Depression and Integrated Care
An Emerging Approach to Behavioral Healthcare Delivery

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Mountain Plains Mental Health Technology Transfer Center

December 15, 2021

SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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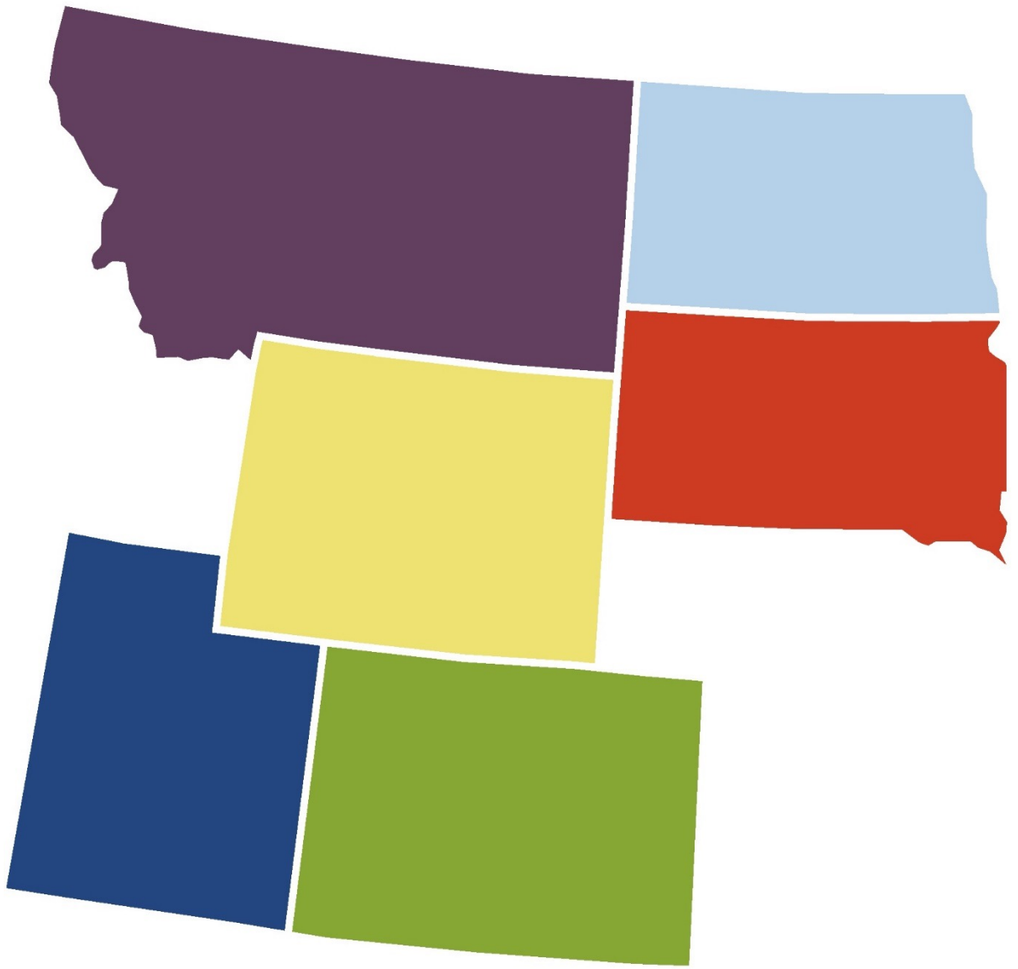
The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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Today's Webinar

Depression & Integrated Care:

An Emerging Approach to Behavioral Healthcare Delivery

Depression is a condition that is experienced by a significant number of individuals. It is a condition that can have implications for personal, social, health, vocational and relational functioning. When left untreated it can result in severe impairments and an increased possibility of suicide.

A key barrier for individuals to receive appropriate care and treatment when dealing with depression is accessing providers who are versed in treating depressive episodes. Further, a fragmented health care delivery system creates further challenges for seeking appropriate care for depression.

