

This clinical tool helps primary care providers (PCPs) detect and manage anxiety and depression, two of the most common mental health disorders in youth aged 12-24 years.<sup>1</sup> The tool was developed to help guide conversations with patients and families over a series of visits, as appropriate.

## Section 1A: Screening/assessment



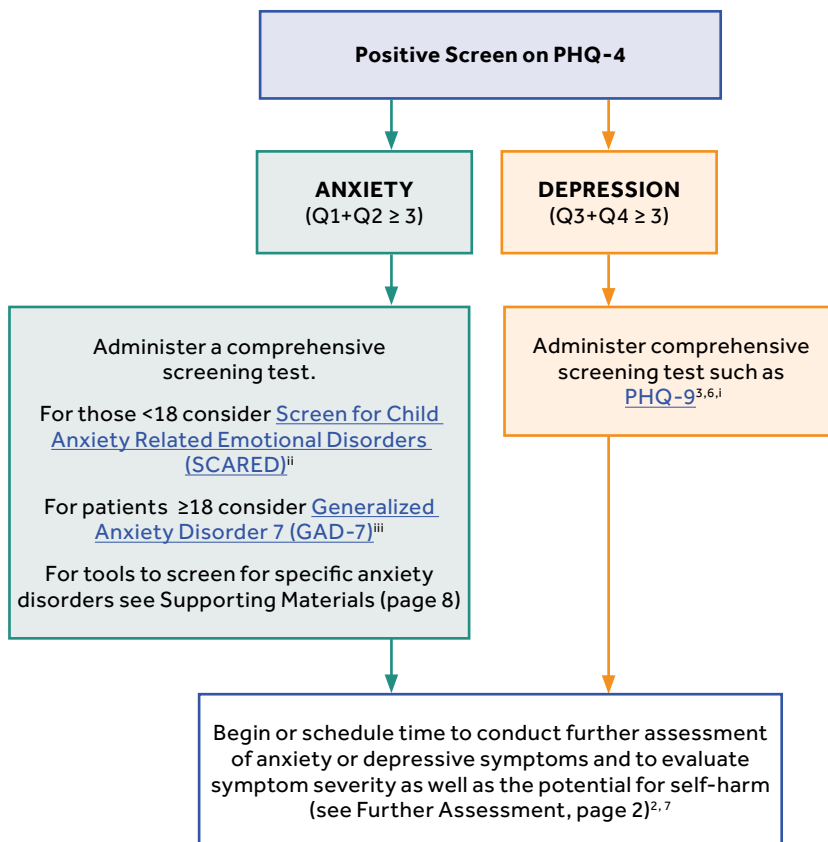
Screen patients aged 12-24 routinely for anxiety and depression. Use questions such as those in the [Modified Patient Health Questionnaire \(PHQ-4\)](#)<sup>i</sup>, below,<sup>2-5</sup> to help determine the need for further assessment.

Current evidence does not indicate a recommended screening interval for anxiety and depression. It may be appropriate to screen opportunistically.<sup>2</sup> More frequent screening may be considered for patients with risk factors/**red flags**; signs and symptoms; and history of anxiety and/or depression.

| Modified Patient Health Questionnaire (PHQ-4)                                      |            |              |                         |                  |
|--|------------|--------------|-------------------------|------------------|
| Over the last 2 weeks, how often have you been bothered by the following problems? | Not at all | Several days | More than half the days | Nearly every day |
| <b>ANXIETY</b>   |            |              |                         |                  |
| 1. Feeling nervous, anxious or on edge   | 1          | 2            | 3                       | 4                |
| 2. Not being able to stop or control worrying                                      | 1          | 2            | 3                       | 4                |
| <b>DEPRESSION</b>  |            |              |                         |                  |
| 3. Little interest or pleasure in doing things                                     | 1          | 2            | 3                       | 4                |
| 4. Feeling down, depressed, or hopeless  | 1          | 2            | 3                       | 4                |

- EXAMPLES OF RED FLAGS**<sup>2,7</sup>
- Unexpected somatic complaints or behavioural changes
  - Teenage pregnancy
  - School absences
  - Family members with depression, anxiety, alcohol or other substance abuse
  - Recent stressful events
  - Chronic medical conditions
  - Uncertainty about sexual orientation
  - Social or familial risk situation

- PRACTICE POINTS**
- A positive result on an initial screening tool does not necessarily indicate need for treatment.<sup>2</sup> Further assessment is required.
  - As appropriate,\* engage parent/legal guardian. For example, ask: "Is child withdrawing from or avoiding their usual activities?"<sup>7</sup>
  - Create a supportive space for all youth (see [LGBTQ+ friendly environment](#) for tips)
- \*See page 7 for more information on when to involve parents/legal guardians.





