Silent Struggles: Examining Trauma & Adversity in the Context of Adolescent Depression

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Introduction

- Nationally, **60.3%** of youth with **major depression do not receive needed mental health treatment** (Reinert & Nguyen, 2021).
- **Early screening** and **intervention** for depression in primary care leads to **better overall mental and physical health outcomes** (Costello et. al., 2019; Davis et. al., 2023; Kenny et. al., 2021).
- The American Academy of Pediatrics (AAP) recommends utilizing depression screeners, such as the Patient Health Questionnaire 9-item modified for Adolescents (**PHQ-9A**), as a **crucial way to intervene** and **mitigate mental health crises** (Costello et. al., 2019; Davis et. al., 2023; Kenny et. al., 2021).
- Studies suggest that **trauma and adversity** may impact **depression** in adolescents, making it crucial to identify these factors in **integrated primary care settings** (Kenny et. al., 2021; Campbell et. al., 2024).
- However, **trauma and adversity** may not be **sufficiently assessed by Primary Care Providers (PCPs)** to properly understand the impact of these important areas of psychosocial functioning in a child's life (Campbell et. al., 2024).

Objectives

1. Examine the prevalence of reports of trauma and/or adversity in a sample with elevated PHQ-9A scores.
2. Explore actions taken by the behavioral health team after trauma and/or adversity was disclosed.
3. Identify strategies for primary care settings to respond to adolescent reports of trauma and/or adversity.

Methods and Procedure

- **Project CLIMB (Consultation Liaison in Mental Health and Behavior)** provides integrated behavioral health services to children and families seen in an urban residency training pediatric primary care clinic.
- Study population: 2,107 adolescents, aged 11-18, completed PHQ-9A over the course of the 2017-2018 study.
- Of these, 277 of these patients had at least one elevated PHQ-9A (elevated = a PHQ score > 10 or item #9 was positive), and 78/277 patients had at least one mention of trauma in their charts.
- To assess adversity, a psychosocial screener was used to examine caregiver and family barriers to patient care and well-being, with 37/277 patients endorsing one or more items positive on the screener.
- Traditional content analysis was employed to code interventions by PCPs and CLIMB for elevated PHQ-9A scores, as well as themes of trauma and adversity found in patient charts. The qualitative codes were then converted into quantitative results.
- Chi-square tests were utilized to evaluate the relationship between actions/recommendations made by PCPs and CLIMB when trauma or adversity was present and not present.

Table 1. Demographics and Sample Characteristics

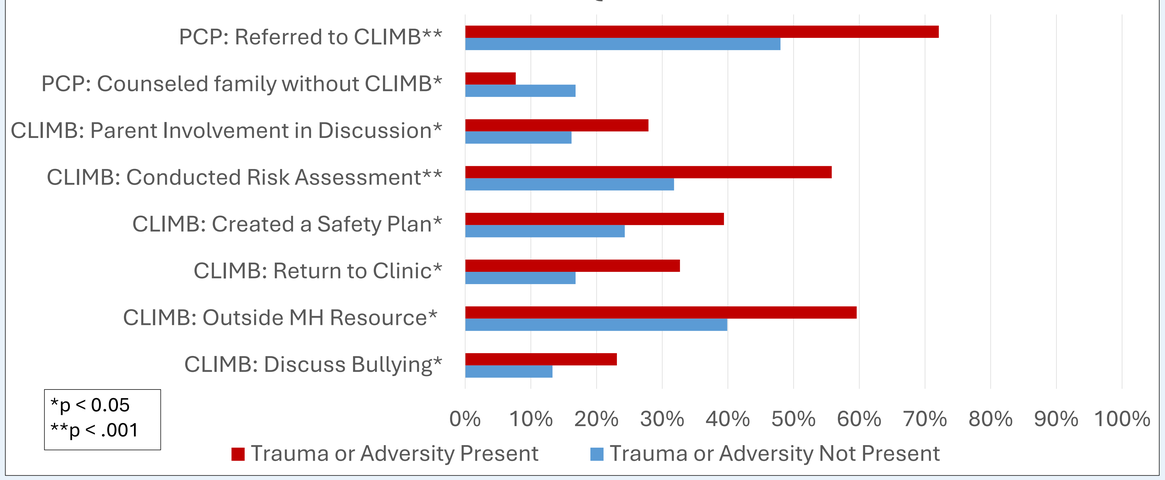
Sample	**N = 277**
Age of Child (M, SD)	13.19 (1.68)
Gender	
Male	133 (40.8%)
Female	164 (59.2%)
Ethnicity	
Latino	155 (56.0%)
Non-Latino	117 (42.2%)
Not-reported/unknown	5 (1.8%)
Race	
American Indian/Pacific Islander	1 (0.4%)
Asian	5 (1.8%)
Black/African American	55 (19.9%)
White	79 (28.5%)
More than one race	32 (11.6%)
Other/Unknown	105 (37.9%)
Primary Language	
English	193 (67.9%)
Spanish	79 (28.5%)
Other	5 (1.8%)
Insurance	
Public	246 (88.8%)
Private/Other	31 (11.2%)
PHQ-9A	
PHQ-9A Score (M, SD)	12.09 (4.38)
Q9 Positive	140 (50.5%)
Adversity Screen	**37 (13.4%)**
Resource Needs	37 (13.4%)
Behavioral Health Needs	7 (2.5%)
Trauma Indicated	**78 (28.2%)**
PCP Documented	12 (4.3)
CLIMB Documented	62 (22.4%)
Both Documented	4 (1.4%)

