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Connecting People in Need with Care

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From Screening to Services: Integrating the HEADS-ED Mental Health Screening Tool into Primary Care

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PRESENTER DISCLOSURE

- **Presenter:** Mireille St-Jean
- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Other:** None

- **Presenter:** Mario Cappelli
- **Relationships with commercial interests:** None
  - **Grants/Research Support:** RBC Foundation, CHEO Foundation, CIHR, MOHLTC
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Other:** None

MITIGATING POTENTIAL BIAS

- **Presenter:** Mireille St-Jean
- **Mitigation of conflict:** NA

- **Presenter:** Mario Cappelli
- **Mitigation of conflict:** NA

LEARNING OBJECTIVES

1. Describe the development and evaluation of the HEADS-ED, a brief, action oriented mental health screening tool;
2. Describe the development of a mixed methods study designed to adapt, implement and evaluate the HEADS-ED for use in primary care;
3. Identify the mental health needs of and related mental health services for children and youth in their community using the demonstrated screening tool.

The HEADS-ED

- Rapid screening tool that facilitates obtaining a psychosocial history
- Designed by a multidisciplinary team to match the existing "HEADS" interview while adapting it for ED use and adding a scoring component to assist with decision-making
- The HEADS-ED includes the main domains of the HEADS but also expands it to include discharge planning and a severity/need for action rating
- Each item represents a specific component of the patient history:

H ome
E ducation
A ctivities
D rugs and alcohol
S uicidality
E motions and Behaviours
D ischarge Resources

The HEADS-ED

- Demonstrated evidence for use in the ED :
  - suggesting psychiatric consultation (score of 8+ with suicidality of 2),
  - admission decisions,
  - guidance in the selection of referrals for patients discharged back to the community
  - providing a common action oriented language to facilitate discussion between health care professionals

- (Cappelli et al., 2012; Cappelli et al, in press)

Adapting the HEADS-ED for Primary Care

Study objectives:

1) adapt the HEADS-ED tool for use in PC,
   - Currently underway using Delphi method
2) identify the barriers and facilitators for using the tool in PC settings,
   - Key informant Interviews using the Theoretical Domains Framework (experience doing this, MacWilliams et al, 2016)
3) develop a user friendly HEADS-ED website for PC physicians modelled on the existing HEADS-ED website,
   - www.ottawa.heads-ed.com
4) conduct a field evaluation of the tool implementation in a PC setting

Adapting the HEADS-ED for Primary Care

Conduct a field evaluation of the tool in a PC setting

Outcomes:

- the rate of uptake of the tool in the PC setting
- PC physician satisfaction with the tool
- change in PC physician comfort with MH assessments
- Improved knowledge and comfort in making referrals to community services

Adapting the HEADS-ED for Primary Care

Method

- three month prospective cohort study
- prior to the 3-month implementation, training will be provided to physicians and residents on how to navigate the HEADS-ED website and answer any questions
- A HEADS-ED icon will be placed on each desktop computer at the implementation site and posters will be displayed in key areas as reminders for HEADS-ED use

Adapting the HEADS-ED for Primary Care

Method continued

- A patient chart audit will be conducted for the 3 month implementation period to identify MH cases assessed in the PC setting over the implementation period.
    - ICD 9 codes used from billing to determine MH cases
    - data abstraction form created and will include: demographic and clinical data, PC recommendations, and whether or not the HEADS-ED was completed
    - two auditors, will be trained to abstract health records.
    - A data dictionary will be created to guide auditors and ensure standardized data collection
    - Auditors will abstract the same charts to assess inter-rater agreement with a kappa coefficient on key variables.

Questions for discussion

- Determining number of sites for implementation? (TOHAFHT is a Residency Training Practice within a Tertiary Care Hospital and so a concurrent site in a Community Practice may be of use for generalizability).
- Determining number of months for implementation? (1 month may be too short, 1 month for settling in period (training and reminders) before starting to measure uptake?
- Uptake of Tool in a busy Family Medicine context where there are many competing interests for time and attention.