Implementation of a Screener for Depression and Anxiety: Addressing Mental Health Needs for Adolescents with Hearing Loss

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Background

• Primary focus in audiology
  – Identification of hearing loss
  – Fitting of proper hearing technology
  – Listening and spoken language development

• Currently, no routine screening of depression & anxiety

• Research has reported higher levels of depression and anxiety in d/Dhh children.\(^1\)\(^-\)\(^5\)
  • 25-38% of children with hearing loss report internalizing symptoms (sad, worried, social withdrawal)\(^1\)
  • 2 in 3 youth with depression are not identified and fail to receive services\(^6\)
Academy of Pediatrics Recommendations

• Primary care practices seek mental health screening training for improved care of adolescents
• Annual universal screening of youth 12 and over
• Systematic assessment procedures using reliable measures
• Establishment of relevant links with community resources
Aims

The goal of the current study was to:

• Implement a universal screening for anxiety and depression for adolescents attending an ENT/audiology practice.
• Examine the prevalence of depression and anxiety in d/Dhh adolescents.
Method

- Trained all hearing health providers at the UM Ear Institute on the following:
  - Symptoms of depression and anxiety
  - Impact of depression and anxiety
  - Mental health screener protocol
    - Depression: Patient Health Questionnaire - 8 (PHQ-8)
    - Anxiety: Generalized Anxiety Disorder - 7 (GAD-7)
  - Additional questions related to difficulty and/or severity of concerns was added
Implementation of Mental Health Screener

Step 1
• All adolescents scheduled at the UM Ear Institute were given the mental health screener prior to or following their appointment by their provider (i.e., audiologist, therapist) or a member of the family support team (i.e., psychologist, social worker)

Step 2
• Adolescents independently completed the PHQ-8 and GAD-7 on an iPad via Qualtrics

Step 3
• Scores were reviewed by the provider who administered the screener
• If 10 or above on either PHQ or GAD, or reported difficulty a referral for mental health was provided
### Demographics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>M (SD)</th>
<th>N (%)</th>
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<tbody>
<tr>
<td>Age (years)</td>
<td>14 (1.79)</td>
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<tr>
<td>Gender (% female)</td>
<td>43 (53.8)</td>
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<tr>
<td>Ethnicity (% Hispanic)</td>
<td>45 (56.3)</td>
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<td>Race (% White)</td>
<td>60 (75%)</td>
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N = 80 adolescents 12-18 years old
Results

- 28% of youth reported elevated anxiety or depression symptoms
- 13% of youth reported *BOTH* depressive and anxiety symptoms
- 6 youth reported difficulty with depression or anxiety even though they did not meet the cut-off
Conclusion

• Higher rates of depression and anxiety were reported
  – 21% vs 13%, 19% vs 18% respectively
• Need for integrated mental health care for this population
• Highlights the need for routine screening in pediatric audiology programs
  – Recommend integration of psychology & social work into pediatric audiology practices
  – Yearly screening of depression & anxiety is recommended
    ▪ This is consistent with recommendations by the Academy of Pediatrics
Thank you!

Questions?