

Mental health support case studies

2023-2024

Improving mental health screening using SDQ tool

Organisation

Northern Care Alliance NHS Trust (Salford Royal)

Project team

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Project aim

To utilise the [Strengths and Difficulties \(SDQ\)](#) screening tool in 50% of young people aged 14 years and above with a diagnosis of epilepsy on our caseload, by May 2024.

Background/rationale

The community-based team in Salford, closely linked with the paediatric neurology service at Royal Manchester Children's Hospital, serves a highly deprived population, with 70% of patients coming from the most deprived quintile. Despite regularly making changes to improve their service, the team has not undertaken formal quality improvement projects. With a caseload of approximately 280 children and young people, the team has recognised gaps in their service, particularly in mental health screening and support resources for patients with epilepsy. Their Epilepsy12 data showed 0% for mental health screening, highlighting the need for improvement.

What was the problem?

The team aims to implement a mental health screening tool for secondary school-aged patients and explore the correlation between mental health improvements and other

health outcomes. This initiative is part of their broader commitment to addressing health disparities, as discussed in meetings with their commissioning team, focusing not only on epilepsy but also on other Core20PLUS5 areas.

What was the solution?

The Salford team explored several solutions to improve mental health screening for epilepsy patients, starting with the use of the SDQ. Testing the SDQ with one patient revealed its ease of use and effectiveness in generating insightful discussions during consultations. Positive feedback led to further testing with more patients, addressing initial concerns about the time-consuming nature of the scoring process. The team acknowledged the need to re-evaluate their clinic booking practices to ensure older patients, who are seen less frequently, receive timely appointments. They also plan to adopt resource packs developed by other EQIP teams – Warrington and Halton and Tameside and Glossop – to save development time and ensure resources are ratified within the Trust.

To address aspects of health inequalities, the team considered patients with communication difficulties and how best to engage them. They researched translated versions of the SDQ into different languages and extended clinic times to after school hours to increase attendance. In addition, by moving clinics to various locations, they aimed to make appointments more accessible for patients having difficulty travelling. The team utilised guidance from Core20PLUS5 and the Epilepsy12 audit data to support patients better in addressing health inequalities. The team presented on the progress of their project at regional conferences and attended a poverty proofing seminar to explore ways to address the needs of families in financial crisis.

What were the challenges?

The improvement project faced several challenges:

- The manual identification of the cohort of young people that met the criteria and ensuring the right age group attended the clinic within the programme's time frame was time-consuming. To address this, the team had to rebook appointments to ensure at least two patients from the cohort were seen per week.
- Among the 48 patients aged 14 years and above, 15 were identified as having significant learning difficulties. This group often includes patients who do not attend (DNA) appointments.
- The DNA rate posed a significant issue, compounded by an increase in new referral numbers.
- The large cohort of young people with additional needs and communication difficulties provided additional challenges to the project.
- Some patients had been seen for transition consultations shortly before the project started and therefore did not require an outpatient appointment (OPA) within the project's time frame.

- Trust restrictions on printing also hindered disseminating signposting and resources.
- Involving the admin team to help with the workload proved ineffective due to the clinics being held in different locations and improper patient assignment.
- Unexpected challenges included a reduction in patients seen in the clinic due to staff annual leave and changes in personnel at the beginning of the project.
- Positive feedback from the screening tool was acknowledged by the team, but some patients struggled to access the SDQ questionnaire, prompting the team to consider alternative approaches for those with learning disabilities.
- Currently, no resource packs are available for service users with mental health or emotional needs, highlighting a further area for improvement.

What were the results?

Project aim criteria and cohort selection results:

- 48 patients identified on the caseload aged 14+ years.
- Of these 48:
 - 15 did not have the capacity to complete the questionnaire.
 - 6 did not have a formal diagnosis of epilepsy (awaiting EEG results).
 - = 27 identified as being eligible to complete the questionnaire.
 - 8 patients completed the SDQ.

Results of DNA rates captured over the course of the project:

- DNA rates for 11-16 years of age from Nov 2023 to March 2024:
 - Nov 2023: 13%, Feb 2024: 20%.
- DNA rates for 16-19 years of age:
 - Dec 2023: 21.4%, March 2024: 25%.
- New referrals to the service from Nov 2023 to March 2024:
 - 72 required OPA within 2 weeks of referral to meet NICE guidance.
- Jan 2024 time slots for clinic changed.
- Feb 2024 location and time slots for clinics changed.

