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Improving Mental Health Access Through Primary Care: Implementation of a Generalized Anxiety Disorder Screening and Specialist Referral Protocol

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BACKGROUND

- Symptoms of generalized anxiety disorder (GAD) occur in 3.1% of the United States population, yet the estimated prevalence of GAD in primary care is up to 8.5% (ADAA, 2022).
- The average delay from symptom presentation to intervention with specialized mental health care is roughly 11 years leading to high levels of individual and disease burden (NAMI, 2022).
- Consequently, only 30% of GAD primary care users receive anxiety-specific treatment, and 40% never consider seeking help or a diagnostic evaluation (Heinig et al., 2021).

LOCAL PROBLEM

- The project site was primary healthcare clinic in rural Tennessee without a protocol to screen for GAD.
- The **purpose** of this DNP Scholarly Project was to create the GAD Screening and Referral Toolkit, including the standardized GAD risk assessment tool, GAD-7.
- The **aims** of this project were to:
  o Screen 60% of patients presenting to primary care for a wellness visit or with a chief complaint of anxiety.
  o Of those screened at risk, 40% will be further evaluated by the provider and receive a referral to mental healthcare.

METHODS

- The Model for Improvement and Plan-Do-Study-Act (PDSA) cycles were used as the guiding framework.
- Critical appraisal of the literature demonstrated good and consistent evidence supporting implementation of GAD-7 Screening Tool (GAD-7) in primary care.7-10
- The Significant Health History Questionnaire (SHHQ), developed for this project, was integrated to enhance the promptness of care and the GAD-7 tool was used to screen for GAD risk.
- Screening and mental health referrals rates were measured at baseline and followed over 3 months.

After the GAD-7 was implemented, primary care patients who were at risk for GAD were significantly more likely to be identified and referred to specialized mental health care.

% of Patients Screened for GAD Risk (N=152)
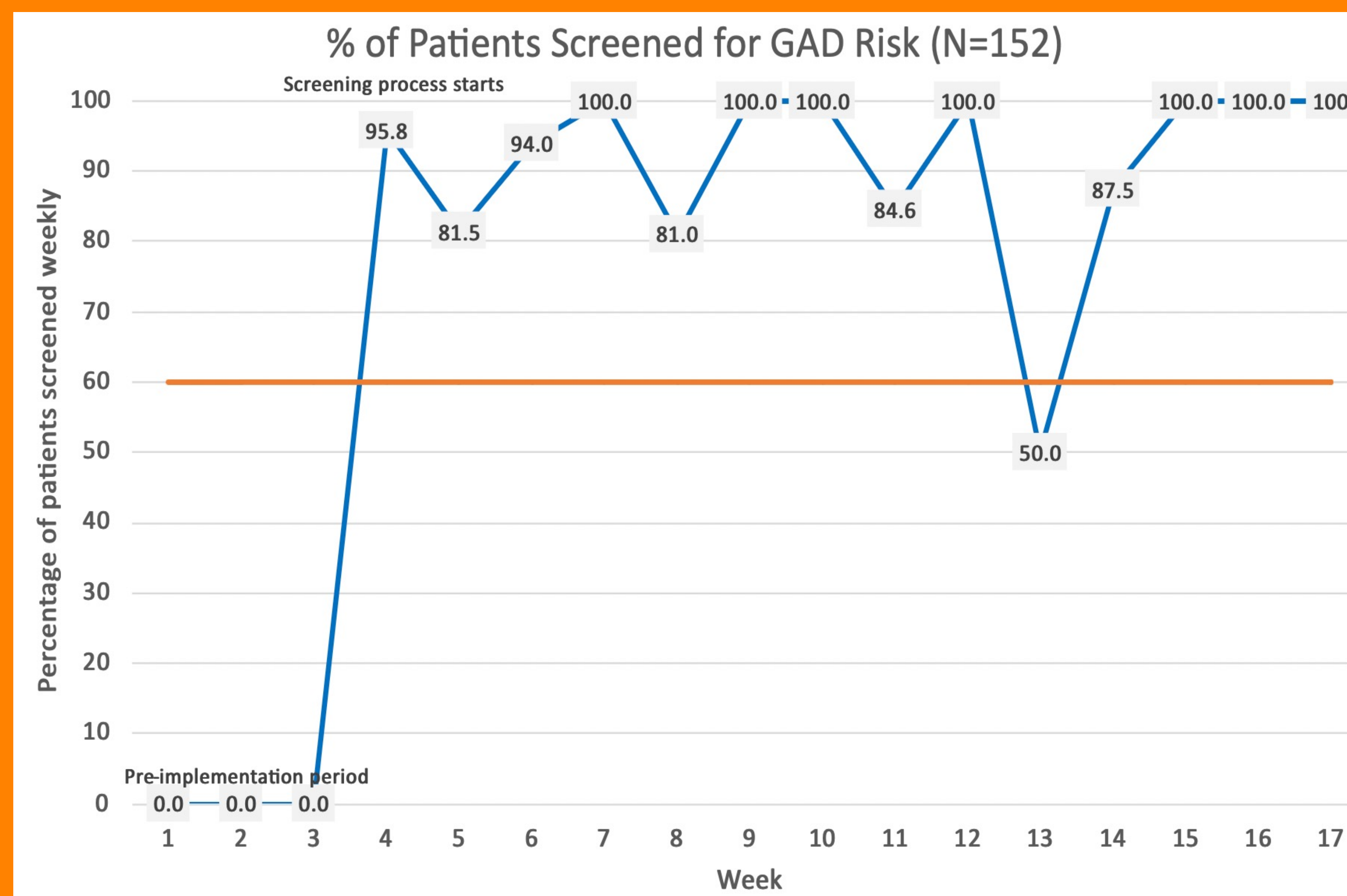
Patients Screened at Risk for GAD Receiving Specialized Mental Health Referrals (N=106)

