Incorporating Mental Health Screening Into Adolescent Office Visits | PHQ-9

TeenScreen® Primary Care

NATIONAL ASSOCIATION OF Community Health Centers

TeenScreen® National Center for Mental Health Checkups at Columbia University

To order more questionnaires, email Mentalhealthcheckups@childpsych.columbia.edu, call (212) 265-4426 or visit www.teenscreen.org

Administering and Scoring the PHQ-9 Screening Questionnaire

Administering

- The Patient Health Questionnaire Modified for Teens (PHQ-9 Modified) can be used with patients between the ages of 12 and 18 and takes less than five minutes to complete and score.
- The PHQ-9 Modified can be administered and scored by a nurse, medical technician, physician assistant, physician or other office staff.
- Patients should be left alone to complete the PHQ-9 Modified in a private area, such as an exam room or a private area of the waiting room.
- Patients should be informed of their confidentiality rights before the PHQ-9 Modified is administered.
- The American Academy of Pediatrics and the U.S. Preventive Services Task Force recommends that depression screening be conducted annually.

A Survey From Your Healthcare Provider — PHQ-9 Modified for Teens

TeenScreen® Primary Care

Name_____ Clinician_____

Medical Record or ID Number_____ 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?				

10. In the ***past year*** have you felt depressed or sad most days, even if you felt okay sometimes? ☐ Yes ☐ No

11. 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

12. Has there been a time in the past month when you have had serious thoughts about ending your life? ☐ Yes ☐ No

13. Have you **ever,** in your ***whole life,*** tried to kill yourself or made a suicide attempt? ☐ Yes ☐ No

FOR OFFICE USE ONLY **Score**_____

Q. 12 and Q. 13 = Y or TS = ≥11

Source: Patient Health Questionnaire Modified for Teens (PHQ-9) (Author: Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues)

PC/PHQ-9 Mod/5.4.10/1000

Scoring

For every X:

Not at all = 0
Several days = 1
More than half the days = 2
Nearly every day = 3
Add up all "X"ed boxes on the screen.

Defining a Positive Screen on the PHQ-9 Modified:

- Total scores ≥ 11 are positive

Suicidality:

Regardless of the PHQ-9 Modified total score, endorsement of serious suicidal ideation OR past suicide attempt (questions 12 and 13 on the screen) should be considered a positive screen.

Interpreting the Screening Results

- Patients that score positive on the questionnaire should be evaluated by their primary care provider (PCP) to determine if the depression symptoms they endorsed on the screen are significant, causing impairment and/ or warrant a referral to a mental health specialist or follow-up treatment by the PCP.
- It is recommended that the PCP inquire about suicidal thoughts and previous suicide attempts with all patients that score positive, regardless of how they answered these items on the PHQ-9 Modified.
- For patients who score negative on the PHQ-9 Modified, it is recommended that the PCP briefly review the symptoms marked as "more than half days" and "nearly every day" with the patient.
- The questionnaire indicates only the likelihood that a youth is at risk for depression or suicide; its results are not a diagnosis or a substitute for a clinical evaluation.

Depression Severity

- The overall score on the PHQ-9 Modified provides information about the severity of depression, from minimal depression to severe depression.
- The interview with the patient should focus on their answers to the screen and the specific symptoms with which they are having difficulties.
- Additional questions on the PHQ-9 Modified also explore dysthymia, impairment of depressive symptoms, recent suicide ideation and previous suicide attempts.

Total Score: Depression Severity

1–4: Minimal depression

5–9: Mild depression

10–14: Moderate depression (≥ 11 = Positive Score)

15–19: Moderately severe depression

20–27: Severe depression

Engaging and Informing Parents

- Inform parents of the screening results (positive or negative), recent suicidal thinking, past suicide attempts and recommendations for referral, treatment or follow-up.
- Provide parents with information about the next steps and offer support and assistance with finding or making an appointment with a mental health professional.
- Compile a list of mental health referral resources in the community and share that list with families of patients that receive a referral.
- Obtain written permission from parents to allow the transfer of information between the PCP and the mental health professional who accepts the referral.

For more information about making a referral, please refer to our *Guide to Referral*, available at http://www.nachc.com/teenscreen.cfm.

Making Referrals

- Building collaboration and establishing relationships among mental health providers and stakeholders in your community is key when offering screening to the adolescent patients in your practice.
- Identifying mental health services early and seeking their participation in your screening efforts as a referral will significantly enhance the quality of your referrals.
- Work with the patient's existing insurance benefit to determine the mental health resources that are available to them.

Below are helpful resources for identifying mental health resources and addressing mental health concerns.

Organization/ Resource	Website/Link
Substance Abuse and Mental Health Services Administration (SAMHSA) *Mental health and Substance Abuse treatment providers and programs*	http://www.mentalhealth.samhsa.gov/databases/ http://findtreatment.samhsa.gov/
American Academy of Child and Adolescent Psychiatry (AACAP) *Child & Adolescent Psychiatrist Finder*	http://www.aacap.org/cs/root/child_and_adolescent_psychiatrist_finder/child_and_adolescent_psychiatrist_finder
American Psychological Association (APA) *Psychologist finder and/or referral services*	http://locator.apa.org/
Anxiety Disorders Association of America (ADAA) *Find providers who specialize in anxiety*	http://www.adaa.org/GettingHelp/FindATherapist.asp
American Association of Cognitive-Behavioral Therapists (NACBT) *Find providers certified by NACBT*	http://www.nacbt.org/searchfortherapists.asp
National Suicide Prevention Lifeline *National Suicide Hotline*	http://www.suicidepreventionlifeline.org Toll-free phone: 1-800-273-TALK (8255)

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DOB_____

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