Mental Health Screening (6 Through 20 years)

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

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 a standardized instrument is strongly recommended for all C&TC visits age 6 through 20 years.

For children 6 months through 5 years of age, 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 Documentation Forms for Providers and Clinics (www.dhs.state.mn.us).

Screening Procedure

Instruments
A list of recommended, standardized mental health screening instruments, and a table with more details on each instrument, are available online in the C&TC Section of the DHS Early Childhood Screening (www.dhs.state.mn.us) webpage. These include the following:

General Mental Health Screening Instruments
- Pediatric Symptom Checklist (PSC)
- Global Appraisal of Individual Needs (GAIN-SS)

Depression Screening Instruments
- Patient Health Questionnaire (PHQ-9)
- Kutcher Adolescent Depression Scale (KADS)
- Beck Depression Inventory II (BDI-II)
- Children’s Depression Inventory (CDI-2)

Referral
If screening results are positive or surveillance presents concerns, it is critical that children are referred for specialized services (Weitzman & Wegner, 2015). The clinician must be prepared to refer to available mental health services in the community that can provide treatment options for children and adolescents.

Referral resources may include mental health services that are integrated in primary care, available within health systems or in the community, or school-linked mental health service agencies that receive grant funding through the Minnesota Department of Human Services (DHS). Refer to the DHS website for more information or a map of agencies across the state (www.mn.gov/dhs).

Follow up
After making a referral, ensure the family obtained services without encountering barriers. With parental permission, follow up to determine if services were effective (Weitzman & Wegner, 2015). Provide more frequent C&TC or other follow-up visits in clinic if needed.

Importance of Screening
In any given year, 13-20% of children in the United States experience a mental health condition (CDC, 2013). Identification of mental health problems improves when primary care

Clinicians should also be aware that many children and adolescents with mental health concerns also have a co-existing substance abuse disorder (SAMHSA, 2011). Refer to the Substance Use Assessment C&TC Fact Sheet (www.health.state.mn.us) for information about assessing for substance abuse.

**Professional Recommendations**

**American Academy of Pediatrics (AAP)**
- Standardized screening is recommended at all well-child checks beginning at 12 years of age (American Academy of Pediatrics, 2014).
- Due to higher risk, the C&TC recommendation for Medicaid-eligible children is to provide social-emotional screening beginning at 6 months through 5 years of age, and mental health screening at every C&TC visit age 6 through 20 years.

**U.S. Preventive Services Task Force (USPSTF)**
- “Screening of adolescents (12-18 years of age) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up” is a Grade B Recommendation” (US Preventive Services Task Force, 2009).

**Other resources**
- Preventing Mental, Emotional and Behavioral Disorders among Young People: Progress and Possibilities (www.nap.edu)

**References**


**For More Information**

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