

Individual-level factors influencing depression screening in the San Francisco Bay Area

Background

- Major depressive disorder affects an estimated 11% of the US population by age 18¹
- Adolescent depression is underrecognized and undertreated, particularly among racial/ethnic minorities²⁻⁴
- Delivery of depression care in primary care settings has the potential to reduce racial/ethnic disparities

Goal: Adapt the Collaborative Care Model for depression to be delivered through Child Psychiatry Access Program

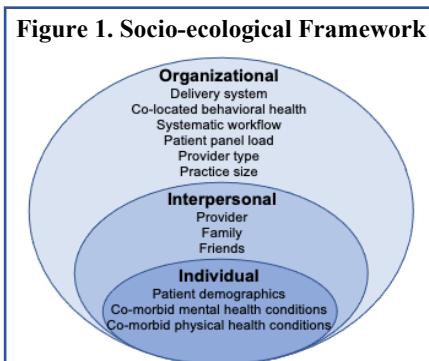
Question 1: How often are adolescents screened for depression (defined as administering a PHQ-2 and/or PHQ-9)?

Question 2: What are individual-level factors (see Figure 1) associated with the receipt of depression screening?

Hypotheses: (a) Overall rate of depression screening is low <10%. (b) Non-white adolescents have significantly lower rates in pediatric primary care settings.

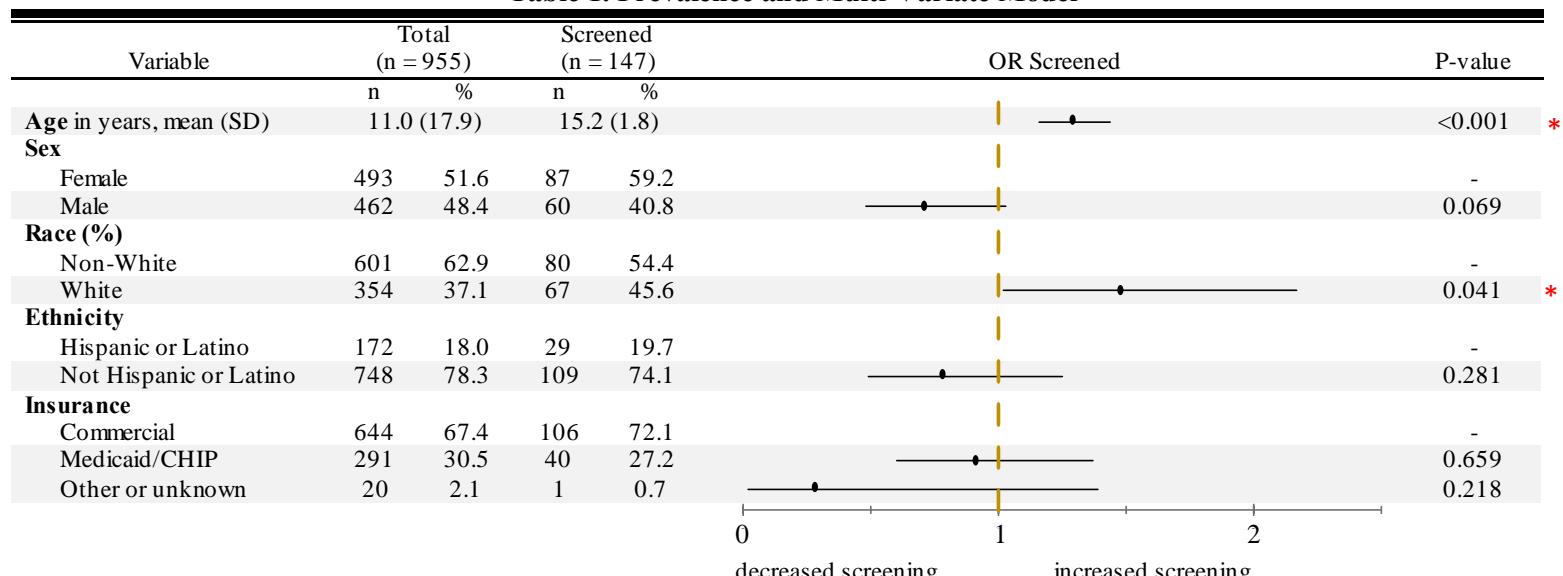
Method

- Data source:* UCSF electronic health record
- Sample (N~2,000):* (1) aged 12-17, (2) received primary care (defined as having at least one well-child visit during the study period of 2016-19 through UCSF)
- Analysis:* Conduct logistic regression analyses to examine associations between individual-level correlates and depression screening.



Preliminary results

Table 1. Prevalence and Multi-Variate Model



Discussion/Next Steps

- Universal screening for depression coupled with initiatives, such as remote access to psychiatrists, may identify more people in need of psychiatric care, reducing disparities and initiating treatment early
- This project is part of a bigger study where we will conduct focus groups and pilot an adapted Collaborative Care Model intervention

1. Avenevor S, Swendsen J, He J-P, Burstein M, Merikangas KR. Major Depression in the National Comorbidity Survey-Adolescent Supplement: Prevalence, Correlates, and Treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2015;54(1):37-44.e32.
2. Yucel A, Essien EJ, Sanyal S, et al. Racial/ethnic differences in the treatment of adolescent major depressive disorders (MDD) across healthcare providers participating in the medicaid program. *J Affect Disord*. 2018;235:155-161.
3. Lu W. Adolescent Depression: National Trends, Risk Factors, and Healthcare Disparities. *Am J Health Behav*. 2019;43(1):181-194.
4. Cummings JR, Ji X, Lally C, Druss BG. Racial and Ethnic Differences in Minimally Adequate Depression Care Among Medicaid-Enrolled Youth. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2019;58(1):128-138.