Today's webinar will highlight approaches and practices that providers can utilize to support rural populations presenting with depression related conditions.

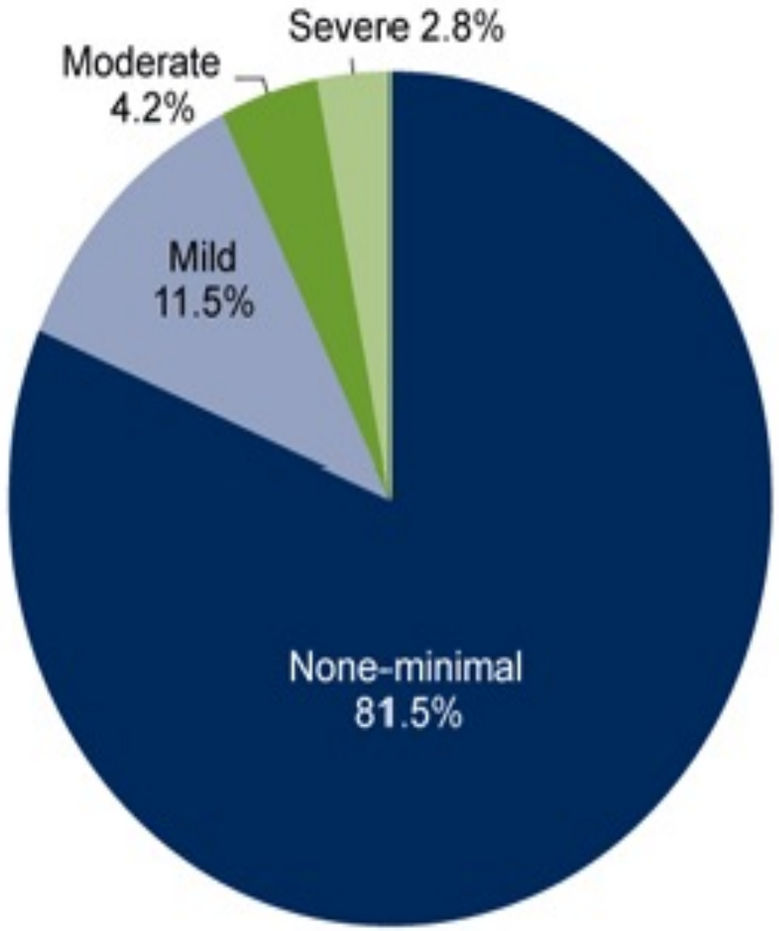
Depression Overview

Preliminary comments

- During 2015 nearly 60 million physician visits had depression as the primary diagnosis (Ambulatory Medical Care Survey, 2015)
- Depression is more common in individuals coping with chronic medical conditions (Clarke & Currie, 2009)
- Primary care providers prescribe 79 percent of antidepressant medications and see 60 percent of people being treated for depression in the United States, and they do that with little support from specialist services. (Barkil-Oteo, 2013)

