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Improve Access to Mental Health Care in COVID-19 Triage Clinic

Rena Beal

IMPROVE ACCESS TO MENTAL HEALTH CARE IN COVID-19 TRIAGE CLINIC

by

Rena Beal

A Doctoral Project
Submitted to the Graduate School,
the College of Nursing and Health Professions
and the School of Leadership and Advanced Nursing Practice
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Nursing Practice

Approved by:

Dr. Carolyn Coleman, Committee Chair
Dr. Marti Jordan, Committee Member

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ABSTRACT

Depression is one of the most common health concerns for Veterans which commonly occur after traumatic events. The COVID-19 pandemic is a known fact to impact the Veteran population significantly increasing mental health crisis. Hester (2017) implies the Veterans Administration (VA) has been criticized for not developing procedures for routine mental health screenings and early interventions for all service members before they return to civilian life. A plan of intervention based on these signs could be the first step for a crisis intervention team to provide needed assistance and conduct a psychiatric evaluation for Veterans utilizing the VA healthcare system to ensure they get the help that is needed.

The goal of this Doctor of Nursing Practice (DNP) project was to identify the need for depression screening on Veterans who present to the COVID-19 Triage Clinic and assess the knowledge deficit of frontline staff regarding depression and severity of symptoms. This project demonstrated best practices, quality improvement for depression screening in Veterans who presented to the COVID-19 Triage Clinic. The need for a standardized depression screening and implementation of PHQ-2 and PHQ-9 as a depression screening tool was identified by the DNP project.

This DNP proposal formulated a clinical question using the Population/ Patient Problem, Intervention, Comparison, Outcome, Time (PICOT) format for Veterans seeking care in the COVID-19 triage clinic. (P), For Veterans seeking care in a walk-in COVID-19 triage clinic at Veteran Administration Medical Center (VAMC), how does (I), implementing screening for depression, compared to (C), no screening for depression of Veterans (O) improve timely access to mental health care in depressed patients (T)

during 4 weeks. Regardless of the presenting complaints, the DNP proposal showed the persistent critical need to screen Veterans for depression in the clinical setting. Also, clinical staff must be educated and trained on the benefits of PHQ-2, PHQ-9 depression screening tools to accurately assess Veterans in crisis and refer them to Mental Health Services promptly to meet the desired need.

ACKNOWLEDGMENTS

With the advice and support of the faculty at The University of Southern Mississippi, this Doctor of Nursing Practice project was able to be completed successfully. A sincere thank you to my chair, Dr. Carolyn Coleman, for guidance, persistence, and patience through this tedious journey. I would like to acknowledge my committee member, Dr. Marti Jordan for your assistance with this doctoral project. I also would like to acknowledge and thank my mentors Dr. Tearsanee Carlisle Davis, Dr. Nicole Forbes- Powe, Dr. Yvette Glenn, and Dr. Wendy Hopkins for your support, dedication, and advice to not give up and stay focused, you are my SHERO's. A special thank you to Ms. Sonia Adams who is always there for the students. In addition, thank you to all the faculty and staff for your assistance and time during this journey in the graduate program.

DEDICATION

I dedicate my doctoral project and degree to my heavenly mother and heavenly father, Ethel Davis, and Sgt Grady Davis, Sr. WWII/Viet Nam Veteran. Dad, you served, now I am serving, "caring for those who bore the battle" as quoted by Abraham Lincoln. Dad, now I better understand your struggles and sacrifice to serve. For that, I am grateful and thankful to be an army kid. Mom, I pushed thru to accomplish the opportunities you were not given; I salute you both. To God be the Glory for the things He has done in my life because of you both. Thank you for life. I miss and love you.

To my other parents Bert and Ester Vickers, thank you for accepting me, loving, and believing in me as your bonus daughter, you instilled in me to continue to be "A Go-Getter." I Love You. My mother-in-law Sarah Beal you have been my inspiration from the beginning, I Love You

To my loving and devoted husband Norwood Beal, Jr of 43 years, thank you for your love, support, understanding, patience, believing in me, and always having my back, I Love you endlessly! To my children Monifa and Tyre, my bonus daughter Wyetta you are my heartbeats, my joy, my purpose, and drive to keep going and accomplish what seemed impossible become possible. My #1 cheerleaders, I Love You.

To my grandchildren, Christon, Sydney, Sean, Brooklyn, Summer, Christian, and Kyle you are my sunshine and my goal setters "I can, so can you, I Love You." For all the missed performances, dance, cheer, basketball, soccer, and baseball games "now I can." "You are my pillars to climb to the top ladder of success." To my sisters Blondie, and Rita, my brothers Willie, Melvin, Dennis, heavenly brothers Grady Jr, and Big Dave, I love you all, thanks for your words of encouragement, love, and support.

To my remaining family, deceased grandparents, aunts, uncles, sisters-in-law, brothers-in-law, nephews, nieces, cousins, extended children, Godchildren, God great-grands, daughter in love Dewona, and son in love Nick, I love you all beyond measures.

