

E. Cason Benton, MD FAAP



#StayWell



Adolescent Well Visit Training Modules

Module #6

Adolescent Depression Screening

**E. Cason Benton, MD, FAAP, Associate
Professor, Pediatrics, University of Alabama
at Birmingham**

June 2018

#StayWell



ACHIA
Alabama Child Health Improvement Alliance

Disclosure

E. Cason Benton, MD, FAAP

- **Does not intend to discuss any commercial products or services**
- **Does not intend to discuss non-FDA approved uses of products/providers of services**
- **Does not have a relevant financial relationship with any commercial interests.**

#StayWell



Objectives

- **Why: Describe current state of adolescent depression in Alabama**
- **What: Review practice guidelines for primary care providers**
- **How: Summarize steps to implement depression screening and follow up in an office**

#StayWell



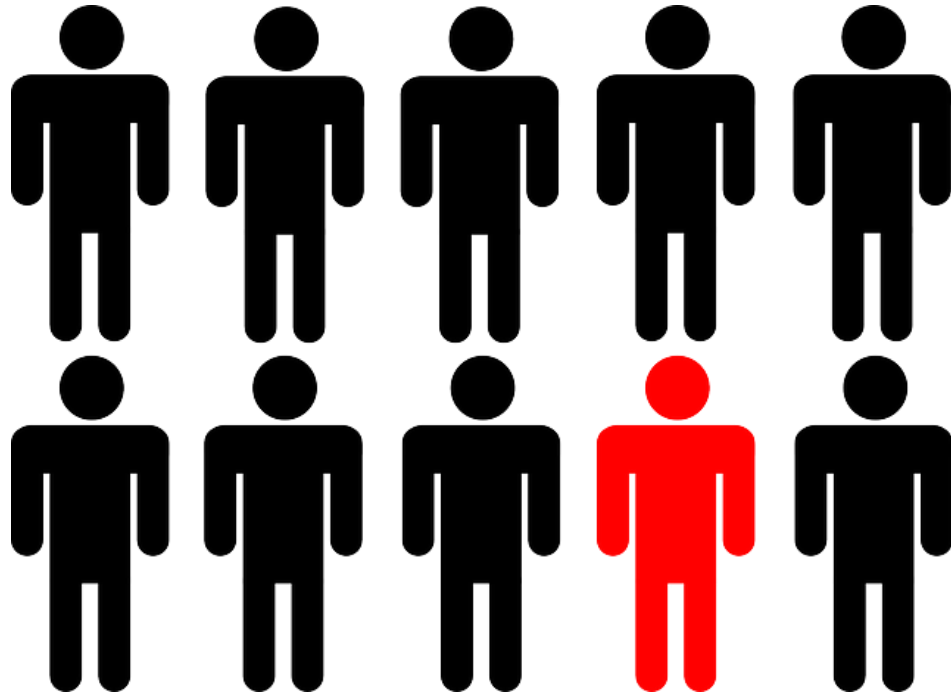
ACHIA
Alabama Child Health Improvement Alliance

WHY? WHY? WHY?
WHY? WHY? WHY?
WHY? WHY? WHY?
WHY? WHY? WHY?

...is this important?

#StayWell





10.7%

Percentage of teens
12-17 years of age
in Alabama with
Major Depression in
past year

Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Alabama, 2015. HHS Publication No. SMA-16-Baro-2015-AL. Rockville, MD: Substance Abuse and Mental Health Services Administration,

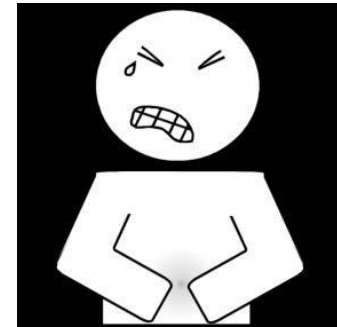
2015.

#StayWell



ACHIA
Alabama Child Health Improvement Alliance

So?



Thapar A, Collishaw S, Pine DS, Thapar AK. Depression in adolescence. *Lancet*. 2012;379(9820):1056-1067. doi:10.1016/S0140-6736(11)60871-4.



Suicide

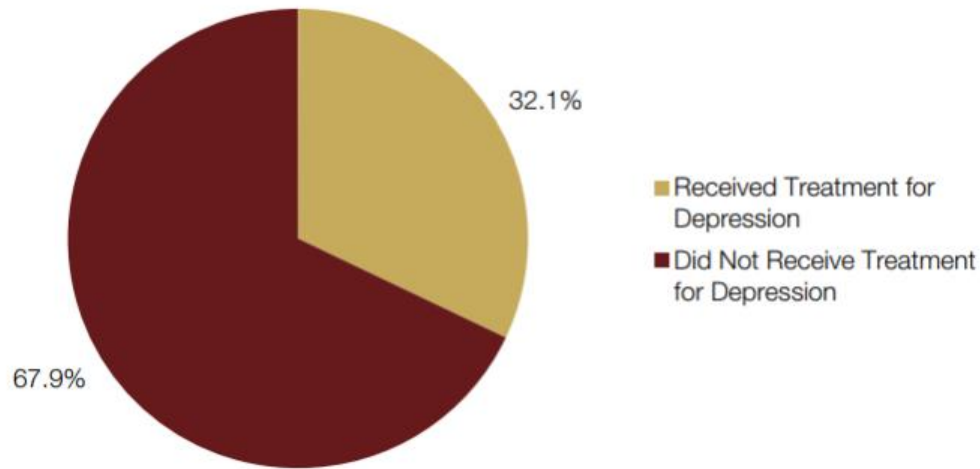
2nd leading cause of death 15-19 years of age

Shain B and AAP COMMITTEE ON ADOLESCENCE. Suicide and Suicide Attempts in Adolescents. Pediatrics. 2016;138(1):e20161420

Accessed June 7, 2018. <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-mental-health-fact-sheets/alabama/index.html>



Past Year Treatment For Depression



**Only 1/3
Receive
Treatment**

Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Alabama, 2015. HHS Publication No. SMA-16-Baro-2015-AL. Rockville, MD: Substance Abuse and Mental Health Services

Administration, 2015.



“Every system is perfectly designed to get the results it gets.”

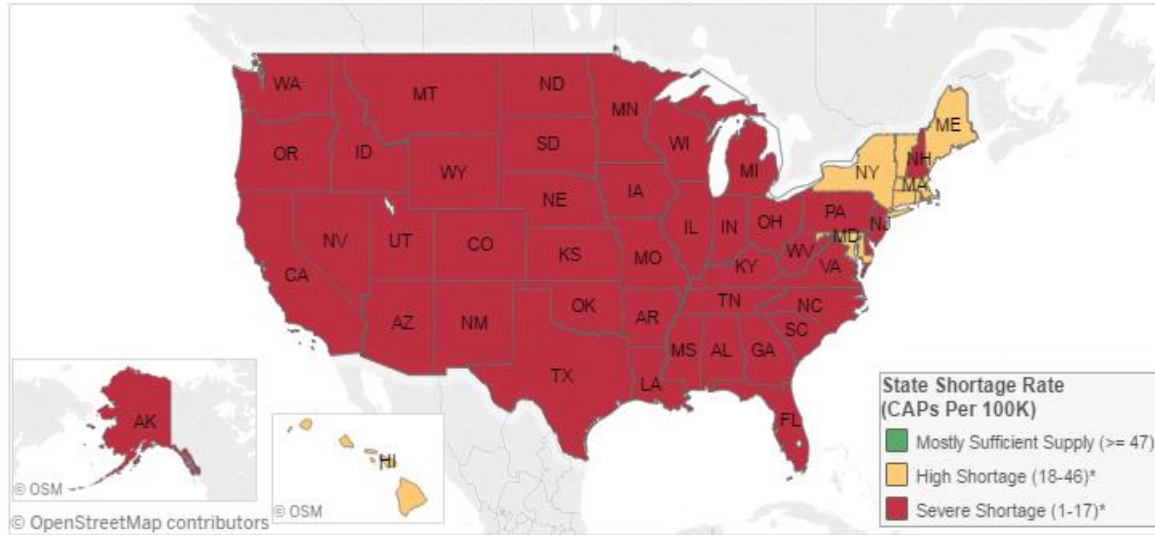
-Paul Batalden Institute for Healthcare Improvement Senior Fellow

