

Standardising advice and documentation for young people starting on antidepressant medication: A QI project

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HSC Aims and Hypothesis:

The project aim was to improve documentation of prescribing for selective serotonin reuptake inhibitors (SSRIs) in Newry Child and Adolescent Mental Health Service (CAMHS), to reflect current National Institute of Clinical Excellence (NICE) recommendations.

HSC Background:

Following an audit comparing standard to NICE guidelines, clinician documentation during SSRI prescribing was noted to vary widely within Newry CAMHS.

Subsequent to multidisciplinary team (MDT) discussion, clinicians agreed that the development of a standardised protocol would improve clinician regulation of advice and thus, quality of patient care.

HSC Methods:

4. Act

Protocol adjusted to suit clinician need after feedback from staff to improve usability and embed use in everyday clinical practice.

3. Study

Prescribing data collected again after introduction of the protocol and compared to same guidelines.

Our new protocol acted as both a guideline and data gathering measurement for Clinicians. A sheet on SSRI side effects was included for ease of use.

1. Plan

Collected audit data (n=40) from Newry and Craigavon outpatient clinics reflecting inconsistent documentation of advice. Reviewed NICE guideline NG134 Depression in children and young people to look at all parameters recommended to be discussed when starting SSRI medication.

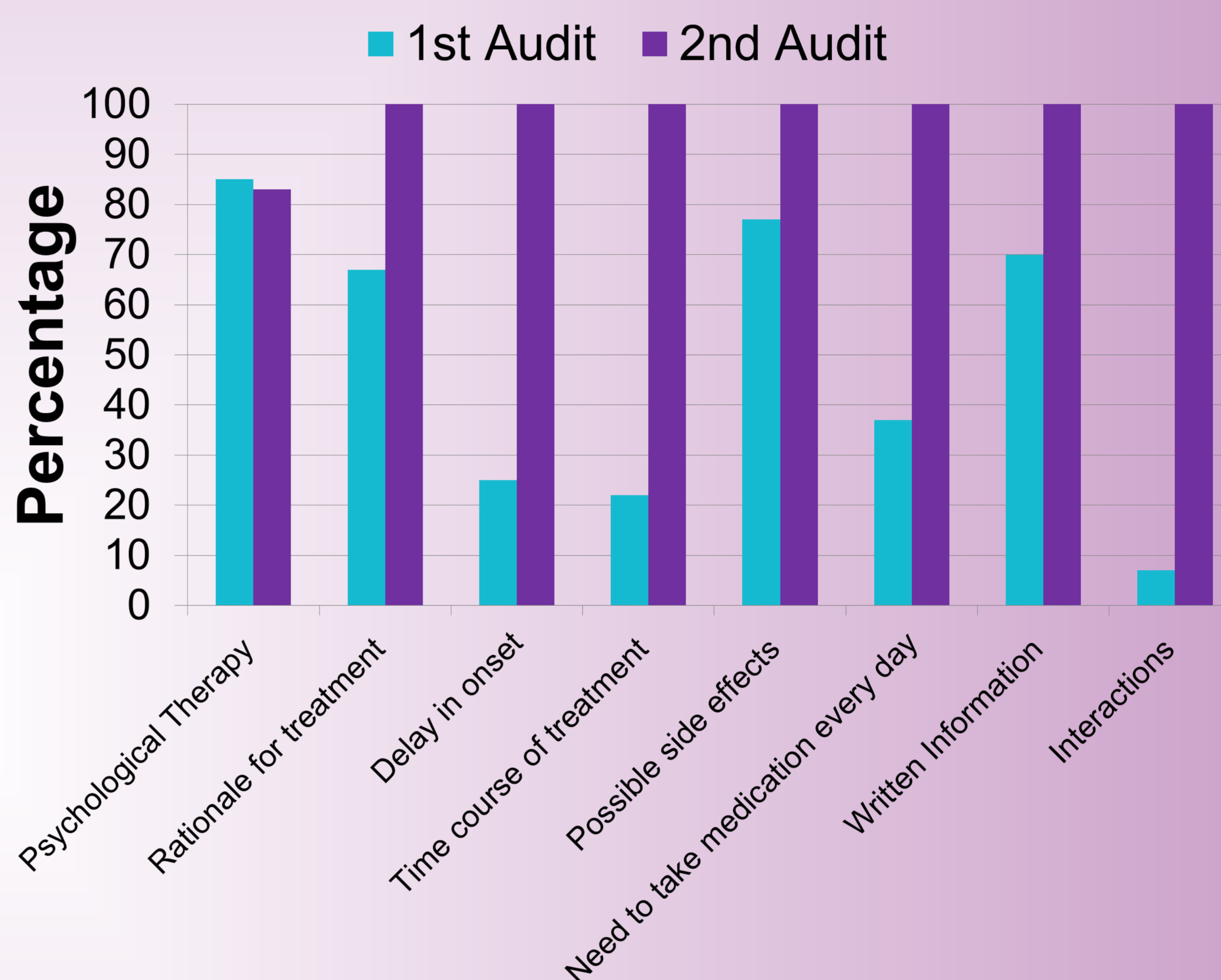
2. Do

Develop a standardised protocol/checklist encompassing all prescribing advice given in NICE guideline. Discuss with clinicians and disseminate rationale for use, and engage with utilising this in clinic when prescribing antidepressants.

HSC Results:

In the first round of results 40 cases were identified in Nov-Dec 2020 and audit data gathered between 2 sites. In the 2nd round of results 6 cases were identified in one site in June 2021.

The protocol reminded clinicians to discuss the following topics with patients: whether they were receiving psychological therapy, the reason for SSRI use, how long SSRI's take to work, how long they could be expected to be on an SSRI, side effects (summary sheet included), daily doses, any possible interactions and to hand out written information. These have all been listed in the NICE guidelines as necessary subjects to discuss with adolescent patients prior to initiating SSRI's



Compared to the 1st audit, the percentage of patients who had each aspect of starting medication discussed with them improved across the board. With the implementation of the protocol sheet, all patients were provided with the necessary information, advised by NICE guidelines, to make an informed choice regarding SSRI treatment.

Qualitative feedback from clinicians also identified that they found the protocol helpful and easy to use during consultations.

HSC Discussion & Conclusion:

The protocol that we produced was successful in standardising the advice and documentation for young people starting on antidepressant medication.

One part of the NICE guidelines that needs further work to be met is the need to carry out formal outcome measure scores prior to initiation of treatment. Feedback from clinicians highlighted concerns about who completes these, and further discussion is planned to identify whether certain areas of the protocol, such as this, can be completed prior to medical consultation.

Protocol and further information available from claire.rafferty@southerntrust.hscni.net

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