TX-YDSRN Study Status

Total Consented
1454

Total Enrolled
1310

Enrolled Participants by Visit Count

972 participants have provided data at **8 or more** visits
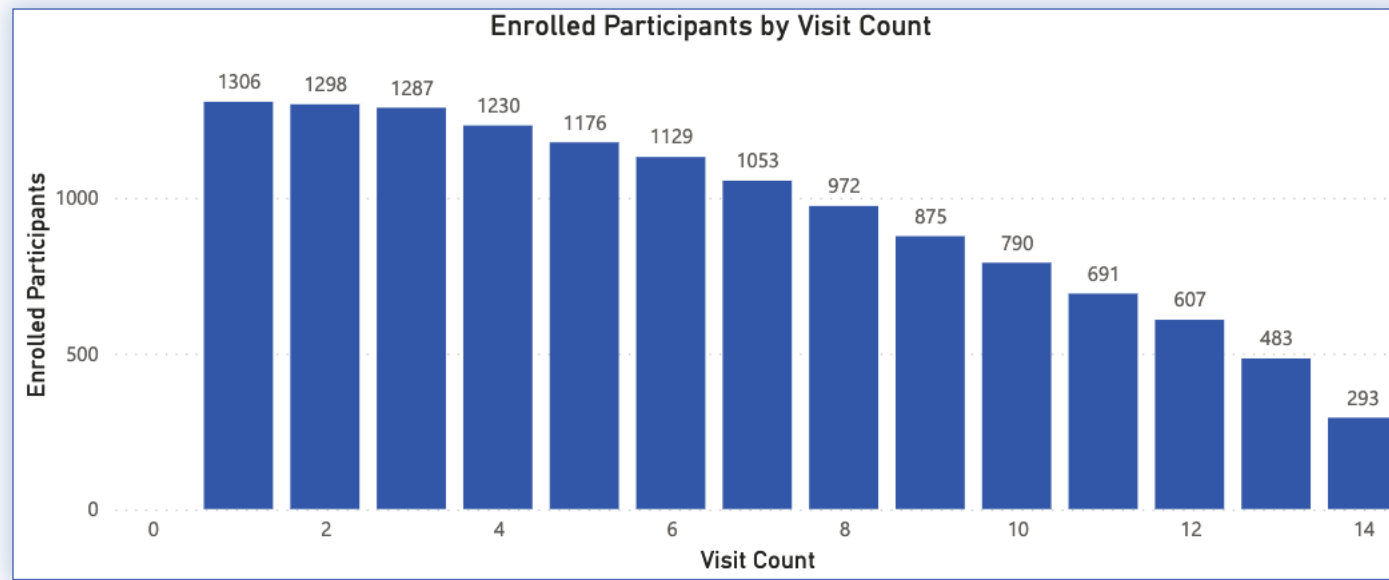
Node	Enrolled Participants
BCM	121
TAMU	100
TTUHSC – El Paso	84
TTUHSC – Lubbock	99
UNT/JPS	207
UT Dell	130
UT RGV	42
UTH - Houston	57
UTH – San Antonio	110
UTH - Tyler	22
UTMB	138
UTSW	191

TX-YDSRN Completed Visits

Number of Enrolled Participants with Completed Visits (In and Out of Window)

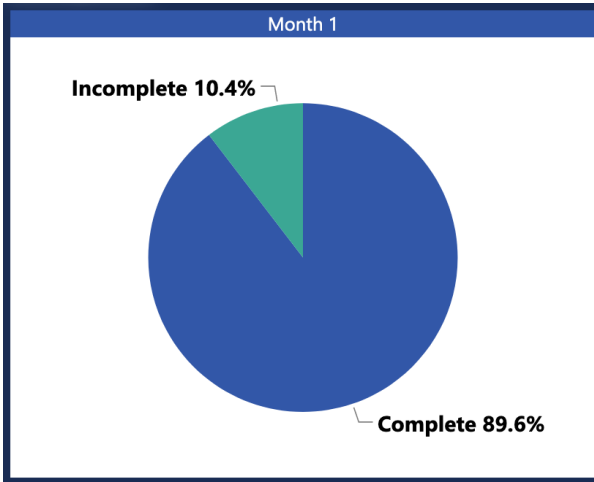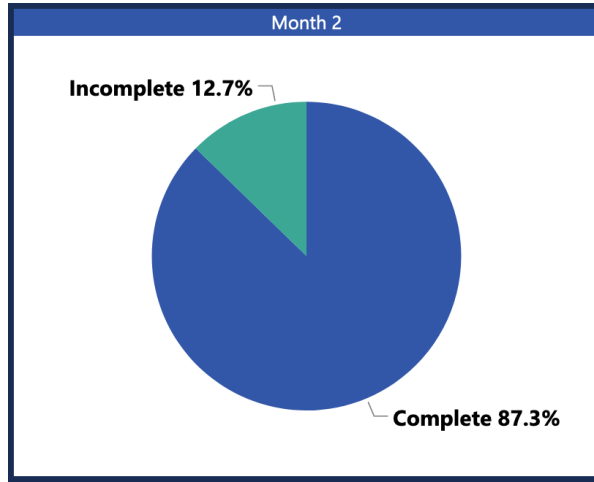|				
Baseline Visits 1306	Month 1 Visits 1121	Month 2 Visits 1030	Month 4 Visits 924	Month 6 Visits 788
Month 8 Visits 683	Month 10 Visits 620	Month 12 Visits 502	Month 14 Visits 440	Month 16 Visits 361
Month 18 Visits 304	Month 20 Visits 239	Month 22 Visits 183	Month 24 Visits 61	

