



PATIENT CONSENT FORM

Title of Research: Mental Health Screening and Referral to Treatment in Dental Practices (MSDP): A Pilot Study

UAB IRB Protocol #: IRB- 300009953

Principal Investigator: Nathan Culmer, Ph.D.

Sponsor: National Institutes of Health

General Information	You are being asked to take part in a research study. This research study is voluntary, meaning you do not have to take part in it. The procedures, risks, and benefits are fully described further in the consent form.
Purpose	The purpose of the study is to investigate the perception and implementation of mental health screening and referral to treatment in dental offices.
Duration & Visits	You will be in this study for approximately 1-week. You will be asked to complete two surveys.
Overview of Procedures	<p>You will be asked to participate in a total of 2 brief surveys. You will complete the first survey (totaling 14-questions) before your scheduled dental visit. This survey includes mental health screening forms for depression, anxiety, suicidal ideation, and substance use. This survey will take approximately 15 minutes to complete and will be completed on a tablet provided by the dentist office.</p> <p>The next survey will be done after your dental visit. This survey will take approximately 15 minutes to complete, and can be completed on any personal device, such as a computer, tablet, or a smartphone.</p>
Risks	There is the potential risk for breach of confidentiality
Benefits	You will not benefit from participating in this study.
Alternatives	The alternative is not to participate.

Purpose of the Research Study

We are asking you to take part in a research study because you are a dental patient at a National Dental Practice-Based Research Network practice participating in this study. This study will help better understand the dental office and patient perceptions of integrating mental health screening and referral to treatment procedures into the dental health workflow. This study will



enroll a maximum of 40-participants. There will be between 5 and 8 participants enrolled from your dental practice.

Study Participation & Procedures

In this study, you will:

- Complete mental health screening forms prior to your scheduled dental office visit
 - Certain answers may prompt an additional response from dental office personnel. These may include follow-up or clarifying questions (i.e., I am going to provide you a referral to services within the area. Do you have any questions?) sharing of a referral, and, in case of high suicidal risk, calling either 911, 988, or both.
 - This survey will take approximately 15 minutes to complete and will be completed on a tablet provided by the dentist's office.
 - If you are uncomfortable answering any questions on the screening forms, you may withdraw from the study at any time
- Complete a post-survey following your dental visit (via email link)
 - This survey will take approximately 15 minutes to complete, and can be completed on any personal device, such as a computer, tablet, or a smartphone
 - The survey will be emailed to you immediately after your visit, and you will receive a reminder email one day after your visit
 - You do not have to answer any questions on the post-survey that you do not feel comfortable answering

Participation in this study will last approximately one-week.

Additional Information:

Your de-identified private information may be used for future research studies without additional informed consent. The results (including individual research results) will not be returned to you.

Risks and Discomforts

You may find completing the study assessments or the results upsetting. You may find the follow-up questions from your dentist, dental hygienist, or dental office staff to be upsetting. You are at risk of loss of confidentiality of your study information.

Benefits

The potential benefits of this study are that the results may contribute to the understanding of implementing mental health screening and referral to treatment procedures in dental offices. Study results could enhance care for future patients through recommendations for more timely and appropriate interventions.

Alternatives

You do not have to take part in this study if you do not want to, it is your choice. Not participating will not affect your care as a patient of record with your dentist.



Confidentiality and Authorization to Use and Disclose Information for Research Purposes

Federal regulations give you certain rights related to your health information. These include the right to know who will be able to get the information and why they may be able to get it. The study doctor must get your authorization (permission) to use or give out any health information that might identify you.

What protected health information may be used and/or given to others?

All medical information, including but not limited to information and/or records of any diagnosis or treatment of disease or condition, which may include sexually transmitted diseases (e.g., HIV, etc.) or communicable diseases, drug/alcohol dependency, etc.; all personal identifiers, including but not limited to your name, social security number, medical record number, date of birth, dates of service, etc.; any past, present, and future history, examinations, laboratory results, imaging studies and reports and treatments of any kind, including but not limited to drug/alcohol treatment, psychiatric/psychological treatment; financial/billing information, including but not limited to copies of your medical bills; any other information related to or collected for use in the research study, regardless of whether the information was collected for research or non-research (e.g., treatment) purposes; records about any study drug you received or about study devices used; and consent forms from past studies that might be in your medical record.

Who may use and give out this information?

Information about your health may be used and given to others by the study doctor and staff. They might see the research information during and after the study.

Who might get this information?

All individuals/entities listed in the informed consent document(s), including but not limited to, the physicians, nurses and staff and others performing services related to the research (whether at UAB or elsewhere). Your information may also be given to the sponsor of this research. "Sponsor" includes any persons or companies that are working for or with the sponsor, or are owned by the sponsor, or are providing support to the sponsor (e.g., contract research organization). Information about you and your health which might identify you may be given to:

- The University of Alabama at Birmingham Institutional Review Board (IRB). An IRB is a group that reviews the study to protect the rights and welfare of research participants.
- National Institutes of Health (the study's sponsor)
- The Office for Human Research Protections (OHRP)
- National Dental Practice-Based Research Network Administrative and Resource Center (University of Alabama at Birmingham)
- National Coordinating Center for the National Dental Practice-Based Research Network (Kaiser Permanente Center for Health Research)
- The University of Alabama (UA)



Why will this information be used and/or given to others?

Information about you and your health that might identify you may be given to others to carry out the research study. The sponsor will analyze and evaluate the results of the study. In addition, people from the sponsor and its consultants will be visiting the research site. They will follow how the study is done, and they will be reviewing your information for this purpose.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information, documents, or biospecimens that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings, see below); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects.

The Certificate cannot be used to refuse a request for information from personnel of the United States federal or state government agency sponsoring the project that is needed for auditing or program evaluation by the National Institute of Dental and Craniofacial Research which is funding this project or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. If you want your research information released to an insurer, medical care provider, or any other person not connected with the research, you must provide consent to allow the researchers to release it.

The Certificate of Confidentiality will not be used to prevent disclosure as required by federal, state, or local law of child or elder abuse or neglect, risk of harm to self or others.

The Certificate of Confidentiality will not be used to prevent disclosure for any purpose you have consented to in this informed consent document.

The information from the research may be published for scientific purposes; however, your identity will not be given out in those publications.

What if I decide not to give permission to use and give out my health information?

By signing this consent form, you are giving permission to use and give out the health information listed above for the purposes described above. If you refuse to give permission, you will not be able to be in this research.

