Providing Depression Care in the Medical Home: What Can We Learn From Attention-Deficit/Hyperactivity Disorder?

Although many primary care providers (PCPs) are reluctant to manage adolescent depression, they commonly provide care for children with attention-deficit/hyperactivity disorder (ADHD). We sought to describe differences in care for these common diseases to identify opportunities to improve depression care.

Methods. Primary care providers from the St Louis, Missouri, area completed a 29-item, self-administered, mailed questionnaire (eAppendix, http://www.archpediatrics.com). Questions assessed attitudes toward and behaviors regarding screening, diagnosis, and management of depressed adolescent patients. Four-point categorical scales were used to indicate agreement with attitudinal statements and confidence in delivery of depression care. Respondents also agreed or disagreed with statements about care for depression and ADHD. The Washington University Human Research Protection Office approved the study.

Results. Of the respondents (100 pediatricians, 4 pediatric nurse practitioners, 45% response), 96% wanted to improve the care they provided and 47% agreed (strongly agree or agree) that adolescent depression should be cared for in the medical home. The PCPs cared for few of their depressed patients (median, 5%; interquartile range [IQR], 0%-25%), although many reported frequent problems accessing high-quality psychiatric care (83%) and psychotherapy (46%). Patients were identified by parental (median, 50%; IQR, 10%-88%) or patient (median, 30%; IQR, 0%-70%) concern; only 4% of PCPs used a validated screening tool at annual visits. The PCPs lacked confidence (not very or not confident) in interpreting screening tools (43%), assessing suicide risk (37%), providing supportive counseling (60%), and monitoring treatment response (39%), and 74% suggested additional training was needed.

In contrast, PCPs cared for almost all their patients with ADHD (80%; IQR, 70%-90%) and felt adequately trained and confident to do so (Table). The difference in agreement that easy-to-use guidelines are available for these 2 disorders is notable.

The majority felt effective safe treatments were available for ADHD and depression. Although 67% prescribed selective serotonin reuptake inhibitors, 65% were reluctant because of concern about the black box warning (40%), unfamiliarity with use (29%), and fear of litigation (24%).

Comment. Although the PCPs in this survey overwhelmingly wanted to improve the care they provided for their depressed adolescents, the extent of care they provided currently was quite limited. They preferred to refer their depressed patients to mental health specialists rather than provide care themselves (although access is clearly limited) and were reluctant to prescribe selective serotonin reuptake inhibitors (although they believe them to be safe and effective). Lack of confidence to recognize and manage depression and inadequate training were previously reported and likely reduce PCPs willingness to follow recent recommendations to screen all adolescents for depression.

In contrast, most PCPs in this and other studies were confident in their ability to identify and manage children with ADHD without the help of mental health professionals. Acceptance of the responsibility to provide

<table>
<thead>
<tr>
<th>Statement</th>
<th>Depression, %</th>
<th>ADHD, %</th>
<th>Sample Size</th>
<th>P Valuea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to a mental health professional is seldom necessary</td>
<td>6</td>
<td>77</td>
<td>100</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>I am adequately trained to provide effective care</td>
<td>29</td>
<td>89</td>
<td>102</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>I feel confident in providing care</td>
<td>36</td>
<td>92</td>
<td>99</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Easy-to-use clinical practice guidelines are available</td>
<td>28</td>
<td>72</td>
<td>91</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>A brief, easy-to-use tool to assess treatment response is available</td>
<td>34</td>
<td>77</td>
<td>93</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Most patients will adhere to treatment plan</td>
<td>41</td>
<td>82</td>
<td>96</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Most patients will return for follow-up visits</td>
<td>58</td>
<td>94</td>
<td>97</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>A brief, easy-to-use diagnostic tool is available</td>
<td>52</td>
<td>77</td>
<td>93</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Most parents desire treatment</td>
<td>72</td>
<td>94</td>
<td>98</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Reimbursement for providing care is adequate</td>
<td>21</td>
<td>42</td>
<td>91</td>
<td>.003</td>
</tr>
<tr>
<td>Treatment is usually effective</td>
<td>77</td>
<td>96</td>
<td>91</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Effective, safe medications are available</td>
<td>80</td>
<td>98</td>
<td>97</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Abbreviations: ADHD, attention-deficit/hyperactivity disorder; PCP, primary care provider.

aThe Fisher exact test was used.
ADHD care seems to have been accomplished by increasing awareness of the national guidelines published and promulgated by the American Academy of Pediatrics that encouraged PCPs they can and should provide this care, and availability of easy-to-use tools to aid diagnosis and treatment monitoring, and effective treatments. Thus, it appears that a similar transition for depression care will require active promotion of national treatment guidelines by the American Academy of Pediatrics together with encouragement for PCPs to provide care for depression, education about how to use tools designed to aid diagnosis and treatment monitoring in the primary care setting (such as the Patient Health Questionnaire 9), and system changes to support timely access to mental health professionals when needed as well as improved reimbursement for time spent.

Although these data may not be generalizable because the study sample was small and from one geographical location, study findings and experience with ADHD suggest that such efforts would be welcomed by many PCPs and effective.

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Author Contributions: Dr Garbutt had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

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Access to competitive foods and beverages in schools—via vending machines, stores/snack bars, and à la carte lines—leads to consumption of unhealthy products, such as sugar-sweetened beverages (SSBs), which are associated with obesity. To reverse the childhood obesity epidemic, authorities have called for schools to limit the availability of high-calorie beverages; the Institute of Medicine (IOM) recommends that competitive beverages in elementary schools be limited to water, 100% juice, and nonfat or 1% milk.

Previously, we reported on competitive beverage availability in elementary schools from 2006-2007 to 2008-2009. Herein, we extend those findings with 2 additional years of data.

Methods. We gathered data on school practices via mail-back surveys at nationally representative samples of public elementary schools in the contiguous United States. The samples were developed at the Institute for Survey Research at the University of Michigan, based on public use data sets from the National Center for Education Statistics. Surveys were completed by school principals and food service staff during the spring (second half) of each school year, from 2006-2007 to 2010-2011. The institutional review board at the University of Illinois at Chicago approved the study protocol and survey materials. Extensive methodological detail is given elsewhere.

We conducted analyses in Stata/SE version 10.0 (StataCorp) to account for sampling stratum and for clustering of schools within districts and states. Weights were developed based on student enrollment and adjusted for potential school nonresponse; all analyses were conducted using these weights, which provide inference to public elementary school students across the United States. Time trends were evaluated in multivariate logistic regression models (controlling for school characteristics) with a linear term and a quadratic term to examine curvilinear trends; both were centered at zero.