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LIST OF ABBREVIATIONS

AACN	American Association of Colleges of Nursing
DON	Director of Nursing
DNP	Doctor of Nursing Practice
DSM IV	Diagnostic and Statistical Manual of Mental Disorders
HIPPA	Health Insurance Portability and Accountability
IRB	Institutional Review Board
LCSW	Licensed Clinical Social Worker
MD	Medical Doctor
MHTC	Mental Health Treatment Coordinator
NP	Nurse Practitioner
PCMHI	Primary Care Mental Health Integration
PDSA	Plan Do Study Act
PHQ	Patient Health Questionnaire
PICOT	Population, Intervention, Compare, Outcome, Time
PTSD	Post-Traumatic Stress Disorder
QI	Quality Improvement
RN	Registered Nurse
USM	The University of Southern Mississippi
VA	Veteran's Administration
VAMC	Veteran's Administration Medical Center

CHAPTER I - INTRODUCTION

Numerous mental health issues were identified amongst Veterans during the COVID-19 pandemic. Symptoms of depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health crisis symptoms were prevalent among Veterans, thus presenting the need for mental health services. Feelings of rejection, increased symptoms of depression, anxiety, and suicide were identified amongst combat veterans prior to seeking mental health services. The fact that most combat veterans are unaware of mental health services available to them through the Veteran's Administration (VA) is disheartening (Gerber, 2020).

Early identification, assessment of mental health symptoms, and prompt treatment allow Veterans to obtain essential mental health services. It is imperative to screen Veterans to ensure he/she obtains the necessary and essential mental health services within the Veterans Health Care System, and promptly identify and resolve barriers that may delay treatment/therapy.

Background

This project has taken place at the G.V. Sonny Montgomery VAMC in the COVID-19 triage clinic. The highest rate of suicide and combat-related issues were identified in the Veteran population (Brook, 2020). Combat Veterans endure trauma from overseas deployments, wars, conflict, and other military-induced combat traumas. Veterans deploy to astute areas of unsafe grounds, frontline fighting in wars during combat exposing them to deaths and other traumas, thus significantly impacting one's mental health. Additionally, Veterans exposed to gunfire and bombs during deployment significantly exacerbate poor sleeping habits, fear of death, or not returning to the safe

ground of freedom. Such acute and chronic traumas predispose justification for soldiers to use alcohol and drugs as coping mechanisms to deal with anxiety, depression, or other symptoms incurred during deployment.

Furthermore, the stress of a soldier's military duties/job, the loyal oath, and demand to protect the country at all costs including loss of one's life further potentiate stress, mental illness, and alcohol or substance/drug use. According to Gerber (2020) states Veterans carry burdens of emotional combat, service-related trauma, physical health, and chronic medical symptoms which increases their risks for depression during the COVID-19 pandemic.

Significance

There is a high incidence rate of suicide, and chronic mental health conditions within the Veteran population, the Veteran community, the VA health care system, and the military community. The identified populations demonstrate prevalent chronic mental health conditions, depression, and PTSD. As a result, naming the risk factors and showing a need for mental health care is vital to identifying the appropriate evaluation and treatment of acute and chronic symptoms. Following through with this form of evaluation will aid in the identification of substantial risk factors, a mental health crisis, and define outcomes for the Veteran. Brook (2020) reported over 113 deaths in 2020 amongst active-duty military soldiers showing over a 29 % increase compared to more than 87 suicidal deaths reported in 2019. Young service members were noted as a critical area of focus accounting for more than 42% of all military personnel with a 61% suicide death rate (Brook, 2020).

Problem Statement

Mental health assessments are not utilized in a Veteran affiliated walk-in clinic, thus avoiding the necessary identification, prioritization, and prompt access to essential mental health services. Currently, no formal screening or risk stratification process exists. The triage nurses are unaware of any mental health screening tool (s) to utilize. Currently, once the nurse screens, and clinical providers assess reported symptoms, there is no standardized clinical process to determine or identify Veterans requiring urgent mental health referrals/treatment or those who can have a scheduled appointment later.

Implementing a formal process with tools, a protocol for risk stratification, and referral will not only help early identification of those with mental health needs but will supply an objective measure for deciding the level of urgency for the need. This project will facilitate proper usage of mental health resources and improve patient outcomes. Currently, a standard process for Veterans in a mental health crisis or a mental health assessment in the triage area is nonexistent. There is a need for frontline staff nurses and clinical providers to accurately assess Veterans in a mental health crisis and promptly send them to the appropriate, thus meeting the identified and desired need.

PICOT

(P) In Veterans seeking care at a walk-in COVID-19 triage clinic at VAMC, how does **(I)** implementing screening for depression, compared to (**C)** no screening of Veterans **(O)** improve timely access to mental health care in depressed patients **(T)** during 4 weeks

Clinical Question

Will implementing a standardized process for early identification and prioritization of mental health needs in Veterans seeking care in the VA walk-in COVID-19 triage clinic improve access to mental health care over 4 weeks?

Available Knowledge

According to the U.S. Census Bureau (2021), there are approximately 19 million Veterans in the United States as of 2020, accounting for less than 10% of the adult population. More than 5 million veterans lived in rural areas according to the US Census bureau between 2011 and 2015 (U.S. Census, 2021). Currently, 11,010 veterans live in Hinds County, a rural area. Mental illness is one of the highest burdens in the United States among all populations, resulting in this being a common cause of disability (Healthy People, 2020). One in every four people in America suffers from a diagnosed mental health condition. In addition, one out of every seventeen are diagnosed with mental illness. To add insult to injury, suicide ranks as the leading cause of death among Veterans (Center for Behavioral Health Statistics and Quality [CBHSQ], 2015).

Needs Assessment

According to the National Veteran Suicide Prevention Annual Report (NVSP, 2020), documented Veterans with depression demonstrated a suicidal success increase of more than 65.6 per 100,000. Additionally, Veterans with preexisting/diagnosed mental health or substance use disorders are noted to have a suicide rate of 65.6 per 100, 000. The average number of Veteran suicides per day rose from 17.5 to 17.6 in 2018 (NVSP, 2020).

