Texas Children's Hospital
Diabetes Division

Diabetes Distress Screening

Mariaha Wilson, APRN, CPNP-PC

Baylor College of Medicine
DEPARTMENT OF PEDIATRICS
Texas Children's Hospital

PHQ-9 modified for Adolescents (PHQ-A)

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an **"X"** in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

☐Yes ☐No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

☐Not difficult at all ☐Somewhat difficult ☐Very difficult ☐Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

☐Yes ☐No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

☐Yes ☐No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only: **Severity score:** _____

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)

SOP – Annual PHQ-9 Screen:

Texas Children's Hospital

Standard Operating Procedure

Procedure Name:	Department:
PHQ-9A (PHQ-9A) Annual Screening for Adolescent Diabetes Patients	Diabetes Endocrinology Outpatient Clinic

Overview:

The PHQ-9A questionnaire is a screening tool used for identifying, monitoring and measuring severe depression in adolescents. The target group for this screen is patients with Type 1 and Type 2 diabetes, over 12 years of age. The questionnaire is to be completed at least once yearly.

Scoring algorithm

0-6, minimal to low symptoms - no intervention
7-9, mild symptoms – Physician handout on Diabetes Distress and psychology resources
≥10, moderate to severe symptoms, refer to Social Services and consider Psychology referal

Suicidality indicators

- Patient indicates a score of >0 (zero) on question #9
- Patient indicates "Yes" to:
  - Has there been a time in the past month when you have had serious thoughts about ending your life?
  - Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

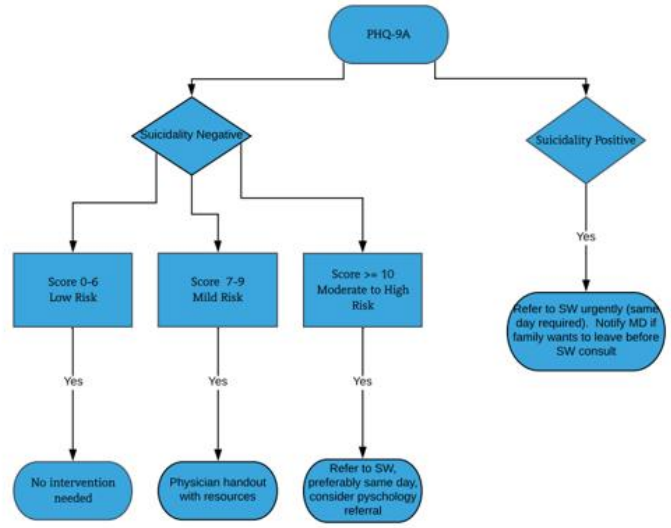
Criteria for Operation:

Inclusions	Exclusions
• Patients over 12 years of age • Diagnosis of Type 1 or Type 2 Diabetes • English-speaking patients	• Patient <12 years old • Other diabetes type • Patients with a documented PHQ-9A screening in the last 12 months • Non-English speaking patients • Patient with Developmental Delay, Intellectual Disability or Autism diagnosis that would prevent them from being able to fill out the questions themselves

Standard Procedure:

