

# **Depression Screening and Suicide Prevention in Healthcare Settings for AI/AN Youth**

**University of Washington Leadership Education  
in Adolescent Health Program**

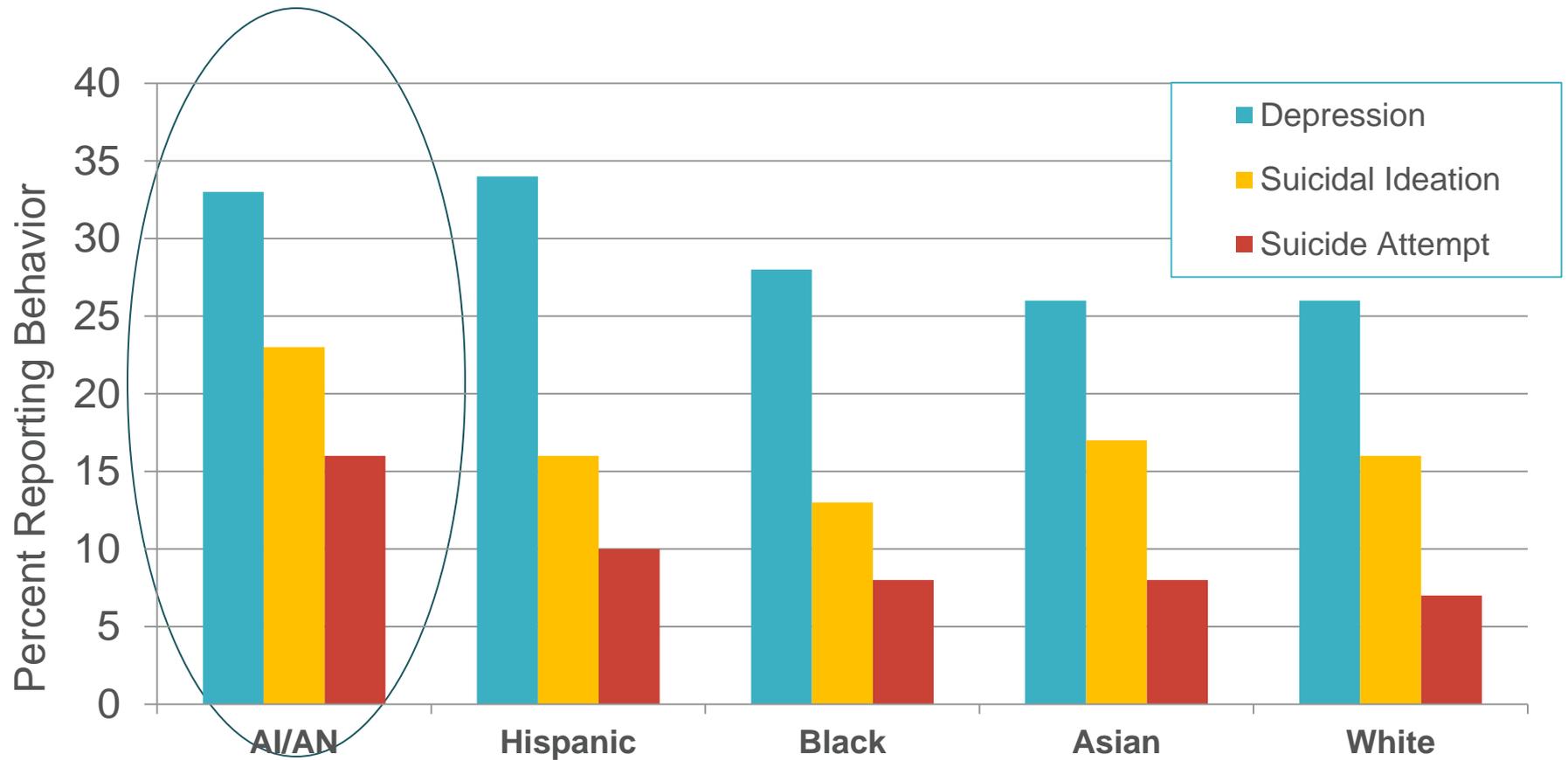
# Goals and Objectives

- Interpret epidemiology on depression and suicide risk prevalence among American Indian and Alaska Native youth
- Identify risk and protective factors for depression and suicide
- Apply best practices for screening and assessment of depression and suicidal behavior

# Depression Prevalence

- 11% of 13-18 year olds in the US have ever had an episode of major depression
- 7.5% have experienced major depression within the past year
- 28% of depressed teens report having suicidal thoughts in the prior year

