



Valley Children's Healthcare is committed to increasing our efforts to support physicians, families, and the community in more effectively dealing with, treating and talking about children's mental health.

September is National Suicide Prevention Month.

This edition of Central California Pediatrics addresses the issue of adolescent depression.



Central California Pediatrics

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Adolescent Depression

Carmela Sosa, MD

Pediatrics

Dr. Carmela Sosa is a board certified pediatrician with the Charlie Mitchell Children's Clinic for Complex Primary Care at Valley Children's Healthcare. Dr. Sosa is completing her training with the University of California, Davis/University of California, Irvine Train New Trainers (TNT) Primary Care Psychiatry (PCP) Fellowship, generously funded by a grant from the County of Fresno, Department of Behavioral Health.

The Scope of the Problem

Literature shows that one in five children will suffer from depression by the end of adolescence. Approximately half of teens with depression are not diagnosed until adulthood, and primary care providers fail to recognize depression in up to two-thirds of affected adolescents, resulting in no treatment. Even when depression is correctly identified, only half of those are treated appropriately.

Symptoms of Depression in Adolescents

Although symptoms of depression in adolescents can often resemble those in adults – feeling sad or hopeless, increased thoughts of death or dying, decreased appetite, or anhedonia – identification based upon depressed mood alone is insufficient. In teens, symptoms can also include:

- Drop in school performance
- Drug or alcohol use
- Multiple somatic complaints
- Inappropriate sexual activity
- Irritability
- Increased use of social media
- Conflicts with friends and family

Identification and Barriers

Although screening for depression is recommended by the American Academy of Pediatrics at all routine visits beginning at age 12, this does not regularly occur. A 2014 study by Zenlea et al showed that despite the fact that 90% of pediatricians felt responsible for identifying depression in their patients, screening for depression in adolescents occurred at only 0.2% of visits.

A simple screening tool, the nine-question Patient Health Questionnaire (PHQ-9) has been validated for use in patients 12 years and older. The PHQ-9, with a cut-point of 11, has a sensitivity of 89.5% and specificity 77.5% in adolescent patients. Several of the barriers cited by primary care providers with respect to adolescent depression screening include lack of time, training and qualified mental health providers to whom to refer, and inadequate reimbursement.

Taking Action

In March of 2018, the American Academy of Pediatrics published the first updated guidelines in 10 years that introduce concepts of practice preparation, developing relationships with community organizations, identification of adolescent depression, evaluation of suicide risk and initial management.^{1,2}

Valley Children's Healthcare is developing training opportunities to help pediatricians address child and adolescent mental health issues with their patients. Watch for more information on these educational opportunities later this year.

Providers can familiarize themselves with readily available resources locally and beyond. From county services, school districts, community organizations and private practice providers, these connections can prove invaluable. Above all, if you suspect that depression or more may be a factor with your patient, begin the dialogue. A simple conversation could make a lifetime of difference.

¹ Guidelines for Adolescent Depression in Primary Care: (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management*

² Guidelines for Adolescent Depression in Primary Care: (GLAD-PC): Part II. Treatment and Ongoing Management*



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Children's Advocacy

Tim Curley

Director, Community and Government Relations - Valley Children's Healthcare

Proposition 4: Children's Hospital Bond Initiative

Valley Children's and the other children's hospitals in California are sponsoring Proposition 4, which will appear on the November 6 general election ballot. If passed by voters, Proposition 4 will provide up to \$1.5 billion over 15 years for California's children's hospitals and other hospitals that treat children with medically complex conditions to expand and renovate their facilities to increase capacity to care for more children and to purchase life-saving medical equipment for the treatment of the most seriously ill and injured children in the state.

Proposition 4 will require a simple majority affirmative vote to pass. This is the third bond measure sponsored by the California Children's Hospital Association, the first passing in 2004 and the second successful bond measure in 2008. Children's hospitals have been good stewards of the bond money, investing in construction, expansion, renovation and equipment projects primarily at the State's eight non-profit children's hospitals, including Valley Children's Hospital, and the five University of California hospitals with pediatric services.

State Budget

Governor Brown signed into law a state budget for the new fiscal year that began July 1 that, overall, is helpful to children's healthcare. The final agreement includes \$500 million for supplemental Medi-Cal payments for physicians, thanks to Proposition 56 that voters passed in 2016; \$26 million in additional funding for a home visiting program for low income pregnant mothers; and \$8 million in increased funding for the Black Infant Health Program. Valley Children's advocated strongly in support of each of these items. The budget agreement did not include any major reductions or revisions to Medi-Cal or the California Children's Services Program.

*For questions or more information on these and other issues, feel free to contact
Tim Curley at 559-353-8610 or TCurley@valleychildrens.org*

Medical Staff News

The following pediatric specialists recently joined Valley Children's:

Anesthesiology

Justin Tsai, MD

Hematology/Oncology

Sukhjeet Bath, MD

Hospitalists

Maher Eldadah, MD

Venkataraao Isola, MD

Sharon Joo, DO

Resham Kaur, MD

Phuong Le, MD

Maria Mungy, MD

Bassel Al Horany, MD

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Maternal-Fetal Medicine

Marwan Ali, MD

Pediatric Cardiology

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Michelle Sykes, MD, PhD

Pediatric Emergency Medicine

Francisco Garcia, MD

Pediatric Gastroenterology

Alexandra Eidelwein, MD

Pediatric Neurology

Javier Fonseca, MD

Pediatric Pathology

Cynthia Fata, MD

Steven Hardee, MD