Hester (2017) reported an increased suicide rate was noted in military troops and Veterans because of military wars, foreign conflicts, and potential United States involvement in foreign conflicts and wars, this generated crisis has sparked concern and identified the need to address the mental health needs. Mental health disparities have been identified as a factorial contribution to limiting access to mental healthcare.

Furthermore, mental health disparities further contributed and were identified as a leading cause of increased suicide rates among Veterans experiencing depression and post-traumatic stress disorder. Hester (2017) concluded and recommended collaborative efforts must be established to increase the availability of crisis intervention and mental health services access for all who served the nation.

Synthesis of Evidence

A review of evidence current clinical and scholarly literature was used to obtain knowledge of depression in healthcare facilities, violence, and staffing in psychiatric healthcare units. During the literature search, *Google Scholar, Pub Med,* Co*chran Library, Centers for Disease Control, and Medline* databases were used to obtain evidence-based information. Terms exercised for data information retrieval included information about veterans, suicide, depression, triage, PTSD, combat, and access to care. Cheney et al. (2018), concluded in a qualitative study that a Veteran's military experience, knowledge, and insight have a huge impact on their mental health views. Veterans are most concerned with the belief of others, financial, personal, and physical obstacles. Moreover, identified perceived barriers to delayed health care for Veterans have a lack of trust in the healthcare system to supply privacy, safety, stigma, and the misuse of services.

According to the U.S. Census Bureau (2021), as of 2020, more than 18.5 million Veterans in the United States accounted for less than 10% of the adult population. The United States Census Bureau statistical findings reported more than 4.5 million Veterans lived in rural areas with more than 11, 000 of those Veterans residing in Hinds County, Mississippi between 2011 and 2015 (U.S. Census, 2021). Mental illness is one of the highest burdens in the United States among all populations and is a common cause of disability (Healthy People, 2020). One in every four people in America suffers from a diagnosed mental health condition. In addition, one out of every seventeen are diagnosed with mental illness. To add insult to injury, suicide ranks as the leading cause of death (CBJSQ, 2015).

The health initiative for Veterans fiscal year 2021 focused on strengthening mental health services. The healthcare initiative aimed to address suicide prevention and improve mental health access to care in rural areas by supplying telehealth services. Considering the aforementioned statistical findings, Healthy People 2020 has determined the need for early detection and treatment of mental health conditions. The goal is to improve mental wellbeing, prevention of mental illness, and ensure that people have access to effective and high-quality mental health care (Healthy People, 2020).

Rationale

Plan Do Study Act Model

This capstone project was guided by the Plan Do Study Act (PDSA). This framework is a scientific method for organization and quality improvement that is widely used. PDSA is a four-step problem-solving model used for improving a process or carrying out change.

1. Develop the plan.
2. Implement the plan.
3. Examine, analyze the results.
4. Adopt, Adapt or Abandon the process to establish quality improvement (Hall, 2016).

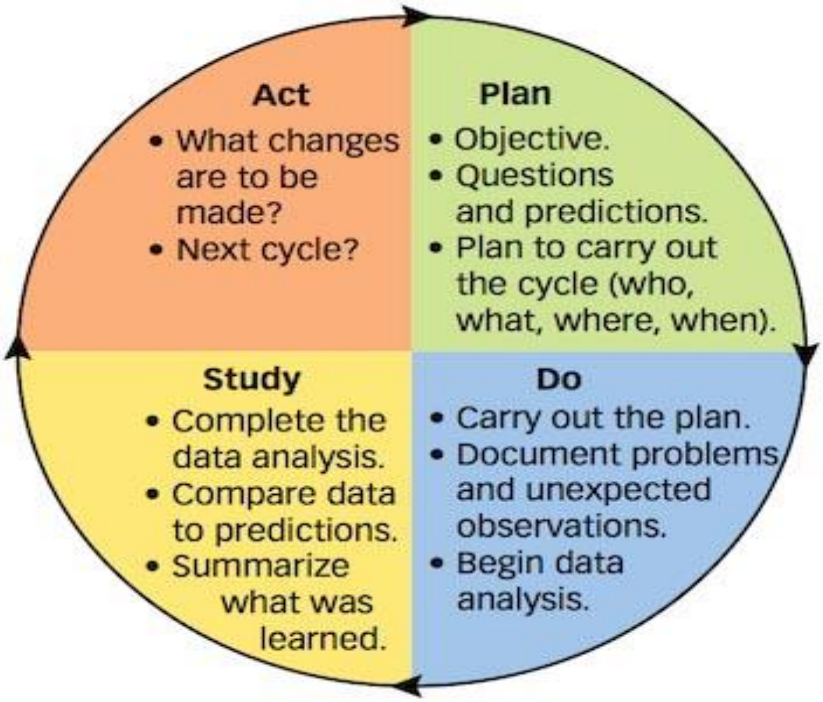

Figure 1. The PDSA Cycle.

(Hall, 2016).

Specific Aims

The purpose of this project is to decide the data needed to implement a depression screening tool for early identification of a mental health crisis to be utilized by front-line staff nurses, and clinical providers in the clinical setting. The goal of this DNP project is to improve the nurses' understanding of depression screening by assessing the use of a depression screening tool by frontline nurses in the COVID-19 triage clinic. Using the

PHQ-2, and PHQ-9 tools to identify standardized practices for depression screening for Veterans.

