



Breaking Through the Blue: Implementing Standardized Depression Screenings in Adolescents

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Background

An estimated 5 million (20.1%) U.S. adolescents experience at least one major depressive episode annually.

- Major depressive disorder in adolescents is often linked to suicide and long-term mental health issues into adulthood

Pre-implementation data:

- Only 3% of eligible adolescents were screened for depression in 2023 at an urban pediatric clinic.
- Screening relied on clinician judgment rather than a standardized protocol

Purpose

To implement standardized annual depression screening using the PHQ-A and establish a structured referral process for adolescents (12-18 years) in a pediatric primary care clinic

Goals

Process Goals:

- 100% adherence to PHQ-A screening administration
- 100% adherence to PHQ-A documentation within the EHR

Outcome Goal:

- 100% of patients with positive PHQ-A screens, will be referred for mental health resources or further evaluation

Methods

Setting: A single provider, small, urban pediatric primary care clinic

Population: Adolescents aged 12-18 years without cognitive deficits or developmental delays

Intervention: Integration of the PHQ-A screening into the EHR and patient portal in English & Spanish

Implementation Strategies:

- In-person and virtual education sessions were held for staff/clinical student
- Chart alert reminders for patients that were eligible screenings
- Posted signage in work areas, exam rooms, and waiting room

