



Mental Health or Depression Screening for Child and Teen Checkups

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Objectives

1. Clarify updated C&TC requirements and recommendations for mental health screening, with a focus on adolescents and young adults
2. Identify the most currently recommended, standardized screening instruments
3. Identify local and statewide response and referral options for positive mental health screens

Child and Teen Checkups (C&TC)

Minnesota's version of the federal EPSDT program

- **Minnesota Department of Human Services (DHS):** Policy, billing and coding questions
- [MHCP Provider Manual C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us) website has full policy information for Child and Teen Checkups
- E-mail dhs.childteencheckups@state.mn.us
- Phone 651-431-2633

- **Minnesota Department of Health (MDH):** Clinical questions related to screening and referral
- [Child and Teen Checkups \(www.health.state.mn.us\)](http://www.health.state.mn.us) website has fact sheets & resources for each screening component
- E-mail health.childteencheckups@state.mn.us
- Phone 651-201-3760

C&TC Periodicity Schedule 2017



Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards

DHS-3379-ENG 10-17

C&TC Screening Components by Age C&TC FACT Sheet for each component	Infancy					Early Childhood					Middle Childhood					Adolescence												
	0-1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
Anticipatory guidance & health education	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements:																												
■ Head circumference	●	●	●	●	●	●	●	●	●																			
■ Height and weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
■ Weight for length percentile*	●	●	●	●	●	●	●	●																				
■ Body mass index (BMI) percentile									●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
■ Blood pressure											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Health history, including social determinants of health	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Developmental, social-emotional, mental health:	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
■ Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
■ Developmental screening					R			R		R	R	→																
■ Social-emotional or mental health screening*				R		R		R	R	R	R	R	R	R	R	R	R	R	R	●	●	●	●	●	●	●	●	
■ Autism spectrum disorder screening								R	R																			
■ Maternal depression screening	R	R	R	R	→																							
■ Tobacco, alcohol or drug use risk assessment																				X	X	X	X	X	X	X	X	X
Physical exam: head to toe, including oral exam and sexual development	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Immunizations/review	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Newborn screening follow up: blood spot and critical congenital heart defect	⌘	→																										
Laboratory tests/risk assessment:																												
■ Blood lead test						←	●	→	←	●	→	←	●	→	←	●	→	←	●	→	←	●	→	←	●	→	←	●
■ Hemoglobin/hematocrit						←	●	→																				
■ Tuberculosis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
■ Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth																				X	X	X	X	X	X	X	X	X
■ HIV testing for all youth at least one time*																			X	X	X	X	←	●	→	X	X	
■ Dyslipidemia*									X		X		X		X	←	X	→	←	X	→	←	X	→	←	X	→	←
Vision screening: distance (3+years) and near (5+years) acuity*	X	X	X	X	X	X	X	X	X	X	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hearing screening: add high frequency screening at 11+ years*	⌘	X	X	X	X	X	X	X	X	X	R	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Oral Health																												
■ Dental Checkups: Verbal referral to dental provider at eruption of first tooth or no later than 12 months of age				●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
■ Fluoride varnish application (FVA) starting at eruption of first tooth*				●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
All C&TC visits require a HIPAA compliant referral condition code : ST, S2, AV or NU	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

KEY: ● Required component for the visit
⌘ If no Newborn Screening results on file, or did not pass, follow up appropriately

R Recommended screening for visit
←→ Indicates range to provide component at least one time

X Risk assessment followed by appropriate action
* Refer to back side for more information on new requirements