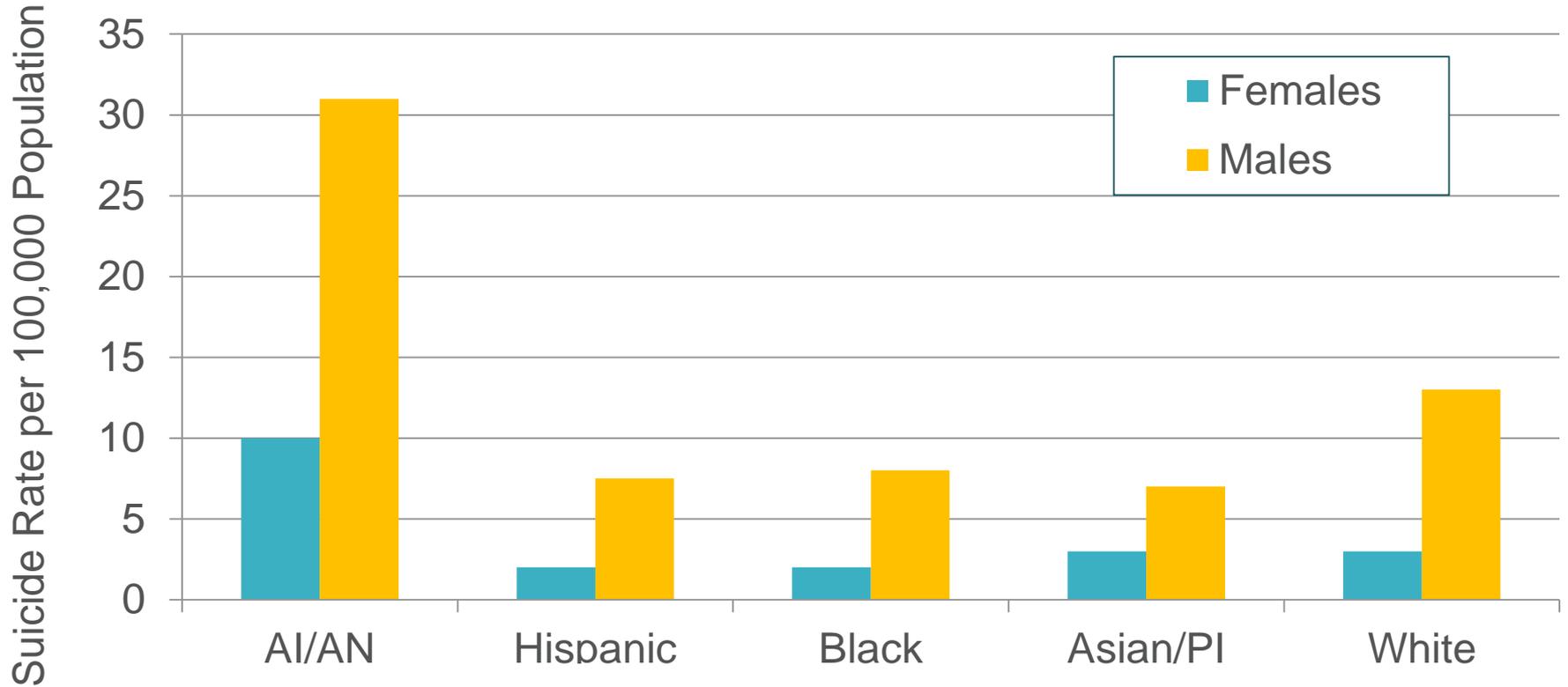
# Prevalence of Depression/Suicidal Thoughts



# Impact of Depression

- Poor relationships and social isolation
- School failure and low long-term educational attainment
- Substance use: drugs, alcohol, and tobacco
- Poor overall health
- Depression recurrence (~70% within 5 years)
- Other mental health disorders

# Suicide Rates by Race/Ethnicity



# Risk Factors for Depression and Suicide

- Family: Family conflict, family history of depression/substance abuse/suicide, and low socioeconomic status
- Negative life events: Parental divorce or separation, loss of a friend or parent, poor peer relationships, poor school performance, bullying, abuse or neglect
- Characteristics of youth: anxiety, low self-esteem, high self-criticism, impulsivity, sexual orientation

# Additional Factors Affecting Depression and Suicide Among AI/AN Youth

- **Individual**
  - Identity
  - Perceived discrimination
  - Alienation
- **Family**
  - Connectedness
  - Spirituality
- **Community**
  - Adaptation
  - Acculturation
  - Clustering



# Parents and Elders Perspectives on Youth Suicide Rates

- Qualitative Analysis of AI parents and elders
  - n=49, 9 elders
- Identified 4 external factors:
  - Effect of the “modern world”
  - Historical trauma
  - School difficulties
  - Problems finding a job

