Children's Hospital of Philadelphia PolicyLab

Follow-Up After ED Visits for Teens With Depression and Suicidality: A Retrospective Cohort Study

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OBJECTIVE

Structural and socioeconomic barriers contribute to disparities in follow-up care. This study explores whether neighborhood conditions, as measured by the Child Opportunity Index (COI), are associated with follow-up among adolescents who screened positive for depression or suicidal ideation (SI) during an emergency department (ED) visit.

METHODS

We conducted a retrospective cohort study of patients aged 12 to 19 years in a 32-clinic primary care network in the mid-Atlantic United States. We included patients who presented to our ED between June 2015 and June 2023, screened positive for depression or SI on the Behavioral Health Screen–Emergency Department, and were discharged. Logistic regression examined associations between COI quintile and primary care follow-up.

RESULTS

Among 3362 adolescents (mean age 15.7 years, SD 1.6), 22.4% screened positive for moderate depression, 65.1% screened positive for severe depression, and 19.3% endorsed current SI. Follow-up primary care visits were completed by 21.2% within 30 days (primary outcome) and 11.1% within 7 days (secondary outcome). Adolescents from very high-COI neighborhoods were more likely to complete 30-day follow-up compared with those from very low-COI neighborhoods (adjusted odds ratio 1.51; 95% CI 1.21–1.87). Privately insured adolescents were more likely to follow up than publicly insured peers (odds ratio [OR] 1.35; 95% CI 1.15–1.58), and Black adolescents were less likely to follow up than white adolescents (OR 0.70; 95% CI 0.58–0.85).

CONCLUSIONS

Neighborhood opportunity, insurance type, and race were associated with disparities in primary care follow-up after ED mental health screening. Targeted interventions are needed to improve equitable access to outpatient mental health care for adolescents.

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