



Children's TiPS

Psychiatry: Depression in Children and Adolescents

By: Patricia McGuire, MD

Depression is an illness that can affect all ages. The Center for Disease Control (CDC) notes that depression is a leading cause of disability in the United States. Children and adolescents with Major Depressive Disorder (MDD) often do not function well at school or work, and may struggle with interactions with their families and peers. MDD in children and adolescents is strongly associated with recurrent depression in adulthood, other mental disorders, and increased risk for suicidal ideation and attempts. The mean age of onset of MDD is about 14 to 15 years. Early onset is associated with worse outcomes. The average duration of a depressive episode in childhood varies widely, from 2 to 17 months.

Symptoms of Major Depressive Disorder include:

- ◆ Feeling sad, hopeless, or irritable a lot of the time
- ◆ Not enjoying or wanting to do fun things
- ◆ Changes in eating patterns – eating a lot more or a lot less than usual
- ◆ Changes in sleep patterns – sleeping a lot more or a lot less than normal
- ◆ Changes in energy – being tired and sluggish or tense and restless a lot of the time
- ◆ Having a hard time paying attention
- ◆ Feeling worthless, useless, or guilty
- ◆ Thinking about or engaging in self-harming behavior

The US Preventative Services Task Force (USPSTF) found adequate evidence that screening instruments for depression can accurately identify MDD in adolescents aged 12 to 18 years in primary care settings. However, the USPSTF found insufficient evidence for screening tools for depression in children under 11 years of age in primary care. Several screening instruments for MDD have been developed for use in primary care, including with (continued pg. 2)

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Special points of interest

- TiPS Spring Conference will be held in Pittsburgh on Friday, March 23, 2018
- TiPS will begin sending out First Year Satisfaction Surveys to all of our enrolled practices. We appreciate your feedback!

Psychiatry (cont.)

adolescents. The Patient Health Questionnaire 9 for Adolescents (PHQ9-A) is a well-studied, validated screening tool. Data on the accuracy of MDD screening instruments in younger children are limited.

A PHQ-9 score of 11 or more had a sensitivity of 89.5% and a specificity of 77.5% for detecting youth who met the criteria for MDD. Higher PHQ-9 scores were significantly correlated with increasing levels of

functional impairment.

The optimal cut point to detect MDD is over the age of 11, which is higher for adolescents than adults. Yet the sensitivity and specificity of the PHQ-9 is similar to the adult population. The brief nature and ease of scoring of the PHQ9-A make this tool an appropriate choice for providers seeking to implement depression screening in primary care settings. □

Upcoming Practice Visits

- Cole Memorial—Eldred Health Center—November 7, 2017
- Penn Highlands Pediatrics—November 8, 2017
- Forbes Family Medicine—February 13, 2018

If you would like a TiPS Psychiatrist to visit your practice to discuss TiPS or to provide education on any behavioral health topic, please contact us by phone at 724-933-3912 or by email at wpatips@chp.edu

Satisfaction Surveys

We will begin sending satisfaction surveys to our enrolled practices. These surveys will help us understand how we have done over the last year. Your feedback will help us improve our program.

We greatly appreciate your participation!

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?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

Yes No

If you are experiencing any of the problems on this form, 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

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

Yes No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

Yes No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only:

Severity score: _____

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)

Care Coordination: Resources for Depression

By: Nechama Splaver, LSW

The National Suicide Prevention Lifeline has numerous resources on their website, including downloadable materials with information about how to assess for suicidal ideation and intent and what to do next. Also available is a hotline that operates across the county, 24 hours a day, 7 days a week, with options for Spanish and hearing impaired individuals. An online option to chat with a live helpline specialist that can be found on their website: www.suicidepreventionlifeline.org

- ◆ 24/7 helpline: 1-800-273-TALK (8255)
- ◆ 24/7 helpline for Spanish speakers: 1-888-628-9454
- ◆ 24/7 helpline for deaf and hard of hearing: 1-800-799-4889
- ◆ Lifeline Chat: click the button on the top right of the main website, or go directly to chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx

