

December 2016 post: Depression Screening and Suicide Assessment

*Case: 16 yr. old male accompanied by his mother for a well child visit. He is in 10th grade and has been active in various extracurricular activities. Mother reports no concerns except that he seems less engaged. On confidential interview, patient reports feeling sad and not wanting to engage for last 4 months. Reports feeling tired all the time and difficulty falling asleep. Reports thoughts about hurting himself 2 months ago by overdosing on pills. Denies current plan or intent. Denies suicidal attempts.*

Adolescent depression is common and studies estimate 1 in 5 teens suffer from depression. Suicide continues to be second most common cause of death in KY among adolescents and young adults. Adolescents may not always be forthcoming about their mood symptoms at their doctor's visit. While some parents may express concerns about their behaviors, most of their symptoms go unnoticed.

Here are some tips for Depression screening and Suicide assessment in the office setting:

- [PHQ 9 – Modified for Teens](#) - Quick and easy to administer in the office settings. Screening can be done during annual for 12 -18-year-old well visits.

- [CESD- R](#) – Center for Epidemiologic Studies Depression Scale – Revised: There are 20 items that measure symptoms of depression in different areas as defined by DSM V.

- Suicide screening and assessment: Attached is an algorithm that was developed as part of resident training curriculum. It can be utilized as a guide for further management of positive suicide screening. In addition, a safety plan worksheet is attached.

For resident and student training, there is great curriculum available on [Mededportal](#). It does need a login but can be downloaded free of cost.

Mandakini Sadhir

Chair

KY Adolescent Health Forum (KAHF)