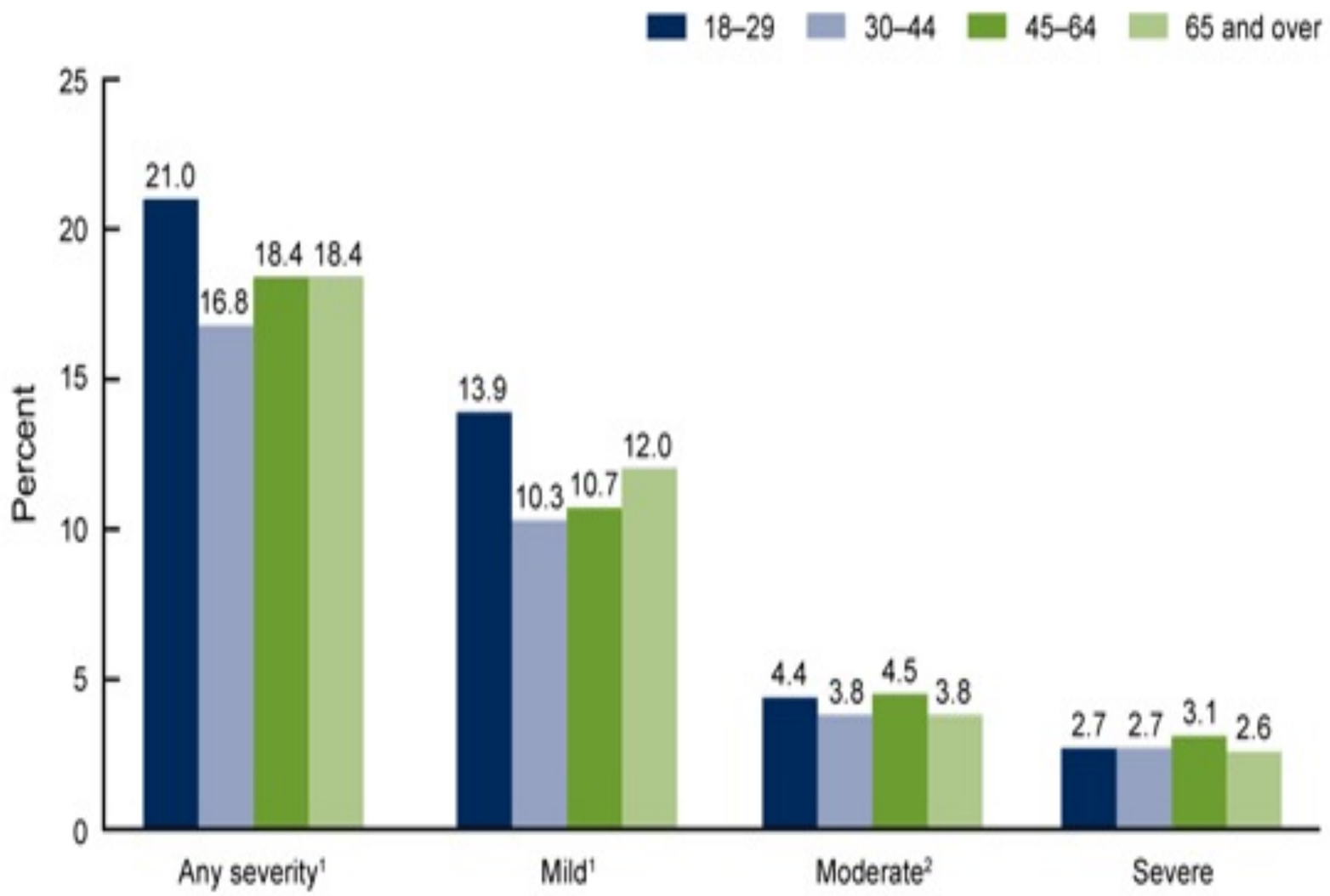
Percent distribution of severity of depression symptoms in the past 2 weeks among adults aged 18 and over: United States, 2019