- Referrals Given (N=82)
- Referrals Declined (N=15)
- Referrals Not Given (N=9)
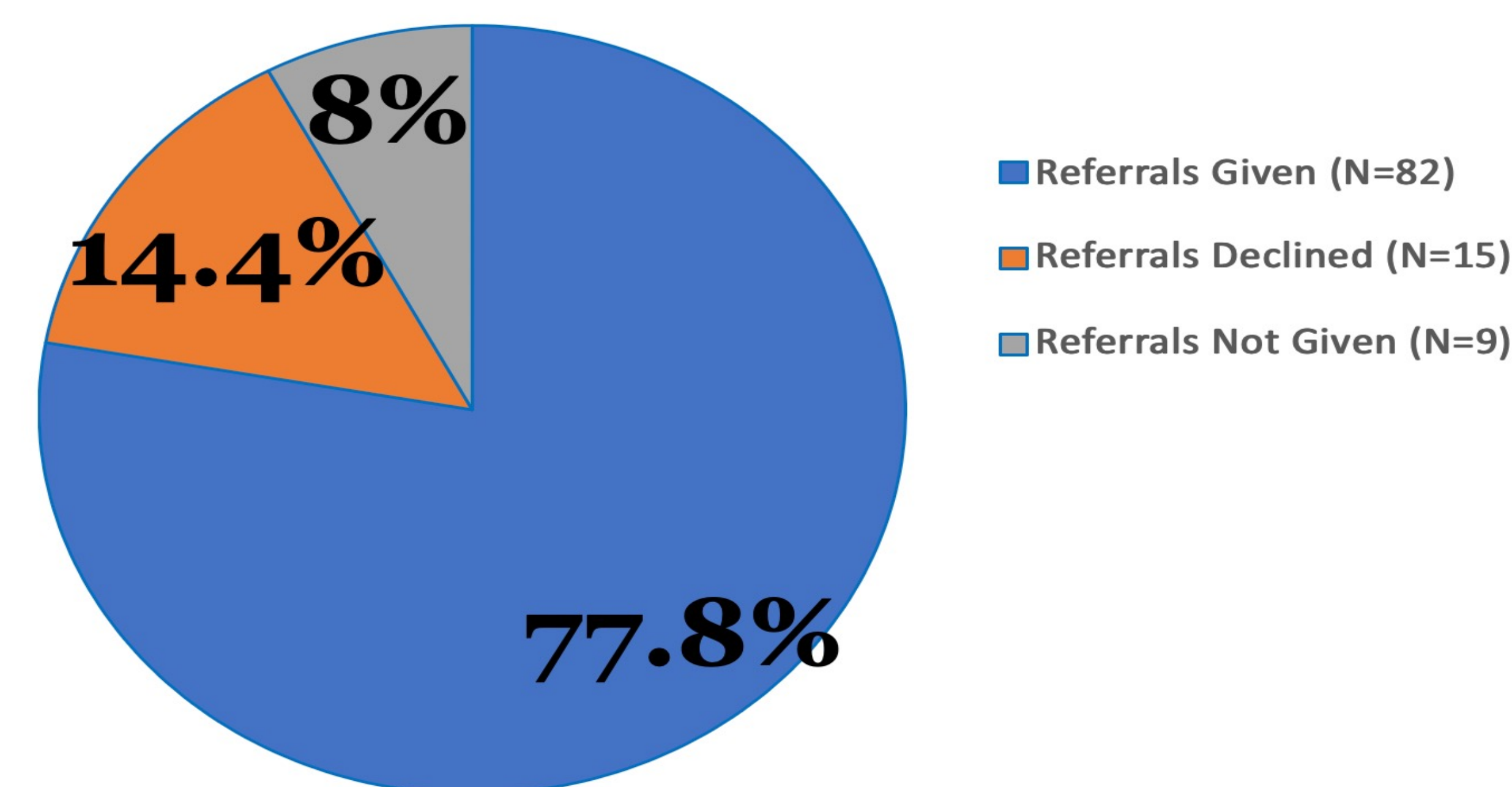
INTERVENTIONS

- Pre-implementation education was provided to one physician, three nurse practitioners, two physician assistants, six clinical staff, and six administrative staff members.
- Administrative staff were instructed to provide the SHHQ to patients presenting for a wellness visit and/or with a chief compliant of anxiety.
- Clinical staff were instructed to review the SHHQ and administer the GAD-7 to the patient if the SHHQ indicated a risk for anxiety.
- Providers scored the GAD-7. A mental health referral was provided for positive GAD-7 scores (≥8) and based on face-to-face interview.
- Four PDSA cycles were completed during the implementation phase.

RESULTS

- Screening rates for GAD risk increased from 0% to 94.2%, far surpassing the aim of 60%.
- Specialty mental health referral rates for those at risk of GAD increased from 2.6% to 77.8%; a 2892.31% increase, which also far surpassed the aim of 40%.
- Referrals were declined by 14.4% of those screened at risk for GAD based on a GAD-7 score of eight or above or based on a face-to-face interview with a provider.

CONCLUSIONS

- Use of a standardized risk assessment tool resulted in a significant increase in the screening and referral of patients at risk for GAD allowing earlier detection and specialized mental health treatment.
- The GAD-7 screening will continue to be implemented, with ongoing collaboration with stakeholders to integrate the protocol into every patient visit.
- Recommended for future projects to investigate patients' attendance at mental health referral appointments made by PCPs and to explore any barriers if appointments were missed.

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