May I review or copy the information obtained from me or created about me?

You have the right to review and copy your health information. However, if you decide to be in this study and sign this permission form, you will not be allowed to look at or copy your information until after the research is completed.



May I withdraw or revoke (cancel) my permission?

Yes, but this permission will not stop automatically. The use of your personal health information will continue until you cancel your permission.

You may withdraw or take away your permission to use and disclose your health information at any time. You do this by sending written notice to the study doctor. If you withdraw your permission, you will not be able to continue being in this study.

When you withdraw your permission, no new health information which might identify you will be gathered after that date. Information that has already been gathered may still be used and given to others. This would be done if it were necessary for the research to be reliable.

Is my health information protected after it has been given to others?

If you give permission to give your identifiable health information to a person or business, the information may no longer be protected. There is a risk that your information will be released to others. Including others outside of UAB, without your permission.

Voluntary Participation and Withdrawal

Whether or not you take part in this study is your choice. There will be no penalty if you decide not to be in it. If you decide not to be in the study, you will not lose any benefits you are otherwise owed.

You are free to withdraw from this study at any time. Your choice to leave the study will not affect your dental care in any way. Contact the study doctor if you want to withdraw from the study.

You may be removed from the study without your consent if the sponsor ends the study, if your the study principal investigator decides it is not in your best interest, or if you are not following the study rules.

Cost of Participation

There will be no cost to you for taking part in this study.

Payment for Participation

You will receive \$40 for completing the mental health screening forms and after-visit survey. Payment will be sent by check from the University of Alabama at Birmingham.

Questions

If you have any questions about this study, please ask your dentist. You may also contact the lead researcher on this study, Nathan Culmer, PhD; . You can contact Dr. Culmer with questions at npculmer@ua.edu or at 205-348-5664.

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday.

Legal Rights



You are not waiving any of your legal rights by completing this consent form.

Signatures

Your signature below indicates that you have read (or been read) the information provided above and agree to participate in this study. You will receive a copy of this signed consent form.

Signature of Participant

Date



Dental Office Personnel Information Sheet

Title of Research: **Mental Health Screening and Referral to Treatment in Dental Practices (MSDP): A Pilot Study**

UAB IRB Protocol #: **IRB-300009953**

Principal Investigator: Nathan Culmer, Ph.D.

Sponsor: National Institutes of Health

General Information	You are being asked to participate in the Mental Health Screening and Referral to Treatment in Dental Practices Pilot Study. This study is being conducted by the National Dental Practice-Based Research Network, also called the National Dental PBRN. The National Dental PBRN is a network of dental practices committed to advancing knowledge by conducting research in their practices. This research will help inform the decision-making processes if mental health screeners and referrals to treatment for mental health can be successfully implemented into dental practice daily activities. The objective of the study is to pilot screening and referral to mental health treatment procedures in dental practices.
Purpose	The purpose of this pilot study is to investigate the implementation of mental health screening and referrals for treatment in dental offices.
Duration & Visits	Participation in this study will last up to approximately 3 months. You will be asked to complete a onetime pre and post-study survey (approximately 10 minutes each) and a post-visit survey/per patient (approximately 5 minutes each).
Overview of Procedures	This study will include recruiting and enrolling patient during routine visits. You will be asked to respond to survey questions regarding your experience of going through the mental health screening and referral to mental health workflow.
Risks	There is a small risk for breach of confidentiality.
Benefits	The only direct benefit you receive by participating in this research is the training you will receive. Otherwise, this research will not directly benefit you.
Alternatives	The alternative is not to participate.

The pilot study will involve training, interacting with patients, and providing feedback. No more



than eight of your patients will be involved in this pilot study. You will have access to a National Dental PBRN Coordinator and the research team (which include researchers, mental health specialists, and a dentist) at any time should you have any questions or need any guidance. By participating, you may help benefit dental offices in the future.

Approximately 5 participating dental practices comprising up to 35 practitioners and clinic staff members of the National Dental PBRN will participate in this study. Additionally, we need 1 or 2 individual(s) from each dental practice to receive training in human subjects research, if they do not already have it, for the sake of recruiting patients to the study and consenting patients as well as interacting with them regarding their responses to the questionnaire. The individual in this role will be either a dentist or dental hygienist. Study procedure training will be provided in advance of recruitment by the South Central Node Coordinator and/or the research team. The training ensures that the practitioner and staff understand the study procedures and receive instructions on the consent process and the electronic data capture system.

If you agree to participate, you will do the following:

- Participate in and respond to questions regarding your experience with the following:
 - a. Pre-and Post- study surveys (approximately two 10 minutes surveys) consisting of perceptions regarding:
 - i. The process of mental health screenings,
 - ii. The process of referral to mental health treatment options, and
 - iii. Relevance/interest on this topic.
- Following the visit with each enrolled patient, participate in and respond to questions regarding the experience of going through the mental health screening and referral to mental health workflow (maximum of 5 minutes; REDcap will send the post-visit surveys electronically via email).
- Certain patient answers may prompt an additional response from dental office personnel. These may include follow-up or clarifying questions, sharing of a referral, and, in case of high suicidal risk, calling either 911, 988, or both. All participants will receive a list of mental health providers in the area for informational purposes. Remain in the study for up to 12 weeks if needed for data quality measures.
- Allow Regional Node Coordinator to send information and follow-up survey questions to you after your visit.
- You may be contacted by the Regional Node Coordinator for details to inform you of the study.

Your participation is voluntary, and your participation and responses will remain confidential.

This research will not directly benefit you. The results of this study will help us understand how to better integrate healthcare specialties. This study may help dentists improve care for patients in the future. Significant new findings that develop during the study may relate to your willingness to continue your participation in this study. If this occurs, these new findings will be



provided to you.

The risk of this study may be a breach of confidentiality. However, we will do all we can to reduce this risk. To mitigate this risk, all data will be stored on encrypted servers and all study analysis data sets will be de-identified. For example, all information will be stored on password-protected computers, and we will have any identifying information removed before it is shared with our research partners.

Your participation is entirely voluntary and everything you share will be confidential. If we do not hear from you, the Regional Node Coordinator may follow-up to see if you are interested in participating. Taking part in this research is not a part of your work duties. You can refuse to enroll or withdraw after enrolling at any time before the study is over, with no effect on your job.

