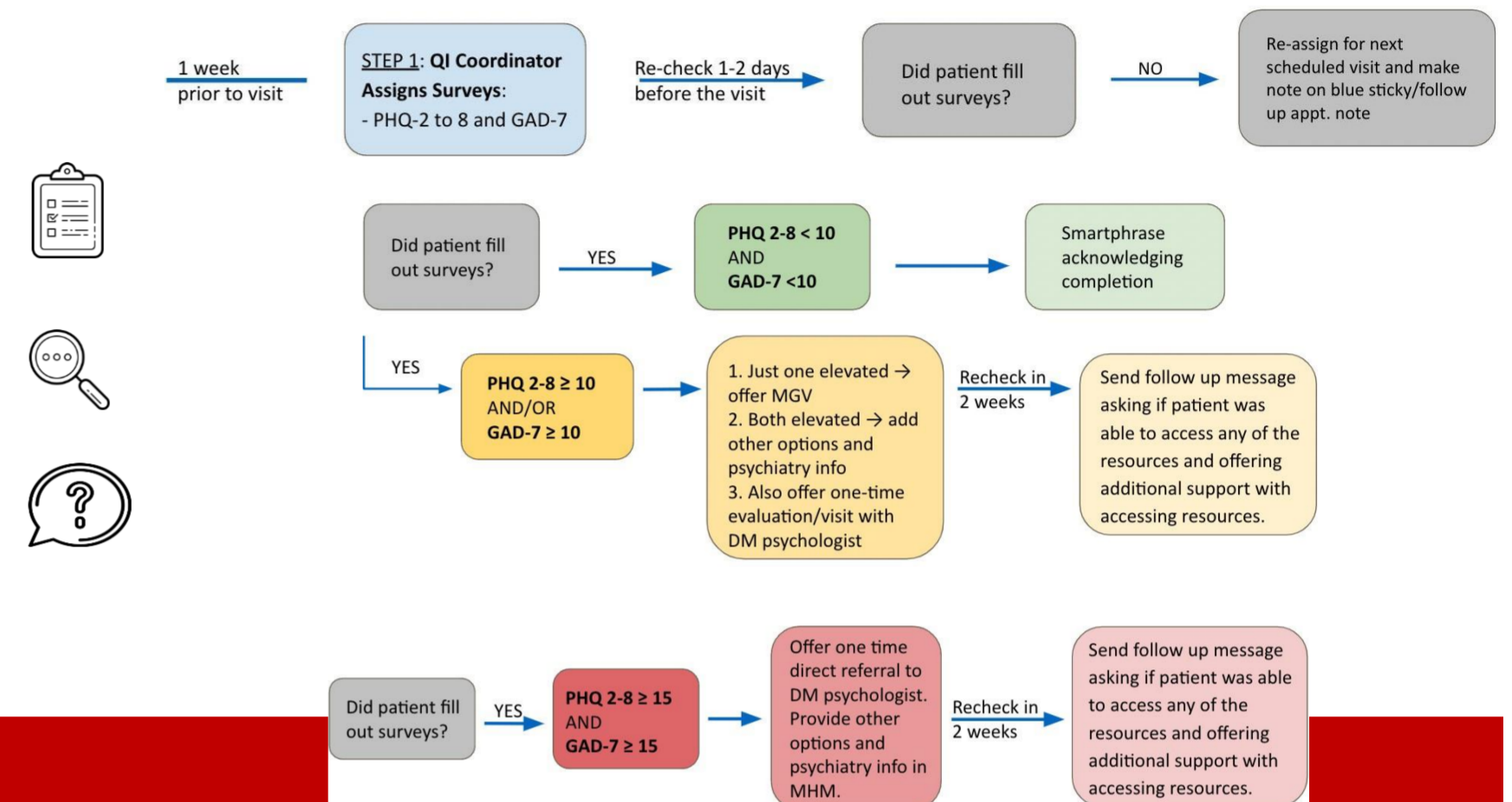
## Methods

Through twelve Plan-Do-Study-Act (PDSA) cycles, adult T1D patients were screened using PHQ 2-8 and GAD7.

- Surveys were assigned 1-2 weeks prior to visits
- Patients already followed by a mental health provider or screened in the past 6 months, weren't re-screened
- 1-2 days before visits, patients were sent a reminder

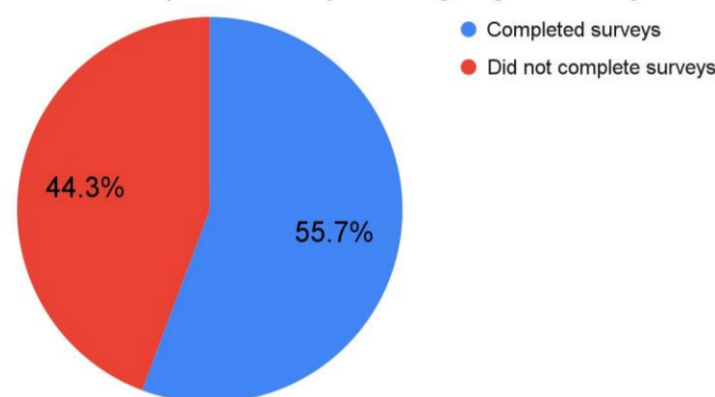
Patients with elevated scores were provided resources via secure messages and encouraged to discuss during visits.

