A Qualitative Investigation of an Intervention Connecting Adolescents in Psychiatric Care to Contraceptive Care

Abigail Underwood, MSW, LSW[1], Kathryn Hyzak, PhD, MSW[1], Ashley Ebersole, MD, MS[1,2], Alicia Bunger, PhD, MSW[1] and Elise Berlan, MD, MPH[1,2]
1. The Ohio State University, Columbus, OH, 2. Nationwide Children's Hospital, Columbus, OH

Background

- Adolescents have disproportionately high rates of unintended pregnancy[1,2] and experience barriers to accessing contraceptive care.[3-5] Barriers include cost, lack of transportation, confidentiality concerns and lack of knowledge about contraceptive options.[3]
- Adolescents with mental health symptoms and diagnoses are more likely to engage in risky sexual behaviors, less likely to use contraception, and more likely to have an unplanned pregnancy.[6-12]
- Evidence shows that referrals alone are insufficient to connect patients to speciality care, like family planning services.[13-14]
- The intervention, **Link2BC**, facilitates a same-day contraceptive consultation with an adolescent medicine provider during an existing psychiatry appointment.

Research Objectives

- To determine the acceptability of Link2BC among patients and their parents/caregivers.
- To determine acceptability of Link2BC among psychiatrists, nurse practitioners and nurses in a pediatric psychiatry clinic.
- To refine and tailor Link2BC to the outpatient psychiatry clinic with potential implementation barriers in mind.

Study Design

- Focus group discussions with adolescents assigned female at birth (n=7), parents/caregivers (n=9). Individual interviews with psychiatrists (n=2), nurse practitioners (n=3), and nurses (n=3) from the outpatient psychiatry clinic.
- Content analysis with deductive coding guided by the Consolidated Framework for Implemenation Research 2.0 (CFIR).[15]

Principal Findings

Needs of Innovation Recipients

- Education: *"I think that's super important on just explaining how many different types [of contraceptives] there are, what they do, what difference is and how to use them." -Adolescent*
- Confidentiality: *"It's one thing that makes it super easier for me if when my parents get to leave the room." -Adolescent*
- Confidentiality: *"…I really think that if [teens] would have had an opportunity to reach out and seek help without notifying the parents that they would have been more likely to do so" -Caregiver*
- Comfort with the provider was important to adolescents when discussing their sexual health.
- Accessibility: *"…There wasn't a way for me to pick [birth control] up because I didn't have my license at the time. So that was kind of hard. I was like, how am I supposed to get it, something like that?" -Adolescent*

Needs of Innovation Deliverers

- Education: *"The only training that I can really think of would just a little bit more education on birth control, because I know myself, I'm not very knowledgable about the subject." -Nurse practitioner*
- Training on Link2BC processes and components, including scripts for nurses to use when asking patients if they would like to participate in Link2BC.
- Deliverers also wanted clear role delineation and materials to provide to families such as pamphlets and handouts.

Context

- Time for patients and their families could be a barrier to Link2BC, though it could save them time by combining appointments. Time could also be a barrier for providers who are on tight schedules.
- Additional potential barriesr- include parents not wanting to talk to their adolescent about sexual health and stigma about sexual health.
- Cohesive clinic culture and rapport with patients could facilitate Link2BC.

Individuals

- Openness of providers: *"Come to the table without judgement and with openness and kind of let the patient decide where things are going to go." -Caregiver*
- Providers can serve as a liaision between adolescents and their parents on sexual health topics.
- Most participants felt capable of engaging adolescents in conversations about sexual health. However, some nurses expressed feeling uncomfortable, *"But I think [feeling uncomfortable] was just more due to lack of experience." -RN*

Inner Setting

- Structural characteristics like space availability and EHR adaptations are necessary for Link2BC.
- Relational connectedness between various levels of staff would be key to make Link2BC run smoothly.
- Communication flows both between clinic staff and through technological platforms like EPIC are needed.

Discussion

- Adolescents want *confidential* access to contraceptives and connecting them to contraceptive counseling during their existing outpatient psychiatry appointments is acceptable to them and their parents/caregivers.
- Providers felt Link2BC would be appropriate for their patients and clinic setting. Many even expressed excitement at the idea.
- Potential implementation barriers like time and space constraints or communication interruptions will be addressed during the intervention design and pre-implementation process.
- Limitations include sampling bias, social desirability bias, and lack of generalizability outside of the specific outpatient psychiatry clinic.

Relevance to Practice and Policy

- This research informed the refinement and tailoring of Link2BC for the pilot implementation.
- Integrating contraceptive counseling in various clinical settings is an innovative way to reduce barriers to sexual and reproductive health care for populations in need.
- Increasing adolescents' access to contraceptive care is critical as political efforts continue to restrict the availability of comprehensive reproductive health care.

Contact Information

Abigail Underwood, MSW, LSW
Presenter
underwood.309@osu.edu
abigailunderwood.com

Dr. Elise Berlan, MD, MPH, FAAP
Principal Investigator
614.722.2456
elise.berlan@nationwidechildrens.org

Funding

This study was funded by a grant from Organon, Inc. (#60740). Abigail Underwood's time is funded by the Robert Wood Johnson Foundation's Health Policy Research Scholars Program.

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