Total Visits Completed = **8,562 Visits**
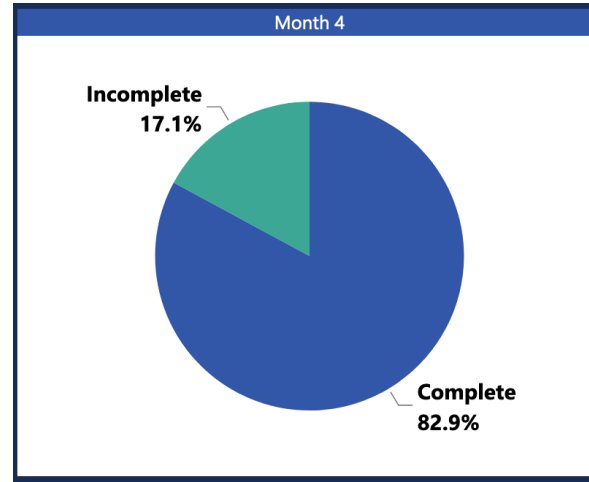
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Research Data Completion Rate

Month 1

Incomplete 10.4%

Complete 89.6%

N = 1251

Month 2

Incomplete 12.7%

Complete 87.3%

N = 1181

Month 4

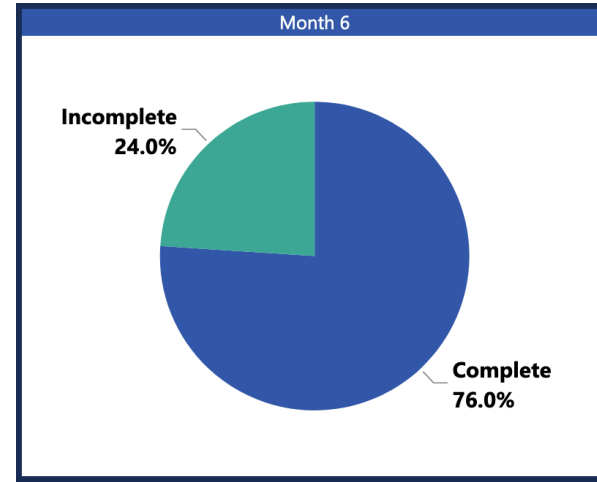Incomplete 17.1%

Complete 82.9%

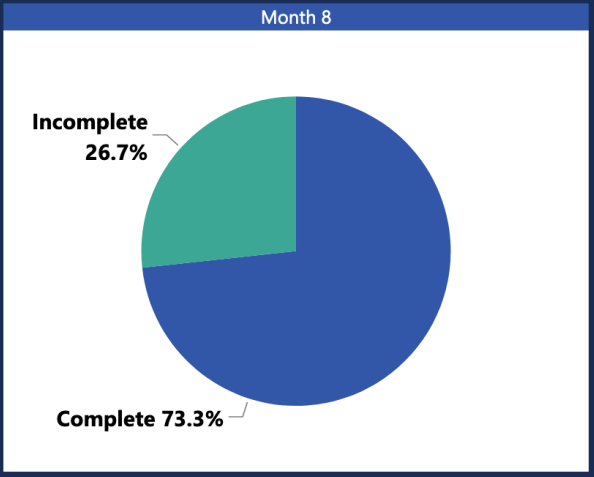N = 1116

Month 6

Incomplete 24.0%

Complete 76.0%

N = 1039

First 1000 participants have passed the 6 month visit window.
76% completion rate at 6 month follow up visit.

Clean data set for first 1000 participants through 6 month visit window.