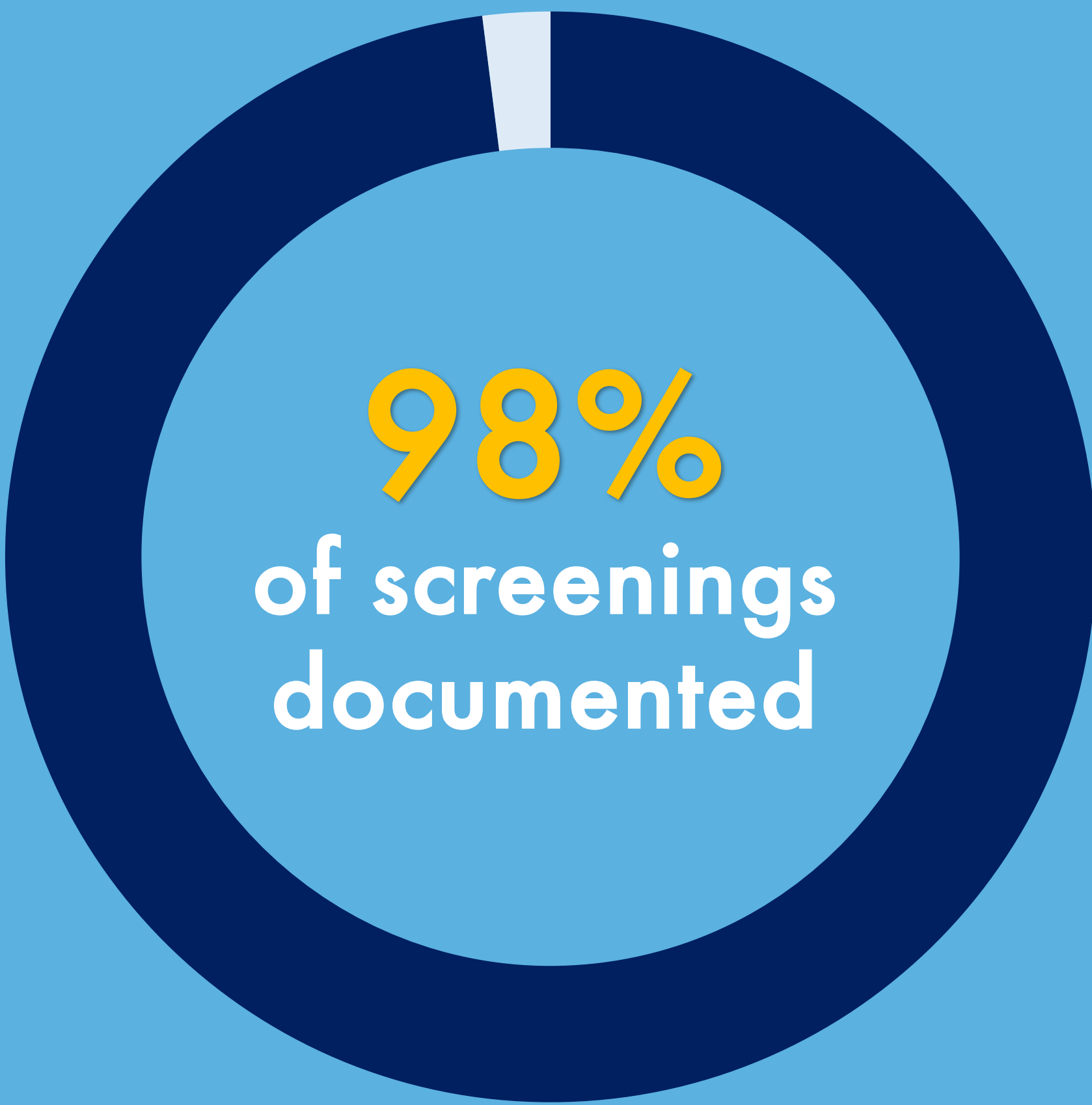
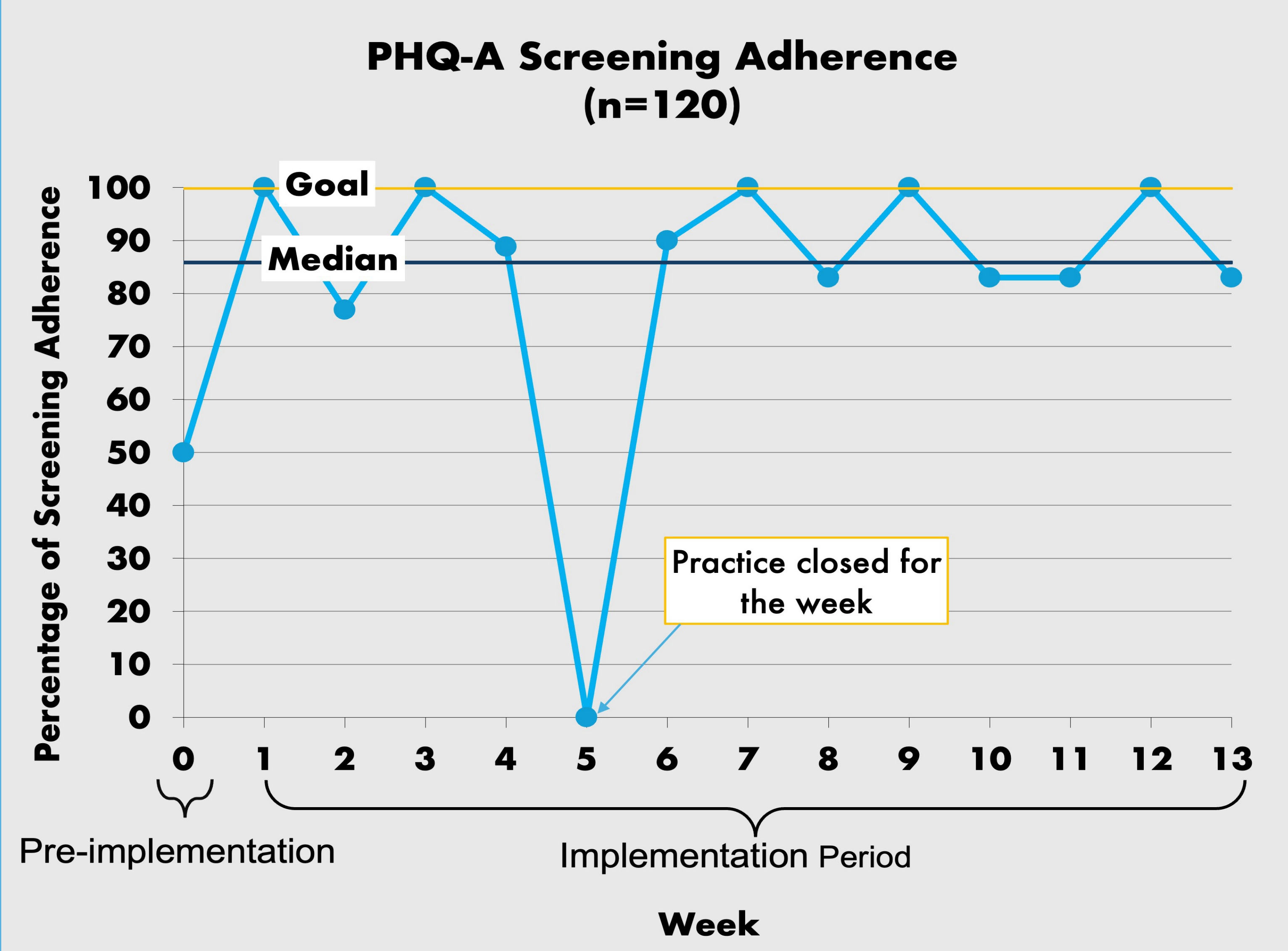
Measures:

