Adolescent Depression: Screening and Management in Primary Care

Studies have indicated that only 50% of adolescents with depression are diagnosed before reaching adulthood. Research has also revealed that up to 9% of teenagers meet criteria for depression at any one time, and in primary care (PC) settings prevalence rates are likely higher (up to 28%). In 2016, an estimated 3.1 million or 12.8% of adolescents aged 12 to 17 years in the United States had at least one major depressive episode with an estimated 2.2 million of this population having at least one major depressive episode with severe impairment. Of adolescents with major depressive episode, approximately 70% had severe impairment, or 9% of the U.S. population aged 12 to 17. The prevalence of major depressive episode was higher among adolescent females (19.4%) compared to males (6.4%), and was highest among adolescents reporting two or more races (13.8%).

The American Academy of Pediatrics (AAP) recently published updated guidelines for depression in youth aged 10 to 21 years. These guidelines address the screening, identification, assessment, diagnosis, treatment and ongoing management of depression in PC.

Risk factors for depression may be biological (i.e. family history of depression, chronic medical illness, obesity), psychological (i.e. history of suicide attempts, ineffective coping skills, low self-esteem, negative body image) or environmental (i.e. poor peer relationships, decreased physical activity, increased parental conflict, poor academic performance, low socioeconomic status, substance use). Common symptoms of depressive disorders are:

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<tr>
<th>Symptom</th>
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<tr>
<td>Sad or irritable mood</td>
<td>Insomnia or hypersomnia</td>
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<td>Decreased interest or lack of enjoyment</td>
<td>Change of appetite or change of weight</td>
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<tr>
<td>Decreased concentration or indecision</td>
<td>Fatigue</td>
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<tr>
<td>Feelings of worthlessness or excessive guilt</td>
<td>Feelings of hopelessness</td>
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<tr>
<td>Recurrent thoughts of death or suicidal ideation</td>
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Focus: Two Validated Mental Health Screening Instruments

Pediatric Symptom Checklist-Youth Report (PSC – Youth):
- Age 11 years and older
- 35 items, self-report
- General Mental Health screening and functional screening, including attention, externalizing, internalizing symptoms
- Time to administer: 5 minutes, scoring 1-2 minutes
- Minimum expertise: No special qualifications for admin/scoring

Patient Health Questionnaire, Modified for Teens (PHQ-9, Modified):
- Ages 12-18
- 9 items, self-report
- Screen for depression & suicide risk. Wording slightly modified from PHQ-9
- Time to administer: <5 minutes
- Minimum expertise: professional or office staff
- Reliability: No data found. Validity: No data found. Sensitivity: .73. Specificity: .94


Structured Depression Screening Is Required By WA Medicaid for Children Age 12 Years and Older. Use Procedure Cod 96127

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**Initial Management of Depression Recommendations from Seattle Children’s Partnership Access Line (PAL) Primary Care Principles for Child Mental Health**

**Mild Depression** *(noticeable, but basically functioning OK)*

<table>
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<th>Educate patient and family:</th>
<th>Follow up</th>
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<tr>
<td>- Support increased peer interactions</td>
<td>- Follow up appointment in 2-4 weeks to check if situation is getting worse</td>
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<td>- Behavior activation, exercise</td>
<td>- Repeating rating scales helps comparisons</td>
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<td>- Encourage good sleep hygiene</td>
<td>- Those not improving on their own are referral candidates for counseling</td>
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<td>- Reduce stressors, if possible</td>
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<td>- Remove any guns from home</td>
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<td>- Offer parent/child further reading resources</td>
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**Moderate/Severe Depression** *(significant impairment in one setting, or moderate impairment in multiple settings)*

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<tr>
<th>Recommend individual psychotherapy:</th>
<th>Consider starting SSRI, especially if severe:</th>
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<tr>
<td>- Cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT) are preferred, where available</td>
<td>- Fluoxetine is the first line choice</td>
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<tr>
<td>- Psychoeducation, coping skills, and problem solving focus are all helpful therapy strategies</td>
<td>- Escitalopram/Sertraline second line</td>
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<tr>
<td>- Educate patient and family (as per mild problem list on left)</td>
<td>- Third line agents are other SSRIs, bupropion, mirtazapine</td>
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<td>- Consider family therapy referral</td>
<td>- Wait four weeks between dose increases to see changes</td>
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<td>- Check for side effects every 1-2 weeks in first month of use to ensure no new irritability or suicidality (phone or in person)</td>
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<td>- Stop SSRI if get agitation, anxiety or suicidal thoughts</td>
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<td></td>
<td>- Consult MH specialist if monotherapy is not helping</td>
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<td></td>
<td>- Monitor progress with repeat use of rating scale</td>
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</table>
References


