

Pediatric Associates of Florence

Our experience with adolescent
mental health screening



Learning Collaborative
January 20 - 22, 2017

CHANGES -
USPs

CATM1
CSHCN screen

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not had wa
12 no

Teen behavioral health
PHQ-9
PSC-4

⊕ DEPD 5
Resource sheet
What is ADD?
to call

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**Patient Health Questionnaire and General Anxiety Disorder
(PHQ-9 and GAD-7)**

Date _____ Patient Name: _____ Date of Birth: _____

**Over the last 2 weeks, how often have you been bothered by any of the following problems?
Please circle your answers.**

PHQ-9	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 fidgety 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 in some way.	0	1	2	3
Add the score for each column				

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all Somewhat difficult Very Difficult Extremely Difficult

**Over the last 2 weeks, how often have you been bothered by any of the following problems?
Please circle your answers.**

GAD-7	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it's hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful might happen.	0	1	2	3
Add the score for each column				

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all Somewhat difficult Very Difficult Extremely Difficult

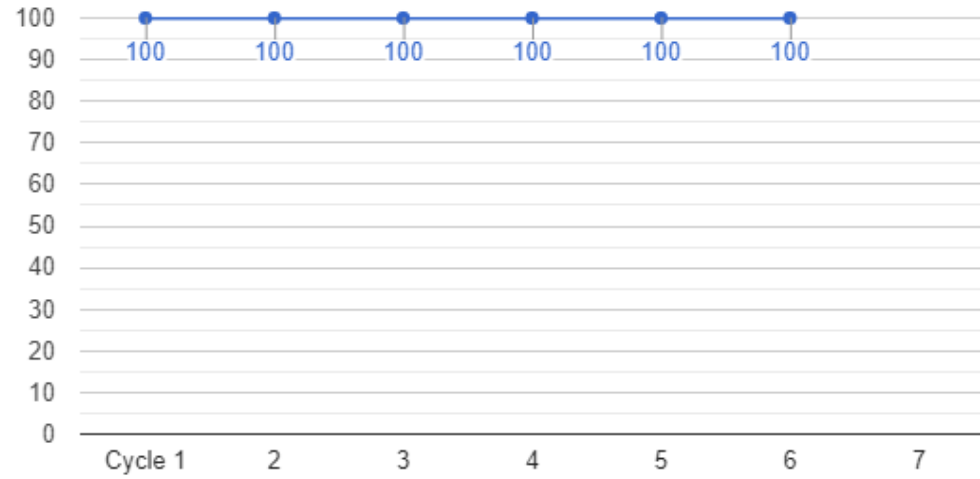
UHS Rev 4/2020

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.
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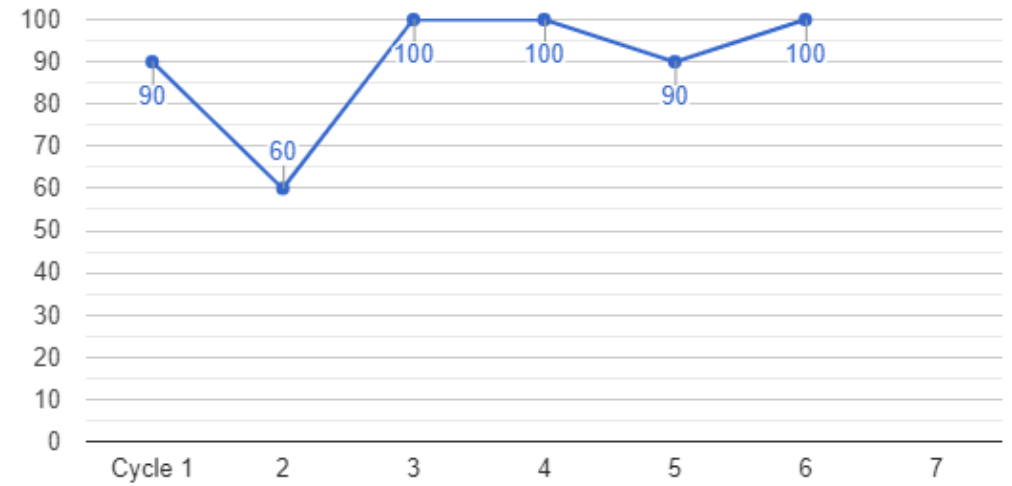
PHQ-9
Started April 2023

