HRSA
Health Resources & Services Administration

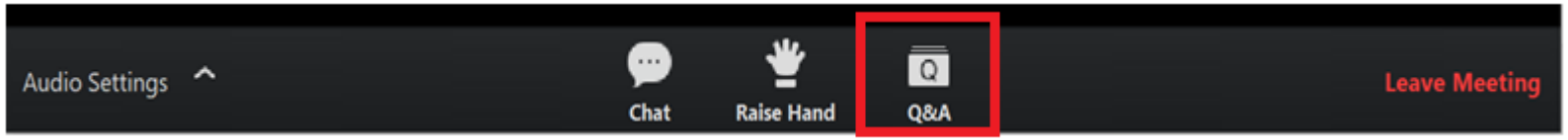
Adolescent Depression – Prevalence, Identification, and Effective Intervention

Tuesday, January 04, 2022, 11:30-12:00p ET

Vision: Healthy Communities, Healthy People

Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



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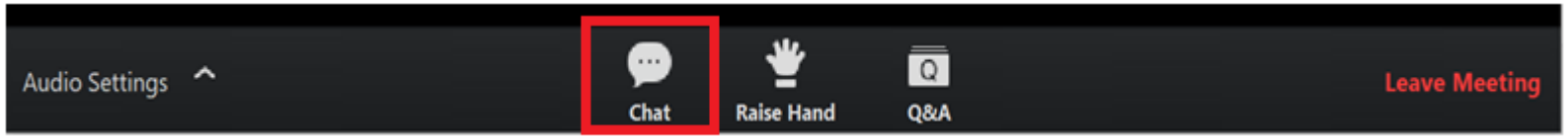

Continuing Education (CE)

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- You **must** complete the Health Center Satisfaction Assessment after this session.
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Presenters

- **DR. WIN TURNER, PhD**
  Consultant

- **JOE HYDE, LMHC, CAS**
  JBS International

Agenda

- Rationale and Prevalence of Depression among Children and Adolescents
- COVID-19 Impact on Symptoms of Depression
- Protocol for Screening – Who, When, and How?
- Strategies for Assessment and Brief Intervention

Data

Rationale and Prevalence

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Underdiagnosed and Undertreated: Depression in Children and Adolescents

- Severe depression in children and adolescents is a chronic and relapsing condition and will not remit spontaneously.
- There is a need to identify and treat at the earliest opportunity to reduce its long-term, negative consequences.
- Childhood depression has been shown to lead to an increased risk of poor academic performance, impaired social functioning, suicidal behavior, homicidal ideation, and alcohol/substance abuse.

Depression in Adolescent Is a Growing Concern

The prevalence of **depression and anxiety symptoms during COVID-19 have doubled**, compared with pre-pandemic estimates.

Moderator analyses revealed that prevalence rates were higher, when collected later in the pandemic, **in older adolescents and in girls**.

In a meta-analysis of 29 studies, including 80,879 youth globally, the pooled prevalence estimates of clinically elevated child and adolescent depression and anxiety were **25.2%** and **20.5%**, respectively.

COVID-19 Impact on Symptoms of Depression

- Girls and boys had similar rates of negative changes in their sleep (24% for girls vs. 21% for boys), withdrawing from family (14% vs. 13%), and aggressive behavior (8% vs. 9%).

"Just as young people are at the age of being biologically primed to seek independence from their families, COVID-19 precautions have kept them at home."

Dr. Gary Freed

Polling Question #1

Have you noticed an increased prevalence of depression in adolescents in any of the following settings (check all that apply):

a. At the health center

b. At home with family or friends

c. In my community

d. I'm not sure.

Screening

Who… When… How…?

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Polling Question #2

Does your health center currently screen adolescent patients for the following (check all that apply):

a. Substance use
b. Depression
c. Anxiety
d. Other mental health challenges
e. Suicidal thoughts
f. We do not screen.

