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.

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 responses to calculate for prevalence of depression risk

1. During the past month, did you often feel sad or down as though you had nothing to look forward to?
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, or have you purposely cut, burned or otherwise hurt yourself?

Background
- 10-25% of adolescents in the world live with a mental health condition
- Depression is the 9th leading cause of adolescent illness and disability worldwide
- 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 impairment
- In Nebraska, 13% of adolescents reported a major depressive episode
- 47.5% of adolescents with a major depressive episode with severe impairment received treatment
- 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 disparities
- RAAPS is a 21-question risk assessment screening tool that has proven to be a valid and reliable screening tool for adolescent risk screening
- RAAPS is a valid and reliable tool to measure adolescent depression compared to PHQ-A*

Association Between Depression Risk and Other Risk Categories

<table>
<thead>
<tr>
<th>Risk Categories</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe depression</td>
<td>31%</td>
</tr>
<tr>
<td>Moderately severe depression</td>
<td>14%</td>
</tr>
<tr>
<td>Moderate depression</td>
<td>21%</td>
</tr>
<tr>
<td>Mild depression</td>
<td>20%</td>
</tr>
<tr>
<td>Minimal depression</td>
<td>9%</td>
</tr>
<tr>
<td>Normal</td>
<td>5%</td>
</tr>
</tbody>
</table>

*This interpretation only includes PHQ-A scores recorded from the sample of students identified as at risk for depression

Interpretation of Raw PHQ-A Score

- Severe depression
- Moderately severe depression
- Moderate depression
- Mild depression
- Minimal depression
- Normal

Results

- 14.7% (277/1884) of students are identified as at risk for depression
- 92.6% of students had a RAAPS follow-up visit
- 97.8% of South students received follow-up
- 43.3% of students had a PHQ-A performed prior to RAAPS visit
- 89.9% of Bryan students received follow-up

Conclusion
OneWorld Community Health Center works in partnership with the community to provide culturally respectful, quality health care with special attention to the underserved. Significant 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 students, by the school-based clinics to see a numerical evaluation of the follow-up process, and by preventative mental health efforts by providing an understanding of which risks categories are most strongly associated with depression risk.

References


*Depression severity was based solely on the total PHQ-A score without a clinical interpretation or diagnosis

**This interpretation only includes PHQ-A scores recorded from the sample of students identified as at risk for depression

**Pie charts to the right are determined from the sample of 277 students identified as at risk for depression

**There is not a significant relationship between insurance status based on risk classification

**No differences in age or grade between those at risk and those not at risk

**More likely to have Severe depression

**Significantly higher average PHQ-9 scores