

Mental Health Screening in the Inpatient Setting with a Focus on Anxiety and Depression

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Problem/Purpose

Patients' mental health can suffer during hospital stays in the form of loss of independence and ADLs, physical changes and body image issues, depression from isolation, loneliness, and lifestyle changes, anxiety from alarms, surgeries and procedures, and fearing death.

Mental health IS health and plays a major role in recovery.

Introduction

Patients often exhibit symptoms of anxiety and/or depression without having an established diagnosis or verbalizing these feelings.

The goal of our project is to empower nurses to participate in a simple, structured assessment of anxiety and depression for patients in a hospital setting and use the results of the evaluation to escalate care and determine appropriate interventions for each patient.

PICO

For patients on the Cardiopulmonary Critical Care Unit at UAB Hospital, does the use of depression and anxiety screening tools, increase the chance of early identification and intervention of mental health issues, compared with not using a mental health screening scale over the period of one month?

Methodology

Pre-Intervention Survey of CPCC Nurses

Hospital Anxiety and Depression Scale
HADS assessment

- 14 total questions; 7 depression related, and 7 anxiety related
- A: Worrying thoughts go through my mind
- D: I have lost interest in my appearance
- Responses are scored with a number between 0-3 with total score determining likelihood of anxiety and/or depression.

Post-Intervention Survey of CPCC Nurses

Results

Pre-Intervention:

- 81% of surveyed CPCC nurses had never heard of the HADS or PHQ9 scale and 100% had never used either tool.

Post-Intervention:

- 100% of surveyed CPCC nurses felt the HADS questionnaire was simple to use and 100% felt it helped to identify symptoms of depression and/or anxiety in their patients.

Intervention:

- 71% of surveyed patients had a total score in the 'Borderline Abnormal' or 'Abnormal' categories.
- 57% of surveyed patients resulted with a higher anxiety score than depression score.

Conclusion

All patients surveyed reported at least one symptom of anxiety *and* depression.

The continued routine use of these screening tools will likely increase chances of early identification and intervention of mental health issues.

There were more limitations preventing participation than expected but provided insight into what types of barriers patients face in assessing their mental health.

Recommendations

Implementing routine anxiety and/or depression screening tools into ongoing patient care.

Educating nurses and interdisciplinary team on various mental health evaluations and assessment tools available.

Encourage mental health screening at the bedside for *all* patients, regardless of observable behavior or affect.

Limitations

Unable to assess patients who are:

- Intubated and/or sedated
- Delirious or unable to follow commands
- With cognitive deficits
- Aphasic
- Unwilling to participate in the questionnaire

References

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