The process you participate in will not be affected by whether you choose to participate in this study. You are free to withdraw from this study at any time. You do not have to participate in this study. You are not waiving any of your legal rights by participating.

Information about you for this study will be kept confidential to the extent allowed by law. However, research information that identifies you may be shared with people or organizations for quality assurance or data analysis, or with those responsible for ensuring compliance with laws and regulations related to research. They include:

- The University of Alabama at Birmingham Institutional Review Board (IRB). An IRB is a group that reviews the study to protect the rights and welfare of research participants
- The University of Alabama at Tuscaloosa
- National Institutes of Health
- The Office for Human Research Protections (OHRP)
- National Dental Practice-Based Research Network Administrative and Resource Center (University of Alabama at Birmingham)
- Network Coordinating Center for the National Dental Practice-Based Research Network (Kaiser Permanente Center for Health Research)

The information from the research may be published for scientific purposes; however, your identity will not be given out in those publications.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information, documents, or biospecimens that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires



disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings, see below); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects.

The Certificate cannot be used to refuse a request for information from personnel of the United States federal or state government agency sponsoring the project that is needed for auditing or program evaluation by the National Institutes of Health which is funding this project or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. If you want your research information released to an insurer, medical care provider, or any other person not connected with the research, you must provide consent to allow the researchers to release it.

The Certificate of Confidentiality will not be used to prevent disclosure as required by federal, state, or local law of child or elder abuse and neglect or harm to self or others. The Certificate of Confidentiality will not be used to prevent disclosure for any purpose you have consented to in this informed consent document.

There will be no cost to you for taking part in this study.

Dentists will receive \$100.00 incentive for participating in and completing the study per patient involved. Dental Hygienists will receive \$75.00 incentive for participating in and completing the study per patient involved. Dental assistants and office staff members will receive \$50.00 for participating in and completing the study per patient involved. Another incentive of joining this study is the dental practice will receive a mental health referral list customized to their practice. All practitioners will receive an additional \$40.00 for completing both the pre- and post- study surveys. Each clinic will be allowed to keep a study-purchased tablet that will be used for study data collection

This study is being conducted by Nathan Culmer, PhD. You can contact Dr. Culmer with questions at npculmer@ua.edu or call at 205-348-5664.

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday.

MSDP Eligible Dentist, Hygienist, and Dental Office Staff SCREENING & ENROLLMENT

Practitioner Name: _____ Page Start Date: ____/____/____

Practitioner ID: _____ Page End Date: ____/____/____

Practitioner Eligibility Criteria

Dental Hygienist/Dental Assistants/Dental Office Staff: To be eligible to participate in this study, dental hygienist must meet the following criteria:

- Age ≥ 18 years
- Be or become an active member of the National Dental PBRN (<http://nationaldentalpbrn.org/enrollment.php>).
- Willing to consent patients to the study following regionally approved procedures
- Be appropriately licensed in the U.S. to provide dental care for adult patients in the South-Central region, licensed in the US to treat patients, and actively providing dental care for adult patients
- Able to receive emails
- Willing to comply with all study procedures and be available for the duration of the pilot session
- Does not anticipate retiring, selling the practice, moving during the study
- Able to complete Human Subjects and Study Protocol Training

Additional Dentist Criteria: In addition to the above, dentists must also meet the following criteria in order to be eligible to participate in this study:

- Have WIFI in the practice
- Affirm that the practice can devote sufficient time in patient scheduling to allow focused recording of all data required for the study

Only practices who can meet all eligibility criteria above should appear on this log.

DATES			PRACTICES INVITED TO PARTICIPATE					
DATE <i>Enter date invitation was extended</i>	DATE <i>Enter date invitation was accepted or rejected</i>	NAME <i>List practice(s) recruited this week</i>	NUMBER OF PARTICIPATING <i>Dentists/Hygienists/Dental Assistants/Dental Office Staff</i>				REGISTERED <i>Check (v) if all participating Dentists/Hygienists/Dental Assistants/Dental Office Staff from that practice are registered in the National Dental PBRN database</i>	REASONS FOR NOT PARTICIPATING <i>Identify reason(s) for each practice that is invited but does not participate (see eligibility criteria above)</i>
			Dentists	Hygienists	Dental Assistants	Office Staff		
01/08/22	01/14/22	Alabama Dental Office	2	3	2	1	v	

MSDP Study Text

NEED

1. Patient Consent text:

Thank you for completing the consent form. We look forward to seeing you at your visit.

2. In office surveys:

Thank you for taking time to complete the surveys. Please return the tablet to the front desk staff

3. Patient email (post-visit survey)

Subject line: Thank you for your participation in the MSDP study

Body:

Dear (Name),

Thank you for your participation in the MSDP study. Please click the link below to complete the post-visit survey.

If you have any questions or issues with your link, please contact your dental practice as soon as possible.

Patient email post survey Reminder:

Subject line: ACTION REQUIRED- Please complete your MSDP study survey today!

Body:

Dear (name),

Please click the link below to complete the post-visit survey.

If you have any questions or issues with your link, please contact your dental practice as soon as possible.

Thank you for your continued participation in the MSDP study!

4. Ending text for post-visit survey

We greatly appreciate your time and participation in the MSDP study. You have completed all required surveys. Your payment will be mailed to you via check.

MIGHT NEED

1. Provider pre-study survey

Subject line: MSDP study survey is now available

Body: A survey for the MSDP study is now available. Please click the link below.

If you have any issues with your link, please contact your node coordinator.

2. Summary visit

Subject line: Results for patient (#####) are now available.

Body: The results for patient (#####) are now available. To view, please click the link below.

3. Provider post visit

Subject line: A survey for the MSDP study is available.

Body: A survey for the MSDP study is now available. Please click the link below.

If you have any issues with your link, please contact your node coordinator.

4. Provider post survey

Subject line: MSDP study survey is now available

Body: A survey for the MSDP study is now available. Please click the link below.

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Redcap study text V1.0 2022-[11-3009-12](#)

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4. Provider post survey

Subject line: MSDP study survey is now available

Body: A survey for the MSDP study is now available. Please click the link below.

If you have any issues with your link, please contact your node coordinator.

MSDP Consecutive Eligible Patient SCREENING & ENROLLMENT

Practitioner Name: _____ Page Start Date: ____/____/____

Practitioner ID: _____ Page End Date: ____/____/____

Patient Eligibility Criteria

- 18 years of age or older at the time of study enrollment
- Must be able to access working email
- Must have access to the Internet

Dentist exclusion criteria

- Too busy to recruit patient
- Patient has history of noncompliance
- Other practice issue

Only patients who meet all eligibility criteria above should appear on this log.

