

# Implementation of Mental Health Screenings in a Pediatric Sports Medicine Clinic

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## BACKGROUND / PROBLEM

- Adolescent athletes are at risk for mental-health challenges during injury and rehabilitation.
- Up to 25% of youth may experience a depressive episode by the age of 18.
- Psychological effects of injury such as depression, anxiety, etc. in the adult and adolescent athlete population. (5-7,12,13)
- Untreated mental health concerns can delay recovery, prolong return-to-play timelines, and negatively affect overall well-being.

## PICOT QUESTION



In adolescent patients aged 12-18 seen in an orthopedic sports medicine clinic, how does implementing a mental health screening during initial visits, compared to no routine mental health screening, impact the identification of at-risk patients and the referral process of patients with mental health concerns?

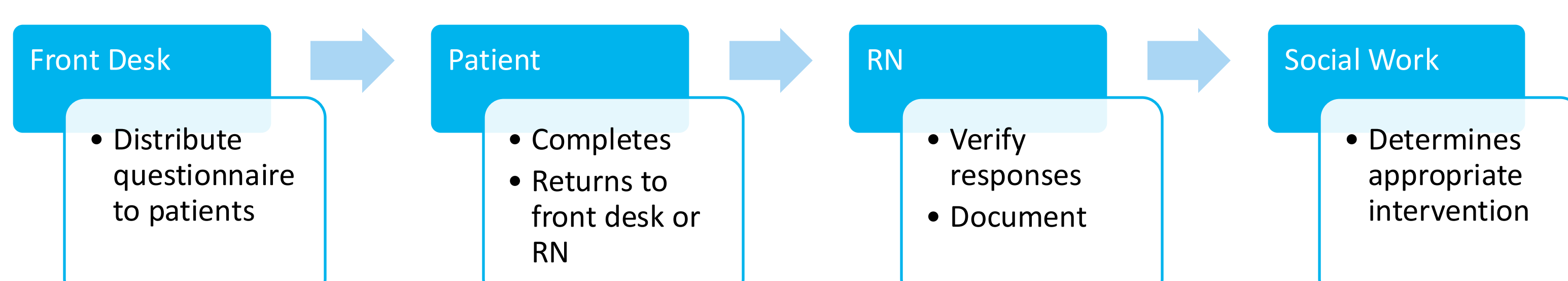
## EVIDENCE

- National guidelines recommend a validated screening tool for adolescents aged 12-18. (3,11)
- Multiple non-experimental sources showed that the adolescent athlete population with musculoskeletal injuries have an increased risk of depression and the use of PHQ-9 as an efficient screening tool. (1,2,4,10)
- RCT studies provided convincing evidence using the PHQ-9 increases depression identification. (8,9)

## METHODS AND IMPLEMENTATION

- The Johns Hopkins Model was used to guide literature synthesis and organizational recommendations for this evidence-based practice project
- The screening was implemented in 3 phases:
  - Phase I: Front desk staff, nursing, and social work education on PHQ-9 administration and scoring
  - Phase II: Development of the mental health screening workflow
  - Phase III: Pilot the standardized workflow from Sept 2025 to Feb 2026