Mental Health or Depression Screening

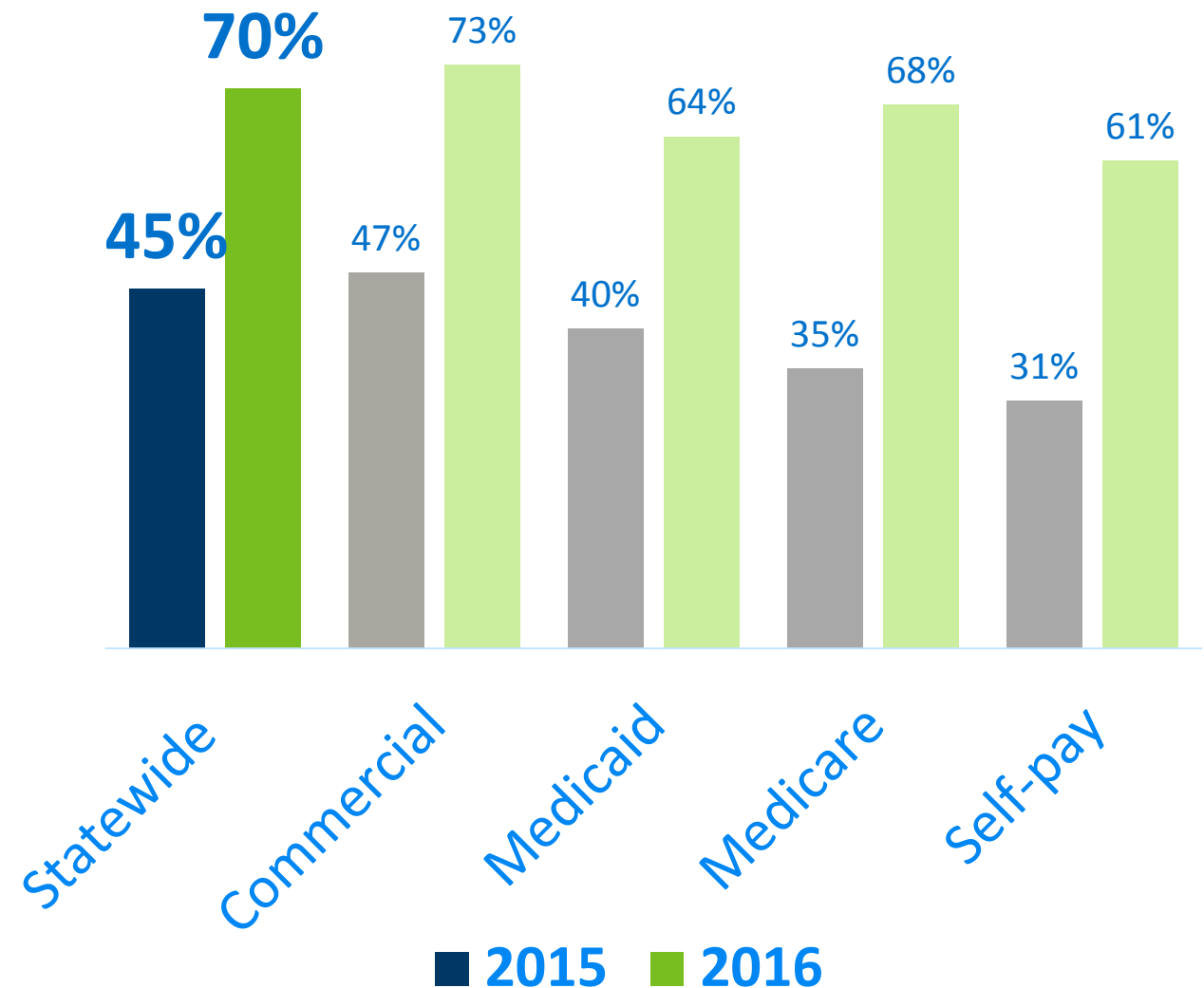


- **American Academy of Pediatrics Bright Futures guidelines**
 - 12 through 21 years
- **US Preventive Services Task Force**
 - Grade B recommendation: Depression screening for 12-18 years
- **Minnesota Community Measurement**
 - Required clinical quality reporting measure: Mental health or depression screening for 12-17 years

Progress in Minnesota: www.mnhealthscores.org/

Year	Measure process
2011-2012	Develop and define
2013	Pilot test
2014	Finalize specifications
2015	Begin statewide measurement

- 570 clinics and 113,630 patients by 2016
- Of those screened, 9.7% had positive screen



Recommended, standardized instruments

Depression-only screeners

- Kutcher Adolescent Depression Scale (KADS): 12-17 years
- Patient Health Questionnaire 9 items (PHQ-9) or PHQ-9 modified for teens
- Beck Depression Inventory (BDI-II)*
- Children's Depression Inventory (CDI-2)*



Broader mental health screeners

- Pediatric Symptom Checklist 35 items (youth and/or parent version) or 17 items (only parent version is validated)
- Global Appraisal of Individual Needs (GAIN-SS) – mental health & substance use

*proprietary/licensed tool

Recommended instruments for 6-20 years

- [List](#) of recommended instruments

Mental Health Screening Instruments for Children 6-21 Years of Age

The following mental health screening instruments have been reviewed and recommended for Child and Teen Checkups (C&TC) by the Minnesota Departments of Human Services (DHS) and Health (MDH). These instruments also align with Minnesota Community Measurements.