Who & When

- Adolescents with depression often report symptoms of anhedonia, boredom, hopelessness, increased sleep, weight change (including failure to reach appropriate weight milestones), substance use (including alcohol), and suicide attempts.
- Universal screening should be for all patients.
- Screening, at a minimum, would occur once per year (e.g., new patient and wellness visits).
- When positive screen is identified, follow up and rescreen in 2 weeks and in monthly intervals.
- Ensure monitoring for improvement continues and remission at 12 months.

Focus Area (e-CQMs reference)	Performance Measure	Revision[1]	Numerator Description	Numerator Pre-population Source From 2019 UDS*	Denominator Description	Denominator Pre-population Source From 2019 UDS*
Screening for Depression and Follow-up Plan (CMS2v9)	Percentage of patients, aged 12 years and older, screened for depression on the date of the visit using an age-appropriate, standardized depression screening tool, AND, if the screening is positive, a follow-up plan is documented on the date of the positive screening.	No	Patients screened for depression on the date of the medical visit or up to 14 days prior to the date of the medical visit using an age-appropriate standardized screening tool, AND, if positive, a follow-up plan is documented on the date of the medical visit.	T6B, L21, CA * (T6B, L21, CC / T6B, L21, CB)	All patients, aged 12 years and older at the beginning of the measurement period, with at least one medical visit during the measurement period. Exclude patients with an active diagnosis of depression or bipolar disorder, patients who refuse to participate; patients who are in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools.	T6B, L21, CA

Focus Area (e-CQMs reference)	Performance Measure	Revision[1]	Numerator Description	Numerator Pre-population Source From 2019 UDS*	Denominator Description	Denominator Pre-population Source From 2019 UDS*
Depression Remission At 12 Months (CMS159V8)	Percentage of adolescent patients, aged 12 to 17 years of age, and adult patients, 18 years of age or older, with major depression or dysthymia, who reached remission 12 months (+/- 60 days) after an index event	New	Adolescent patients, aged 12 to 17 years, and adult patients, aged 18 years and older, who achieved remission at 12 months, as demonstrated by a 12-month (+/- 60 days) PHQ-9 or PHQ-9M score of less than 5	N/A	Adolescent patients,12 to 17 years of age, and adult patients, 18 years of age and older, with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than 9 during the index event. Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit (including the day of the office visit). Exclude patients who died; received hospice or palliative care services; were permanent nursing home residents; or had a diagnosis of bipolar disorder, personality disorder, schizophrenia or psychotic disorder, or pervasive development disorder.	N/A

The PHQ-3 & Considerations for Use

PHQ-2 + Question 9 (PHQ-3)				
Over the last 7 days **(week), how often have you been bothered by any of the following problems?**	**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
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

- **Ensures self-harm is assessed and can be addressed immediately, if needed**
- ***A positive response to question 9 (self-harm), regardless of score, should trigger intervention by behavioral health.***
- **Changes for adolescents - number of days (7 vs. 14) involved & item #7 – uses "schoolwork" instead of "concentrating on things"**
- **Cut-off score of 3** for **receiving full screen on items 1 & 2**
- **Many clinics choose to provide the entire PHQ-A for adolescents.**

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Severity Measure for Depression—Child Age 11–17*

*PHQ-9 modified for Adolescents (PHQ-A)—Adapted

Name:_____ **Age:** _____ **Sex: Male** ❑ **Female** ❑ **Date:**_____

Instructions: How often have you been bothered by each of the following symptoms during the past **7 days**? For each symptom put an "**X**" in the box beneath the answer that best describes how you have been feeling.

						Clinician Use
						Item score
		(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?					
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?					
					Total/Partial Raw Score:	
					Prorated Total Raw Score: (if 1-2 items left unanswered)	

Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes

How Do PHQ-9 Scores Inform Care?