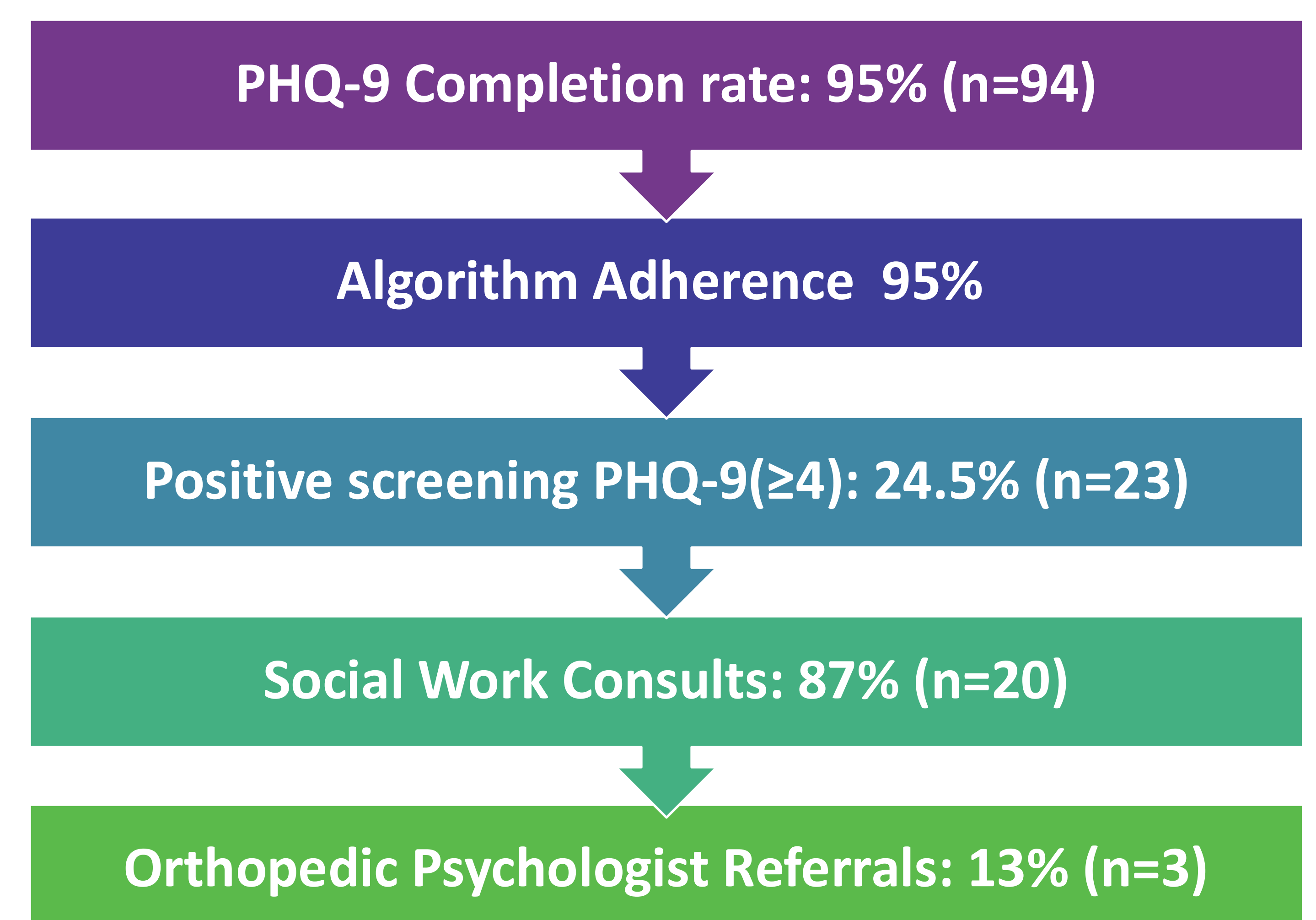
## SCREENING WORKFLOW



## SCREENING INTERVENTIONS

Score Range	Action
0-4	No action is necessary
5-14	Social work consult: 1. Assess and provide mental health resources if appropriate
>15	Social work consult: 1. Provide mental health linkages/ ACCESS line 2. Notify physician for awareness 3. Consider mental health referral to ortho clinical psychologist
Active suicide or Positive #9	Immediately notify provider and initiate clinic safety protocol: 1. Perform Columbia Suicide Risk Screening 2. Notify Emergency Department 3. Escort patient to Emergency Department  NOTE: If family refuses ED transfer: 1. Document refusal in EMR 2. Notify law enforcement to follow up with wellness check.

## RESULTS



## CONCLUSIONS

- Implementation of PHQ-9 screening in a pediatric sports medicine clinic was feasible & sustainable.
- Approximately 25% patients screened positive for depressive symptoms
- Mental health screening facilitated prompt social work consultations and mental health resources
- Next Steps:
  - Sustain PHQ-9 screening as a standard part of pediatric sports medicine visits
  - Evaluate long-term outcomes of screening on mental health support utilization

## REFERENCES

