Collaborative Treatment of Depression in Adolescence

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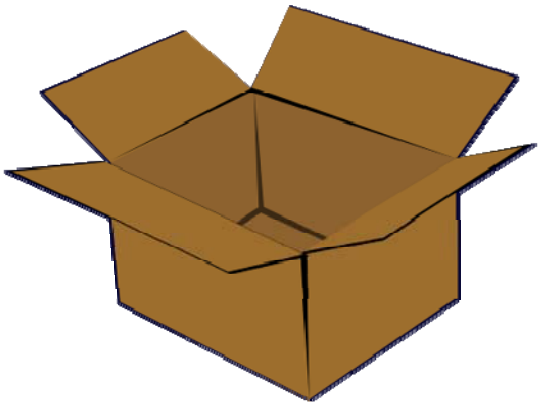
New Jersey Department of Children and Families | Hackensack Meridian Health | American Academy of Pediatrics

There Are No Disclosures –



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Case Presentation

- 19 yo Hispanic female here for WCC, first time I am meeting her
- Chart review: hx depression, suicide attempt 2015

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Initial Impression

- Upon entering room she is obese, well groomed, organized and normal affect
- Type A personality - double major, has a job, goal to have graduate degree
- Stressors: school work and extracurriculars, commutes from home; pet passed away, Grandmother in Mexico with Alzheimer's (has not seen her in 7 years), friend recently admitted to a psych ward

Audience Participation/Discussion: Depression History Taking **"SIG-E-CAPS"**

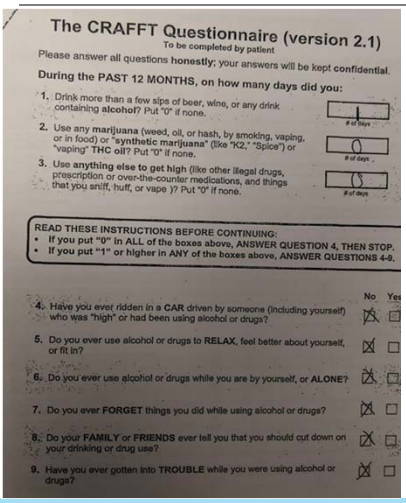
- **S**leep changes: increase during day or decreased sleep at night
- **I**nterest (loss): of interest in activities that used to interest them
- **G**uilt (worthless): depressed elderly tend to devalue themselves
- **E**nergy (lack): common presenting symptom (fatigue)
- **C**ognition/Concentration: reduced cognition &/or difficulty concentrating
- **A**ppetite (wt. loss); usually declined, occasionally increased
- **P**sychomotor Agitation (anxiety) or Retardations (lethargic)
- **S**uicide/death preoccupation

Signs and Symptoms of Depression

Major Depressive Disorder: DSM-5

- A. 5 (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
  - **Note**: do not include symptoms that are clearly attributable to another medical condition
  - (1) Depressed mood most of the day, nearly every day
  - (2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
  - (3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
  - (4) Insomnia or Hypersomnia nearly every day
  - (5) Psychomotor agitation or retardation nearly every day
  - (6) Fatigue or loss of energy nearly every day
  - (7) Feelings of worthlessness or excessive or inappropriate guilt nearly every day
  - (8) Diminished ability to think or concentrate, or indecisiveness, nearly every day
  - (9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The episode is not attributable to the physiological effects of a substance or another medical condition
- E. There has never been a manic episode or a hypomanic episode
- **Note**: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition. The symptoms are not better accounted for by Bereavement

CRAFFT 2.1 and Y-PSC



The CRAFFT Questionnaire (version 2.1)

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

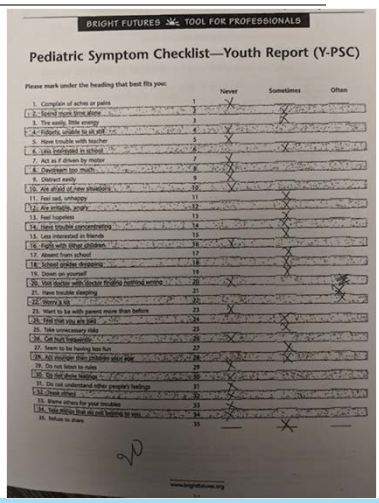
During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none. # of days
2. Use any **marijuana** (weed, oil, or hash, by smoking, vaping, or in food) or **"synthetic marijuana"** (like "K2," "Spice") or "vaping" **THC oil**? Put "0" if none. # of days
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none. # of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- **If you put "0" in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.**
- **If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.**