## Conduct diagnostic assessment<sup>8,9</sup>

### Do a clinical interview to determine patient history<sup>8</sup>

- Onset and intensity of symptoms
- Functional impairment
- Past episodes
- Psychosocial stressors (e.g., current/past trauma, abuse, and bullying)
- DSM-5 criteria
- Mental status exam

## Additional assessments

### Risk of suicide or harm to self/others<sup>9</sup>

Consider using [Ask Suicide Screening Questions \(ASQ\)](#)<sup>14</sup>

If patient is high risk, refer to psychiatric services and/or send patient to ED immediately

### Comorbid mental health conditions

(e.g., ADHD, bipolar disorder, psychosis, severe OCD, panic disorder)<sup>5, 10</sup>

If mental health co-morbidities suspected, consider referral to psychiatric services for diagnostic clarification

**Comorbid mood disorder significantly increases risk of suicidal behavior**

### Secondary causes of anxiety/ depression (e.g., anemia, thyroid dysfunction, nutrient deficiencies)<sup>7</sup>

If a physical condition that may affect mental health is detected/ suspected, test for and treat condition while concurrently treating and monitoring mental health symptoms as appropriate

### Presence of substance use disorder or addiction issues

Screen for concerns such as alcohol dependence, drugs, gambling, gaming, and problematic internet use.<sup>5, 11-13</sup>

Consider using [Substance Use Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)<sup>15</sup> for screening questions & talking points

If substance use disorder or addictions issues are present, refer to substance use disorder programs for assessment and treatment

## Other considerations

If current abuse is detected, refer to psychiatric services immediately and report to children's services (mandatory reporting if <16 years)<sup>7</sup>

### Consider psychiatric referral for patients:

- Considering pregnancy; are pregnant; or, breastfeeding<sup>9</sup>
- With post-partum depression<sup>7</sup>
- With history of severe abuse/trauma

**Create comprehensive treatment plan (Section 3)**



## COMMUNICATION TIPS

- Establish confidentiality
- Listen compassionately
- Listen reflectively

## TALKING POINTS

### Start with less sensitive questions, moving to more sensitive questions:

"We ask all of our patients a few questions about some situations that can affect your mental health. You don't have to answer any questions that make you uncomfortable."

### Gender and sexuality<sup>34</sup>

- "How would you identify your gender identity?"
- "How would you identify your sexual orientation?"

### Substance use and addictions During the past 12 months, did you:

- Use tobacco?
- Drink any alcohol (under 19 years of age)?<sup>14</sup>
- Have 4 or more alcoholic drinks in a day (ages 19 and over)?
- Smoke any marijuana or hashish?<sup>14</sup>
- Any illegal drug use?
- ("Anything else" includes: illegal drugs; over-the-counter and prescription drugs; and, things that you sniff or "huff")<sup>5</sup>

### Bullying and abuse

- "Do you feel safe in your relationship with your parents? Partner?"
- "Have you been bullied at school or work?"<sup>15</sup>