PDSA results:

- Cycle 1: process worked smoothly (although time consuming for clinicians). Difficulties: staffing numbers.
- Cycle 2: young person enjoyed completing the questionnaire and fostered conversations during consultation.
- Cycle 3: young people gave feedback that the tool is long and boring. Experienced a large number of DNAs for young people allocated to clinic.
- Cycle 4: movement of clinic locations and times in attempt to reduce DNAs. Some impact shown although too early to determine trend.
- Cycle 5: some improvement in DNA rates noted.

The team sought feedback from all young people aged 14 years and above attending clinic and screened using the SDQ. Most feedback received was positive, but some patients found the questionnaire “boring” and felt there were too many questions. In response, the team planned to explore developing their own version of the questions for use within the Trust, specifically for the cohort of patients for whom the SDQ is not suitable. (The team is aware that the SDQ is a licensed and validated tool, therefore the questions created by the team will not be associated with the SDQ.)

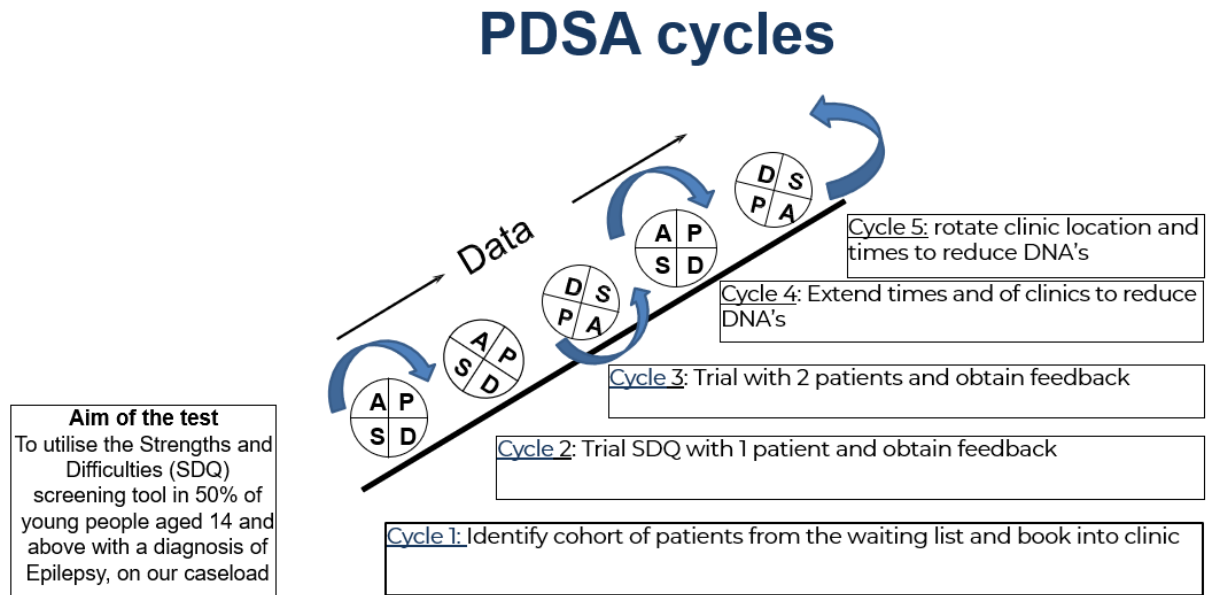


Figure 1: Shows the Plan, Do, Study, Act (PDSA) cycles of change ideas to engage with young people and families within the driver diagram being tested.

