

Routine Depression Screening and Referral in Adolescent Well-Exams

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Objective:

The purpose of this project is to establish routine depression screening for adolescents aged 12 to 20 years and streamline the referral process at a local pediatric primary care clinic. The objectives of this project are to administer the Patient Health Questionnaire-9 (PHQ-9) routinely during adolescent annual health exams, increase patient referrals to internal/external behavioral health clinicians as appropriate, and increase staff knowledge and awareness about impact of depression in adolescents.

Method:

This project was deemed not human subjects research and took place in a pediatric primary care clinic in Davenport, IA. The target population of this project was adolescent patients aged 12 to 20 years. For the objective to increase patient referrals as appropriate, data was collected by the main researcher through independent chart review to gather a baseline number of referrals in the previous two months as well as an independent chart review weekly post implementation of the intervention to gather the number of adolescent exams and number of referrals made. For the objective to increase staff knowledge and awareness about impact of depression in adolescents, information was gathered by the main researcher about the impact of depression screening in primary care, transferred to a PowerPoint presentation, printed, and disseminated to clinical staff. Post-information interviews with staff were completed one month after dissemination. For the final objective to administer the PHQ-9 routinely during annual health exams, an independent chart review on the weekly number of patients aged 12 to 20 years seen and the number of completed PHQ-9 tools was completed to calculate the percentage of patients seen with an administered PHQ-9.

Results/Conclusion:

Prior to implementation in the month of October 2021 there were 166 patients aged 12 to 20 years seen in the pediatric primary care clinic and 4 referrals for new/follow-up care related to depression based on the Patient Health Questionnaire-2 previously being used in the clinic. Six months post-implementation of the Patient Health Questionnaire-9 and dissemination of information related to the impact of adolescent depression screening in the primary care setting, there were 490 patients aged 12 to 20 years seen with 56 referrals for new/follow-up care related to depression based on the Patient Health Questionnaire-9. The referral rates increased from 2.4% pre-implementation to 11.8% post-implementation.

About 93% of patients aged 12 to 20 years had a completed PHQ-9 tool during their annual well-exam. Barriers to completion of the PHQ-9 tool to be considered include parent/patient refusal, time constraints, and chronic illnesses/development of the patient that may impede completion of the screening tool.

During interviews with clinical staff, 90% stated that they felt their awareness of the impact of depression on adolescent health had increased following dissemination of the educational PowerPoint. About 77% of staff stated that implementation of the PHQ-9 screening tool had also increased their awareness regarding the rates of adolescent depression in the clinic.

Overall, there was great compliance with the implementation of the PHQ-9 screening tool and notable increase in referrals for further evaluation related to mental health care for patients. The providers at this clinic noticed an improvement in their ability to identify and evaluate early for adolescent depression to provide timely and quality mental health care.