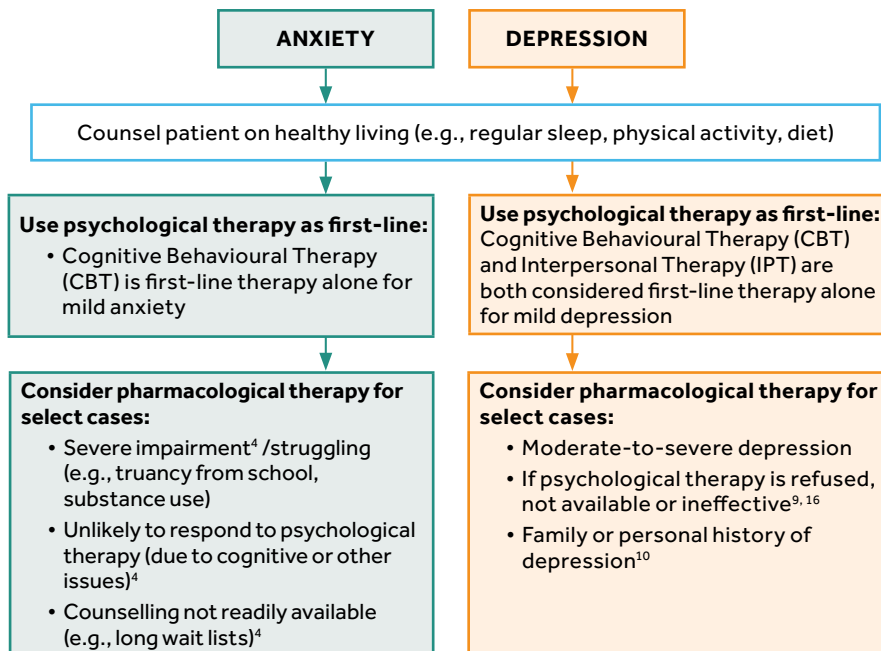
### If you are not sure what the youth is talking about, clarify with:

- "Help me understand..."
- "Could you explain what you were thinking about that..."
- "So do you mean..."

## Section 2: Management



Based on your initial assessment, select a treatment plan that you and your patient are comfortable with.



### Establish confidentiality and the limits of confidentiality

- Determine if youth is a mature minor (understands treatment benefits/risks and consequences of not treating, can consent to specific treatments) using teach-back techniques ("Can you tell me in your own words what we discussed?"). For more information on consent see Section 4: Supporting your patient
- State, "everything we discuss will be kept confidential. I will not discuss it with anyone, including your family, without your permission. The only time this does not apply is in sharing information with other health professionals involved in your care, situations where you or others are at risk of harm, or if there is a court order."

## Psychological Therapy Options

| Therapy*                                 | ANXIETY  | DEPRESSION   |
|--|--|--|
| <b>Cognitive Behaviour Therapy (CBT)</b> | <ul style="list-style-type: none"> <li>Is first-line therapy alone for mild anxiety</li> <li>CBT, plus pharmacotherapy for more severe anxiety</li> </ul>                      | <ul style="list-style-type: none"> <li>Is first-line therapy alone for mild depression</li> <li>CBT, plus pharmacotherapy for moderate to severe depression</li> </ul>                                   |
| <b>Interpersonal Therapy (IPT)</b>       | <ul style="list-style-type: none"> <li>Some evidence for IPT in anxiety but less than CBT</li> <li>Most evidence is in treating social anxiety disorder<sup>4</sup></li> </ul> | <ul style="list-style-type: none"> <li>Is first-line therapy alone for mild depression</li> <li>Alone for mild depression</li> <li>CBT plus pharmacotherapy for moderate to severe depression</li> </ul> |
| <b>Family Therapy</b>                    | <ul style="list-style-type: none"> <li>Family-based CBT has shown efficacy in treating anxiety</li> </ul>  | <ul style="list-style-type: none"> <li>There are few studies of family therapy for youth depression; they have shown some efficacy</li> </ul>  |
| <b>Psychodynamic Therapy</b>             | <ul style="list-style-type: none"> <li>Evidence is limited, particularly in youth</li> </ul>   | <ul style="list-style-type: none"> <li>Evidence is limited, but suggests high rates of remission** in moderate-to-severe depression</li> </ul>   |

\* For more details on Therapy Options, please refer to Appendix

\*\*"Remission" is defined as loss of diagnostic status and no functional impairment<sup>4</sup>

## HEALTHY LIVING

### Regular sleep:

Encourage patient to aim for appropriate hours of sleep : 8-10 hrs per night for <18 or +7 hrs per night for ≥ 18<sup>33</sup>

- Provide patient sleep hygiene tips
  - For tips see [Management of Chronic Insomnia](#)<sup>vii</sup>