General mental health screening instruments

Public domain (or licensed for use in Minnesota)

- **Pediatric Symptom Checklist-35 items (PSC) or Youth Self-Report (PSC-Y):** 4 to 18 years
- **Pediatric Symptom Checklist-17 items (PSC-17):** 4 to 18 years
Note: Only the Parent version of the PSC-17 is recommended as validated.
- **Global Appraisal of Individual Needs (GAIN-SS):** 12 years to adult; screens for mental health and substance abuse

Depression screening instruments

Public Domain

- **Kutcher Adolescent Depression Scale (KADS):** 12 to 17 years
- **Patient Health Questionnaire-9 items (PHQ-9):** 13 years to adult
- **PHQ-9 Modified for Teens/Adolescents (also commonly called PHQ-A):** 12 to 18 years

Proprietary

- **Beck Depression Inventory II (BDI-II):** 13 years to adult
- **Beck Depression Inventory Fast Screen (BDI-FS):** 13 years to adult
- **Children's Depression Inventory II (CDI-2):** 7 to 17 years

More detailed information

Refer to the [Detailed Comparison Table of Recommended Mental Health Screening Instruments \(www.dhs.state.mn.us\)](#) for more information on each instrument, including:



- Review criteria (sensitivity, specificity, reliability)
- Time and qualifications for administration and scoring
- Language/cultural appropriateness
- Where to find more information and obtain the instrument

For younger children

For a list of social-emotional/mental health screening tools for children ages 0 through 5 years, refer to [Developmental and social-emotional screening of young children \(0-5 years of age\) in Minnesota \(www.health.state.mn.us\)](#).

For more information, contact: health.childteencheckups@state.mn.us

- [Detailed comparison table](#) of recommended instruments

Detailed comparison table of approved mental health screening instruments

The following instruments have been reviewed and approved by the Minnesota Departments of Health and Human Services for Child and Teen Checkups (C&TC), and meet Minnesota Community Measurement guidelines for the adolescent depression and/or mental health screening measure.

TOOL	PURPOSE	AGE (years)	Description	LINGUISTIC/CULTURAL SENSITIVITY	PSYCHOMETRICS	PRACTICALITY	COST/AVAILABILITY	MEETS MEASURE
BDI II Beck Depression Inventory II	Screen for depression & suicide risk; areas screened reflect DSM IV criteria.	13-adult	21 items, self-report	Validated in English. Available in Spanish. Reading level 6 th grade.	Reliability: internal consistency: .92 Validity: convergent: .84; Area under ROC curve: .78 Sensitivity: .84 Specificity: .81	Time to administer: 5 minutes Minimum expertise: Master's level or higher to interpret results	Proprietary. \$121.50/kit, including manual & 25 record forms. Pearson Assessments (www.pearsonassessments.com)	
BDI-FS BDI – Fast Screen	Quickly screen for depression in adolescents & adults	13-adult	7 items, self-report	Not described	Reliability: internal consistency: .89 Validity: Area under ROC curve: .90 Sensitivity: .89 Specificity: .74 (based on cut-off score 6)	Time to administer: <5 minutes Minimum expertise: Master's level or higher to interpret results	Proprietary. \$100/kit including manual & 50 record forms. Pearson Assessments (www.pearsonassessments.com)	
CDI-2 Children's Depression Inventory, 2 nd version	Screens for depression, with emotional & functional scales	7-17	28 items – youth self-report. (10 item short-forms available.) 12 items – teacher. 17 items – parent.	Validated in English. Available in Spanish. Reading level: 2 nd grade. Norms based on gender, racial/ethnic, geographic distribution reflecting US census.	Per publisher - Reliability: internal consistency .91 (youth); subscale internal consistency: .76-.85 (youth), .89 (teacher), .88 (parent). Test-retest: .98 (youth). Internal consistency for youth short form: .82. Validity: No data found Sensitivity: .83 Specificity: .73	Time to administer: 15-20 minutes. (5 minutes for youth short form.) Minimum expertise: no special skills required.	Proprietary. \$289 for complete kit, including manual and 25 each of long forms, short forms, parent report, & teacher report. Pearson Assessments (www.pearsonassessments.com)	

What about the PHQ-2?