https://www.cdc.gov/nchs/images/databriefs/351-400/db379-fig1.png

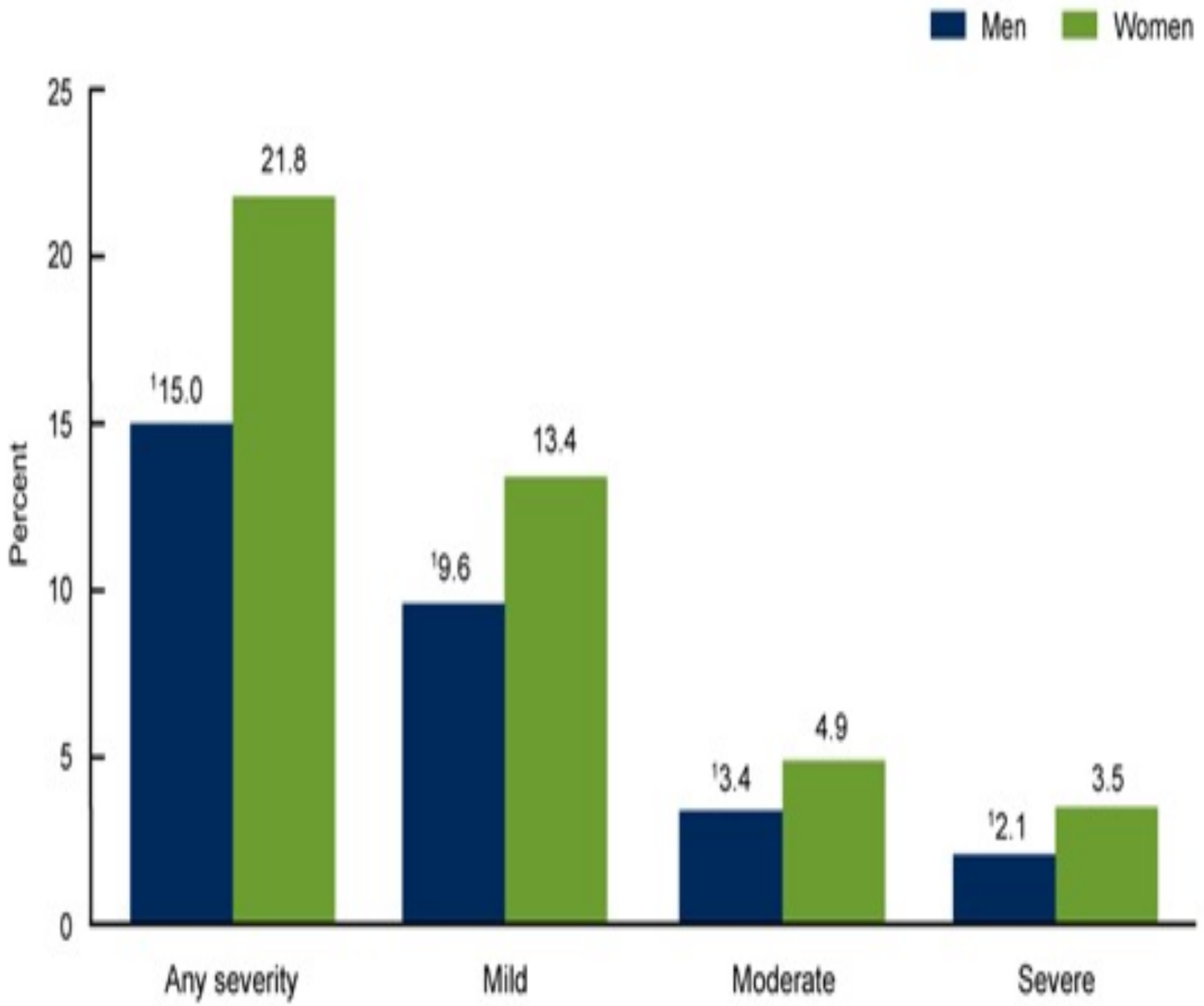


Percentage of adults aged 18 and over with symptoms of depression in the past 2 weeks, by symptom severity and age group: United States, 2019

