

Decreasing Resident Discomfort with Behavioral/Mental Health Resources

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ABSTRACT

Introduction

Residents caring for pediatric patients in an ambulatory setting (i.e. continuity clinic) often encounter behavioral/mental health concerns but do not have sufficient comfort with diagnoses and/or resources to adequately address these concerns despite the wide availability of resources within the community.

Aim

The aim of this project was to reduce the number of residents feeling "uncomfortable" or "very uncomfortable" to 15%, as stated by survey response, in regards to providing community resources and/or referrals for several common behavioral/mental health conditions (ADHD, Autism, Anxiety, Depression, Developmental Delay, & Eating Disorders).

Methods

Current pediatric and med peds residents were invited to take a survey to assess their comfort with providing referrals to community resources for six common behavioral/mental health referrals presenting to resident continuity clinics. Comfort providing referrals for ADHD/ADD, Autism, Anxiety, Depression, Developmental Delays and Eating disorders was assessed on a scale from 1-5. Responder continuity clinic and program year was also collected. An online list of community resources/referrals with contact information was then provided to all residents and 3 months later residents were sent the same survey.

Results

Resident response rate for both surveys was around 25% (N = 30 pre-intervention, 32 post-intervention) of all pediatric & med peds residents. Percentage of residents rating themselves as feeling "uncomfortable" or "very uncomfortable" in regards to providing resources/referrals for all stated diagnoses was reduced from 24% to 22% overall. Most significant improvement noted in comfort with providing resources/referrals for anxiety (20% to 13%).

Conclusion

Continued refinement & implementation of readily available resource catalogs may improve pediatric & med peds resident comfort with providing high quality resources & referrals to patient's & families dealing with common pediatric behavioral/mental health issues. Limitations included small sample size, lack of standardized system for resource screening, and lack of data regarding resident usage of the provided resource catalog. Future intervention & research may include development of dot phrases for patient education and more expansive survey questioning.

BACKGROUND

Objective: Assess and decrease resident discomfort providing resources and referrals for common behavioral/mental health conditions, specifically ADHD/ADD, Autism Spectrum Disorder, Developmental Delays, Anxiety/Depression, and Eating Disorders.

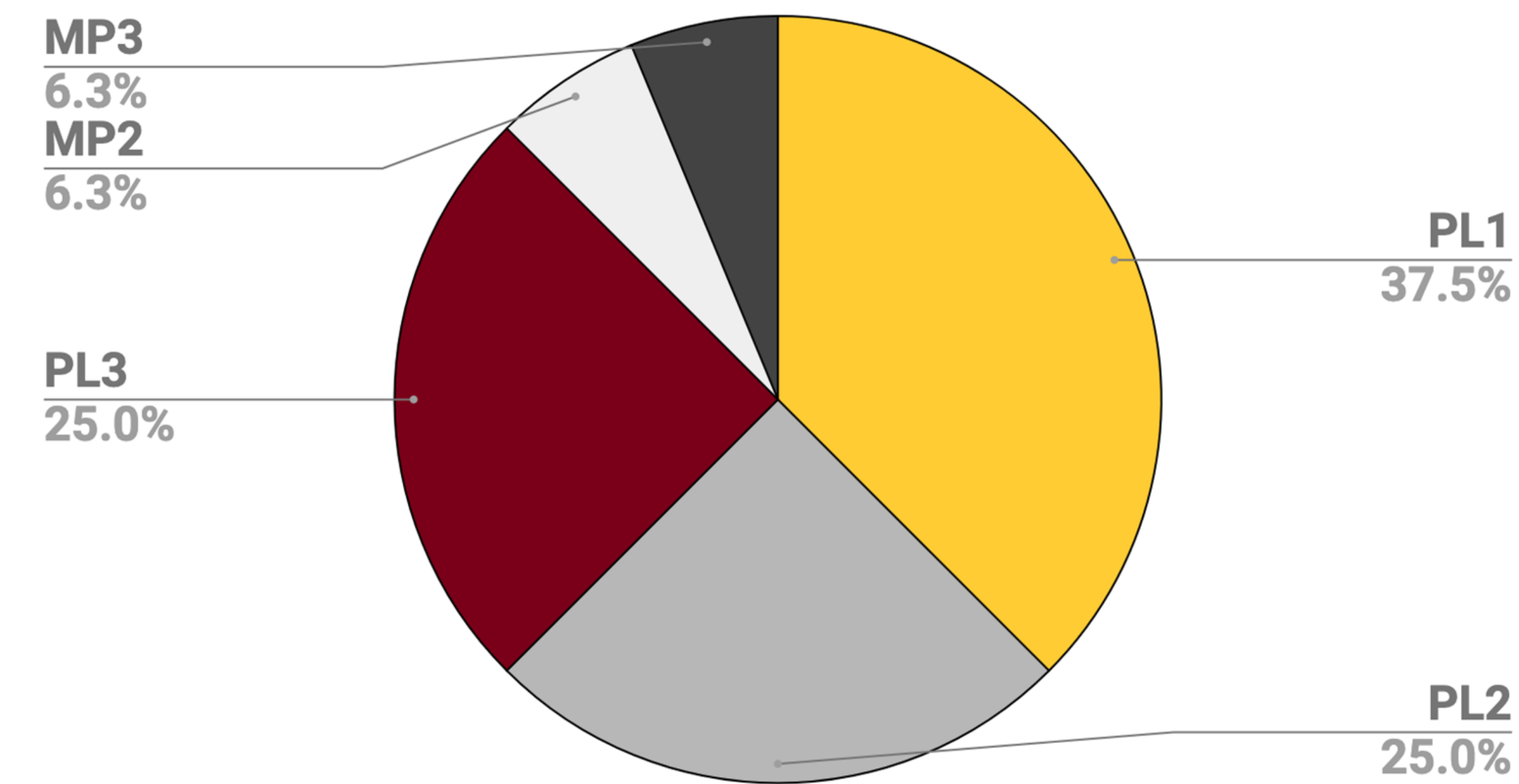
- There is an abundance of mental health resources within the Twin Cities
- Residents should feel more comfortable with providing resources/referrals in a clinic setting
- Residents have significant time constraints when finding and assessing resources for patients and families

