A few notes about today's Webinar

- We will begin at 12:15
- Please enable your webcam throughout today's session
- All 'Spokes' are highly encouraged to participate during the case presentation and discussion portion of the session
- This session will be recorded and made available to Spokes along with all presentation materials

Pediatric Health Network
Children's National
Project ECHO
DC MAP mental health access in pediatrics
MedStar Georgetown University Hospital

Our Regional Partners - Ensuring Mental and Behavioral Health Access for Pediatric Patients in the DMV

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Managing Pediatric ADHD, Anxiety , and Depression: A PHN ECHO

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No conflicts to disclose:

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices.

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Assessment of Depression

Jeff Bostic, MD, EdD and Kathy Katz, PhD

How Common is Depression?

- 5% of youth will have clinical depression at some point
- Increases with age (and jumps in teens)
- Females > Males (2:1)
- Risk 3 times higher if have a parent with depression

Screening for Depression

PHQ-9: validated for ages 12 and older

PHQ-A: modified for adolescents ages 11-17

PHQ-9

Over the last *2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	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
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

PHQ-A

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) 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?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

☐Yes ☐No

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

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

☐Yes ☐No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

☐Yes ☐No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only: **Severity score:** _____

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)

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PHQ-A

As a screen, cut off appears to be 11

- Sensitivity ~ 73%
- Specificity ~ 94%

As a scale

Total Score	Depression Severity
0-4	No or Minimal depression (remission)
5-9	Mild depression (partial response)
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

DIAGNOSIS of Major Depressive (MDD)

Depressed mood *or* anhedonia + 4 of these:

S	Sleep, insomnia or hypersomnia
I	Interests
G	Guilt, feeling worthless or hopeless
E	Energy
C	Concentration
A	Appetite
P	Psychomotor retardation or agitation
S	Suicidal thoughts or recurrent thoughts of death

Suicide Screening

2 Questions if concerns about suicide:

In the past 2 weeks:

1. Have you wished you were dead or wished you could go to sleep and not wake up?
2. Have you actually had any thoughts of killing yourself?

If either are "yes," then address plans, lethality, access to means, and safety plan (not "contracting for safety")

COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen with Triage Points for **Primary Care***

Ask questions that are in bold and underlined.	**Past month**	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you had any actual thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** e.g. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it…and I would never go through with it."*		
4) ***Have you had these thoughts and had some intention of acting on them?*** as opposed to *"I have the thoughts but I definitely will not do anything about them."*		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?***	**Lifetime**	
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
	Past 3 Months	
If YES, ask: ***Was this within the past 3 months?***		

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

My3 App

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Suicide vs. Self-Mutilation

- Escape Pain vs. Tension-relief, emptiness
- Serious physical damage/lethality vs. Minor damage, nonlethal means
- Acute, one method vs. Chronic, multiple ways
- Persistent, unendurable pain vs. Intermittent, Uncomfortable
- No improvement after act vs. Rapid improvement, return to usual affect
- Hopeless vs. Provides sense of control

What else mimics this?

- Adjustment Disorders (breakups, changes in family structure, etc.)
- Bipolar (usually suddenly flat, withdrawn, sleep excessively, OR "hypomanic" with less sleep, rapid speech and unusual behaviors)
- PTSD (usually history of trauma, also fearful, disengaged, hopeless, avoidant, shutdown)
- Medical (rare, look for other signs/symptoms)

Developmental Considerations

Children	Adolescents
Somatic (headaches, stomachaches, etc.)	Circumstances (conflicts with others, mistreatment, distress that cannot control)
“be dead”	“suicidal” with plans, efforts, notes, describe to peers
Lethargic in Activities; fears of separation from parents	Withdrawal from Activities and others; isolate in room
Conflicts around Sleep or Meals	Sleep or Appetite changes more dramatic
Hallucinations (visual: monsters, ghosts, or parent voice) or delusions around fears (monster under bed)	Auditory more common; paranoid about others speaking/thinking badly about them

Cultural Considerations

- Lifetime prevalence of depression: Whites (18%) vs. African Americans (10%)
- Course of depression: persistence Whites (39%) vs. Blacks (57%) (Jackson et al., 2004)
- Black male youth 25% more likely to become depressed if perceive live in unsafe neighborhood (Assari et al., 2017).
- Black youths 10% more likely to experience suicidality because of discrimination (Assari et al., 2017).
- Children's Depression Inventory (CDI): 77% of items nonequivalent between groups so "overestimations" and inappropriate classification as "clinically elevated" for 29% of Latino, 23% of Black, and 10% of Asian youths (Vaughn-Coaxum et al., 2015).

Cultural Considerations

Some Cultures value ***politeness over discussion***

- Will nod during evaluation, but not be invested

Sometimes, embarrassed about circumstances

- Cannot afford treatments, cannot juggle appointments amidst other responsibilities

Response within Culture

- Diagnosis competes with spiritual practices, depression may be perceived as weakness

Explaining Diagnosis to Family

- Medical illness to treat as would diabetes
- Depression Untreated (all ages):
- 40% will attempt suicide
- 2.5% of these attempts fatal
- Over 10 yrs, 2-8% will commit suicide
- Current Course will impact life (school will not postpone events, will get further behind at school, friends will move on, all of family impacted/suffer along with child

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Resources

Link to DCMAP Depression Management Template

PHQ-9 and PHQ-A scoring:

http://www.phqscreeners.com/instructions/instructions.pdf

Columbia Risk Scale:

https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf

My3 app: www.my3app.org

DC MAP Clinicians

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