



MIND OVER MOOD IN PRIMARY CARE

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Why the Book?

- Widely available and affordable
- Written for consumers
- Clinicians guide includes outline for delivery in an 8 or 12 week group format
- Includes questionnaires to track progress
- Covers anxiety as well as depression
- Use of a single model provides consistency and decreases confusion.




Why Depression


- Most common reason for referral to Mental Health Program – accounts for 37.8% of referrals (3155 /8349 in 2007)
- Anxiety Disorders second at 14%
- Combined total for both is 51.8 %
- Depression also co morbid with many chronic medical illnesses e.g. diabetes, COPD, coronary artery disease

 **Started Talking**
September 2005

- Pilot group started April 5 2006
- The number story:
- 19 referred
- 12 screened (SCID 1 for current MDE) and accepted
- 9 attended session 1
- 8 completed

 **How Things Have Changed**

- Total # referred to group = 208
- Total # attended group = 79
- Referral Process changed to orientation session, now back to brief screenings
- Current group: second for 2009
- 38 referred
- 18 at orientation

 **HFHT Mental Health Groups**

This document provides an estimate of the hours of Mental Health Counsellor time required to facilitate existing groups.

The total identified is number of hours for **EACH** counsellor. Almost all of the groups have two facilitators at each session.

Name of Group	Women's Stress Management Level 1	Women's Stress Management Level 2	Generalized Anxiety Disorder Group	Cognitive Behaviour Therapy for Depression	Cognitive Behaviour Therapy for Insomnia
Number of Sessions	8 x 2.5 hrs each	6 x 2.5 hrs each	7 x 2.5 hrs each	14 x 2.5 hrs each	8 x 2.5 hrs each
Prep Time	8	6	10	18	8
Evaluation / Paperwork	4	4	4	6	4
Total Hours	32	25	32	59	56

These numbers are estimates only and may need adjustment as facilitators log in their actual hours in groups.



Pros of a Manualized Group Format

- Faster route to delivery of group
- Comes with evidence of some success
- Less use of clinician time for group development
- Increased sense of security and confidence for group facilitators



Cons of a Manualized Group Format

- Staying pure is difficult!
- Group facilitator may be more familiar / comfortable with other techniques or formats and have to stifle the impulse to utilize them
- May need to work at “keeping it real” when repeating the same information many times. Want to avoid sounding like a “script”



Future Plans

- Linked to the Depression Initiative
- Stanford self management groups
- Perhaps modules based on level of depression and/or topics e.g. activation, reframing, returning to the workplace etc.
- Increasing accessibility by offering evening or Saturday groups at a variety of locations
- Peer co- leaders?
- I.T. - how it can be utilized to enhance the delivery of group