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?
(Use "0" to indicate your answer)

	Not at all	1	2	3
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 fidgety 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 in some way	0	1	2	3

FOR OFFICE CODING 0 + ____ + ____ + ____
=Total Score: ____

If you checked off **any** problems, 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

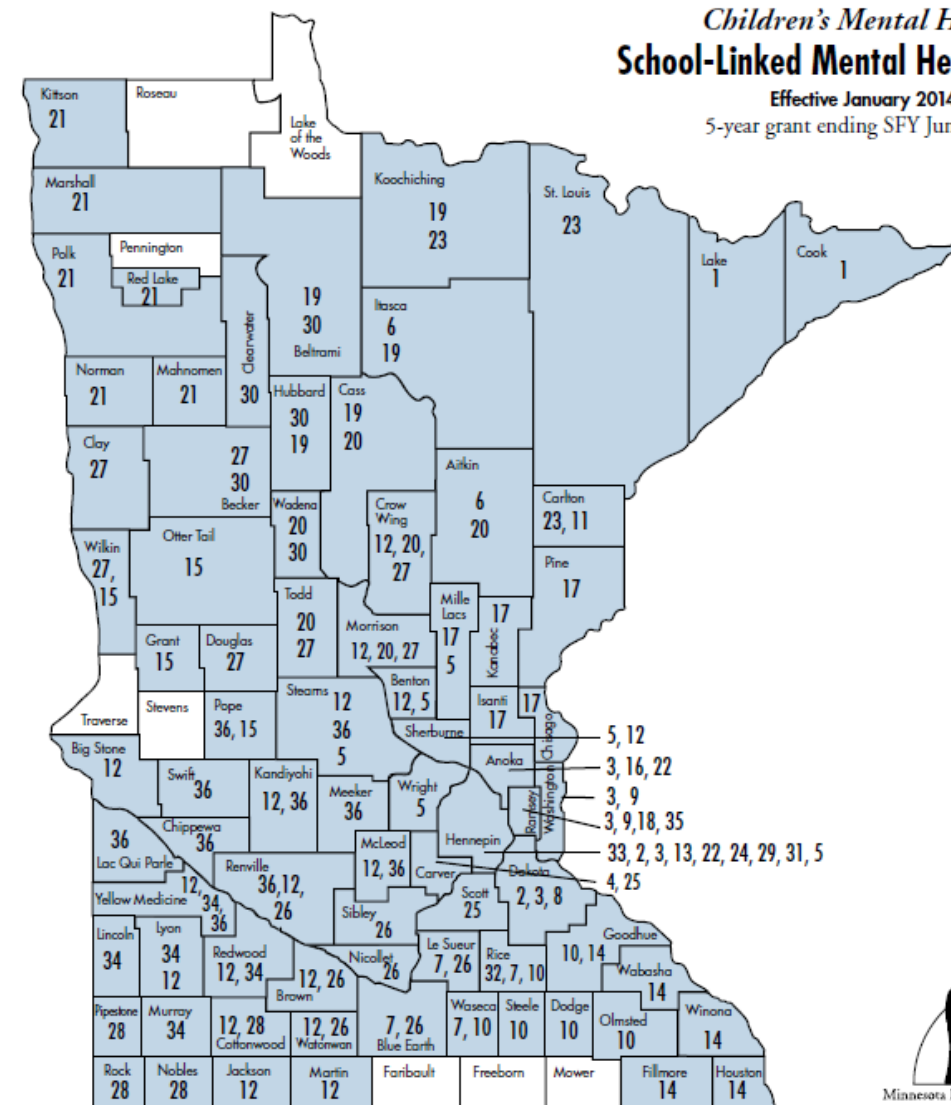
Extremely
difficult

- First 2 questions of PHQ-9
- Validation studies limited in adolescents
- Recommended by various national bodies as 1st-line screener; follow with more robust screening if positive
- Not strongly recommended, but **acceptable as 1st-line screener for C&TC**

→ For score ≥ 2 , complete the full PHQ-9 (or other strongly validated tool)