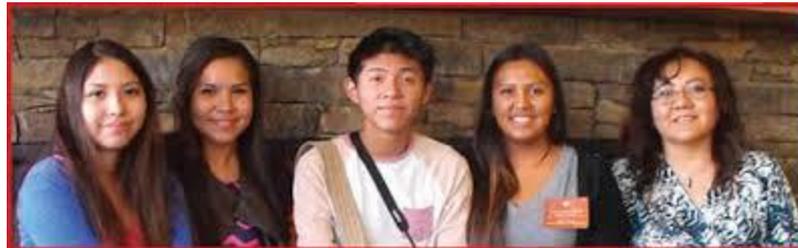


# Accessing Care for Treatment

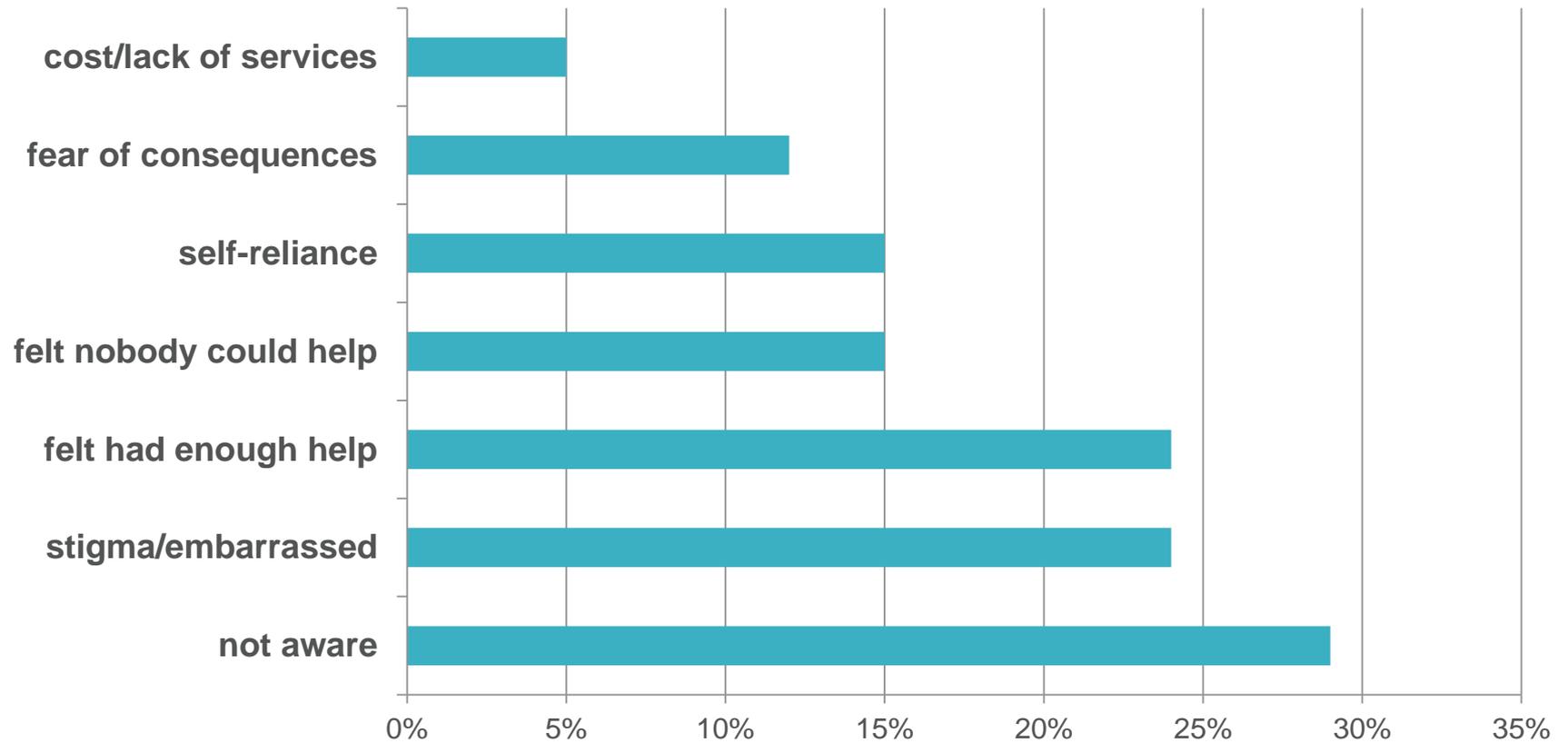
- In a national survey, 60% of depressed adolescents reported that they had received some type of care for their depression
- < 40% of US adolescents with depression receive treatment by mental health specialists
- AI/AN youth may experience additional barriers to accessing mental health care

# Seeking Help When Suicidal

- When suicidal, most (76%) AI/AN youth seek help
  - 63% family and/or friends
  - 41% mental health professional
  - 13% school counselor or teacher
  - 3% medicine man



