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# Screening for Adolescent Depression

Ken Cheyne, MD, FAAP  
Adolescent Medicine  
Blank Children's Hospital

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# Conflict of Interest

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- I have nothing to disclose that would create a conflict of interest.
  - I will not discuss unapproved/investigative use of commercial product(s)/device(s) in my presentation.
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# Objectives:

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At the conclusion of the presentation participants will be able to:

- Discuss adolescent consent and confidentiality
  - Recognize the signs / symptoms of depression in adolescents.
  - Efficiently screen adolescents for depression using the PHQ-9 modified for teens.
  - Start treatment / initiate referral for adolescents and youth who are depressed.
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# Definition

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**CONSENT VS. CONFIDENTIALITY**

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# Minor Consent in Iowa

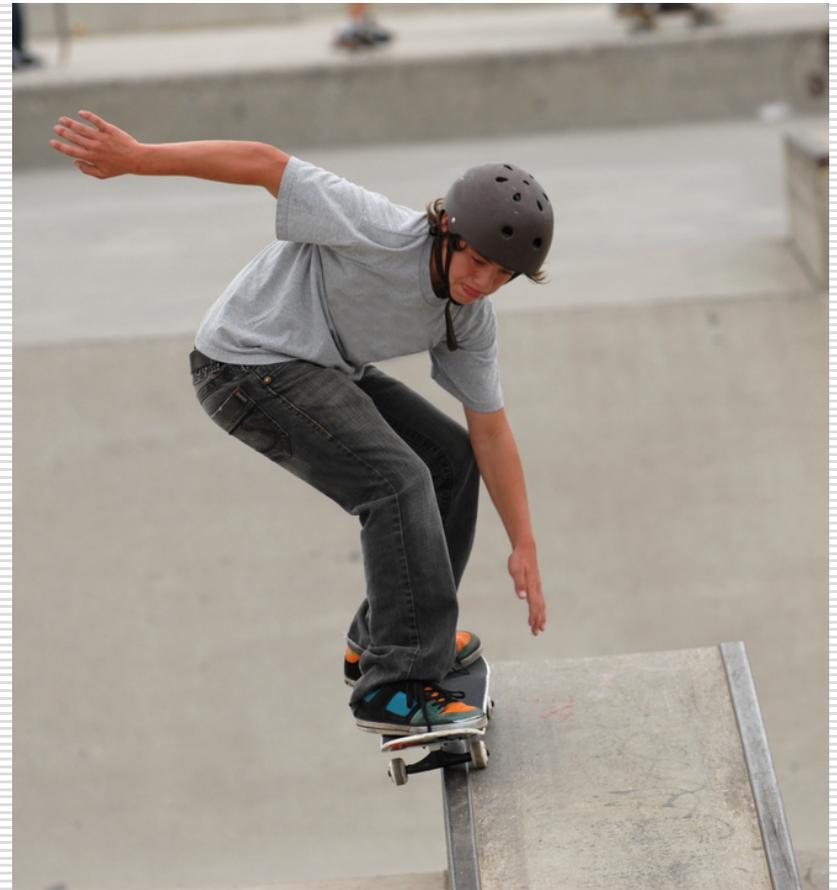
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- Substance abuse treatment
  - STI testing and treatment
  - HIV testing (if positive, Iowa law requires parental notification)
  - Contraceptive care and counseling
  - Blood donation if 17 years or older
  - Medical emergency or following sexual assault (not confidential from parents)
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# Release of information

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- General release of information is not sufficient for release of mental health, substance abuse, or HIV information.



# Depression

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- ❑ Prevalence:
  - Up to 3% of children
  - 2-8% of adolescents
- ❑ M to F ratio:
  - 1:1 during childhood
  - 1:2 during adolescence
- ❑ Cumulative incidence by age 18 is approximately 20% in community samples.

# Youth Risk Behavior Survey

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|   | 2013  |
|---|-------|
| High school students who felt sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the prior 12 months | 39.1% |

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# Youth Risk Behavior Survey

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|   | 2013  |
|---|-------|
| High school students who seriously considered attempting suicide during the 12 months before the survey | 22.4% |

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# Youth Risk Behavior Survey

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|  | 2013  |
|--|-------|
| High school students who made a plan about how they would attempt suicide during the 12 months before the survey | 13.6% |

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# Youth Risk Behavior Survey

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|   | 2013  |
|---|-------|
| High school students who attempted suicide during the 12 months before the survey | 10.6% |

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# Youth Risk Behavior Survey

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|  | 2013 |
|--|------|
| High school students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse | 2.7% |

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# Iowa Youth Survey - 2012

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- Made a plan about how you would attempt suicide during the past 12 months

| 6 <sup>th</sup> | 8 <sup>th</sup> | 11 <sup>th</sup> |
|-----------------|-----------------|------------------|
| 4%              | 8%              | 8%               |

# Iowa Youth Survey - 2012

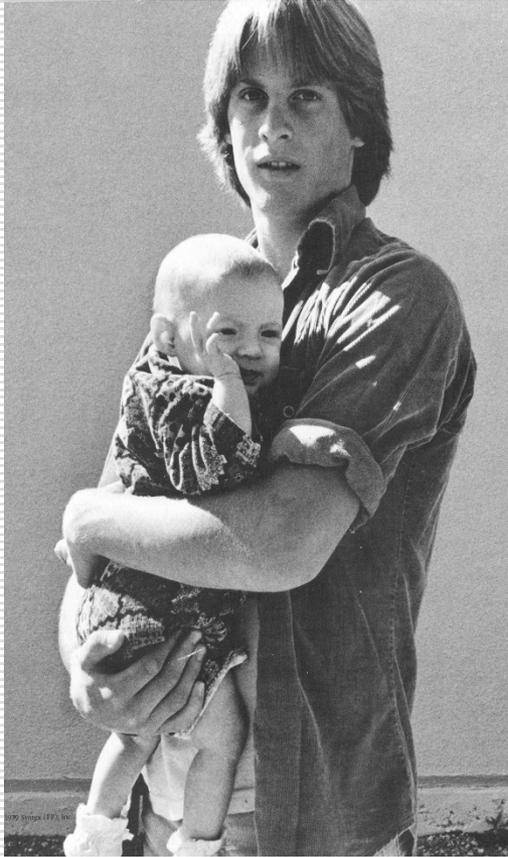
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- During the past 12 months, have you tried to kill yourself?

| 6 <sup>th</sup> | 8 <sup>th</sup> | 11 <sup>th</sup> |
|-----------------|-----------------|------------------|
| 1%              | 4%              | 3%               |

# Depression – Diagnostic Criteria

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- At least **2 weeks** of depressed or irritable mood &/or loss of interest and pleasure, and at least 4 other symptoms from the following list.

