# Mental Health Screening in Pediatric Orthopedic Patients

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**Description**

There was no formal screening in place for mental health. This was noted to be a problem upon observation of patients who were non compliant with treatments due to being depressed or lashing out. Diagnosis and treatment were occurring too late and there was a consistent delay in further care.

**Process**

- Individual meetings with nurse practitioners, nurses, psychologist, and nursing supervisor. All agreed this was a major issue.
- Literature Review: Literature suggests mental health screening in pediatric orthopedics should be a standard. There is no documentation in the literature suggesting a tool to use in this specific population. However, there is a group of standard pediatric mental health screening tools that would still be applicable. The table shows commonly used screening tools recommended by the American Academy of Pediatrics.

## General Psychosocial Screening Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Age Range</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Symptom Checklist (PSC 35/PSC 17)</td>
<td>4 to 16 yr</td>
<td>&lt;5 min/2 min</td>
</tr>
<tr>
<td>Strengths and Difficulties Questionnaire (SDQ)</td>
<td>3 to 17 yr</td>
<td>10 min</td>
</tr>
<tr>
<td>Early Childhood Screening Assessment</td>
<td>18 to 60 mo</td>
<td>10–15 min/1-2 min</td>
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<tr>
<td>Ages and Stages Questionnaire-Emotional</td>
<td>6 to 60 mo</td>
<td>10-15 min/1-2 min</td>
</tr>
<tr>
<td>Ages and Stages Questionnaire-Social</td>
<td>6 to 60 mo</td>
<td>10-15 min/1-2 min</td>
</tr>
</tbody>
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Positive results in any of the screening tests warrant further in-depth evaluation.

Pediatric mental health screening would:

- Help recognize earlier psychological problems that may occur during a patient’s hospital stay following surgery and/or rehabilitation course.
- Allow for earlier referral to further psychological providers and early treatment of any mental illness.
- Improve better collaboration by the entire medical team for a better outcome of the entire wellbeing of the patient and their family.

**Background**

- “1 in 5 children and adolescents have a diagnosable mental health disorder that requires intervention or monitoring and interferes with daily functioning. Only 20% of these children receive needed services.” (United States Department of Health and Human Services, 2000)
- In 2001, "The National Health Interview Survey found that 35% of children and adolescents with disabilities age 4 to 17 years are reported to be unhappy, sad or depressed.” (United States Department of Health and Human Services)
- “Children with physical handicaps are at greater risk then the general population for developing depression.” (Kashani, 1981)
- “Psychosocial outcome vary by child and injury-related factors. Understanding psychosocial functioning is critical in improving these outcomes.” (Kelly, et. al, 2012)
- “Unidentified mental health problems in children and youth with special health care needs may contribute to poor control of medical conditions, somatization, and overutilization of medical services by both the child and parents.” (Bernal, 2003)
- “PTSD may be among the most prevalent psychosocial comorbidities in families experiencing pediatric spinal cord injury. This warrants assessment and intervention as part of standard psychosocial services to this population.” (Boyer, et. al, 2000)

**Purpose**

Implement a universal screening tool for mental health illness in the pediatric orthopedic patient population, both rehabilitation, surgical, and casting patients.

The main objective was to create or discover a mental health screening form that would be used by nursing staff and advanced practice nurses on every patient admitted to the orthopedic inpatient floor.

## Barriers to Implementation

- Time constraints
- Timing of implementation
- Unexpected facility barriers
- Resistance from staff
- Absence of key team members
- Lack of Staff
- Priority of other improvements
- Decisions regarding screening tool itself

**Conclusion**

The pediatric orthopedic population is at a greater risk for mental health illness. Untreated mental illnesses can interfere with interventions for orthopedic conditions.

Overall, mental health screening is a difficult task to tackle especially in the pediatric population. Nurses, physicians, advanced practice nurses, mental health providers, and hospital educators all need to be educated on pediatric mental health and be actively involved in the implementation process of screening for mental health issues.

## Lessons Learned

The unsuccessful attempt at implementing this project taught me a lot about the factors, barriers and initiation of implementing a screening program. Some of these lessons include the importance of teamwork, communication, and proper planning. I also learned there is lack of knowledge surrounding the importance of mental health screening in the pediatric orthopedic population.

## Practice Implications

- Recognizing the need for mental health screening among caregivers
- Education of all providers on the importance of mental illness and the impact on a child and the environment surrounding the child
- Further research into successful screening tools in pediatric orthopedics
- Set up of project committee to facilitate implementation
- Setting appropriate times and strategic planning
- Screening should also be extended to guardians of the child
- Examine best time to administer screen: pre-visit vs. admission
- Expand screening to orthopedic outpatient settings

**References**