DNP Essentials

The Doctor of Nursing Practice (DNP) degree, according to the American Association of Colleges of Nursing (AACN), has eight aspects that are important for nursing practice. The DNP basics are recognized as the cornerstone of core competencies that nurses with a DNP degree must have. The DNP Essentials elements that fit this project are *DNP Essential II:* Organizational and Systems Leadership for Quality Improvement and Systems Thinking- *DNP Essential V* Health Care Policy for Advocacy in Health Care, and *DNP Essential VII:* Interprofessional Collaboration for Improving patient and Population Outcomes.

For quality improvement and systems thinking, *DNP Essential II* focuses on organizational and systems leadership (American Association of Colleges of Nursing [AACN], 2006). This is a project aimed at improving quality. The goal of quality improvement is to enhance patient outcomes while also finding ways to improve healthcare organizations (AACN, 2006). Nurses who use the depression screening tool with veterans can help the organization to achieve its quality improvement target improving patient and health care outcomes in Mental Health**.**

*DNP Essential V f*ocuses on healthcare policy and advocacy (AACN, 2006). In the field of health care, patient advocacy is crucial. Nurses can effectively advocate for patients by enhancing their knowledge of depression screening and applying the depression screening instrument. The nurses' interest in advocating for patients with depression was also accounted for by evaluating their satisfaction with the tool. This will

aid in achieving the goal of health care advocacy, as well as inform the need for a standard policy for the triage clinic.

DNP Essential VI focuses on collaboration and improving patient and population health outcomes (AACN, 2006). For a successful collaboration to generate excellent patient outcomes, effective communication is necessary for frontline nurses and mental health providers. With the use of the depression screening tool, nurses and physicians will be able to begin and manage the best treatment for veterans. This will aid the organization in achieving its goal of bettering patient outcomes, with the intent of improving clinical health and outcomes with mental health services.

Summary

There is a growing number of individuals with mental health conditions, especially in the veteran and military populations. Veterans deal with a multitude of problems returning from deployment. Veterans have a poor perspective on mental health. The veteran population has the highest rate of suicide and mental health illness that goes untreated. Because of this, there is an increased need for added providers trained in mental health services, as the need continues to rise. The problem statement, project goal, PICOT, needs assessment, evidence synthesis, conceptual framework, and DNP fundamentals are all included in this chapter. The project's techniques, interventions, and schedule are discussed in the following chapter.

CHAPTER II – METHODS

Context

This project took place in the COVID-19 triage clinic at the G. V. Sonny Montgomery VAMC Jackson, Mississippi. The triage clinic has five Registered Nurses (RNs), two Nurse Practitioners (NPs), and three Medical Doctors (MDs). The facility has six primary care clinics. The stakeholders in this project consist of patients, frontline health care providers, clinical staff, administrators, and mental health outpatient clinics.

Interventions

The project consisted of using the Patient Health Questionnaire (PHQ-2, and (PHQ-9) (see Appendix A). The leader of the project did not have to gain approval to use the PHQ-2 and PHQ-9, it is a standard tool developed and identified as the depression screening, and severity of depression tool. The leader of the project will gain approval from The Research Committee Institutional Review Board at the G. V. Sonny Montgomery VAMC and The University of Southern Mississippi Institutional Review Board (IRB Protocol # 21-329).

After obtaining approval the leader of the project started the study. The frontline staff was educated on the history, and purpose of the PHQ -2, and PHQ-9 depression screening tool. The leader of the project discussed and reviewed the components and instructions on completing the PHQ-2 with the RNs, and the PHQ-9 tool with the clinical providers MDs and NPs. The staff followed the guidelines on how to use the screening tool, notified the clinical providers according to the results >3 scores for depression from the PHQ-2 tool. The positive results of the PHQ-9 clinical providers referred the Veterans to Primary Care Mental Health Integration (PCMHI) for further evaluation and treatment

to the Mental Health Access Clinic based on the severity of the scores. The Licensed Clinical Social Workers (LCSW) followed up with the Veterans that required medication management as Mental Health Treatment Coordinators collaborating with Primary Care clinical providers closing the gap to missed opportunities, increasing access to mental healthcare.

Measures

This project focused on a clinical practice change in the COVID-19 triage clinic patient flow access. The Patient Health Questionaire-2 (PHQ-2) was used to screen patients for undiagnosed depression symptoms. The PHQ-9 is a brief tool used to further diagnose and measure the severity of depression from a positive score of the PHQ-2. A policy was formulated to screen for depression and refer Veterans to mental health services with positive results promptly. Utilizing the PHQ-2 as said by Mulvaney et al. (2018) is an effective and suitable screening method for depression. The PHQ-9 is one of the most well-validated tools in the field of mental health used to help clinicians diagnose depression, treatment, and track therapy progress. The nine components are solely based on the DSM IV diagnostic criteria for major depressive disorder as said by (Levis, 2020, et al).

Analysis

A Likert scale is a psychometric scale that is often used in questionnaire-based research. Although there are various forms of rating scales, The Likert scale-is the most generally used way to scale responses in survey research, and the phrase is typically used interchangeably with a rating scale. In a research study, participants react to a Likert questionnaire by marking how much they agree or disagree with a statement. At the

interval level of measurement, the PHQ-2 and PHQ-9 are utilized to analyze the data. To achieve a composite score, four or more Likert-type replies are merged (a total). The PHQ-9 score ranges from 0 to 27. The mean was analyzed for central tendency, and the standard deviation was examined for variability, using descriptive statistics.

