

## CONFERENCE ABSTRACT

### **Adolescent Depression Screening and Treatment in Pediatric Primary Care: The Design and Implementation of a Provider Training Initiative through an Integrated Care Partnership**

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Teryn Bruni<sup>1</sup>,

1: Michigan Medicine, Ann Arbor, Michigan United States

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#### ***Introduction***

In response to a system-wide mental health service gap for adolescents with depression, our integrated behavioral health team trained primary care pediatricians to deliver evidence-based assessment and treatment for depression. Integrated partners were involved in all steps of the design and implementation of the curriculum.

**Practice Change:** The curriculum taught pediatricians to conduct a suicide risk assessment and deliver a brief, evidence-based behavioral protocol to adolescents screened positive for depression. The 90-minute training was conducted using a Behavioral Skills Training (BST) model, a well-researched training approach that incorporates didactic instruction, modeling, and role-play to ensure mastery of new skills. Pediatricians were also provided with ready-to-deliver treatment resources.

#### ***Aim/Theory of Change***

We aimed to promote evidence-based treatment and improve clinical outcomes among adolescents with depression in primary care. Pediatrician perception of feasibility and comfort with implementing the protocols were measured pre and post training and acceptability of the training was assessed post-training.

**Population/Stakeholders:** In 2018, 1469 (12.6%) adolescents seen in primary care were diagnosed with depression. Training participants included 53 pediatricians staffed across 9 primary care clinics. Five of the nine clinics housed integrated, co-located psychologists. Treatment and resources targeted adolescent patients between the ages of 12-18 who screened positive for depression.

#### ***Timeline***

This grant-funded initiative runs from September 2018 to September 2020. Currently 8 of the 9 clinics have received the training, with the remaining training scheduled in October 2019.

### ***Highlights***

The training improved provider reported perception of comfort managing depression ( $t=3.30$ ,  $p<.01$ ) as well as perceptions of the feasibility of managing depression ( $t=1.99$ ,  $p=.05$ ). On a Likert scale from 1 (strongly disagree) to 6 (strongly agree), providers reported the content and material provided were helpful ( $M=5.32$ ,  $SD=.95$ ) and that the training provided useful and applicable information ( $M=5.24$ ,  $SD=.98$ ). Providers from clinics with existing co-located integrated care rated the training as more acceptable than providers from clinics without integrated care.

### ***Sustainability***

The impact of this low-cost training effort has the potential to have lasting effects for pediatric patients. Potential long-term health outcomes include decreased risk of suicidality, fewer physical health problems, and decreased risk of future mental health concerns into adulthood(1).

### ***Transferability***

The curriculum was packaged for easy dissemination and future use by health systems currently implementing universal depression screening for adolescent patients with limited mental health infrastructure to meet patient needs.

### ***Conclusions***

Brief behavioral treatment can be delivered by non-behavioral health professionals within the context of a primary care visit. Trained providers report they are comfortable implementing this protocol and that it is feasible. Integrated psychologists have the ability to provide valuable resources to medical teams to facilitate evidence-based treatment of depression among adolescent patients.

### ***Discussion***

The project filled a critical service gap and improved the standard of patient care through the efficient allocation of scarce resources and collaboration through integrated care. Lessons Learned: Provider questions could often not be adequately answered in the time allotted during trainings. Additionally, materials should be translated into multiple languages and be more representative and inclusive of diverse patient populations.