# Reasons for Not Seeking Help when Suicidal

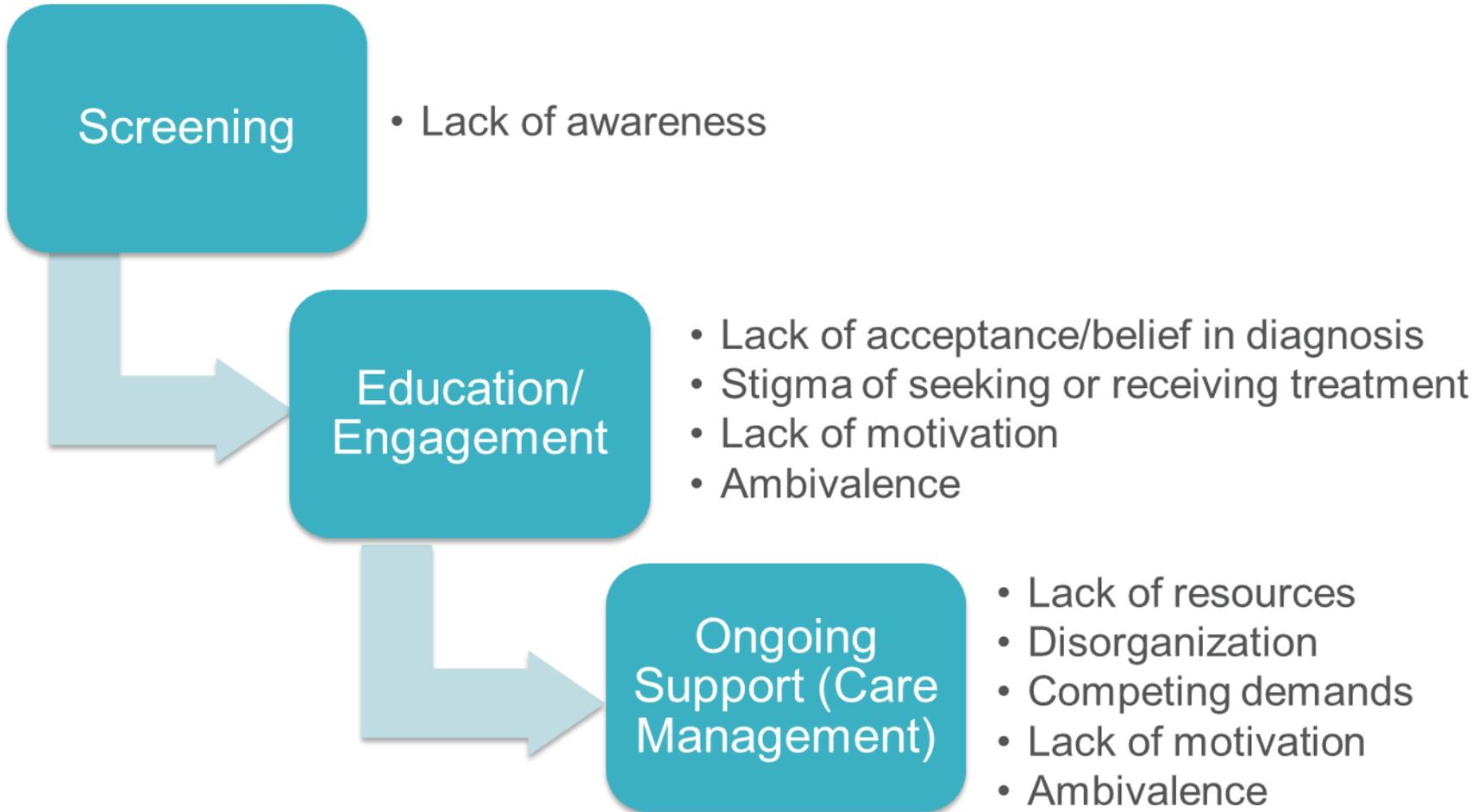


# Most Commonly Cited Barriers to Treatment

awareness  
disorganization  
acceptance  
motivation belief ambivalence  
stigma  
competing demands  
resources



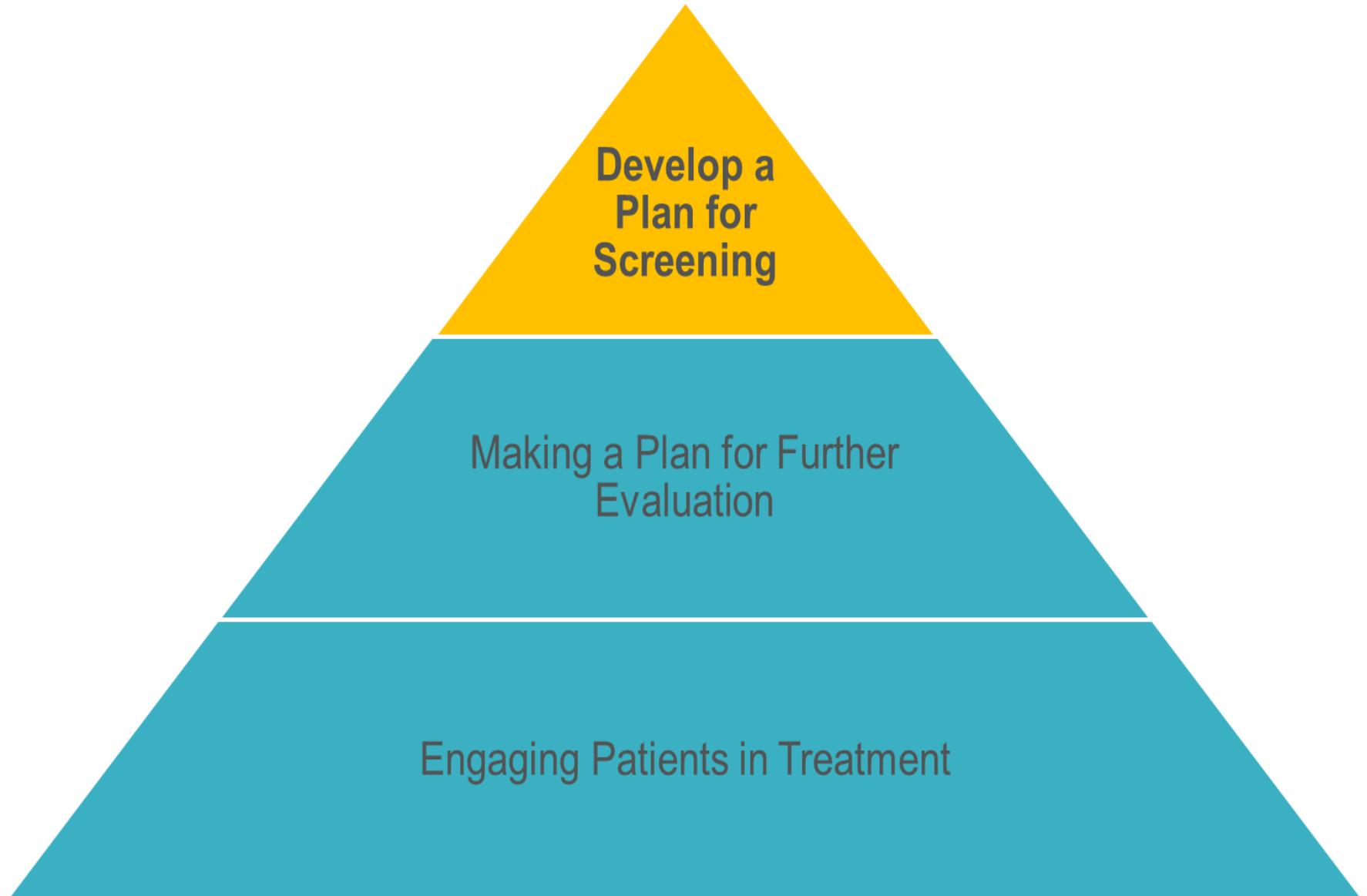
# Strategies to Address Patient Barriers to Care



# Screening for Depression in Adolescents

- Recommended beginning at age 12 by:
  - Preventive Health Guidelines (Bright Futures, GAPS)
  - US Preventive Services Task Force
- US Preventive Services Task Force stipulates that screening should only be done....when systems are in place to ensure accurate diagnosis, treatment, and follow-up

# Key steps for implementing screening



# Factors to Consider When Choosing a Screen

- What are you interested in screening for?
  - Depression-specific vs. more general behavioral screen
- Who are you screening?
  - Age & developmental level
  - Cultural context
- How feasible is it to administer?
  - Can you afford it?
  - How easily/quickly can you score and interpret it?