Ethical Considerations

The project leader received approval from the Research Committee IRB at Jackson VAMC and The University of Southern Mississippi IRB. Prior to the beginning of the project, all participants were given written informed consent (Appendix B) to take part in the project. The leader of the project used the Health Insurance Portability and Accountability (HIPPA) laws. There was no identifying information collected during the study and no expected or predicted risks to the participants. Data collected was only assessable to the project leader during the study. Data from the project was stored in a locked file cabinet and the project leader-maintained possession of the key. After the study, the data collected will remain secured for three years.

Summary

This chapter discussed the context, population, study of the intervention, and the timeline of completion. The survey for the project used named Improve Access to Mental Health Care in COVID-19 Triage Clinic to complete measures in the study. Ethical considerations were provided.

CHAPTER III – RESULTS

This chapter discussed the context, population, study of the intervention, and the timeline of completion. The survey for the project used named Improve Access to Mental Health Care in COVID-19 Triage Clinic to complete measures in the study. Ethical considerations were provided.

Analysis of Data

Descriptive Statistics

RN staff screened sixty-six, eight disqualified due to current diagnosis of depression. Fifty–eight (N=58) Veterans screened for depression. Thirty-one (53%) screened negative, and twenty-seven (47%) screened positive using the PHQ-2 tool. Nine (33%) scored moderate-severe depression on PHQ-9 by MDs and NP Providers. Deployed 47 (81%), Not Deployed 11 (19%), Males 36 (62%), Females 22 (38%). Veteran ages 18-40 12 (21%), 40-60 32 (55%) and 60 + was 14 (24%).

Table 1

PHQ Screening Results

DEPRESSION SEVERITY SCALE PHQ-9		
# VETERANS SCREENED	**DEPRESSION SCORING**	**DEPRESSION SCALE**
2	1-4	Minimal Depression
4	5-9	Mild Depression
7	10-14	Moderate Depression
9	15-19	Moderately Severe Depression
5	20-27	Severe Depression

Table 2

Description of the Study Population

Deployed	47	81%
Not Deployed	11	19%
Male	36	62%
Female	22	38%
Age		
18-40	12	21%
40-60	32	55%
60+	14	24%

Discussion

The male Veteran population dominated the results of the study screening positive for depression (n=36) or 62%; ages 40-60 (55%) screened positive, and deployment 47 (81%). Two out of three Veterans screened positive for depression with no prior diagnosis. Data showed increased depression among Veterans that entered the COVID-19 Triage Clinic, concluding 33% scored moderate-severe for depression using the PHQ-9 tool.

The project's findings from data collected using Excel revealed that using a basic screening tool the PHQ 2 and PHQ 9 results could improve a patient's quality of life by ensuring that they receive the treatment they need as soon as possible. Depression is often undiagnosed and so mistreated. During this investigation, it was discovered that many of the Veterans presented had underlying symptoms of depression undiagnosed that

occurred during deployment and increased during the COVID-19 pandemic. The following initiatives support this project: (1) Continuous screening for the onset of depression in Veterans regardless of the presenting complaints in the clinical setting is critical. (2) Clinical staff providers and nurses educated and trained on the benefits of depression screening tool PHQ-2, and PHQ-9 to accurately assess Veterans in crisis and refer to Mental Health to meet the desired need promptly; (3) PHQ-2 screening tool is effective and beneficial to implement in COVID-19 triage Clinic prevent missed opportunities for depression screening, diagnosis, treatment; and (4) A standardized clinical practice for early detection, of an undiagnosed illness, delaying treatment and improving quality of life, prompt access to mental healthcare, increasing patient outcomes and meeting VA healthcare quality metrics.

Summary

The conclusions of the investigation and analysis of the results are outlined in Chapter III. The results and their implications for practice will be discussed in Chapter IV. This project identified several initiatives for a clinical practice change and staff education to address the need for depression screening in the COVID-19 Triage Clinic among the veteran population.

CHAPTER IV – DISCUSSION

The findings of this quality improvement (QI) experiment show that in the COVID-19 Triage Clinic screening for depression is valid. The findings suggest that the PHQ-2/PHQ-9 instrument can accurately evaluate and decide the severity of depression in Veterans with no diagnosis of depression. The findings resulted in implementing a depression screening clinical reminder added to the COVID-19 Triage clinic note. The integration team of Primary Care Mental Health Integration (PCMHI) which consist of co-located mental health providers in the primary care setting, Licensed Clinical Social Workers (LCSW) as Mental Health Treatment Coordinators (MHTC), increased the referral rate, closing the gap and increasing access with a warm hand-off for ongoing care, evaluation, and treatment of depression.

This initiative is directed by the PDSA model as a theoretical framework. In quality improvement programs, the four-step concept is often employed. The model for integrating a depression screening tool in an acute clinical setting guided this project. The model was used to give the implementation process structure and to increase confidence in the efficacy of the process modification creating a standardized clinical practice change.

Limitations

This project was completed as part of a quality improvement initiative, clinical practice change in which generalization to different situations and restricted access played a factor. This project had some limitations such as COVID-19 Pandemic, COVID-19 restrictions, hospital closings, and decreased access to clinics. Fast-tracking of learning how to do audiovisual telehealth visits, and time constraints placed on staff and

Veterans to learn and utilize the telehealth method, limited face to face clinical availability of staff during the height of the COVID-19 pandemic surge, and fear of exposure to COVID-19 all contributed to the limitations of this project.

