

Adolescent mental healthcare improved through pediatric primary care training

April 1 2015

Training pediatric primary care providers to screen and assess depression and suicide risk in adolescent patients improved providers' confidence and knowledge of these conditions and increased frequency of screenings for this critical patient population. The study, published in the May/June issue of *Academic Pediatrics*, demonstrates an effective tool for improving recognition of adolescent depression.

"Adolescent depression is woefully underrecognized and undertreated," said Elise Fallucco, MD, a lead author of the study and child and adolescent psychiatrist at Nemours Children's Specialty Care in Jacksonville, Fla. "Pediatric primary [care providers](#) are well-positioned help identify early signs of depression, but most do not have the tools or training to do so reliably."

Because only 50 percent of adolescent depression cases are identified and only 38 percent of diagnosed patients receive treatment, professional guidelines by the American Academy of Pediatrics and the United States Preventive Task Force both recommend primary care screening of the condition. These providers evaluate 70 percent of adolescents annually, including 45 percent of suicide victims within the month before they complete suicide.

Researchers recruited 31 [pediatric primary care](#) providers from four practices to increase screening and identification of adolescent depression and improve providers' confidence and knowledge of adolescent depression. In total, providers had been in practice for an

average of 16 years, but reported only an average of 2.9 weeks of prior mental health training including during residency. Each provider participated in baseline assessments, training and short and long-term follow-up measured by patient surveys. The trainings included strategies for screening, assessment, and treatment for depression with an antidepressant medication and practice sessions with actors portraying [adolescent patients](#).

Approximately 1,200 patients participated in the study. Each was provided a standardized tool to help providers screen their risk, as well as took a follow-up survey to evaluate if the provider screened or diagnosed depression and discussed treatment options.

As a result of the training, provider screening for depression increased and confidence and knowledge improved. In the duration of the long-term follow-up at 18 to 24 months post-training, 74 percent of patients reported that they had been verbally screened by their provider and 95 percent reported that they had completed a self-assessment prior to their visit. Providers' confidence and knowledge of adolescent depression was maintained more than four to six months following the initial training. The findings suggest that the tools had been integrated into regular well-child visits.

"Skills in assessing and managing depression will be increasingly necessary for [primary care](#) providers," said Fallucco. "Our simple intervention empowered providers to promote early identification and treatment of [adolescent depression](#) by equipping them with the tools and knowledge needed to deliver this care."

Provided by Nemours

Citation: Adolescent mental healthcare improved through pediatric primary care training (2015,

April 1) retrieved 23 June 2024 from <https://medicalxpress.com/news/2015-04-adolescent-mental-healthcare-pediatric-primary.html>

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