Research Data Completion Rate

Month 8
Incomplete 26.7%
Complete 73.3%
N = 932

Month 10
Incomplete 23.9%
Complete 76.1%
N = 816
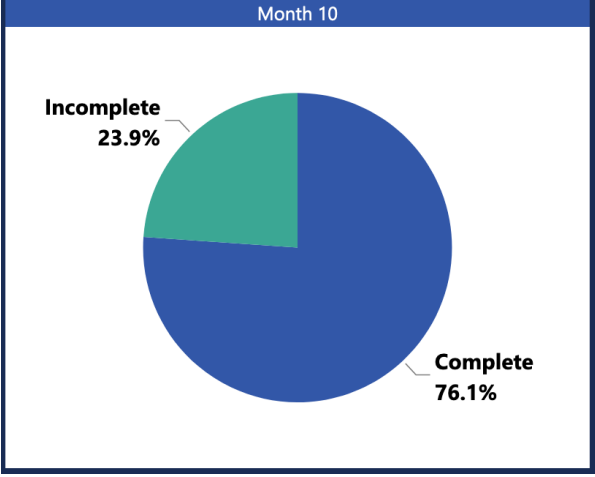
Month 12
Incomplete 28.9%
Complete 71.1%
N = 709

71.1% Completion Rate at 12 Month Follow-Up Visit
Goal: Improve survey completion across time points

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Data at Study Entry

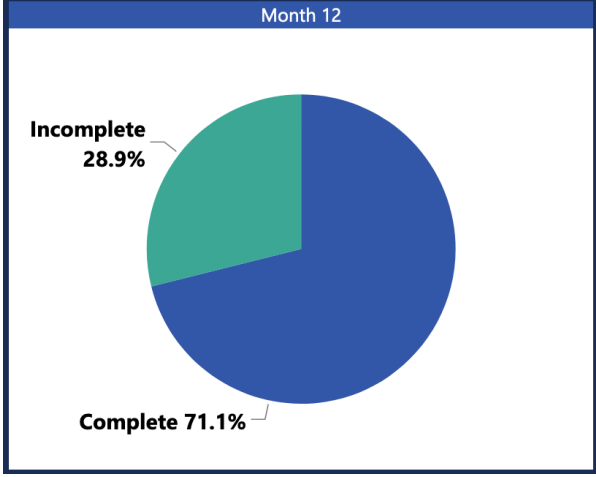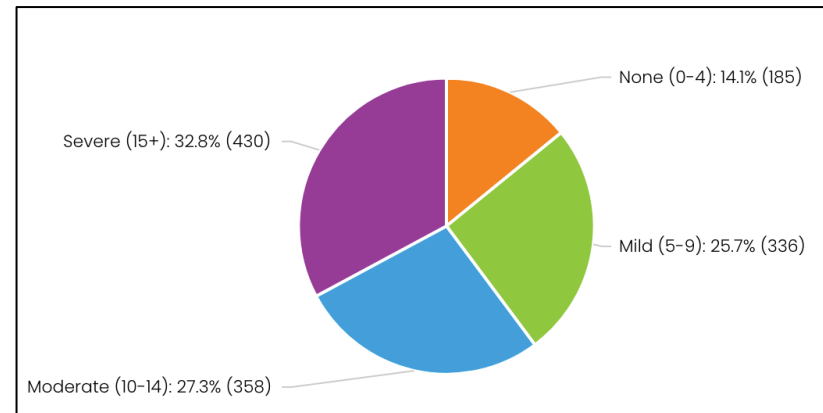| Age (Mean 15.59, S.D.2.44)	
8-11 years	6.4% (84)
12-17 years	67.7% (887)
18-20 years	25.9% (339)
Sex at Birth	
Male	27.3% (323)
Female	72.7% (862)
Race	
White	67.2% (879)
More than one race	11.3% (148)
Black or African American	10.2% (133)
Ethnicity	
Hispanic	44.3% (579)

Depression Severity (PHQ-A)

Severe (20+) : 17.1% (224)
None (0-4) : 10.5% (138)
Mild (5-9) : 21.6% (283)
Moderately Severe (15-19) : 23.7% (310)
Moderate (10-14) : 27.0% (354)
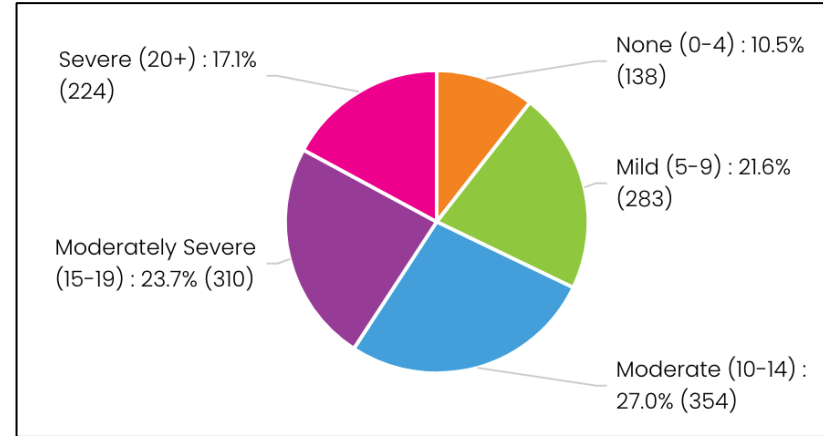
67.8% with moderate to severe depression

Severe (15+): 32.8% (430)
None (0-4): 14.1% (185)
Mild (5-9): 25.7% (336)
Moderate (10-14): 27.3% (358)

Suicidal Thoughts (CHRT-SR)

