

ABSTRACT

Although depression affects many adolescents in the U.S., there are many adolescents with depression who never receive a diagnosis and treatment.⁴ To aid in the identification and detection of depression, standardized screening tools have been validated in the primary care setting.² Primary care providers are more likely to adopt routine depression screenings using a standardized screening tool after they receive training regarding the screening tool.⁵ The purpose of this MSN project is to provide education to PCPs and their staff regarding the utilization of depression screenings for adolescents.

PICO QUESTION

In primary care providers and their staff members, what is the effect of an educational presentation regarding the use of a standardized depression screening tool for adolescents on their knowledge and opinions versus no education?

LITERATURE REVIEW

A methodical search of the literature was conducted to determine what evidence exists regarding screening adolescents for depression in the primary care setting. Although there are few published randomized control trials that have been conducted in the primary care setting and the adolescent population, the literature review found several themes that support the purpose of this project.

- Professional organizations recommend that PCPs utilize standardized screening tools for the adolescent population.¹
- The Patient Health Questionnaire Modified for Adolescents has been validated in the primary care setting.²
- There are many gaps in the literature.⁴
- Providing PCPs and their staff with education and training regarding screening adolescents for depression increases the percentage of routine depression screenings performed.⁵

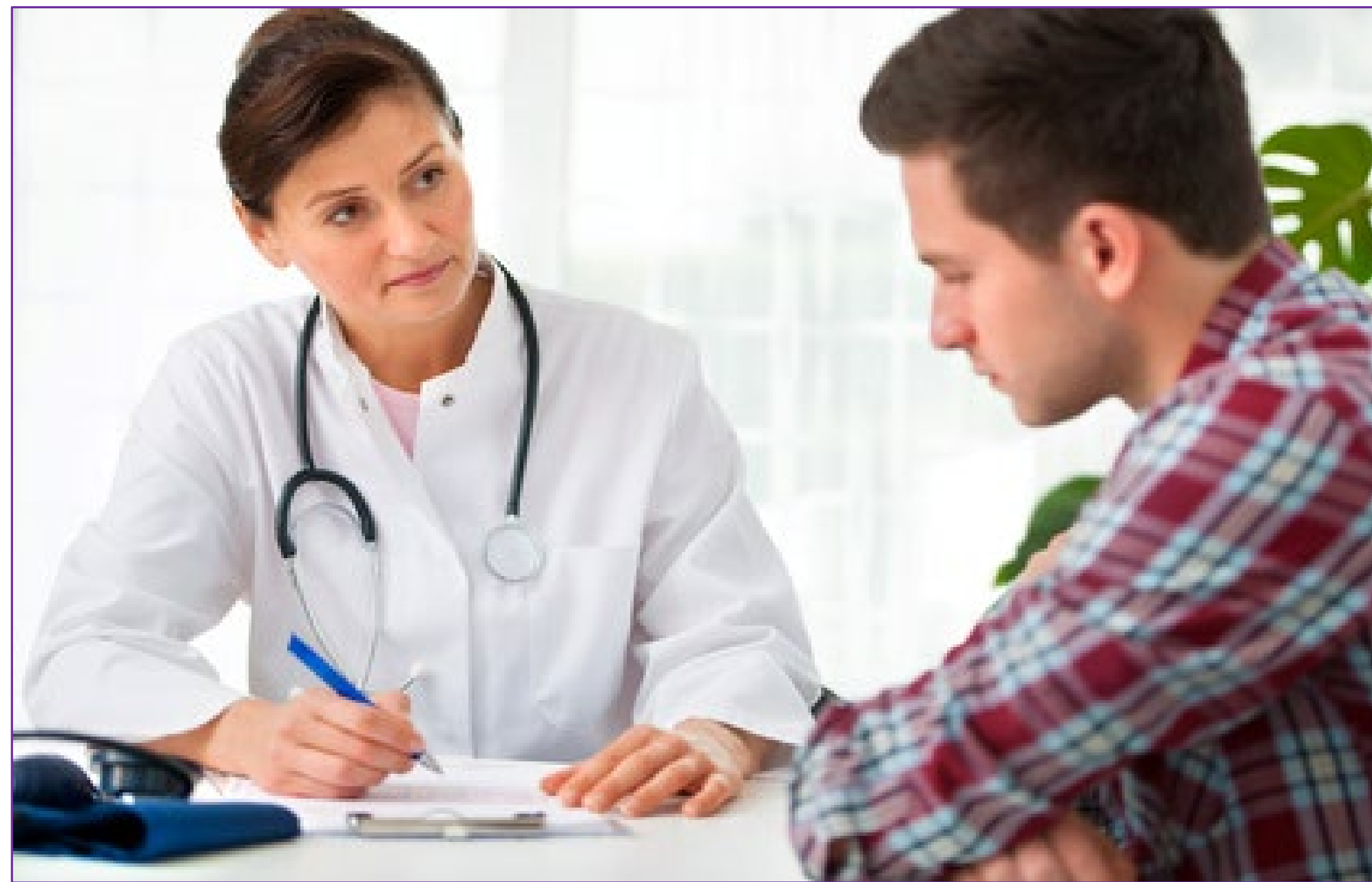
Patient Health Questionnaire for Adolescents Education

DaeLyn Clawson, BSN, RN, MSN Student

PROJECT METHODOLOGY

Depression is a national health issue that effects 20% of adolescents each year.¹⁰ Untreated depression in adolescents can lead to an increased risk for suicide.⁶ This problem exists in our local community as evidenced by the fact that Utah has the fifth highest suicide rate in the U.S.⁷

This MSN project addresses the problem of undetected adolescent depression through an educational training designed to inform and educate PCPs about the benefits and efficacy of using the PHQ-A to detect depression in adolescents. A local primary care clinic was chosen as the setting for this project and a team of key stakeholders created to implement the project. The team chose a project champion, created a timeline, and developed an action plan.