GAD-7
Added October 2023

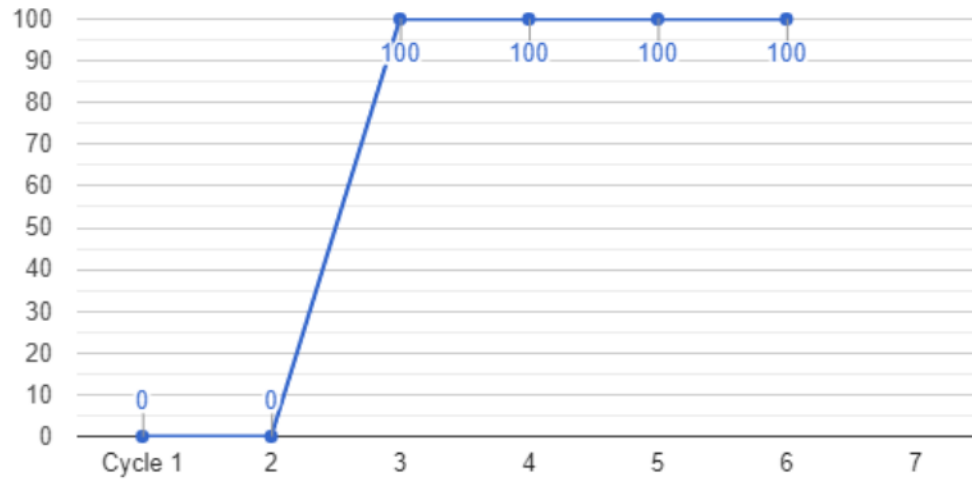
Pediatric Practice Screens for Depression (ages 13-18)



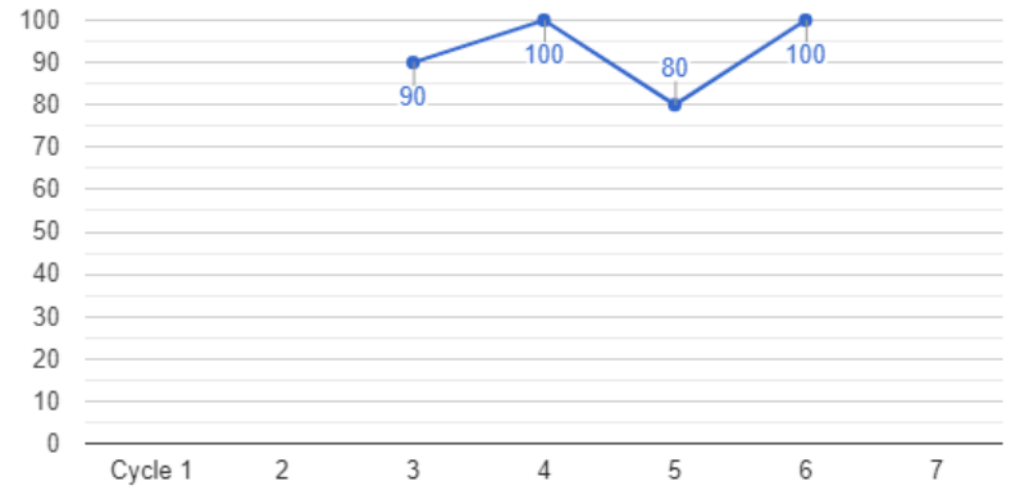
Screened for Depression (ages 13 – 18)



