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Using the Rapid Assessment for Adolescent Preventative Services Risk Screening Tool to Identify Depression in Two Omaha High Schools

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Introduction

Depression is a leading cause of illness and disability for adolescents worldwide. The number of adolescents with depression has increased over time, along with the rate of adolescent suicide. Half of all mental illnesses start around the age of 14. Identifying and treating mental illness early can lessen the burden of morbidities, mortalities and social problems that ensue for adolescents and the community when left untreated.

This retrospective study aims to determine the prevalence of risk for depression in two Omaha high schools using the Rapid Assessment for Adolescent Preventative Services (RAAPS) risk screening tool, evaluate the number of students who received follow-up visits, and identify positive or negative associations between depression risk responses and other adolescent risk responses.

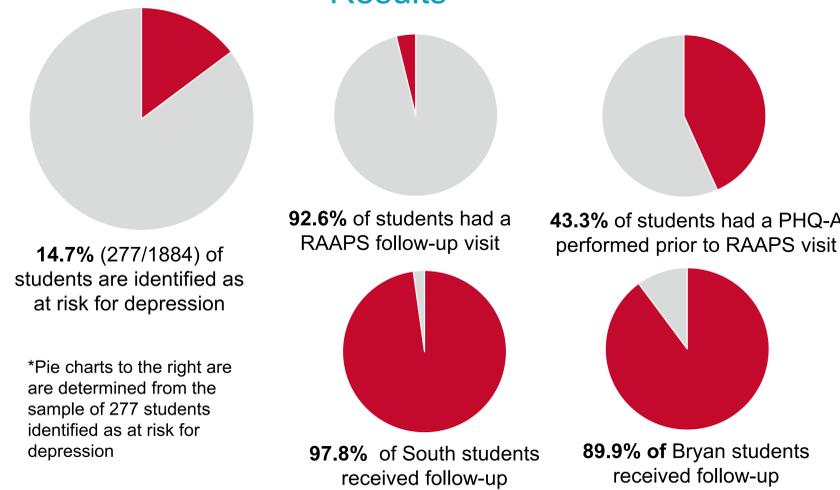
Background

- 10-20% of adolescents in the world live with a mental health condition¹
- Depression is the 9th leading cause of adolescent illness and disability worldwide¹
- 13% of adolescents reported a major depressive episode (MDE) in the Health and Human Services 2017 National Survey on Drug Use and Health, and more than 2/3 of those adolescents reported having an MDE with severe impairment²
- In Nebraska, 13% of adolescents reported a major depressive episode²
- 47.5% of adolescents with a major depressive episode with severe impairment received treatment²
- Black and Hispanic children are less likely to receive mental health services. School programs focusing on mental health prevention and intervention are a necessary entry way to decrease these disparities⁵
- RAAPS is a 21-question risk assessment screening tool that has proven to be a valid and reliable screening tool for adolescent risk screening³
- RAAPS is a valid and reliable tool to measure adolescent depression compared to PHQ-A⁴

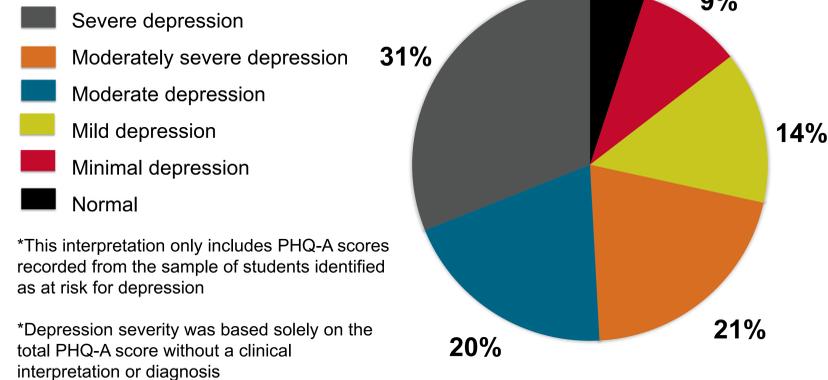
Methods

- Retrospective review of RAAPS survey responses
- Study population: 1,884 students from Bryan and South High Schools
- High schools chosen based on their association with the OneWorld Community Health Center school-based clinics
- OneWorld Community Health Center uses a 32-question variation of the survey which includes public health questions
- Using the four depression risk questions outlined below, we used a cut point of two or more positive response to calculate for prevalence of depression risk
 1. During the past month, have you been threatened, teased, or hurt by someone (on the internet, by text or in person) causing you to feel sad, unsafe, or afraid?
 2. During the past month, did you often feel sad or down as though you had nothing to look forward to?
 3. Do you have any serious problems or worries at home or at school?
 4. In the past 12 months, have you seriously thought about killing yourself, tried to kill yourself, or have you purposely cut, burned or otherwise hurt yourself?
- Students meeting criteria for positive depression risk were assessed for follow-up. Their PHQ-9 data was recorded from OneWorld Community Health Center's electronic medical record and results were compared between high schools
- Analysis performed to determine if there is statistical significance between depression risk and other risk categories

Results



Interpretation of Raw PHQ-A Score



Association Between Depression Risk and Other Risk Categories



Bryan High School

- More likely to have Severe depression
- Significantly higher average PHQ-9 scores

South High School

- More likely to have Mild or Moderate depression

Both High Schools

- No statistically significant difference in the sum scores of the 4 depression RAAPS questions
- No difference between schools in their likelihood to be a risk for depression
- No differences in age or grade between those at risk and those not at risk
- Those at risk for depression are more likely to be female than those not at risk for depression
- There is not a significant relationship between insurance status based on risk classification

Conclusion

OneWorld Community Health Center works in partnership with the community to provide culturally respectful, quality health care with special attention to the underserved. Several disparities continue to exist in the area of adolescent mental health disorders. School-based health clinics are an opportunity to better recognize and care for mental health problems in adolescent populations, eliminating multiple potential barriers to health care.

These results highlight the high rate of mental illness in adolescent populations. The results can be utilized by schools to better understand the prevalence of mental illness in their process, and by preventative mental health efforts by providing an understanding of which risks categories are most strongly associated with depression risk.

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