Future Practice Implications

The project's selection and development of implementing a depression screening tool resulted in the need for all Veterans to be screened coming thru the COVID-19 Triage Clinic. The tools PHQ2 and PHQ-9 will help to identify and detect the early onset of depression. Implementing the depression screening tool PHQ-2/PH Q-9 will increase the referral rate to mental health services. Warm hand-off and follow-up for ongoing care, and treatment by (PCHMI), and Licensed Clinical Social Workers (MHTC) promptly. Adding a standardized clinical practice tool to assess all Veterans for depression will allow the enhancement of detecting early diagnosis of depression by adding a depression screening clinical reminder to the COVID-19 Screening Clinic Note.

Conclusion

Depression is one of the most common health concerns for Veterans which commonly occur after traumatic events. The COVID-19 pandemic is a known fact affecting the Veteran population significantly increasing mental health crisis. Screening for psychiatric disorders early can enhance the standard of living, lower costs, decrease complications from undiagnosed, untreated chronic mental health conditions and increase access to mental health care.

Hester (2017) implies the VA has been criticized for not developing procedures for routine mental health screenings and early interventions for all service members before they return to civilian life. A plan of intervention based on these signs could be the

first step for a crisis intervention team. The crisis intervention team would be utilized to produce necessary assistance and obtain a psychiatric assessment of those served by the VA health care system to ensure veterans get the available help.

APPENDIX A – IRB Approval Letters

Office *of*
Research Integrity

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident submission on InfoEd IRB.

The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: 21-329
PROJECT TITLE: Improve Access to Mental Health Care in COVID-19 Triage Clinic
SCHOOL/PROGRAM Leadership & Advanced Nursing
RESEARCHERS: PI: Rena Beal
Investigators: Beal, Rena~Coleman, Carolyn~
IRB COMMITTEE ACTION: Approved
CATEGORY: Expedited Category
PERIOD OF APPROVAL: 01-Feb-2022 to 31-Jan-2023

Donald Sacco Jr.

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

DEPARTMENT OF VETERANS AFFAIRS
G.V. (Sonny) Montgomery IRB
G.V. (Sonny) Montgomery VA Medical Center

Date:	**July 30, 2021**
From:	**G.V. (Sonny) Montgomery IRB**
To:	**Rena Beal, MSN**
Protocol Title:	**[1631432-1] - Improve Access to Mental Health Care in COVID-19 Triage Clinic**
Submission Type:	**New Project**
Risk Determination:	**Minimal Risk**
Review Type:	**Expedited**
Action:	**Approved**
Effective Date:	**July 22, 2021**

Dear Ms. Beal:

1. This project with supporting documents for the referenced NEW project was reviewed and **approved** by a **G.V. (Sonny) Montgomery IRB** authorized expedited reviewer on **July 20, 2021** as authorized by ***38 CFR 16.110(b).***

Category 7: Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

2. The Board determined that the risk level and approval period for this study is as follows:

This research project is not subject to the requirements of continuing review by the IRB. However, per local institutional policy an annual Status Report Update is required to be submitted in IRBNet on or before **June 3, 2022** for the research office review on **June 23, 2022,** thus the IRB still has oversight of the project. All amendment requests and all reportable events, to include adverse events, unanticipated problems involving risks to subjects or others, allegations of non-compliance must be reported to the IRB in accordance with reporting requirements outlined in VHA Handbook 1058.01, Research Compliance Reporting Requirements and the reviewing IRB SOP.

3. The Board also made the following additional determinations (*if applicable*):

- **Waiver of the Informed Consent Process is approved** as described in waiver request. All criteria for the granting of the waiver as specified in 38 CFR 16.116(e) and (f) have been met.

- **Waiver of HIPAA Authorization is approved** as described in the waiver request. All criteria for the granting of the waiver as specified in 45 CFR 164.512 have been met.

4. **This project is not allowed to begin until the Research and Development (R&D) Committee has approved the project and notification from the ACOS-Research that the research may begin is received by the Principal Investigator.** The IRB will notify the R&D Committee of this approval.

5. Contact the IRB Office at **601-362-4471 ext. 51041**; or via email at **merchell.pittman@va.gov** for any questions or further information.

Sincerely,

Nita A. Magee 199749

Digitally signed by Nita A. Magee 199749
Date: 2021.08.03 07:11:30 -05'00'

Nita A. Magee, Ph.D., PMHNP-BC, RN
IRB Chair

Documents Reviewed:

- Application Form - IRB Request to Review Research Proposal updated v062719-v072319 (002) (2) for Rena Beal 2021 completed.pdf (UPLOADED: 06/24/2021)
- Consent Waiver - IRB Request for Waiver of Informed Consent Requirements updated v062719-v072319_ Rena Beal 2.pdf (UPLOADED: 06/22/2021)
- Consent Waiver - IRB Request for Waiver of Informed Consent Requirements updated v062719-v072319_ Rena Beal.doc (UPLOADED: 06/4/2021)
- CV/Resume - VITAE Curriculum Rena Beal 2021_.doc (UPLOADED: 06/4/2021)
- Data Collection - Data Collection Form Rena Beal.docx (UPLOADED: 06/4/2021)
- HIPAA Waiver - IRB Request for Waiver or Alteration of HIPAA Requirements updated v062719-v072319_.pdf (UPLOADED: 06/22/2021)
- Other - ERDSP-ISSO Template V 2.5.pdf (UPLOADED: 06/24/2021)
- Other - Scope_of_Practice_for_Research_Personnel v082516-090816 (002).pdf (UPLOADED: 06/22/2021)
- Other - Protocol Safety Component Assessment Form For Human Studies (002).pdf (UPLOADED: 06/22/2021)