Addressing positive screening results

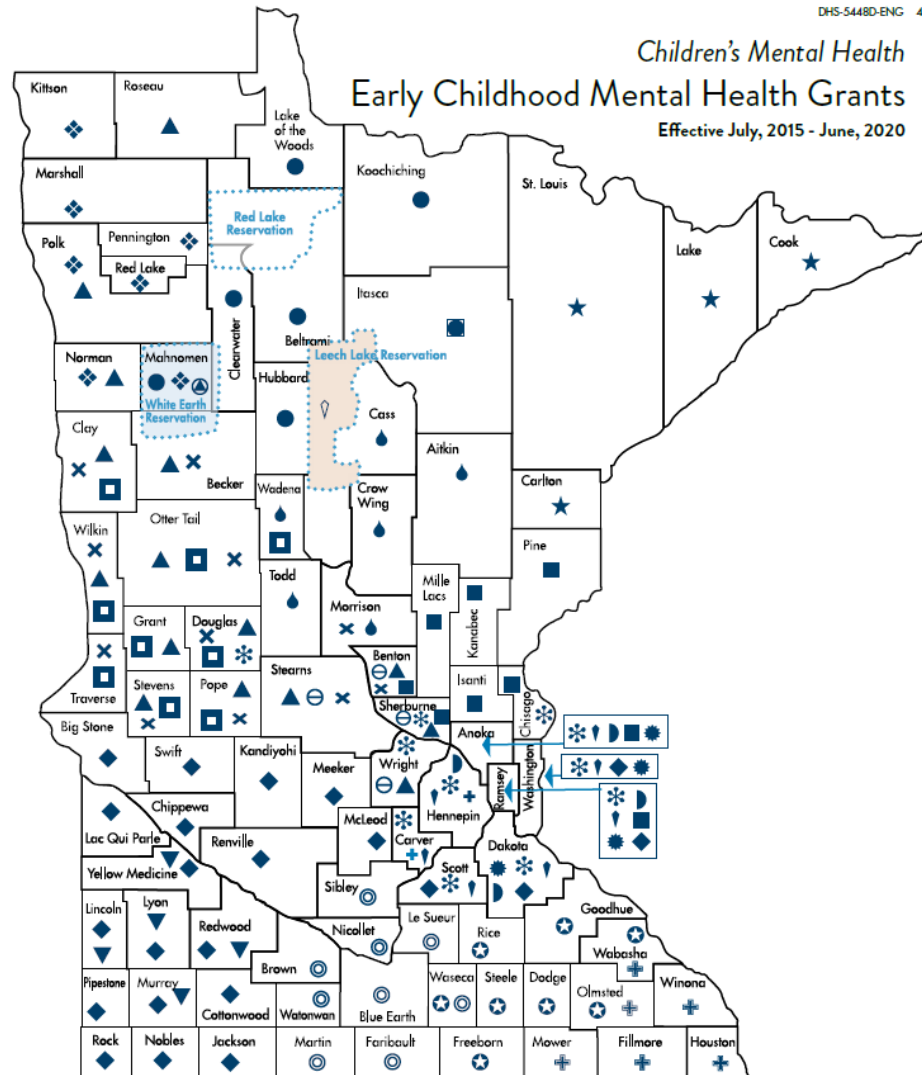
- Tracking of referrals and follow-up happens at clinic level
- Resources:
 - Primary care providers
 - Integrated mental health services
 - Referral within health systems or to community agencies
 - [School-linked mental health services \(https://mn.gov/dhs\)](https://mn.gov/dhs)
 - 278 school districts
 - 15,000 unduplicated served in 2015



What about screening at younger ages?

- Early childhood: 6 months through 5 years
 - Ages and Stages Questionnaires: Social-Emotional, 2nd edition (ASQ:SE-2)
 - Brief Infant Toddler Social Emotional Assessment (BITSEA)– 12 to 36 months
- School age: 6 through 11 years
 - Pediatric Symptom Checklist (PSC)
 - 35 items: both parent and youth (11 years and older) versions are validated
 - 17 items: only parent version is validated

Early Childhood Mental Health services



- Evidence-based assessment (DC 0-5)
- Evidence-based, family-based treatments & support
- Covered by Medicaid, insurers; available for un- or under-insured

More information: www.health.state.mn.us

- [Developmental and mental health screening instruments for C&TC Visits in Minnesota](#) (PDF): table of recommended, standardized tools most commonly used in primary care for all ages (birth through 20 years, including postpartum depression)
- Birth through 5 years
 - [Social-Emotional Screening \(0-5 Years\) C&TC Fact Sheet](#) (PDF)
 - [Developmental and social-emotional screening of young children in MN](#) (website)
- 6 through 20 years
 - [Mental Health Screening \(6-20 Years\) C&TC Fact Sheet](#) (PDF)

Thank you!

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