https://www.cdc.gov/nchs/data/databriefs/db379-tables-508.pdf#page=2

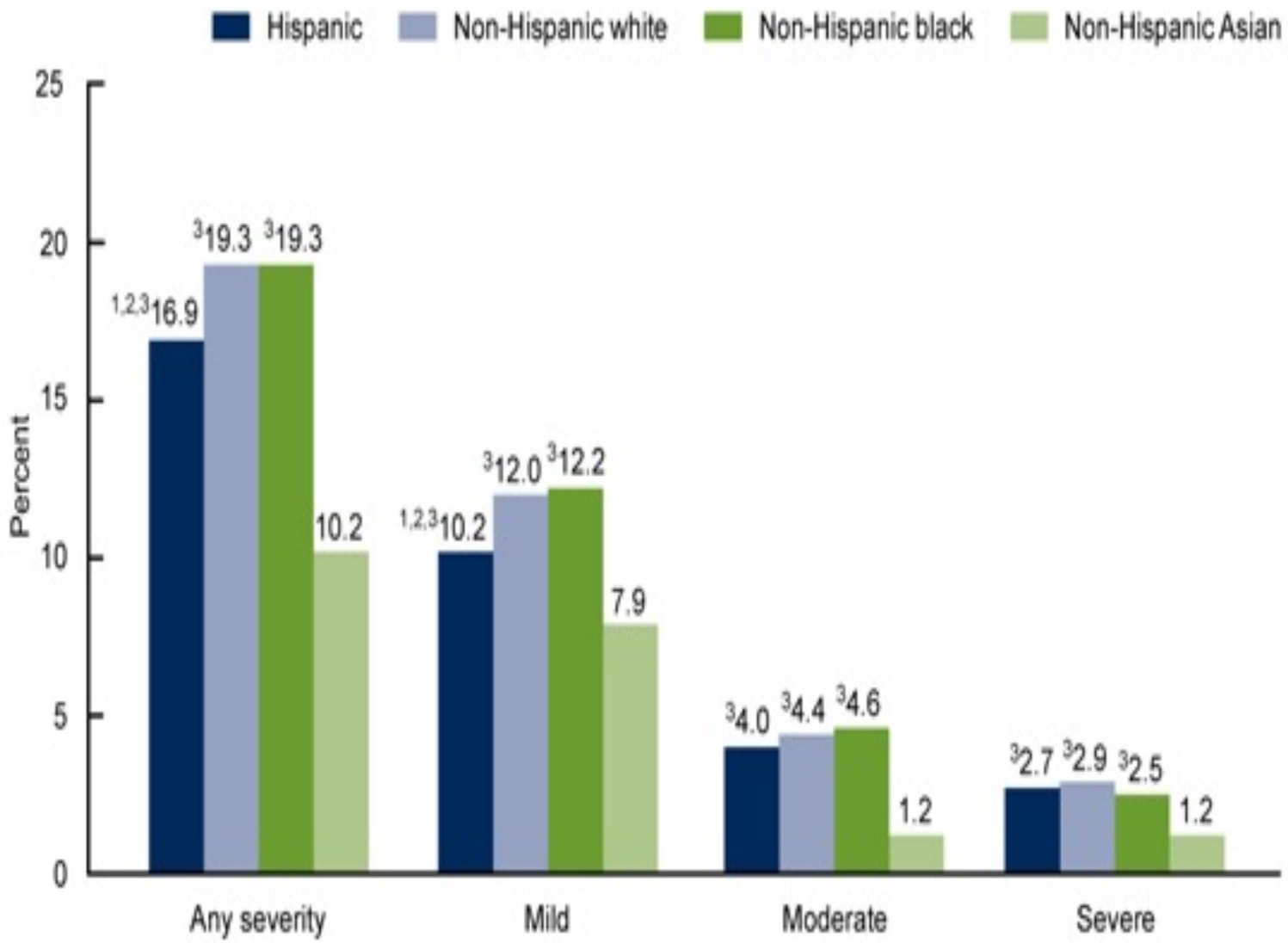


Percentage of adults aged 18 and over with symptoms of depression in the past 2 weeks, by symptom severity and sex: United States, 2019
https://www.cdc.gov/nchs/data/databriefs/db379-tables-508.pdf#page=