Plan and Development

Project deliverables were created to implement this project. Deliverables include:

- A short pre and post-assessment reflecting the learning outcomes of the educational presentation. This assessment will also determine the knowledge and opinions of PCPs and their staff members regarding the use of a standardized depression screening tool for adolescents.
- An educational presentation developed to teach about the prevalence of depression in the adolescent population, the recommendations by professional organizations to use standardized screening tools for adolescents, data demonstrating the validity of the PHQ-A, and a plan for implementing annual and opportunistic depression screenings.
- A handout developed to summarize the information from the presentation and a hardcopy of the PHQ-A with scoring instructions.
- A pamphlet designed for patients and families to provide information about depression and the PHQ-A. The pamphlet also has a list of community resources and a list of possible next steps for families to take.

Project Evaluation

This project was designed with measurable outcomes.

Initial evaluation:

- The pre and post-assessment can be compared to determine if the educational presentation affected the PCPs' and staffs' knowledge and opinions regarding utilization of the PHQ-A.

Long-Term Evaluation:

- An email survey will be sent to participants after one year asking for feedback from the project. Open-ended questions will ask about the impact of the educational presentation on practice, any changes made in the utilization of the PHQ-A, and positive or negative outcomes noted from the project. Suggestions regarding improvements to the project deliverables will also be encouraged.
- A meeting will be held with Tanner Clinic administration, the project champion, and the project creator to determine the future application of the project.

All feedback will be shared with clinical administrators who may disseminate the findings to the PCPs and clinical staff

Patient Health Questionnaire Modified for Adolescents (PHQ-A)

PHQ-9 modified for Adolescents (PHQ-A)

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following problems 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 several days	3 Nearly every day
1. Feeling down, depressed, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, sleeping too much, or sleeping too little?				
4. Feeling tired or having little energy?				
5. Feeling bad about yourself— or feeling that you are a failure, or that you have let yourself or your family down?				
6. Trouble concentrating?				
7. Thinking or worrying too much about things?				
8. Trouble deciding on things that you have to do?				
9. Thoughts of hurting yourself or others?				

PHQ-9 Score: _____

PHQ-9 Interpretation: _____

PHQ-9 Scoring Instructions: _____

THEORETICAL FRAMEWORK

- The Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) model was designed to help nurses create a practice question, evaluate evidence, and translate that evidence into practice.³
- The three phases of the JHNEBP model have guided this MSN project. A gap was identified between current practice of not using a standardized screening tool for adolescents in the primary care setting and the best practice of using a standardized depression screening tool to screen adolescents for depression in the primary care setting. The literature was reviewed and a recommendation for change was developed.³
- To support the recommendation for change, an educational presentation and other deliverables were created.³

CONCLUSIONS

Depression in adolescents is becoming increasingly prevalent in the U.S.⁸ Undiagnosed and untreated depression can impair an adolescent's ability to function in school, maintain relationships, and participate in normal activities.⁹ To prevent complications from depression, professional organizations recommend that healthcare providers perform annual and opportunistic depression screenings for adolescents using a standardized screening tool.¹ Research indicates that healthcare providers are more likely to provide depression screenings if they have received training for the screening tool.² This project addresses the need for education about a depression screening tool for PCPs and their staff in the primary care setting.

REFERENCES

- American Academy of Pediatrics. (2018). American Academy of Pediatrics publishes teen depression guidelines that equip physicians to tackle mental health issues. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Publishes-Teen-Depression-Guidelines.aspx>
- Clinton, M. (2015). Comparing and contrasting depression screening instruments for use among adolescents in primary care. Retrieved from <https://scholarlyworks.lvhn.org/research-scholars-posters/417/>
- Dang, D., & Dearholt, S. L. (2018). *John Hopkins Nursing evidence-based practice third edition: Model and guidelines* (3rd ed.). Retrieved from <https://web.b-ebschost.com.hal.weber.edu/ehost/ebookviewer/ebook/>
- Forman-Hoffman, V., McClure, E., McKeeman, J., Wood, C. T., Middleton, J. C., Skinner, A. C., ... Viswanathan, M. (2016). Screening for major depressive disorder in children and adolescents: A systematic review for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, 164(5), 342-354. <http://dx.doi.org/10.7326/M15-2259>
- Harder, V. S., Barry, S. E., French, S., Consigli, A. B., & Frankowski, B. L. (2019). Improving adolescent depression screening in pediatric primary care. *Academic Pediatrics*, 19(8), 925-933. <http://dx.doi.org/10.1016/j.acap.2019.02.014>
- Lewandowski, R. E., Acri, M. C., Hoagwood, K. E., Olsson, M., Clarke, G., Gardner, W., ... Horwitz, S. M. (2013). Evidence for the management of adolescent depression. *Pediatrics*, 132(4), e996-e1009. <http://dx.doi.org/doi/10.1542/peds.2013-0600>
- Public Health Indicator Based Information. (2019). Health indicator report of suicide. Retrieved from <https://ibis.health.utah.gov/ibispv-view/indicator/view/SuicDth.Ut.US.html>
- U.S. Department of Health and Human Services. (2018). United States adolescent mental health facts. Retrieved from <https://www.hhs.gov/ash/hai/facts-and-states/national-and-state-data-sheets/adolescent-mental-health-facts-sheets/united-states/index.html>
- Wagner, K. D. (2018). Presidential address: depression awareness and screening in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 57(1), 6-7. <http://dx.doi.org/10.1016/j.jaac.2017.10.015>
- World Health Organization. (2019). Adolescent mental health. Retrieved from