3. National Institute of Mental Health website. Major Depression. [Link]


Special Needs Information and Resources

Clark County:
- Public Health-Children w/Special Health Care Needs (360) 397-8440 [Link]
- Catholic Comm Svs. (360) 567-2211
- Children’s Center (360) 699-2244 [Link]
- Columbia River Mental Health (360) 993-3000 [Link]
- Family Solutions (360) 695-1014 [Link]

Regional:
- Partnership Access Line (PAL) Care Guides and Resources [Link]
- WCAAP Adolescent & Maternal Depression Screening (CME) [Link]
- State Mental Health Crisis Line DSHS [Link]

National Resources:
- Guidelines for Adolescent Depression in Primary Care Toolkit [Link]
- Teen Self-Help Cognitive Behavior Therapy (CBT) guidance [Link]
- National Crisis Hotline (800) 784-2433
- National Suicide Prevention Lifeline (800) 273-8255
- START text 741741 [Link]
- Mayo Clinic: Diagnosis and Treatment of Depression [Link]
- American Family Physician Treatment Reso [Link]

Local News & Services Highlights

Clark County Teen Talk
Teen Talk is a warm-line offering non-judgmental peer-to-peer support for a variety of topics, including but not limited to: depression, anxiety, STD’s and health issues, LGBTQ+, family and friends, school, and sports. Peer volunteers provide support to youth both over the phone at (360) 397-2428 (CHAT), and through the Internet.

Youth can connect the following ways:
- Call: (360) 397-2428 (CHAT)
- Email: CCl TeenTalk1@hotmail.com
- Facebook Message: Peppy Pennerson
- Ask Zine Message Board
Youth Mobile Crisis Intervention Services
Youth Mobile Crisis Intervention (YMCI) services are available between the hours of 10:00 AM until 10:00 PM 365 days a year. This is a mobile, on-site, face-to-face therapeutic response to children and youth, up to age 18, experiencing a behavioral health crisis. The purpose of this service is to work toward identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others.
Access or referral to Youth Mobile Crisis Services is open to anyone in Clark County
1. Call The Clark County Crisis Line, (800) 626-8137, and speak with the trained Mental Health Professional, Master's Degree Clinician.
2. If the Mental Health Professional determines in person support is needed you will transferred to Catholic Community YMCI Supervisor.
3. The YMCI Supervisor will coordinate the in person mobile crisis intervention. YMCI staff maintains the capacity to respond to the crisis episode in Clark County within 90 minutes. However, response times can vary depending on crisis call volume and location.

Partnership Access Line (PAL)
The Partnership Access Line (PAL) supports primary care providers (doctors, nurse practitioners and physician assistants) with questions about mental health care such as diagnostic clarification, medication adjustment or treatment planning. Our child and adolescent psychiatrists are available to consult during business hours. PAL is available to providers caring for any patient in Washington and Wyoming. This consultation program is funded by Washington’s Health Care Authority and Wyoming’s Department of Health. The phone consultation is covered by HIPAA, section 45 CFR 164.506; no additional release of patient information is required to consult by phone.
Contact
• Washington providers: Call 866-599-7257 Monday–Friday, 8 a.m. to 5 p.m. Pacific Time, to be directly connected to a PAL child and adolescent psychiatrist.
• Wyoming providers: Call 877-501-7257 Monday–Friday, 9 a.m. to 6 p.m. Mountain Time, to be directly connected to a PAL child and adolescent psychiatrist.

Toolkit: Pediatric Primary Care & Behavioral Health
Download: PediatricTCPI.org/bhi/toolkit
This toolkit includes templates and best practices to increase communication between primary care and behavioral health providers that will:
• Improve the referral process
• Improve communication and collaboration
• Increase care coordination for patients

For other formats, contact the Clark County ADA Office:
Voice (360) 397-2322, Relay 711 or (800) 833-6388, Fax (360) 397-6165, E-mail ADA@clark.wa.gov.