- Other - Checklist for Reviewing Privacy Confidentiality and Information Security in Research (05.05.2011) updated 083116 (002).pdf (UPLOADED: 06/22/2021)
- Other - Safety Survey Form for PI 10-0398- Rena Beal.pdf (UPLOADED: 06/4/2021)
- Other - Beal Rena APN Privileges 2020-2022.pdf (UPLOADED: 06/4/2021)
- Other - Rena Beal DNP Literature Reference VAMC.docx (UPLOADED: 06/4/2021)
- Questionnaire/Survey - SURVEY- Demographics Access to Mental Health Care Project.pdf (UPLOADED: 06/22/2021)
- Training/Certification - PRIVACY AND SECURITY.pdf (UPLOADED: 06/4/2021)
- Training/Certification - PRIVACY AND HIPPA TRAINING.pdf (UPLOADED: 06/4/2021)
- Training/Certification - CITI HUMAN TRAINING CERTIFICATE.pdf (UPLOADED: 06/4/2021)

Note: All Financial Conflict of Interest (OGE Form 450) Alt have been received and reviewed for all individuals with no conflicts identified.

G. V. (SONNY) MONTGOMERY
DEPARTMENT OF VETERANS AFFAIRS
MEDICAL CENTER
1500 East Woodrow Wilson Drive
Jackson, MS 39216-5199

November 8, 2021

The University of Southern Mississippi, DNP Program

RE: Rena Beal, DNP Student

To whom it may concern,

I am Dr. Nita Magee, PhD, RN, MHNP-BC. This letter is written to offer confirm both the awareness and support of Ms. Rena Beal's DNP project within the mental health service/triage area.

I am the direct supervisor for mental health nurse practitioners/advance practices nurses within the organization. I am a member of the mental health leadership team for primary care and mental health clinics, as well as part of the mental health executive leadership team.

Ms. Beal has approval to complete the project within the service.

If you need any additional information, please feel free to contact me at 601-362-4471 Ext 51793 or nita.magee@va.gov

Nita A. Magee 199749

Digitally signed by Nita A. Magee 199749
Date: 2021.11.08 05:47:52 -06'00'

Nita A. Magee, PhD, RN, PMHNP-BC
Mental Health APRN's Nurse Manager/Psychiatric Nurse Practitioner
G.V. (Sonny) Montgomery VA Medical Center
1500 E. Woodrow Wilson Drive (116A-3)
Jackson, MS 39216

DEPARTMENT OF VETERANS AFFAIRS
G.V. (Sonny) Montgomery RDC
G.V. (Sonny) Montgomery VA Medical Center

Date:	**August 24, 2021**
From:	ACOS/R&D and Research & Development Committee (RDC)
TO:	**Rena Beal, MSN**
Protocol Title:	**[1631432-1] Improve Access to Mental Health Care in COVID-19 Triage Clinic**
Submission Type:	**New Project**
Review Type:	**Designated Review**
Action:	Combined Associate Chief of Staff for Research and Development (ACOS/R&D) and RDC Committee Study Approval Notice

1. This research project was reviewed and found to be aligned with the mission of the VHA, scientifically valid, and reviewed by all appropriate subcommittees to ensure the safety of the study subjects and VHA staff. Approval is granted by Designated Review of the G.V. (Sonny) Montgomery VA Medical Center Research and Development Committee.
    a. This approval was reported to the committee during the August 12, 2021, RDC Meeting.
2. This research project has obtained the following additional approvals:
    a. Subcommittee on Research Safety and Security Approval: 6/24/2021
    b. Institutional Review Board Approval: 7/22/2021
3. If applicable, the Privacy Officer reviewed this research project on 6/17/2021 and found that the proposed research complies with VA Privacy Requirements.
4. The Information Safety and Security Officer reviewed this research project on 7/21/2021 and found that the research project complies with information safety and security requirements for VA.
5. A waiver of HIPAA authorization was approved by the IRB on 7/22/21.
6. You are responsible to your overseeing committee for any requests for information, continuing review (if required), or other project status updates. No changes may be made to your project without the permission of the reviewing subcommittee unless there is a circumstance where harm could come to a research subject. Immediate reporting to the responsible committee is then required.
7. If any of your personal or financial situations change that may reasonably put you in conflict with this study, you must submit a revised OGE 450 Alt to the IRB Committee.
8. Acknowledgment of the VA's contribution is required in any publications and presentations that may result from this research.

9. As all applicable approvals have been obtained, you may now begin your research project.

If you have any questions, please contact **Merchell Pittman, MS, BS** at **601-362-4471 ext. 51041** or **merchell.pittman@va.gov**. Please include your project title and reference number in all correspondence with this committee.

Kent Kirchner

Kent A. Kirchner, MD
RDC Chair

Federico Gonzalez-Fernandez MD PhD

Digitally signed by Federico Gonzalez-Fernandez MD PhD
Date: 2021.08.25 13:27:00 -05'00'

Federico Gonzalez-Fernandez, MD
ACOS/R

This electronically generated document serves as official notice to sponsors and others of approval, disapproval or other G.V. (Sonny) Montgomery RDC decisions. Only those individuals who have been granted authority by the institution to create letters on behalf of the G.V. (Sonny) Montgomery RDC are able to do so. A copy of this document has been retained within G.V. (Sonny) Montgomery VA Medical Center IRBNet records. The IRBNet System is fully compliant with the technology requirements for Electronic Records per CFR 21, Part 11, Section 11.10 - Controls for Closed Systems, and the technology requirements for Electronic Signatures per CFR 21, Part 11 Subpart C - Electronic Signatures

APPENDIX B – Consent to Participate and Recruitment Letter Memo

CONSENT TO PARTICIPATE

Improve Access to Mental health Care in COVID-19 Triage Clinic

The following information describes the research project in which you are being asked to take part. Please read the information carefully. At the end of the document, you will be asked to mark the box if you agree to participate in the study. Thank you for your time and participation.

