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Introduction

An audit of adherence to NICE guidelines for depression in Children and adolescents had shown a lack of documentation of formal diagnosis and a lack documentation around psychological treatment modalities used.

We decided to try and develop a bundle of care informed by NICE guidelines and to try and improve adherence to this

Discussion

Hurdles – time, team spread across 3 locations, culture within our service, defining outcomes in mental health, interventions are long-term so evidence of change is slow

Plan:

To get feedback from staff about project aim

Do:

At team meetings we asked for anonymous feedback on their thoughts and feelings around diagnosing depression

Study:

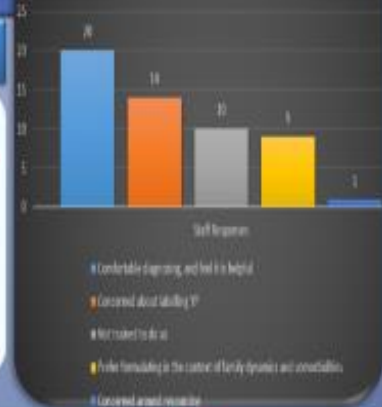
We looked at feedback and collated it into a **wordfall**

Act:

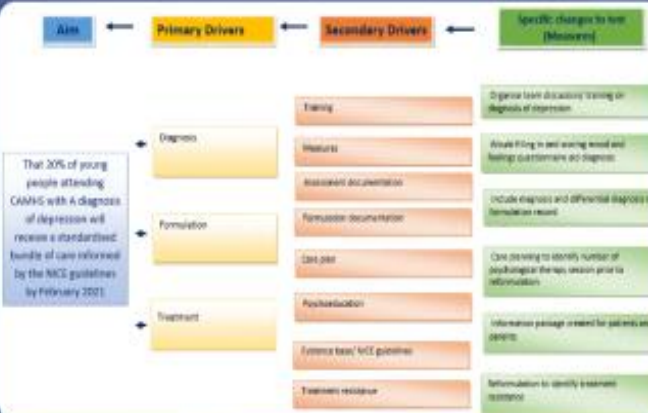
Reflected on **wordfall** results with staff and we did training on ICD10 diagnosis of depression. After this we got agreement to participate in pilot from 2 members of staff and amended the care pathway based on the concerns raised.



Staff Reflections on Diagnosing Depression



PDSA Ramp

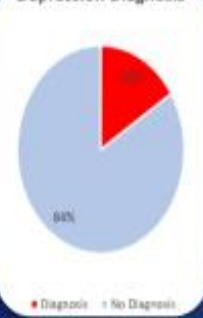


What did we learn?

Our diagnosis rate of low mood/ depression was 35% which when compared with data from UK of 50% is lower than should be expected for our service. This added weight to our aim for a more targeted care pathway for depression
Benefits for service area:
 Staff training
 Development of a care pathway



Depression Diagnosis



Low Mood



What next?

Evaluate staff feedback after training
 Service user feedback on doing mood and feelings questionnaire as part of pathway and on information pack.
 Pilot care pathway in teams
 Repeat survey of presentation of low mood/ depression and diagnosis of depression

Of a sample of 450 Young People:
 35% of Young People are presenting with Low Mood
 16% of Young people have a diagnosis of Depression
 Almost half of the Young People presenting with Low Mood also have a diagnosis of Depression