## Workflow

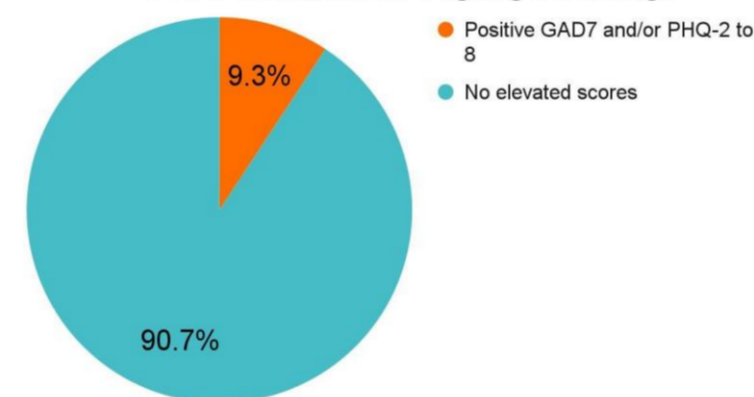


## Results

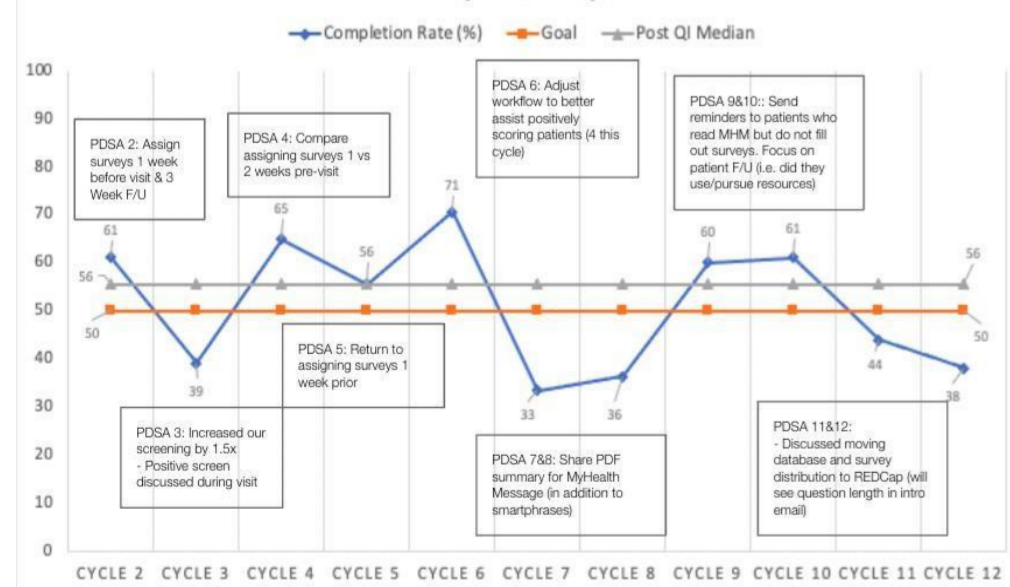
Completed Surveys w/ Ongoing Screenings



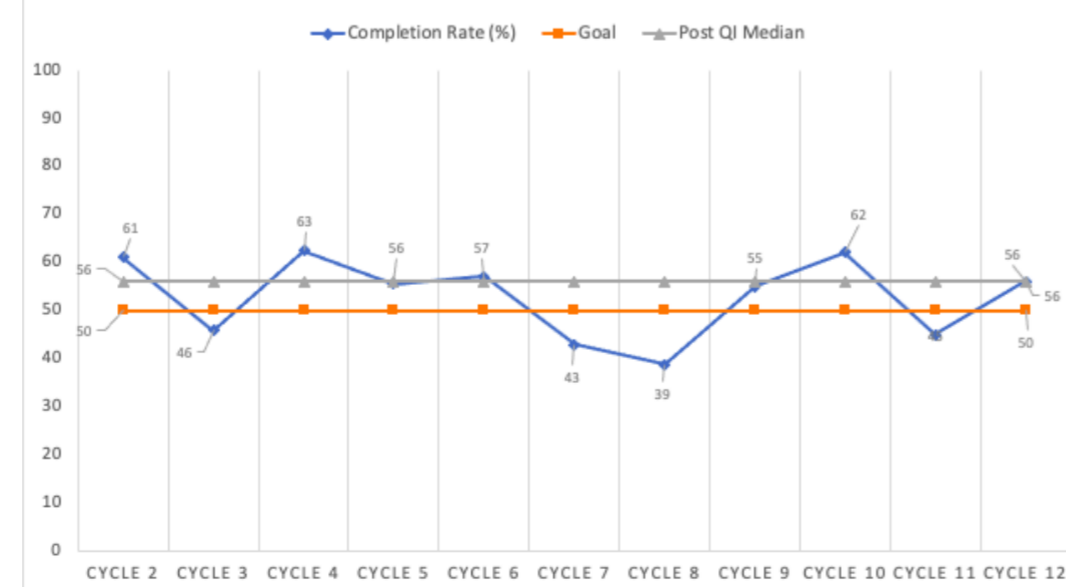
Score Distribution w/ Ongoing Screenings



PHQ-2 TO PHQ-8



GAD-7



## Conclusion + Future Direction

Our current response rate is 55.7% (205 completed surveys/368 assigned surveys). Nineteen patients have had a positive screen for GAD7 and/or PHQ-2 to 8. Response rate increased from 0%, for a single provider, compared to December 2021, prior to start of the QI project. During this time, one provider had 458 unique T1D patient visits where 368 patients were assigned surveys.

Our future direction is to reach out to other providers in the Adult Endocrine Clinic to gauge interest in starting mental health screening for their patients and to further develop the workflow and referral system to connect patients with elevated scores in a timely manner. We hope to look into automated messages and other ways to more efficiently respond to positive screens. Additionally, we plan to transition our data collection to REDCap for further analysis. Ultimately, we would like to identify and address barriers that patients face in filling out surveys and accessing available resources.

## References

<sup>1</sup>Type 1 Diabetes and Depression." JDRF, <https://www.jdrf.org/t1d-resources/living-with-t1d/mental-health/depression/>.