
eAppendix. Physician survey about management of adolescent depression.

This supplementary material has been provided by the authors to give readers additional information about their work.
PHYSICIAN SURVEY ABOUT MANAGEMENT OF ADOLESCENT DEPRESSION

Dear Colleague,

The objective of this survey is to describe current practice regarding the care of adolescent patients with depression and to identify opportunities for improvement.

Please answer the following questions by choosing the answers that best correspond to your opinion or to your current practice. If you prefer not to answer a question, just skip it and move to the next question. For this survey, adolescents are defined as youth 12 to 18 years of age and depression refers to major depressive disorder.

**How much do you agree or disagree with the following statements:**

1. Most adolescents with depression should be cared for in their medical home by their primary care provider.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

2. I would like to improve the care I provide for my adolescent patients with depression.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

3. There are many significant barriers to providing effective care for adolescents with depression in their medical home
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

4. When you think referral to psychiatry is medically necessary for your adolescent patient with depression how often in the past 12 months have you had difficulty obtaining access to high quality care?
   - All of the time
   - Most of the time
   - Some of the time
   - Rarely
   - Never
5. Please rate the importance of the following potential barriers to obtaining high-quality care from psychiatry for your adolescent patients with depression:

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Very important</th>
<th>Moderately important</th>
<th>Not very important</th>
<th>Not at all important</th>
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</thead>
<tbody>
<tr>
<td>There aren’t enough qualified service providers or facilities in my area.</td>
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<tr>
<td>Few service providers accept new patients.</td>
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<td>Health plan networks and administrative barriers limit patient’s access.</td>
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<td>Patients lack health insurance or have inadequate insurance coverage.</td>
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<tr>
<td>Logistical barriers for families such as inconvenient appointment times or a long wait for an appointment.</td>
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</table>

6. When you think referral for psychotherapy is medically necessary for your adolescent patient with depression how often in the past 12 months have you had difficulty obtaining access to high quality care?
   - All of the time
   - Most of the time
   - Some of the time
   - Rarely
   - Never

7. Please rate the importance of the following potential barriers to obtaining high-quality psychotherapy for your adolescent patients with depression:

<table>
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8. What percent of your adolescent patients diagnosed with depression in the past year were identified by:
   - Parental complaint of depression: _____________________________ %
   - Patient complaint of depression: _____________________________ %
   - Screening during well visit: _____________________________ %
   - Other: ________________________________________ _____________________________ %

   TOTAL                                                      100%

9. In the past 6 months, what percent (%) of well adolescents (those with no complaints or overt symptoms of depression) who came to the office for an annual check-up did you screen for depression?
   - None
   - 1-20%
   - 20-40%
   - 40-60%
   - 60-80%
   - > 80%

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10. How do you usually screen your adolescent patients for depression? (Check all that apply.)
   - I do not screen for depression (Go to Question 11).
   - I interview patients without a questionnaire.
   - I use a general adolescent questionnaire.
   - I use the Beck Depression Inventory (primary care version).
   - I use the PHQ-A (Patient Health Questionnaire for Adolescents).
   - Other. Please specify: ________________________________

11. For what percent of your adolescent patients with depression do you prescribe an SSRI? ________%

12. Please select the options that indicate why you are reluctant to initiate treatment with SSRIs for adolescent patients with depression. (Check all that apply)
   - I am not reluctant to prescribe SSRIs.
   - I am not familiar with using them.
   - I am worried about the FDA Black Box Warning that SSRIs may increase risk of suicide.
   - It requires too much time.
   - Poor reimbursement for time spent.
   - Significant risk of being sued if a bad outcome occurs (from disease or the treatment).
   - I prefer to refer to a psychiatrist.
   - Other: ________________________________

13. What percent of your adolescent patients diagnosed with depression are cared for in the following manner?

   ______% Care provided within your practice (by you alone or with your nurse)
   ______% Collaborative care provided by you and a psychotherapist
   ______% Collaborative care provided by you and a psychiatrist
   ______% Care provided by a psychotherapist alone
   ______% Care provided by a psychiatrist alone
   ______% Other: (specify)