# Depression-Specific Tool: the Patient Health Questionnaire 9-item Screen (PHQ-9)

- Brief tool validated for screening for adult or adolescent depression in medical settings
- Includes 9 questions that represent key symptoms of depression over the prior 2 weeks each with a 0-3 response option (27 possible)
- The 9<sup>th</sup> item is a broad-based suicide screening item
- A score of  $\geq 11$  has a 89.5% sensitivity and 77.5% specificity for detecting major depression in teens

# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns  +  +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

<b>10.</b> If you checked off <i>any</i> problems, 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 _____
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# Very Brief Depression Tool: the Patient Health Questionnaire 2-item Screen (PHQ-2)

- In the past two weeks how often have you been bothered by (scaled 0-3):
  - Feeling down or depressed or hopeless?
  - Little interest or pleasure in doing things?
- A score of 3 or higher has a sensitivity 74% & Specificity 75% for detecting major depression
- However, 20% of youth with suicidal ideation would be missed by screening with the PHQ-2 alone

# Screening for Suicide in Non-Depressed Teens

- Although suicidality is more common in depressed teens, not all suicidal teens are depressed
- It is important to screen all teens specifically for suicidal thoughts, not just depressed teens
- Suicide Item from Bright Futures:
  - Have you had thoughts in the past year about wanting to hurt or kill yourself?

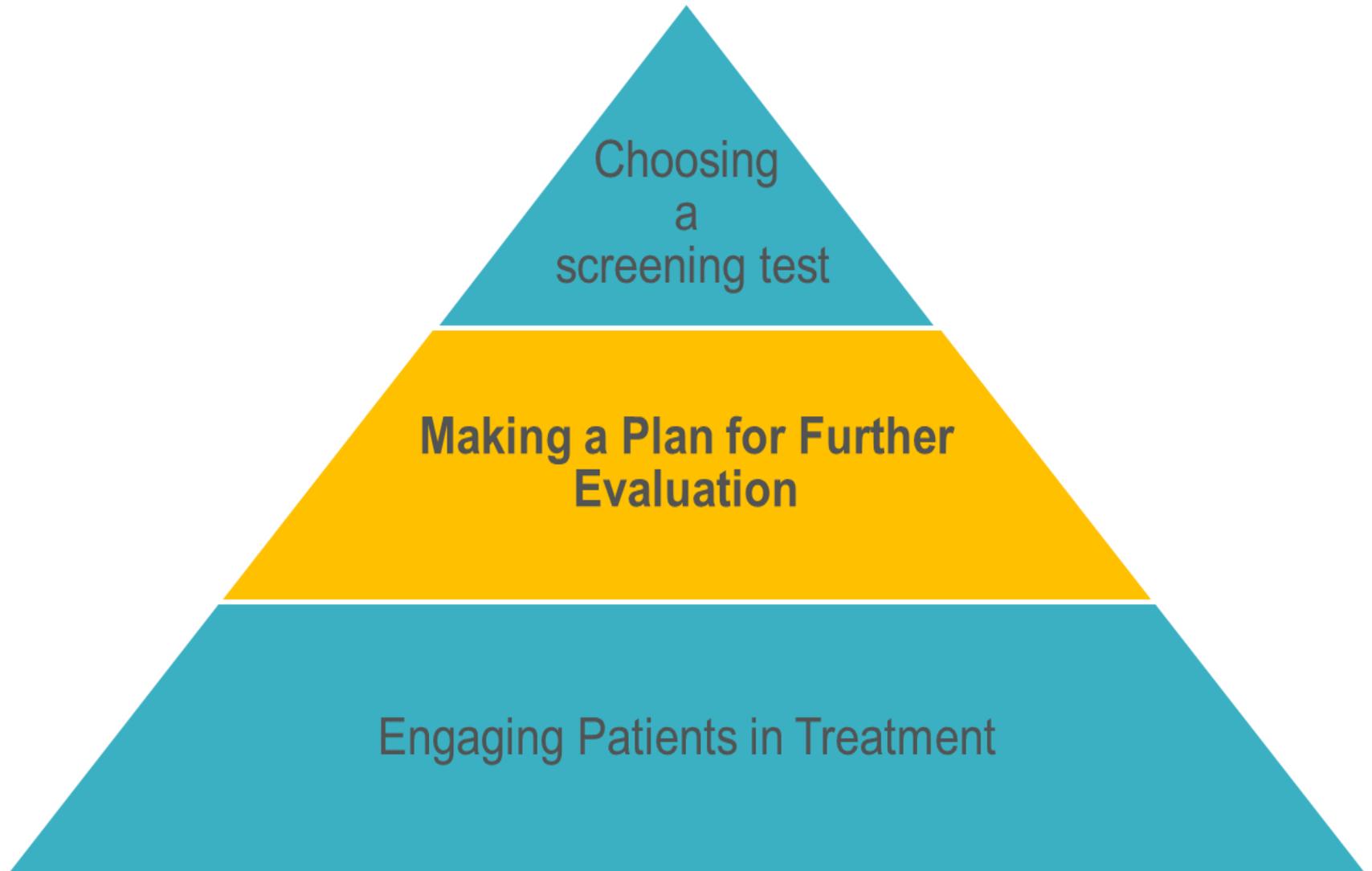
# Developing a Plan for Screening for Your Practice

