Determining the Benefit, and Acceptability of Adolescent Mental Health Screening in the Pediatric Emergency Department

Megan Maloney, PAS-II
Advisor Jill Johnstone, PA-C
Physician Assistant Program 2015 SUNY Upstate Medical University

Introduction

Mental health in the United States has become an increasingly worrisome topic in the healthcare field. The decline in mental health care can be attributed to a variety of individual, social and economic factors. The problem remains, however, that an increasing number adult and pediatric patients are not accessing the psychiatric care they need. 1,5,6

Data illustrating the current mental health environment in the United States today includes the following:

- The National Alliance of Mental Illness reports that half of all chronic mental illness begins at 12-14yrs but ½ of patients receive care. In 2013, suicide was the 3rd leading cause of death in this age group averaging 4,000 deaths per year. 1

- According to the National Institute of Mental Health: in 2019, an estimated 2.2 million adolescents had at least one major depressive episode in the past year. People with depression are at risk for a heart attack. In 2006, $211 billion was lost in wages & health care costs due to depression 4

- 1.2 million US youth rely on the ED as their source of primary care5,7,8

By implementing a standardized mental health screening protocol into pediatric emergency departments (PEDs), we can begin to recognize intervene earlier to decrease the associated morbidity and mortality of untreated psychiatric illnesses. The literature review will focus on studies targeting the 14-18yrs in the PED and primarily discussed depression, anxiety, and/or suicide. Studies focusing on adults, bipolar/psychotic disorders, and long-term treatment were excluded. The purpose of this review is to better understand what is being done now and what can be done in the future to get closer to the goal of establishing a universal, standardized mental health screening protocol in all PEDs.

Literature Review

These studies looked at a variety of screening measures ranging in question amount and format as well as delivery method, subject matter, and screening procedures. Data was collected on common concerns and risk factors in addition to patients’ and parent/provider feedback and acceptability ratings of screening.

- Liston et al: A crisis intervention worker (CIW) oversaw a self-administered youth and caregiver survey that was given to all PEDs. Parents were 8x more likely to disclose a problem or FH of mental illness after screening. 5

- Patients felt more comfortable completing the screen if it was on the web or a computer indicating the optimal format to administer. 8

- Patients were more likely to disclose a problem if mental health after screening. 8

- When during the encounter:
  - the first and more concern a screen was, the more likely patients were to complete the screen, and it used by providers. 9,10,11
  - if screen positive, a more detailed interview could be given to better assess the patient. 11,12
  - the most pertinent areas to screen for are suicide risk, self-harm, depression, anxiety, substance abuse, and dating violence. 11
  - Overall the screens, impact short and long term effects on the patient. 12

- Future studies to consider:
  - A study that focuses on somatic complaints to better understand the physical manifestations of psychiatric diseases. 13
  - Whether or not a standardized screen can be implemented in both urban and rural environments and other languages. 13

- If screening is beneficial in rural or urban areas with limited access to referrals.

- Extending follow-up beyond the first referral visit to get a better indication of the long-term outcomes of screening.


<table>
<thead>
<tr>
<th>Screen used</th>
<th>Procedure</th>
<th>Notes</th>
</tr>
</thead>
</table>
| CRAFT Screen (alphabetic Center for Epidemiologic Studies Depression (CES-D); Pediatrisk Symptom Checklist-17 Scoring (PSC-17); Screen for Child Anxiety Related Disorders (SCARED) Stop, Stare, and Say What? (SSSW); and Difficulties Questionnaire; DISC Predictive Scales (DPS); Youth Perception Survey/Caregiver Perception Survey Tool | Questionnaire: Child Behavior Checklist (CBCL) (overall psychopathology) Conner’s Behavioral Dysregulation Scale (CBDS-R) Version of the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH 2.0) The Service Assessment for Children and Adolescents: The National Institute for Child Health and Human Development’s National Child Health and Human Development’s National Intensive Care Schedule for Children Version IV; Harkey Anxiety Scales Suite (HASO) | Utilized standardized screens that were geared towards pediatric ED patients

Screening attended by the CIW oversaw a self-administered youth and caregiver survey that was given to parents.

Utilized standardized screens that were geared towards pediatric ED patients.

Screening was shown to be successful in identifying mental health concerns thus improving the chances of diagnosing, treating, and helping to prevent suicide, and better the overall wellbeing of patients.

Future studies to consider:

- A study that focuses on somatic complaints to better understand the physical manifestations of psychiatric diseases.

- Whether or not a standardized screen can be implemented in both urban and rural environments and other languages.

- If screening is beneficial in rural or urban areas with limited access to referrals.

- Extending follow-up beyond the first referral visit to get a better indication of the long-term outcomes of screening.


References

2. Numbers of americans a source of healthcare thus making the ED the ideal place to screen. Data shows patients who commit suicide often times wait an ED on month's prior implementing. Implementing the first screening protocol ensures that a thorough and comprehensive approach. The protocol shown in the previous screening protocol ensures that a thorough and comprehensive approach.

Conclusion

Many children in the US, especially those at risk for mental health problems, don’t visit a PED regularly. The ED is their primary source of healthcare thus making the ED the ideal place to screen. Data shows patients who commit suicide often times wait an ED on month’s prior implementing. Implementing the first screening protocol ensures that a thorough and comprehensive approach. The protocol shown in the previous screening protocol ensures that a thorough and comprehensive approach.