	No	Yes
4. Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	X	
5. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	X	
6. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	X	
7. Do you ever **FORGET** things you did while using alcohol or drugs?	X	
8. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	X	
9. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	X	



BRIGHT FUTURES TOOL FOR PROFESSIONALS

Pediatric Symptom Checklist—Youth Report (Y-PSC)

Please mark under the heading that best fits you:

	Never	Sometimes	Often
1. Complain of aches or pains		X	
2. Spend more time alone		X	
3. Tire easily, little energy		X	
4. Fidgety, unable to sit still		X	
5. Have trouble with teacher		X	
6. Less interested in school		X	
7. Act as if driven by motor		X	
8. Daydream too much		X	
9. Distract easily		X	
10. Are afraid of new situations		X	
11. Feel sad, unhappy		X	
12. Are irritable, angry		X	
13. Feel hopeless		X	
14. Have trouble concentrating		X	
15. Less interested in friends		X	
16. Fight with other children		X	
17. Absent from school		X	
18. School grades dropping		X	
19. Down on yourself		X	
20. Visit doctor with doctor finding nothing wrong		X	
21. Have trouble sleeping		X	
22. Worry a lot		X	
23. Want to be with parent more than before		X	
24. Feel that you are bad		X	
25. Take unnecessary risks		X	
26. Get hurt frequently		X	
27. Seem to be having less fun		X	
28. Act younger than children your age		X	
29. Do not listen to rules		X	
30. Do not show feelings		X	
31. Do not understand other people's feelings		X	
32. Tease others		X	
33. Blame others for your troubles		X	
34. Take things that do not belong to you		X	
35. Refuse to share		X	

After the PSC, if you suspect depression, this will give you a lot more information:

- **Quick Inventory of Depressive Symptomatology** - 17 item questionnaire in *AACAP Toolbox for Clinical Practice & Outcomes*
- **PHQ-9 A** - adapted for adolescents - available in the public domain

Secondary Screening Tools For Depression

QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY - ADOLESCENT (17 ITEM) - CLINICIAN RATED (QIDS-A$_{17}$-C)

PATIENT NAME: _____ DATE: _____

INTERVIEWER: _____ SCORE: _____

1. Sleep Onset Insomnia:

   0 You always fall asleep in less than 30 minutes.
   1 You take at least 30 minutes to fall asleep, less than half the time.
   2 You take at least 30 minutes to fall asleep, more than half the time.
   3 You take more than 60 minutes to fall asleep, more than half the time.

2. Mid-Nocturnal Inso

   0 You do
   1 You tos
   2 You wal
   3 You wal
   20 minu

PHQ-9 modified for Adolescents (PHQ-A)

Name: _____ Clinician: _____ 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?				

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Self Care

- Psych:
  - Group and individual therapy at school
  - Mother has been against medications, but patient open to it
- Physical:
  - No exercise but started to buy soups/salads rather than burgers/fries
  - Sleep could improve
  - Taking VitD

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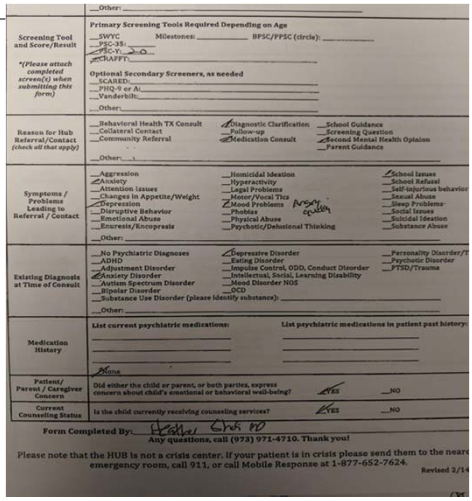
Referral to PPC Hub



Screening Tool and Score/Result
(*Please attach completed screen(s) when submitting this form)