#StayWell

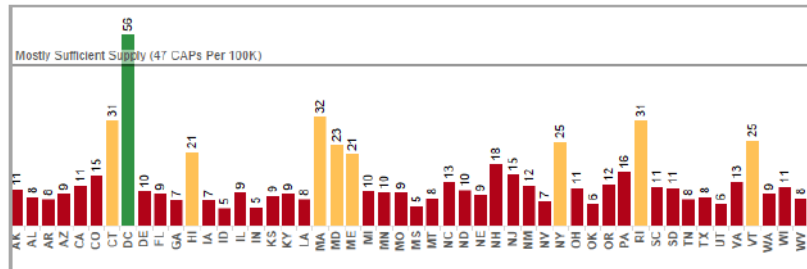


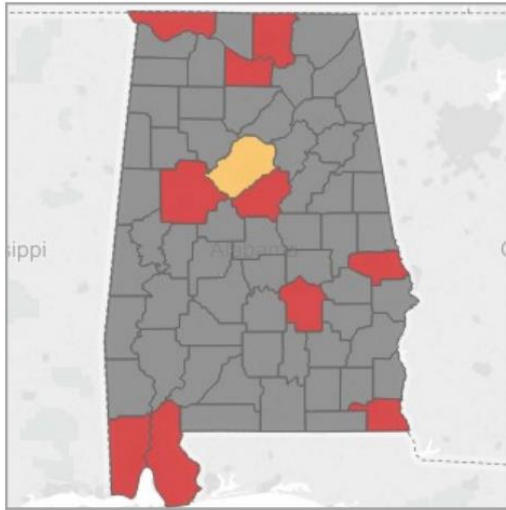
ACHIA
Alabama Child Health Improvement Alliance

Practicing Child and Adolescent Psychiatrists by State 2015
Rate per 100,000 children age 0-17



State CAPs per 100,000 children age 0-17





County Shortage Rate (CAPs Per 100K)

- High Shortage (18-46)*
- Severe Shortage (1-17)**
- No CAPs

Total CAPs in Alabama: 90

Population age 0-17: 1,108,600



8 CAPs per 100,000 children

Average age of CAPs: 52

| COUNTY | TOTAL CAPs | Population, Children Under 18 |
|-----------|------------|-------------------------------|
| ALTAUGA | 0 | 13,947 |
| BALDWIN | 1 | 44,622 |
| BARBOUR | 0 | 5,691 |
| BIBB | 0 | 4,731 |
| BLOUNT | 0 | 13,616 |
| BULLOCK | 0 | 2,306 |
| BUTLER | 0 | 4,781 |
| CALHOUN | 0 | 25,692 |
| CHAMBERS | 0 | 7,276 |
| CHEROKEE | 0 | 5,302 |
| CHILTON | 0 | 10,638 |
| CHOCTAW | 0 | 2,741 |
| CLARKE | 0 | 5,631 |
| CLAY | 0 | 2,925 |
| CLEBURNE | 0 | 3,510 |
| COFFEE | 0 | 12,049 |
| COLBERT | 0 | 11,844 |
| CONECUH | 0 | 2,713 |
| COOSA | 0 | 1,991 |
| COVINGTON | 0 | 8,377 |
| CRENSHAW | 0 | 3,168 |
| CULLMAN | 0 | 18,307 |
| DALE | 0 | 11,700 |
| DALLAS | 0 | 10,523 |
| DEKALB | 0 | 17,553 |
| ELMORE | 0 | 18,600 |
| ESCAMBIA | 0 | 8,313 |
| ETOWAH | 0 | 22,830 |
| FAYETTE | 0 | 3,661 |
| FRANKLIN | 0 | 7,692 |
| GENEVA | 0 | 5,928 |
| GREENE | 0 | 1,992 |
| HALE | 0 | 3,543 |
| HENRY | 0 | 3,650 |
| HOUSTON | 3 | 24,735 |
| JACKSON | 0 | 11,449 |
| JEFFERSON | 46 | 152,862 |
| LAMAR | 0 | 3,060 |

| COUNTY | TOTAL CAPs | Population, Children Under 18 |
|------------|------------|-------------------------------|
| LAUDERDALE | 2 | 19,340 |
| LAWRENCE | 0 | 7,276 |
| LEE | 2 | 33,262 |
| LIMESTONE | 0 | 21,253 |
| LOWNDES | 0 | 2,445 |
| MACON | 0 | 3,560 |
| MADISON | 8 | 78,612 |
| MARENGO | 0 | 4,625 |
| MARION | 0 | 6,407 |
| MARSHALL | 0 | 23,214 |
| MOBILE | 10 | 99,748 |
| MONROE | 0 | 5,136 |
| MONTGOMERY | 3 | 54,331 |
| MORGAN | 4 | 28,331 |
| PERRY | 0 | 2,205 |
| PICKENS | 0 | 4,172 |
| PIKE | 0 | 6,476 |
| RANDOLPH | 0 | 4,962 |
| RUSSELL | 0 | 15,066 |
| ST. CLAIR | 0 | 19,944 |
| SHELBY | 4 | 50,200 |
| SUMTER | 0 | 2,600 |
| TALLADEGA | 0 | 18,149 |
| TALLAPOOSA | 0 | 8,682 |
| TUSCALOOSA | 7 | 42,539 |
| WALKER | 0 | 14,473 |
| WASHINGTON | 0 | 3,786 |
| WILCOX | 0 | 2,757 |
| WINSTON | 0 | 5,057 |

#StayWell



WHAT

...we should do



Primary Care Role

2007- Updated 2018:

- **GLAD I – Identification, assessment, initial management in primary care settings**
- **GLAD II- treatment, ongoing management in primary care settings**

Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, Assessment, and Initial Management, Rachel A. Zuckerbrot, Amy H. Cheung, Peter S. Jensen, Ruth E.K. Stein, Danielle Laraque
Pediatrics Nov 2007, 120 (5) e1299-e1312; DOI: 10.1542/peds.2007-1144
Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing Management, Amy H. Cheung, Rachel A. Zuckerbrot, Peter S. Jensen, Kareem Ghalib, Danielle Laraque, Ruth E.K. Stein
Pediatrics Nov 2007, 120 (5) e1313-e1326; DOI: 10.1542/peds.2006-1395

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-children-and-adolescents-screening1#Pod5>



Primary Care Role

2014

- **Bright Futures/AAP recommendations for Preventive Healthcare**

2016

- **USPSTF recommends screening for Major Depression 12- 18 years**

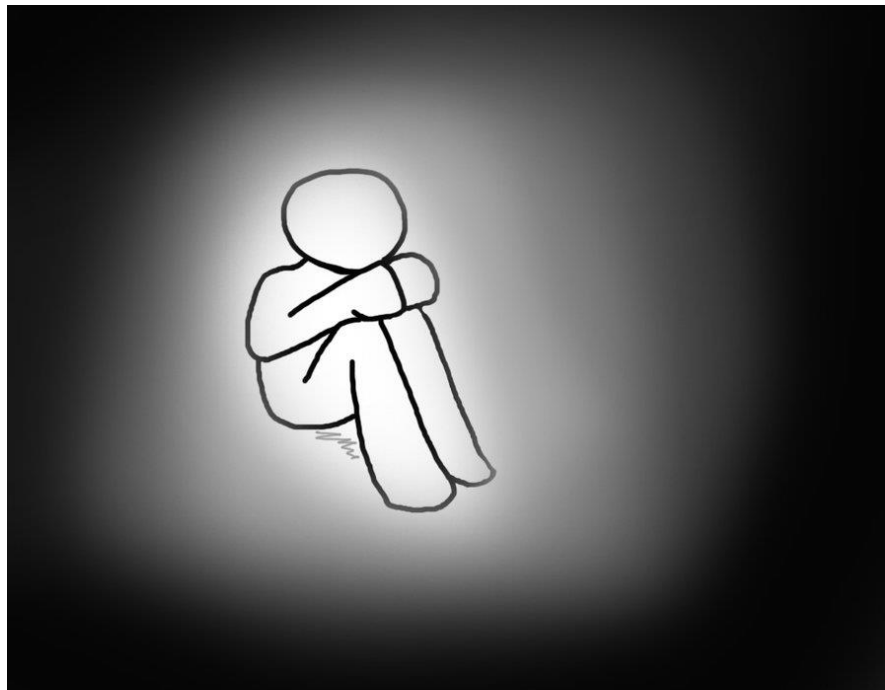
Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, Assessment, and Initial Management, Rachel A. Zuckerbrot, Amy H. Cheung, Peter S. Jensen, Ruth E.K. Stein, Danielle Laraque
Pediatrics Nov 2007, 120 (5) e1299-e1312; DOI: 10.1542/peds.2007-1144

Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing Management, Amy H. Cheung, Rachel A. Zuckerbrot, Peter S. Jensen, Kareem Ghalib, Danielle Laraque, Ruth E.K. Stein
Pediatrics Nov 2007, 120 (5) e1313-e1326; DOI: 10.1542/peds.2006-1395

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-children-and-adolescents-screening1#Pod5>



And Yet.....



