

# Implementation of an Evidence-Based Anxiety Management Process in the Pediatric Primary Care Setting: A Quality Improvement Project

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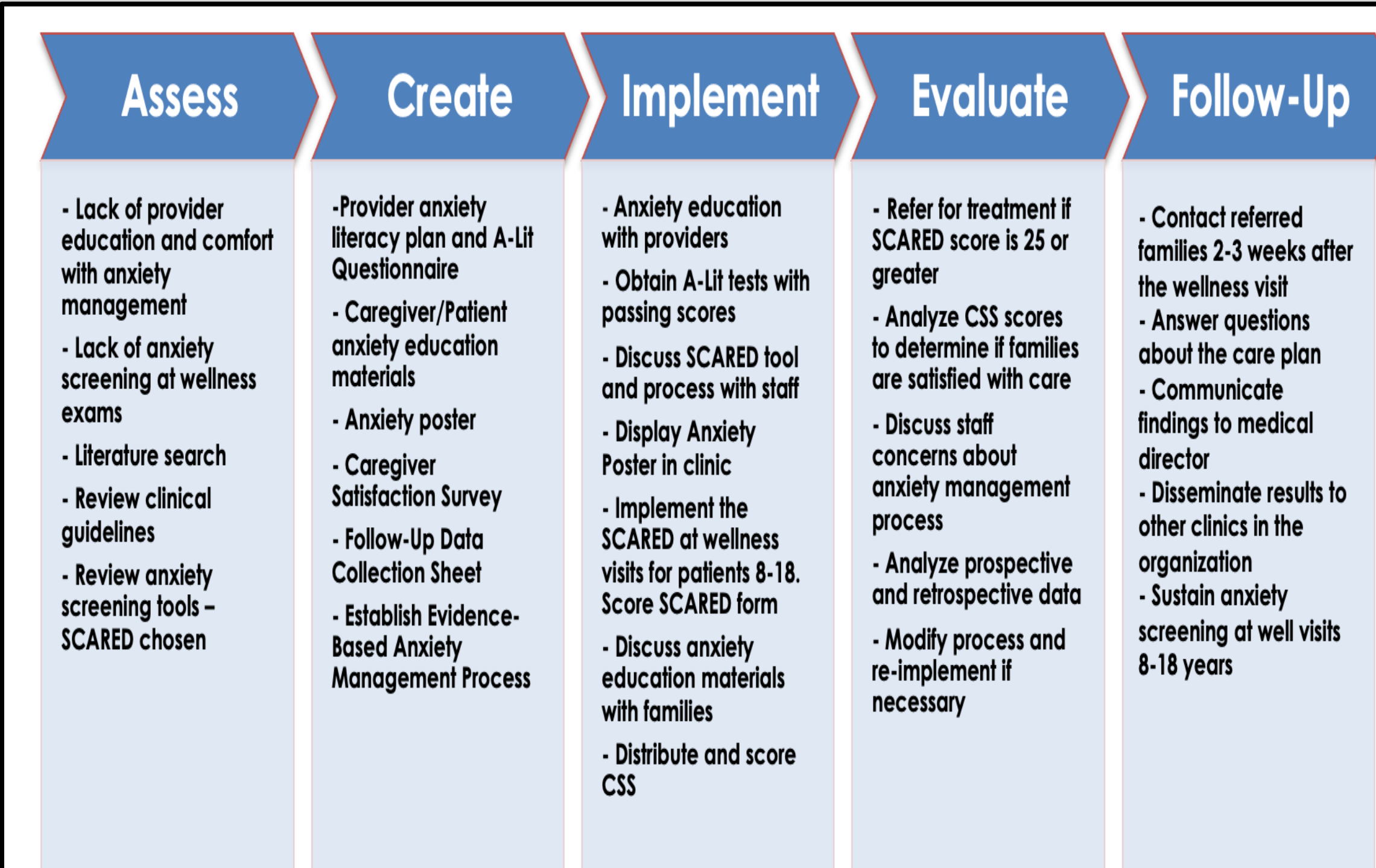
## Background & Significance