METHODS

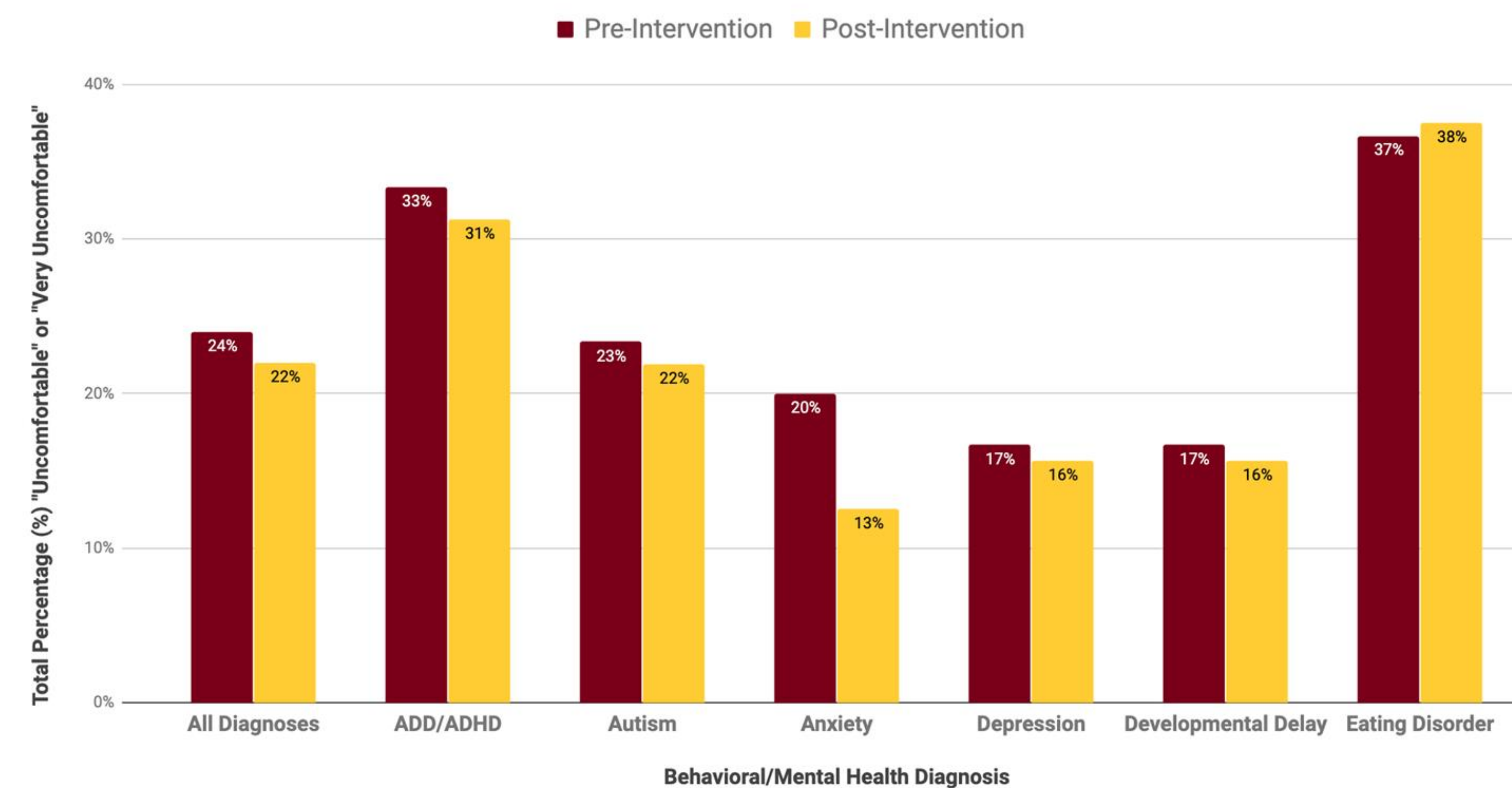
An online guide of local community resources and referrals was compiled for each specific behavioral/mental health diagnosis listed above and sent to all pediatric and med-ped residents at UMN. Pre-intervention surveys were sent to all pediatric and med-peds residents at the UMN. Post surveys were sent three months after the guide was sent out. Comparison of the pre and post surveys was performed.

RESULTS

Resident Demographics



Resident Discomfort Providing Behavioral & Mental Health Resources Pre-/Post Implementation of Resource Guide



Conclusion

- Overall resident discomfort providing resources/referrals decreased from 24% to 22%
- Most significant decrease in discomfort was noted with providing resources anxiety (20% to 13%)
- Refinement and implementation of readily available resource guides may decrease pediatric/ med peds resident discomfort with providing high quality resources and referrals to patient's/families dealing with common pediatric behavioral/mental health issues.
- Limitations included: low response rate, lack of standardized resource screening, and lack of resident usage data.
- Future interventions may include development of dot phrases for patient education and more expansive survey questioning.

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