# Depression – Diagnostic Criteria

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- ❑ **S** - sleep (insomnia or hypersomnia)
  - ❑ **I** - decreased interest/enjoyment
  - ❑ **G** - guilt/self-esteem (scale 1-10)
    - ❑ feelings of hopelessness or worthlessness
  - ❑ **E** - decreased energy level
  - ❑ **C** - decreased concentration
    - ❑ decreased school grades
  - ❑ **A** - appetite/weight (decreased or increased)
  - ❑ **P** - psychomotor retardation/agitation
  - ❑ **S** - suicide
-

# Depression – Clinical Presentation

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- Children:
    - More symptoms of anxiety (including phobias and separation anxiety).
    - More physical complaints.
    - May express irritability and frustration with temper tantrums and behavioral problems instead of verbalizing feelings.
    - Fewer serious suicide attempts.
-

# Depression - Clinical Presentation

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## Adolescents:

- Compared to younger children, more:
    - Sleep disturbance
    - Appetite disturbances
    - Suicidal ideation and attempts
    - Impairment in functioning
  - Compared to adults:
    - More behavioral problems
    - Fewer neurovegetative symptoms
-

# Depression - Comorbidity

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- 90% of youth with MDD have other psychiatric disorders
  - 20-50% have 2 or more comorbid diagnoses:
    - Dysthymia – 30 to 80%
    - Anxiety – 30 to 80%
    - Substance use disorders – 20 to 30%
  - MDD usually manifests after the onset of other psychiatric disorders – except substance abuse.
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# Depression - Comorbidity

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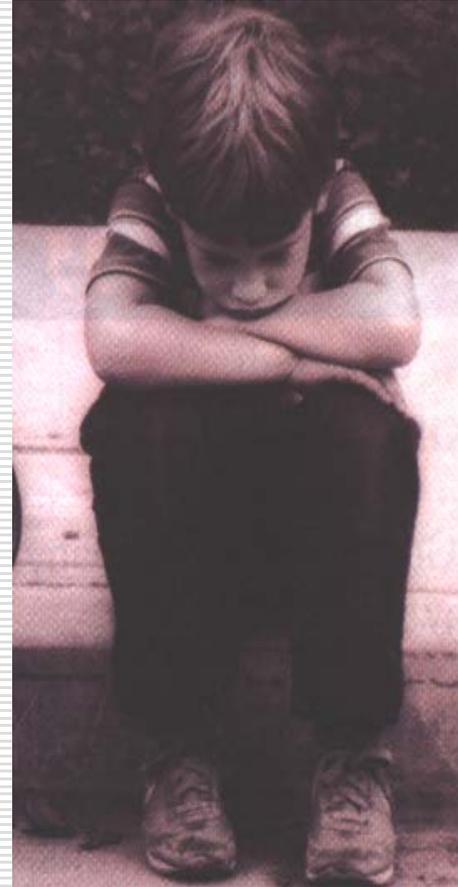


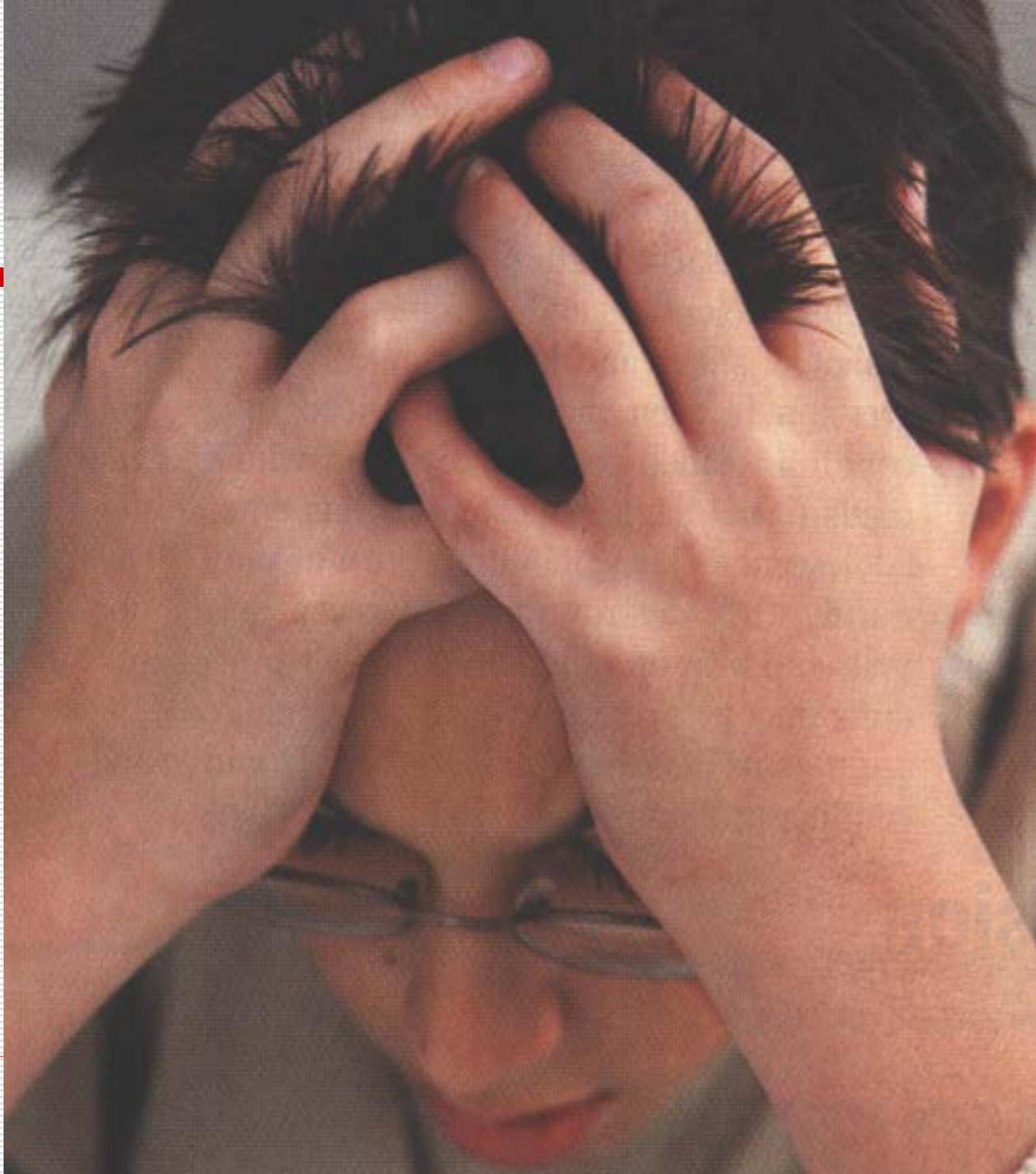
- **In adolescents:** substance abuse, conduct disorder, social phobia and generalized anxiety disorder are more common.
  - **In children:** separation anxiety disorder is more common
-