- Anxiety affects 5.8 million (9.4%) American children and is a frequent mental health diagnosis (CDC, 2023).
- Risk factors include genetics, adverse life events, low socioeconomic status, family dynamics, and gender identity.
- Untreated anxiety in childhood can lead to panic attacks, eating disorders, suicide attempts, school truancy, academic failure, incarceration, and adult anxiety.
- The COVID-19 pandemic increased children's mental health needs (CDC, 2023).
- The American Academy of Pediatrics recommends mental health screenings for children. The U.S. Preventive Services Task Force's 2022 updated clinical guidelines, recommending anxiety screening for children aged 8-18 years, instead of 12 – 18.
- The free Screen for Childhood Anxiety Related Emotional Disorders (SCARED) evaluates for anxiety in patients 8-18 years (University of Pittsburgh, 2022).
- \$40 billion spent annually on childhood mental health concerns (American Medical Association, 2021).
- Clinic-based anxiety treatment costs \$1,566 annually (Pella et al., 2020).
- Each prevented hospitalization saves \$14,262 (Melnik, 2020).
- Problem:** Providers and Caregivers may not recognize childhood anxiety.
- Local Problem:** A pediatric primary care clinic lacked a sustainable process for screening children 8 -18 years for anxiety and referring for needed mental health services.

## Purpose & Aims

- Purpose**
- To create a sustainable process for screening patients ages 8 to 18 years for anxiety in pediatric primary care by educating providers on anxiety management and utilization of the free SCARED anxiety screening tool
- Aims**
- Increase recognition and treatment of anxiety by integrating a management process for anxiety screening and referral pathway into pediatric primary care
  - Develop a comprehensive provider anxiety literacy plan to increase knowledge and awareness
  - Create inclusive anxiety literacy tools for patients and caregivers
- Guided by the Iowa Model and the PDSA cycle.