- Create a plan regarding which visits will include screening (e.g. well child, other)
- Assign who in the practice will be responsible for administering the screen and for reviewing the results
- Develop protocols and resources for patients who need further evaluation
- Make sure confidentiality policy is in place

# Screening and Confidentiality

- Teens are LESS likely to endorse suicidal ideation in the presence of their parent and should be interviewed independently
- Policies regarding confidentiality should be clear and shared with teens **before** screening
- Confidentiality should be broken if there is any concern that the teen is at risk of hurting him/herself

# Key questions for implementing screening



# Making a Plan to Follow-up on Positive Depressive Screens

- All teens with a positive screen should have an interview with a clinician to assess for depression
- The higher the number of symptoms the less likely that the symptoms will spontaneously remit
  - 93% of teens with a PHQ-9 $\geq$ 20 continue to be depressed 6-weeks later compared to 35% of those with PHQ-9=11-14
- Teens with mild symptoms might be appropriate for a period of “watchful waiting” but should have clear follow-up plans

# Making a Plan to Follow-up on a Positive Suicide Screen

- Any teen who endorses suicidal ideation on a screening question should be evaluated before leaving the appointment
- Assessment should include the “4 P’s”: *past* suicide attempts, suicide *plan*, *probability* of completing suicide, and *preventive* factors
- Subsequent plans should be based on level of risk
  - High risk – mental health evaluation emergent (within 24 hours)
  - Moderate risk - evaluation by ~72 hours
  - Low risk – might not require external evaluation

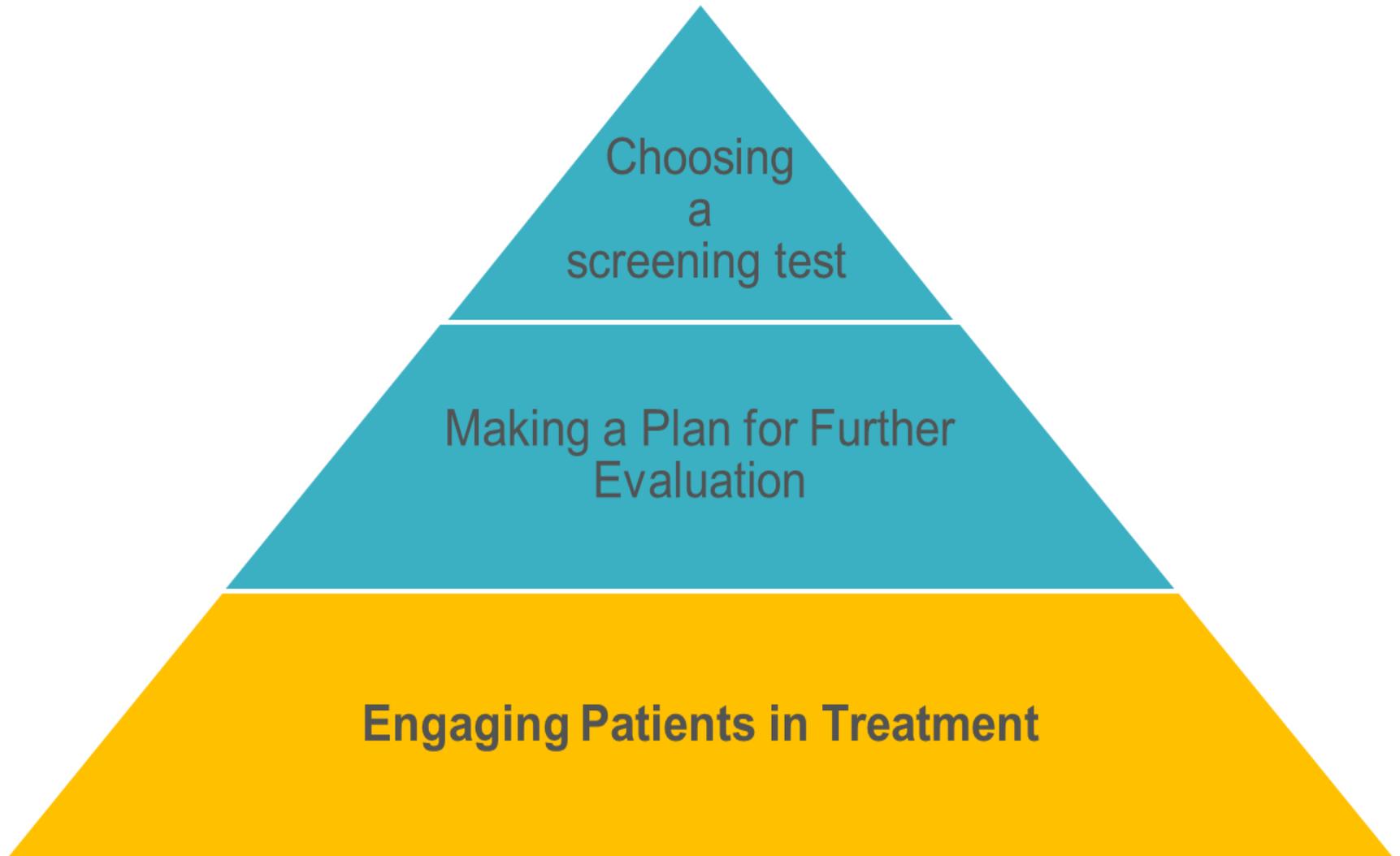
# Safety Plan for Suicidal Teens

1. Warning signs
2. Coping strategies
3. People who can help
4. Professionals and resources to contact during a crisis
5. Making the environment safe

# When to break confidentiality?

- Teen endorses suicidal ideation assessed to be more than mild musings about death
- Teen reports having a plan and/or intention around what they would do and access to lethal means
- Teen is unwilling to do safety planning
- Teen is actively engaging in self-injurious behavior, of which parent is not aware
- When in doubt or uncomfortable

