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July 30, 2019

Collaboration Aims to Improve Depression Screening, Care for Adolescents and Young Adults

Washington, D.C. – The Adolescent and Young Adult Health National Resource Center (AYA-NRC) is pleased to announce the five states selected for a new collaboration to increase and improve depression screening and follow-up for young people.

The inaugural cohort of the AYA Behavioral Health Collaborative Improvement and Innovation Network (CoIIN) is composed of multidisciplinary teams from Indiana, Minnesota, South Carolina, Vermont, and Wisconsin. The teams will operate through their public health systems (led by state Title V/maternal and child health programs) and primary care systems (led by clinical partners and practices).

Although depression is increasing among young people, screening rates and referrals to treatment remain low. Clinicians in busy practices often lack the skills to screen for depression, and even when they can find time to do the screening, many are faced with few options for further assessment and treatment for young people and their families.

In 2017, 13.3 percent of adolescents aged 12 to 17 (or 3.2 million people) and 13.1 percent of 18- to 24-year-olds (or 4.4 million people) reported having a major depressive episode (MDE) in the past year.¹ According to the Youth Risk Behavior Survey,² 31.5 percent of students had experienced persistent feelings of sadness or hopelessness in the past year, while 17.2 percent of high school students had seriously considered attempting suicide – both of which are significant increases over the past 10 years.

To respond to this growing health crisis, the AYAH-NRC is mobilizing the collaboration to improve depression screening and follow-up for young people through systems-level behavioral health integration in primary care, and by increasing screening rates for MDEs in clinical settings using practice-based quality improvement tools and methods. The goal is to achieve an
80 percent screening rate for MDE in patients ages 12 to 25 using an age-appropriate standardized tool, with documentation of a follow-up plan when screen results are positive.

“This collaboration will produce on-the-ground strategies to confront this crisis among young people,” said Jonathan Webb, CEO of the Association of Maternal & Child Health Programs (AMCHP), a member of the collaboration and a co-leader of the CoIIN.

The teams will address key drivers of unmet behavioral health needs for adolescents and young adults. The CoIIN will foster reciprocal capacity-building in the public health and primary care sectors to improve population health outcomes in primary care settings through the collaboration of state team members and local quality improvement representatives.

The teams met at a summit in Washington July 24-25 to share knowledge, discuss strategies and measures, and garner cross-collaboration and capacity-building among the public health and primary care sectors.

The AYAH-NRC is funded by a cooperative agreement with the Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration. The center’s work focuses on improving the health of adolescent and young adults (ages 10-25) by strengthening the capacity of state maternal and child health programs and their clinical partners to address the needs of those populations.

Participation in the AYAH-CoIIN will last approximately 18 months. The National Improvement Partnership Network (NIPN) and AMCHP will partner as the backbone organizations to coordinate and facilitate all elements of the collaboration. The public health work will be led by AMCHP, while NIPN will support the primary care initiatives.

The AYAH-NRC collaboration is led by the National Adolescent and Young Adult Health Information Center at the University of California, San Francisco, in partnership with AMCHP, the University of Minnesota’s State Adolescent Health Resource Center, and the University of Vermont National Improvement Partnership Network.

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