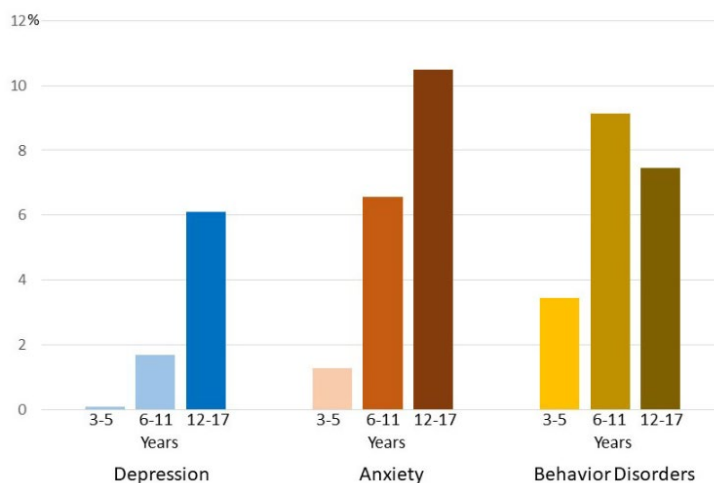


Pediatric Depression Screening

A growing crisis/ A time for action

As many as 1 in 6 children between the ages of 6 and 17 has a treatable mental health disorder such as depression, anxiety, or attention deficit disorder. Seventeen percent of U.S. children aged 2–8 years have a diagnosed mental, behavioral, or developmental disorder. Studies have found that nearly half of children with these disorders did not receive counseling or treatment from a mental health professional. Locally, mental health visits make up 7% of all ER visits. Pediatricians, other primary care providers, and OB/GYNs play a significant and increasing role in screening, diagnosing, and treating the mental health needs of our pediatric population and their families and caretakers. Expanded integration with mental health services is critical.

Depression, Anxiety, Behavior Disorders, by Age



Screening for Mental Health Disorders

You likely already have screening programs in your practice. The USPSTF recommends screening for Depression starting at age 12. The PHQ-9 is an effective tool. In addition to screening and intervention, it is critical for providers to reduce any associated stigma and normalize feelings. Talk to patients and caregivers sensitively and professionally. These issues are as real and serious as migraines and torn ACL's.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation
5-8 (9) (negative screen, BUT may merit attention)	Minimal Symptoms	--Address significantly endorsed responses -- Consider rescreening in 1 month
10-14 (if positive)	Major Depression, <i>mild</i>	--Discuss options: therapy +/- antidepressants -- REFER TO OneCall BH Navigator --if urgent on wknd, refer to Oasis or Worklife Urgent Care
15-19 (if positive)	Major depression, <i>moderately severe</i>	--Discuss options: therapy +/- antidepressants -- REFER TO OneCall BH Navigator --if urgent on wknd, refer to Oasis or Worklife Urgent Care
≥20 (positive, urgent)	Major depression, <i>severe</i>	--Refer for urgent evaluation/psychiatry, consider starting SSRIs -- REFER TO OneCall BH Navigator --if urgent on wknd, refer to Oasis or WorkLife Urgent Care

1. If PHQ-9 is positive and/or needs to be addressed, tell the family that this “PE visit” is now a “depression” visit – we recommend spending the 30 minute visit time addressing depression and not trying also to complete a PE. If PE is NOT completed, **change your note to sick visit/consult** and help family reschedule PE with you for 2-6 weeks later. Have your scheduler change today’s visit type to “sick” or “consult.” If starting patient on medication, ensure family schedules med follow up.
2. Discuss that follow-up assessment is necessary and that they will be referred to a BH Navigator who will call them in the next 24/48 hours. Hand them a OneCall referral card to remind them.
 - If it is a Saturday and you feel they can wait until Mon or Tues, refer to OneCall. If they require urgent care on a weekend, refer for **walk-ins**:
 - **WorkLife Urgent Care** 410.487.6052.7954 Baltimore Annapolis Blvd Suite 2D Glen Burnie, MD 21060 **Sat/Sun 9-2**
 - **Oasis** (410) 571-0888 175 Admiral Cochrane Dr Ste 110, Annapolis · **Sat 9-12**
3. Document in patient’s chart:
 - Positive PHQ9
 - Suicidality was assessed and, if present, addressed
 - Referral and follow-up plan (If patient is already in therapy, find way to update current therapist.)
 - Update problem list to include diagnosis of depression and any other appropriate diagnoses (ie: suicidality)
4. Put patient into your practice’s referral tracking pathway so the practice can ensure follow-up
5. Scan original PHQ-9 into patient chart
6. Call OneCall for BH Navigator. LCSW will do intake. Provider should place referral call.
OneCall BH Navigator 443.481.5652
Before calling, gather pertinent info:
 - Pts name and DOB; Parent/Guardian name
 - Best phone number for patient/parent
 - Insurance
 - Reason: PHQ-9A results, family’s affect etc...
 - Whether they have seen a therapist or been hospitalized for MH
 - Prescribed meds

****If you reach voicemail, or if problem is severe, provide above information AND your name and best contact**

Your practice should touch base at 1 and 6 weeks with patient and/or BH Navigator. Document these follow-ups in EHR.

Resources

BHIP

Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) supports the efforts of primary care clinicians to assess and manage the mental health needs of their patients from infancy through the transition to young adulthood through telephone consultations, training & education, and social work co-location. 1-855-MD-BHIPP (632-4477), www.mdbhipp.org

USPTF: depression screening recommendations

- <https://www.aafp.org/afp/2016/0315/p506.pdf>
- <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/depression-in-children-and-adolescents-screening>

CDC: children's mental health

- https://www.cdc.gov/childrensmentalhealth/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fchildmentalhealth%2Findex.html