WEEK #	DATES	PRACTICE DID NOT RECRUIT THIS WEEK	NUMBER OF PATIENTS INVITED TO PARTICIPATE	REASONS FOR NOT PARTICIPATING Check (v) mark under a reason for each person who is screened eligible but does not participate	
	<i>Enter dates for this week (Sunday-Saturday)</i>	<i>Check (v) if no recruitment occurred this week</i>	<i>Check (v) mark for each patient who was invited to participate</i>	<i>Patient declined participation (eligible, but declined)</i>	<i>Dentist reason (dentist excluded – see examples above)</i>
<i>Example</i>	<i>1/2/22 - 1/8/22</i>		<i>v v v v</i>	<i>v v</i>	<i>v</i>
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					
Week 9					
Week 10					

MSDP Consecutive Eligible Patient SCREENING & ENROLLMENT

Eligible Patient Reasons for Declining Participation

Instructions: Record the reason for non-participation if provided. Do not enter patient name or any information that would identify the patient.

Date	Patient Reasons							Dental Practice Reasons		
	<i>Patient did not meet inclusion criteria</i>	<i>No interest</i>	<i>No time</i>	<i>Did not want to complete paperwork</i>	<i>Uncomfortable with study topic</i>	<i>Privacy of information</i>	<i>Other (please specify if able)</i>	<i>Time constraints</i>	<i>Patient has a history of non-compliance</i>	<i>Other practice concern (please specify if able)</i>
	<i>Check (v) for reason patient declined, if possible. Check all that apply.</i>							<i>Check (v) for dentist reason, if possible.</i>		
<i>Example</i>					v					

Patient Demographic Form

1. What is your gender?

- Male 1
- Female 2
- Nonbinary 3
- Prefer not to answer -6

2. What is your date of birth?

___ ___ / ___ ___ / ___ ___ ___ ___

3. Are you of Hispanic or Latino origin?

- Yes 1
- No 0
- Prefer not to answer -6

4. What racial categories best describe you?
(Check all that apply)

- American Indian or Alaska Native 1
- Asian 1
- Native Hawaiian or Other Pacific Islander 1
- Black or African-American 1
- White or Caucasian 1
- Prefer not to answer -6

5. What type of dental insurance do you have?

- No dental insurance 1
- Private insurance (e.g. employer sponsored, commercial, HMO, etc.) 2
- Public/government insurance (Medicaid, military or veterans benefit, etc.) 3
- Private and Public/Government (e.g., private plus Medicare) 4
- Other 5

6. What type of health insurance do you have?

- No insurance
- Private insurance (e.g. employer sponsored, commercial, HMO, etc.)
- Public/government insurance (Medicaid, military or veterans benefit, etc.)
- Private and Public/Government (e.g. private plus Medicare)

7. Indicate your highest level of formal education

- Less than high school diploma 1
- High school diploma or GED 2
- Some college/Associate degree 3
- Bachelor's degree 4
- Graduate degree 5
- Prefer not to answer -6

8. How would you describe the neighborhood where you live?

- Urban 1
- Suburban 2
- Rural 3

9. What is the ZIP Code where you live?

10. Including you, how many people live in your household?

11. What is your family's current annual household income from all sources?

- Up-to (less than or equal to) \$25,000 1
- \$25,001-\$50,000 2
- \$50,001-\$100,000 3
- Over \$100,000 4
- Prefer not to answer -6

PHQ-2

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Scoring

Score	Possible Follow-up Prompts	Action Steps
0	<ul style="list-style-type: none">• Thank you for completing the survey. Let us know if you need anything from us.	<ul style="list-style-type: none">• None
1-2	<ul style="list-style-type: none">• Thank you for completing the survey. Your answers indicated that you have some concerns. If you are comfortable, I can provide you with a list of professionals you can speak with about your concerns.	<ul style="list-style-type: none">• Provide referral to patient
>2	<ul style="list-style-type: none">• Thank you for completing the survey. Your answers indicated that you have some concerns. I am going to put a list of referrals of those you can talk to. If you're comfortable, I can help you schedule an appointment.	<ul style="list-style-type: none">• Provide referral list/call referral

Columbia-Suicide Severity Rating Scale (C-SSRS)

Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	YES	NO
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

Scoring:

Affirmative Response	Possible Follow-up Prompts	Action Steps
Question #1	<ul style="list-style-type: none"> You indicated that you had thoughts had thoughts that you wished you were dead. I am going to put a list of referrals of those you can talk to. If you're comfortable, I can help you schedule an appointment. 	<ul style="list-style-type: none"> Provide referral to mental health services

Question #3 only	<ul style="list-style-type: none"> • <i>We are concerned for your physical safety</i> • <i>You indicated that you had thoughts of killing yourself and have been thinking about how to do it.</i> • <i>I am going to put a list of referrals of those you can talk to. If you're comfortable, I can help you schedule an appointment.</i> 	<ul style="list-style-type: none"> • <i>Provide referral to mental health services</i>
Question #4 or #5	<ul style="list-style-type: none"> • <i>You indicated that you had thoughts of killing yourself, have a plan, and have some intention of going through with it.</i> 	<ul style="list-style-type: none"> • <i>Dentist office calls 988 or 911</i>
Question #6 (Lifetime)	<ul style="list-style-type: none"> • <i>You indicated that you started to make plans a while ago.</i> 	<ul style="list-style-type: none"> • <i>Provide referral to mental health services</i>
Question #6 (Past 3-Months)	<ul style="list-style-type: none"> • <i>We are concerned for your physical safety</i> 	<ul style="list-style-type: none"> • <i>Dentist office calls 988 or 911</i> •

GAD-2

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3

Scoring

Score	Possible Follow-up Prompts	Action Steps
0	<ul style="list-style-type: none">• <i>Thank you for completing the survey. Let us know if you need anything from us.</i>	<ul style="list-style-type: none">• <i>None</i>
1-2	<ul style="list-style-type: none">• <i>Thank you for completing the survey. Your answers indicated that you have some concerns. If you're comfortable, I can give you a list of those can talk to.</i>	<ul style="list-style-type: none">• <i>Provide referral to patient</i>
>2	<ul style="list-style-type: none">• <i>Thank you for completing the survey. Your answers indicated that you have some concerns. I am going to put a list of referrals of those you can talk to. If you're comfortable, I can help you schedule an appointment.</i>	<ul style="list-style-type: none">• <i>Provide referral list/call referral</i>