# Depression – Clinical Course

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- ❑ Median duration is **7 to 9 months**.
- ❑ **90%** of MDD remit 1 to 2 years after onset.
- ❑ **6 to 10%** become protracted.
- ❑ **20 to 60%** by 1 to 2 years after remission.
- ❑ **70%** after 5 years.





# My "Private" Song That's It

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Suicide is what I have contemplated in my mind a thousand times. I don't know when it might happen, when or where. I just can't tell.

Suicide shure that's fine, no don't try  
It's all confusing it's driven me insane

---

# My "Private" Song That's It

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I have tried I have thought. I have screamed  
and made a plot. But nothin helps to ease  
the pain inside of me. Nothing helps!

Suicide shure that's fine, no don't  
try. It's all confusing. Its driven me  
insane.

---

# My "Private" Song That's It

---

I've come to an end, this is it, I've  
had enough I can't take it anymore.  
I'm off the edge, 6 feet under, down into  
a blunder.

Suicide has push the limits.  
This is it cause I am finished.

Suicide!!!

---13 year old male

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# Identifying Adolescents At Risk For Suicide

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## Age Groups

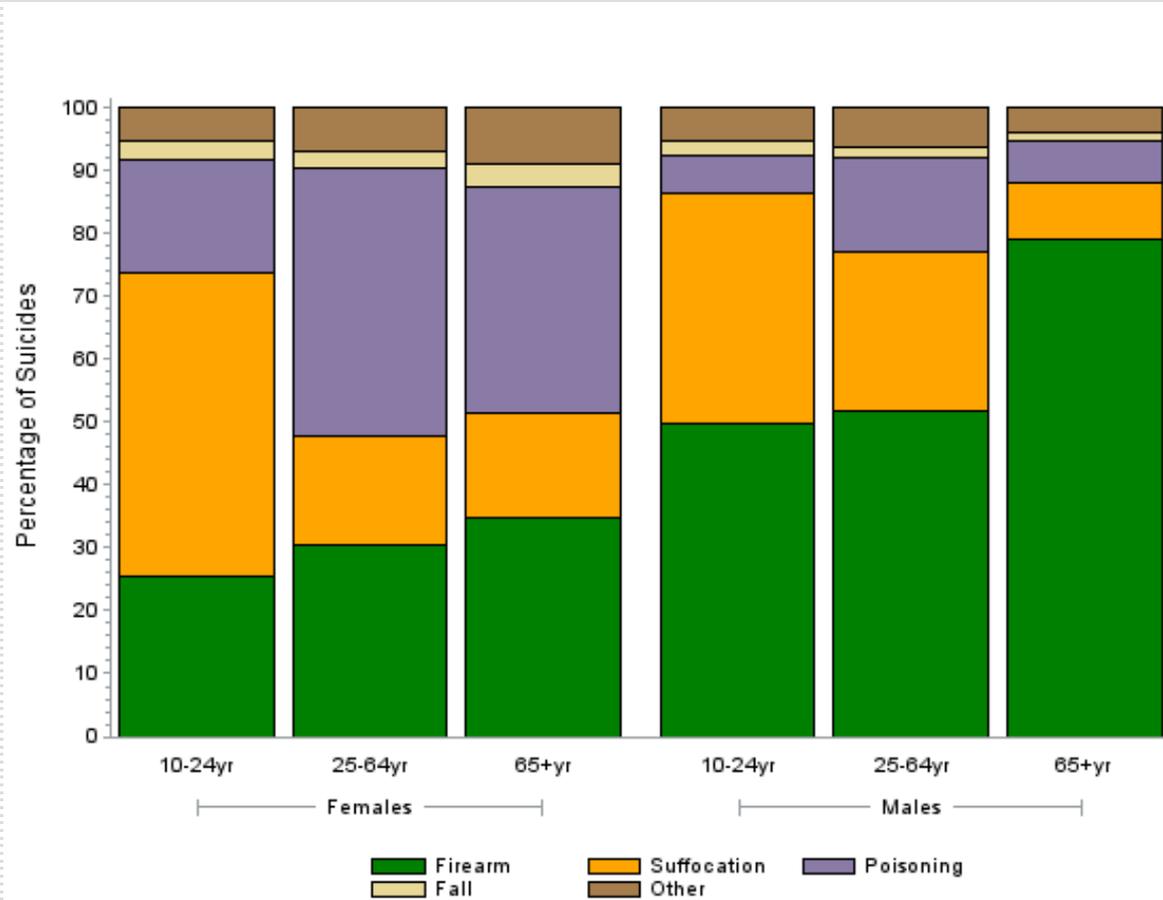
| Rank | <1                                  | 1-4                             | 5-9                               | 10-14                             | 15-24                              | 25-34                            | 35-44                            | 45-54                                |
|------|-------------------------------------|---------------------------------|-----------------------------------|-----------------------------------|------------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| 1    | Congenital Anomalies<br>7,449       | Unintentional Injuries<br>2,467 | Unintentional Injuries<br>1,628   | Unintentional Injuries<br>1,760   | Unintentional Injuries<br>13,662   | Unintentional Injuries<br>13,798 | Malignant Neoplasms<br>16,882    | Malignant Neoplasms<br>41,206        |
| 2    | SIDS<br>4,891                       | Congenital Anomalies<br>856     | Malignant Neoplasms<br>557        | Malignant Neoplasms<br>548        | Homicide<br>8,019                  | HIV<br>10,426                    | HIV<br>14,203                    | Heart Disease<br>31,413              |
| 3    | Short Gestation<br>4,035            | Malignant Neoplasms<br>479      | Congenital Anomalies<br>245       | Homicide<br>441                   | Suicide<br>4,693                   | Homicide<br>7,343                | Heart Disease<br>12,698          | Unintentional Injuries<br>7,485      |
| 4    | Respiratory Distress Synd.<br>2,063 | Homicide<br>430                 | Homicide<br>146                   | Suicide<br>304                    | Malignant Neoplasms<br>1,809       | Suicide<br>6,172                 | Unintentional Injuries<br>12,010 | HIV<br>5,575                         |
| 5    | Maternal Complications<br>1,461     | Heart Disease<br>286            | Heart Disease<br>130              | Congenital Anomalies<br>203       | Heart Disease<br>968               | Malignant Neoplasms<br>5,303     | Suicide<br>6,009                 | Cerebro-vascular<br>4,791            |
| 6    | Placenta Cord Membranes<br>993      | Pneumonia & Influenza<br>188    | HIV<br>72                         | Heart Disease<br>154              | HIV<br>578                         | Heart Disease<br>3,423           | Homicide<br>4,460                | Liver Disease<br>4,569               |
| 7    | Perinatal Infections<br>901         | HIV<br>161                      | Benign Neoplasms<br>53            | Bronchitis Emphysema<br>Asthma 62 | Congenital Anomalies<br>450        | Cerebro-vascular<br>796          | Liver Disease<br>3,608           | Suicide<br>4,018                     |
| 8    | Unintentional Injuries<br>819       | Perinatal Period<br>113         | Pneumonia & Influenza<br>53       | Pneumonia & Influenza<br>51       | Pneumonia & Influenza<br>229       | Liver Disease<br>765             | Cerebro-vascular<br>2,591        | Diabetes<br>3,203                    |
| 9    | Intrauterine Hypoxia<br>613         | Septicemia<br>77                | Bronchitis Emphysema<br>Asthma 38 | Benign Neoplasms<br>44            | Cerebro-vascular<br>197            | Diabetes<br>658                  | Diabetes<br>1,600                | Bronchitis Emphysema<br>Asthma 2,274 |
| 10   | Pneumonia & Influenza<br>600        | Anemias<br>65                   | Anemias<br>30                     | Cerebro-vascular<br>37            | Bronchitis Emphysema<br>Asthma 189 | Pneumonia & Influenza<br>654     | Pneumonia & Influenza<br>1,350   | Homicide<br>2,046                    |