Score	Depression Severity/ Risk Category	Treatment/Care Approach
1 – 4	Minimal/None	Normal, no intervention indicated
5 – 9	Mild	Monitor or explore brief counseling
10 – 14	Moderate	Evidence-based psychosocial intervention (MI/CBT)
15 – 19	Moderately Severe	Psychosocial intervention (MI/CBT) and consider pharmacologic intervention
20 – 27	Severe	Pharmacologic intervention and psychosocial intervention

A positive response to question 9 (self-harm), regardless of score, should trigger intervention by behavioral health.

Example of PHQ Screening Results – Post Pandemic

Youth Depression Risk (12 – 18 years old)	Young Adult Depression Risk (18 -25 years old)
No = 79%	No = 70%
Low = 8%	Low = 7%
Moderate = 7%	Moderate = 10%
Significant = 7%	Significant = 10%
Total = 22% positive for depression	Total = 29% positive for depression
10% suicidal thinking	15% suicidal thinking

N = 3,658 youths and young adults

Strategies

Assessment and Intervention

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Polling Question #3

Which of the following are signs and symptoms of adolescent depression or mental health challenges?

a. Unusual changes in mood (e.g., irritability)

b. Loss of interest in previously enjoyed activities

c. Difficulty sleeping or sleeping too much

d. Less effort in school

e. Difficulty with memory, thinking, or concentration

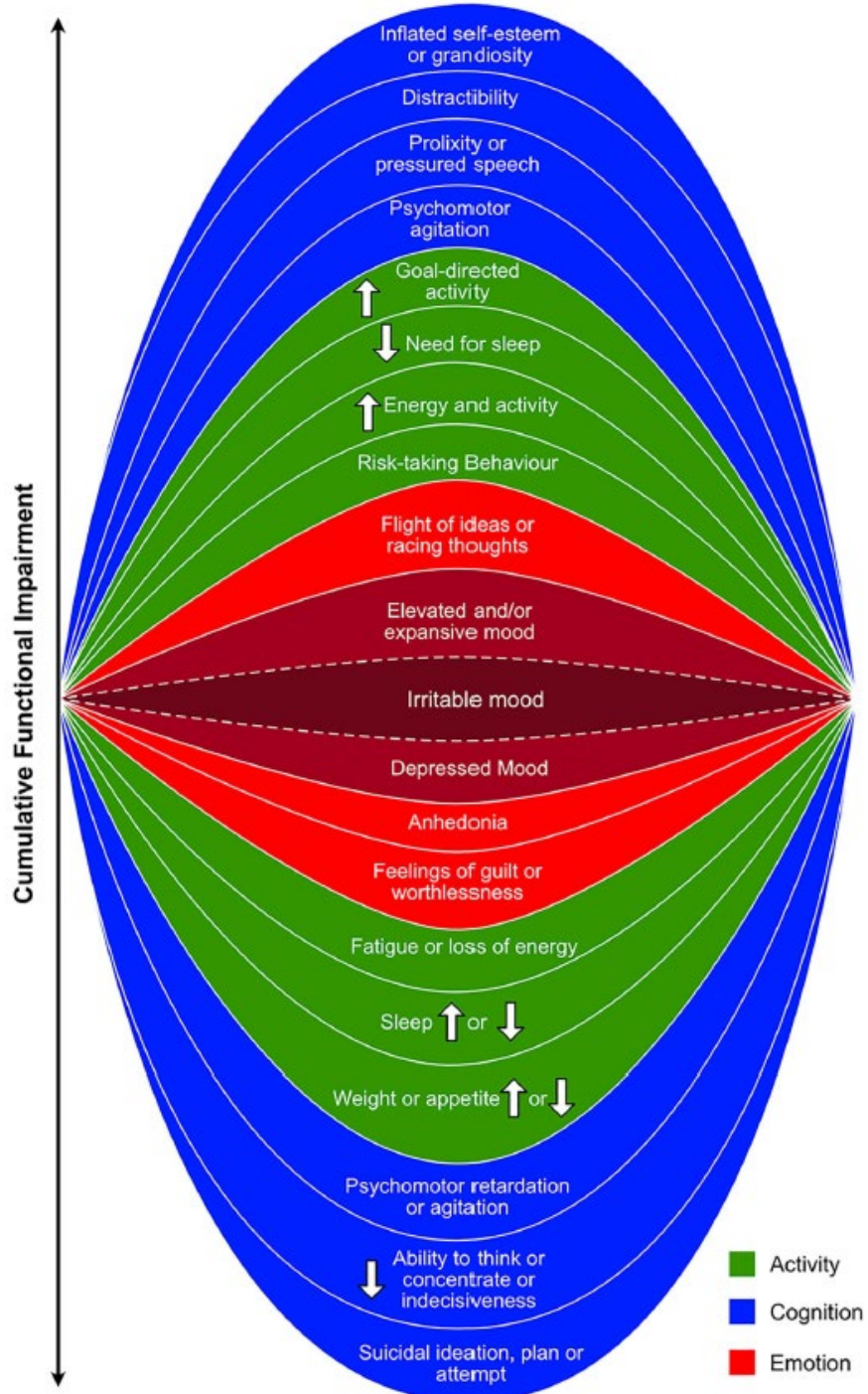
f. All of the above

Effective Assessment

Goal: To fully understand an adolescent patient's depression (e.g., their symptoms) and to formulate an appropriate, effective, collaborative treatment plan

Challenge: To differentiate between risk and "typical" adolescent behavior

- Assessment is based on screening information; cognitive, emotional, and activity "symptoms;" and family history.
- Assess adolescent and family readiness for commitment to next steps.



Symptoms of Depression: Cumulative Functional Impairment

Malhi, et al., 2020

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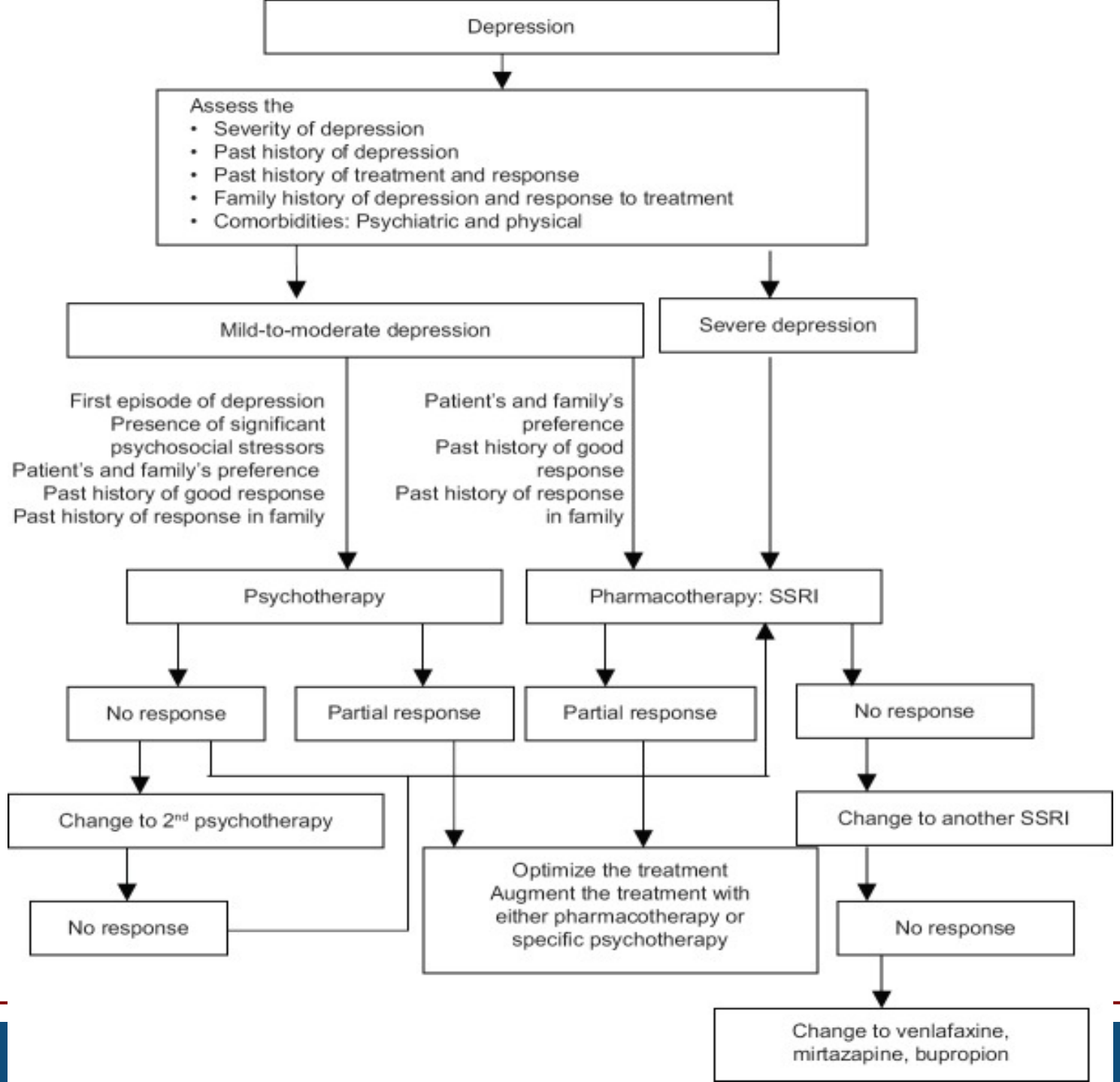
Assessment: D.U.M.P.S.