1. Patient presents to Diabetes clinic for new or existing Diabetes appointment.
2. Clinician (RN or MA) reviews medical records to verify patient inclusion criteria. Check huddle sheet for last PHQ-9A screening.
3. Clinician (RN or MA) escorts patient to intake room.
4. Clinician (RN or MA) responsible for rooming the patient provides the PHQ-9A screening tool to the patient and communicates rational for the tool using provided scripting. THE QUESTIONNAIRE MUST BE COMPLETED INDEPENDENTLY BY PATIENT WITHOUT THE ASSISTANCE OF THE PARENT.
5. Patient completes the tool prior to Clinician (RN or MA) rooming the patient.
6. Clinician (RN or MA) collects and reviews the PHQ-9A completed form from the patient, calculates the Severity score, and documents the results on the form.
7. Clinician (RN or MA) enters the responses into the EPIC DOC flowsheet ("PHQ Depression screening" flowsheet).
8. Clinician (RN or MA) attaches patient label to form and ensures original PHQ-9 form is placed in the designated medical record bin for scanning.
9. **Medical Assistants will notify the Clinic RN of the following responses:**
   a. Patient indicates a score of >0 (zero) on question #9
   b. Patient indicates "Yes" to:
      i. Has there been a time in the past month when you have had serious thoughts about ending your life?
      ii. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
   c. Severity score of ≥10
10. Clinic RN will notify Diabetes Provider and call Social Services to report a positive screen. A positive screen is defined as:
    a. Patient indicates a score of >0 on question #9
    b. Patient indicates "Yes" to:
       i. Has there been a time in the past month when you have had serious thoughts about ending your life?
       ii. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
    c. Severity score of ≥10.
11. If the score is between 7-9, MA will notify provider and place handout for mild depressive sypmtoms with paperwork for visit.
12. If the RN is not available in clinic, the MA should notify Social Services of positive screening.
13. Social Services will immediately (same-day) consult with the patient for positive suicidality (Note: The Social Worker may elect to consult with the patient before the provider starts the visit). Only the Social Worker will complete the Columbia-suicide severity rating (CSSR) scale, if applicable. Every effort should be made to see patients same day with a score of 10 or above even without positive suicidality that same day. If Social work is unable to see the patient that day, follow up within 3 business days by phone is expected.
14. Social Services will assess the patient and determine next steps in the plan of care in collaboration with the medical provider.
15. Clinic staff will follow the Care of the Suicidal Patient Procedure for outpatient areas, as appropriate.
    a. Call an IMT *9999
    b. Perform the patient room sweep
    c. Initiation a patient sitter

Last Revised 8/15/2019



Diabetes Depression Handout:

Texas Children's Hospital

Diabetes, Depression, and Burnout

Today your child scored between 7 and 9 on the PHQ-9-A. This is a standardized screen for symptoms of depression that we ask all patients with diabetes to complete as part of their routine care. A score of 7, 8, or 9, indicates the presence of mild symptoms of depression. It is **not** a diagnosis of depression.

People of all ages with diabetes are at a higher risk of developing depression than the general population. Many people with diabetes also struggle with **diabetes burnout**. Diabetes burnout is what happens when you or your child become overwhelmed by the many demands of taking care of diabetes.

Diabetes burnout is different from depression. People with burnout often feel good overall, but struggle with feelings of irritation, isolation, and frustration about diabetes care.

Depression can affect all areas of a person's life, including their mood, sleeping and eating patterns, performance at school or work, and relationships with others.

Despite their differences, both diabetes burnout and depression can cause serious distress. In addition, we know how to help people with burnout and depression so your family can live well with diabetes. We are providing you with this handout to share resources if you think your child is struggling with burnout or depression:

- **Talk to your diabetes care provider** if you are concerned about burnout or depression. They can talk to you about your concerns and identify what might help your child and family.
- **Diabetes Social Workers** and **Diabetes Psychologists** are part of your child's medical team - they specialize in helping families identify and manage diabetes burnout and depression. Ask your provider to refer you to a social worker or the diabetes psychologist at TCH, or call the clinic at 832-822-3670 at any time and ask to speak to a social worker if concerns arise between appointments.
- **Seek counseling**. Therapy is a normal, healthy tool that can help you and your child understand and cope with their emotions.

Flip over this page for a list of local agencies that can provide counseling.

Texas Children's Hospital

Your insurance provider can help you find a therapist near your home who accepts your insurance.

- If you have **Texas Children's Health Plan**, call 1-866-959-2555.
- If you have **Community Health Choice**, call 1-888-760-2600.
- If you have **UnitedHealthcare Community Plan**, call 1-844-445-4913.
- If you have **Right Care from Scott & White Health Plans**, call 1-855-897-4448.
- If you have **Superior HealthPlan**, call 1-800-783-5386.
- For other plans, look on your insurance card and call the number for member services.

Legacy Community Health Center has multiple locations in Houston and Beaumont. Bilingual therapists are available, and insurance is not required. Call 832-548-5000 for more information about the location nearest you.

Family Houston has multiple locations in Houston. Bilingual therapists are available, and insurance is not required. Call 713-861-4849 for more information about the location nearest you.

