Increasing Detection of Mild-to-Moderate Depression & Access to Treatment in Primary Care: **Rise UP** Pilot Project

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- Dr Christine Padesky (group design)
  - Author, Mind Over Mood

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Hamilton Family Health Team
serving over 250,000 people

- **Family Doctors: 128**
- Nurses: 128 (21 NPs, 97 RNs, 10 RPNs)
- MHCs: 73
- Psychiatrists: 22
- RDs: 21
- Pharmacists: 8
- Facilitators: 4

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Depression Care: The Way We Were

- Historically, depression is the most common reason for mental health referral
- Original MHCs were experienced clinicians from outpatient mental health clinics
- Used various tools/ scales to measure depression or none at all
- Depression Education – 2 hour sessions offered in the community every month
- First 12-session CBT for Depression group was offered in 2005

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Depression Care: How We Have Changed

Continuing Shift To A Wellness Orientation

- patient-centered
- an interdisciplinary team approach
- individuals empowered for self-management and part of the care team
- proactive, continuing care
- prevention a priority

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Depression Care: How We Have Changed

- Many enhanced care components are in place:
  - Mental health counsellors part of the health teams
    - Extensive experience in mood disorders
    - Group leader training increasing
  - Consulting Psychiatrists
  - Peer Support Worker program
  - Specialized Groups
  - Patient preferences for treatment

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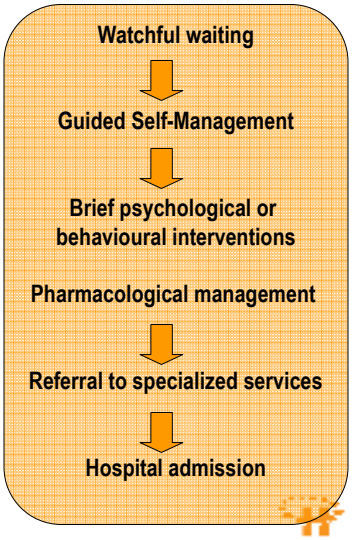
Moving Towards A Stepped Care Model

- Providing care that is a better match of intervention to clinical need
- Assessment implications
  - Diagnosis
  - Starting care



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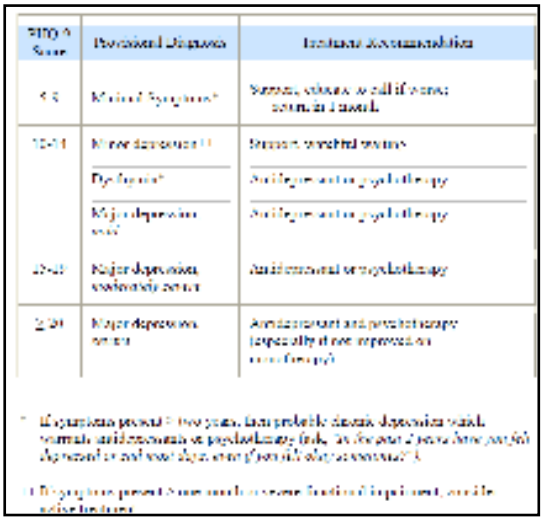
Depression Care Model: MacArthur Toolkit

http://www.depression-primarycare.org/

- PHQ-9
- PHQ-9 linked Treatment Algorithm



Implementing A Standard Measure
2008-2010: 2Q Screen & PHQ-9

- Program Managers
  - In-Services with Allieds (RNs, MHCs, RDs, Pharmacists)
- Allieds to FPs
- Psychiatrists ask/use PHQ9 at consults
- HFHT-wide events
  - CANMAT guideline update (Oct 2009)
  - Summit (Dec 2009)
  - Practice Improvement Event (March 2010)

PHQ-9: Work-In-Progress

- Routine use in assessment by all FPs & team members
  - Part of overall patient health care
- Routine use in monitoring response to treatment
- Routine use over time in maintenance (e.g., annual checkups)
  - Systems (EMR, Paper) of care are various and sometimes difficult to activate

VIDEO

PHQ-9 Reports
From the Front Line

DISCUSSION

What is your experience of implementing
& tracking Depression care?

Rise UP

LIFTS

ACTIVITY **MOOD**

A vigorous 5 minute walk will do more good for an unhappy but otherwise healthy adult than all the medicine and psychology in the world.

