

Practice Policy & Guidelines

Policy: Depression Screening	Developed by:	Approved By:
Updated:	Signature:	Signature:

PURPOSE:

To ensure the practice conducts recommended depression screening in adolescent patients.

GOALS AND OBJECTIVES:

To identify adolescent patients who may be depressed and ensure they receive appropriate follow-up and treatment.

RESPONSIBILITY:

Clinician, Nurse, Care Coordinator

DETAILS:

The practice will train all new staff, as well as provide annual “refreshers” on depression screening, appropriate screening tools, assessment and diagnostic methods, safety planning, etc. Additionally, the Care Coordinator will review and update the listing of community resources and mental health specialists for potential patient referral and consultation every 6 months.

(select or modify one based on which workflow type would work best for your practice, and listing the standardized screening tools used by your practice)

Sample Workflow #1: Upon check-in for patients between 12-19 years of age, the front office staff will determine whether a depression screen has been conducted in the last 12 months. If not, the patient will be asked to complete a risk assessment questionnaire (eg. Pediatric Symptom Checklist [PSC], Child Health and Development Interactive System [CHADIS], etc) when they are brought to the examination room. The patient will be given privacy to complete the tool apart from the parent/guardian.

Sample Workflow #2: The clinical team will conduct daily pre-visit planning for all of the scheduled patients during the morning huddle. Patients between 12-19 years of age who have not received depression screening over the past year will be flagged. Those without a history of mental health issues will be asked to complete a risk assessment questionnaire (eg. Pediatric Symptom Checklist [PSC], Child Health and Development Interactive System [CHADIS], etc); whereas those with past history of anxiety, depression, or other mental health condition will be asked to complete a standardized depression screening test (eg. PHQ-9, etc). The patient will be asked to complete the appropriate screening tool via paper/ tablet when they are brought to the examination room, and will be given privacy (away from their parent/guardian) to complete the tool.

If depression or anxiety are elicited as concerns at any point during a visit by the patient or family, or if the patient received a PSC/CHADIS and it was suggestive of a potential problem, a standardized depression screening tool such as PHQ-9 will be administered to the patient.

Screening tools will be scored by nurse and reviewed by the clinician. If results of the PHQ-9 or other depression screen are suggestive of a concern, the clinician will assess the severity and make a determination about the treatment plan in partnership with the patient and family.

Patients who are severely depressed and may be a danger to themselves or others will be immediately referred to a hospital or pediatric psychiatric clinic for emergent evaluation and treatment. If a crisis situation, the clinician or nurse will contact XXX-XXX-XXXX for immediate assistance. Otherwise, the clinician, nurse, or care coordinator will ensure that same day follow-up takes place.

For patients who require non-emergent referral to a mental health specialist:

(select or modify one based on which workflow type would work best for your practice)

Sample Workflow #1 (external referral): Depending upon the urgency of the referral, the clinician will provide the name and contact information for a mental health specialist for the patient/family to contact and schedule an appointment (with a request that they provide the date/time of their appointment once scheduled), or will ask the care coordinator to schedule an appointment on behalf of the patient/family. For complex cases or cases where there is greater urgency, the clinician will contact a mental health specialist to discuss the patient's case and determine whether initial testing or treatment should be started prior to the visit with the mental health specialist.

Sample Workflow #2 (co-located model or telehealth): The clinician will refer the patient/family to the mental health specialist's scheduler to schedule a follow-up appointment prior to departure.

Sample Workflow #3 (integrated model): The clinician will ask the patient/family to have the front office staff schedule an appointment with the mental health specialist prior to departure. The timing of the visit will depend upon the urgency of the request expressed by the clinician. In cases where there is greater urgency, the mental health specialist will work to provide a same-day urgent appointment.

Referrals will be tracked as per the practice's Referral Tracking policy.

MONITORING:

The Quality Manager will spot check/audit 10 adolescent charts at least once per quarter to determine whether appropriate screening and follow-up took place.

Additional:

Please see the American Academy of Pediatrics Website for supplement information and educational resources for patients/families.

[Guidelines for Adolescent Depression in Primary Care \(GLAD-PC\): Part I. Practice Preparation, Identification, Assessment, and Initial Management](#)

[AAP Mental Health Initiatives Physician Tools](#)

This policy shall be reviewed at least every 2 years.

Approved Date: ____/____/____

APPROVALS:

Physician Partner: _____

Date: ____/____/____

Administrative Partner: _____

Date: ____/____/____

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