Every county in Texas has a **Local Mental Health Authority (LMHA)** that provides mental health services, including counseling, to people in that county. Bilingual therapists are available. Insurance is not required, but you must attend an eligibility appointment before receiving services. Find the number for your LMHA below and call them for more information.

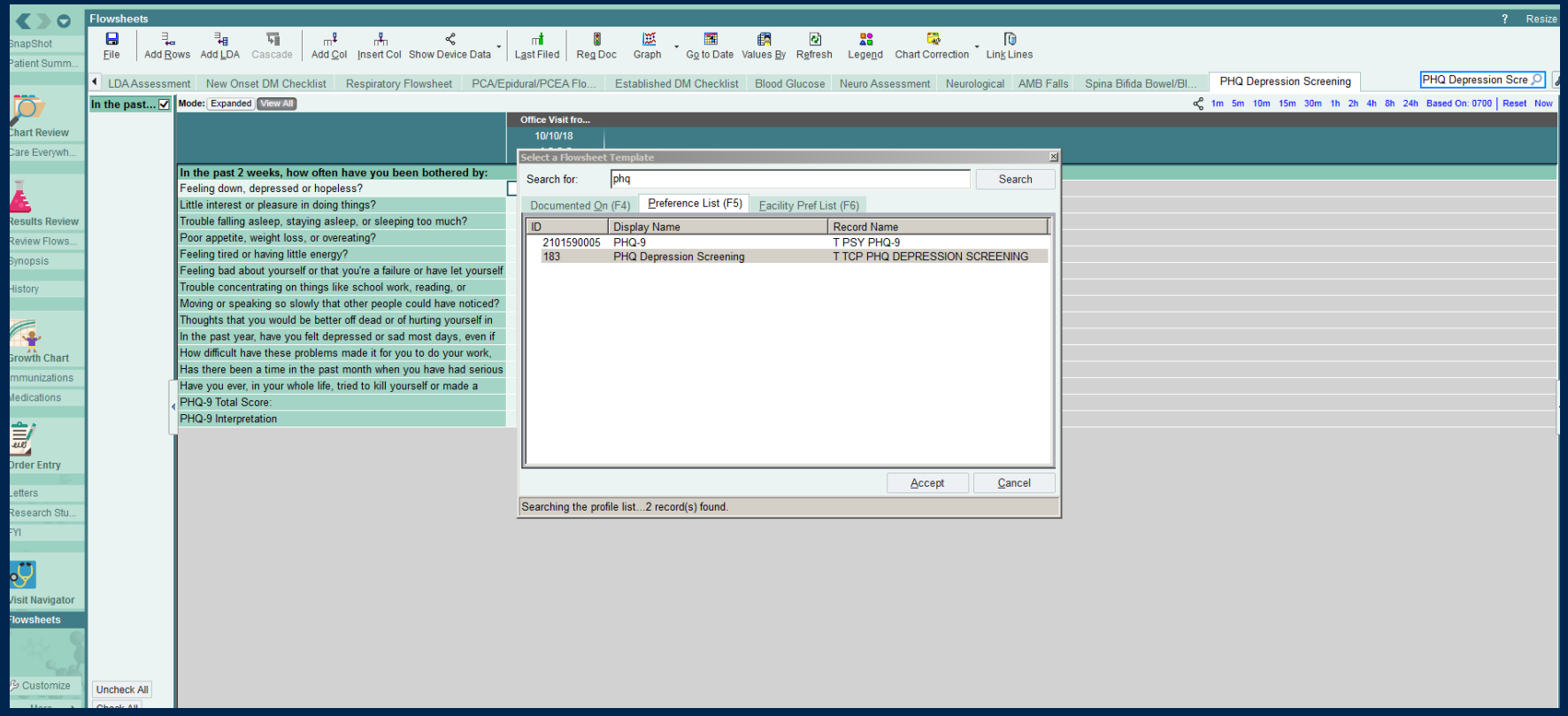
- If you live in Harris County, call **The Harris Center for Mental Health and IDD** at 713-970-7000.
- If you live in Fort Bend, Austin, Waller, Colorado, Wharton, or Matagorda County, call the **Texana Center** at 281-239-1300.
- If you live in Galveston or Brazoria County, call **Gulf Coast Center** at 1-877-226-8780.
- If you live in Liberty, Montgomery, or Walker County, call **Tri-County Services** at 936-521-6100.
- If you live in Chambers, Hardin, Jefferson, or Orange County, call **Spindletop Center** at 409-839-1063.
- If you live in Brazos, Burleson, Grimes, Leon, Madison, Robertson, or Washington County, call the **MHMR Authority of Brazos County** at 979-361-9815.