14. How confident are you in the following aspects of depression care?

<table>
<thead>
<tr>
<th></th>
<th>Very confident</th>
<th>Moderately confident</th>
<th>Not very confident</th>
<th>Not at all confident</th>
<th>Do not do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreting screening tools</td>
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<tr>
<td>Diagnosing depression</td>
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<tr>
<td>Assessment of suicide risk</td>
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<td>Initiating treatment with SSRI</td>
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<td>Providing supportive counseling</td>
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<td>Monitoring treatment response</td>
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In April 2009, the U.S. Preventive Services Task Force updated their recommendation about screening adolescents for depression. The new recommendation is to screen all adolescents 12 to 18 years of age for major depressive disorder (MDD) “when systems are in place to ensure accurate diagnosis, psychotherapy and follow-up” (B recommendation). Two screening tools are recommended, the Patient Health Questionnaire for Adolescents (PHQ-A) and the Beck Depression Inventory – Primary Care Version.
15. Which statement best describes your status regarding implementing this recommendation in your practice?

- I already screen all adolescents for depression using a recommended screening tool.
- I will implement the recommendation within the next year.
- I may implement the recommendation within the next year.
- I cannot implement the recommendation within the next year because “systems are not in place to ensure accurate diagnosis, psychotherapy and follow-up”.
- I will not implement this recommendation because I disagree with it.

16. We are interested in comparing care of two different mental health problems often seen in the community setting to better understand the barriers to providing mental health care. For each disease (adolescent depression and ADHD), please indicate whether you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Factor</th>
<th>For Adolescent Depression</th>
<th>For ADHD</th>
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</thead>
<tbody>
<tr>
<td>I am adequately trained to provide effective care.</td>
<td>Agree</td>
<td>Disagree</td>
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<tr>
<td>I feel confident in providing care.</td>
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<tr>
<td>Most parents desire treatment.</td>
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<td>A brief, easy-to-use diagnostic tool is available.</td>
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<tr>
<td>Effective, safe medications are available.</td>
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<tr>
<td>Most patients will adhere to treatment plan.</td>
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<tr>
<td>A brief, easy-to-use tool to assess treatment response is available.</td>
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<tr>
<td>Most patients will return for follow-up visits.</td>
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<tr>
<td>Referral to a mental health professional is seldom necessary.</td>
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<tr>
<td>Treatment is usually effective.</td>
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<td>Reimbursement for providing care is adequate.</td>
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<tr>
<td>Easy to use clinical practice guidelines are available.</td>
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</table>

17. What percent of your patients with ADHD are cared for in the following manner?

- ______% Care provided within your practice (by you alone or with your nurse)
- ______% Collaborative care provided by you and a psychiatrist or other health professional
- ______% Care provided by a psychiatrist or other health professional alone
- ______% Other

18. What resources would assist you with the diagnosis and treatment of adolescent depression? (Check all that apply)

- Additional training
- An up-to-date list of local mental health providers for referral
- Educational materials for adolescents and their families
- Opportunity for timely telephone consultations with psychiatry
- Recommendations by national or local experts as to which antidepressant drugs to use
- Timely referral opportunities to psychiatry
- Timely referral opportunities to psychotherapy providers
- Help to monitor and coordinate care
- Other: ________________________________________________________________

19. Do you have any additional suggestions about how depression care could be improved?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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Finally please give us some information about your practice and yourself. If you work at more than one practice site, please answer for the location that you are at the most.

20. What is your practice arrangement?
   - Self-employed (solo practice)
   - Two-physician practice
   - Pediatric group practice
   - Multi-specialty group practice
   - Non-profit community health center
   - Other (specify) ________________________________________________

21. How many years have you been in general pediatric practice? _________ Years

22. How many days per week do you currently see general pediatric patients? _________ Days

23. What percentage of your patients are covered by Medicaid/Medicare insurance? _________%

24. Please estimate the racial composition of the patients at your practice site.

   White................................................................. ____
   Black/African American ...................................... ____
   Asian ............................................................... ____
   Other .................................................................... ____

   TOTAL 100%

25. How would you describe the area of your practice?
   - Urban, inner city
   - Urban, not inner city
   - Suburban
   - Rural
   - Other (specify) __________________________________________

26. What is your gender?
   - Male
   - Female

27. How old are you? _________ Years

28. With what racial group do you identify yourself?
   - White
   - Black/African American
   - Asian
   - Other ________________________________________________

29. Are you Hispanic or Latino?
   - Yes
   - No

THANK YOU VERY MUCH FOR YOUR HELP WITH OUR SURVEY!