

Depression Screening and Appropriate Follow-Up

Impact of Depression in Rural Northern California

- One in twelve adults nationally report having depression, and one in nine women experience postpartum depression.¹ Depression is associated with higher risk of suicide and cardiovascular death.
- In rural Northern California, 37.9% of low-income adults and 33.7% of teens reported needing help with emotional/mental health problems.²
- Among California adults who report needing help for behavioral health problems 86% had one or more visits to a provider. One-quarter of adolescents who reported needing help received no psychological or emotional counseling.³
- The Northern and Sierra region of California has the highest rate of suicide (21.1 per 100,000), twice that of the state average of 10.4.⁴
- Most people who attempt suicide make some type of healthcare visit in the weeks or months before the attempt.⁵

How Health Centers Provide the Necessary Care

Clinical Interventions

- Integrate appropriate screening tools for adolescents and adults, such as PHQ-2, PHQ-9, and PHQ-A, into the electronic health record along with templates for documentation and tracking of follow-up care.
- Screen women for depression at initial visit for prenatal care and at the 0-15 month well-child visits and beyond the postpartum period.
- Implement integrated care models in which a care team coordinates care with social workers and behavioral health specialists to assist with housing, food security, life skills and mental health supports.
- Utilize reminders and recall systems to monitor depression screening, follow-up plan, and depression status.
- Train clinicians and care team members regularly on current research about depression identification, suicide prevention, and evidence-based strategies.

Community Interventions

- Collaborate with health system and community-based organizations on health awareness campaign to reduce stigma regarding depression and seeking mental health care.
- Participate in Mental Health Awareness Month annually in May.

¹ Brody, Debra J, Pratt, Laura A, Hughes, Jeffery. Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013-2016. National Center for Health Statistics Data Brief No. 303. Feb 2018.

² California Health Interview Survey. CHIS 2021 Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research.

³ California Health Interview Survey. CHIS 2021 Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research.

⁴ California Healthcare Foundation. California Health Care Almanac. Mental Health in California: For Too Many, Care Not There. March 2018.

⁵ Brian K. Ahmedani, Christine Stewart, Gregory E. Simon, Frances Lynch, et al. Racial/Ethnic Differences in Health Care Visits Made Before Suicide Attempt Across the United States. Medical Care, 2015; 53 (5): 430 DOI: 10.1097/MLR.0000000000000335

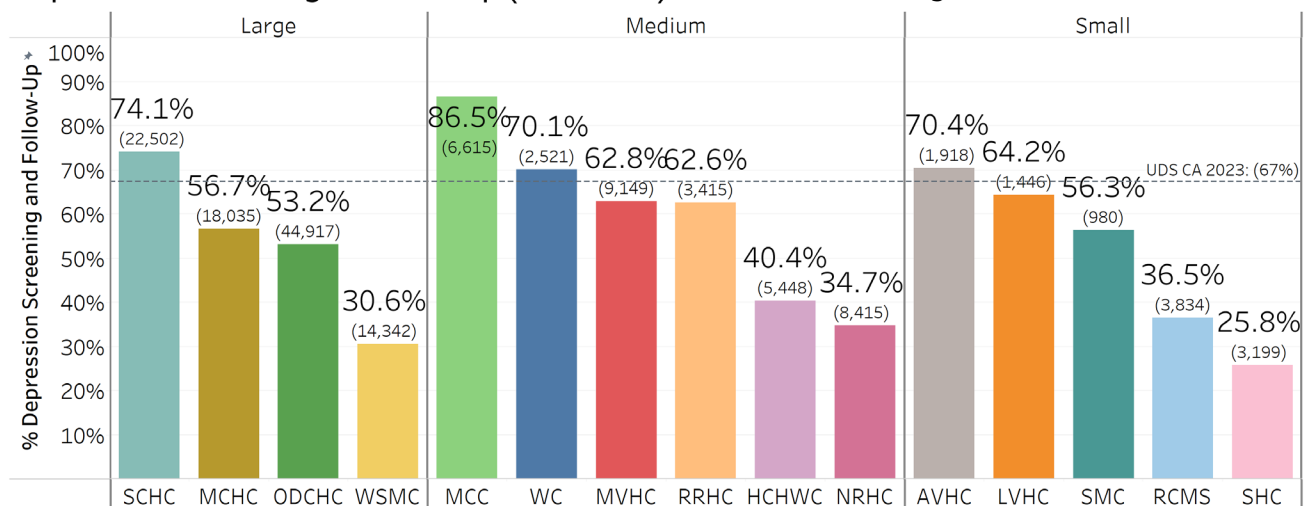
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Rural Northern California Health Center Data

Key Points

- Electronic health records (EHRs) have integrated health maintenance alerts to support clinicians and care teams to conduct at least annual depression screening.
- Not all EHRs have standardized documentation processes for capturing follow-up interventions, requiring many health centers to develop manual or complex reporting mechanisms to track medication, service, or referrals related to screening results.
- As health centers in the region have moved to greater integration of primary care and behavioral health, the region has seen increases in measure performance.

Depression Screening & Follow-Up (UDS 2024) - HANC NCCN CHC Regional Performance



Quality Measure Definitions (UDS)

The percentage of patients aged 12 years and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool **and** if positive, a follow-up plan is documented on the date of the positive screen.

- Screening paired with medication, lifestyle changes, and/or therapy has shown to be effective in adults: 25-30% are likely to achieve full remission and an additional 15-30% show a response to treatment over the course of 3–6 months.⁶

National Quality Goals and Benchmarks

UDS 2023 CA Average: The average performance among health centers in California was 67.4%.

UDS 2023 U.S. Average: The average performance among health centers across the U.S. was 71.6%.

⁶ Corey-Lisle PK, Nash R, Stang P, Swindle R. Response, partial response, and nonresponse in primary care treatment of depression. Arch Intern Med. 2004;164:1197-1204.