

Adolescent Depression Screening: A Care Guideline Approach in Primary Care

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Introduction

- Adolescent depression continues to rise in the United States.
- Depression is listed 4th as highest disease burden
- Adolescent depression can result in a decrease in quality of life, excess medical and social expenses extending in adulthood
- The purpose of this project was to improve primary care providers adolescent screening practices, increase the number of adolescents screened for depression in the primary care setting and improve the mental health services referral process in the rural area.

Plan

Quality Improvement Project Question:

Will implementing adolescent depression screening guideline with well child exams (ages 12-18) improve rates of adolescent depression screening and referral to telepsychiatry in high-risk adolescents with depression?

Methodology

Design: A Quality Improvement Project
Participants: All primary care providers and supportive staff in this rural clinic participated in project implementation
Tools: Developed Adolescent Depression Screening Guideline (ADSG) Protocol, PHQ-9 Depression Screening Tool (provided by Pfizer with unrestricted copyright access), ADSG chart audit tool, Depression educational pamphlets (provided by National Institute of Mental Health with unrestricted copyright access) and staff development through Power Point presentation
Analysis of project was performed using SPSS software Fisher's Exact Test

Results

The null hypothesis was the probability that implementation of ADSG into clinical practice improved provider screening of adolescent depression and improved mental health referrals when indicated by the PHQ-9 score
The fisher's exact test showed the p value to be >0.050 in all variables tested and the null hypothesis was insignificant
Overall –Primary care provider improvement was found in adolescent depression screening from 80% to 100% with implementation of ADSG into practice

Limitations

- Small number of participants due to project site in rural setting
- Suggestion of annual screening with preventative exams

Conclusion

Goals of project:

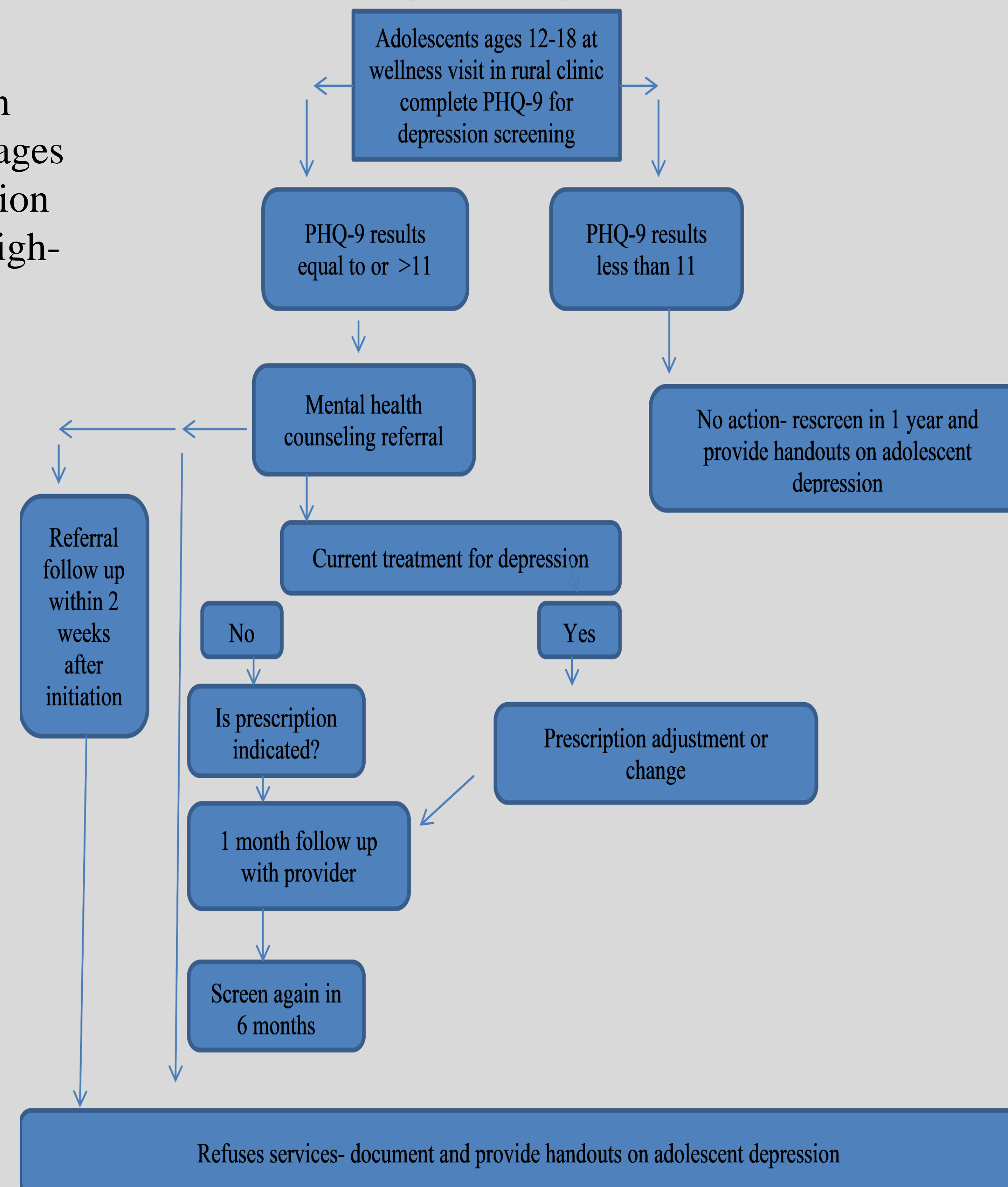
- All goals met-
- Increasing primary care adolescent depression screening
- Adolescents identified as at risk with PHQ-9 tool received appropriate referral to mental health services
- Staff development through education on adolescent depression and PHQ-9 screening tool

References

- Trudeau, L., Spoth, R., Mason, W., Randall, G., Redmond, C., Schainker, L., & ... Randall, G. K. (2016). Effects of Adolescent Universal Substance Misuse Preventive Interventions on Young Adult Depression Symptoms: Mediation Modeling. *Journal Of Abnormal Child Psychology*, 44(2), 257-268. doi:10.1007/s10802-015-9995-9
- Qin, B., Zhou, X., Michael, K. D., Liu, Y., Whittington, C., Cohen, D., . . . Xie, P. (2015). Psychotherapy for depression in children and adolescents: Study protocol for a systematic review and network meta-analysis. *BMJ Open*, 5(2)http://dx.doi.org/10.1136/bmjopen-2014-005918 Retrieved from <https://search.proquest.com/docview/1785295768?accountid=14375>

Appendix A

Adolescent Depression Screening Guideline Protocol



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use ~ to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself...or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead, or of hurting yourself | 0 | 1 | 2 | 3 |

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL: please refer to accompanying scoring card)

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

| | |
|----------------------|-------|
| Not difficult at all | _____ |
| Somewhat difficult | _____ |
| Very difficult | _____ |
| Extremely difficult | _____ |

