

# A QI INITIATIVE FOR DEPRESSION

Finally, a Model for use in Realistic Time

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## WHY

- 2001 WHO mental and behavioural disorders – 12% global burden
- Depression 4<sup>th</sup> leading in 1990
- Depression single leading by 2020 (Murray & Lopez)

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## WHY

- Picture in BC 2008
- 733,982 receiving services
- 638,208 by a GP
- 108,810 by a psychiatrist
- 104,441 in a community MH center
- 20,378 hospitalized

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WHY

- GPs treat 50% of mental health patients (Kates, 1997)
- Up to 50% of GP practice involves mental health problems
- 50% of psychiatric comorbidity in GPs' patients goes unrecognized, agreement improvement is required (Gilbody 1999)

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WHY

- GPs not happy with quality of mental health care they provide (Clatney 2008)
- Not enough specialists/mental health workers
- GP Training improves practice (Verger 2007)
- Education built into the system enhances effectiveness (Sherman 2007)
- Patient education improves outcomes (Gilbody 2003)

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PHASE I



- 2003 module developed for Health Transition Fund -75 GPs
- GP numbers made consultation liaison model impossible
- Module developed to ENHANCE GP SKILLS

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**WHAT**

- Maximize diagnosis and tx
- Based on Best Practice Guidelines
- Enhance ability to use CBT and IPT skills

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**WHAT**

- Screen for suicide
- Recognize concurrent disorders
- Promote self management
- Work with as many GPs as possible

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**WHAT**

- Be manual based
- Incorporate active educational training
- Be integrated into family practice
- Work within payment scheme

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**PHYSICIAN COMPENSATION**

- BC limits time for psychotherapy
- Max of 4 -20 minute sessions
- Standard care around 15 minutes

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**SPECIFICS of INTERVENTION**

- ❖ 4 Sessions – Enhanced Skills Training
- ❖ Demonstrated in GP offices, with their patients
- ❖ Cognitive Behavioral Interpersonal Skills Manual (CBIS Manual)

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**WHO**

- Index of suspicion
- MOA driven
- Physician driven
- Patient driven

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**ENHANCED SKILLS TRAINING**

- Session 1: Ability to do a Diagnostic Assessment interview
- Session 2: Triage all problems into a Problem list Action Plan
- Session 3: Know patients resources and strengths and begin to use CBIS Manual
- Sessions 4: More on using CBIS Manual

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**CBIS MANUAL SPECIFICS**

- Cognitive
- Behavioural
- Interpersonal
- Skills
- Manual

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**MANUAL**

- CBIS Manual utilizing some of principles of WHO 1998 treatment manual
- BC Family Practice Best Practice Guidelines
- User friendly and relevant to Canadian practice

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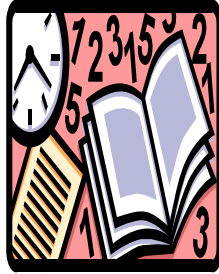
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## MANUAL LAYOUT

- Introduction
- Flow charts
- Assessment
- Education
- Activation
- Cognition
- Relaxation
- Lifestyle




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## ASSESS

- Assessment Interview questions
- Problem List
- Self Assessment Questionnaire
- Resource List

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## ASSESSMENT INTERVIEW

- S<sup>2</sup>IGECAPS A<sup>2</sup> GS P<sup>3</sup>OMP<sup>2</sup> CAGES
- Family History
- Medication History

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**PROBLEM LIST**

Please list below every problem that is troubling you.  
Don't leave any out.

When you come back we will go over this list and decide together how to deal with the problems.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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**PROBLEM LIST TRIAGE**

<p><b>ACTIVATION</b></p> <p>I feel tired all the time I don't want to do anything Not interested in seeing friends</p>	<p><b>RELAXATION</b></p> <p>Irritable – tense I over react</p>
<p><b>COGNITION</b></p> <p>No job – I'm too old to retrain I over react I feel like a failure – I'll never get a job</p>	<p><b>LIFESTYLE</b></p> <p>Drinking more coffee Having a few beers Over reacting – anger Staying up late watching TV Sleeping during the day</p>
<p><b>MEDICATION</b></p> <p>Tired all the time</p>	<p><b>REFERRAL</b></p> <p>Bankruptcy – debt counselling</p>

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**SELF ASSESSMENT QUESTIONNAIRE**

18. 3 It is very easy for me to see all my faults, but I downplay any good points about myself.

