

Screening for Parental Depression in Urban Primary Care Practices: A Mixed Methods Study

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We sought to determine feasibility and acceptability of parental depression screening in urban pediatric practices. We recruited seven practices to participate. Patient Health Questionnaire-2, a validated two-item screening tool, was used to screen for depressive symptoms at 1-3 year old well visits. We conducted semi-structured interviews with clinicians to identify barriers and facilitators to screening. Of 8,621 eligible parents, 21.1% completed screening with site-specific rates ranging from 10.1% to 48.5%. Among those screened, 8.1% screened positive for depressive symptoms with site-specific rates ranging from 1.2% to 16.9%. Electronic alerts improved screening rates from 45 / month to 170 / month. Fifteen clinicians completed interviews and endorsed screening to provide help for families, build stronger ties with parents, and improve outcomes for children. However, insufficient time, need to complete activities with higher priority, lack of mental health availability, few resources for parents with limited English proficiency, and discomfort addressing depression were thought to limit screening.

Journal:

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