Psychiatry and Primary Care

Recent epidemiologic studies have found that most patients with mental illness are seen exclusively in primary care medicine. These patients often present with medically unexplained somatic symptoms and utilize at least twice as many health care visits as controls. There has been an exponential growth in studies in this interface between primary care and psychiatry in the last 10 years. This special section, edited by Jürgen Unutzer, M.D., will publish informative research articles that address primary care-psychiatric issues.

Collaborative care for adolescent depression: a pilot study
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Abstract

Objective: The main objectives of this study were to explore the preliminary outcomes and assess the feasibility and acceptability of a collaborative care intervention designed to improve treatment and outcomes of depression among youth seen in primary care settings.

Methods: We conducted a pilot intervention study at three clinics in a university affiliated primary care clinic network. The intervention model was designed to support the provision of depression treatment by primary care providers using methods adapted from the IMPACT study developed for the improvement of depression among older adults. Specific components include the provision of regular case management by a nurse depression care manager (DCM), enhanced patient and parent education about depression and its treatment, encouragement of patient self-management with a choice of starting medications or therapy or both, and oversight of the DCM by a mental health specialist. Study participants were assessed regularly by the DCM for 6 months and completed written self-report assessments at baseline, 3, and 6 months after starting the intervention.

Results: 40 youth (12–18 years) with major and minor depression enrolled in the intervention. Study participants were predominantly female (90%). The baseline Patient Health Questionnaire (PHQ-9) score was 14.2 (SD=4.5). Patients were similarly divided among initiating medications (n=12), therapy (n=15), or combination therapy (n=8). Five patients withdrew prior to initiating treatment. The mean number of in person and telephone contacts with the DCM was 9 (range=5 to 17). Eighty-seven percent of youth completed the 6-month intervention. At 6 month follow-up, 74% of youth had a 50% or more reduction in depressive symptoms as measured by the PHQ-9. Parents, youth and physicians indicated high levels of satisfaction with the intervention on written surveys and in qualitative exit interviews.

Conclusion: The collaborative care model is feasible and highly acceptable to adolescents and parents as demonstrated both by self-report and by engagement in the intervention. It is also associated with improved depressive outcomes at similar levels to adult interventions. Future studies should evaluate these models in a randomized controlled trial.

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