

# Teens, Parents OK Psychiatric Screening in ED

BY SHERRY BOSCHERT

SAN FRANCISCO — Teenagers and their parents favor the idea of routine mental health screening for adolescents who come to emergency departments, but don't think it necessarily applies to them, a survey of 604 people found.

The 299 patients aged 13-17 years and 305 parents who accompanied them completed a two-page questionnaire in 3-5 minutes while waiting for the adolescent to receive emergency care in a large Midwestern hospital.

Emergency departments (EDs) could be excellent places for mental health screening and intervention during long wait times, Roisin O'Mara and her associates suggested in a poster presentation at the annual conference of the American Society of Suicidology. Previous studies suggest that ED visits provide "teachable moments" when adolescents may be receptive to interventions, said Ms. O'Mara of the University of Michigan, Ann Arbor.

Among the adolescents surveyed, 93%-94% felt that it is somewhat important or extremely important to screen teenagers in the ED for depression, anxiety, alcohol misuse, drug misuse, or suicide risk. Among adults surveyed, 96%-99% agreed that screening teens for these are somewhat or extremely important. Screening for behavioral problems or dating violence was thought to be somewhat or extremely important by 87%-89% of adolescents and 96%-97% of adults.

When asked if ED staff should ask all teens about these problems as part of routine care, 57% of adolescents and 69% of adults agreed or strongly agreed, a statistically significant difference between the youths and their parents/guardians. However, when asked if they would take a mental health screening (or allow their teen to take one) if it were offered that day, only 42% of adolescents and 49% of adults agreed or strongly agreed.

"This seems to reflect an attitude of, 'Yes, it is a good idea, but not necessarily for me or my teen'," Ms. O'Mara noted.

The top concern expressed about mental health screening in the ED was worry about privacy (72% of teens, 63% of adults). Any effort to start such screening should address this concern, the investigators suggested.

The adolescents also were significantly more likely than were the adults to say that a screening is unnecessary because they know they don't have these mental health problems (61%) and to say that they worry about what other people would think of them if they did have these problems (53%). Among adults, 44% were "sure" their teen didn't have mental health problems and only 19% worried about what people might think.

It's encouraging that stigma doesn't seem to be a problem among the parents and/or guardians, but a focus on stigma reduction among adolescents still is needed, Ms. O'Mara said.

Sixty percent of teens and 62% of

adults said the adolescent was in too much pain and distress in the ED to have a mental health screening. Worries about how long it might take were reported by 57% and 46%, respectively. In 49% of teens and 37% of adults, a mental health screening was deemed unnecessary because the teen was already getting help for mental health problems.

A far lower proportion of adolescents (79%), compared with adults (90%), said

a brochure on any of these mental health problems would be helpful. More helpful would be a chance to speak with a mental health professional while in the ED (95% of teens and 98% of adults) or information on where to go for further help (96% of teens and 100% of adults).

Large numbers of adolescents come to EDs each year, especially in low-income, medically underserved areas. Mental health screening may be especially help-

ful in detecting young males at risk of suicide who typically don't surface in other health care settings. "The ED setting has been underutilized in such interventions," Ms. O'Mara said.

The adolescents were nearly equally split between males and females, and were accompanied mainly by their mothers or female adult guardians. Both the youths and adults were predominantly white. ■

**Adverse events in major depressive disorder (MDD):** The most commonly observed adverse events associated with the use of paroxetine hydrochloride extended-release tablets were: abnormal ejaculation, abnormal vision, constipation, decreased libido, diarrhea, dizziness, female genital disorders, nausea, somnolence, sweating, trauma, tremor, and yawning. Adverse events in a study of elderly patients with MDD were: abnormal ejaculation, constipation, decreased appetite, dry mouth, impotence, infection, libido decreased, sweating, and tremor.

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