#StayWell



Why Primary Care Providers Do Not Screen for Depression

.Confidentiality

-Provider knowledge - Black Box (2004)

-Time

-Reimbursement for screen +/-treatment

-Sufficient mental health partners

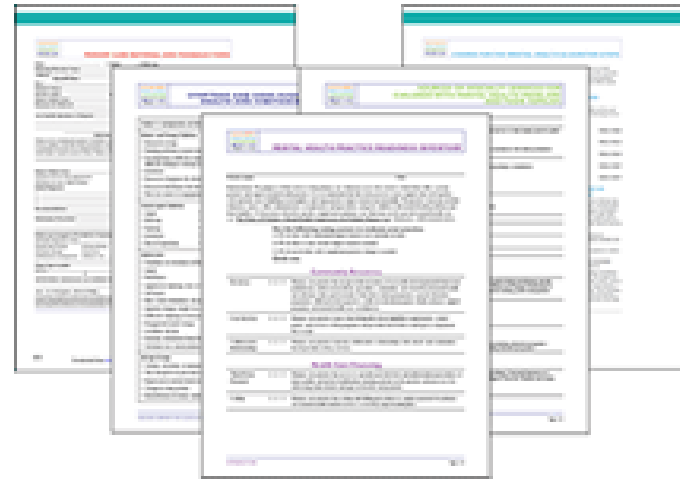
-Communication barriers between primary care and mental health

#StayWell



ACHIA
Alabama Child Health Improvement Alliance

AAP Mental Health Initiative Primary Care Toolkit



<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx>



Strategies for Preparing a Community

- **Inventory Resources**

- Mental Health Centers
- Child Psychiatrists
- School Counselors
- Web-based services
- Insurer coordinators

- **Advocacy**

- National Alliance on Mental Illness (NAMI)



ACHIEVE INC.
TRIMBAY CARE
ALABAMA

PRIMARY CARE REFERRAL AND FEEDBACK FORM

Date: _____ () Initial () Follow-up

Referring Physician Name: _____
Address: _____ (Street/PO Box) City: _____ State: _____ Zip: _____
Phone: _____

Patient's Name: _____
Patient's Address: _____ Address: _____ DOB: _____
Phone: _____

Physician Referral From: _____
Reasons for Referral: _____

Any Specific Question or Request: _____

Referring Physician's Printed Name/Signature: _____
Thank you for completing this form. The following information will be used to ensure that you receive the best care possible. Please do not expect to be referred to a provider if you do not meet the criteria for the service. This form is not a guarantee of a referral. It is only a request for a referral. The form is not a guarantee of a referral. It is only a request for a referral. The form is not a guarantee of a referral. It is only a request for a referral.

Consultant's Report

Date of Patient From: _____
 Patient is not ready for treatment Patient is not ready for treatment Patient is not ready for treatment

Initial Diagnosis: _____
1. _____
2. _____
3. _____

Recommendations: _____

Medication Prescribed: _____

Follow-up Arranged or Provided by Consultant: _____
 Individual therapy Group therapy Referral recommended by PCC
 Free therapy Lab work Follow-up nurse visit
 Medication management Home visit Other: _____

Name (type or print) _____ Signature _____
P.A. to _____ contact person _____

All disclosures obtained per your authorization form.

doi: 10.1512/ped.2010.0788Q American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

812 Downloaded from www.aappublications.org user by 169789 on June 6, 2018

http://pediatrics.aappublications.org/content/pediatrics/125/Supplement_3/S172.full.pdf



Strategies for Preparing a Practice

- **Business model**
- **Prepare the Staff and Providers**
- **Confidentiality Policy**
- **Buff Motivational Interviewing Skills**



Coding: http://pediatrics.aappublications.org/content/pediatrics/125/Supplement_3/S140.full.pdf

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/depression.aspx>

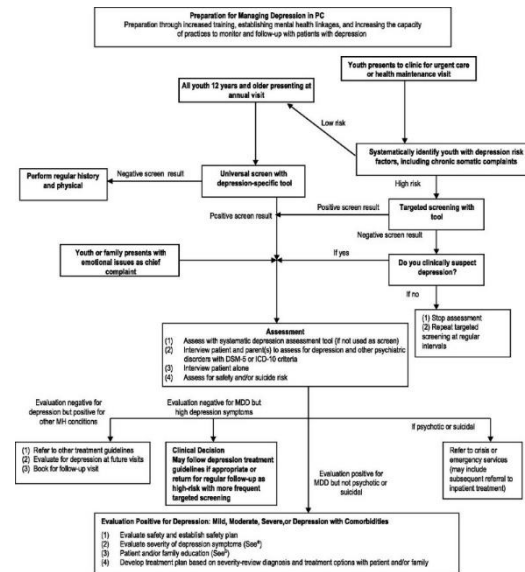
Preparing Practice: http://pediatrics.aappublications.org/content/125/Supplement_3/S87

Motivational interviewing: <https://www.tnaap.org/programs/behip/online-training-modules>

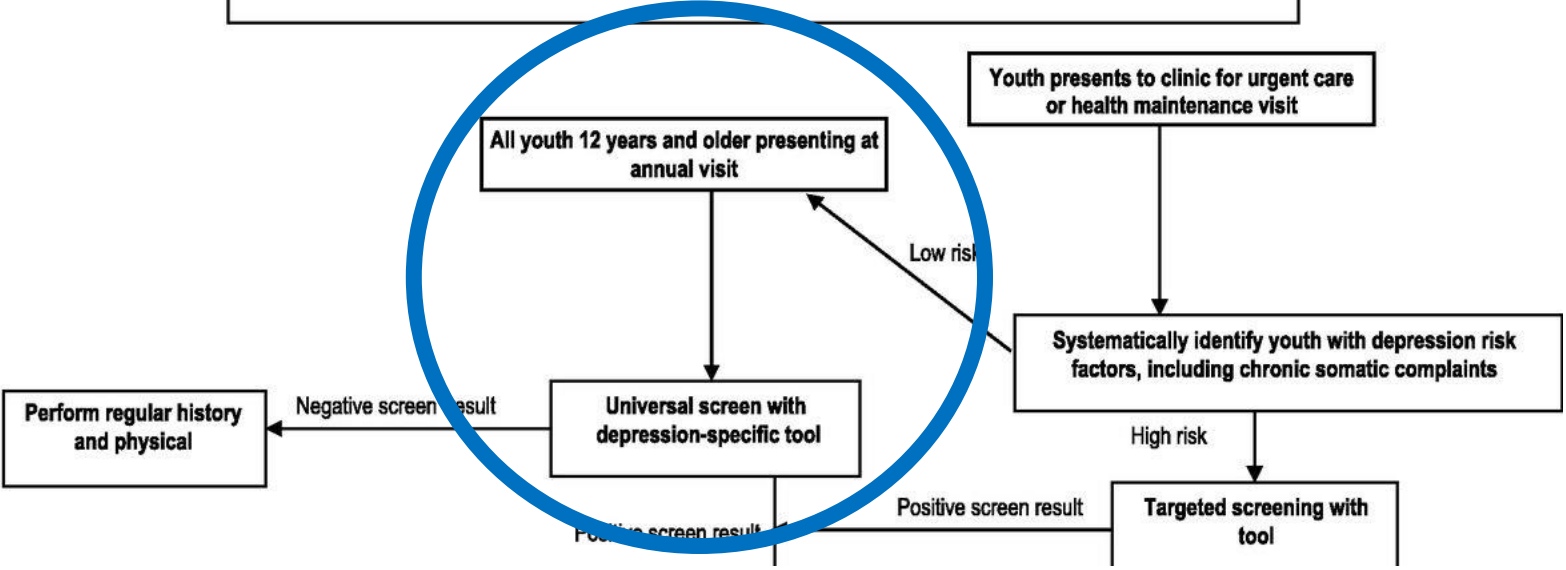


Practice Prep: Develop Practice Protocol to Assess Depression

Guidelines for Adolescent Depression in Primary Care: I and II



Preparation for Managing Depression in PC
Preparation through increased training, establishing mental health linkages, and increasing the capacity of practices to monitor and follow-up with patients with depression



#StayWell





Assessment

- (1) Assess with systematic depression assessment tool (if not used as screen)
- (2) Interview patient and parent(s) to assess for depression and other psychiatric disorders with DSM-5 or ICD-10 criteria
- (3) Interview patient alone
- (4) Assess for safety and/or suicide risk



#StayWell



Practice Prep: Select Universal Screen

Most Studied
-Patient Health
Questionnaire for
Adolescents (PHQ-A)
-Primary care version of the
Beck Depression Inventory
(BDI).

