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MEDIA RELEASE

DEPRESSION SCREENING TOOL FOR INDIGENOUS AUSTRALIANS VERIFIED

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A CULTURALLY-specific screening tool for depression in Aboriginal and Torres Strait Islanders has been successfully verified and should be rolled out nationwide, according to the authors of research published today by the *Medical Journal of Australia*.

Led by Professor Maree Hackett, Program Head of the Mental Health Division of the George Institute for Global Health, in Sydney, the researchers set out to determine the validity, sensitivity, specificity and acceptability of the culturally adapted nine-item Patient Health Questionnaire (aPHQ-9) as a screening tool for depression in Indigenous Australians.

“Screening tools for depression have not been formally validated for Aboriginal and Torres Strait Island people across multiple states and territories in Australia,” Hackett and colleagues wrote.

“Detection of depression in Aboriginal and Torres Strait Islander people in primary care has been little investigated. A recent systematic review of diagnostic psychiatric instruments found that none had been formally validated for Indigenous Australians.”

The study involved 500 adults (18 years or older) who identified as Aboriginal or Torres Strait Islander people and attended one of 10 primary health care services or service events in urban, rural and remote Australia that predominantly serve Indigenous Australians, and were able to communicate sufficiently to respond to questionnaire and interview questions.

Of those 500 participants, 108 (22%) had a current episode of major depression according to the Mini-International Neuropsychiatric Interview (MINI) criterion. The sensitivity of the aPHQ-9 algorithm for diagnosing a current major depressive episode was 54%, its specificity was 91%, with a positive predictive value of 64%. For screening for a current major depressive episode, the area under the receiver operator characteristic curve was 0.88; with a cut-point of 10 points, its sensitivity was 84% and its specificity was 77%.

The aPHQ-9 was deemed acceptable by more than 80% of participants.

“The aPHQ-9 cannot replace careful assessment and diagnosis, nor should it be used to determine the need for treatment,” Hackett and colleagues wrote.

“Even at the highest positive predictive value in our study, one-third of people identified with the aPHQ-9 as having a major depressive episode would not have major depression according to assessment with the MINI, and, conversely, we would still miss some people with major depression.

“Determining the consistency (test–retest reliability) and inter-rater reliability of the aPHQ-9 are the next steps for ensuring that the aPHQ-9 provides consistent results, regardless of who administers the test.

“Apart from screening and diagnosis, assessments for depression may be used in epidemiology studies, treatment monitoring, and outcome assessment. We do not yet know the responsiveness of the aPHQ-9 scores to treatment of patients.

“As the evidence base for screening for depression increases, we must develop culturally appropriate, cost-effective interventions for preventing, treating and managing depression in Indigenous Australians.”

The authors concluded that: “We have an evidence-based tool for screening for depression in Indigenous Australians.

“We must ensure that those applying the aPHQ-9 have the skills and resources to confidently assess and identify depression, provide effective treatment, and implement effective prevention strategies.”

Please remember to credit *The MJA*.

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CONTACTS:

Prof Maree Hackett
Program Head, Mental Health Division
The George Institute for Global Health
Email: mhackett@georgeinstitute.org.au

Julia Timms
Acting Communications Manager
The George Institute for Global Health
Ph: 02 8052 4498 or 0410 411 983
Email: jtimms@georgeinstitute.org.au