

Presenting Author	Jonathan Michael Nahmias, Bachelor in Science, Medical Student, year 4, Department of Medical Informatics, University of Oklahoma School of Community Medicine, Tulsa, OK
Co-authors	Blake Lesselroth, MD, MBI, Vice Chair of Medical Informatics, University of Oklahoma School of Community Medicine, Tulsa, Oklahoma, Juell Homco, PhD, MPH, Director of Research and Community Analytics, University of Oklahoma School of Community Medicine, Tulsa, Oklahoma
Abstract	<p>Background/Knowledge Gap: National statistics indicate that the prevalence of depression is similar among Hispanic and Non-Hispanic whites, and yet, Hispanic patients are less likely to seek mental health treatment. We hypothesized ethnicity and culture interact with systems-of-care influencing mental health screening and diagnosis. The primary objective of this study was to describe patterns in depression screening and diagnosis as a function of ethnicity at an urban academic setting.</p> <p>Methods/Design: We used a cross-sectional design to query patient records and generate descriptive statistics. We pulled from our electronic medical record, demographic data for adults seen in university primary care clinics between October 12, 2017 and October 12, 2018. We then compared the prevalence of ICD-10 depression diagnostic codes, screening rates, and screening results between two ethnic groups (Hispanics and Non-Hispanic whites) and between patients reporting English or Spanish as their primary language.</p> <p>Results/Findings: Depression screening rates were lower among Non-Hispanic whites (40%, n=8,731) compared to Hispanics (42%, n=2,106) (p=0.002). However, rates did not differ between English (39%, n=8,246) and Spanish speakers (40%, n=777) (p=0.725). Of those screened, 23% of Non-Hispanic whites and 12% of Hispanics had a positive screen (p=<0.001) and 22% of English speakers had a positive screening compared to 6% of Spanish speakers (p=<0.001). Differences were observed in the prevalence of depression diagnoses—26% for Non-Hispanic whites compared to 8% for Hispanics (p=<0.001) and 25% of English speakers compared to 4% of Spanish speakers (p=<0.001).</p> <p>Conclusions/Implication: Our records show a discrepancy in rates of screening and detection of depression that differs from national statistics. While there may be real differences in disease prevalence in our population, it is more likely that systems-of-care vary as a function of ethnicity. Additional research is needed to identify the cross-cultural, policy, and systems-of-care mediators impacting the detection of depression in Hispanics.</p>
Learning Objectives	<ol style="list-style-type: none"> 1. Recognize variations in mental health screening and care as a function of ethnicity and spoken language. 2. Analyze electronic health record data to understand public health trends and care gaps. 3. Give examples of cultural, lingual, and socioeconomic barriers to mental health care for Hispanic patients
References and Resources	<ol style="list-style-type: none"> 1) Society for the Study of Psychiatry and Culture (https://psychiatryandculture.org/#!event-list) 2) National Alliance on Mental Illness (https://www.nami.org/find-support/diverse-communities/latino-mental-health) 3) Bridges, A. J., Andrews, A. R., 3rd, & Deen, T. L. (2012). Mental health needs and service utilization by Hispanic immigrants residing in mid-southern United States. <i>Journal of transcultural nursing : official journal of the Transcultural Nursing Society</i>, 23(4), 359–368. doi:10.1177/1043659612451259
Disclosures	<p>All authors and coauthors have no relevant financial relationships to disclose.</p> <p>The author does not intend to discuss an off-label/investigative use of a commercial product/device.</p>