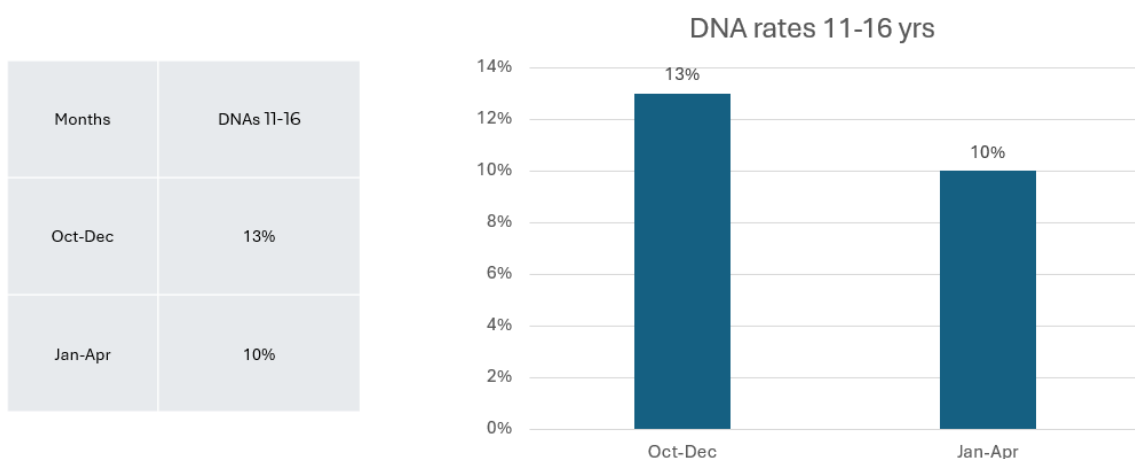


Figure 2: Shows the analysis of clinic DNA rates during the time frame of the project.

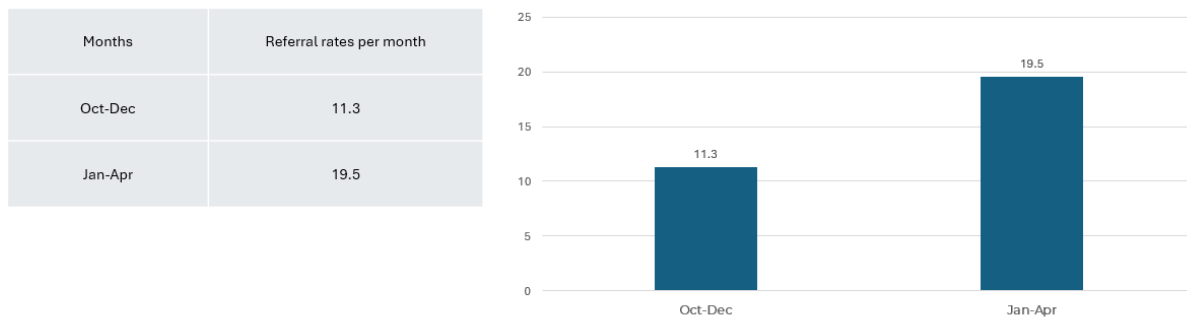


Figure 3: Shows the analysis of clinic referral rates during the time frame of the project.

What was the outcome?

The team achieved the following outcomes:

- **Implementation of SDQ screening tool:** Successfully integrated the SDQ into the clinic's process to gather patient feedback and guide conversations during consultations.
- **Reduction of DNA rates:** Achieved a significant reduction in DNA rates by extending clinic times to after school hours and reviewing clinic locations to provide more accessible options.
- **Increased screenings:** Screened eight patients using the SDQ tool, facilitating open conversations and identifying issues patients may not have shared otherwise.
- **Addressed health inequalities:** Held clinics at different locations closer to children's homes to address health inequalities and improve service engagement.
- **Future plans for SDQ:** Plan to roll out the SDQ tool to other services, expanding its use beyond the initial project scope.
- **Resource identification:** Identified necessary resources to signpost young people to appropriate support once the SDQ highlights high scores.
- **Engagement with Learning Disability Team:** Increased collaboration with the Learning Disability Team to support the development of visual aids and communication tools for better patient engagement.

What were the learning points?

- The SDQ is available in different languages, aiding accessibility.
- Manual identification of young people was time-consuming; future collaboration with the clinic's booking team could streamline this process.
- Identified gaps in service provision that need addressing.
- Reflected on the need to balance clinicians' agendas with young persons' needs during consultations.
- The SDQ itself was not problematic, but engagement was affected by DNAs, limited clinic capacity, and high referral rates.

- Recognised that the SDQ does not meet the needs of all young people, necessitating alternative methods or different question sets for some.
- The team is open to change and passionate about the project.
- The EQIP training taught the team that not all problems need to be solved at once, emphasising a step-by-step approach.

Next steps and sustainability

- Implement different communication aids in co-production with young people and the Learning Disabilities Team.
- Develop a business case for an epilepsy nurse specialist to join the team to support the mental health screening and improve service pathways.
- Co-produce resource packs with children and young people that support the mental health and wellbeing for children's services across epilepsy, diabetes and asthma conditions.
- Organise a summer event in Salford for young people with long-term conditions such as epilepsy, asthma and diabetes. This event aims to provide health education, involve professionals like dieticians and careers advisors, and foster interaction among the attendees to discuss common challenges and themes.

Want to know more?

If you wish to know more about this project, please contact:

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