# Adolescent Suicide

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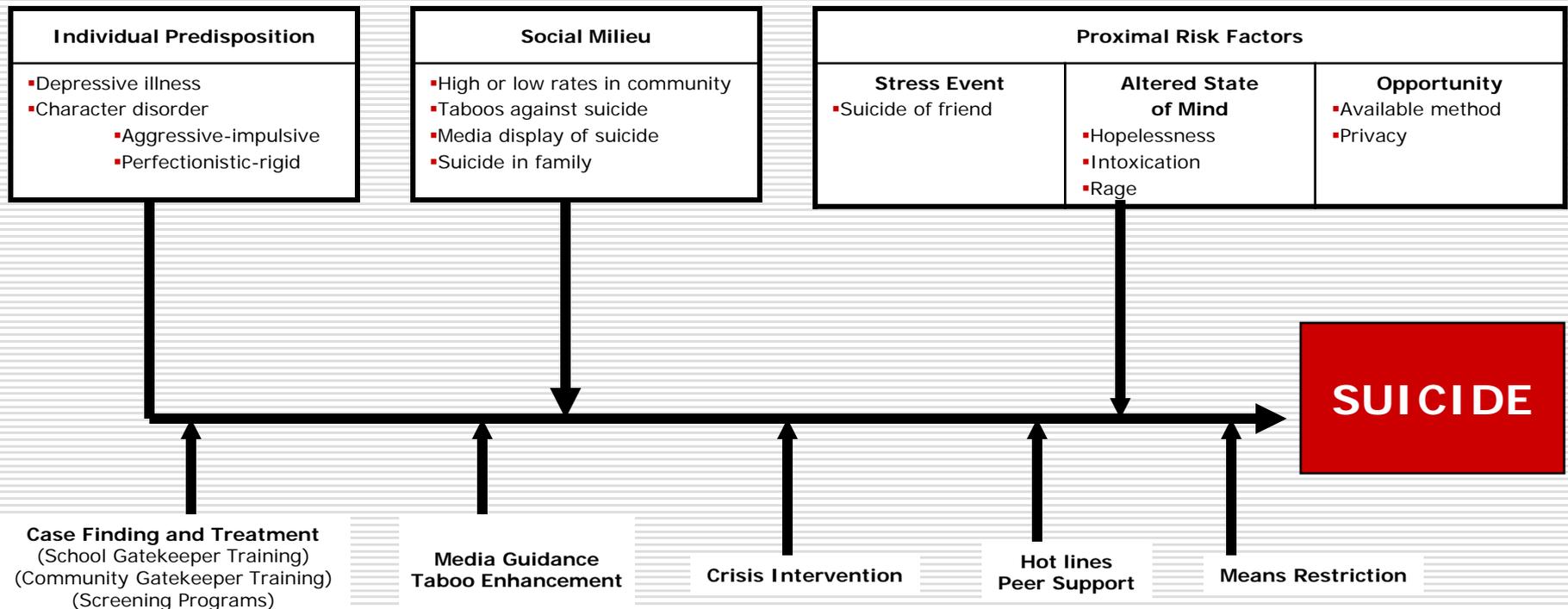
- ❑ Every 90 minutes a young adult between the ages of 15 and 24 in the US kills themselves (**15 suicides per day**).
  - ❑ Attempts: F to M = 2-4 to 1
  - ❑ Completions: M to F = 4-5 to 1
  - ❑ There are 50 to 100 attempts for each successful suicide.
-