PHQ-9 Modified for Teens

ADDRESSING
Mental Health
CONCERNS IN
PRIMARY CARE
A Universal Screen

PHQ-9: MODIFIED FOR TEENS

PHQ-9: Modified for Teens

Name _____ Date _____
 Clinician _____

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks?
 For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

| | (0) Not At All | (1) Several Days | (2) More Than Half the Days | (3) Nearly Every Day |
|--|----------------------|------------------------|-----------------------------------|----------------------------|
| 1. Feeling down, depressed, or hopeless? | | | | |
| 2. Little interest or pleasure in doing things? | | | | |
| 3. Trouble falling asleep, staying asleep, or sleeping too much? | | | | |
| 4. Poor appetite, weight loss, or overeating? | | | | |
| 5. Feeling tired or having little energy? | | | | |
| 6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down? | | | | |
| 7. Trouble concentrating on things like school work, reading, or watching TV? | | | | |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you were moving around a lot more than usual? | | | | |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way? | | | | |

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes? Yes No
 If you are experiencing any of the problems on this form, 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

Has there been a time in the past month when you have had serious thoughts about ending your life? Yes No
 Have you ever, in your whole life, tried to kill yourself or made a suicide attempt? Yes No

For Office Use Only Score: 0

The information on this decision tool is based on a review of research on common mental health conditions in children and adolescents. It is not intended to be used as a substitute for professional medical advice. Always seek the advice of your physician or other qualified health care provider with any questions you may have regarding a medical condition. © 2018 American Academy of Pediatrics. All rights reserved. For more information, visit www.aap.org.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

DECISION SUPPORT FOR CLINICIANS Page 1 of 1

- https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf



Practice Prep: Screen Scoring

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes? Yes No

If you are experiencing any of the problems on this form, 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

Has there been a time in the past month when you have had serious thoughts about ending your life? Yes No

Have you **ever**, in your **whole life**, tried to kill yourself or made a suicide attempt? Yes No

#StayWell



Practice Prep: Screen Scoring

| | (0) Not At All | (1) Several Days | (2) More Than Half the Days | (3) Nearly Every Day |
|---|-------------------|---------------------|--------------------------------|-------------------------|
| 1. Feeling down, depressed, irritable, or hopeless? | | | | |
| 2. Little interest or pleasure in doing things? | | | | |

#StayWell



ACHIA
Alabama Child Health Improvement Alliance

Practice Prep: Screen Scoring

PHQ-9 Modified for Teens

ADDRESSING Mental Health CONCERNS IN PRIMARY CARE

PHQ-9: MODIFIED FOR TEENS

PHQ-9: Modified for Teens

Name: _____ Date: _____

Circle: _____

Instructions: How often have you been bothered by each of the following symptoms during the past 2 weeks? For each symptom put an "X" in the box beneath the answer that best describes how often you have been bothered.

| | (0) Not at All | (1) Several Days | (2) More Than Half the Days | (3) Nearly Every Day |
|---|----------------|------------------|-----------------------------|----------------------|
| 1. Feeling down, depressed, or hopeless? | | | | |
| 2. Little interest or pleasure in doing things? | | | | |
| 3. Trouble falling asleep, staying asleep, or sleeping too much? | | | | |
| 4. Poor appetite, weight loss, or overeating? | | | | |
| 5. Feeling tired or having little energy? | | | | |
| 6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down? | | | | |
| 7. Trouble concentrating on things like school work, reading, or watching TV? | | | | |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fast/talkative or restless that you were making people feel more than usual? | | | | |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way? | | | | |

In the past year, have you felt depressed or sad most days, even if you still enjoy something? Yes No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to take care of things at home or get along with other people? Not difficult at all Somewhat difficult Very difficult Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life? Yes No

Have you ever, in your whole life, tried to kill yourself or made a suicide attempt? Yes No

PHQ-9 Total Score: _____

To see instructions for patients, the clinician, or additional information on how to use this tool, visit www.aap.org/primarycare. American Academy of Pediatrics, DEDICATED TO THE HEALTH OF ALL CHILDREN®

DECISION SUPPORT FOR CLINICIANS Page 1 of 1



Practice Prep: Screen Scoring

- 0-4 – no or minimal depression
- 5-9 Mild depression
- 10-14 Moderate
- 15-19 Moderately severe
- 20-27 Severe

PHQ-9 Modified for Teens

ADDRESSING Adolescent Depression THROUGH PRIMARY CARE A Clinician Manual

PHQ-9: MODIFIED FOR TEENS

PHQ-9: Modified for Teens

Name _____ Date _____

Clinician _____

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

| | (0) Not at all | (1) Several days | (2) More Than Half the days | (3) Nearly Every day |
|---|-------------------|---------------------|--------------------------------|-------------------------|
| 1. Feeling down, depressed, or hopeless? | | | | |
| 2. Little interest or pleasure in doing things? | | | | |
| 3. Trouble falling asleep, staying asleep, or sleeping too much? | | | | |
| 4. Poor appetite, weight loss, or no weight gain? | | | | |
| 5. Feeling tired, or having little energy? | | | | |
| 6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down? | | | | |
| 7. Trouble concentrating on things like school work, reading, or watching TV? | | | | |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? | | | | |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way? | | | | |

In the past year have you felt depressed or sad most days, even if you felt okay sometimes? Yes No

If you are experiencing any of the problems on this form, 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

Has there been a time in the past month when you have had serious thoughts about ending your life? Yes No

Have you ever, in your whole life, tried to kill yourself or made a suicide attempt? Yes No

For Office Use Only: Score _____

The copyright for this version of the PHQ-9 is held by the American Academy of Pediatrics. It is a trademark of the American Academy of Pediatrics. All other trademarks are the property of their respective owners. © 2013 American Academy of Pediatrics. All rights reserved. This document is for personal use only. All other rights reserved. No part of this document may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written permission of the American Academy of Pediatrics.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Page 1 of 1

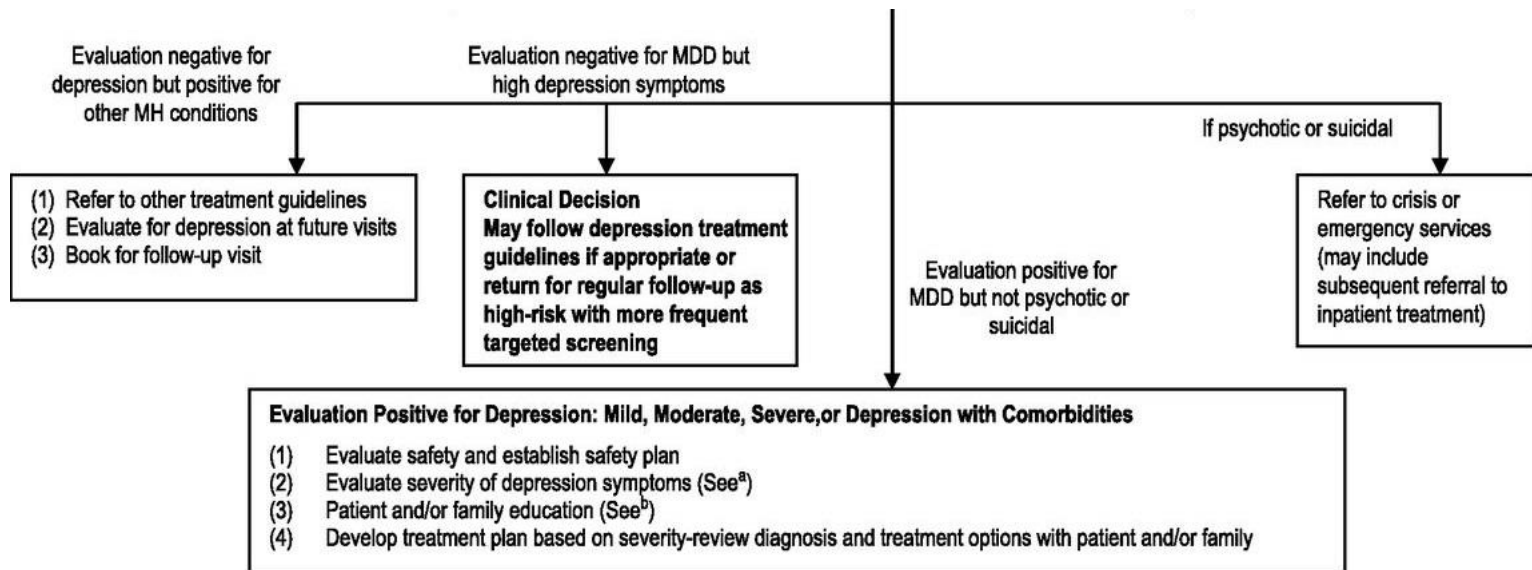


Practice Prep: Screening Tip

- **Screening is a tool**
- **Screen does not = diagnosis**
- **Review positive answers**

#StayWell





#StayWell



Depression Treatment: Mild

- **Treatment team includes patient and family**
- **Mild Depression**
 - Lifestyle modifications
 - See every 1-2 weeks
 - Active monitoring for 6- 8 weeks

#StayWell



Depression Treatment: Moderate

- Treatment team includes patient and family
- Lifestyle modifications
- Safety Plan
- Primary Care Starts Medications +/-
- Refer for Counseling

#StayWell



Depression Treatment: Moderate

- **Assess every 1-2 weeks**
- **6-8 weeks**
 - **Improved: continue meds for one year and monitor monthly until 6 months remission. Consider consult with mental health specialist**
 - **Partially improved: increase dose until goal reached- refer/consult with mental health specialist**
 - **Not improved: Reassess diagnosis. Increase medications if no side effects and not at max dose. Refer/consult with mental health**

#StayWell



Depression Treatment: Counseling

- **Cognitive Behavioral Therapy**
 - Increase pleasurable activities
 - Reduce negative thoughts
 - Increase assertiveness and problem-solving skills to reduce feelings of hopelessness

#StayWell



ACHIA
Alabama Child Health Improvement Alliance

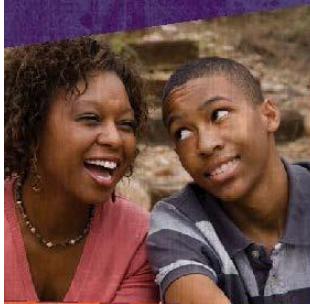
Practice Prep: Select Family Friendly Resources

- Depression
- Safety Plan
- Sleep Hygiene
- Physical Activity Ideas



IF YOU HAVE BEEN FEELING SAD, HOPELESS, OR IRRITABLE FOR WHAT SEEMS LIKE A LONG TIME, YOU MIGHT HAVE DEPRESSION.