# Key questions for implementing screening



# Education and Engagement Following Screening

- Listening:
  - Context and meaning of the depression for the teen
  - Main strengths and motivators for the teen
  - Key challenges for the teen
- Discussing:
  - Depression in a way that reflects what the teen has shared about context
  - Treatment options in a balanced, non-judgmental way
- Treatment choice and plan next steps
- Develop safety plan

# Tips about Engagement

- Engagement may take several visits
- Teens are likely to be more engaged when the treatment plan honors their preferences
- Parents play a critical role in providing resources for teens to receive treatment and their perspectives should be considered when making the treatment plan

# Care Management

- All teens who screen positive should have a follow-up appointment and repeat symptom assessment
- Practices should have a system to track patients and a plan to reach out to those who don't return
- All patients in active treatment should have frequent follow-up to:
  - Assess medication treatment engagement/side effects
  - Assess receipt of psychotherapy/ assist with connecting with provider
  - Re-assess symptoms – repeating a tool like the PHQ-9 can help providers determine if treatment intensity needs to be increased (“stepped care”)

# Case 1: Tiva

- 15 year old girl who is in for a well check
- PHQ-9 = 13
- Symptoms make daily life “somewhat difficult”
- No suicide ideation

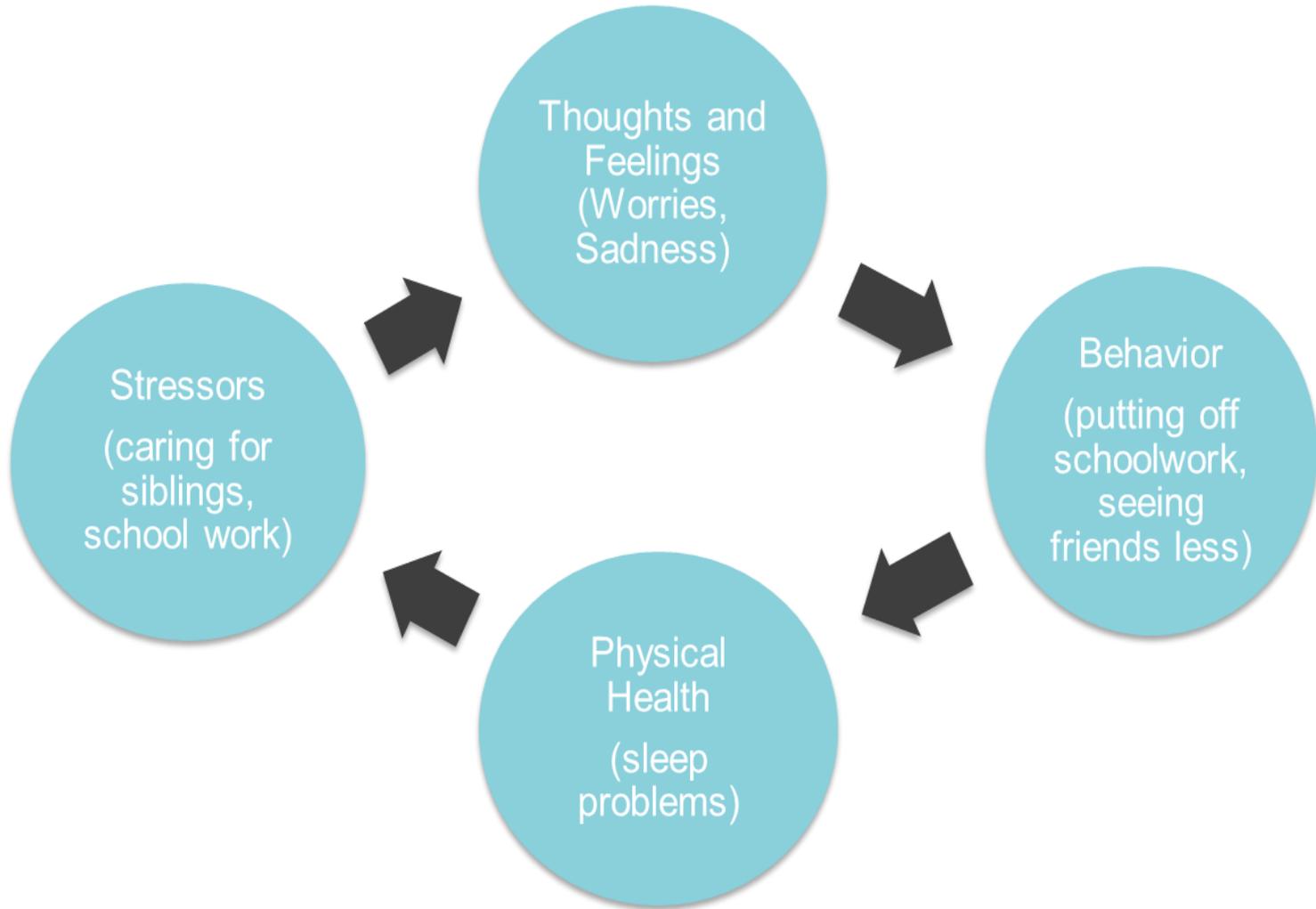


# Tiva: Clinical Evaluation

- First episode for her or her family
- Very anxious teen
- Strengths:
  - Insightful
  - Supportive friends & parents
- Stressors:
  - Heavy school load
  - Recently asked to take on increased family responsibilities



