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Adolescent Depression Screening Project in the Pediatric Emergency Department

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ABSTRACT

Purpose: This project aims to implement a depression screening and referral program in the Pediatric Emergency Department (ED) for patients ages 12 to 17 seeking non-psychiatric related care. In addition, the project also provided education to healthcare providers and family members in the pediatric emergency department.

Design and Methods: A convenience sample of patients between the ages of 12 to 17 that presented to a pediatric emergency department for non-psychiatric related complaints were included into the project. Exclusions for the project included developmental delay, non-English speaking, or refusing to participate. The PHQ-2 and PHQ-9 were used as screening tools.

Results: All data analysis was conducted using JASP. The knowledge gained was measured by conducting a paired t-test of the pre and post-test results. The results of the paired t-test showed a significant improvement in provider and family member knowledge. Descriptive analysis was run for the screening and referral program noting the frequency of positive screens and referrals. 16 patients were screened for the project, of those, 3 patients screened positive and were referred for mental health evaluation. 4 patients scored low-risk but still had positive answers and were given education on depression.

Conclusions: Depressive disorders are prevalent among adolescents and can lead to significant long-term morbidity. Linking adolescents, who screen positive, to appropriate mental health care will improve outcomes through early intervention and treatment. The ED is uniquely positioned to capture high-risk adolescents, who cannot be identified in other settings.

Practice Implications: Adolescents presenting to the ED for non-psychiatric related complaints should be screened for depression.

Sustainability: To ensure sustainability of the project, policies need to be implemented in the ED. Mandatory screening for all patients, 12 – 17, presenting to the pediatric ED for non-psychiatric related complaints must be screened. The depression screening education must be part of the onboarding education for the new health care providers in the ED. Prior to getting privileges, the providers must complete a mandatory initial educational program on adolescent depression and screening. The depression screening education will also be part of the reappointment application.

Title:

Adolescent Depression Screening Project in the Pediatric Emergency Department
Keywords:

depression, pediatric and screening

References:


Florida Agency for Health Care Administration. (2014). Trends and percent change in causes of injury ED visits, Miami-Dade County residents, age 0-17, 2005-2014.


Abstract Summary:

The project implemented a depression screening and referral program in the pediatric emergency department for patients ages 12 to 17 that presented for non-psychiatric related complaints.

Content Outline:

I. Introduction
A. Adolescents with depressive disorders are at an elevated risk for poor family and social relationships, difficulties in school, early pregnancy, substance abuse, hospitalization, recurrent episodes of depression, and suicide.
B. 20% of youth have experienced at least one episode of major depression by the age of 18. Fewer than half of the youth who meet the criteria for mental health disorders receive treatment.

II. Background
A. Early diagnosis and treatment
1. There is a need for mental health screening in the adolescent population
   a) Suicide is the 2nd leading cause of death in adolescents
   b) In 2017, 3500 children ages 10-17 committed suicide, and for every child who commits suicide, 30 others attempt it.
   c) The ED is uniquely positioned to capture high-risk adolescents, who cannot be identified in other settings.
   d) The PHQ-2 and PHQ-9 have a high sensitivity and specificity and take two to five minutes to complete. They can screen patients quickly, efficiently, and accurately identify patients with occult mental health problems.
2. Linking patients who screen positive with mental health providers
   a) The USPSTF places a B recommendation on Major Depressive Disorder screening for all adolescents ages 12 to 18 when there are adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
B. Increasing healthcare provider and family member knowledge regarding depression among the adolescent population.
1. The project increased knowledge of healthcare providers through an educational in-service on adolescent depression and screening with pre and post-tests.
2. The project increased knowledge of the family members on adolescent depression and on the available mental health resources in the community through individual education along with pre and post-tests.

III. Methods
A. Project Overview
1. Screen patients 12 to 17 presenting to the pediatric ED for non-psychiatric related complaints, using the PHQ-2 & PHQ-9.
2. Linking patients who screen positive to mental health services.

III. Conclusion
A. 18.75% patients screened positive and were referred for mental health evaluation and treatment.
B. Paired t-test results show significant improvement ($p<.001$) in both healthcare provider and family members knowledge regarding adolescent depression.

First Primary Presenting Author

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Author Summary: Dr. Arrojo has been a nurse for 18 years and for the past 5 years has worked closely with the adolescent population in the pediatric emergency department where she treats an array of complaints, including depression, substance abuse, pregnancy, and physical and sexual abuse.