Yes: 24.1%(315)
No: 75.9%(994)
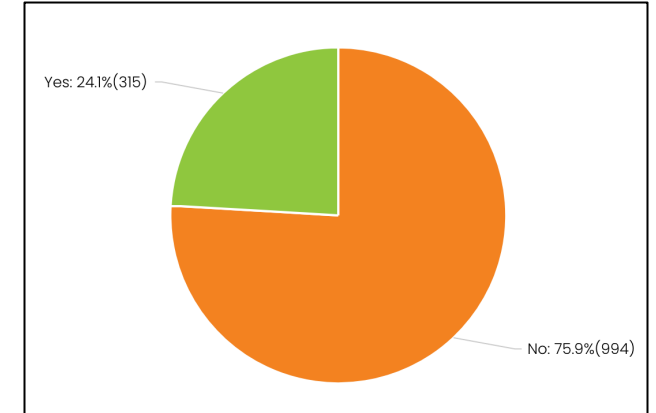
24.1% endorsing suicidal thoughts

60.1% with moderate to severe anxiety

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Social Media Use Among T-YDSRN Youth

	n	%
Instagram	305	69.5
TikTok	303	69.0
SnapChat	229	52.2
Twitter	118	26.9
YouTube	319	72.7
Facebook	65	14.8
Twitch	32	7.3
WhatsApp	32	7.3
Other	72	16.4

Weekdays

9.60%
34.60%
55.80%

■ 0-1 hours ■ 1-4 hours ■ 4+ hours

Weekends

6.20%
51.50%
42.40%

■ 0-1 hours ■ 1-4 hours ■ 4+ hours
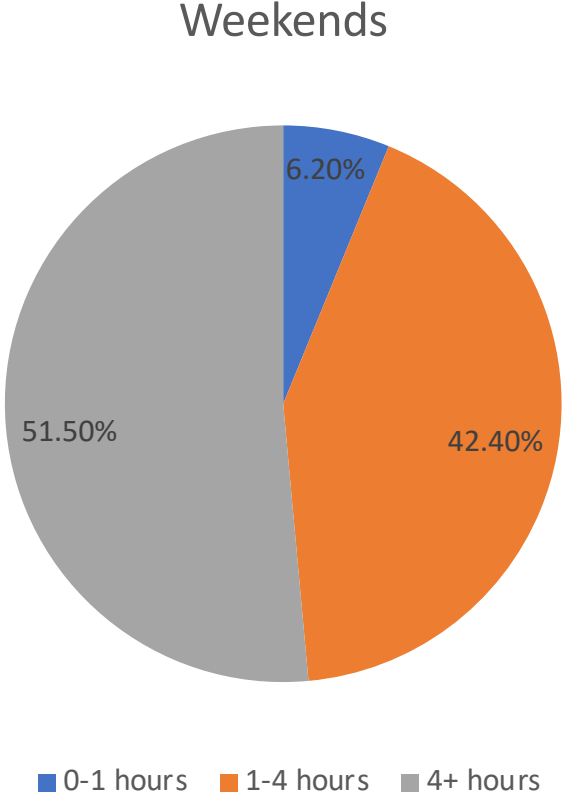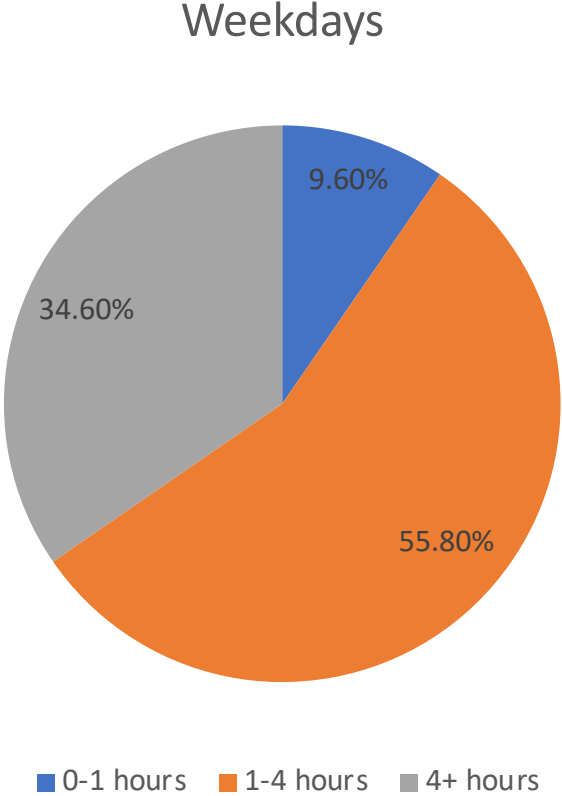
No differences in usage based on age or gender.