CAGE-AID

In the past 3 months, have you felt you ought to cut down on your drinking or drug use?	Yes	No
In the past 3 months, have people annoyed you by criticizing you about your drinking or drug use?	Yes	No
In the past 3 months, have you felt bad or guilty about your drinking or drug use?	Yes	No
In the past 3 months, have you had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	Yes	No

Scoring

Score	Possible Follow-up Prompts	Action Steps
0	<ul style="list-style-type: none"> • <i>Thank you for completing the survey. Let us know if you need anything from us.</i> 	<ul style="list-style-type: none"> • <i>None</i>
>1	<ul style="list-style-type: none"> • <i>Thank you for completing the survey. Your answers indicated that you have some concerns. I am going to put a list of referrals of those you can talk to. If you're comfortable, I can help you schedule an appointment.</i> 	<ul style="list-style-type: none"> • <i>Provide referral list/call referral</i>

Provider Pre-Study Survey

Mental Illness Clinicians' Attitude Scale ¹	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
1. I just learn about mental health when I have to, and would not bother reading additional material on it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. People with severe mental illness can never recover enough to have a good quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Working in the mental health field is just as respectable as other fields of health and social care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If I had a mental illness, I would never admit this to any of my friends because I would fear being treated differently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. People with mental illness are dangerous more often than not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Health/social care staff know more about the lives of people treated for a mental illness than do family members and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Being a health/social care professional in the area of mental health is not like being a real health/social care professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. If a senior colleague instructed me to treat people with mental illness in a disrespectful manner, I would not follow their instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel as comfortable talking to a person with mental illness as I do talking to a person with physical illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. It is important that any health/social care professional supporting a person with mental illness also ensures that their physical health is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. The public does not need to be protected from people with mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If a person with a mental illness complained of physical symptoms (such as chest pain), I would attribute it to their mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I would use the terms "crazy", "nutter", "mad", etc. to describe to colleagues people with mental illnesses that I have seen in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. If a colleague told me they had a mental illness, I would still want to work with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Do you currently have someone on your team whose primary role is to address mental health issues? Check all that apply
 - Dentist
 - Hygienist
 - Dental Assistant
 - Office Staff
 - Mental Health Professional
 - No one holds this role
 - Other (please specify):
- Which professional/s on your team do you think should be responsible for mental health screening in your dental practice? (Check all that apply)
 - Dentist
 - Hygienist
 - Dental Assistant
 - Office Staff
 - No one
 - Other (please specify):
- Does your dental clinic screen patients for mental health concerns?
 - Yes
 - If yes, in what ways do you screen? (text box)
 - No

4. Does your clinic have referral pathways for Mental Health issues available to you within your clinic?
 - Yes
 - If yes, is that process written down in a flowchart or listed in as a set of guidelines?
 - Yes
 - No
 - Unsure
 - No
 - Do not know

5. Have you developed a plan for patients or caregivers who screen positive for suicide risk?
 - Yes
 - No
 - Unsure

6. Have you ever referred someone for mental health help to a resource outside your dental clinic?
 - Yes
 - Sometimes
 - No
 - Do not know

7. If Yes to #3 What benefits have you seen from implementing mental health screening in your dental clinic? (Check all that apply)
 - Easier to initiate conversations with patients and caregivers about Mental Health issues
 - Greater awareness among caregivers of Mental Health issues
 - Greater awareness among health professionals of Mental Health issues
 - Mental Health being destigmatised
 - Other (please specify)

8. If Yes to #3 Have you experienced any barriers in implementing Mental Health screening in your dental clinic? (Check all that apply)
 - Concerns Expressed by Patients
 - Aggravated with completing additional paperwork
 - Angry at dental staff for asking about mental health concerns
 - Concern that dental staff is overstepping bounds
 - Not wanting to address mental health concern
 - Doesn't want dental office to know
 - Not seeing mental health concern
 - Stigma
 - Privacy
 - Patient unwillingness/refusal to complete questionnaires
 - Other (please specify)
 - If yes to #3 What are your concerns after implementing mental health screening and referral to treatment procedures?
 - Extra time in the workflow
 - Dentist not supporting efforts

- Not knowing who to refer to
- Liability
- Difficult logistics (e.g. how/where to store data)
- Ethical dilemmas
- Lack of interest from dental team
- Lack of qualified personnel to provide screening
- Lack of qualified personnel to provide referrals or interventions
- Maintaining patient confidentiality/privacy
- Patient burden (e.g. concern about patients' time)
- Space limitations
- Other (please specify)

References

1. Gabbidon J, Clement S, van Nieuwenhuizen A, et al. Mental Illness: Clinicians' Attitudes (MICA) scale-psychometric properties of a version for healthcare students and professionals. *Psychiatry Res.* 2013;206(1):81-87. doi:10.1016/j.psychres.2012.09.028

Kassam A, Glozier N, Leese M, Henderson C, Thornicroft G. Development and responsiveness of a scale to measure clinicians' attitudes to people with mental illness (medical student version). <https://doi.org/10.1111/j.1600-0447.2010.01562.x>. *Acta Psychiatrica Scandinavica.* 2010/08/01 2010;122(2):153-161. doi:<https://doi.org/10.1111/j.1600-0447.2010.01562.x>

Patient Post-Visit Survey

From: The Feasibility, Acceptability, and Appropriateness Questionnaireⁱ

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. The process of screening for mental health concerns and follow up seems fitting during my dental visit.	?	?	?	?	?
2. The process of screening for mental health concerns and follow up seems suitable during my dental visit.	?	?	?	?	?
3. The process of screening for mental health concerns and follow up seems applicable to my dental care.	?	?	?	?	?
4. The process of screening for mental health concerns and follow up seems like a good match for my dental visit.	?	?	?	?	?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
5. I was comfortable answering these questions.	?	?	?	?	?	
6. I was comfortable with my hygienists/dentist asking me follow-up questions about my survey responses.	?	?	?	?	?	