Primary Screening Tools Required Depending on Age
__SWYC Milestones: _____ BPSC/PPSC (circle): _____
__PSC-35: _____
__PSC-Y: _____
__CRAFFT: _____

Optional Secondary Screeners, as needed
__SCARED: _____
__PSIQ-9 or A: _____
__Vanderbilt: _____
__Other: _____

Reason for Hub Referral/Contact (check all that apply)

__Behavioral Health TX Consult
__Collateral Contact
__Community Referral
✓Diagnostic Clarification
__Follow-up
✓Medication Consult
__School Guidance
__Screening Question
✓Second Mental Health Opinion
__Parent Guidance
__Other: _____

Symptoms / Problems Leading to Referral / Contact

__Aggression
✓Anxiety
__Attention Issues
__Changes in Appetite/Weight
✓Depression
__Disruptive Behavior
__Emotional Abuse
__Enuresis/Encopresis
__Homicidal Ideation
__Hyperactivity
__Legal Problems
__Motor/Vocal Tics
✓Mood Problems Anxiety, sadness
__Phobias
__Physical Abuse
__Psychotic/Delusional Thinking
✓School Issues
__School Refusal
__Self-injurious behavior
__Sexual Abuse
__Sleep Problems
__Social Issues
__Suicidal Ideation
__Substance Abuse
__Other: _____

Existing Diagnosis at Time of Consult

__No Psychiatric Diagnoses
__ADHD
__Adjustment Disorder
✓Anxiety Disorder
__Autism Spectrum Disorder
__Bipolar Disorder
__Substance Use Disorder (please identify substance): _____
✓Depressive Disorder
__Eating Disorder
__Impulse Control, ODD, Conduct Disorder
__Intellectual, Social, Learning Disability
__Mood Disorder NOS
__OCD
__Personality Disorder/T
__Psychotic Disorder
__PTSD/Trauma
__Other: _____

Medication History

List current psychiatric medications: None
List psychiatric medications in patient past history:

Patient/ Parent / Caregiver Concern
Did either the child or parent, or both parties, express concern about child's emotional or behavioral well-being? ✓YES __NO

Current Counseling Status
Is the child currently receiving counseling services? ✓YES __NO

Form Completed By: _____
Any questions, call (973) 971-4710. Thank you!

Please note that the HUB is not a crisis center. If your patient is in crisis please send them to the near emergency room, call 911, or call Mobile Response at 1-877-652-7624.

Revised 2/14

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Pediatric Psychiatry Collaborative
Regional Hubs

- Atlantic Health Hub @ Newton Medical Center
- Atlantic Health Hub @ Goryeb Children's Hospital
- Hackensack Meridian Hub @ Hackensack University Medical Center
- Hackensack Meridian Hub @ Palisades Medical Center
- Hackensack Meridian Hub @ Saint Peter's Family Health Center
- Hackensack Meridian Hub @ Jersey Shore University Medical Center
- Cooper Hub @ Cooper University Medical Center
- Cooper Hub @ Pennsville
- ***Essex County served by Rutgers University Behavioral Health Care.***

More information on the Essex Hub can be found here:
http://ubhc.rutgers.edu/services/children_family/EssexHUB.html

Hackensack Meridian Health | Cooper University Health Care | The Children's Hospital at Saint Peter's University Hospital, A Member of Saint Peter's Healthcare System, Treating you better...for life. | Atlantic Health System Goryeb Children's Hospital | St. Joseph's Health St. Joseph's Children's Hospital | American Academy of Pediatrics, New Jersey Chapter

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Collaborative Hub Procedure

- Referring to the Hub: After required routine screening and/or based on clinical judgement following the exam, providers can fax the PPC Hub. Providers should send a complete referral form, screening tools, and any other clinically relevant information.

- What Does the Hub Staff Need? All of the information the PPC Hub staff needs is on the referral form, including relevant background information, current clinical picture, demographic information, and reason for referral. Some providers may choose to send notes from previous visits as well, which can be very helpful, but is not required.

- Communicating with the Family: Please be sure you have discussed the PPC Hub with the patient and family prior to faxing a referral to the PPC Hub, so that the family is aware that a Hub staff psychologist/LCSW/other mental health specialist will be contacting them to discuss current concerns and suggestions for support/treatment.