Letter	What to Assess
D	**DURATION** of symptoms, **d**epressed mood, **d**efiance and **d**isagreeability, and **d**istant or withdrawal behavior
U	**UNDENIABLE** drop in educational performance/grades or interest in school
M	**MORBID and strange behavior,** which may be actually an indirect manifestation of suicidality
P	**PESSIMISTIC** attitude
S	**SOMATIC** symptoms, particularly abdominal pain and headaches

Indian J Psychiatry. 2019 Jan; 61(Suppl 2): 226–240. doi: 10.4103/psychiatry.IndianJPsychiatry_563_18: 10.4103/psychiatry.IndianJPsychiatry_563_18

Workflow for Responding to Youth Depression



Brief Motivational Interventions

Goal: Collaborate with youth/family; help promote symptom-reduction strategies; discuss medications and psychosocial treatment options, if needed; ensure safety; and schedule follow-up

Challenge: Work with youth/family members to build internal motivation for change and to educate so youth understands rationale for intervention(s) and commits to activate and adhere to the treatment plan

Polling Question #4

Which of the following are essential when doing assessment and brief interventions for depression with youth?

a. Engaging and trying to understand youth concerns

b. Differentiating between indicators of “typical” adolescent development and symptoms of depression

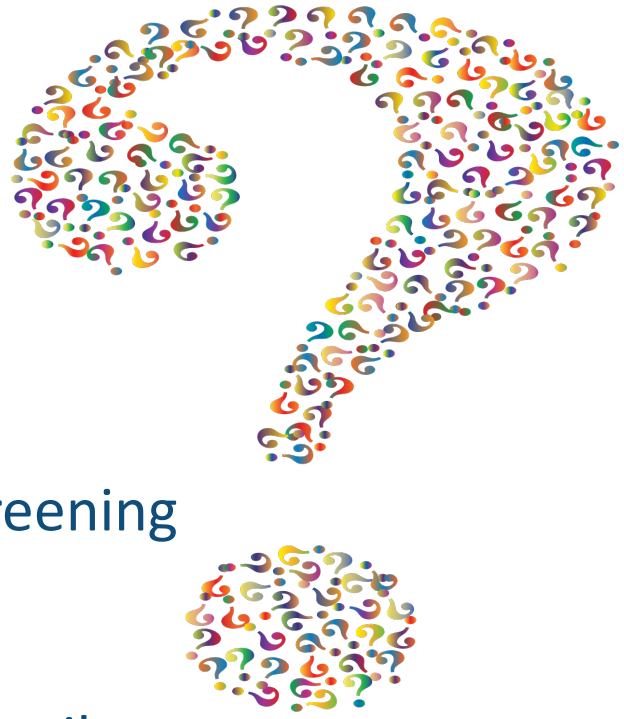
c. Checking in with parents to see what they notice

d. Reviewing the results of an age-appropriate depression screening

e. Eliciting from the youth their desire to change

f. Determining a collaborative plan from the youth and the family

g. All of the above



Structure of a Motivational Interviewing (MI) Conversation:

An MI conversation:

- Embodies the spirit of MI (collaboration, acceptance, compassion, and evocation)
- Emphasizes understanding, yet is directive
- Follows a 4-step process: Engage, Focus, Evoke, and Plan
- **Aims to assist clients in uncovering their motivation to change, resulting in a negotiated plan**

The Brief Negotiated Interview (BNI)

Steps of the BNI:

- Build rapport with youth
- Discuss depression and elicit youth-stated symptoms
- Assess risk (score on PHQ-A and other assets/risk information)
- Ask permission to include family in discussion