7. My dentist/hygienist provided a mental health referral

- a. Yes
- b. No
- c. Unsure

8. If Yes to #7, do you plan on making an appointment with the referral?

- a. Yes
 - b. No
 - c. Unsure
9. Please share what you liked about the process of screening for mental health concerns and follow up during your dental visit.
10. Please share what you did not like about the process of screening for mental health concerns and follow up during your dental visit.
11. What are your suggestions for improving the process of screening for mental health concerns and follow up?
12. I find this process beneficial.
- a. Strongly Disagree
 - b. Disagree
 - c. Neither agree nor disagree
 - d. Agree
 - e. Strongly agree
- Open ended question: Why or Why not?

¹ These questions come from the Feasibility, Acceptability, and Appropriateness Questionnaire which was validated in the following study: Weiner BJ, Lewis CC, Stanick C, et al. Psychometric assessment of three newly developed implementation outcome measures. *Implement Sci.* 2017;12(1):108. Published 2017 Aug 29. doi:10.1186/s13012-017-0635-3

Provider Post-Study Survey

Instructions: The following questions are from the Mental Illness Clinicians' Attitude Survey (MICA). Please answer the following regarding your attitude toward mental health. ⁱ	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)
1. I just learn about mental health when I have to, and would not bother reading additional material on it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. People with severe mental illness can never recover enough to have a good quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Working in the mental health field is just as respectable as other fields of health and social care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If I had a mental illness, I would never admit this to any of my friends because I would fear being treated differently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. People with mental illness are dangerous more often than not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Health/social care staff know more about the lives of people treated for a mental illness than do family members and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Being a health/social care professional in the area of mental health is not like being a real health/social care professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. If a senior colleague instructed me to treat people with mental illness in a disrespectful manner, I would not follow their instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel as comfortable talking to a person with mental illness as I do talking to a person with physical illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. It is important that any health/social care professional supporting a person with mental illness also ensures that their physical health is assessed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The public does not need to be protected from people with mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If a person with a mental illness complained of physical symptoms (such as chest pain), I would attribute it to their mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I would use the terms "crazy", "nutter", "mad", etc. to describe to colleagues people with mental illnesses that I have seen in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. If a colleague told me they had a mental illness, I would still want to work with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feasibility and Acceptability, Questionnaireⁱⁱ

Instructions: The following questions are from the Feasibility and Acceptability Questionnaire. Please answer the following regarding your perceptions of mental health screening and referral to treatment procedures in your dental office .ⁱⁱⁱ	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
17. The process of screening for mental health concerns and follow up seems fitting for our dental office.	①	②	③	④	⑤
18. The process of screening for mental health concerns and follow up seems suitable for our dental office.	①	②	③	④	⑤
19. The process of screening for mental health concerns and follow up seems applicable to our dental office.	①	②	③	④	⑤
20. The process of screening for mental health concerns and follow up seems like a good match for our dental office.	①	②	③	④	⑤
21. The process of screening for mental health concerns and follow up seems implementable in our dental office.	①	②	③	④	⑤
22. The process of screening for mental health concerns and	①	②	③	④	⑤

follow up seems possible in our dental office.					
23. The process of screening for mental health concerns and follow up seems doable for our dental office.	①	②	③	④	⑤
24. The process of screening for mental health concerns and follow up seems easy to use in our dental office.	①	②	③	④	⑤

25. What benefits, if any, have you seen from implementing mental health screening in your dental clinic? (Check all that apply)

- Easier to initiate conversations with patients and caregivers about Mental Health issues
- Greater awareness among caregivers of Mental Health issues
- Greater awareness among health professionals of Mental Health issues
- Mental Health being destigmatised
- Other (please specify)
 - *If other, display text box*

26. What barriers, if any, did you experience in implementing Mental Health screening in your dental clinic? (Check all that apply)

- Concerns Expressed by Patients
 - Aggravated with completing additional paperwork
 - Angry at dental staff for asking about mental health concerns
 - Concern that dental staff is overstepping bounds
 - Not wanting to address mental health concern
 - Doesn't want dental office to know
 - Not seeing mental health concern
 - Stigma
 - Privacy
 - Patient unwillingness/refusal to complete questionnaires
 - Other (please specify)
 - *if other, display text box*
- What are your concerns after implementing mental health screening and referral to treatment procedures? Check all that apply
 - Extra time in the workflow
 - Dentist not supporting efforts
 - Not knowing who to refer to
 - Liability
 - Difficult logistics (e.g. how/where to store data)
 - Ethical dilemmas
 - Lack of interest from dental team
 - Lack of qualified personnel to provide screening
 - Lack of qualified personnel to provide referrals or interventions

- Maintaining patient confidentiality/privacy
- Patient burden (e.g. concern about patients' time)
- Space limitations
- Other (please specify)
 - *if other, display text box*

27. What (further) training topics would be helpful in implementing a mental health screening and referral to treatment program for all patients in your dental clinic? (check all that apply)

- Appropriate responses to patients with mental health concern
- Appropriate responses to patients with suicidal ideation
- Conducting screenings
- Recognizing mental health signs and symptoms
- How to identify and partner with local/community mental health professionals and resources
- Other (please specify)
 - *if other, display text box*

28. What (further) resources/types of assistance would be helpful in implementing a mental health screening and referral to treatment program for all patients in your dental clinic? (check all that apply)

- A learning and resources portal that provides training and guidance for how to screen, talk to, and refer patients including access to live help if needed.
- Referral resources with insurance information /Access to a list of local mental health resources and referrals
- Access to electronic tools (e.g. tablets, computers) for administration and scoring
- Access to mental health hotline for guidance
- Additional funds to support a mental health professional
- Training
- Other (please specify)
 - *if other, display text box*

29. Please share if you discovered any information or guidance that may save time in incorporating the screenings (or referral) into the standard your workflow in your practice

–display Text Box

30. Please share what you liked about the process of mental health screening and referral to treatment.

display text box

31. Please share what you did not like about going through the process of mental health screening and referral to treatment.

display text box

32. What are your suggestions for improving the process of mental health screening and referral to treatment?

display text box

33. This is beneficial for my patients.

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

34. Why or Why not?

display text box

35. I consider this a practice builder (offering an additional service that may be valuable to my patients)

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

ⁱ Gabbidon J, Clement S, van Nieuwenhuizen A, et al. Mental Illness: Clinicians' Attitudes (MICA) scale-psychometric properties of a version for healthcare students and professionals. *Psychiatry Res.* 2013;206(1):81-87. doi:10.1016/j.psychres.2012.09.028