- ↳ Depression is a real, treatable brain illness, or health problem.
- ↳ Depression can be caused by big transitions in life, stress, or changes in your body's chemicals that affect your thoughts and moods.
- ↳ Even if you feel hopeless, depression gets better with treatment.
- ↳ There are lots of people who understand and want to help you.
- ↳ Ask for help as early as you can so you can get back to being yourself.



1-800-273-TALK (8255)

REGULAR SADNESS AND DEPRESSION ARE NOT THE SAME.

REGULAR SADNESS

Feeling moody, sad, or grouchy? Who doesn't once in a while? It's easy to have a couple of bad days. Your schoolwork, activities, and family and friend drama, all mixed with not enough sleep, can leave you feeling overwhelmed. On top of that, teen hormones can be all over the place and also make you moody or cry about the smallest thing. Regular moodiness and sadness usually go away quickly though, within a couple of days.

DEPRESSION

Untreated depression is a more intense feeling of sadness, hopelessness, and anger or frustration that lasts much longer, such as for weeks, months, or longer. These feelings make it hard for you to function as you normally would or participate in your usual activities. You may also have trouble focusing and feel like you have little to no motivation or energy. You may not even feel like seeing your best friends. Depression can make you feel like it's hard to enjoy life or even get through the day.

IF YOU THINK YOU ARE DEPRESSED, ASK FOR HELP AS EARLY AS YOU CAN.

If you have symptoms of depression for more than a week, ask for help. Depression can get better with care and treatment. Don't wait for depression to go away by itself. If you don't talk for help, depression may get worse.

1. Talk to:
 - ↳ Your parents or guardian
 - ↳ Your teacher or counselor
 - ↳ Your doctor
 - ↳ A helpline, such as 1-800-273-TALK (8255), free 24-hour help
 - ↳ Or call 911 if you are in a crisis or want to hurt yourself
2. Ask your parent or guardian to make an appointment with your doctor for a checkup. Your doctor can make sure that you do not have another health problem that is causing your depression. If your doctor finds that you do not have another health problem, he or she can treat your depression or refer you to a mental health professional. A mental health professional can give you a thorough evaluation and also treat your depression.
3. Talk to a mental health professional, such as a psychiatrist, counselor, psychologist, or other therapist. These mental health professionals can diagnose and treat depression and other mental health problems.

KNOW THE SIGNS AND SYMPTOMS OF DEPRESSION.

Most of the day or nearly every day you may feel one or all of the following:

- ↳ Sad
- ↳ Empty
- ↳ Hopeless
- ↳ Angry, cranky, or frustrated, even at minor things

You also may:

- ↳ Not care about things or activities you used to enjoy.
- ↳ Have weight loss when you are not dieting or weight gain from eating too much.
- ↳ Have trouble falling asleep or staying asleep, or sleep much more than usual.
- ↳ Move or talk more slowly.
- ↳ Feel restless or have trouble sitting still.
- ↳ Feel very tired or like you have no energy.
- ↳ Feel worthless or very guilty.
- ↳ Have trouble concentrating, remembering information, or making decisions.
- ↳ Think about dying or suicide or try suicide.

Not everyone experiences depression the same way. And depression can occur at the same time as other mental health problems, such as anxiety, an eating disorder, or substance abuse.

THERE ARE WAYS YOU CAN FEEL BETTER.

Effective treatments for depression include talk therapy or a combination of talk therapy and medicine.

TALK THERAPY

A therapist, such as a psychiatrist, a psychologist, a social worker, or counselor can help you understand and manage your moods and feelings. You can talk out your emotions to someone who understands and supports you. You can also learn how to stop thinking negatively and start to look at the positives in life. This will help you build confidence and feel better about yourself. Research has shown that certain types of talk therapy or psychotherapy can help teens deal with depression. These include cognitive behavioral therapy, which focuses on thoughts, behaviors, and feelings related to depression, and interpersonal psychotherapy, which focuses on working on relationships.

Read more about talk therapies at www.nimh.nih.gov/health/topic/psychotherapies.

MEDICINES

If your doctor thinks you need medicine to help your depression, he or she can prescribe an antidepressant. There are a few antidepressants that have been widely studied and proven to help teens. If your doctor recommends medicine, it is important to see your doctor regularly and tell your parents or guardian about your feelings, especially if you start feeling worse or have thoughts of hurting yourself.

Read more about medicines for depression at www.nimh.nih.gov/health/publications/mental-health-education.

#StayWell



NATIONAL INSTITUTE OF MENTAL HEALTH

ACHIA
Alabama Child Health Improvement Alliance

Safety Plan

**Remove impulsive
lethal means-
weapons and
medications**

**Local and National
Crisis Hot Lines**

**Importance of follow
up appointments**

SAFETY PLAN

In addition to following up the visit today, we recommend the following safety procedures to help reduce the risk of harm you your child and others.

- Remove or lock up all firearms and/or lethal weapons in your home to prevent your child's access to them.
- Lock up all medications, including over the counter medications, in your home to prevent your child's access to them. All medication should be administered and monitored by an adult.
- A local Crisis and Suicide Hotline (205-325-7777) is available 24 hours a day and a Mental Health Referral Line (205-324-3505) is available during the day. However, in emergency situations, please call 911 or go to the nearest emergency room.
- If provided numbers above are busy, please call the toll free National Suicide Prevention Hotline 1-800-273- TALK (8244) or 1-800 273-8255, 1-800-SUICIDE or 1-800-784-2433.
- National Runaway Switchboard 1-800-RUNAWAY
- Nationalsafeplace.org
- Text SAFE(address, city, state and location) to 69866
- Stopbullying.com

Make and keep follow up appointments as recommended by your provider. If you are unable to obtain an appointment, please contact the Primary Care 638-9026.

#StayWell



Practice Prep: Understand First Line Pharmacological Treatment Fluoxetine

- **MDD: ≥ 8 years of age**
- **Start 5-10 mg every morning.**
- **Increase dose 10-20 mg in 1-2 weeks.
Then by 5-10mg every 3-4 weeks.
Typical max dose 40 mg for MDD**
- **Longer half life (Elimination = 5 weeks)**

Mental Health in the Medical Home - series of 1 hour webinars Depression, Suicide, BiPolar, Parenting, SSRIs

UPIQ (Utah Pediatric Partnership to Improve Healthcare Quality)

<https://www.upiq.org/qi-resources/learning-collaborative-materials/mental-health/>

<http://web.jhu.edu/pedmentalhealth/Psychopharmacolog%20use.html#Criteria>



Practice Prep: Understand First Line Pharmacological Treatment

Escitalopram

MDD: \geq 12 years of age

**Start 5-10 mg. Increase 5-10 mg every
2-4 weeks.**

Typical range 5-10mg/day

Mental Health in the Medical Home - series of 1 hour webinars Depression, Suicide, BiPolar, Parenting, SSRIs

UPIQ (Utah Pediatric Partnership to Improve Healthcare Quality)

<https://www.upiq.org/qi-resources/learning-collaborative-materials/mental-health/>

<http://web.jhu.edu/pedmentalhealth/Psychopharmacolog%20Use.html#Criteria>



Practice Prep: Medications

- **Adverse effects**
 - **Fatigue, nausea, thirst, insomnia, yawning, sweating, weight loss, relentlessness, vivid dreams, mania**
 - **Rare: seizures, painful erection, low sodium, nosebleeds**
- **Risk for Suicide**
 - **Favorable Risk Ratio of 11.**
 - **SI increases from 2% to 4% -Advise family**
- **Serotonin Syndrome**
 - **Confusion, hypomania, agitation, hyperreflexia, tremor, diaphoresis, diarrhea, and fever**
- **Discontinuation Syndrome**
 - **Avoid by tapering down – insomnia most common side effect**

