

BACKGROUND

- Aligned with the US Preventive Services Task Force's recommendation in 2016, Rady Children's Hospital San Diego (RCHSD) implemented a universal pediatric depression screening protocol.^{1,2}
- Despite its implementation, notable service gaps remain across the depression care cascade.
- These gaps are attributed, in part, to misalignment between goals, roles, and responsibilities among teams.
- Team effectiveness approaches may provide useful modes of intervention to address these gaps.
- This study is one of the core projects part of the NIMH-funded Implementation Science and Team Effectiveness in Practice (IN STEP) Children's Mental Health Research Center that tests team-based implementation strategies to improve services for children with mental health needs.
- Study aim:** to explore perspectives of medical teams and mental health providers regarding determinants to pediatric depression screening across units.

METHODS

- Semi-structured interviews explored usual care processes and identified team-based challenges to implementing the depression screening protocol.
- Eight focus groups were conducted between 7/26/2024- 3/31/2025 with 5 departments: 3 outpatient, 1 inpatient, and the Emergency Department.
- Data were analyzed using rapid qualitative analysis.³

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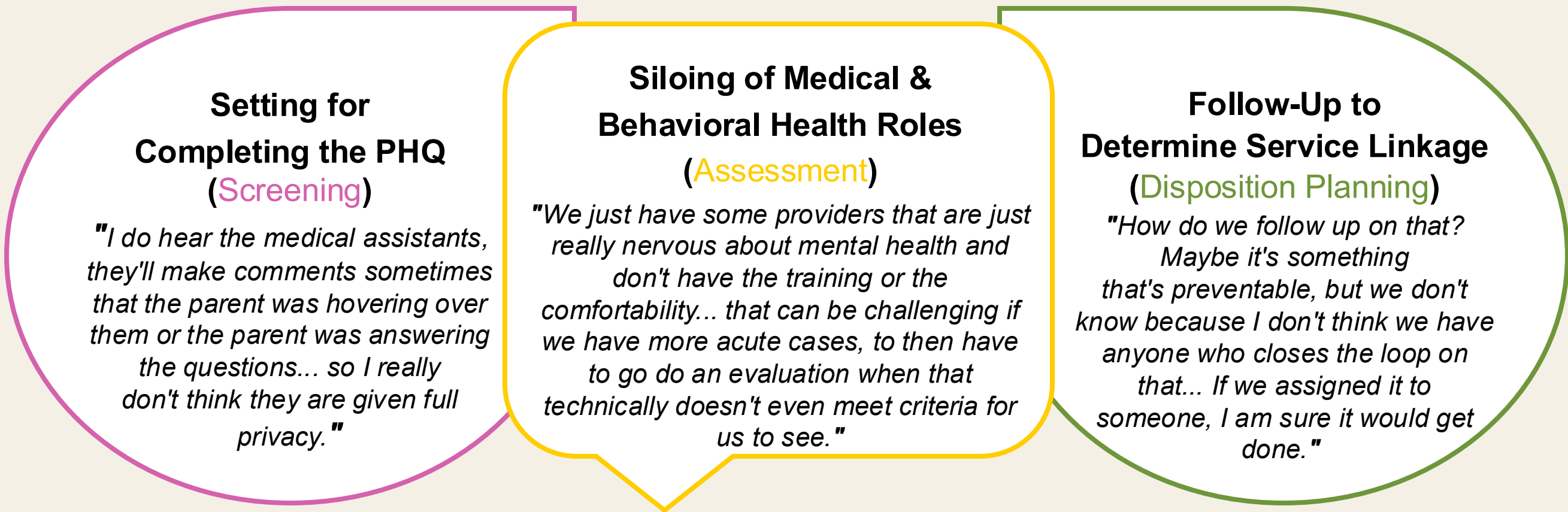
FINDINGS

- 6 themes related to challenges in depression screening were identified and then categorized across 3 stages of the depression care cascade: screening, assessment, and disposition planning.
- Table 1** summarizes these themes, and **Figure 1** reports illustrative quotes from each stage.

Table 1: Challenges in Depression Screening

Stage	Challenge
Screening	1. Language Appropriateness of the PHQ-9 for Younger Patients
	2. Administering the PHQ-9 to Neurodivergent Patients
	3. Setting for Completing the PHQ
Assessment	4. Siloing of Medical & Behavioral Health Roles
	5. Challenges with Mental Health Referral & Services Coordination
Disposition Planning	6. Follow-Up to Determine Service Linkage

Figure 1: Illustrative Quotes from Focus Groups



IMPLICATIONS FOR D&I RESEARCH

- As more hospital systems implement pediatric depression screening, it is critical to better understand implementation determinants to improve service and patient outcomes.
- Findings highlight a role for team-based strategies that could clarify outcomes, team member roles and responsibilities, and expectations for communication and other processes within the depression care cascade.
- These findings will inform the design of a team-based implementation strategy to be assessed in a forthcoming pilot trial.

REFERENCES

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