Abstract:

Synthesis of evidence: The prevalence of depression is twice as high among adults with DM than in the general population. Psychosocial screening and follow-up should be an integral part of the ongoing treatment and management of adults with DM. Opportunities for screening for mental health and psychosocial status occur at many key time points: diagnosis, during regularly scheduled visits and hospitalizations, at discovery of complications, or when problems with glucose control, quality of life, or adherence arise. Screening tools are available for depression and other related mental health and psychosocial conditions. Nevertheless, many clinicians may be reluctant to screen for depression or other mental health conditions or may lack knowledge of appropriate services for referral.

Results: 77% of participants reported depression screening was not being done. Of the 5 (23%) who reported ever screening, 2 reported frequency of screening “as needed™, 2 reported screening on initial visit, and 1 did not respond.

When asked if patients were referred for treatment, prescription, or support group, 3 participants responded “informal, per pt need™, 1 responded that the Hamilton scale was used, 1 responded “patient specific™, 1 responded “24 hrs/day™, and the remaining 73% (n=16) responded “not applicable.”

Proposed change in practice: This knowledge can be utilized to increase awareness in HCP and the public about the importance of screening vulnerable adults with DM for depression and other mental health conditions and psychosocial concerns. Reducing the gaps and barriers to comprehensive care is critical for improving self management practices, treatment outcomes and preventing devastating complications.

Implementation strategies: DNP leadership is essential in identifying and collaborating in further research, disseminating current knowledge about DM, mental health needs, and disparities in care, identifying the issues/gaps in care provision, and advocating for improved care of pts with DM regardless of payment source.

Evaluation: 1. Increased awareness and use of mental health screening instruments for adults with DM regardless of payment source or treatment setting; 2. Prompt recognition, diagnosis, and treatment of depression and other mental health or psychosocial conditions; 3. Improved self management, quality of life, and possible reduction in devastating complications as a result of improved self management practices and psychosocial wellness.