#StayWell





.... To get screening and follow up done

#StayWell



Quality Improvement Approach

- Leadership buy-in
- QI Team: Lead physician, Clinical, Administrative, Family/Teen
- Chose a Measureable Aim
- Use Model For Improvement/Plan- Do- Study- Act cycle
- Map your process



QI Resources

- **Institute for Healthcare Improvement**
 - <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>
- **National Institute for Children's Health Quality (NICHQ)**
 - **Quality Improvement 101**
 - <https://www.nichq.org/resource/quality-improvement-101>
 - **Quality Improvement 102**
 - <https://www.nichq.org/resource/quality-improvement-102>

#StayWell



QI Tools : SMART Aim



We will screen 90% of 12-18 year olds at well visits by 9 months from now

Specific: 12- 18 YO at annual visit

Measurable: 90% of all visits

Attainable: to be decide by QI team

Relevant: absolutely

Time bound: 9 months from now

#StayWell



QI Tools: PDSA

MODEL FOR IMPROVEMENT

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



AIM

**MEASURE
CHANGE IDEAS**

#StayWell

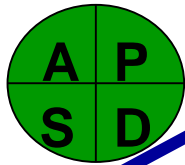


| PLAN | DO | STUDY | ACT |
|---|---|--|---|
| <p>1. Team will huddle and identify all of teens coming to clinic that day for a 12-18 YO well visit with Dr. Jones</p> <p>2. Tanya will give teen the PHQ-9A to complete prior to triage.</p> <p>3. After triage, Rebecca will make sure screen is filled out and place in door holder for Dr. Jones.</p> <p>4. Dr. Jones will score and discuss</p> <p>5. Kayla will keep track of whether screen was done at chart breakdown</p> | <p>1. Front desk noticed that parent filled out form for another team.</p> <p>2. Having Dr. Jones score screens lengthened visit time</p> | <p>1. What went well? - Team huddle identified all patients -all forms were completed -was able to track at chart breakdown</p> <p>2. What didn't go well? -Parent completed one of the screens</p> <p>3. Surprises? having the doctor score the screen slowed clinic down</p> | <p>ADAPT</p> <p>1. Continue huddle</p> <p>2. Give PHQ-9A directly to teen and ask them to complete it by themselves</p> <p>3. Have Rebecca score screen using scoring template prior to Dr. Jones going into room.</p> <p>4. Try again tomorrow</p> |

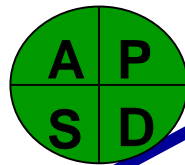




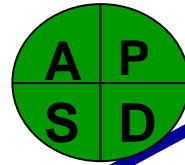
Choose
Screen



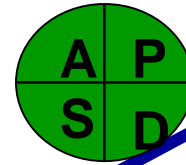
Use
screen for
3 of Dr.
Jones
patients



Use
screen
for all of
Dr.
Jones
patients



Use screen for 3
patients on all
other providers



Improvement Ramp

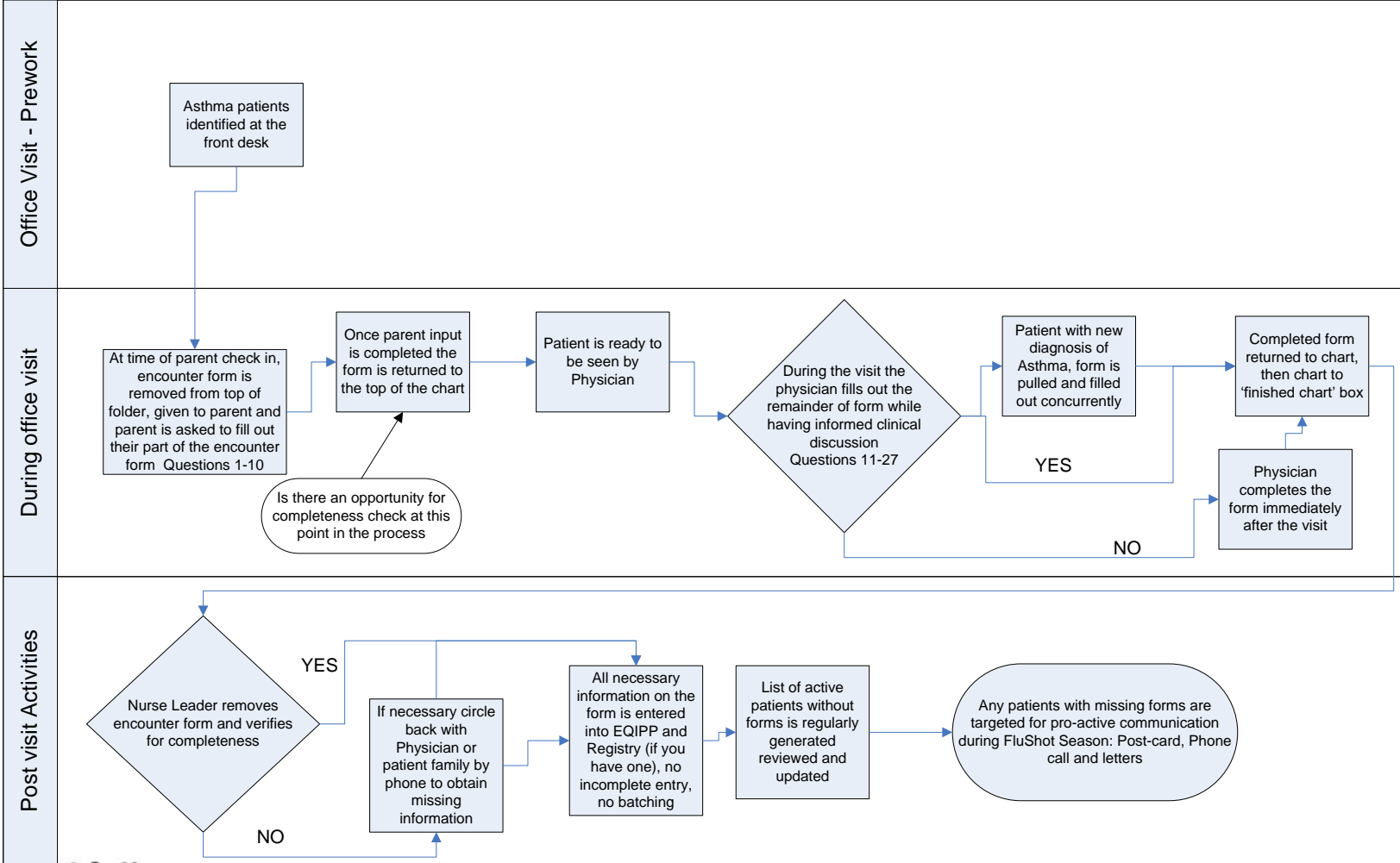
#StayWell



QI Tools: Process Maps



Clinical Assessment Process Map – Paper Chart System

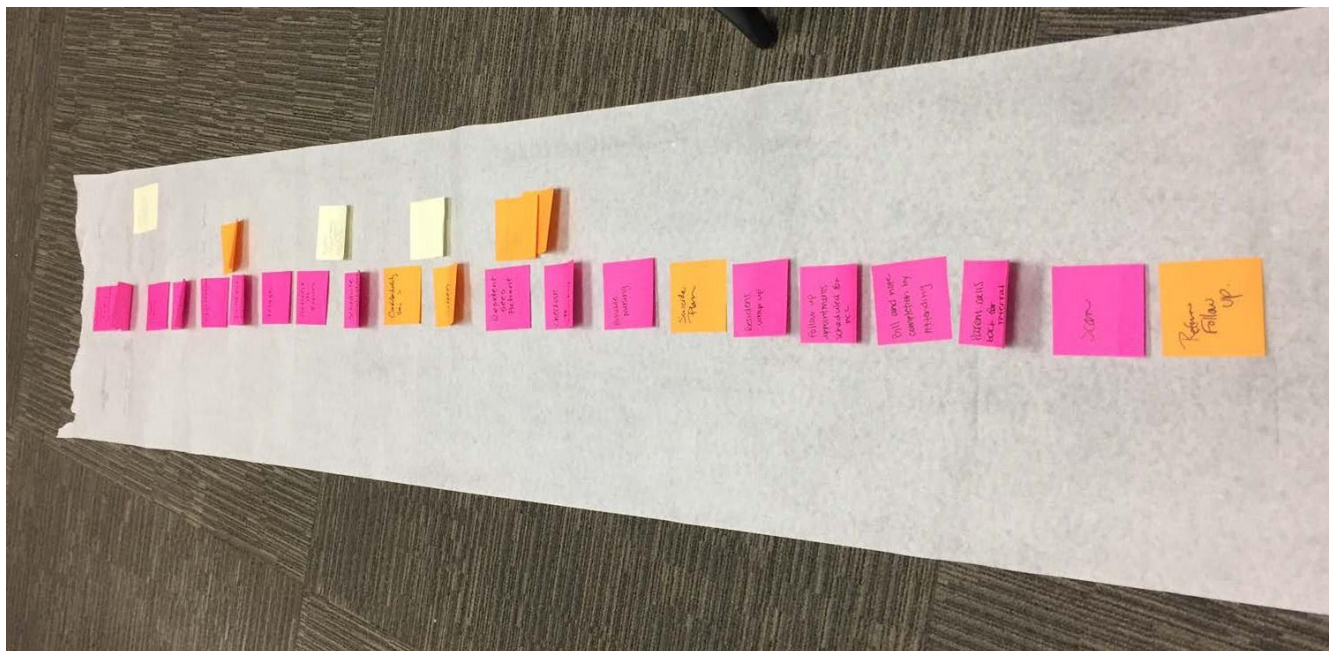


#StayWell



This form was developed specifically for the AAP Chapter Quality Network Asthma Pilot Project and originally developed by the Physicians Hospital Organization at Cincinnati Children's Hospital Medical Center