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Among youth with moderate or greater depression severity at Baseline (n=677), only 20.7% achieve remission within 6 months.
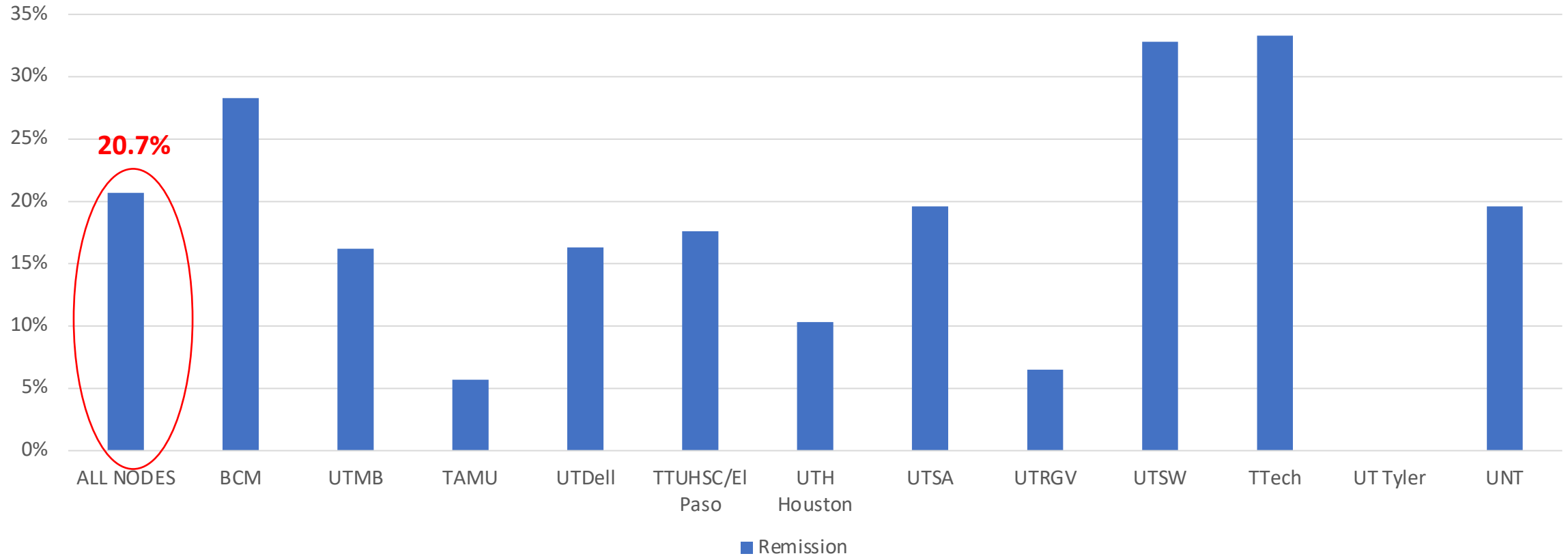
However, only 13% achieve and maintain remission through the 6 months.

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Manuscripts: Expanding the Reach of the Network

5
Manuscripts Under Review

1. Improving Identification and Treatment Outcomes of Treatment-Resistant Depression Through Measurement Based Care (**Mayes, et al.** – Clinics of North America)
2. Texas Youth Depression and Suicide Network (TX-YDSRN) : Rationale, Design, and Baseline Characteristics (**Trivedi, et al.** - Journal of Affective Disorders)
3. The Concise Health Risk Tracking – Self-Report (CHRT-SR9) – (**Nandy, et al.**, Journal of Affective Disorders)
4. Psychometric Properties of Concise Associated Symptom Tracking (CAST) Scale and Suicidal Ideation (**Jha, et al.**, Journal of Psychiatry Research)
5. Suicide Risk Assessment and Management for the TX-YDSRN (**Hughes, et al.**, Contemporary Clinical Trials Communications)

Engagement Across the Network
All Nodes have contributed to at least one manuscript
7 Nodes have proposed manuscripts

22 Manuscripts in Development

Manuscripts: Analyses Completed / Draft in Circulation

	Proposed Title (Lead Author - Node)
6	A comparison of the QIDS-SR, PHQ-9, and VQIDS-SR in terms of psychometric properties and sensitivity to change in depressed adolescents (Nandy - UTSW)
7	Differences in Informant and Self-Rated Measures of Irritability: Findings from TX-YDSRN (Jha - UTSW)
8	Exploratory LCA using PROMIS Domain Scores in Youth 12-17 in Treatment for Depression or Suicidal Ideation (Minhajuddin - UTSW)
9	Characteristics of Suicidal Youth (Attempters vs Ideators) in the Texas Youth Depression and Suicide Research Network (Kennard - UTSW)
10	Major Depressive Disorder in youth with Obsessive Compulsive Disorder: Is it Different? (Storch - BCM)
11	Agreement Between Child and Parent Reports of Thoughts of Self-Harm (Martin – TTU-El Paso)
12	Psychometric properties of two brief anxiety assessments among youth with depression and suicidality: the GAD-7 and PROMIS-Anxiety-4a (Guzick – BCM)