Patient handouts:

- [Top Ten Sleep Tips](#)<sup>vii</sup>
- [Sleep Diary \(patient can fill out\)](#)<sup>vii</sup>

### Physical activity:

- Encourage patient to participate in physical activity
- Counsel on the effects that physical activity can have on their anxiety or depression

Patient/family handouts:

- [Healthy Living Toolkit for Families](#)<sup>viii</sup>
- [Canadian Physical Activity Guidelines](#)<sup>xxiv</sup>: shows simple ways youth of all ages can add physical activity to their daily routine

### Healthy eating<sup>18</sup>

- Encourage patient to follow a healthy diet
  - Less of these: sweets/sugar, caffeine, processed food
- Educate that following a healthy diet can decrease symptoms of anxiety and depression
- If your patient needs access to affordable food, try:
  - [Ontario Association of Food Banks: find a food bank](#)<sup>xxv</sup>
  - [Daily Bread Food Bank: get food and find meal programs](#)<sup>xxvi</sup>
  - [Community gardens](#)<sup>xxvii</sup>
  - Buying clubs and co-op grocery stores
- For tips on healthy meal planning/preparation and healthy eating (e.g., to reduce risk of weight fluctuation with antidepressants):
  - [Find a dietitian](#)<sup>x</sup> - dietitians are covered by OHIP if they are part of a family health team or community health centre
  - Call toll free 1-877-510-5102 Eat Right Ontario to find dietitians in your community and to get questions answered over the phone by a registered dietitian<sup>19</sup>



### Pharmacological management

Selective Serotonin Reuptake Inhibitors (SSRIs) are first-line pharmacological therapy

|   | ANXIETY                             |                               |                             |   | DEPRESSION | Dose   | Price |
|---|-------------------------------------|-------------------------------|-----------------------------|---|------------|--|-------|
|   | Obsessive-Compulsive Disorder (OCD) | Social Anxiety Disorder (SAD) | Separation Anxiety Disorder | Generalized Anxiety Disorder (GAD)  |            |  |       |
| <b>Fluoxetine</b>   | √                                   | √                             | √                           | √   | √          | 10-40 mg/day   | \$    |
| <b>Sertraline</b>   | √                                   | √                             |                             | √   | √          | 25-200 mg/day  | \$    |
| <b>Citalopram</b>   | √                                   |                               |                             |   | √          | 10-40 mg/day   | \$    |
| <b>Escitalopram</b>   |                                     | √                             |                             |   | √          | 10-20 mg/day (may start at 5 mg if concerned about initial sensitivity to side effects) <sup>31,32</sup> | \$    |
| <b>Fluvoxamine</b>  | √                                   | √                             | √                           | √   |            | 25-300 mg/day  | \$    |
| <b>Paroxetine</b>   | √                                   | √                             |                             |   |            | 10-50 mg/day   | \$\$  |
| For 30-day supply. Please note that dispensing fees have not been included.<br>\$ ≤ \$20<br>\$\$ = \$20 - \$40<br>\$\$\$ ≥ \$40 |                                     |                               |                             | √ denotes highest level of evidence (meta-analyses, systematic reviews of RCTs, RCTs with varying levels of bias) |            |  |       |
| For a list of common SSRI side effects and for other medication options please see the Appendix.                                |                                     |                               |                             |   |            |  |       |

### Overcoming barriers to treatment

#### Psychological treatments

- Private health insurance or Employee Assistance Program (EAP) may cover some of the costs
- Visit [211](#)<sup>xxviii</sup> to help connect patients to available resources in their community
- Consider using [OHIP-covered CBT provider](#)<sup>xxix</sup> or [MoodGym \(free online CBT\)](#)<sup>xxx</sup>
- Offer free mental health apps such as [MindShift](#)<sup>xxxi</sup> (for anxiety), [MoodTools](#)<sup>xxxii</sup> (for depression), or [MoodKit](#)<sup>xxxiii</sup> (CBT app for depression). For a full list of reviewed apps, visit the following website: [American Depression and Anxiety Association \(ADAA\)](#)<sup>xxxiv</sup>