Table 2: Trauma and Adversity Themes in Patient Charts

Trauma	**N = 78**
"Scary" Event*	24 (30.8%)
Bullying	15 (34.1%)
Domestic Violence	6 (13.6%)
Incarceration of Parent	7 (15.9%)
Suicide Attempt	6 (13.6%)
Contentious Separation	6 (13.6%)
Attacked or Robbed	4 (9.1%)
Abuse*	11 (14.1%)
Physical	9 (37.5%)
Verbal	5 (20.8%)
Sexual	10 (41.7%)
Death	12 (15.4%)
Multiple	17 (21.8%)
Unknown	14 (17.9%)
Adversity	**N = 37**
Trouble keeping up with child's healthcare needs	5 (6.9%)
Financial Stress	14 (19.4%)
Food Insecurity	11 (15.3%)
Need Benefits Connection	9 (12.5%)
Child's Education	7 (9.7%)
Housing Insecurity	5 (6.9%)
Fears of Child Safety	1 (1.4%)
Caregiver feeling sad, hopeless, or anxious	3 (4.2%)
Adversity mentioned, type not specified	10 (13.9%)
Adversity coded but not documented in patient chart	6 (8.3%)
False Positive	1 (1.4%)

*Some patients presented to clinic with multiple "scary events" or types of abuse.

Figure 1. PCP and CLIMB Interventions for Patients with Elevated PHQ-9A Scores



*p < 0.05
**p < .001

Results and Conclusions

- In a sample of adolescents with an elevated depression screener:
- **Trauma** was documented in 78 (28.2%) patient charts. Out of all the types of trauma mentioned in the charts, **"scary" events** were the most **common**. Specifically, **bullying** was the most frequently mentioned "scary" event.
- **Adversity** was documented in 37 (13.4%) patient charts. The most common forms of adversity in the patient charts were **financial stress and food insecurity.**
- When trauma or adversity were present, PCP and CLIMB recommendations aligned with expected clinical actions.
  - When trauma or adversity were present**, PCPs** were more likely to **refer patients to CLIMB** and were less likely to **counsel patients** without consulting CLIMB.
  - When trauma or adversity were present, **CLIMB** was more likely to **conduct a risk assessment** and refer patients to an **outside mental health resource.**
  - When trauma or adversity were present, **CLIMB** was more likely to discuss instances of **bullying**.

Future Directions

- Improving the accuracy of PCP documentation when trauma is reported or when patients screen positively for adversity is important.
- In patient visits when assessing for past trauma, explaining what "trauma" means is crucial for accurate patient-provider communication.
- Due to clinical significance and importance of trauma informed care, providers should ensure that trauma screening is completed.
- Adding data from a newly coded 2022 dataset would help improve understanding of the relationship between adolescent depression and trauma or adversity.

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