19. 3 I get dragged down, sometimes for hours, by all the negatives in the world.

20. 3 I often feel that I am inferior or unworthy compared to others.

➤ Circle any of the following that people have said about you quite often during your life.

perfectionist   **negative**   unassertive   controlling  
pleaser   pushover   overconscientious   **cynical**

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**SELF ASSESSMENT PROFILE**

**BROODER:** scores high on 15-20

Description of type	Dominant feelings	Attitude toward self	Appropriate CBT strategies
<ul style="list-style-type: none"> <li>• Ruminates</li> <li>• Predicts negative outcomes</li> <li>• Self-blame</li> <li>• Withdrawals and socially isolates</li> <li>• May be cynical</li> </ul>	<ul style="list-style-type: none"> <li>• Hopeless</li> <li>• Gloomy</li> <li>• Alienated</li> <li>• Depressed</li> <li>• May be angry</li> </ul>	<ul style="list-style-type: none"> <li>• I am a failure</li> <li>• I am worthless</li> <li>• I never get a break</li> <li>• Nothing goes right for me</li> </ul>	<ul style="list-style-type: none"> <li>• Practice smiling at people</li> <li>• Play with a pet</li> <li>• Stop watching the news</li> <li>• Watch funny movies</li> <li>• Sing</li> <li>• Volunteer</li> </ul>

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**RESOURCE LIST**

Please list below every strength (internal) and support/resource (external) that has helped you cope with your problems.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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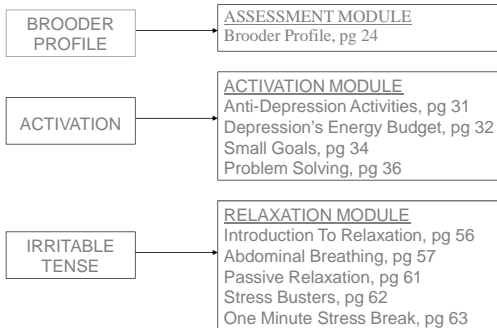
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**Flow Chart**




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### STEPS

- First suspect, then assess
- S<sup>2</sup>IGECAPS A<sup>2</sup>GS P<sup>3</sup>OMP<sup>2</sup> CAGES
- Then hand out the Problem list
- Then hand out Resource list and SAQ

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### STEPS

- Make decisions from flow chart
- use 1 page CBT handouts

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### FEEDBACK AND EVALUATION

#### Informal from GPs

- "targeted, practical, logical, flexible and efficient"
- more confident in diagnosis and non med Tx
- help in ordering chaos
- improved ability to bring pts to recovery
- more to offer "stuck" depressed patients
- better skills in picking up concurrent disorders helped inspire their work
- enjoyed hearing *how* questions asked

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## FEEDBACK AND EVALUATION

### Informal from patients

- delighted at being able to help their doctors and increased pt's self esteem and decreased sense of stigma
- friendly joking about what was being learnt
- appreciate focus and clarification
- appreciate strengths known
- enjoyed non medication management
- more hope for prevention

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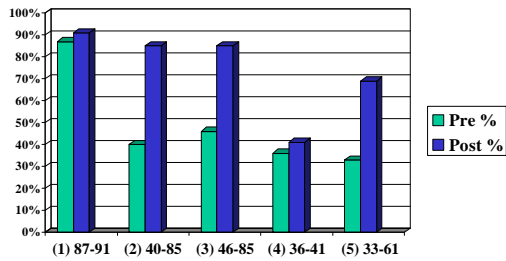
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## PRE AND POST SKILLS TEST




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## PARTNERS

### PHASE 1

- ❖ VIHA, HTF, SSP

### PHASE 2

- ❖ BCMA
- ❖ MOHS (Primary Care)
- ❖ MOHS (MHA)
- ❖ VIHA, VCH, NHA, IHN, FHA
- ❖ PRACTICE SUPPORT PROGRAM
- ❖ SSP
- ❖ IMPACT BC

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LESSONS LEARNED

- Adressed many of major concerns in the literatiure
- Iterative process
- Hope to improve patient outcomes, invigorate physician practice

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LESSONS LEARNED

- Barrier financial support for GP
- Mheccu
- No major change in practice process

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FUTURE DIRECTIONS

- **First-** a QI Enhanced Skills Training initiative for Depression in Real Time, (30 pts at this point)
- **SECOND-** a modification of this project plus Bounce Back and Self Management - roll out to reach 900 GPs
  - training of GP champions began April 2009

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