#### Pharmacotherapy

- Private health insurance
- Reach out to drug companies to enquire about their compassionate use programs
- [Ontario Works](#)<sup>lxv</sup> and [Ontario Disability Support Program](#)<sup>lxv</sup> provide funding for drug coverage and transportation to medical appointments

### Patient care while waiting for referral\*

#### Long wait for referral to psychological therapy or specialist care?

Here are a few ways to support your patient in the meantime:

- Provide interim counselling:
  - [Informal counselling in your office](#)<sup>xi</sup> (tips on using CBT with your patient)
- Free online CBT:
  - [MoodGym](#)<sup>xxx</sup>
  - [E-Couch](#)<sup>xxxv</sup>
- Consider starting drug therapy while waiting for referral
- Offer lifestyle modifications

\*These tips are for patients who are stable enough to wait for referral. Patients at high immediate risk of harm to self or others should be sent to the emergency department for further assessment. See [Keeping Your Patients Safe](#)<sup>xi</sup> for tips on assessing a patient's risk of harm to self or others.



#### TALKING POINTS

Ensure that youth have realistic expectations about medications and understand some key points

#### Side effects

"Get immediate help if you feel suicidal."<sup>9</sup>

"It can take 4 weeks for medication to start working and some symptoms may get worse (e.g., sleep problems) before they get better."<sup>9</sup>

"Let us know if after 2 weeks the side effects have not gone away, as there are ways to manage side effects"<sup>4</sup>

"Seek medical attention if you experience nervousness, agitation, irritability, mood instability, or sleeplessness."

#### Medication with other substances

"Alcohol can interact with antidepressants and can make some of your side effects worse. Alcohol can also make your symptoms of anxiety or depression worse."<sup>20</sup>

"Marijuana and street drugs can make your symptoms of anxiety or depression worse. Mixing these drugs with your medication may make side effects worse or interfere with the way your medication works."<sup>20</sup>

#### Compliance and follow-up

"It's important to keep in touch with regular follow-ups so we can see how the medication is working for you and if it is causing you any new problems, like side effects."<sup>4,9</sup>

"Keep taking the medication, even if you feel better. Don't stop treatment suddenly without getting medical advice. Some medications can cause unpleasant side effects if stopped "cold turkey".<sup>9</sup>



## Follow-up

When starting patients on psychological therapy or pharmacological therapy primary care providers should follow up the week after initiating treatment to check to see if patient is tolerating treatment.

| ANXIETY: Follow-up   | DEPRESSION: Follow-up  |
|--|--|
| Psychological therapy has a success rate of approximately 70%. <sup>4</sup> Antidepressants have a success rate of approximately 60-80%. <sup>21,22</sup> Response* rates may vary by patient and disorder.  | Initial therapy (psychological and/or medications) is successful in about 60% of youth with depression. <sup>9</sup>   |
| <b>Usual response times:</b> <ul style="list-style-type: none"> <li>• CBT or IPT: 6-10 sessions for initial response; 10-16 sessions total<sup>9</sup></li> <li>• Antidepressants: 2-8 weeks for initial response; 8-12 weeks for full response<sup>4</sup></li> </ul> | <b>Usual response times:</b> <ul style="list-style-type: none"> <li>• CBT/IPT: 6-10 sessions for initial response; 10-16 sessions total<sup>9</sup></li> <li>• Antidepressants: up to 4 weeks for initial effect 8-12 weeks for full response<sup>9</sup></li> </ul> |
| Monitoring parameters/timing: <i>see monitoring charts below</i>   | Monitoring parameters/timing: <i>see monitoring charts below</i>   |

\*"Response" is defined as 25-50% reduction in symptoms.

