Evaluation of Current Depression Screening Processes And Screening Tools For Military Adolescent Beneficiaries

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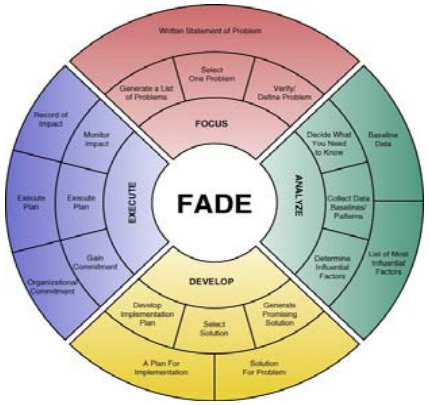
Statement of Issue

- Adolescent patients who are presently seen at a Military Healthcare Facility for primary care are screened per provider preference for depression.
- Despite numerous supporting studies, practice guidelines have not wavered and continue to diagnose less than 50 percent of adolescents with depression prior to adulthood, with less being diagnosed within the military.

Background

- Every 2 hours and 11 minutes, a person under the age of 25 commits suicide with an average of 12 youth each day (NIMH, 2007).
- A parent's deployment was associated with a 34 percent increase in the odds of suicidal ideation compared with civilian children (SPRC, 2016).
- Current civilian clinical practice guidelines recommend regular comprehensive depression screening for adolescents.
- Currently, the United States Military does not have any such clinical practice guideline.

Theoretical Framework



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Literature Review

- The American Academy of Pediatrics (AAP), National Association of Pediatric Nurse Practitioners (NAPNAP), U.S. Preventive Services Task Force (USPSTF) and the Substance Abuse and Mental Health Services Administration (SAMHSA) continue to recommend regular depression screenings for adolescents (AAP, 2009; NAPNAP, 2013; National Center for Mental Health Checkups, 2016; USPSTF, 2016; NCQA, 2015; SAMHSA, n.d.).
- With a sensitivity of 89.5% and specificity of 77.5% for detecting adolescents meeting DSM-V criteria for depression, brevity in completion ability and the ease of understanding for adolescent users the PHQ-9 Modified is supported by the AAP, NSPSTF and SAMHSA as the standardized tool for comprehensive adolescent depression screening (AAP, 2012; USPSTF, 2016; SAMHSA, n.d.).

Current State of Practice

- **Current United States Military practice guideline for depression** does not provide recommendations for the management of depressive disorders in children or adolescents or the management of co-occurring disorders. No current pediatric guideline.
- **Although noted that current provider processes satisfy the American Academy of Pediatrics recommendations** staff expresses requisition for stream-line practice protocols with focus on patient centered screening.
- **Consensus was verbalized for a validated, comprehensive tool which was short and easily understood.** The PHQ-2 utilized with selected in-process paper-work was not comprehensive, utilized, nor directed at the patient.

Policy Recommendations

Mandate for depression screening to take place at all adolescent visits with primary care providers at all Military Treatment Facilities.

Advantages: Provides ongoing screening of all patients ages 12-21years old, to promote preventative care and early recognition, thus reducing in-patient costs.

Endorse one depression screening tool for all Military pediatric providers.

Advantages: Less variable results between providers and bases with better continuity of screening and ongoing assessment.

Implement Military pediatric depression screening clinical practice guideline.

Advantages: Unified process world-wide promoting continuity of care utilizing evidence-based practices for specified population.

	American Academy of Pediatrics	National Association of Pediatric Nurse Practitioners	U.S. Preventive Services Task Force	Substance Abuse and Mental Health Services Administration	U.S. Military Practice Guidelines	Site Report
When to Screen Adolescent Depression	-Minimally at every well-child visit. (AAP, 2009)	-Life-span approach in Primary Care (NAPNAP, 2013)	-At all visits ages 12-years-old to 18-years-old. (USPSTF, 2016)	--Minimally at every well-child visit (NCQA, 2015; SAMHSA, n.d.)	-None Found	-Primary Care is where prevention measures (ie; Screening) occur -Lack of efficient screening
Adolescent Depression Screening Tools	-Patient Health Questionnaire-2 -Other tools available in Guidelines (AAP, 2012)	-No specific tool endorsed (NAPNAP, 2013)	-Patient Health Questionnaire-9 for Adolescents/Modified -Beck Depression Inventory (USPSTF, 2016)	-Patient Health Questionnaire-9 (SAMHSA, n.d.)	-None Found	-Patient Health Questionnaire-2
Adolescent Depression Screening	-Annually beginning at age 12-years (AAP, 2012)	-Implement evidence-based interventions for screening at all primary care visits -Refer patients with complex problems to competent specialists who provide evidence-based care. (NAPNAP, 2013)	-Two phases: (1) comprehensive screening tool (2) Interview with provider utilizing clinical judgement - (USPSTF, 2016)	-None Found	-None Found	-Provider Preference *See Process Map