

# Parental Depression Screening: Incorporating Validated Screening Tools into your Practice

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# Disclosures

- I have no relevant financial relationships to disclose or conflicts of interest to resolve
- I will discuss no unapproved or off-label pharmaceuticals

# UVM Children's Hospital Pediatric Primary Care

## Our practice

- Two sites: Burlington and Williston
- Serve about 7,500 patients
- 15 Providers including 2 Nurse Practitioners (primarily part-time or with other academic functions)
- Primary outpatient teaching site for UVM's Pediatric Residency, hosting all the continuity clinics
- Pediatric New American Clinic, caring for new refugees and immigrants to Vermont
- Overall about 20% of patient population has limited English proficiency



# Post-partum Depression Screening

## Current Practice: Edinburgh Depression Screen

- Using since 2014
- Screen post-partum mothers at the following visits:
  - 2-4 weeks, 2 months, 6 months
- Process: Paper screening form handing out at front desk. Scored by the person rooming the patient
- Built-in documentation within the EHR when started
- Reliability: ?
  - Relatively reliable, but no hard data on this

Edinburgh Depression Screen

### Edinburgh Depression Screen

Total Score: 0

Interpretation: Low risk

The thought of harming myself has occurred to me: Never

Intervention: brief in-office intervention

Family History:

# Depression Screening in New Americans

## Current Practice: Screening new refugee arrivals and their parents since 2010

- Patients aged 4-17 years screened with **Strengths and Difficulties Questionnaire** at arrival and at 1 month, 6 months and 1 year post-arrival
- Parents screened with **Edinburgh Depression screen** at arrival and with **PHQ-2** at following visits
- Documentation (pull in a phrase and type in the score)
- Only recently, the last couple months experimenting with screening other parents/guardians using PHQ2 at non-infant well child visits

# Lessons Learned Along the Way

## Challenges

- Difficult to interpret/understand questions
  - Edinburgh – Things have been getting on top of me
  - PHQ-9 – Little interest or pleasure in doing things?
- Refugees – parents filling it out for the kid (no matter the age)
- Sometimes not clear who filled out the screen (which parent, etc.)
- Just not done sometimes
- Reliable process (easier with refugee patients – research study, small numbers – vs entire clinic)
- Provider and staff anxiety or discomfort around asking this topic.

## Benefits:

- Opens up discussion of emotional health; Picking up things even though screen is “normal”

# Quality: Measurement and Monitoring Adolescent Depression Screening

## **Reliability: Are we screening at all intended visits?**

- How would we know this?
  - Chart review (CHAMP approach)
  - Report through EHR
  - Billing (using new codes could run billing report – how the State or ACO would do it if they had this as a measure)

## **Quality: Are we screening in a patient-centered way?**

- Patient/family feedback, patient and family advisors

## **High Risk Follow-up: Can we easily follow-up the patients at highest risk?**

- Report of high risk patients for patient outreach
- Getting it on the problem list (vs just in the note)