# Method of Suicide by Age / Means



# Conceptual Model of Factors Influencing Youth Suicide

## Causes of Suicide



## Prevention Strategies

# Increased Suicide Risk

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- ❑ Incarcerated adolescents
- ❑ Adolescents with a hx of physical or sexual abuse
- ❑ Adolescents struggling with sexual identity issues
- ❑ ? Adolescents with chronic illness



# Increased Suicide Risk

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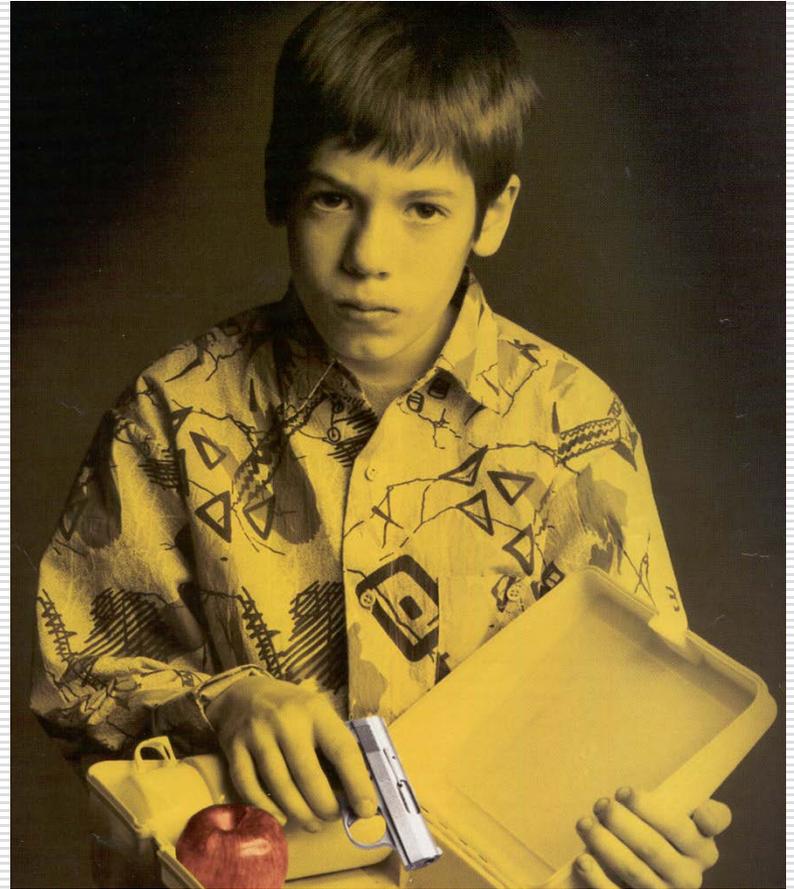


- ❑ Bulimics
  - ❑ Previous suicide attempt
  - ❑ Previous mental health care
  - ❑ AOD use
  - ❑ Recent breakup with a significant other
-

# Increased Suicide Risk

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- Availability of guns in the home, independent of firearm type or method of storage, appears to increase the risk for suicide among adolescents



# Warning Signs of Suicide in Adolescents

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- ❑ Past suicide attempt(s)
  - ❑ Suicidal ideation
    - Thoughts of wishing to kill self
    - Plans for self-destructive acts
  - ❑ Preoccupation with death
    - Recurrent thoughts of people dying, getting sick, or being injured
-

# Warning Signs of Suicide in Adolescents

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- Signs and symptoms of depression
    - SIGECAPS
    - Somatic complaints (headaches, upset stomach, joint pains, frequent colds)
    - Strong feelings of guilt, inadequacy, hopelessness
  - Earlier suicide of family member, friend, classmate
-

# Warning Signs of Suicide in Adolescents

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- Disturbances in interpersonal relations
    - Conflicts with peers
    - Loss of boyfriend or girlfriend
    - Behavior or academic problems at school
    - Feelings of alienation, great frustration, or being misunderstood
    - Lack of positive social supports
  - Family stress
    - Family violence
    - Separations, deaths, births, moves, illnesses
-

# Warning Signs of Suicide in Adolescents

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- Antisocial tendencies
    - Drug or alcohol abuse
    - Violence
    - Truancy
    - Stealing
    - Lying
  - Extreme and unpredictable behavior patterns
    - Lack of judgment
    - Poor impulse control
    - Rapid oscillation in appropriateness of expressed emotions
    - Pessimistic views of self and world
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# What can you do if you are worried about someone?

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- Listen. Your initial response may be critical
- Be honest
- Share your feelings!
- Get help!