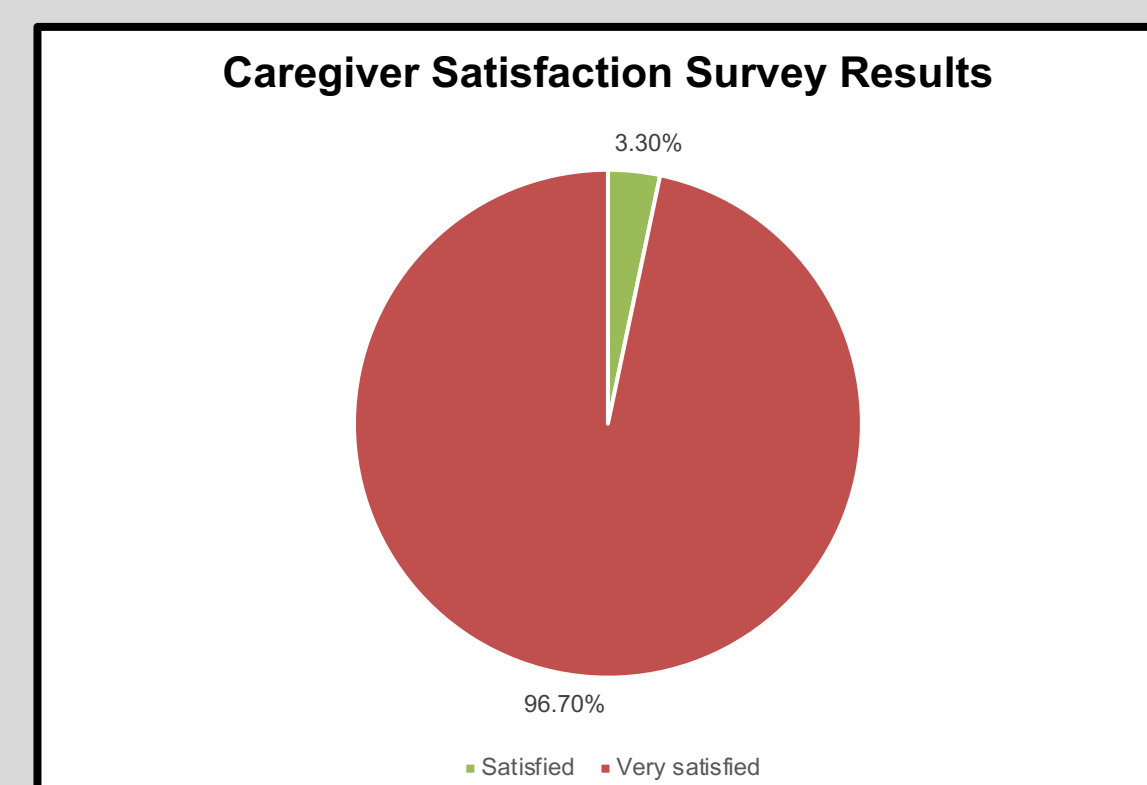
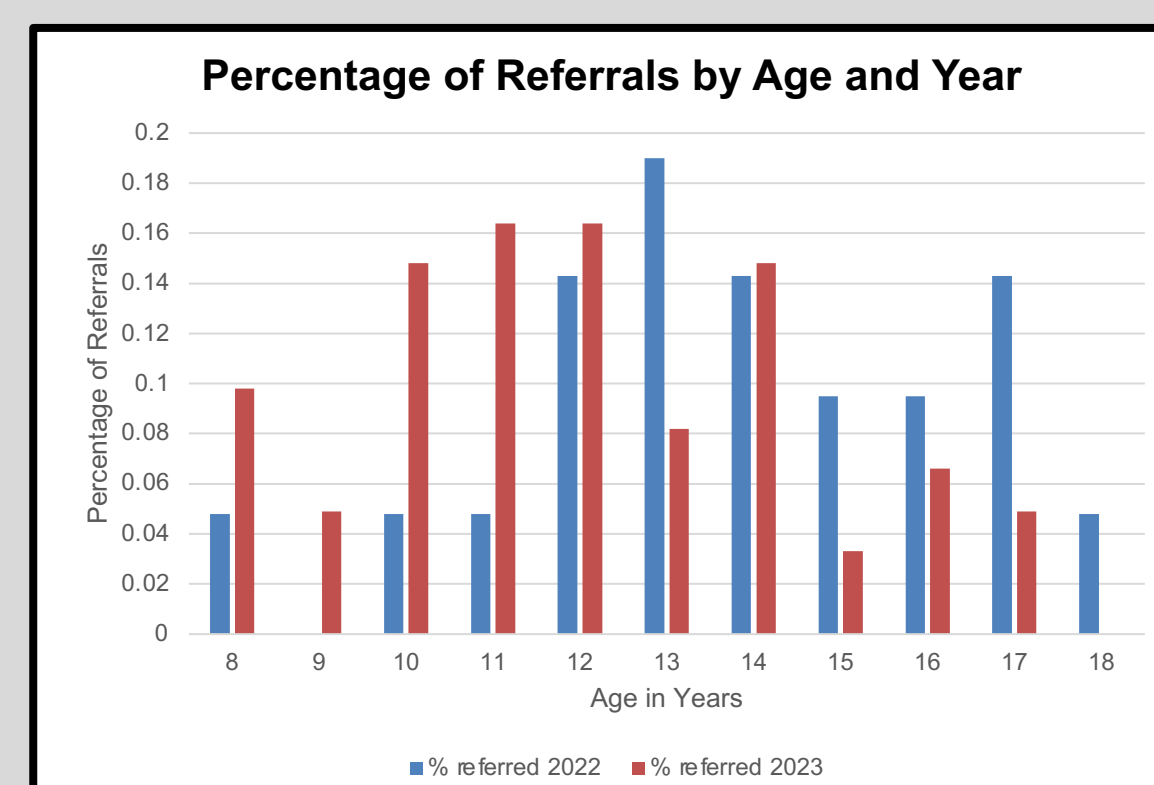
