



Depression and Type 2 Diabetes: Improving Provider Awareness and Access to Mental Health Resources

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Introduction and Background

- Patients with type 2 diabetes are three times more likely to be diagnosed with depression.
 - Many barriers exist in accessing mental health care such as:
 - Increased costs
 - Limited access
 - Lack of education
 - Long wait times to see a provider
- In Baltimore, MD, type 2 diabetes is the leading cause of mortality and illness

Purpose and Aims

To increase provider awareness of the impact of type 2 diabetes and depression to increase depression screening and providing subsequent mental health resources.

Aim 1: Develop education for providers on the PHQ-9 screening to increase use of the tool as measured by the frequency of screening use and provider belief surveys pre and post intervention.

Aim 2: Utilize a mental health resources smartphrase for patients who screen positive for depression.

Methods

- Pre-post intervention
- All patients with type 2 diabetes seen between August 2021-February 2022
- Johns Hopkins Outpatient Diabetes Center
- Convenience sampling

Intervention

- Provider education on how to utilize the PHQ-2 and PHQ-9 in Epic
- Resources and meetings to educate providers
- Smartphrase developed to provide mental health resources to patients

Conclusion

- Consistent screening using the validated PHQ-2/PHQ-9 helps to identify those with depression.
- Providing mental health resources to healthcare providers helps to increase screening for depression.
- It is important to address depression in patients with type 2 diabetes

Results

- The same six providers were utilized
- Data analyzed between August 2021 and January 2022
- A Wilcoxon Signed Rank test was utilized as this data does not have a normal distribution
- P=0.028
- Survey data indicated providers were less likely to screen for depression if they did not have adequate resources to give their patients
- Smartphrase data unable to be collected

Participant	August (%)	September (%)	October (%)	Implementation	November (%)	December (%)	January (%)
1	10.53	41.67	45.83		45.83	58.82	81
2	12.5	20	18.18		0	37.5	71.4
3	20	42.86	0		0	80	100
4	61.54	36.36	70		71.43	75	100
5	55.56	35.71	61.11		45.45	88.89	100
6	39.62	60.61	35.29		47.62	53.85	100
Average	33.29%	39.54%	38.40%		35.05%	65.68%	92.06%

Dissemination

- Sharing of smartphrase between physician groups
- Presentation of the project to other physician groups
- Manuscript submission to the Diabetes Educator journal