Collaborative PPC Hub Procedure

(Continued)

What will the PPC Hub Staff Do?

- PPC Hub staff will call the patient's family and complete a clinical intake. The family will discuss their main concerns. Case managers will evaluate for severity and level of care. Depending on the patient's needs, PPC Hub staff will:
  - **Recommend** an appropriate level of care (inpatient, PHP, IOP, or outpatient) - family is sent list of referrals for therapy services to address current MH concerns.
  - **Match** the patient with therapist based on insurance and geographic location - referrals are researched by staff psychologists/LCSWs, and most often accept patient insurance.

- "Closing" the Loop: PPC Hub staff will communicate with you, sending you notes on what occurred with the family. They will also encourage the family to call them back if they need another resource. PPC Hub staff will also follow-up with referred families 3 and 9 months after initial referral.

Initial Hub Intake

- PPC Hub staff received the referral and called the patient directly (19 years old)
- PPC Hub staff notes to pediatrician after intake: Patient discussed history of depression:
  - Last year her therapist suggested medication
  - Patient interested in second opinion by psychiatrist to see if medication warranted
  - She's open to medication due to how hard it's been to keep her depression at bay while engaging in therapy alone

Psychiatric Assessment

- Patient presents with symptoms of significant mood impairment. She reports feeling depressed over the last year with disturbances in sleep ranging from insomnia to hypersomnia. She reports overeating with weight gain. Her energy and concentration are low. She reports low self esteem. She reports associated spike in anxiety - always worrying about her family and having frequent headaches. She denies any associated self injurious behavior, mania, psychosis or suicidal thinking.
- She reports that she has experienced multiple psychosocial stresses including death of pet, friend's mental illness and grandmother's dementia as well as worries about immigration related issues.

Psychiatric Assessment *(continued)*

- She denies significant substance use
- She denies significant medical issues at this time
- Medications: OCPs
- Mental Status Exam significant for a depressed mood and affect and negative for suicidal ideations
- Assessment: Major Depressive Episode

Treatment

- Coordination with Dr. Shafi following my evaluation.
- Continue school group therapy and referred to individual therapist
- Lexapro 2.5 mg x 5 days, 5 mg x 1 week, 10 mg x 1 month

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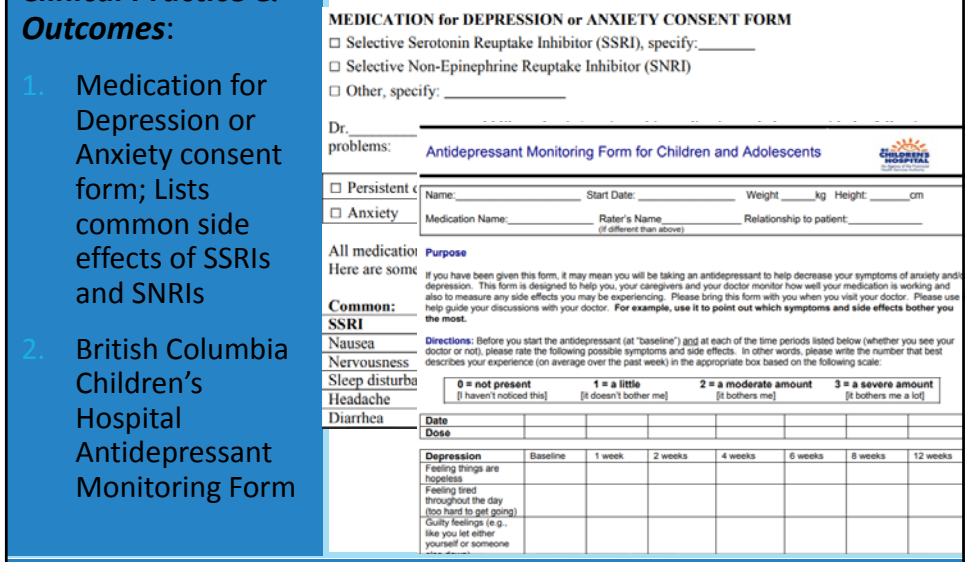
Treatment Strategies