Manuscripts: Analyses in Progress

	Proposed Title (Lead Author - Node)
13	Resiliency and Suicidal Ideation in a Pediatric Population: Measuring Correlation between CD-RISC scores and suicidal ideation in a state wide database. (Brown – UT Dell)
14	Variations in Mental Health Comorbidity Amongst Youth with Depression (Hettema – TAMU)
15	SUD Based on CRAFFT and MINI in Cohort of Youth with Depression (Marino - UTSW)
16	Comorbid Depression and Obsessive-Compulsive Disorder: Clinical characteristics, treatment history, and functional impairment (Storch-BCM)
17	Sexual and Gender Diversity in Texas youth: Reports and Analysis from the Texas Youth Depression and Suicide Research Network Initiative (Gushanas – UTMB)
18	Characterizing Therapy Experiences in Youth with Depression and/or Suicide via the Depression Treatment Experiences Questionnaire (Drummond – BCM)
19	Influences on Social and Behavioral Health from Divergence in Adolescent-Parent Reports of Adolescent Depression (Snyder – UTSW)
20	Correlates of Suicidal Risk in Adolescent Psychiatric Outpatients (Nandy – UTSW)
21	Role of Insomnia in Depression and Suicidality Among Depressed Adolescents and Young Adults (Minhajuddin – UTSW)
22	Association Between Gender and Suicidal Ideation in Hispanic Youth (Gadad – TTU – El Paso)

Manuscripts: In Development

> Invited to be Co-Editor on Special Edition on
> Measurement Based Care:
> *Child Psychiatry & Human Development*

	Proposed Title (Lead Author - Node)
23	Efficacy and Measurement Based Care in Youth Depression and Suicidality (Slater – UTSW)
24	Measurement Choices for Youth Depression (Garza – UT RGV)
25	Measurement Choices for Youth Suicidality (Busby – UTMB)
26	How to Address MBC in Different Kinds of Systems (Deane – UTSW)
27	Integration of MBC Using VS6 (Mitchell – TTU – Lubbock)

Building on Existing Network: Next Steps

1. Improve Remission Rates for Youth in Network
   - Enhance MBC Implementation and Efforts
   - Collaborative Care Model
   - Provide Behavioral Activation Therapy for High Need Youth

2. Enhance Functioning of Learning Health Network
   - Expand communication and dissemination of research from Node experts
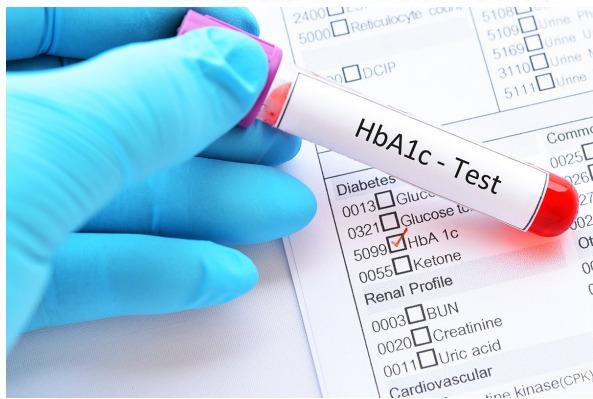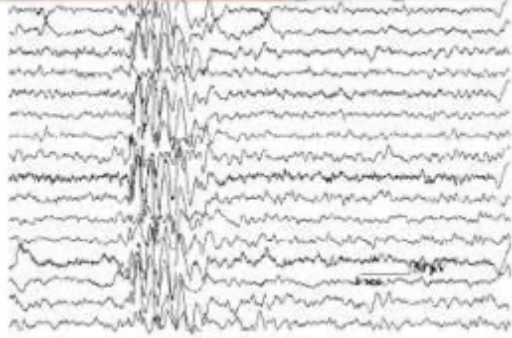   - Engage non-healthcare professionals and partners in the Network

To Continue to Assess Impact
Increase recruitment to 2500
Extend Follow-Up Period

Step 1: Enhancing Measurement-Based Care

- **What is Measurement-Based Care (MBC)?**
  - Ongoing systematic assessment of symptoms and side effects to guide treatment decisions.
  - MBC is standard of care in most medical conditions, yet in mental health, we rarely rely on full symptom assessment to guide treatment recommendations.

- **Address the lack of mental health providers trained in MBC!**
  - Develop education series, annual symposium for providers and researchers, and network-wide internships and research rotations
  - Implement VitalSign6 to provide point of care decision support to providers
  - Solidify and standardize methods for tracking evidence-based care at each site, including additional site monitoring of research and EHR records

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Step 2: Collaborative Care and Care Navigators