## Monitoring psychological therapy

|   |
|---|
| <b>When to monitor:</b> <ul style="list-style-type: none"> <li>• For the first 12-20 weeks, the psychotherapist should assess response to treatment in detail. The PCP should assess for barriers, progress and any suicidal thinking or behaviour as often as they feel necessary based on their clinical judgment.</li> </ul>   |
| <b>What to monitor:</b> <ul style="list-style-type: none"> <li>• <b>Suicidal behaviour or thinking</b></li> <li>• Any new mental health issues/symptom</li> <li>• Barriers to therapy (e.g., cost, convenience, transportation, etc.)</li> <li>• Response to treatment</li> </ul>   |
| <b>How to monitor:</b> <ul style="list-style-type: none"> <li>• Ideally by PCP with input from patient (via phone or in-person)</li> <li>• Consider using scales such as the <a href="#">Clinical Global Impression (CGI)</a><sup>xii</sup> scale, which works for both anxiety and depression, or the scale originally used for screening/diagnosis (e.g., PHQ-9, GAD-7, SCARED) to determine response to treatment<sup>4</sup></li> </ul> |
| <b>Practice points:<sup>7</sup></b> <ul style="list-style-type: none"> <li>• Encourage patient to maintain daily activities (e.g., school, work, social activities)</li> <li>• Encourage healthy thinking with positive appraisals</li> <li>• Work with your patient to develop realistic treatment goals; this may start as achievable daily goals</li> </ul>  |

## Monitoring antidepressants

|  |
|--|
| <b>When to monitor:</b> <ul style="list-style-type: none"> <li>• 1 week before starting medication: observe symptoms that might subsequently be interpreted as adverse events<sup>9</sup></li> <li>• Within 1 week after initiating treatment<sup>9</sup></li> <li>• Every 1 to 2 weeks, up to 8 weeks; at 12 weeks; as clinically indicated post 12 week period.<sup>23</sup></li> <li>• Some patients (e.g., pre-existing suicidal thinking/behaviour, decline psychological therapy, etc.) may require closer monitoring<sup>9</sup></li> </ul> <p>**Guidelines recommend weekly monitoring for the first 4 weeks.<sup>9,22</sup></p>   |
| <b>What to monitor:<sup>9</sup></b> <ul style="list-style-type: none"> <li>• <b>Suicidal thinking or behaviour</b></li> <li>• Unusual changes in behaviour (e.g., agitation, social withdrawal)</li> <li>• Manic or psychotic symptoms</li> <li>• Adverse effects (e.g., sexual dysfunction, tremors, etc.) and weight changes<sup>24</sup></li> <li>• Review of mental state</li> <li>• General progress/clinical worsening</li> <li>• Response to treatment</li> </ul>   |
| <b>How to monitor:</b> <ul style="list-style-type: none"> <li>• Ideally by PCP with input from patient (via phone or in-person)</li> <li>• Consider using scales such as the <a href="#">Clinical Global Impression (CGI)</a><sup>xii</sup> scale, which works for both anxiety and depression, or the scale originally used for screening/diagnosis (e.g., PHQ-9, GAD-7, SCARED) to determine response to treatment<sup>4</sup></li> </ul>  |
| <b>Practice points:<sup>7</sup></b> <ul style="list-style-type: none"> <li>• Consider providing your patient or parent/legal guardian the <a href="#">Antidepressant Monitoring Form</a> for them to self-monitor and document symptoms and adverse events while taking antidepressants</li> <li>• In some cases, it may be helpful for the patient or caregiver to monitor daily for worsening symptoms or any unusual changes or behaviours (particularly emergence of suicidality). Discuss an emergency plan as well as a plan for follow-up</li> <li>• Counsel patient and ensure that they have realistic expectations about the medication and the importance of healthy living</li> <li>• Work with your patient to develop realistic treatment goals; this may start as achievable daily goals</li> </ul> |



SSRIs are the first-line pharmacological therapy. If response to SSRIs is inadequate:

### 1. Evaluate:

- Whether diagnosis is correct<sup>9</sup>
- Previously undetected comorbid conditions (e.g., bipolar disorder)<sup>16</sup>
- External factors (quality of therapeutic relationship; whether treatment goals are shared; youth's motivation to change; ongoing adverse circumstances)
- Substance abuse
- Adherence<sup>9</sup>

### 2. Consider referral or other treatments:

- For youth < 18 years:
  - Consider referral to a specialist or a collaborative care relationship (where you work together with a specialist on the patient's care)
- For youth ≥ 18 years:
  - Consider a trial of one of the medications listed in the "Other medication options" found in the Appendix AND/OR
  - Consider referral to a specialist or a collaborative care relationship (where you work together with a specialist on the patient's care)<sup>9, 23</sup>