If at any time you feel your child's life or **safety** is in danger, call 911 or take them to the nearest emergency room. You may also find the following numbers useful:

- National Suicide Prevention Lifeline - 1-800-273-8255
- Crisis Text Line – text HOME to 741741
- Crisis Intervention of Houston Hotline - 832-416-1177
- Crisis Intervention of Houston TeenTalk - 832-416-1199

Depression Screen – PHQ-9 Documentation:

Utilize PHQ Depression Screening flowsheet in epic

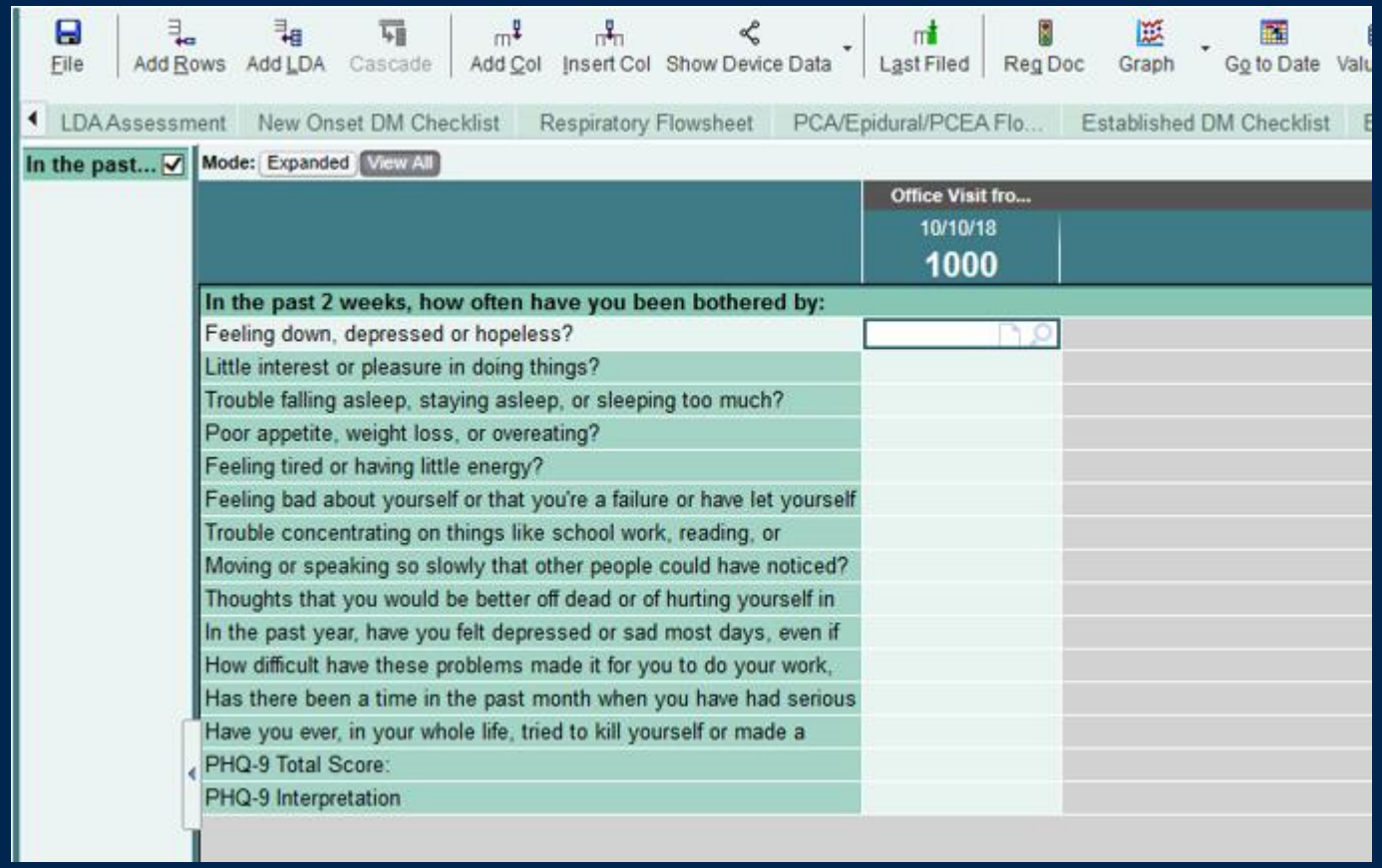


Texas Children's Hospital®

Baylor College of Medicine

Depression Screen – PHQ-9 Flowsheet, cont.:

This is where you can enter the score for each question. As you enter it, it will start to add up the score. However, the last two questions are not part of the overall score, but if they are answered in the positive, should also trigger a social work referral.



Depression Screen – PHQ-9 Scripting:

For MA informing families about screening

- "As part of our clinical care for children with diabetes, we are screening for depressive symptoms in all patients age 12 and up, as recommended by ADA guidelines. I'm going to ask your child to answer just a few questions on this paper while I check in with you (parent/caregiver) about today's diabetes visit. Your provider will give you and your child feedback about the questionnaire when they come in." (If needed: "Your provider can answer any additional questions you have about the screening.")

For providers giving feedback about positive screen

- PHQ9 score 7-9: "The ADA recommends we screen adolescents for depression, because people with diabetes are more likely to develop depressive symptoms than people who don't have diabetes. Because of this we are now screening all kids 12+ for depression. Based on your child's answers, it appears he/she/they may be experiencing a couple of symptoms. We are not diagnosing your child with depression – the purpose of the screen is just to identify those youth who might be experiencing symptoms so we can tell parents/caregivers and connect you with helpful resources. This is a handout with information about diabetes burnout and depression, what to look for, and what we can do to help. Let us know if you have any questions or how we can help you and your family."

