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# Mental Health Screening (6-20 Years)

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

Mental health screening is required for ages 12-20 and recommended from ages 6-11. Referrals and follow up are critical for any identified concerns.

### **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 from ages 6 through 11 and is required for ages 12 through 20.

In addition to the required mental health screening, providers may choose to do a suicide risk screening.

#### Personnel

A licensed healthcare provider must complete mental health surveillance: physician, nurse practitioner, physician assistant, or registered or public health nurse (RN, PHN) who has completed the C&TC Comprehensive Screening training through the Minnesota Department of Health (MDH).

Screening personnel qualifications are instrument-specific; refer to each instrument's instruction manual for more information.

#### Documentation

Document surveillance in the C&TC visit record. Document screening with the name of the instrument, score, and anticipatory guidance based on the results given to the parent/caregiver or youth. For positive results, document the referral and followup plan.

For documentation examples or for use as a template with your electronic medical record, refer to the <u>C&TC Provider</u> <u>Documentation Forms</u>.

## Procedure

Refer to the <u>detailed comparison table of</u> <u>approved mental health screening</u> <u>instruments</u> for mental health and depression screening tools. The PHQ-2 may also be used, followed by a more robust validated screener (e.g., PHQ-9) for positive results.

#### Referral

It is critical that children with identified concerns receive or be referred for specialized services (Weitzman & Wegner, 2015). Refer to the <u>map of school-linked</u> <u>behavioral health services across Minnesota</u> or search for statewide mental health or substance use disorder treatment agencies using <u>Fast Tracker</u>.

#### The <u>Psychiatric Assistance Line (PAL)</u> 855-431-6468 is a free service available to any healthcare provider for mental health triage and referral or consultation with a Board-Certified Child and Adolescent Psychiatrist.

#### Follow-Up

After making a referral, ensure the services were obtained and effective. Provide more frequent C&TC or other follow-up visits as needed.

### Importance of Mental Health Screening

In any given year, 9% of school-age children in Minnesota experience severe emotional disturbance (Minnesota Management and Budget, 2019). Half of all lifetime cases of mental illness begin by early adolescence. Standardized screening supports early identification, and early interventions help prevent behavior problems and poor school performance (Weitzman & Wagner, 2015.) (Substance Abuse and Mental Health Services Administration (SAMHSA), 2019).

### Professional Recommendations

#### American Academy of Pediatrics

Standardized depression and suicide risk screening is recommended at all well-child checks beginning at 12 years of age (American Academy of Pediatrics, 2023). Ask Suicide-Suicide-Screening Questions (ASQ) and Suicide Behavior Questionnaire-Revised (SBQ-R) are validated tools for screening for suicide risk in clinical practice.

#### United States Preventive Services Task Force

It is a Grade B recommendation to screen for major depressive disorder at 12-18 years and for anxiety at 8-18 years (United States Preventive Services Task Force, 2022; United States Preventive Services Task Force, 2022).

### Resources

# Minnesota Department of Human Services

- <u>C&TC Schedule of Age-Related</u> <u>Screening Standards</u>
- Minnesota Health Care Programs
   (MHCP) Provider Manual C&TC Section
- <u>Children's Mental Health Programs and</u> <u>Services</u>

# Minnesota Department of Health

- Child and Teen Checkups (C&TC)
- Mental Well-Being for Kids
- Mental Health Promotion
- <u>Suicide Prevention</u>
- <u>Minnesota Pediatric Mental Health</u> <u>Access Program</u>

#### **Other Resources**

- Adolescent Health
- <u>Screening for Suicide Risk in Clinical</u> <u>Practice</u>

# References

American Academy of Pediatrics. (2023). *Recommendations for Preventive Pediatric Health Care.* Retrieved from https://downloads.aca.org/AAP/RDE/periodicity/cshodulu

https://downloads.aap.org/AAP/PDF/periodicity\_schedule .pdf

Minnesota Management and Budget. (2019). *Children's Mental Health Inventory and Benefit-Cost Analysis.* Retrieved from www.mn.gov/mmb-stat/results-first/cmhreport.pdf

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools.* Retrieved from

www.samhsa.gov/sites/default/files/ready\_set\_go\_review \_mh\_screening\_in\_schools\_508.pdf

United States Preventive Services Task Force. (2022). Depression and Suicide Risk in Children and Adolescents: Screening. Retrieved from

www.uspreventiveservicestaskforce.org/uspstf/recommen dation/screening-depression-suicide-risk-children-adolescents

Weitzman, C., & Wegner, L. (2015). Promoting Optimal Development: Screening for Behavioral and Emotional Problems. *Pediatrics, 135*(2), 385-395.

# **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 651-201-3650 or email health.childteencheckups@state.mn.us.

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# **Resource Links**

- <u>C&TC Provider Documentation Forms</u> (https://mn.gov/dhs/partners-andproviders/policiesprocedures/minnesota-health-careprograms/provider/types/ctcresources/)
- <u>Detailed comparison table of approved</u> <u>mental health screening instruments</u> <u>(https://mn.gov/dhs/assets/comparison</u>)

<u>-table-mh-screening-</u> instruments tcm1053-322730.pdf)

- Map of school-linked behavioral health services across Minnesota (https://mn.gov/dhs/partners-andproviders/policiesprocedures/childrens-mentalhealth/school-linked-bh-services/)
- Fast Tracker (https://fasttrackermn.org/)
- <u>Psychiatric Assistance Line (PAL)</u> (https://www.mnpsychconsult.com/)
- <u>Screening for Suicide Risk in Clinical</u> <u>Practice</u> (<u>https://www.aap.org/en/patient-</u> <u>care/blueprint-for-youth-suicide-</u> <u>prevention/strategies-for-clinical-</u> <u>settings-for-youth-suicide-</u> <u>prevention/screening-for-suicide-risk-in-</u> <u>clinical-practice/</u>)
- <u>C&TC Schedule of Age-Related</u> <u>Screening Standards</u> (https://edocs.dhs.state.mn.us/lfserver/ <u>Public/DHS-3379-ENG</u>)
- Minnesota Health Care Programs (MHCP) Provider Manual - C&TC Section (http://www.dhs.state.mn.us/main/idcp lg?ldcService=GET DYNAMIC CONVERSI ON&RevisionSelectionMethod=LatestRe leased&dDocName=dhs16 150092)
- <u>Children's Mental Health Programs and</u> <u>Services (https://mn.gov/dhs/people-</u> <u>we-serve/children-and-families/health-</u> <u>care/mental-health/programs-services/</u>)
- <u>Child and Teen Checkups (C&TC)</u> (https://www.health.state.mn.us/peopl e/childrenyouth/ctc/index.html)</u>

- <u>Mental Well-Being for Kids</u> (https://www.health.state.mn.us/docs/ communities/mentalhealth/quickcardki ds.pdf)
- <u>Mental Health Promotion</u> (https://www.health.state.mn.us/comm unities/mentalhealth)
- <u>Suicide Prevention</u> (https://www.health.state.mn.us/comm unities/suicide/index.html)
- <u>Minnesota Pediatric Mental Health</u> <u>Access Program</u> (https://www.health.state.mn.us/peopl e/childrenyouth/cyshn/pedmenthlth.ht ml)
- <u>Adolescent Health</u> (https://opa.hhs.gov/adolescenthealthl)
- <u>Screening for Suicide Risk in Clinical</u> <u>Practice</u> (https://www.aap.org/en/patientcare/blueprint-for-youth-suicideprevention/strategies-for-clinicalsettings-for-youth-suicideprevention/screening-for-suicide-risk-inclinical-practice/)