

TITLE: Proactive Family Practice: Early identification and intervention for youth mental health through productive wait times

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Context: Adolescent mental health is a growing concern in Canadian healthcare, particularly substance misuse, suicidality, depression, and anxiety. The use of technology to support opportunistic screening and brief intervention may help to improve the most common point of care for adolescents at risk, while streamlining access and reducing the burden on specialized treatment. Interestingly, a comprehensive screen can be accomplished independently by youth in under 10 minutes and may be productive use of time spent in the waiting room at family medicine clinics. Much published research discusses barriers to implementing opportunistic screening in family practice, including limited knowledge of screening tools and appropriate courses of action after a positive screen, particularly for adolescent substance misuse. The use of existing online applications and pathways using evidence-based/validated tools has been an under-utilized approach to opportunistic screening for family physicians. **Objectives:** To identify and apply existing opportunistic screening and brief intervention tools into family practice to reduce risk of mental illness in youth. **Design:** Non-randomized intervention (pre/post design); cross-sectional and repeated measures. **Participants:** 6,227 youth aged 11 – 18 (Grades 6 – 12). **Instruments:** CRAFFT Substance Use Screening Tool; Hospital Anxiety & Depression Screen (HADS); Patient Health Questionnaire (PHQ-9). **Outcome Measures:** Risk scores for substance misuse (primary); depression, suicidality, and/or anxiety (secondary). **Results:** Findings indicate rate of risk for mental illness increases with age, with Grades 8 and 9 demonstrating increased vulnerability. Significant reductions in the proportion of students at risk of substance misuse, suicidality, depression, and/or anxiety were observed after opportunistic screening and brief online intervention ($p < 0.001$). In addition, a significant reduction in comorbid mental health conditions was also observed ($p < 0.001$). **Conclusions:** These findings support more widespread use of existing evidence-based/validated tools for mental health screening and brief intervention for youth, perhaps as part of a comprehensive health initiative for sick and well visits in family practice, which can be easily implemented in rural/remote practices. The importance of proactive mental health programs in family practice should not be minimized.