## Section 4: Supporting your patient



### Safety planning and resources

#### Emergency safety plan – include:

- Ensure that your patient has a crisis plan and resources that they can access when needed
  - Kids Help Phone: 1-800-668-6868 (up to age 20)
  - Good2Talk: 1-866-925-5454 (university/college students)
  - Crisis Line: 1-866-996-0991 (all ages)
  - [Ontario Distress Centres](#)<sup>xxxvi</sup>

#### Sample plans:

- [Wellness Recovery Action Plan \(WRAP\)](#)<sup>xxxvii</sup>
- [Safety plan for youth having thoughts of suicide](#)<sup>xxxviii</sup>

#### Safe school environment:

- Ask "Do you feel safe at school?"
- If needed, help build a [Bullying Safety Plan](#)<sup>xliii</sup> and offer bullying resources like [Stopabully.ca](#)<sup>xliiii</sup>

#### Other resources:

- [Kids Help Phone](#)<sup>xliii</sup>: Info Booth
- [Safe@School](#)<sup>xliv</sup>: Resources for Youth
- [Canadian Safe School Network](#)<sup>xlv</sup>
- [Caring and Safe Schools in Ontario](#)<sup>xlvi</sup>

### Addiction

#### Screening/support:

- Perform screening and brief intervention – see [SBIRT](#)<sup>v</sup>
- **Connect patients to local services:**
  - [211Ontario](#)<sup>xxviii</sup>: Mental Health/Addictions: local programs and resources
  - [Healthline](#)<sup>xxix</sup>: LHIN programs and resources
  - [Mental Health Helpline](#)<sup>xl</sup>: 1-866-531-2600

#### Patient/family handouts:

- [CAMH: Information for youth](#)<sup>xli</sup> (handouts on alcohol, drugs, and gambling)
- [CAMH: Information for parents](#)<sup>xlii</sup> (handouts and videos on addictions)

### Support

#### Case management<sup>24, 25</sup>

- Offer case management to patients who need help with day-to-day activities, such as shopping, banking, arranging medical appointments, and budgeting

#### Case management resources:

- [Mental Health Helpline](#)<sup>xl</sup> search resources with keyword "case management"
- [The Access Point](#)<sup>xlvii</sup> (for Greater Toronto Area)
- [eMental Health](#)<sup>xlviii</sup>: service coordination and case management

#### Community resources:

- [Mental Health Helpline](#)<sup>xl</sup>: 1-866-531-2600 (free information about health services in Ontario)
- [ConnexOntario](#)<sup>xlix</sup>: Directory of local services
  - Mental health: 1-800-531-2600
  - Addictions: 1-800-565-8603
- [Canadian Mental Health Association: Ontario Services & Support](#)<sup>i</sup>:
  - List of programs delivered by community agencies, hospitals or health clinics
- [Ontario Peer Development Initiative](#)<sup>ii</sup>
  - Directory of patient support organizations in each LHIN

#### Parent/legal guardian handouts/parenting supports:

- [How to talk with your teen](#)<sup>iii</sup>
- [CAMH: Information for Parents](#)<sup>xli</sup> (handouts on parenting and mental health issues)

### Poverty

#### Screening/Intervention

- Identify patients who live in poverty and intervene - see **Poverty Tool: [A Clinical Tool For Primary Care Providers](#)**<sup>ix</sup>

### Transition to adult mental health care

- Between the ages of 18 and 21, youth transition into the adult mental health system, which can affect current stabilized conditions.<sup>30</sup>

### Tips for a smooth transition

- Start planning ahead of time – look into local services well in advance of patient's transition.
- Give your patient and their family (if involved) advanced notice that they will need to transition and what this process will involve.
- Help support your patient during the transition by referring them to local adult mental health providers and services.
- Check in with the patient after the transition to ensure that they have received access to care and to ask if they are satisfied with the services.<sup>28</sup>





### Consent and confidentiality: when to involve parents/legal guardians?

#### Is the youth a mentally competent adult or a "mature minor"?<sup>29</sup>

- A mature minor has the mental capacity to consent to treatment, understands the nature of the treatment, its intended effect and the consequences of refusing it.
- To assess, try the "teach-back technique": ask the youth to rephrase what they have been told and invite them to ask questions. Note that if a youth is deemed capable to consent to a specific treatment, e.g., SSRIs, this does not mean they are automatically deemed competent to consent to all treatments.
- [Can a child provide consent?](#)<sup>29</sup>

YES

NO

- Youth may consent to treatment, without parental/legal guardian involvement.
- PCP requires explicit permission from the youth to share confidential information with their parents/legal guardians or to engage them in treatment decisions<sup>31</sup>
- Family support can help improve treatment success, so encourage youth to involve their parents/legal guardians or other trusted family member.