- Reflect youth/family concerns and strengths
- Provide information and give clear medical advice
- Recommend plan
  - *Identify strengths and supports*
  - *Be specific and achievable*
- Use readiness ruler to confirm understanding and next steps

Questions and Answers

Think Stock

Coming In January 2022

Webinars

1/19 & 1/20/2022
Cherokee Health Integrated Care Academy

Interactive Office Hours

1/31/2022
Screening and Treatment for Adolescent Depression

Communities of Practice

1/25/2022 - 5/3/2022
Pediatric/Adolescent Behavioral Health

2/1/2022 - 5/10/2022
Social Determinants of Health: Application of the PRAPARE Toolkit within an Integrated Behavioral Health Care Setting Community of Practice

How to Learn About TA Opportunities

BPHC BH TA PORTAL ONLINE REQUEST FORM

https://bphc-ta.jbsinternational.com/ta-request-form

EMAIL

healthcenter_BHTA@jbsinternational.com

BH TA BULLETIN

healthcenter_BHTA@jbsinternational.com

Technical Assistance Opportunities for Health Centers

- One-on-One Coaching
- CoPs
- Site Visits
- SDoH Roundtable
- Office Hours

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CE Revisited

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- We will also email you a link to the Satisfaction Assessment.

Please take 2–3 minutes to complete the Satisfaction Assessment directly following this session.

Thank you!

Thank You!

DR. WIN TURNER, PhD

JOE HYDE, LMHC, CAS
JHyde@jbsinternational.com

Other Helpful Resources

- HRSA Telehealth Center of Excellence https://www.umc.edu/Healthcare/Telehealth/Telehealth_Home.html
- HRSA Center of Excellence for Behavioral Health Technical Assistance https://bphc.hrsa.gov/
- HRSA Rural Centers of Excellence on Substance Use Disorders https://www.hrsa.gov/rural-health/rcorp/rcoe
- University of Vermont https://uvmcora.org/
- University of Rochester https://recoverycenterofexcellence.org/
- HRSA Chronic and Infectious Diseases Resources https://www.hrsa.gov/library/chronic-and-infectious-diseases
- Providers Clinical Support System addressing opioid use disorders https://pcssnow.org/
- Center of Excellence for Integrated Health Solutions https://www.thenationalcouncil.org/integrated-health-coe/

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