QI Tools: Process Map





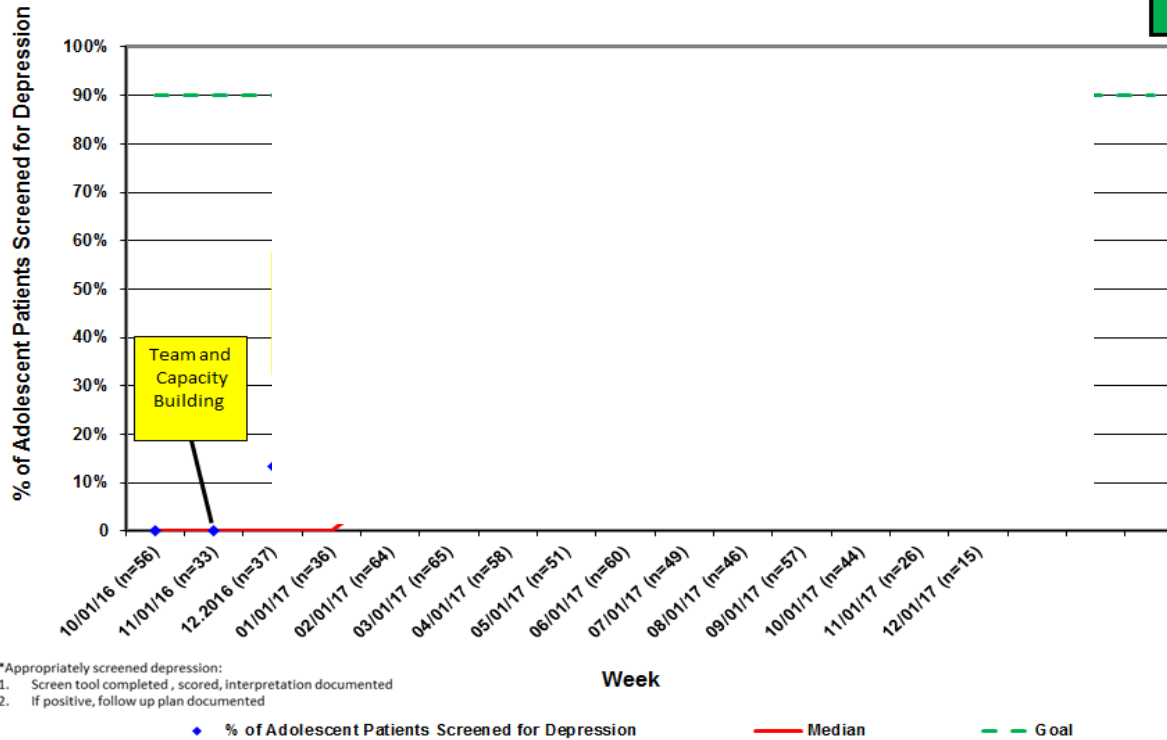
#StayWell



ACHIA
Alabama Child Health Improvement Alliance



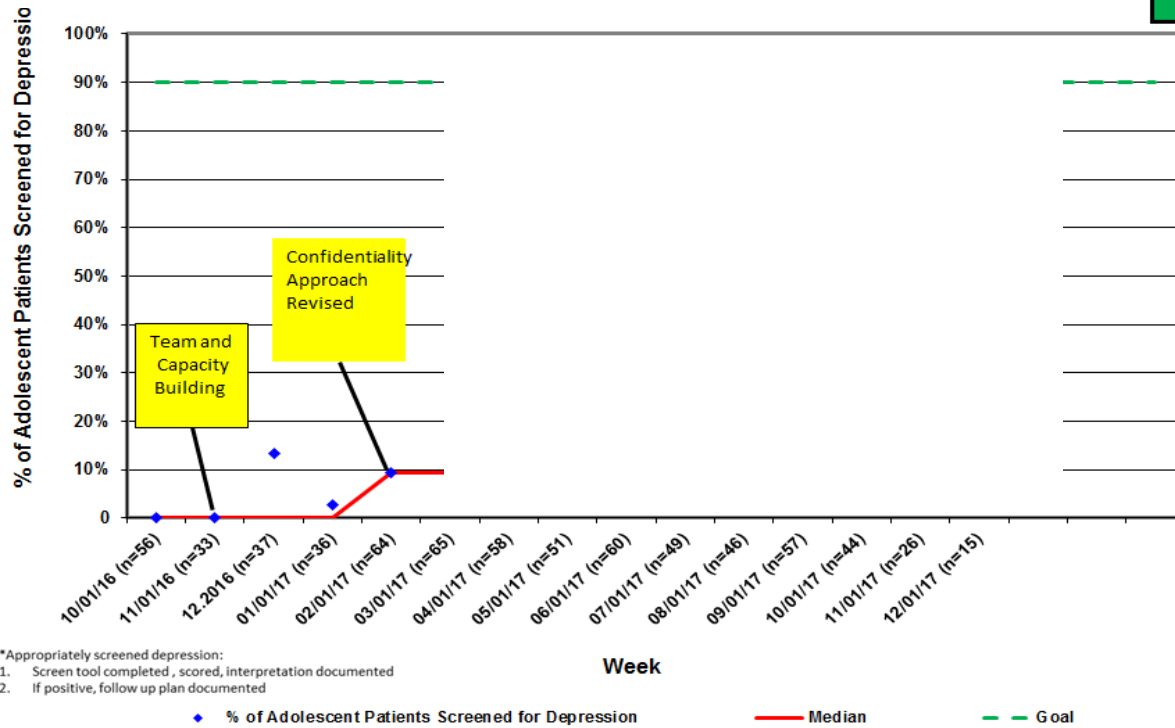
Percentage of Adolescents 13-17 years Appropriately Screened* for Depression at Well Child Visits



- Formed QI Team
- Forged Community Links
- Educated providers About Treatment and motivational Interviewing
- Selected our screening tool and Patient handouts
- Developed a way to track our data
- Reported back to Clinical team routinely about our progress



Percentage of Adolescents 13-17 years Appropriately Screened* for Depression at Well Child Visits



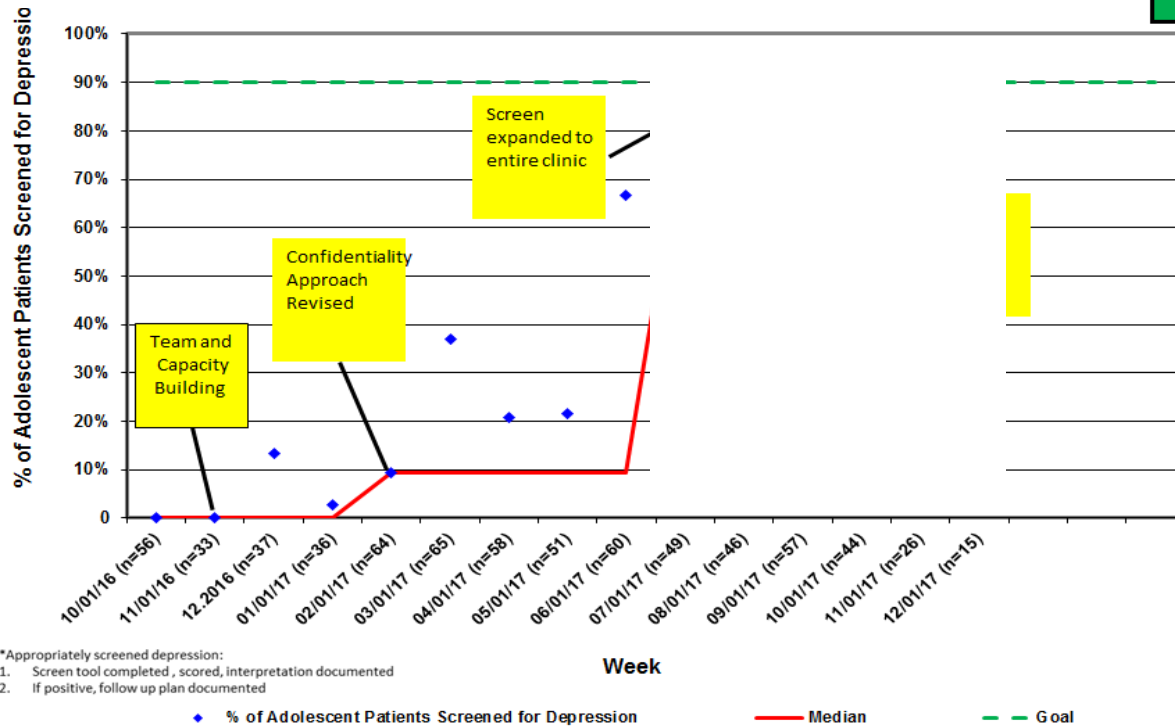
-Start Small!
-1 provider
-1 patient
-1 day