AACAP Toolbox for Clinical Practice & Outcomes:

1. Medication for Depression or Anxiety consent form; Lists common side effects of SSRIs and SNRIs
2. British Columbia Children's Hospital Antidepressant Monitoring Form



MEDICATION for DEPRESSION or ANXIETY CONSENT FORM

☐ Selective Serotonin Reuptake Inhibitor (SSRI), specify:_____

☐ Selective Non-Epinephrine Reuptake Inhibitor (SNRI)

☐ Other, specify: _____

Dr._____

problems:

☐ Persistent

☐ Anxiety

All medicatio

Here are some

Common:

SSRI

Nausea

Nervousness

Sleep disturba

Headache

Diarrhea

Antidepressant Monitoring Form for Children and Adolescents

Name:_____ Start Date: _____ Weight _____kg Height: _____cm

Medication Name:_____ Rater's Name_____ (if different than above) Relationship to patient:_____

Purpose

If you have been given this form, it may mean you will be taking an antidepressant to help decrease your symptoms of anxiety and/o depression. This form is designed to help you, your caregivers and your doctor monitor how well your medication is working and also to measure any side effects you may be experiencing. Please bring this form with you when you visit your doctor. Please use help guide your discussions with your doctor. **For example, use it to point out which symptoms and side effects bother you the most.**

Directions: Before you start the antidepressant (at "baseline") and at each of the time periods listed below (whether you see your doctor or not), please rate the following possible symptoms and side effects. In other words, please write the number that best describes your experience (on average over the past week) in the appropriate box based on the following scale:

0 = not present [I haven't noticed this]	1 = a little [it doesn't bother me]	2 = a moderate amount [it bothers me]	3 = a severe amount [it bothers me a lot]

Date							
Dose							

Depression	Baseline	1 week	2 weeks	4 weeks	6 weeks	8 weeks	12 weeks
Feeling things are hopeless							
Feeling tired throughout the day (too hard to get going)							
Guilty feelings (e.g., like you let either yourself or someone							

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Risk Factors for Adolescent Depression

- 2:1 female to male ratio after puberty
- Positive family history: if a parent has Major Depression teen is 3-4 times as likely as teen from unaffected parents. In particular the effect of maternal depression increases the risk. Role of paternal depression is less well understood.
- Early life Adversity
- Exposures to stressful events including maltreatment, bullying, poverty, physical illness and negative family relationships.
- Other psychiatric disorders in childhood including anxiety and disruptive behavior disorders

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Epidemiology of Major Depression among Adolescents

Among U.S. adolescents in 2016:

- An estimated 3.1 million adolescents aged 12 to 17 in the United States had at least one major depressive episode. This number represented 12.8% of the U.S. population aged 12 to 17.
- The prevalence of major depressive episode was higher among adolescent females (19.4%) compared to males (6.4%).
- The prevalence of major depressive episode was highest among adolescents reporting two or more races (13.8%).

Importance of Adolescent Depression as a Public Health Issue

1. Prevalence
2. It confers profound morbidity
3. The national shortage of child and adolescent psychiatrists necessitates a more efficient and innovative model of care

Assessing Suicidality

- The most important thing is to take a good history. There is no evidence that asking patients about suicidal thoughts "puts these ideas in their heads."
- Important considerations: age of child, level of maturity, overall presentation.
- One of the easiest ways to assess is using the Columbia-Suicide Severity Rating Scale. It is designed for use in a primary care setting. It assesses thoughts, intentions, plans and steps youth has taken to carry this out.

Patient Outcome

- Seen initially in primary care on 6/1
- Phone intake with PPC Hub on 6/15
- Saw Hub psychiatrist on 6/22;
  - Prescribed medication after a few collaborative conversations
- Dr. Shafi checked in with patient on 7/2, 8/10, and 11/7
  - Decide to increase amount of medication
- Last spoke Nov 7th: patient doing well
  - Feels more motivated at school, not procrastinating
- Still going to group therapy at school
- Started new weekly individual therapy with therapist recommendation from PPC Hub
- Dr. Shafi stays in touch with patient monthly

Questions?

Please contact:

NJAAP
Mental Health Collaborative
609-842-0014
mhc@njaap.org

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