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ⁱⁱ Weiner BJ, Lewis CC, Stanick C, et al. Psychometric assessment of three newly developed implementation outcome measures. *Implement Sci.* 2017;12(1):108. Published 2017 Aug 29. doi:10.1186/s13012-017-0635-3

ⁱⁱⁱ Gabbidon J, Clement S, van Nieuwenhuizen A, et al. Mental Illness: Clinicians' Attitudes (MICA) scale-psychometric properties of a version for healthcare students and professionals. *Psychiatry Res.* 2013;206(1):81-87. doi:10.1016/j.psychres.2012.09.028

Kassam A, Glozier N, Leese M, Henderson C, Thornicroft G. Development and responsiveness of a scale to measure clinicians' attitudes to people with mental illness (medical student version). <https://doi.org/10.1111/j.1600-0447.2010.01562.x>. *Acta Psychiatrica Scandinavica*. 2010/08/01 2010;122(2):153-161. doi:<https://doi.org/10.1111/j.1600-0447.2010.01562.x>

Patient Contact Form

1. Name: First: _____ Middle: _____

Last: _____ Suffix: _____

2. Home address: Street: _____

City: _____

State: _____ Zip: _____

3. Primary phone number: _____ — _____ — _____

3a. Phone type: Cell 1
Home 2
Work 3
Other 4

3b. Do you want to receive text messages at this number? Yes 1
(standard rates may apply) No 0

4. Secondary phone number (optional): _____ — _____ — _____

4a. Phone type: Cell 1
Home 2
Work 3
Other 4

4b. Do you want to receive text messages at this number? Yes 1
(standard rates may apply) No 0

5. Email address: _____

6. What is the best method to contact you? Phone call 1
Text (standard rates may apply) 2
Email 3
No preference 4

Backup Contact

Please provide contact information of a friend or family member who would know how to contact you. Please let them know that you are in a study and that we will contact them ONLY if we cannot reach you. We will not reveal the topic of the study or any information about you related to the study.

7. Name of Contact: _____

Please provide the best phone number OR email address to contact them.

7a. Phone number: _____

7b. Email address: _____

7c. Relationship to you: _____

Provider Post-Visit Survey

1. In minutes, how much time did you spend reviewing the patient's mental health screening responses? *(Please provide a number between 0 and 480).*
 - a. Open Field

2. In minutes, how much time did you spend following-up with the patient about his/her responses to mental health screening *(Please provide a number between 0 and 480).*
 - a. Open Field

3. Did you provide the patient a referral to mental health services?
 - a. Yes
 - b. No

4. If Yes to #3 how much time (in minutes) did you spend with the patient providing the referral? *(Please provide a number between 0 and 480.)*
 - a. Open Field

5. The procedure disrupted my workflow
 - a. Strongly agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly disagree
 - If strongly agree or agree to #5 (a or b), please describe the level of disruption to your workflow
 - i. (text box)?
 - If strongly agree or agree to #5 (a or b), how long (in minutes) till you resumed your normal workflow? 'Please provide a number between 0 and 480.
 - i. Text box with numbers 0-480(?)

6. What was this patient's response to participating in the process of screening for mental health concerns and referral to treatment? (text box)

[Note: this text will appear for patients and practitioners at the beginning of a survey.]

Tips for completing the questionnaire:

- For single item responses:
 - if you want to "uncheck" your response to pick a different response, click on the new response.
 - If you want to "uncheck" your response and leave that item blank, you can click on the reset link that is to the right of the response list.
- For check all that apply responses, clicking on the response a second time, will uncheck the response.
- For date fields, you have three options for responding.
 - Type the date in the text box
 - Click on the calendar icon to bring up a small calendar where you can search for a date and click on it
 - Click on the Today button and it will autofill today's date (this is not available on all date fields)
- You will be asked to submit each section of the survey you complete. At the end of each section, you will be asked to click the Submit button to advance to the next section. The end of a section will be clearly marked to inform you that you have completed a section and are moving to the next section.
- **At the end of the survey, be sure to click on the final SUBMIT button to officially complete your survey and save all the data.**

Visit Summary

Results from C-SSRS:

If yes to question 1 (“in the past month, have you wished you were dead or wished you could go to sleep and not wake up”), display the below:

Tell the patient the following: You indicated that you had thoughts that you wished you were dead. I am going to provide you with a list of referrals of those you can talk to. If you’re comfortable, I can help you schedule an appointment.

Take the following action: provide referral to mental health services.

If yes to question 3 (“in the past month, have you actually had thoughts of killing yourself and have you been thinking about how you might do this”), display the below:

Tell the patient the following: We are concerned for your physical safety. You indicated that you had thoughts of killing yourself and have been thinking about how to do it. I am going to provide you with a list of referrals of those you can talk to. If you’re comfortable, I can help you schedule an appointment.

Take the following action: provide referral to mental health services.

If yes to question 4 (“in the past month, have you actually had thoughts of killing yourself, have you had these thoughts and had some intention of acting on them”), display the below:

Tell the patient the following: You indicated that you had thoughts of killing yourself, have a plan, and have some intention of going through with it.

Take the following action: Dentist office calls 911

If yes to question 5 (“in the past month, have you actually had thoughts of killing yourself, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?”), display the below:

Tell the patient the following: You indicated that you had thoughts of killing yourself, have a plan, and have some intention of going through with it.

Take the following action: Dentist office calls 911

If yes to question 6 (“in your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?”), display the below:

Tell the patient the following: You indicated that you started to make plans a while ago.

Take the following action: provide referral to mental health services.

If yes to question 6 (“in past three months, have you ever done anything, started to do anything, or prepared to do anything to end your life?”), display the below:

You indicated that you started to make plans a while ago.

Visit Summary

Take the following action: Dentist office calls 911

Results from PHQ-2:

If score is 0 (“Over the last two weeks, how often have you been bothered by any of the following problems? Little interest or pleasure in doing things. Feeling down, depressed, or hopeless”, display the below:

Tell the patient the following: Thank you for completing the survey. Let us know if you need anything from us.

Take the following action: none.

If score is 1-2 (“Over the last two weeks, how often have you been bothered by any of the following problems? Little interest or pleasure in doing things. Feeling down, depressed, or hopeless”, display the below:

Tell the patient the following: Thank you for completing the survey. Your answers indicated that you have some concerns. If you are comfortable, I can give you a list of those you can talk to.

Take the following action: Provide referral to patient.

