Screening The Adolescent for Mental Health Disorders and Health Risk Behaviors

James J. Burns MD
Clinical Professor, Pediatrics
Florida State University
Director, Adolescent Medicine
Sacred Heart Children’s Hospital
Disclosure

- Nothing to disclose 😊
- FSU is #5
Learning Objectives

• Why screen teens for mental health problems and health risk behaviors
• Current performance of primary care providers in screening
• How to screen
• What to do when a positive screen is found
Why primary care providers should screen teens for mental health problems and health risk behaviors...
Background Statistics

- 14-20% of adolescents have a mental disorder
- 75% of these patients are seen in primary care settings
Many teens are involved in Health Risk Behaviors as per the 2009 Youth Risk Behavior Survey...in Florida...
Injuries/Violence

- 17.3% Carried a weapon during the past month
- 29.8% Were in a physical fight during the past month
Injuries/Violence

- **11.6%** Rarely or never wore safety belts
- **27.6%** Rode with a drinking driver during the past month
- **6.5%** Attempted suicide during the past year
Alcohol

- **40.5%** Drank alcohol during the past month
- **21.1%** Reported episodic binge drinking (>5 drinks in couple hours) during the past month
Drugs

- 21.4% Used marijuana during the past month
- 6.9% Ever used cocaine
- 7.6% ever used Ecstasy
Sexual Behaviors

- **50.6%** Ever had sexual intercourse
- **16.6%** Had four or more lifetime sex partners
- **37%** Had sexual intercourse during the past three months
Tobacco Use

- **16.1%** Smoked cigarettes during the past month
- **6.2%** Smoked Cigarettes on >20 days during the past month
- **7.1%** Used smokeless tobacco during the past month
Consequences of these risk behaviors:

- Car Accidents
- Suicide
- Homicide
- Sexually Transmitted Infection
- Teen Pregnancy
- Health problems both chronic and acute
- Death: Teens now higher than children (Lancet study)
The “Hidden Agenda”

• Many times during visits important reasons for coming to clinic are not obvious.
• THEY MUST BE ASKED QUESTIONS!
A 16 year old female teen who wants a "check-up" but is really 3 months pregnant
The “Hidden Agenda”

- A 13 year old teen with headaches who is severely depressed over being abused
The “Hidden Agenda”

- An 18 year old who has had a major work-up for vomiting but who is subsequently found to be bulimic
Seriously disturbed teens may not always reveal their problems. These relatively innocent looking boys…
Committed Mass Murder at Columbine High School
Mental Health Screening should not just be reserved for routine health maintenance appointments!!
Case Presentation

• A 15 year old presented to E.D. of a local hospital with history of protracted non-billious vomiting and weakness for the past 24 hours.

• No fever, abdominal pain, diarrhea, runny nose, cough, dysuria, flank pain, vaginal discharge or constipation.

• Last menstrual period was 2 weeks prior.
On physical exam, the patient was noted to be tilt positive, moderately dehydrated appearing with sticky mucous membranes.

She was diagnosed gastroenteritis and given IV bolus of normal saline 20cc/kg with improvement in vital signs and sent home.
On follow-up, she was still complaining of nausea and weakness and vomited once in clinic

At the adolescent clinic, the patient was asked screening questions:

- Positive for depression and had taken a massive overdose of Tylenol over 3 days ago.
• Liver function tests were extremely high and there was mild jaundice
• She was placed on a transplant list and admitted to the hospital. Fortunately, she recovered spontaneously and was referred to psychiatry.
In this case had the physician asked the important psychosocial questions, a more timely diagnosis of Tylenol ingestion could have been made and Mucomyst therapy started to avert liver damage.
So... there are many reasons to screen teens for these problems

- Early detection of mental health problems
- Early detection of health risk behaviors
- Avoiding the consequences of mental health problems and health risk behaviors
So… there are many reasons to screen teens for these problems

- Providing safe and comprehensive medical care
- Avoiding unnecessary tests and correctly diagnosing problems
- Finding the “Hidden Agenda”
Despite the importance of this, studies have consistently shown that primary care providers fail to screen their adolescent patients.
Pediatrician screening practices