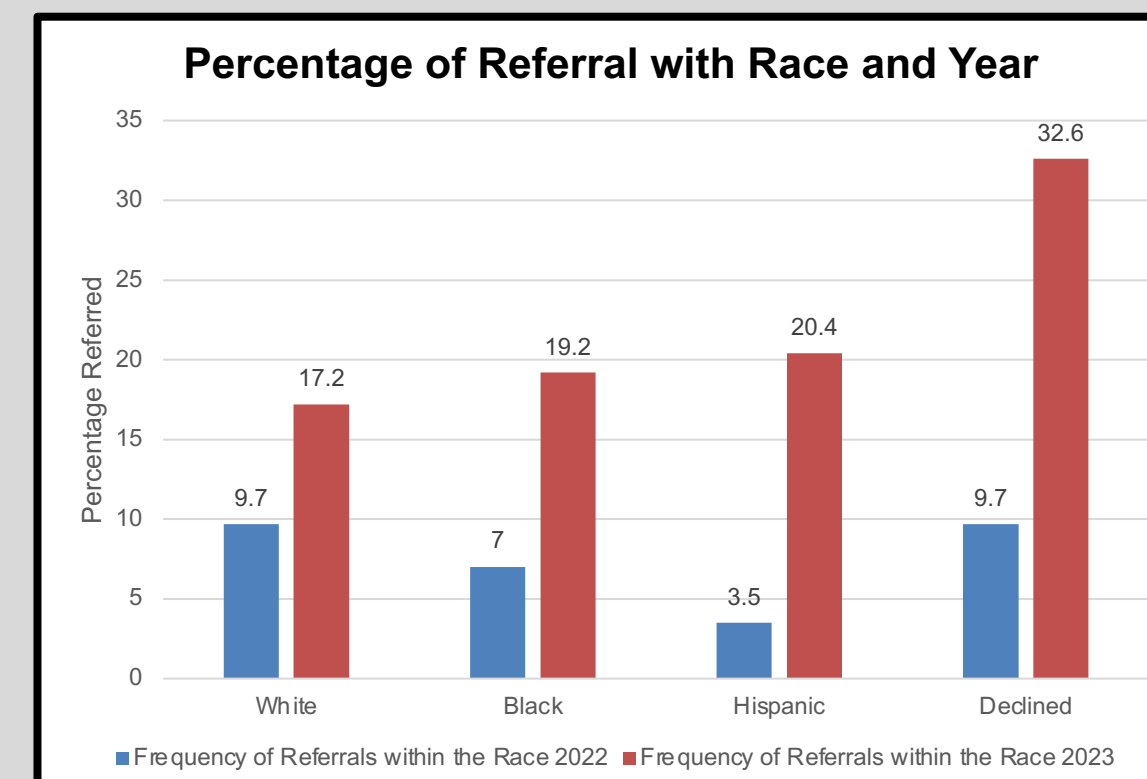
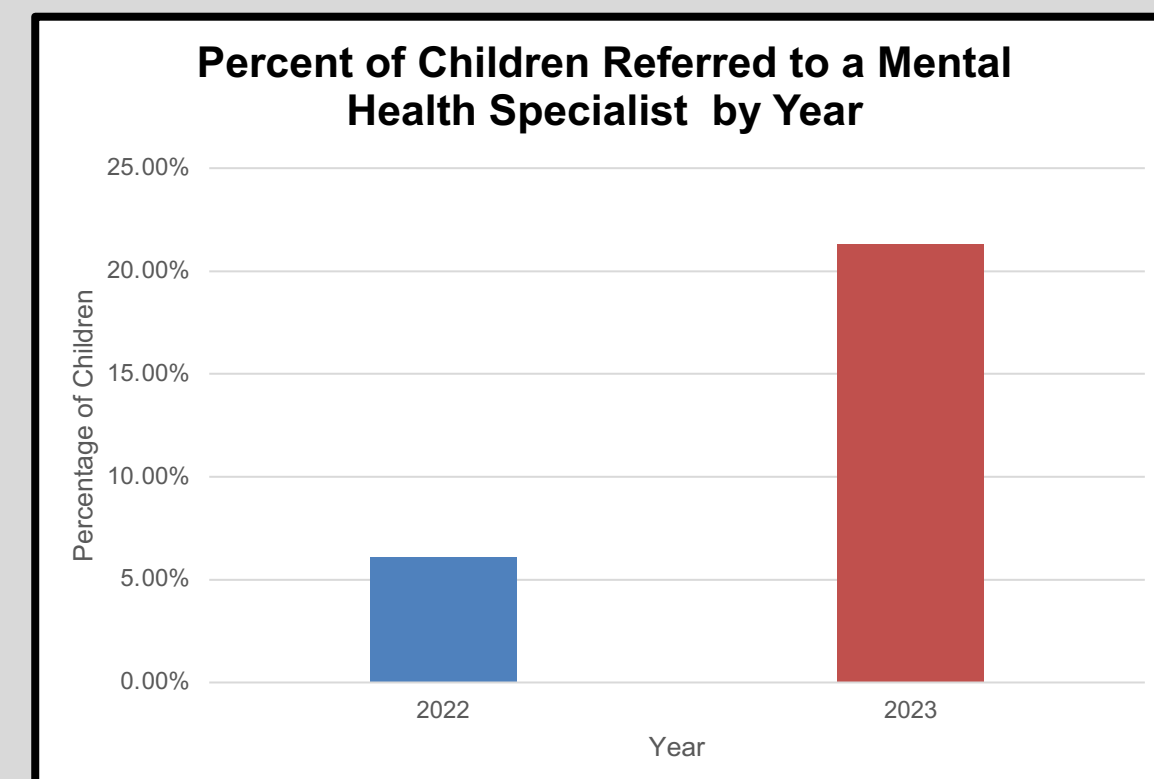
## Implementation