If score is more than 2 (“Over the last two weeks, how often have you been bothered by any of the following problems? Little interest or pleasure in doing things. Feeling down, depressed, or hopeless”, display the below:

Tell the patient the following: Thank you for completing the survey. Your answers indicated that you have some concerns. I am going to put a list of referrals of those you can talk to. If you’re comfortable, I can help you schedule an appointment.

Take the following action: Provide referral to list/call referral.

Results from GAD-2:

If score is 0 (“Over the last two weeks, how often have you been bothered by any of the following problems? Feeling nervous, anxious or on edge. Not being able to stop or control worrying”, display the below:

Tell the patient the following: Thank you for completing the survey. Let us know if you need anything from us.

Take the following action: none.

If score is 1-2 (“Over the last two weeks, how often have you been bothered by any of the following problems? Feeling nervous, anxious or on edge. Not being able to stop or control worrying”, display the below:

Tell the patient the following: Thank you for completing the survey. Your answers indicated that you have some concerns. If you are comfortable, I can give you a list of those can talk to.

Visit Summary

Take the following action: Provide referral to patient.

If score is more than 2+ (“Over the last two weeks, how often have you been bothered by any of the following problems? Feeling nervous, anxious or on edge. Not being able to stop or control worrying”, display the below:

Tell the patient the following: Thank you for completing the survey. Your answers indicated that you have some concerns. I am going to put a list of referrals of those you can talk to. If you’re comfortable, I can help you schedule an appointment.

Take the following action: Provide referral to list/call referral.

Results from CAGE-AID:

If score is 0 (“In the past 3 months, have you felt you ought to cut down on your drinking or drug use? have people annoyed you by criticizing you about your drinking or drug use? have you felt bad or guilty about your drinking or drug use? have you had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?”, display the below:

Tell the patient the following: Thank you for completing the survey. Let us know if you need anything from us.

Take the following action: none.

If score is 1 or more (“In the past 3 months, have you felt you ought to cut down on your drinking or drug use? have people annoyed you by criticizing you about your drinking or drug use? have you felt bad or guilty about your drinking or drug use? have you had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?”, display the below:

Tell the patient the following: Thank you for completing the survey. Your answers indicated that you have some concerns. I am going to put a list of referrals of those you can talk to. If you are comfortable, I can help you schedule an appointment.

Take the following action: Provide referral list/call referral.

NOTE: If a patient’s responses indicate a positive screen for more than one screening tool, the recommendation from the highest valence screening tool will be supplied to the dental office personnel. In all cases except in cases of active risk of suicide, any positive screening will result in a referral.

Thank you for completing the forms. You will receive an email to complete a brief follow-up survey.

Dental Office Personnel Information Sheet Recruitment Email Script

Subject line: Join the MSDP study in the National Dental PBRN

Dear Colleague,

Would you be interested in participating in a study to understand current methods for identifying patients with mental health concerns and procedures for mental health screening and referral to treatment in current dental office workflows?

A study involving five to eight (5 - 8) patients per dental practice will be conducted to determine if screening for mental health concerns and referral to practice workflows can be successfully incorporated into dental practice daily activities. The results of this study will help us understand how we might improve dental care in the future.

Dentists will receive \$100.00 incentive for participating in and completing the study per patient involved. Dental Hygienists will receive \$75.00 incentive for participating in and completing the study per patient involved. Dental assistants and office staff members will receive \$50.00 for participating in and completing the study per patient involved. Another incentive of joining this study is the dental practice will receive a mental health referral list customized to their practice. All practitioners will receive an additional \$40.00 for completing both the pre- and post- study surveys.

Additionally, each dental office will designate we need 1 or 2 individual(s) from each dental practice to receive training in human subjects research, if needed, for the sake of recruiting patients to the study and interacting with them regarding their responses to the questionnaire. The individual in this role will be either a dentist or dental hygienist.

Patients will receive \$40.00 for participating in and completing the study. A link to a short survey will be emailed to participants after participation is complete; the survey only collects payment information and must be completed for remuneration to occur.

If you are interested in joining the MSDP study (Mental Health Screening and Referral to Treatment in Dental Practices Workflow Study), please read the attached information sheet. Thank you,

(NC Email Signature)

Patient Enrollment Script



UPON CHECK-IN

Our office is participating in a research study and we would like to invite you to participate. This research study is voluntary, meaning you do not have to take part in it. The procedures, risks, and benefits are fully described further in an electronic consent form.

PROVIDE THEM WITH A COPY OF THE STUDY CONSENT FORM.

The purpose of the study is to better understand your perceptions of integrating mental health screening and referral to treatment procedures into your dental practitioners' workflow. You will be in this study for approximately 1-week. You will be asked to participate in a total of 2 brief surveys. You will complete the first survey (totaling 14-questions) during your scheduled dental visit. This survey includes mental health screening forms for depression, anxiety, suicidal ideation, and substance use. This survey will take 3-5 minutes to complete and will be completed on a tablet provided by the dentist office. Certain answers may prompt an additional response from dental office personnel. These may include follow-up or clarifying questions, sharing of a referral, offering to call the referral on your behalf, and, in case of high suicidal risk, calling either 911, 988, or both. All participants will receive a list of mental health providers in the area for informational purposes. The next survey will be done after your dental visit. This survey will take approximately 3-5 minutes to complete, and can be completed on any personal device, such as a computer, tablet or a smartphone.

There is the potential risk for breach of confidentiality. To mitigate this risk, all data will be stored on encrypted servers and all study analysis data sets will be de-identified.

Participation has the potential to improve mental health screening and referral to treatment procedures within standard dental office workflows. Being in this research study is voluntary. You do not have to take part in this study if you do not want to, it is your choice. Not participating will not affect your care as a patient of your dentist.

Do you have any questions? Are you interested in participating?

If you do not have any further questions and would like to participate, please complete the electronic consent via this tablet and return it to us. The brief survey will immediately follow. If you have any further questions, please let me know.

Mental Health Referral List

Tuscaloosa, Alabama

Indian Rivers Mental Health Center (outpatient services)

Address: 2209 9th St, Tuscaloosa, AL 35401

Phone: 205-391-3131

Family Counseling Services (outpatient services)

Address: 2020 Paul W Bryant Dr, Tuscaloosa, AL 35401

Phone: 205-752-2504

Bradford Health Services (substance use treatment)

Address: 300 Century Park S #100, Birmingham, AL 35226

Phone: 866-229-8452