Paul Dudley White

Rise UP: Background

- Nearly 10% of the population visit a family physician for depression in a given year[1]
- About 40% of patients diagnosed with depression have minor depression[1]
- about 45% of depression episodes last longer than 3 months[2]

1. Bilsker D et al 2007 Cdn J Psychiatry; 2. Patten SB et al 2009 JAD

PHQ-9 Scores – Depression - Disability

Correlates of PHQ-9 Scores (Primary Care)

PHQ-9 Score	Mean Disability Days	Symptom-Related Difficulty	Mean Physician Visits
1-4	2.4	1.5%	1.0
5-9	6.7	10.2%	1.8
10-14	11.4	24.4%	2.0
15-19	16.6	45.1%	2.4
20-27	28.1	57.1%	3.7

MacArthur Guidelines:

- **Support**
- **Watchful Waiting**

Kroenke K et al 2001 J Gen Intern Med

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Rise UP: Making the Case

- Patients with mild-moderate depression may not desire or require
  - individual talk therapy
  - 12-week group therapy
  - antidepressant medication
- There is a paucity of treatment for mild-moderate depression in our health care settings
  - We need a step in our stepped care of depression

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Positive News

Brief interventions for depression in primary care
A systematic review

Preventing the Onset of Depressive Disorders: A Meta-Analytic Review of Psychological Interventions

•Persons with mild-moderate depression can be helped by interventions that are shorter, structured, & include frequent contact or reminders can help

•Depression can be prevented in persons who show one or some signs

McNaughton JL 2009 Can Fam Physician; Cuijpers P et al 2008 Am J Psychiatry

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Introducing **Rise UP**

- A treatment option for patients with **milder** forms of depression (**PHQ-9 between 5 and 14**)
  - Activation focus
  - Holistic
  - Can be offered to patients **by FP or RN/NP**
- 4 week format, structured, & supported by staff
  - Group or Self-Care options
- Can reduce wait list for MHC appointments, increase access to treatment for patients

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Rise UP Group:
for Mild to Moderate Depression

- 4 sessions, 90 minutes
- 6 to 12 participants

- focus is on getting activated
  - Emphasis: small steps
  - Consultation with Christine Padesky, co-author: *Mind Over Mood*

- Goal: personal antidepressant toolkit
  - Sleep, nutrition, activity plans

- Follow-up w/ monitoring

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Group Session 1

- orientation to group
- 5 part model – thoughts, moods, behaviour, physical reactions, environment
- focus on physical reactions to depression - sleep and nutrition

GOAL

- Personal Sleep and Nutrition Plan – identify 2 or 3 changes to try in next week

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Group Session 2

- focus on activity (for pleasure and accomplishment)
- the role avoidance plays in depression
- link between behaviour and thoughts

GOAL

- Personal Activity Plan - 2 activities daily in small steps
- 1 thing to begin overcoming avoidance

Group Session 3

- focus on change in thinking associated with depression
- effect this has on relationships and self esteem
- link behaviour, automatic thoughts, negative self talk and mood

GOAL

- Personal Script for talking to self and others about your depression
- 1 thing to overcome avoidance related to relationships

Group Session 4

- assessment of 2 to 3 areas most important in managing your depression
- identify what has worked and not worked in past 3 weeks
- relapse prevention resources and supports

GOAL

- Personal Antidepressant Toolkit
- Pledge to continue with Sleep, Nutrition and Activity plans

FOLLOW-UP AFTER GROUP

- Mind Over Mood Depression Scale to be completed weekly
- PHQ-9 & Sheehan Scale completed post-group
- Follow-up telephone call at 8 & 12 weeks

Rise UP Self-Care:
for Mild to Moderate Depression

- Supported Self Care Handbook
  - Organized by
    - 1st visit [rating scales]
    - Every day activities [monitoring & skill building]
    - Activities every 4 weeks [rating scales]
- Take-home package
  - Print & electronic (email) formats

CONTENTS

- Mood Symptoms:
  - PHQ-9
  - Daily Mood Tracker*
- Daily Roles:
  - Sheehan Disability Scale
- Antidepressant Skills Workbook*
- Depression Care Resources

FOLLOWUP

- Phone call at 2 weeks
  - Is the handbook helpful?
  - Parts using?
- Follow up phone or clinic visits at 4, 8, 12 weeks
  - Review PHQ-9, Sheehan

Rolling Out **Rise UP**

- Try out of Self-Care Handbook (Nov/Dec 2009)
  - MHCs, a few FPs
  - Survey Monkey
- MHC meeting (Feb 2010)
- Practice Improvement Event (March 2010)
  - Sign up list
- Team Meetings
  - FP, RN/NP, MHC, PA

Meeting the Teams

- Use of the PHQ-9
- Varying reaction to early intervention
  (from: *"I will not scratch the wallpaper"* to: *"Rise UP Group will help us free up FP slots for advanced access"*)

Logistic Challenges

- Revisions
  - After initial trial
  - After first team meeting
- Materials & costs!
- EMR integration
- Starting groups
  - Practice-based?

Progress-to-Date

- 3 practices (8 FPs + teams)
- 1st Group starts May 25
- MHCs: access to e-version of SC Handbook
  - & also its components (scales, mood diary, link to ASW)

Tracking Spread

- A challenge!
- Email feedback
- Spreadsheet
  - Checklist (survey?)

DISCUSSION

- How Do You Manage Milder Forms of Depression?
- Who does it?
- Are you using a Care Model?
- Do you use Group format?

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