PURPOSE OF THE STUDY: The purpose of this DNP project is to determine the need for depression screening in the COVID-19 triage clinic, show best practices, quality improvement, the need for standardized practices, and enhance the referral rate to mental health services, improving access to mental health care and improve patient outcomes.

PROCEDURES: The COVID-19 front-line triage staff RNs will administer the PHQ-2 tool if a positive response notifies the front-line provider NP or MD to assess the severity of depression by administering the PHQ-9, and then refer to mental health outpatient clinic for further evaluation of the positive responses.

CONFIDENTIALITY: This project will not include information that will make it possible to identify you. No attempt will be made to identify participants.

VOLUNTARY PARTICIPATION: Your participation in this study is completely voluntary. You may refuse to participate in this study or withdraw at any time.

COSTS: There are no costs associated with your participation in this study.

RISKS AND/OR DISCOMFORTS: There will be no risks, inconveniences and or discomforts for taking part in the study.

BENEFITS: Gain knowledge, improve assessments skills, identify risk factors of mental health, know the signs, symptoms during a crisis, the need for prompt treatment for depression, and utilize evidence-based clinical practice to improve access to mental health care.

CONTACT INFORMATION:
For questions about this study, please contact the Principal Investigator, Rena Beal by email: rena.beal@usm.edu or by cell: 601-954-5806. Will be available and gladly answer any questions that you may have concerning the purpose, procedures, and outcome of this study.

☐ I agree to participate in this study.

☐ I do not agree to participate in this study.

_____ _____

Printed Name Signature Date

RECRUITMENT LETTER MEMO

MEMO / INVITATION:

DATE: 2/1/2022

SPEAKER: Rena Beal

TOPIC: Research Project Participation

TITLE: Improve Access to Mental Health Care in COVID-19 Triage Clinic

To all front-line staff Registered Nurses, Nurse Practitioners, MD's you are invited to take part in a research project to Improve Access to Mental Health Care in COVID-19 Triage Clinic- VAMC Jackson, MS.

The purpose of this project is to raise awareness about the need for depression screening, adopt best practices, and increase mental health care access. The goal of this project is to determine the need for a clinical practice change by screening for depression with the PHQ-2 depression tool administered by RNs, and if positive, the PHQ-9 depression tool administered by NPs and MDs to confirm the severity of depression and refer to mental health for treatment.

This study has been approved by USM's IRB and the protocol number is (21-329)

APPENDIX C – Teaching Instructions Participants: PHQ-2 Staff Nurses and PHQ-2 Staff Providers

BACKGROUND: The PHQ-2 was confirmed in 3 studies showed variability in sensitivity developed by Drs. R. L. Spitzer and J.B. W. Williams

Registered Nurse Education on the PHQ-2:

PHQ -2: The purpose of the PHQ-2 is to supply a brief initial screening for major depression. This tool is the first step in screening for depression to identify individuals who require additional evaluation.

The Registered Nurse assigned to the Triage area will administered the PHQ-2 tool for every veteran that enters the triage area.

Implementation of PHQ-2 Tool in The Triage Area:

The Registered Nurse will be taught and understand the purpose of the PHQ-2

A questionnaire is a screening tool used for depression as the first step approach to identify individuals with depression.

The Registered Nurse will be shown how to administer the tool and gain an understanding of how to interpret the tool.

Patient health Questionnaire-2 (PHQ-2)

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. little interest or pleasure in doing things.	0	+1	+2	+3

2.Feeling down, depressed or hopeless	0	+1	+2	+3

The Registered Nurse will be taught if the PHQ-2 score is 3 or greater, major depressive disorder is likely.

For patients who screen positive, the Registered Nurse will notify the provider for further evaluation with the PQH-9.

Provider Education PHQ-9

Purpose: PHQ-9 is a screening tool to aid in diagnosing and assessing the severity of depression to evaluate treatment. The provider will be educated by the Principal Investigator on the importance of using this questionnaire as a screening tool for patients in the COVID-19 triage area to assess if a higher level of care and treatment is needed for depression.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3

5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING *0* + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

difficult at all **omewhat difficult** **Very difficult** **xtremely difficult**

The Principal Investigator will educate the MDs and NP clinical providers on how to calculate the total scores of the PHQ-9 and decide the severity of depression based on the PHQ-9 score listed in the chart below.

PHQ–9 Score	Depression Severity	Proposed Treatment Actions
0–4	None – Minimal	None
5–9	Mild	Watchful waiting; repeat PHQ 9 at follow–up
10–14	Moderate	The treatment plan, consider counseling, follow up, and/or pharmacotherapy
15–19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20–27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

All patients with a score of Mild to Severe, the provider will refer and warm handoff to the Mental Health Clinic for further evaluation and treatment.

APPENDIX D – PHQ-2 TOOL

PHQ-2 Questions

Over the last 2 weeks how often have you been bothered by any of the following problems?	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

- A cut-off score ≥ 3 is positive

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING __0__ + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐

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