The Crisis Text Line provides a similar 24/7 national helpline through either text or mobile app. To be connected to a trained crisis counselor:

- ◆ Text “HOME” to 741741
- ◆ The first two text responses will be automated. It usually takes less than 5 minutes to be connected to a trained counselor.
- ◆ For more information on the crisis text line, including how to contact them through different apps, please visit their website: crisistextline.org

The STAR (Services for Teens at Risk) Center is located in Pittsburgh and focuses on adolescents with concerns of depression, anxiety and suicidality. STAR offers the following services to teens, families and providers all across Pennsylvania:

- ◆ Evaluation and treatment (therapy/psychiatry)—outpatient for ages 7-18 and IOP for ages 13-18
- ◆ Support groups for parents, youth who have completed the program, and survivors of suicide
- ◆ Informational materials for parents and providers can be found on their website: starcenter.pitt.edu □



Things To Remember

- Free Webinars—Look for additional information on our website: www.chp.edu/tips
- TIPS Spring Conference will be held in Pittsburgh on Friday, March 23, 2018

For Enrolled Practices

We will be reaching out to the following practices to set up a yearly practice visit:

- Primary Health Network—New Castle
- Heritage Valley Family Medicine Residency
- Laurel Pediatric Associates
- Pediatric Associates of Latrobe
- Metro Community Health Center
- Dr. Chopra MD
- Adolescent Medicine
- CCP Laurel
- Health Associates East
- Pittsburgh Mercy Family Health Center
- Greenville Community Health Center

Welcome New TiPS Enrolled Practices

- Cherry Tree Pediatrics
- Westmoreland Family Medicine

Therapy: How to Talk to your Patient About Suicide

By: Megan McGraw, LCSW

According to the CDC, suicide is one of the leading causes of death for children, adolescents and young adults 10 to 24 years old. Suicide has also been a frequent topic in the media, largely due to popular TV shows that highlight a character who has completed suicide or is having suicidal thoughts.

The ability to talk to your patient about suicide is an important skill for all primary care clinicians. Your unique role as a trusted provider puts you at an advantage; primary care clinicians often encounter patients with behavioral health needs before any other provider. The American Academy of Pediatrics has recommended that all primary care clinicians become familiar and comfortable with screening for depression and suicide.¹ Consider these suggestions when screening your patient for suicide:

1. Talk with your patient alone. Ask parents to leave the room. The patient may refrain from being honest if their parent is present. If you experience resistance from parents, talk with them about the importance of their child learning to communicate with their health care providers independently.

2. Asking direct, open-ended questions can be the most effective.

- ◆ “Have you ever had thoughts about wanting to die?”
- ◆ “Have you ever considering killing yourself?”
- ◆ “Have you ever thought about hurting yourself?”
- ◆ “If so what would you do?”
- ◆ “When was the last time you had these thoughts?”
- ◆ “Did you ever do anything about it?”

Try to remain neutral when forming your questions. AVOID starting with “You’ve never thought about



suicide, right?” or “I don’t need to worry about suicide, do I?”

3. Keep the discussion going by listening at first and asking follow up questions to their comments. If your patient answers “Yes” to any of the questions, gather information about intent, furtherance and plan. Consider using SAFE-T as a tool.²