# Depression

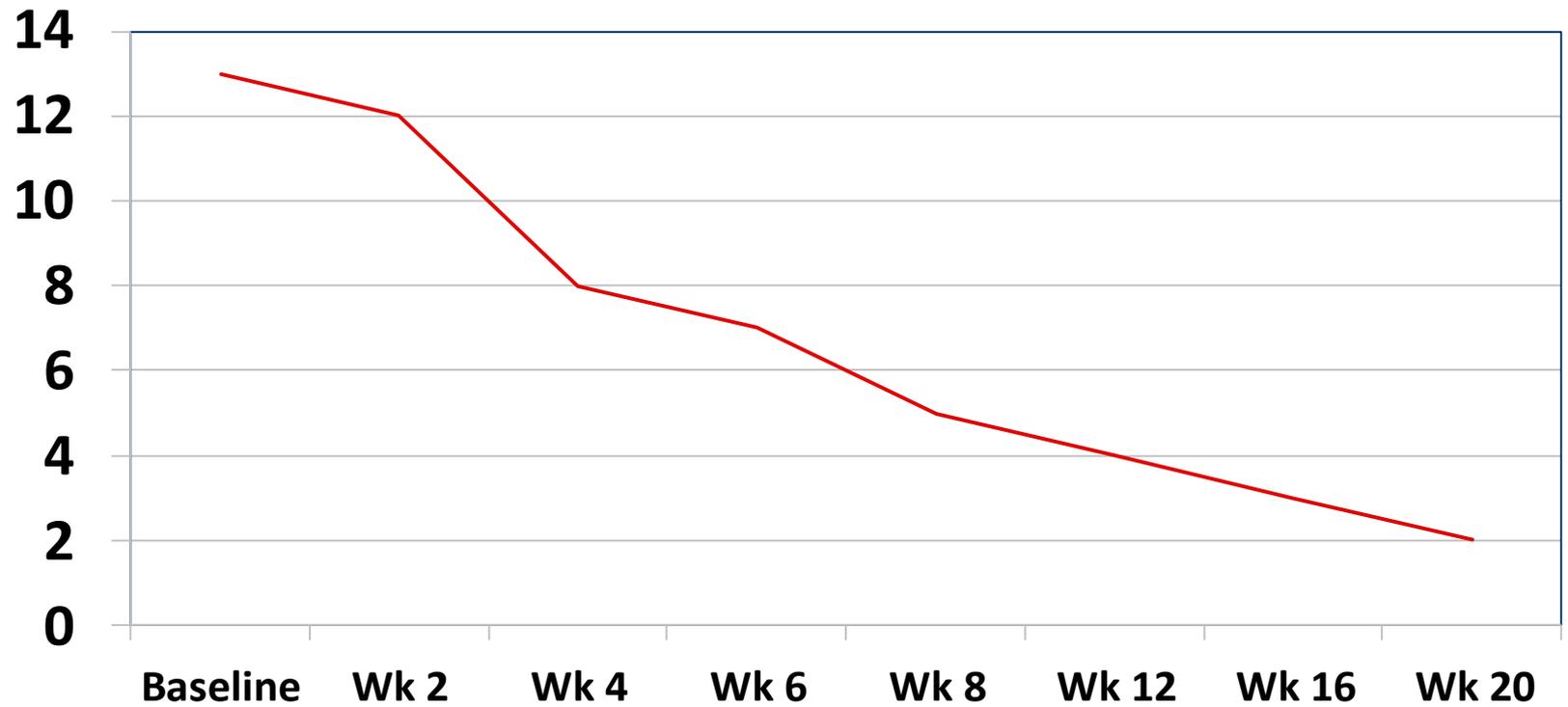


# Tiva: Treatment Plan

- Symptom tracking
- Cognitive behavioral therapy:
  - Behavioral activation
  - Discussion with parents
  - Time management
- Work on sleep hygiene and relaxation (tapes)



# Tiva: PHQ-9 Score



# Tiva's Relapse Prevention Plan

- Warning signs: feeling overwhelmed, poor sleep, withdrawal
- Early strategies: spending time with friends, stress relief (relaxation tapes, music)
- If not getting better: talk with parents or doctor
- What worked: talk therapy



# Case 2: Dakota

- 16 year old boy
- On probation at school due to fighting and poor grades
- Has become withdrawn recently
- PHQ-9 score is 10
- Indicates frequent thoughts of hurting himself on 9<sup>th</sup> item



# Dakota: Clinical Evaluation

- No prior depression but alcoholism in family
- Strengths:
  - Good athlete
  - Wants to feel better
- Stressors:
  - Fighting/Anger issues
  - Mom drinks frequently
  - Bullying



# Suicide Risk Assessment with Dakota (4Ps)

- Past suicide attempts: None
- Suicide plan: Does not have a specific plan; thoughts are triggered by bullying, occur frequently
- Probability of completing suicide: Indicators of high risk include impulsivity and possible substance use
- Preventive factors: Suicide unacceptable; discusses how difficult it would be for his family if he were not alive; long-term athletic goals



# Bringing Dakota's parents into the conversation

- Notify Dakota of your obligation to tell an adult
- Explain the reasons you need to break confidentiality, emphasizing the importance of keeping him safe
- Offer Dakota the opportunity to communicate these concerns himself, but he declines. He does decide to be present during the conversation



# Dakota's Next Steps in Treatment



- Create a safety plan
- Initiate treatment for depression
- Problem-solve around bullying
- Further assess substance use
- Maintain close follow-up

# Conclusions

- Screening for depression and suicidal behavior in adolescents is important for AI/AN youth
- All youth who screen positive for depression should have further evaluation to determine if depression is present
- All youth who screen positive for suicide should have further evaluation to determine level of risk and next steps in care
- Screening alone is not enough, to be successful, practices must also consider education and engagement and ongoing care management to help keep youth in care

**Thank you!**



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