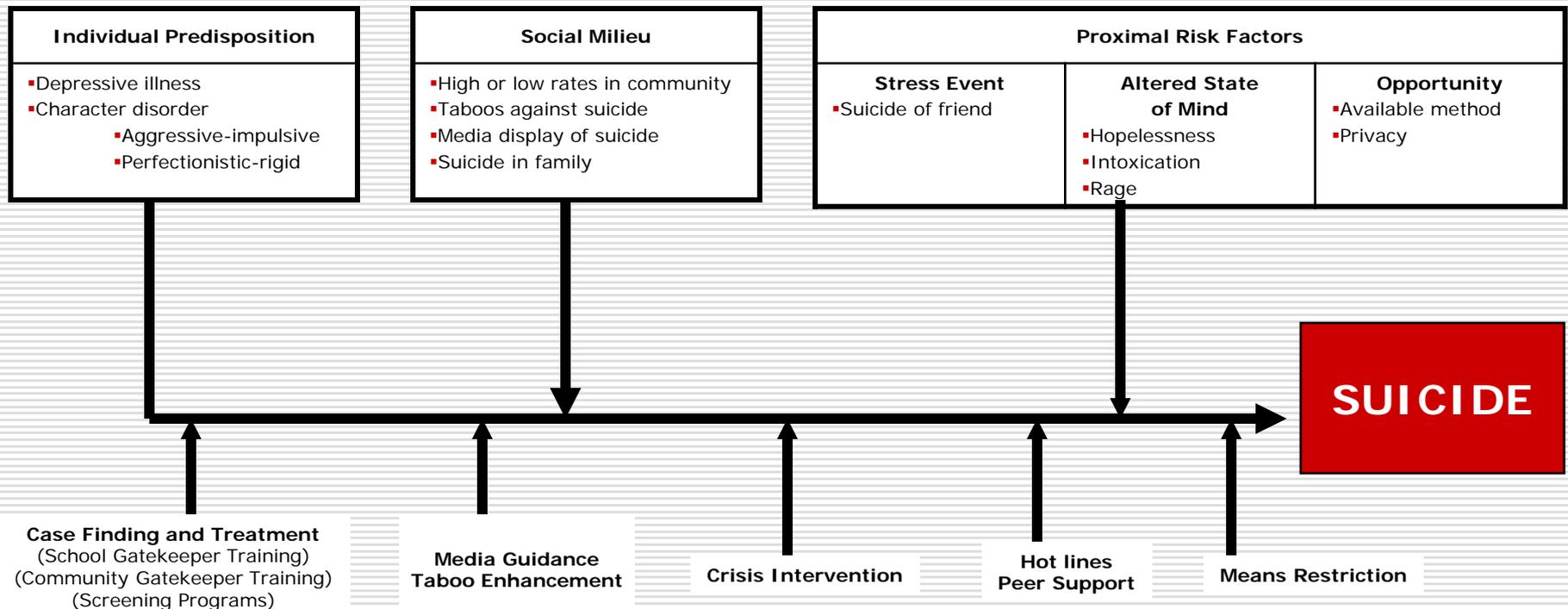
# Suicide Prevention & Intervention

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# Conceptual Model of Factors Influencing Youth Suicide

## Causes of Suicide



## Prevention Strategies

# Recommendations for Screening for Depression

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- 2007: AAP endorsed Guidelines for Adolescent Depression in Primary Care – GLAD-PC (Zuckerbrot et al)
- 2009: US Preventive Services Task Force endorsed depression screening in pediatric primary care for teens ages 12- 18 y/o

*(This recommendation is currently under review)*

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## PRIORITIES FOR THE VISIT

The first priority is to address the concerns of the adolescent and his parents. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 4 Early Adolescence Visits. The goal of these discussions is to determine the health needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent throughout adolescence. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Including all the priority issues in every visit may not be feasible, but the goal should be to address issues important to this age group over the course of the 4 visits. These issues include:

- Physical growth and development (physical and oral health, body image, healthy eating, physical activity)
- Social and academic competence (connectedness with family, peers, and community; interpersonal relationships; school performance)
- Emotional well-being (coping, mood regulation and mental health, sexuality)
- Risk reduction (tobacco, alcohol, or other drugs; pregnancy; STIs)
- Violence and injury prevention (safety belt and helmet use, substance abuse and riding in a vehicle, guns, interpersonal violence [fights], bullying)

# What Families Find Helpful

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" Families emphasized that having a primary care provider ask about developmental, emotional and behavioral issues during well-child visits was important and would help normalize mental health issues. Also stressed the importance of using mental health screening tools, questionnaires and check lists as part of routine clinical practice."



# How Is Your Teenager Feeling Today?

A PARENT'S GUIDE TO THE FACIAL EXPRESSIONS OF THE SPECIES

SCOTT AND  
BROWN  
©2009



MELLOW



BUMMED



STOKED



FUNKY



DUMPED



FRIED



RATTLED



BORED



TORQUED



SNARKY



SPACY



AMPED



WOUNDED



SURLY



CHEESED



CRUSHED



QUEASY



TIRED



JIGGY

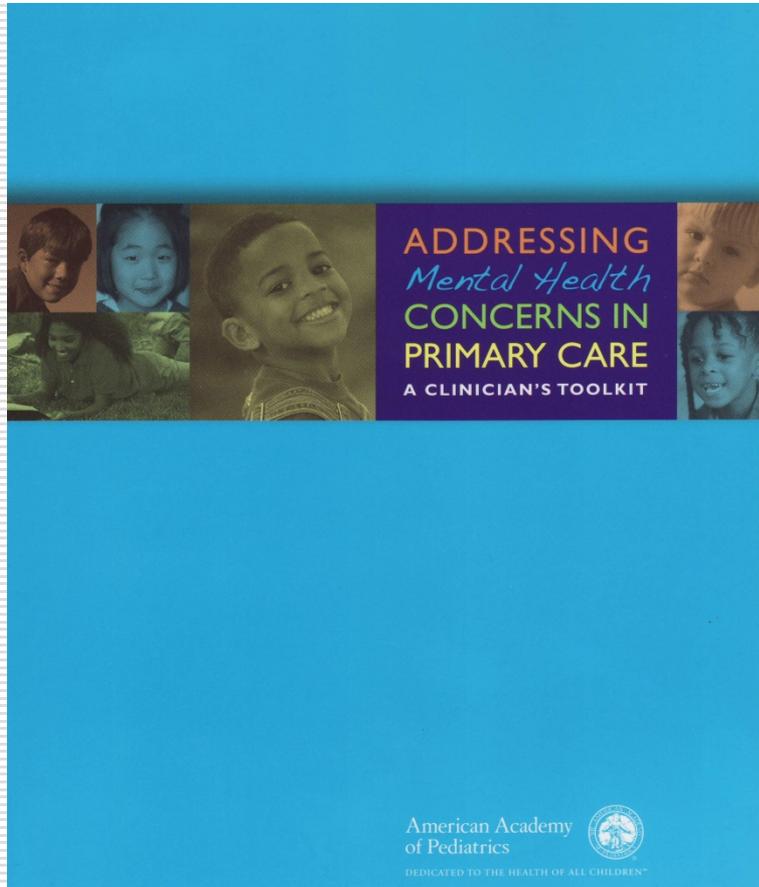


WHATEVER



# AAP Mental Health Toolkit

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- ❑ Community Resources
  - ❑ Health Care Financing
  - ❑ Support for Children & Families
  - ❑ Clinical Information Systems/Delivery System Redesign
  - ❑ Decision Support for Clinicians
-