#### Talking points:

##### Encouraging youth to involve family:

- "In some cases, having family involved can help with your treatment. What are your thoughts on that?"

##### For youth who are worried about losing control of their treatment if they involve their parents:

- "It sounds like you are concerned that if we involve your parents, they may try to take over the decisions. This is your treatment, and youth have the right to make their own decisions, so if we do involve your family and you feel that things are going that way, talk to me."

##### For youth who feel guilty about involving family:

- "You feel guilty about causing stress for your family. That's something that other young people feel as well. Chances are that your family may have already picked up that something is wrong, and may already be concerned. So in a way, coming for help may actually reduce stress, not only for you, but also for your family."<sup>30</sup>

- Parents/legal guardians must be involved in treatment decisions and the PCP can share the youth's confidential information with parents/legal guardians.
- If the PCP feels that the parent/legal guardian's decisions are putting the youth's health at risk, they must involve child protective services.<sup>31</sup>



#### Talking points:

##### For parents/legal guardians who fear stigma:

- "There's certainly a lot of misunderstanding out there about mental health conditions. It's up to you and your child to decide how much, if anything, to share about this. Sometimes it can help to talk openly about it to someone you trust. What are your thoughts about that?"

##### For parents/legal guardians who find it hard to believe that their child has a mental illness:

- "I hear that this doesn't seem real or right to you. It can be tough to hear these words used to describe your child. It's hard to believe that this is happening, but at the same time, you want your child to get the help they need. Getting a diagnosis and treatment can help make a big difference in your child's life. How do you feel about this?"<sup>30</sup>

##### Tip:

- With joint custody, both parents have the right to make medical decisions for the child.
- If parents have joint custody and do not agree on treatment, contact the [Canadian Medical Protective Association](#) and get a legal opinion about the most appropriate course of action.

# Supporting materials\*

## Resources for primary care providers

- [i] PHQ Screeners. PHQ and GAD-7 screeners (available in several different languages). <http://www.phqscreeners.com/select-screener/41>
- [ii] University of Pittsburgh. Screen for Child Anxiety Related Emotional Disorders (SCARED; for youth up to age 18). <http://www.pediatricbipolar.pitt.edu/content.asp?id=2333>
- [iii] Cary Behavioral Health PC. Generalized anxiety disorder (GAD) screener (age 18+). <http://www.carybehavioralhealth.com/wp-content/uploads/2011/06/Generalized-Anxiety-Scale.pdf>
- [iv] National Institutes of Mental Health (NIMH). Ask Suicide-Screening Questions [ASQ] screener (4 questions). [http://www.pcmh.on.ca/wp-content/uploads/2015/09/1.4-Appendix\\_3-ASQ-Information\\_sheet\\_and\\_instrument.pdf](http://www.pcmh.on.ca/wp-content/uploads/2015/09/1.4-Appendix_3-ASQ-Information_sheet_and_instrument.pdf)
- [v] American Academy of Pediatrics. Substance Use Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Pediatricians (screening and talking points on substance use). <http://pediatrics.aappublications.org/content/pediatrics/early/2011/10/26/peds.2011-1754.full.pdf>
- [vi] American Medical Association. Creating an LGBTQ-friendly medical practice. <https://www.ama-assn.org/delivering-care/creating-lgbtq-friendly-practice>
- [vii] Centre for Effective Practice. Management of Chronic Insomnia. <https://thewellhealth.ca/insomnia>
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\*These supporting materials are hosted by external organizations, and as such the accuracy and accessibility of their links are not guaranteed. CEP will make every effort to keep these links up to date.



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