Proposed patient navigator domains of assistance

- **What is Collaborative Care?**
  - The collaborative care model integrates primary care providers, care managers (or navigators), and mental health providers to utilize shared care plans for patients.
  - Care Navigators assist patients, families, and providers to identify resources, remove barriers to care, and empower patients and families to promote their overall mental and physical health.
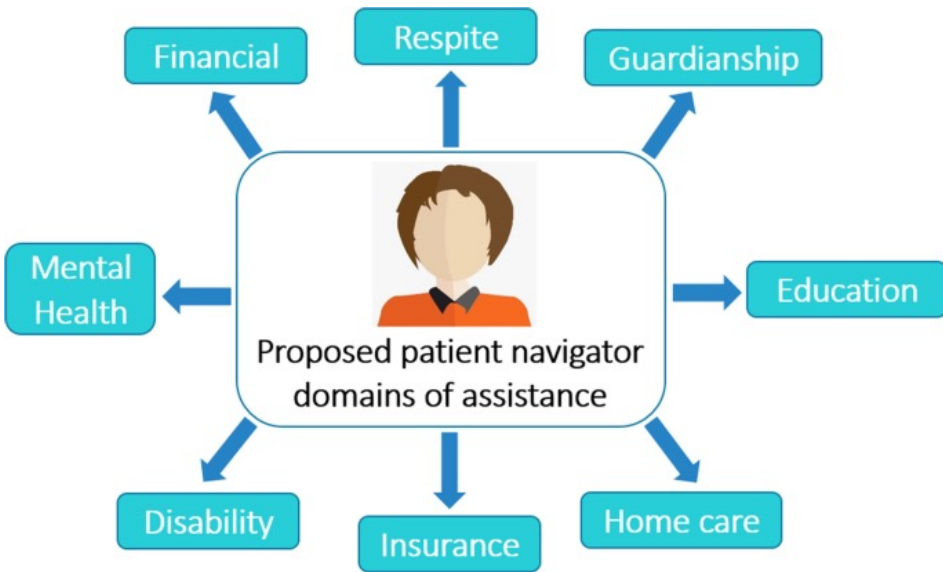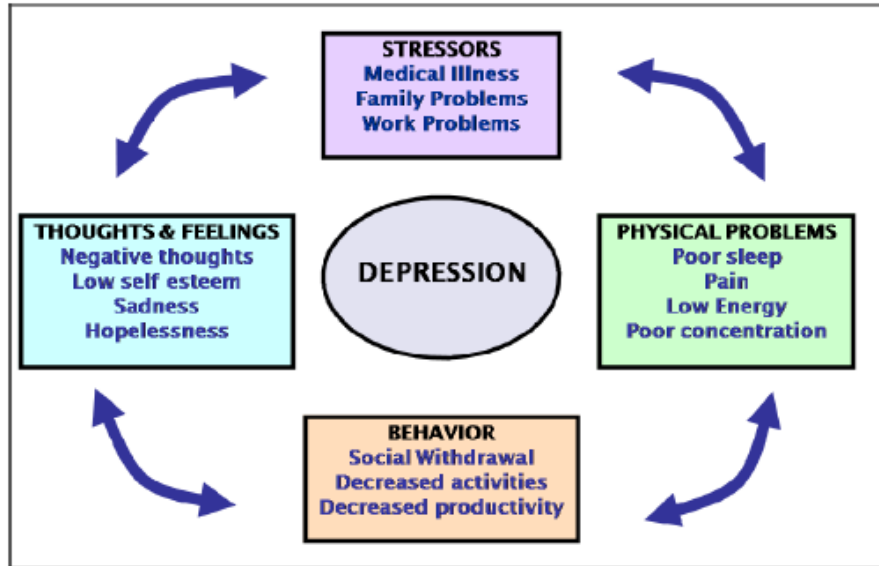
Each Node will hire a Care Navigator.
- Care Navigators do not need to be licensed providers, although individuals with social work, psychology, or nurse training are strong candidates.
- Care Navigators will be trained by the Hub.
- Data will be collected on frequency and duration of contact and resources provided.

Step 3: Behavioral Activation Therapy

- CBT has some of the strongest evidence for treatment of depression.

- Behavioral activation is a component of CBT and research has demonstrated its efficacy as a stand-alone therapy through multiple meta-analyses (Dimidjian et al., 2016).

- UT Southwestern partnered with one of the leading experts in BA (S. Dimidjian) to adapt BA to an 8-session intervention.
  - Trombello et al., 2017 – 53% with at least 1 visit achieved remission; 65% with at least 4 visits achieved remission.
  - Trombello et al., 2018 – attrition associated with non-white, positive drug abuse, lower depression/anxiety, younger age
  - Trombello et al., 2020 – those with milder depression symptoms showed slower, gradual response; those with moderate depression showed more rapid response.

STRESSORS
Medical Illness
Family Problems
Work Problems

DEPRESSION

THOUGHTS & FEELINGS
Negative thoughts
Low self esteem
Sadness
Hopelessness

PHYSICAL PROBLEMS
Poor sleep
Pain
Low Energy
Poor concentration

BEHAVIOR
Social Withdrawal
Decreased activities
Decreased productivity

Step 3: Behavioral Activation Therapy

- **What is CDRC Adapted Behavioral Activation (BA) Therapy?**
  - Evidence-based approach to help individuals 1) understand how behaviors influence emotions, 2) monitor activity levels, and 3) reduce depression by increasing positive reinforcements through activity.
  - 8 sessions intervention
- **Each Node will hire a BA provider.**
  - BA providers do not need to be licensed therapists or social workers.
  - BA will be for youth in the Network who continue to struggle with depression despite optimizing treatment.
  - BA providers will be trained by the Hub, with ongoing consultation calls and quality assurance monitoring.