- Home
- Introduction
- Using the Toolkit
- Acknowledgments
- Copyright & Help
- Feedback & Updates

# ADDRESSING *Mental Health* CONCERNS IN PRIMARY CARE A CLINICIAN'S TOOLKIT

>Algorithms  
Process for mental health care in primary care

>Clusters  
Guidance, interventions by condition type

>Section  
Browse all resources by category

>Mental Health Practice Readiness Inventory  
Target your areas for improvement

# Mental Health Practice Readiness

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- Reasons for screening.
  - What screening tool will you use?
  - Who will initiate the screening process?
  - Who will score the screening tool?
  - If the screen is positive, where will you refer?
  - What is the plan if an adolescent is acutely suicidal or you are unsure?
-

# Depression Screening Tools

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## Pros:

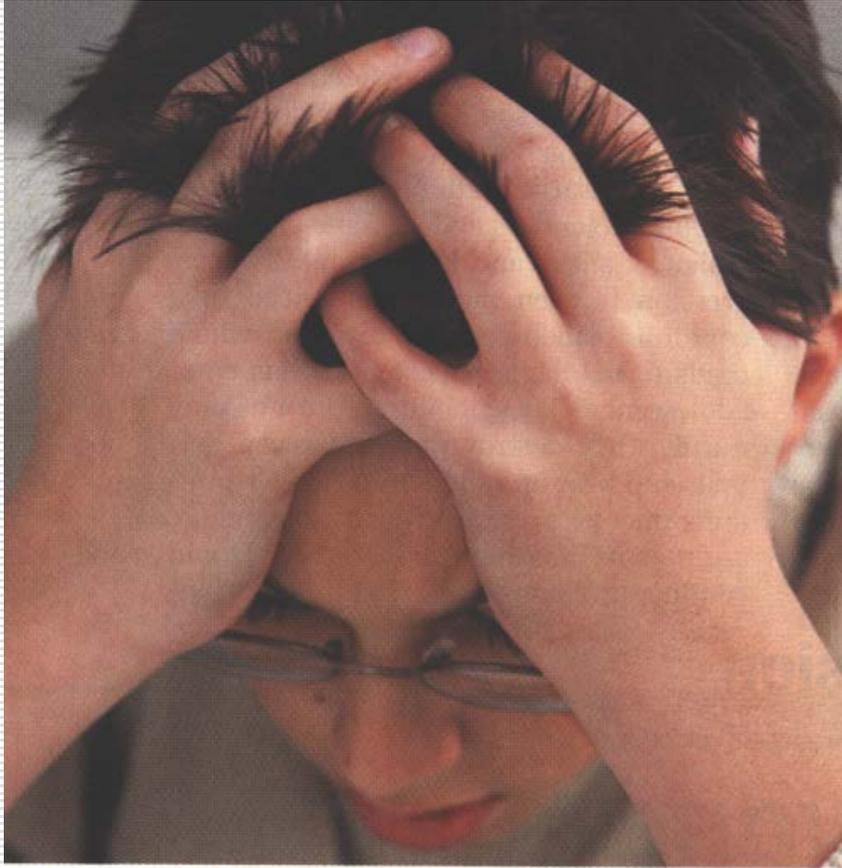
- Increased identification
- Universal screening
- Time efficient
- Providers do not have to start the conversation
- Appears to increase adolescent disclosure of symptoms

## Cons:

- Does take time
- Burden to system
- Many instruments available – how to choose?
- False positives possible
- Improved outcomes depend on proper F/U of positive screens

# Depression Screening Tools

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- Patient Health Questionnaire for Adolescents
  - PHQ-A, PHQ-9, PHQ-9 Modified for Teens
- Pediatric Symptom Checklist for Youth (PSC-Y)

# Screening Tool for Depression

## A Survey From Your Healthcare Provider — PHQ-9 Modified for Teens

Name \_\_\_\_\_

Clinician \_\_\_\_\_ Date \_\_\_\_\_

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)<br>Not At<br>All | (1)<br>Several<br>Days | (2)<br>More Than<br>Half the Days | (3)<br>Nearly<br>Every Day |
|--|----------------------|------------------------|-----------------------------------|----------------------------|
| 1. Feeling down, depressed, irritable, 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?<br>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?   |                      |                        |                                   |                            |

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

11. 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

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

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

FOR OFFICE USE ONLY Score \_\_\_\_\_

Q. 12 and Q. 13 = Y or TS = ≥11

- Ages 12 to 18
- <5 minutes to complete & < 1 minute to score
- Score ≥ 11 is positive
- If answer to either question 12 or 13 is Yes – positive

# Scoring the PHQ-9 Modified for Teens

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- 1-4: minimal depression
  - 5-9: mild depression
  - 10-14: moderate depression
  - **( $\geq 11$  = positive)**
  - 15-19: moderately severe depression
  - 20-27: severe depression
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# "Cutting"

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- ❑ Cutting is a way for adolescents to deal with physical pain when their emotional pain is overwhelming.
  - ❑ "It is better to feel pain on the outside than on the inside."
  - ❑ It is very upsetting to adults.
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# Treatment of Depression

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- ❑ Educate family and adolescent regarding the condition
  - ❑ Ask about / remove firearms
  - ❑ Provide hope: "You don't' have to feel like this"
  - ❑ Healthy activities:
    - Good sleep / Days & nights not mixed up
    - Healthier diet
    - Exercise (get out of the house)
-

# Treatment of Depression

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- Healthy activities:
    - Dedicated time with important adults
    - Just say yes to activities
  - Avoid self-medication
  - Take steps to reduce stress (consider limiting media)
  - Monitor progress – phone, F/U appointments
  - Build on the adolescent's strengths
  - Refer for ongoing treatment
-

# What Families Find Helpful

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- Five most helpful things a provider can say:
  - There is hope
  - You are not alone
  - It's not your fault
  - I understand
  - You or your child/ adolescent has many strengths

# Treatment of Depression

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- Counseling
  - Supportive
  - CBT
  - IPT
- Medication

# Information for parents

([www.parentsmedguide.org](http://www.parentsmedguide.org))

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## **The Use of Medication in Treating Childhood and Adolescent Depression: Information for Patients and Families**

*Prepared by the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry in consultation with a National Coalition of Concerned Parents, Providers, and Professional Associations*

This revision of the original 2005 Parents Medical Guide to the treatment of depression in children and adolescents is a joint project of the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry. It has been updated to include important research that has added to our knowledge about effective treatments for child and adolescent depression. Its goal is to help parents and families make informed decisions about getting the best care for a child with depression. For easy use, it is presented in Frequently Asked Questions (FAQ) format.