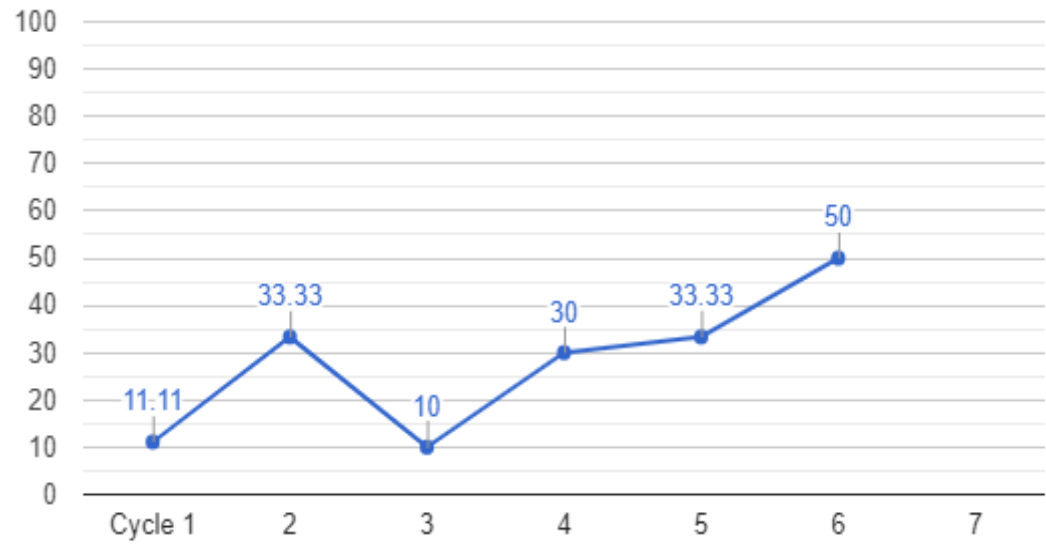
Pediatric Practice Screens for Anxiety (ages 13-18)



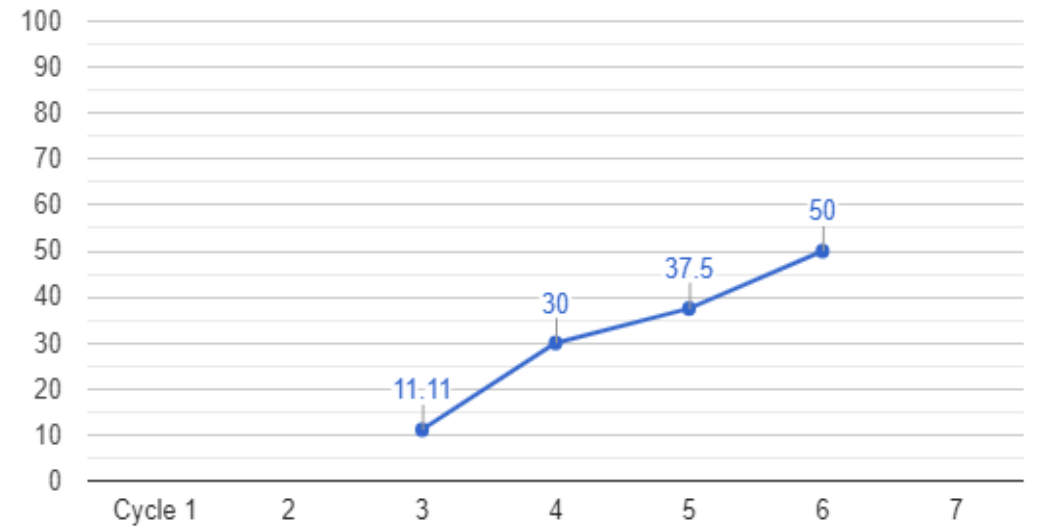
Screened for Anxiety



Positive Depression Screen (ages 13 – 18)



Positive Anxiety Screen





Anxiety Resource Notebook

Created July 2023

Safety Plans Work

There is hope.



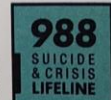
1. Write 3 warning signs that a crisis may be developing.

2. Write 3 internal coping strategies that can take your mind off your problems.

3. Who/What are 3 people or places that provide distraction?
(Write name/place and phone numbers)

_____ Phone
_____ Phone
_____ Phone
4. Who can you ask for help? (Write names and phone numbers)

_____ Phone
_____ Phone
_____ Phone
5. Professionals or agencies you can contact during a crisis:
Clinician: _____ Phone _____
Local Urgent Care or Emergency Department:
Address _____ Phone _____
Call or text 988 or chat 988lifeline.org
6. Write out a plan to make your environment safer.
(Write 2 things)



Modified from Stanley & Brown (2021)

PEP22-08-03-007

If you or someone you know needs support now, call or text 988 or chat 988lifeline.org



PEP22-08-03-002

There is hope.



988 SUICIDE & CRISIS LIFELINE

PEP22-08-03-013