## Implications

- Clinical:** This evidence-based anxiety management process was effective in educating providers and families on childhood anxiety symptoms, evaluating children for anxiety concerns, and increasing referrals for needed mental healthcare.
- There was a significant increase in referrals for mental healthcare in 2023 utilizing the SCARED.
- Younger children were identified with anxiety in 2023, demonstrating the need to evaluate at an earlier age than previously recommended.
- Education:** Providers need knowledge of symptoms of childhood anxiety.
- Financial:** Adding the free SCARED tool to pediatric exam protocols provides timely referral for treatment of anxiety and reduces future risks and costs.
- Social:** Caregivers support a mental health evaluation of their children during a wellness exam. This will reduce social stigma.
- Policy:** A required mental health screening practice nationwide may enhance the quality of holistic healthcare, increase patient health outcomes, reduce post-pandemic mental health concerns, promote awareness of anxiety management, and is imperative to advancing healthcare equity.
- Future Research:** There is a national shortage of mental health specialists, necessitating the integration of mental healthcare into the pediatric primary care setting.

## Results



## Outcomes

- A significantly greater portion of participants in 2023 (21.3%) were referred to a mental health specialist utilizing the SCARED tool compared to participants in 2022 (6.1%) without using the SCARED tool.
- A greater percentage of children ages 8 – 12 and 14 years were identified with anxiety in 2023 than in 2022.
- 96.7% of caregivers were Very Satisfied with including a mental health evaluation.

Variable	2022		2023		χ <sup>2</sup>	P	V
	n	%	n	%			
Referred	21	6.1	61	21.3	31.92	<.001	.225
Not Referred	324	93.9	226	78.7			
Total	345	100	287	100			

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