Adopt
Adapt
Abandon

*Appropriately screened depression:
 1. Screen tool completed, scored, interpretation documented
 2. If positive, follow up plan documented



Percentage of Adolescents 13-17 years Appropriately Screened* for Depression at Well Child Visits



*Appropriately screened depression:
 1. Screen tool completed, scored, interpretation documented
 2. If positive, follow up plan documented



Roll out

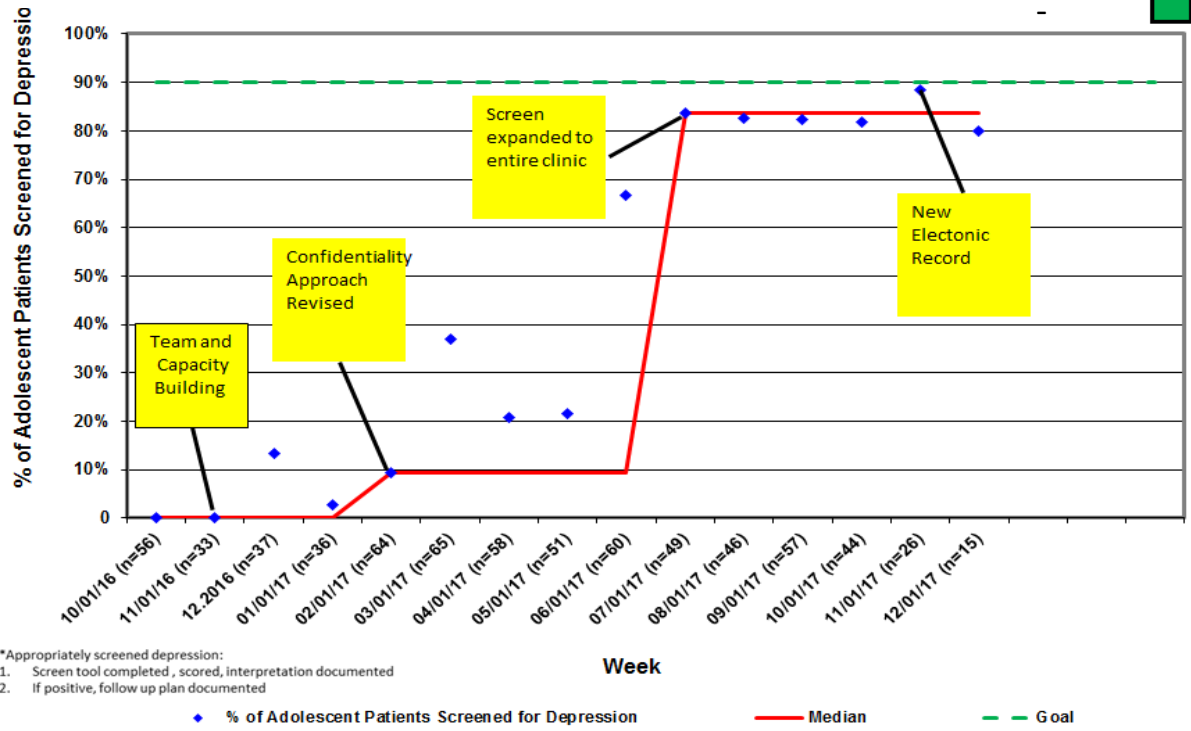
- Busy clinics
- Short staffed days
- Multiple languages
- New providers

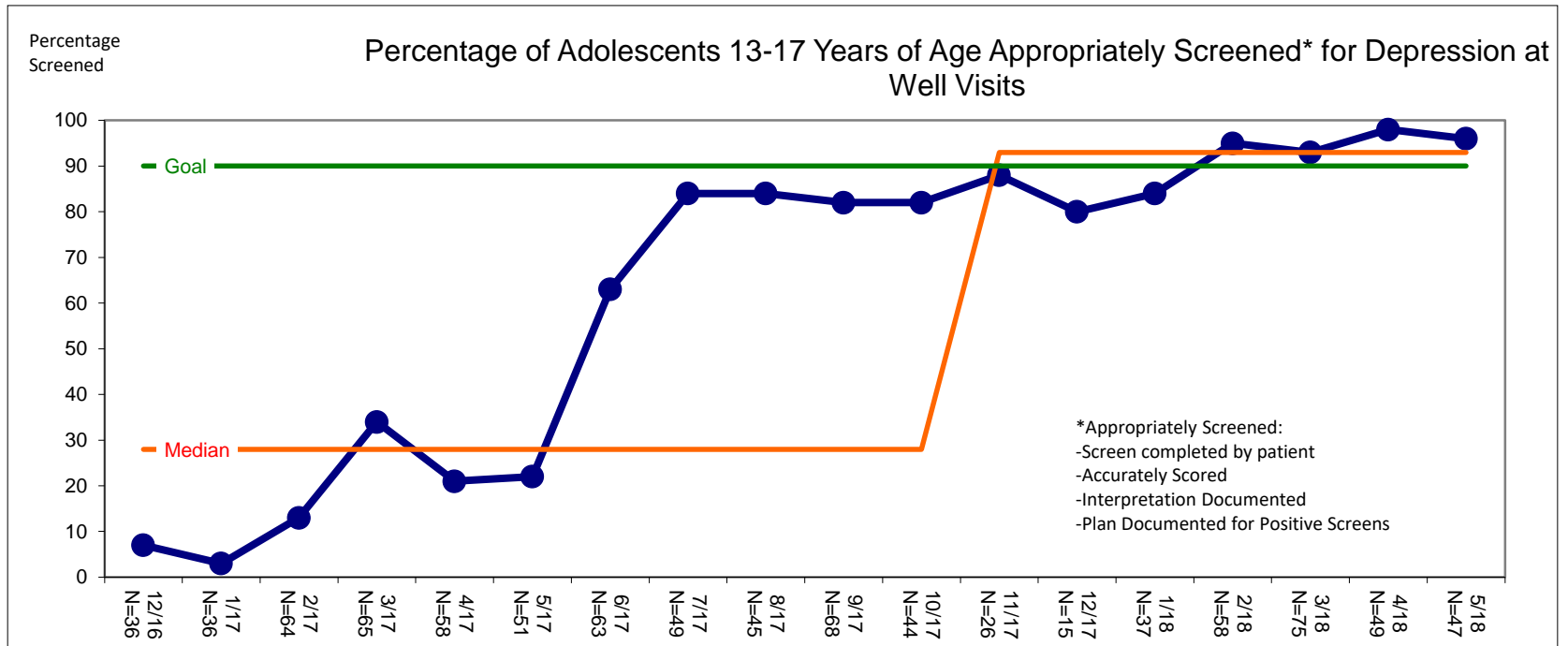
Keep providing data and stories back to

- Staff
 - Providers
 - Families
- Incorporate change ideas



Percentage of Adolescents 13-17 years Appropriately Screened* for Depression at Well Child Visits





#StayWell





#StayWell



ACHIA
Alabama Child Health Improvement Alliance



Adolescent Screening Resources

- **GLAD I and II**

Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, Assessment, and Initial Management, Rachel A. Zuckerbrot, et al. *Pediatrics* Nov 2007, 120 (5) e1299-e1312; DOI: 10.1542/peds.2007-1144
Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing Management, Amy H. Cheung et al *Pediatrics* Nov 2007, 120 (5) e1313-e1326; DOI: 10.1542/peds.2006-1395

- **AAP Mental Health Initiatives Tool Kit**

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx>

- **UPIQ Mental Health Curriculum**

<http://www.upiq.org/qi-resources/learning-collaborative-materials/mental-health/>

- **Adolescent Health Initiative**

<http://www.umhs-adolescenthealth.org/>

#StayWell



ACHIA
Alabama Child Health Improvement Alliance

#StayWell

Adolescent Well Visit
Learning Collaborative



Enrolling through December 2018
Learning Collaborative : Jan- Sept 2019
See www.achia.org for resources Jan 2019

#StayWell



**To complete the process for
CME**

**please return to:
“POST-TEST” and
“EVALUATION”**

**on the ACHIA website for
this module**

#StayWell

