

Feasibility and Effectiveness of Self-Care Interventions for Mental Health Disorders in Primary Care: Trends and Challenges

Canadian Collaborative Mental Health Care
Conference,

Vancouver, BC, June 15, 2012

Goals of Symposium

- Describe results of recent research on mental health self-care initiatives in Canada
- Specific themes:
 - Special populations: older adults and those with chronic physical illnesses
 - Stepped care vs adjunct to other treatment
 - Enhancing roles of family doctor, family members, and social supports in self-care

Presenters

- **Jane McCusker**, Department of Epidemiology, Biostatistics, and Occupational Health, McGill University, and St. Mary's Research Centre, Montreal.
- **Dan Bilsker**, Department of Psychiatry, University of British Columbia and Centre for Applied Research in Mental Health & Addictions, Simon Fraser University
- **Mark A. Lau**, Department of Psychiatry, University of British Columbia
- **Leslie Born**, Department of Psychiatry & Neurosciences, McMaster University; and Hamilton Family Health Team

Project DIRECT-sc

**Depression Intervention via Referral, Education and Collaborative Treatment
Self-Care**



DEPRESSION SELF-CARE INTERVENTIONS AMONG OLDER ADULTS WITH COMORBID CHRONIC PHYSICAL ILLNESS IN PRIMARY CARE

Jane McCusker, MD DrPH

**McGill University and St. Mary's Research Centre,
Montreal**

Outline

- Self-care interventions:
 - For chronic physical illnesses:
 - For depression
 - For those with both depression and chronic physical illnesses
- Our research program:
 - A feasibility study of a supported self-care intervention for depression in older adults with a chronic physical illness
 - Perspective of patients, doctors, family members
- Future directions

Main messages

- A telephone-supported depression self-care intervention is feasible in older, chronically ill primary care patients
- Either alone or in addition to antidepressant medications
- Most family doctors prefer not to provide the support
- Most family members/friends would like a defined role in support

Self-management / self-care

- “..the tasks that an individual must undertake to live well with one or more chronic conditions. These tasks include gaining confidence to deal with medical management, role management, and emotional management.”

Johnston 2011

Supported self-management

- “the systematic provision of education and supportive interventions by health care staff to increase patients’ skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem-solving support.”

Johnston, 2011

- Coping skills for depression typically include behavioral activation, cognitive restructuring, and problem solving.

Bilsker, 2012

Self care interventions in chronic disease

- Aim to help patients actively participate in:
 - Self-monitoring (symptoms or physiological processes)
 - Managing their illness (skills to make decisions, take appropriate actions)
 - Improving self-efficacy
- Effectiveness (meta-analyses):
 - Best evidence for diabetes and hypertension
 - Economic effects unclear

Depression and chronic disease self-care

- Reciprocal relationship between chronic physical illnesses and depression
- Depression reduces adherence to self-care
- Chronic disease self-management interventions may have beneficial effects on depression:

Depression self-care interventions

- What are they:
 - “Low-intensity” intervention (< 3 hours professional support)
 - Variety of tools and delivery methods
- Do they work?:
 - Meta-analyses indicate that these interventions can be effective
 - Little research on older populations, with chronic physical illness and comorbid depression

Our research program

- Target population: adults aged 40 and over in primary care settings
 - One or more chronic physical illnesses
 - Mild to severe symptoms of depression.
 - Capable of participation in intervention
- Feasibility: of telephone-supported intervention for depression:
 - 3 perspectives: doctors, patients, family
- RCT (in progress) of supported vs unsupported intervention

Feasibility study: Methods

- Stakeholder input
- Mixed methods
- 3 perspectives:
 - Family physicians
 - Patients
 - Family members

Intervention: Toolkit

- Primarily informational:
 - Informational leaflet
 - DVD
- Primarily behavioral:
 - Antidepressant Skills Workbook (paper and audio)
 - Action plan (adapted from ASW)
 - Mood monitoring notebook
- Other:
 - Internet course
 - Information on community groups/resources
 - Booklet for family members

Intervention: Support

- Brief, easily replicable
- Telephone support
- Non-clinician coaches
 - Non-directional
 - Provided encouragement and guidance, not therapy
- Calls (~10 mins):
 - weekly to 3 months, then monthly to 6 months

Involvement of family doctors

- Distributing and collecting screening forms (age, chronic disease, PHQ-2)
- Signed letter with self-care toolkit
- Provided usual care
- Sent follow-up reports
- Questionnaires and end-of study focus groups

Involvement of family members

- No prescribed role in intervention
- Invited to participate in study
 - Questionnaires and semi-structured interviews
 - Participation: ~1/2 referred family member or friend; 2/3 participated

Results: Patients (n=63)

- Intervention was feasible and acceptable among those recruited
- Adherence to tools varied: DVD most popular, internet least popular.
- Significant improvement in depression symptoms (PHQ-9 from 12 to 6)
- Adherence to CBT-based tools associated with greater improvement;
- Similar adherence and outcomes in age 60+ and those with more severe depression

Results: Family doctors (n=63)

- Difficulties in implementation of screening
 - 65% returned screening forms
- Few initiated discussions about self-care with patients
 - ~3/10 patients reported initiating discussions about tools
 - Most doctors were happy for intervention to be provided by coach.

Results: family members/friends (n=19)

- Most provided emotional support
- Most would have liked defined role in intervention
- Several highlighted delicate balance:
 - Supporting vs nagging
 - Unclear roles/reciprocal relationships

Questions and future directions

- RCTs needed of effectiveness/costs
- Integrated or condition-specific?
- Free-standing or part of primary care?
- Optimal ways to involve :
 - Primary care providers?
 - Family members/friends?