C&TC Requirements

General

Mental health surveillance is required at all C&TC visits for all ages. This includes obtaining the child and family’s mental health history and the child’s history of exposure to trauma.

Mental health screening using an approved, standardized instrument is

- recommended for all C&TC visits age 6 through 11 years, and
- required for age 12 through 20 years.

For younger children, refer to the Social-Emotional Screening (0-5 Years) C&TC Fact Sheet (www.health.state.mn.us).

Personnel

Mental health surveillance must be completed by a licensed primary care clinician (MD, NP, PA) or a Registered or Public Health Nurse (RN, PHN) who has completed C&TC Comprehensive training through MDH.

Qualifications for mental health screening are instrument-specific; refer to the instrument’s manual for more information.

Documentation

Surveillance must be documented in the C&TC visit record. Document screening with the name of the instrument, the score, and anticipatory guidance with the parent/caregiver based on the results. For positive results, document referral and follow-up plan.

For documentation examples, refer to the C&TC Provider Documentation Forms (www.dhs.state.mn.us).

Screening Procedure

Instruments

The list of Mental Health Screening Instruments for Children 6-21 Years of Age (https://mn.gov/dhs/) lists all recommended instruments, and the detailed comparison table (https://mn.gov/dhs/) offers more information on each instrument.

General Mental Health Screening

- Pediatric Symptom Checklist (PSC)
- Global Appraisal of Individual Needs (GAIN-SS)

Depression Screening

- Patient Health Questionnaire (PHQ-9 or PHQ-9 Modified for Teens)
- PHQ-2, followed by more robust validated screener (e.g. PHQ-9) for positive results; refer to PHQ-2 Review (www.health.state.mn.us) for details
- Kutcher Adolescent Depression Scale (KADS)
- Beck Depression Inventory II (BDI-II)
- Children’s Depression Inventory (CDI-2)

Referral

It is critical that children with identified concerns receive or be referred for specialized services (Weitzman & Wegner, 2015). Referral resources may include mental health services that are integrated in primary care, available within health systems or in the community. Refer to the DHS website for a map of school-linked mental health agencies across Minnesota (www.mn.gov/dhs).

Follow-up

After making a referral, ensure the young person or family obtained services without encountering barriers, and that the services were effective. Provide more frequent C&TC or other follow-up visits in clinic if needed.
**Importance of Screening**


Many children and adolescents with mental health concerns have a co-existing substance abuse disorder (SAMHSA, 2012). Refer to the Tobacco, Alcohol, and Substance Use Risk Assessment C&TC Fact Sheet [www.health.state.mn.us](http://www.health.state.mn.us) for more resources.

**Professional Recommendations**

**American Academy of Pediatrics**

Standardized depression screening is recommended at all well-child checks beginning at 12 years of age (American Academy of Pediatrics, 2017).

**U.S. Preventive Services Task Force**

Screening for major depressive disorder at 12-18 years when systems are in place to ensure accurate diagnosis, psychotherapy, and follow-up is a Grade B Recommendation (U.S. Preventive Services Task Force, 2016).

**References**


**For More Information**

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 email [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us).

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