- 92% screen for immunizations and BP
- 85% for school performance
- 60-80% for obesity, STI’s, tobacco, alcohol drugs, seat belts and bike helmets
- 30-47% for suicide, eating disorders, depression, drinking and driving, and gun access
- 20% screen for physical/sexual abuse, sexual orientation, smokeless tobacco

How to Screen…
There are many useful tools

- Bright Futures (Pediatric Symptom Checklist)
- Guidelines for Adolescent Preventive Services
- “HEEADSSS” assessment
- Structured standardized tools better than freely taking history
General Advice About Teen Visits

• Gain rapport first with teen
  – Introduce yourself to teen first, then parent
  – Make light conversation to make teen feel comfortable
  – Sometimes teens have “medical office aphasia”
Confidentiality

- Confidentiality is a key component to getting accurate history
- Interview the teen separately with parents out of room
- How to ask parents to step out of the room for adolescent interview…yet we should encourage teen to communicate with parents when appropriate
The teen should be assured confidentiality in all but one of the following situations:

- A) having sexual activity
- B) has tried marijuana
- C) is having serious suicidal plan
- D) parents demand to know everything
Confidentiality

• What you can tell the teen about confidentiality
• Examples of Exceptions
  – Abuse
  – Homicidal/Suicidal
  – Significant threat to life
“Therapeutic History” Taking

- Be empathetic
- Good eye contact
- Be yourself
- Don’t be a fake
- Have the Kleenex tissues handy
“The Questions”

- Least threatening questions first
- Open ended questions
- Look for positive qualities as well as risks
The Questions

• Get to know the teen as an individual
• Don’t be too direct
• Be aware of the time and prioritize
• Get patient back if there is not enough time
HEEADSSSSS Assessment

- Home
- Education/Employment
- Eating
- Activities with Peers
- Drugs, Alcohol, Tobacco
- Sexuality
- Suicide/Depression
- Safety/ Savagery
H=Home

- Ask about living arrangements
- Relationships with each family member
- Divorce history
- Domestic violence?
- Homeless
- Parenting style and degree of involvement
Four Parenting Styles

- Authoritative—love/nurture + limit setting
- Authoritarian—limit setting but little love/nurture
- Permissive—love/nurture without limit setting
- Neglectful—little love/nurture or limit setting
• Parenting Style has significant impact on adolescent mental health and health risk behaviors...authoritative is best
E=Education/Employment

• How are the grades? If the answer is fine then ask: What are the grades!!
• Future plans
• Ever been suspended?
E=Education/Employment

- Ever been left back?
- History of learning disability or ADHD
- Special classes or regular classes
- Hours per week working
Eating

- Evidence of symptoms of eating disorder
  - Altered body image
  - Purging/Binging
  - Weight loss
  - Amenorrhea
Eating

- Evidence of overeating
- Calcium intake
- Junk food
- Exercise habits
- 5210
Activities

• What is favorite thing to do?
  – Church groups
  – Hobbies
  – Scouts
  – Sports
  – TV
  – Volunteering
Activities

- Hanging out on street
- Gang participation
- Drug trafficking
- Cults
D=Drugs (Tobacco and Alcohol)

• Ask first about use of substances by friends or family members
• Expand to specific questions about their use of:
  – Alcohol
  – Tobacco
  – Marijuana
  – Cocaine
  – Inhalants
• Frequency, intensity
CRAFFT Drug/Alcohol Screen

• Validated in adolescents

• Three opening questions:
  – In past 12 months did you drink any alcohol?
  – In past 12 months did you smoke marijuana
  – In past 12 months did you use anything else to get high

• If any answered yes, then ask the next battery of six questions
CRAFFT: Drug and Alcohol Screen

• Have you ever ridden in a Car with someone who was high or drinking?
• Do you ever use drugs/alcohol to Relax?
• Do you ever use drugs/alcohol when you are Alone?
• Do you Forget things you did while using drugs/alcohol?
• Do your Family or Friends ever tell you that you should cut down your drinking or drug use?
• Have you ever gotten into Trouble while using drugs or alcohol?
  – NOTE: SCORE OF TWO YES OR MORE REQUIRES MORE EVALUATION

S=Sexuality

• Ask open ended, non-judgmental questions about their sexual involvement including:
  – Number of partners
  – Onset of sexual activity
  – Protection with condoms, birth control
S=Sexuality

• Open ended questions (continued)
  – History of sexually transmitted infection
  – Sexual assault
  – Sexual orientation
  – Support the teen’s decision not to have sex if they are abstinent—abstinence is always best
Suicide is ranked ____ for ages 15-24 as a cause of death?