- Weekly chart audits via REDCap for adherence to process and outcome measures

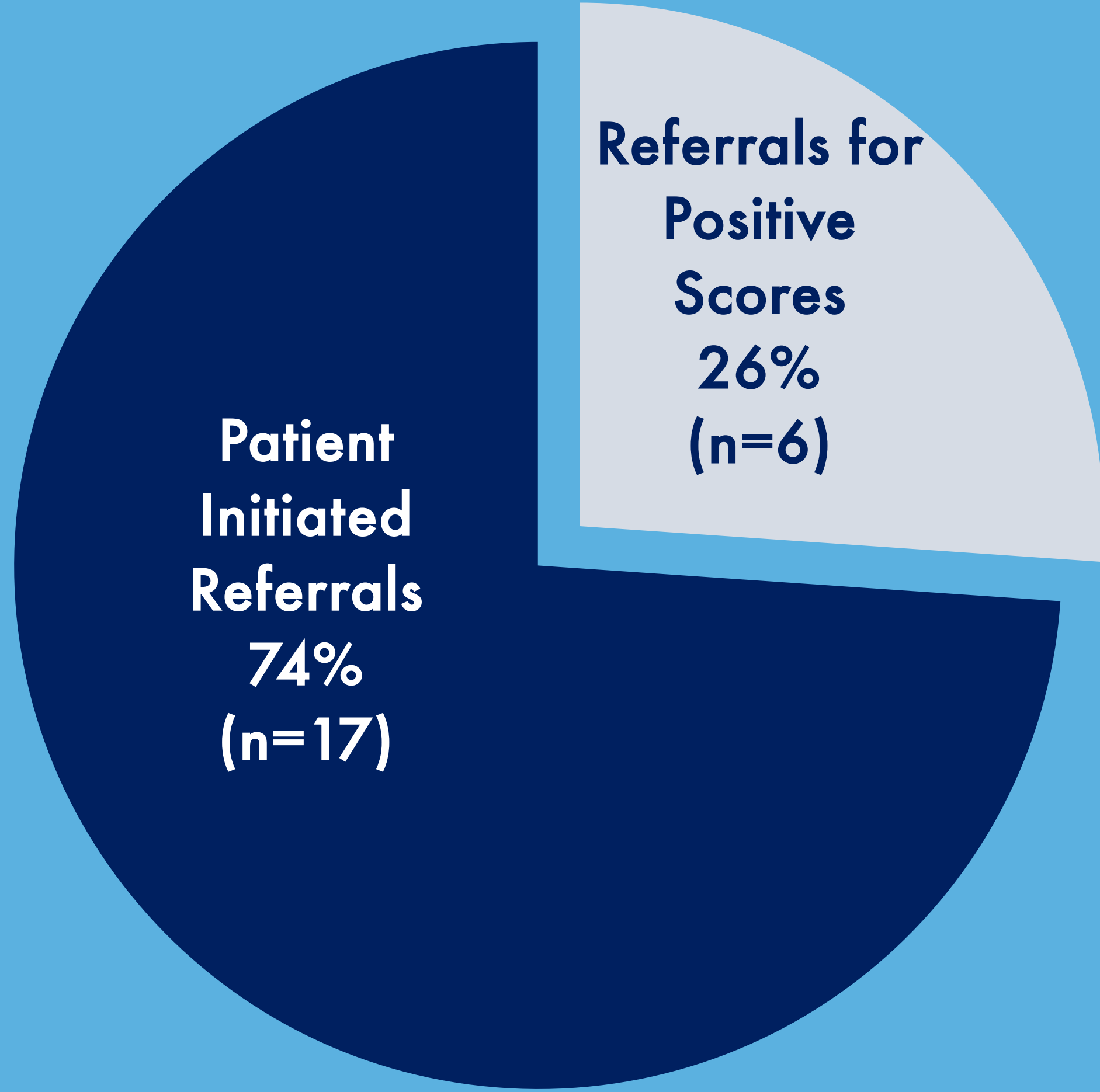


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Results



Conclusion:
The integration of the PHQ-A and a standardized referral process enhanced adherence and encouraged patient engagement in mental health discussion with their provider.



Discussion & Next Steps

Impact:
Standardized depression screening & referrals...

- Increased the identification and referral of youth at risk for depression
- Facilitated patient and provider mental health conversations
- Increased referrals and treatment initiation

Findings support standardized adolescent depression screening for early identification and intervention:

- 6% of PHQ-A screenings were positive, aligning with the reported 5-12% prevalence in literature

Limitations: provider time constraint, technology barriers, patient preference for individual or group therapy

Next Steps & Sustainability:

- Continue administering the PHQ-A and auditing for adherence
- Develop follow-up plan for referred patients
- Introducing tablet technology into the practice to facilitate screening completion prior to appointment for patients
- Provide education materials during new employee orientation

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