Team finds better, cost-effective depression treatment for teens

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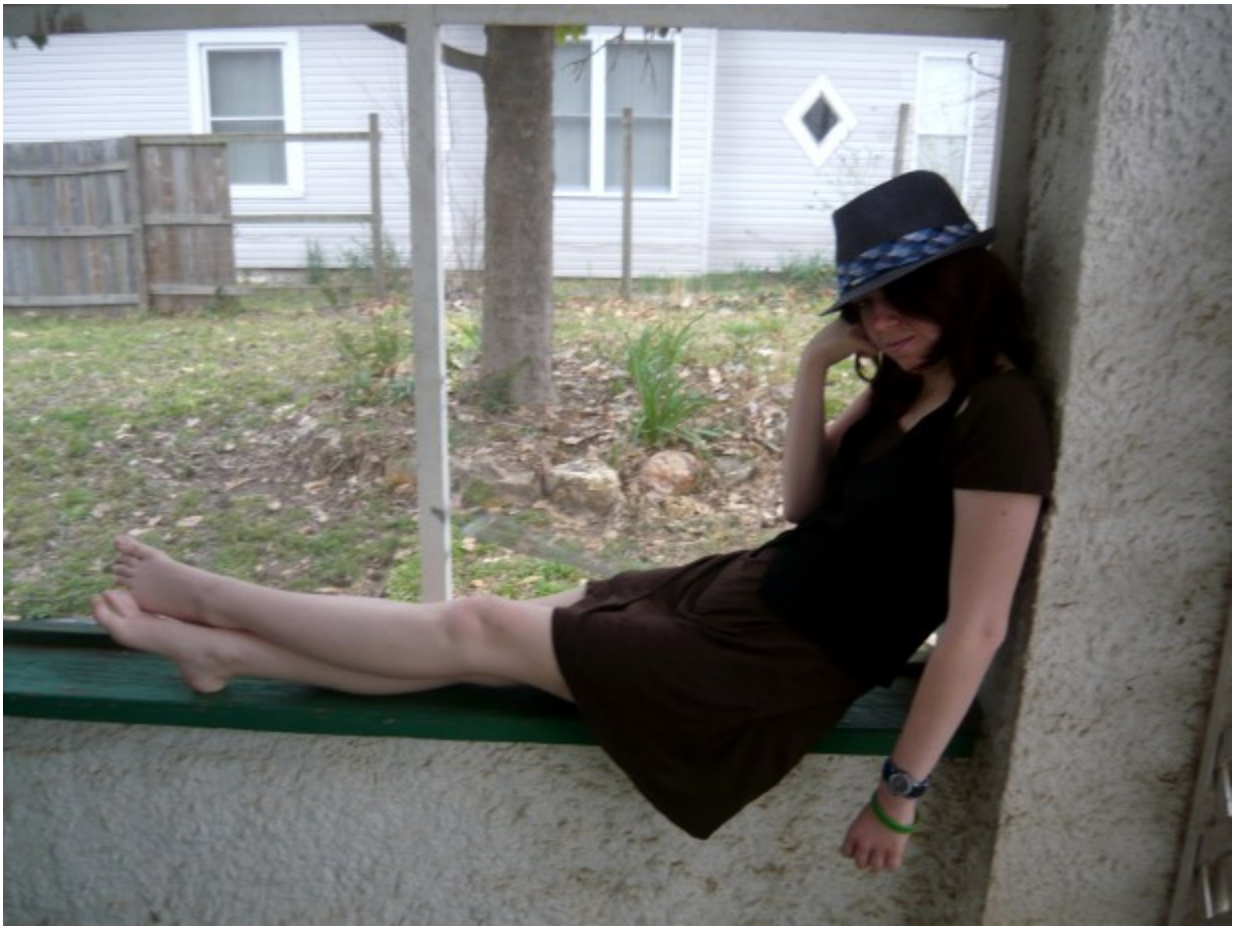

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Depression is one of the most common mental health issues a teenager

can face. According to the National Institute of Mental Health, an estimated 2.8 million adolescents ages 12 to 17 in the U.S. had at least one major depressive episode in 2014, or 11.4% of adolescents that age.

Depression can create a huge cost burden on patients and institutions, and for teenagers that includes issues like missed school and the costs of healthcare for families. A new study in *JAMA Pediatrics*, led by Seattle Children's Research Institute and Group Health Cooperative, identifies a cost-effective treatment that yields promising results for depressed teens.

"We used a collaborative care approach to treat teen depression, which included having a depression care manager who worked with the patient, family and doctors to develop a plan and support the teen in implementing that plan," said Dr. Laura Richardson, an adolescent medicine physician and researcher at Seattle Children's. "We were pleased to find that this collaborative approach was significantly more effective in treating depression than standard care with only a small increase in costs."

Collaborative care led to better results

Richardson and her co-investigators worked with nine Group Health Cooperative primary care clinics in Washington to test the collaborative care approach in adolescents aged 13 to 18.

Teens in the intervention received an initial engagement session with a clinician, evidence-based treatments delivered in the primary care clinic and regular monitoring by the care manager for one year. The control group received depression screening results and were encouraged to access mental health services available to them through Group Health Cooperative.

"One of the hallmarks of depression is lack of motivation, so having a

care manager to keep a patient on track turned out to be pivotal," Richardson said. "Whether the care manager was ensuring a patient got the prescription they need, providing psychotherapy or coordinating care among providers, the continuity in care made a difference for these teens."

After one year, the adolescents who received the intervention had five times greater odds of having their symptoms go into remission than the control group who received standard care. By the end of the study, nearly 70% of adolescents in collaborative care had a significant decrease in their symptoms compared to 40% of teens in standard care.

Richardson adds that teens who seek help for depression can become frustrated by the burden of making appointments, finding providers and accessing services, and when that happens they are less likely to comply with care.

"If a patient struggles to navigate the system and the depression remains untreated for a period of time, it can become harder to treat," she said.

Similar costs, better outcomes

One of the most important findings was the cost comparison of standard care versus the collaborative care approach. The intervention had an additional cost of just $883 above usual care.

With such a small added upfront cost, Richardson says the collaborative care approach may help teens deal with depression before it becomes intractable. It also provides them with tools they can use if their depression recurs, which may further reduce long-term costs for both the patient and the healthcare system.

"If we can get depressed teens effective treatment and start them on a

healthy path, it results in a positive experience and a drive to engage in care," Richardson said. "This approach could help adolescents develop healthy habits toward getting care for depression, and that can set them up for a much better future."

More information: The Costs and Cost-effectiveness of Collaborative Care for Adolescents With Depression in Primary Care Settings, *JAMA Pediatr*. Published online September 19, 2016. DOI: 10.1001/jamapediatrics.2016.1721

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