ADDRESSING ADOLESCENT & YOUNG ADULT DEPRESSION IN PRIMARY CARE

Project Orientation

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Peer Learning Summary

State-Specific Breakouts

Arizona

Note: There were no public health representatives on this call

What role does MCH have in addressing depression in youth?

- Wendy Davis described the Title V program generally and the measurement framework
- Also discussed potential public health roles in this project

Current barriers to managing depression in primary care

- No place to refer in catchment area
- Two-tiered system based on insurance coverage; there are referral resources for private insurance, but not for public

California

Note: California had shorted discussion time due to difficulties in sorting the group.

What role does MCH have in addressing depression in youth?

- Breena Holmes talked about her experience as Director of MCH and Title V
- CPAP and real-time psychiatric consultation, and a number of clinicians noted that they used this service through UCSF and that it was a good help with medication management.

Current barriers to managing depression in primary care

- Starting medication
  - Not a high level of comfort
  - One clinician responded that she now does this a lot and the increasing comfort level was a lot like when learning to prescribe ADHD medications.
- Availability of behavioral health services
  - There are no hospital beds for youth
  - There are no psychiatrists
  - There is not even a waiting list (and parents can't get calls back when trying to seek services)
- Insurance coverage for behavioral health

    - Patients/families have poor to non-existent mental health coverage from their insurance
    - Time spent managing patients' mental health not paid for by insurance
    - Clinicians need payment to make the work of managing behavioral health in primary care sustainable
    - One clinician noted there are new billing codes with a time-based code, but the barrier is that the services need to all be provided in the same day as the visit to use those codes.
- Stigma around mental health diagnoses
    - Parents not accepting of the treatment or diagnosis
    - Parents want to attribute symptoms to other things (phones, media)

Iowa

<u>Current barriers to managing depression in primary care</u>

- Lack of ability to refer – no one will take AYAs on Medicaid; AYAs with private insurance can't afford therapy sessions
- Few pediatricians trained in depression management
- Little time in pediatric appointments to do therapy. Can prescribe medicine with no therapy, but would like to do therapy before trying medication
- Hard to follow up to see if patient followed up on referral
- Limited system capacity, we are busy
- High depression screening scores and limiting resources for follow up and/or not knowing best way to follow up to support patients.
- Follow up post in-patient Psych

Ohio

Note: There were no public health representatives on this call

<u>Current barriers to managing depression in primary care</u>

- Resources to refer for higher levels of psychiatric care – treat high percent of Medicaid population
- Limited availability of beds in psychiatric hospitals;
- Rural areas—hard to physically access treatments (including caretakers taking time off work to transport adolescents to appt)
- Coordination of care within integrated behavioral/primary care setting

Pennsylvania

What role does MCH have in addressing depression in youth?

- Primarily focused on prevention activities
- Olweus anti-bullying program
- Program for LGBTQ youth

Current barriers to managing depression in primary care

- Finding providers to deal with a dual diagnosis
- Medicaid providers
- Long wait list for MH professionals