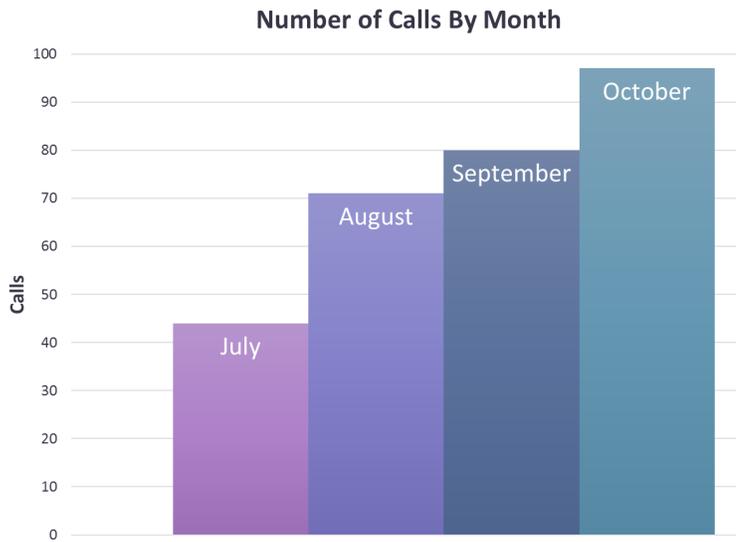
4. If you have safety concerns about your patient, create a plan before they leave the visit. The plan should include the local or national crisis line; a trusted adult (who knows about the plan) that they can speak to if they are having suicidal thoughts; and daily coping strategies like talking to friends, taking a walk, playing with pet, etc. If your patient cannot create a plan or is not confident they can follow the safety plan, please call your local crisis line while the patient is still in the office. A crisis worker can support you in identifying next steps.

We encourage you to become familiar with the crisis services in your community before you have a patient in crisis. Our team of care coordinators can provide you with information about the crisis services in your county. Please see page 2 for additional information about the National Suicide Prevention Lifeline and the Crisis Text line. □

1 Based on the 2009 AAP Policy Statement: The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care

2 The Safe-T: Suicide Assessment Five-step Evaluation and Triage can be found at: https://www.integration.samhsa.gov/images/res/SAFE_T.pdf

TiPS Activity Data: Call Volume



- ◆ Children’s TiPS has completed 292 consultations between July 1, 2017 and .October 31, 2017.
- ◆ The chart to the left shows these consultations by month.
- ◆ In this time period, Children’s TiPS completed an average of 17 consultations per week.
- ◆ These consultation requests came from 50 different practices.
- ◆ Our highest utilizer, Primary Care Center, had 65 consultations with TiPS since July 1st, 2017. □

“This service is VERY helpful! We have a tough time accessing mental health care for our patients due to limited availability, but this helps me help them.”

- Primary Care Clinician who recently utilized Children’s TiPS

Meet the TiPS Team—Staff Highlight

Justin Schreiber, DO, MPH, FAAP

Your Job Title/Location:

Assistant Professor of Psychiatry and Pediatrics, Children's Hospital of Pittsburgh.

Education:

Undergraduate at UCLA, Medical School at Touro University Nevada, Triple Board Residency at University of Pittsburgh Medical Center.

About You:

I am originally from California, but have come to love the city of Pittsburgh and have learned to tolerate the winters.

About Your Job:

I work as a pediatrician one day a week at the General Academic Pediatrics practice doing a combination of general pediatrics, child obesity management and resident education. I am part of the behavioral health consult team at Children's and I see patients in the hospital and outpatient.

Your Favorite Food:

Fish, especially salmon.

What You Like to Do in Your Free Time:

Spend time with family, outdoor activities, run, political engagement and advocacy. □



Contact Us

Phone: 1-844-972-8477

Email: wpatips@chp.edu

Website: www.chp.edu/tips

Children's TiPS

Our provider-to-provider service gives primary care clinicians (PCCs) access to on-call psychiatrists, Monday through Friday, 9 a.m. to 5 p.m. When a PCC calls, the Children's TiPS team will connect him or her with a child and adolescent psychiatrist within the same day, often within thirty minutes. Our TiPS psychiatrists can answer questions about medications, diagnoses, screening tools, resources, and other topics. TiPS psychiatrists can also refer patients to our care coordinators or licensed therapists if needed.



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A Behavioral Health Newsletter for Pediatric Primary Care Clinicians

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