

Assessing Primary Care Nurse Practitioners' Perceptions in Screening for Depression & Suicidality: An Educational Pilot Study

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BACKGROUND

- ◆ 25% of patients who visit their PCP have depressive symptoms and disorders.
- ◆ 45% of people who commit suicide visited their PCP in the preceding month.
- ◆ 20% of people who commit suicide saw a mental health care provider in the preceding month.
- ◆ It is imperative for primary care NPs to screen for depression and suicidality.

PURPOSE

- ◆ Assess for discomfort or knowledge gaps that primary care NPs may have in these assessments.
- ◆ Provide educational materials and a screening tool from the Depression Management Tool Kit ©.
- ◆ Assess for changes in perceptions.

INCLUSION CRITERIA

- ◆ Registered Nurse Practitioner.
- ◆ Works in a primary care setting.
- ◆ Works 30+ hours per week.
- ◆ Treats patients 18 years and older.

METHODS

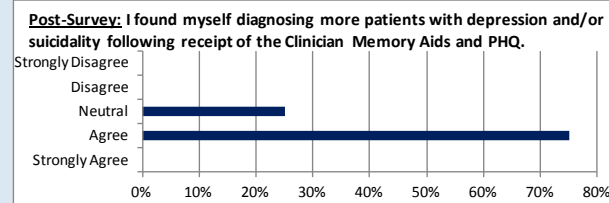
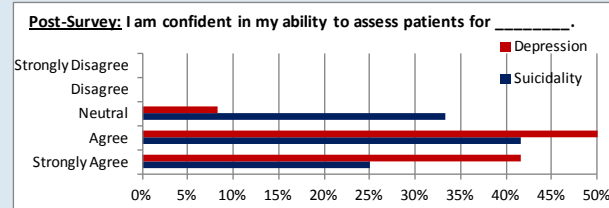
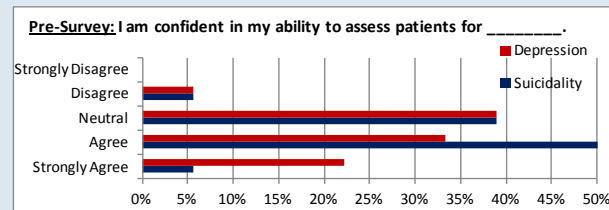
- ◆ Primary care NPs recruited through social media and e-mail.
- ◆ Conducted a pre-survey to assess for any discomfort, knowledge gaps, how often they screen and method of screening.
- ◆ Provided Appendix 1 of Depression Management Tool Kit © from the MacArthur Initiative on Depression and Primary Care which includes Clinician Memory Aids and the PHQ-9 Patient Questionnaire.
- ◆ Conducted a post-survey to assess for any changes in perceptions or differences in practices.
- ◆ Project website: <http://tmlesniak.wix.com/lesniakdnp>

KEY SURVEY INQUIRIES

- ◆ Self-assessed confidence in screening for depression.
- ◆ Self-assessed confidence in screening for suicidality.
- ◆ Frequency of screening for depression and suicidality.

RESULTS

- ◆ Confidence in screening for depression and suicidality both increased.
- ◆ Use of PHQ-9 increased from 30% of providers using at some point to 100% of providers using at some point.
- ◆ Increase in primary care NPs diagnosing depression and identifying suicidality in their patients.
- ◆ Sample size of 18 and 12 qualified respondents in Pre-Survey and Post-Survey, respectively.



DISCUSSION

- ◆ Level of confidence increased for screening both depression and suicidality in patients.
- ◆ Screening for suicidality remains less comfortable than screening for depression in both surveys.
- ◆ Current tool kit has greater impact on depression assessment confidence. Alternative education kits/methods focused on suicidality should be considered.
- ◆ Providing educational materials helped primary care NPs in assessing and screening for both depression & suicidality.
- ◆ The findings suggest that there is correlation between exposure to education about screening for depression and suicidality and frequency of assessing for depression and suicidality.

IMPLICATIONS

- ◆ The survey data suggests that tools and education for primary care NPs are imperative in order to identify depression and suicidality in patients.
- ◆ Further educational interventions need to include steps to take after identification: treatment and referrals.
- ◆ Additional education in assessing suicidality to increase level of comfort in screening should focus on assessing intent and lethality.
- ◆ Alternative education materials focused on suicidality should be considered.
- ◆ Additional studies, including observational studies are needed.

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1. McDowell, A., Lineberry, T., & Bostwick, J. (2011). Practical suicide risk management for the busy primary care physician. *Mayo Clinic Proceedings*, 86(8), 792-800. doi: 10.4065/mcp.2011.0076