This updated version was developed by a workgroup of members selected by the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry. A list of workgroup members and their disclosures of any competing interests can be found at the end of the guide.

### **FAQ's**

**What is major depression and how is it recognized in children?**

**What are the treatments for depression?**

**Are antidepressant medications effective for the treatment of child/adolescent depression?**

**Are treatments other than medication available for children with depression?**

**What is cognitive behavior therapy (CBT)?**

**Will my child's depression pass without treatment?**

# What Families Find Helpful:

## *Ideal Action Steps*

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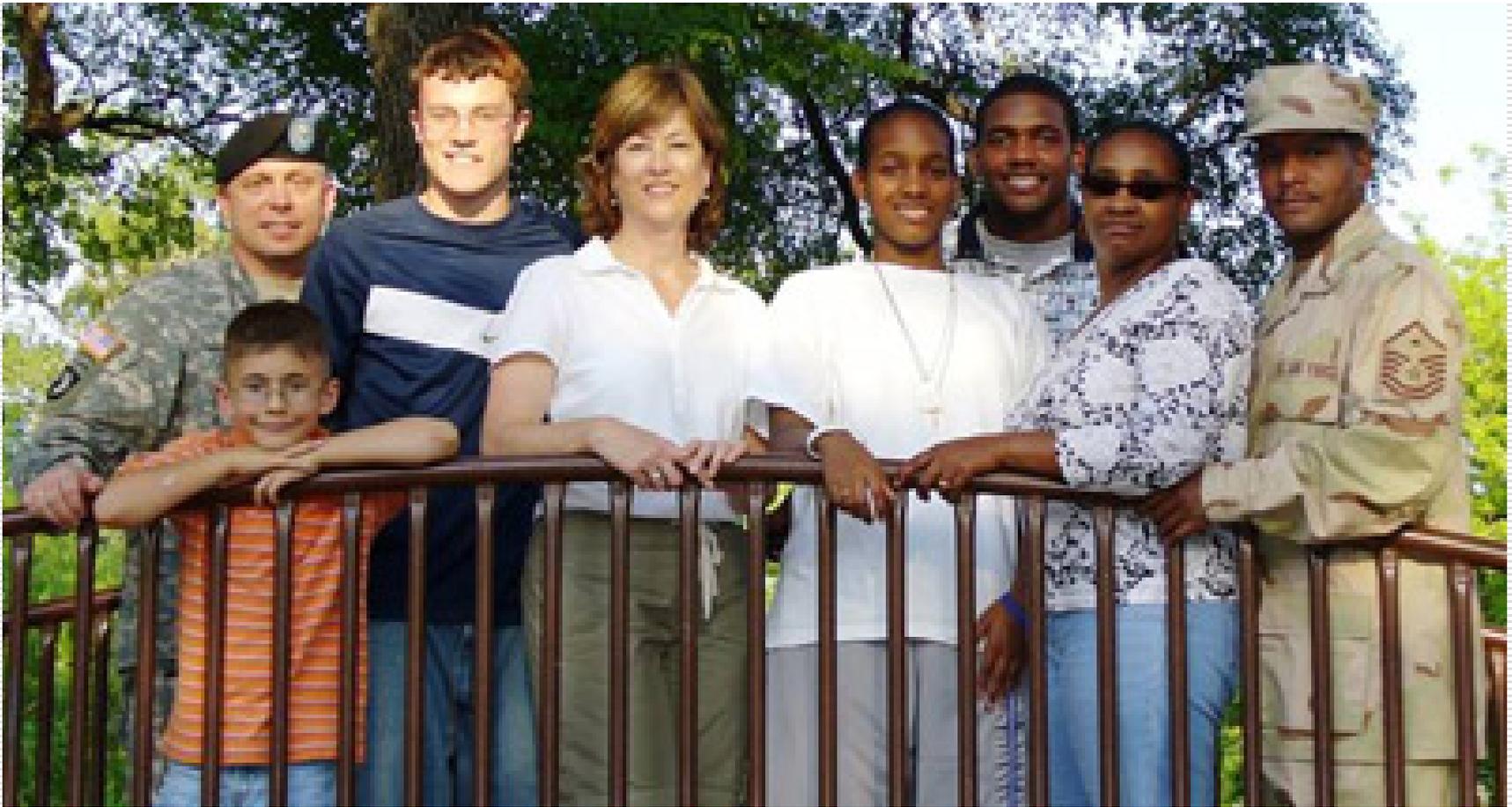
- Listen
- Ask questions
- Screen
- Evaluate
- Refer
- Follow-up
- Provide treatment
- Encourage





# Deployment: Effect on Adolescents

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# What can health care providers do?

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- ❑ Ask 3 questions:
  - Do you or your family have any connections with the military?
  - Is anyone deployed, about to be deployed, or recently returned from being deployed?
  - How are things going?



# What can health care providers do?

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## □ Military One Source

- 1-800-342-9647

- <http://www.militaryonesource.com/>

## □ AAP website

- [www.aap.org/sections/unifserv/deployment/index.htm](http://www.aap.org/sections/unifserv/deployment/index.htm)

## □ Military Child and Adolescent Center of Excellence

- Director: Maj Keith Lemmon, MD FAAP

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# Educational Prescription for Your Clinical Setting

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- Which of the following are you willing to incorporate into your clinical practice?
  - Screen adolescents / youth for depression using the PHQ-9 modified for teens
  - Screen adolescents and their families for possible effects of military deployment
  - Provide initial treatment and appropriate referral for adolescents with depression.