- A) #1
- B) #3
- C) #5
- D) #7
- E) #10
Suicide

• Seeking relief from:
  – Bad thoughts or feelings
  – Feeling ashamed, guilty, or like a burden to others
  – Feeling like a victim
  – Feelings of rejection, loss, or loneliness
Triggers for suicide

- Death of a loved one
- Dependence on alcohol or other drug
- Emotional trauma
- Serious physical illness
- School performance problems
Suicide Risk factors

- Access to firearms
- Family member who committed suicide
- History of deliberate self-harm
- History of neglect or abuse
- Living in communities where there have been recent outbreaks of suicide in young people
- Romantic breakup
The three I’s

- Intolerable
- Inescapable
- Interminable

The truth is: most of the time distressing situations will improve—the teen has trouble seeing this.
Teens don’t seek help

• They believe nothing will help
• They are reluctant to tell anyone they have problems
• They think it is a sign of weakness to seek help
• They do not know where to go for help
• Nationwide suicide hotlines available: 1-800-SUICIDE
Depression

- Inquire about symptoms of depression
- Ask about being “bored”—persistence of this symptom is a potential sign of depression
- Ask about suicidal thoughts, plans or previous attempts
- Depression often behind suicide attempts
SIGECAPS: five or more = Major Depressive Disorder

- Depressed mood plus
- Sleep disturbance
- Interest (loss of); boredom
- Guilt; worthlessness
- Energy (diminished)
- Concentration (diminished)
- Appetite (increased or decreased)
- Psychomotor Agitation or Slowing
- Suicidal Ideation
Safety and “Savagery”

- Use of seat belts
- Use of bike helmets
- Involvement in gangs
- History of fighting
- History of being bullied
- History of weapon carrying
- History of being arrested or incarcerated
- History of sexual abuse (victim or perpetrator)
What to do if you find a problem

• Primary care providers should develop relationships with mental health colleagues
• Shortages of mental health specialists
• The primary care provider can take action when they uncover problems
Examples of how to address problems
For example

- History of domestic violence—
  - File report
  - Refer for psychological services
  - Separate child when needed
For example

• History of school failure and ADHD symptoms
  – Get teen back to clinic for follow-up
  – Complete Vanderbilt ADHD Parent and Teacher Rating forms
  – Prescribe psychostimulants
  – Begin school interventions
For example

- Symptoms of eating disorder—
  - Referral to mental health
  - Referral to dietician
  - Close medical monitoring
  - Implement family based therapy
For example

- History of problematic drug use—
  - Arrange for follow-up
  - Referral to mental health professionals
  - Decide on inpatient or outpatient
  - FRAMES
“FRAMES” Brief Clinic Intervention

- F: Feedback on risk/impairment
- R: Emphasize personal Responsibility
- A: Give clear Advice
- M: Provide a Menu of options
- E: Use Empathetic counseling style
- S: Give the patient faith in their Self-efficacy to change
For example

• Depression symptoms:
  – More in depth questioning
  – Referral for psychotherapy
  – Antidepressant prescription: Fluoxetine
  – Monitor closely

• If serious suicidal ideation or plan is uncovered then immediate referral can be life-saving
For example

• If teen is being bullied
  – Supportive psychotherapy
  – Parent/school intervention
  – www.stopbullyingnow.hrsa.gov/
In Conclusion

- Teens should be screened for health risk behaviors and mental health problems
- A primary care physician may be the only resource a troubled teen has…
In Conclusion

• There are many positive actions that the primary care provider can take once a mental illness is uncovered
• This may be life-saving!
Don’t Forget:

- Be CRAFFTy
- Keep your SIGE-CAPS on your HEADSSSS
- Don’t lose the “Big Picture” FRAMES
Go FSU!!!