DC-Approved Child Mental Health Screening Tools

**Background:** As of July 1, 2013, DC Medicaid Managed Care Organizations are required to ensure annual mental health screenings by the beneficiaries' Primary Care Provider, using an approved screening tool. The DC Collaborative for Mental Health in Pediatric Primary Care, a partnership between several governmental and non-governmental organizations in DC, was tasked with the job of selecting the screening tools for children and youths (up to age 21 years).

**Method:** A comprehensive literature review was completed to identify a range of mental health screening tools that might be appropriate for use. Information was compiled about the tools, including the age ranges covered, domains assessed, administration issues (e.g., time to complete and score), costs, psychometric properties, reading level required to complete, and the languages in which the tool is available. Tools were sent to a subset of pediatricians in the District for review. Pediatricians were also asked to identify tools that they were currently using in their practice and to identify issues of importance to them in selecting and implementing a screening tool. Tools were administered to a subset of parents at a Children’s National pediatric clinic to solicit further feedback from parents and from a medical professional with no prior experience implementing mental health screening. Thorough review and discussion of the abovementioned information by the DC Collaborative Working Group yielded the selection of the following tools, which are described below: The Ages and Stages Questionnaires: Social-Emotional (for children 3 to 66 months), the Strengths and Difficulties Questionnaire (for youths ages 2 to 21 years), and the Patient Health Questionnaire-9 (for individuals ages 18 to 21 years).

**Note:** The DC Collaborative for Mental Health in Pediatric Primary Care will meet regularly to discuss screening and to consider the addition of new tools. If you have questions or would like to suggest a screening tool be added to the list, please contact Lee Beers (lbeers@childrensnational.org) or Leandra Godoy (lgodoy@childrensnational.org).

**Tool Description:**

### Ages and Stages Questionnaires: Social-Emotional (ASQ: SE):

**General Information:**
- The ASQ: SE, a caregiver-completed screening tool, assesses self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, interaction with people, and parent concerns.

**Administration and Scoring:**
- Caregivers of children 3 months to 66 months complete one of 8 forms depending on the child’s age (6, 12, 18, 24, 30, 36, 48, and 60 months of age).
- Forms are available in English and Spanish and require a 4th-6th grade reading level to complete.
- Each questionnaire contains approximately 30 items and takes 10–15 minutes to complete.
- Scoring can be completed by paraprofessionals in less than 3 minutes.
- The total score can be compared to an age-normed cutoff score to determine if follow-up is warranted.

**Psychometric Properties:**
- The ASQ: SE was validated and normed with more than 3,000 children across the age intervals and their families. Only English-speaking families were included in this sample.
- Internal Consistency: .82 (range: .67 - .91).
- Test-Retest Reliability (1- to 3-week interval) = .94
- Concurrent Validity: .93 (range: .81 - .95).
- Sensitivity = 78% (range: 71% - 85%).
- Specificity = 95% (range: 90% - 98%).

**Ordering Information:**
- $225 for a starter kit [includes color-coded, reproducible questionnaires and scoring sheets (also on a CD-ROM) and a User's Guide].
- Must purchase English and Spanish kits separately.
- Can photocopy/print from the starter kit so there are no ongoing costs.
- Brooks Publishing Co (www.brookespublishing.com; 1-800-638-3775)
Strengths and Difficulties Questionnaire (SDQ):

General Information:
- The SDQ is a behavioral screening tool that assesses emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behavior. A separate scale assesses problem presence/severity and impairment level.

Administration and Scoring:
- There are 4 age groups for which separate forms are available:
  - 4-10 years: Parent-report and teacher-report forms available.
  - 17-21 years: Self-report and informant-report forms available.
- Several forms are available for use:
  - Basic form: Consists of 25 items on child behavior (for all age groups)
  - Basic form plus impact supplement: Contains ~ 7 more questions that assess impact of difficulties if problem is identified (for all age groups)
  - Follow-up form: Includes the basic items and impact questions as well as 2 additional follow-up questions for use after intervention (whether the intervention reduced problems or helped in other ways) (for youth < 17 years)
  - For the DC MCO requirement, only one parent or self-report basic form is required, though providers are encouraged to complete the basic form plus impact supplement and any additional forms that may be relevant.
- Forms take less than 10 minutes to complete and can be scored in less than 2 minutes by hand or online
- Results yield 5 domain scores, a Total Difficulties score, and an Impact score (if completed), each of which can be compared with age-normed cutoff scores to determine scores in the Normal, Borderline, or Abnormal range. For the DC MCO requirement, only total score needs to be interpreted though interpreting subscale and impact scores can be useful.
- Forms are available in >75 languages. For English-speaking patients, select the USA form.

Psychometric Properties:
- The SDQ has been widely used and investigated cross-culturally with normative data obtained in various countries including the United States using a large sample of youths. These investigations have provided evidence of the reliability, consistency, and validity of the SDQ.
- Sensitivity = 63% - 94% (for total SDQ scales and any DSM-IV diagnosis, sensitivity = 47%).
- Specificity = 88% - 98% (for total SDQ scales and any DSM-IV diagnosis, specificity = 94%).
- Multi-informant SDQs (parents, teachers, older children) identified individuals with a psychiatric diagnosis with a specificity of 80% and a sensitivity of 85%.
- Note that the SDQ: 17+ has not undergone rigorous psychometric analysis, but anecdotal data and preliminary factor analysis indicates that it is acceptable for use with young adults over 17 years of age.

Ordering Information:
- Questionnaires and scoring guidelines are freely available from the website: www.sdqinfo.com.
- The SDQ: 17+ is available in English from the website: http://sdqinfo.org/Adult/.

Patient Health Questionnaire (PHQ-9)

General Information:
- The PHQ-9 is a brief tool to assess for depression symptoms over the previous two weeks.

Administration and Scoring:
- Individuals ages 18 years and older can complete this tool.
- There are 9 items that can be completed within a few minutes. An additional item, completed only if any problems are endorsed, assesses level of impairment associated with symptoms.
- Forms are available in 48 languages and require a 3rd-5th grade reading level to complete.
- Scoring can be completed by paraprofessionals in less than 2 minutes.
- Cutoff scores indicate depression severity (minimal, mild, moderate, moderately severe, severe) and clinical significance.

Psychometric Properties:
- The PHQ-9 was initially developed and validated on a sample of 6,000 English-Speaking patients. Since then, it has been used in numerous studies that have provided evidence of the reliability, consistency, and validity of the tool.
- Sensitivity = 88% for Major Depressive Disorder
- Specificity = 88% Major Depressive Disorder
- Internal Consistency = .86 - .89.

Ordering Information:
- Questionnaires and scoring guidelines are freely available at: http://www.phqscreeners.com/.