- PHQ9 score 10 and up: "The ADA recommends we screen adolescents for depression, because people with diabetes are more likely to develop depressive symptoms than people who don't have diabetes. Because of this we are now screening all kids 12+ for depression. Based on the screen your child completed, it appears he/she may be experiencing some depressive symptoms. We are not diagnosing your child with depression – the purpose of the screen is just to identify those youth who might be experiencing symptoms so we can get more information and connect you with helpful resources. We would like our social worker to meet with your child to get a little more information about how he/she has been feeling lately."

Depression Screen – PHQ-9 Scripting, cont.:

If Provider or Social Worker recommends referral to Psychology

- "We would like to recommend a consultation with our psychologist, who is part of our medical team and who specializes in seeing kids with diabetes. She can provide a more in-depth assessment of your child's mental health and make treatment recommendations. At that time you will discuss with her whether additional treatment or psychotherapy is recommended."

Additional information that may be helpful when explaining to parents/families

- Screening helps us identify symptoms early – this is a good thing, because the earlier we identify them the more quickly we can help kids feel better and prevent other difficulties from developing.
- Depression screening is important for kids with diabetes, because we know depression can be associated with diabetes burnout and difficulties with management/adherence.
- Sometimes it's hard for kids to verbalize how they are feeling, and written questionnaires can make it easier for them to tell us.
- Parents can certainly remain in the room while their child fills out the form – we simply ask that the child be allowed to answer the questions without parents' input. We want to give your child every opportunity to tell us how they are feeling.

What's Next?

- Problem Areas in Diabetes tool (PAID)
  - Highly recommended by TCH psychologists (favorite tool, measurable goals, proven results, timely)
  - Permissions
  - APPs and MDs
  - Provider-Psychology collaboration
  - What do we do with this information?
  - Epic Build/Integration

Thank You