Expansion of Network to Learning Healthcare System

Learning Health Systems

1. **Align stakeholders around a common goal.**

2. **Refine current standards in evidence-based care models and implement continuous quality improvement**

3. **Create an interactive forum where information, resources, updates, and suggestions can be shared.**

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1. Align stakeholders around a common goal.

- Engage community partners (mental health agencies, foundations, local, state, and federal government agencies)
- Add new sites to increase the number of participating clinics.
- Identify a health care champion at each Node to oversee efforts and direction of the Learning Healthcare System at a Node level
- Create an Advisory Council at each Node comprised of patients and families, clinicians and key stakeholders in their local regions
- Host Advisory Council Meetings and Conferences
- Provide on-going training and technical assistance to HRI Nodes throughout the project duration to ensure sustainability and success after funding ends

# 2. Refine current standards in evidence-based care models and implement continuous quality improvement.

- Enhancing care through MBC, Collaborative Care, and Behavior Activation
- Expand infrastructure of the Learning Healthcare System Hub to facilitate on-boarding and integration of new partners/collaborators and to centralize efforts and dissemination of skills and knowledge;
- Develop processes and policies for the TX-YDSRN Learning Healthcare System
- Provide new training opportunities to increase knowledge of MBC, evidence-based interventions, and linkage with local and/or telehealth mental health providers
- Provide training opportunities for other key stakeholders based on their role and scope on measurement-based care that supports the development of a Learning Healthcare System

3. Create an interactive forum where information, resources, updates, and suggestions can be shared.

- Create an interactive platform (e.g., community app) where ideas can easily be exchanged among key stakeholders/collaborators
- Expand the Hub's data and outreach capacity to provide regular updates to the website and other platforms, monitor communication, and increase engagement within digital tools among collaborators
- Conduct focus groups with constituents to provide input into the directions of the Statewide initiative
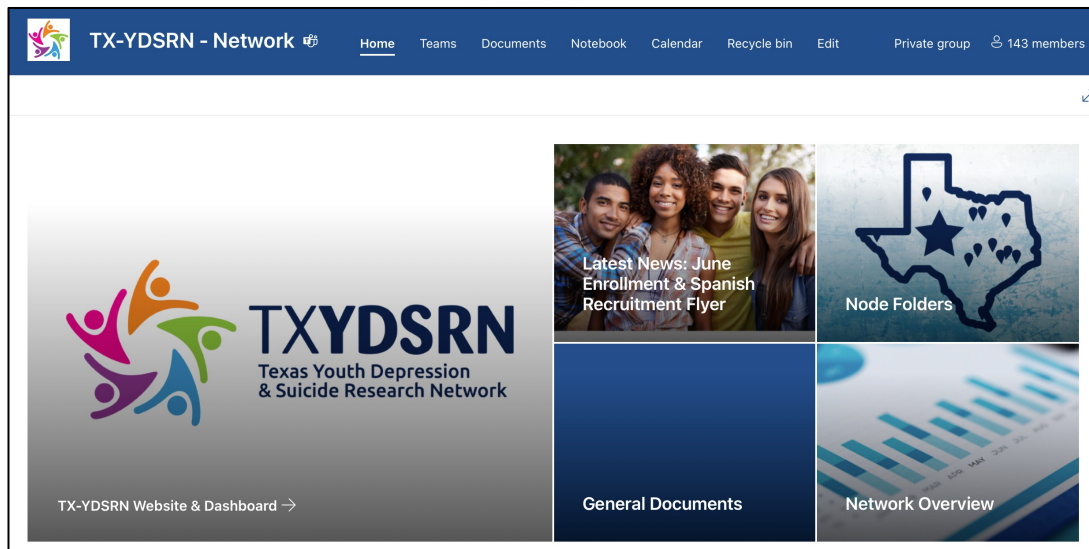
Node Budget Considerations ($650k across 2 years)

Will Coordinate with the CTRN leadership to make it uniform across the two Networks

Node Activities

- Care Coordination – 1 FTE

- Behavioral Activation for 50 youth - .5 FTE

- MBC Implementation – Increase Research Coordinator time .45 FTE → 1.0 FTE

- Recruitment – Increase Clinical Data Specialist Time .9 FTE→ 1.5 FTE
  - Monthly Personalized Node Goal based on enrollment and % of youth represented by region
  - Subject payments
  - Research Supplies/Expenses

- Learning Health Network Expansion
  - Can be covered by existing PI, Care Coordinator, and/or Study Coordinator

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Q & A

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