



Addressing Adolescent & Young Adult Depression in Primary Care

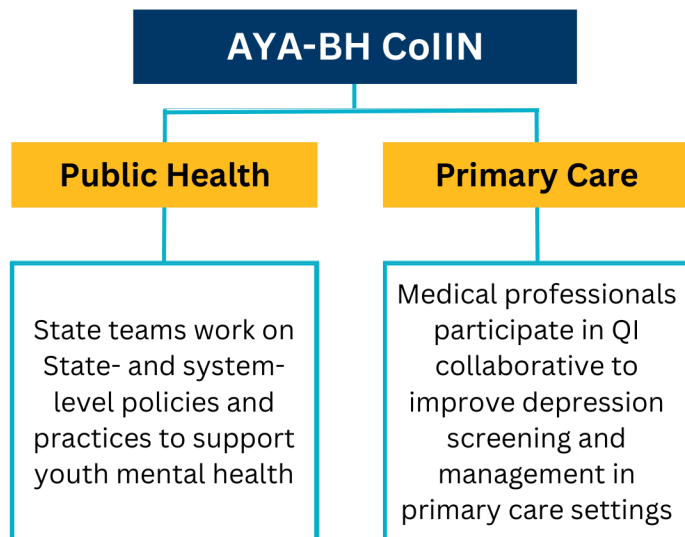
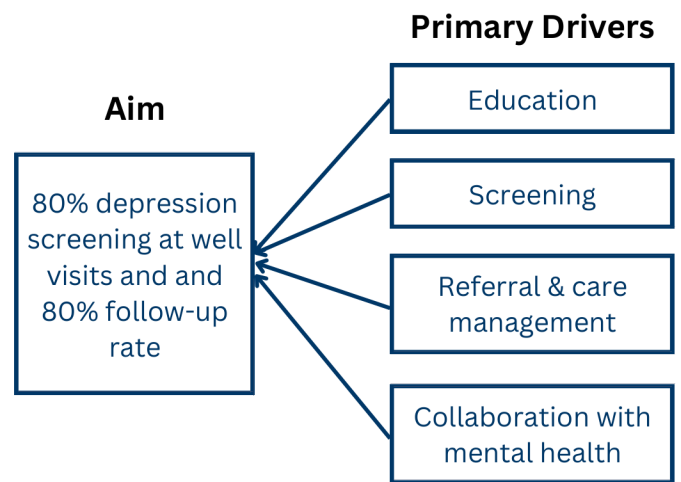
Increasing Depression Screening for Youth

Framework

State Maternal and Child Health (MCH) programs and primary care clinicians in five states worked in concert to strengthen systems of care for youth ages 12-25 through the Adolescent and Young Adult Behavioral Health Collaborative Innovation and Improvement Network (AYA-BH CoIIN). The Association of Maternal Child Health Programs (AMCHP) led the public health arm and the National Improvement Partnership Network (NIPN) led the primary care arm. This brief summarizes the major work of the primary care arm; a quality improvement (QI) collaborative, "Addressing Adolescent and Young Adult Depression in Primary Care."

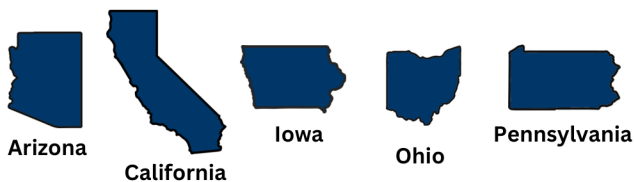
Quality Improvement Collaborative

Aim: Achieve an 80% screening rate at well visits of youth ages 12-25 for depression using a validated tool. Eighty percent of youth with a positive depression screen will have a documented follow-up plan.



Eighty-four participants from 26 clinics participated in a nine-month virtual quality improvement (QI) collaborative from October 2021 through May 2022. Clinical and MCH teams met monthly for training on topics related to depression identification and management. Medical teams identified areas for improvement within their practice and used Plan-Do-Study-Act (PDSA) cycles to test changes to their clinical systems. Clinics submitted monthly data on 10 randomly selected patients; 3 months of baseline data then for 6 months data to monitor the impact of their PDSA cycles on depression screening and follow-up.

Participating States





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Clinic Systems Changes

Each clinic identified the gap(s) in their system and tested changes to address those gaps. Common changes included:

- Defined and optimized standardized processes for depression screening at well care visits
- Expanded depression screening to non-well care visits (e.g. medication checks, acute visits, etc.)
- Established systems to track care plans for youth with depression and confirm follow-up compliance
- Prescribed antidepressant medications
- Identified interim supports for youth waiting for referrals
- Increased collaboration with mental health professions (e.g. shared treatment plans, case reviews, etc.)

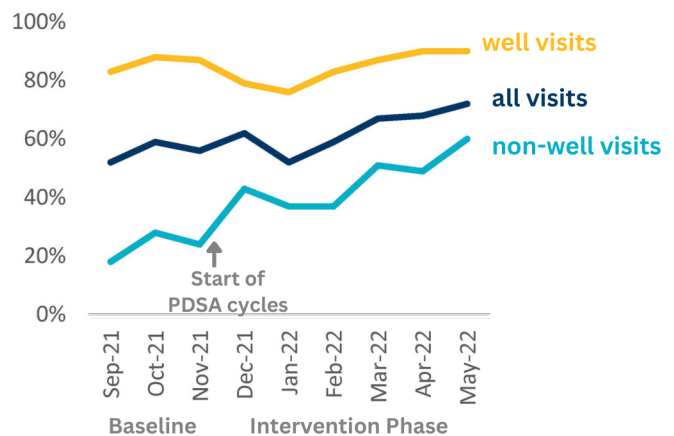
Results

Education: The percent of clinics reporting that clinicians had "access to reliable, current sources of information concerning diagnostic classification of mental health problems and evidence about safety and efficacy of treatment options for common mental health disorders" **increased from 48% at baseline to 91%** by the end of the project.

Screening: Depression screening for youth without previously identified depression **increased from 56% at baseline to 69%** for the final three months of the project. The increase was greatest in non-well visits which increased from 23% to 53%. Depression

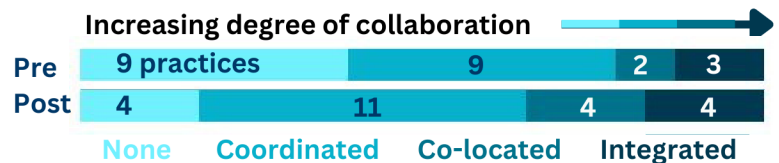
screening rates at well visits were relatively consistent during the project (86% to 89%).

Increase in Depression Screening



Depression Care Management: Youth with depression who had a documented follow-up plan **increased from 87% to 97%**. The percent of confirmed in-office follow-up visits increased from 56% to 84%.

Collaboration with Mental Health: Over the scope of the project, the number of practices collaborating with mental health professionals increased as did the degree of collaboration.



Summary

Clinician knowledge, identification, and management of youth with depression increased during the QI collaborative.

Scan to learn more