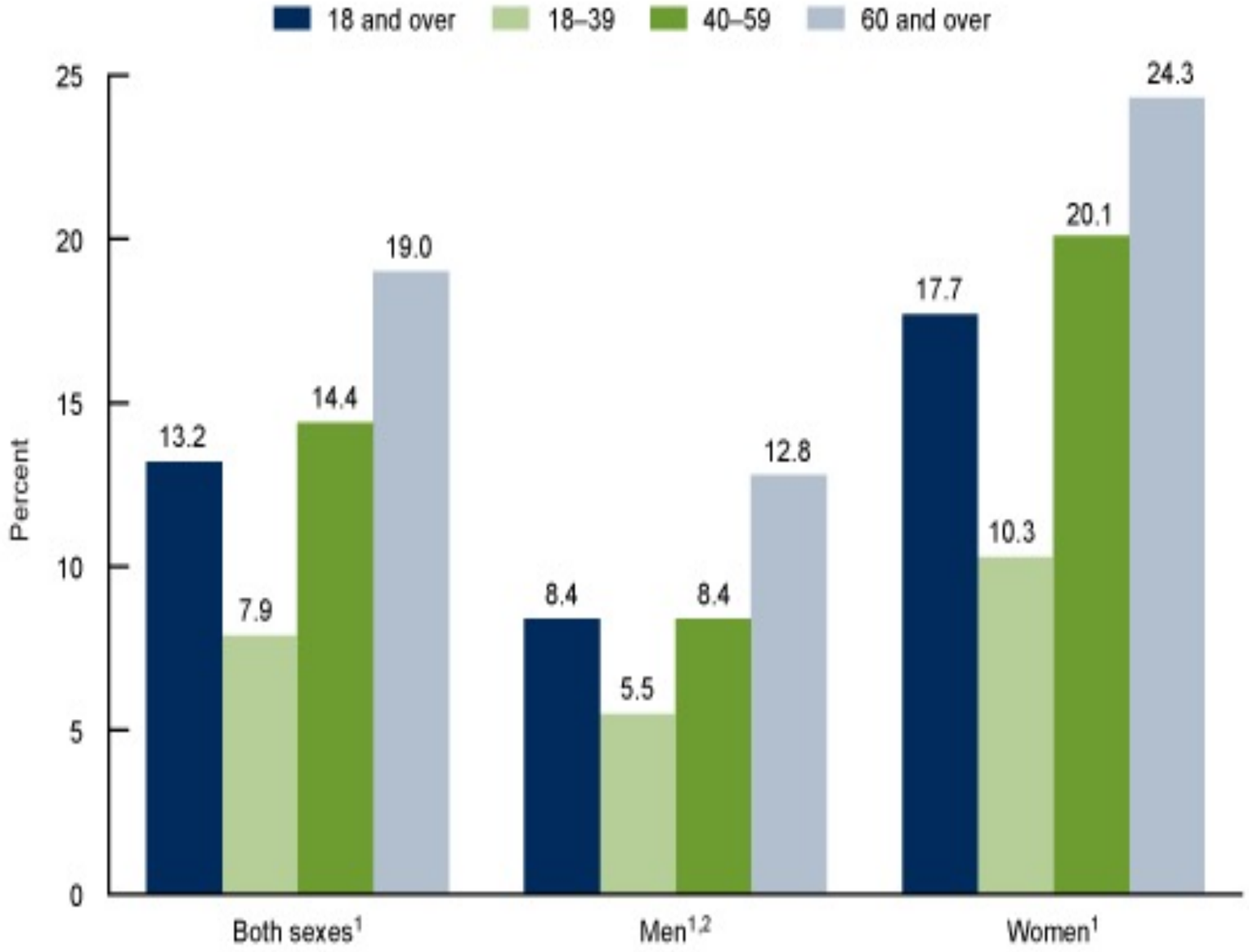


Percentage of adults aged 18 and over with symptoms of depression in the past 2 weeks, by symptom severity and race and Hispanic origin: United States, 2019

https://www.cdc.gov/nchs/data/databriefs/db379-tables-508.pdf#page=4



Percentage of adults aged 18 and over who used antidepressant medication over past 30 days, by age and sex: United States, 2015–2018
https://www.cdc.gov/nchs/data/databriefs/db377-tables-508.pdf#page=1



Globally…

https://www.who.int/news-room/fact-sheets/detail/depression

- An estimated:
  - 3.8% of the global population is affected by depression
  - 5% of adults are affected by depression
  - 5.7% of older adults aged 60 and older are affected by depression

Depression

The DSM-5 outlines the following criterion to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
5. Fatigue or loss of energy nearly every day.
6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

https://www.psycom.net/depression-definition-dsm-5-diagnostic-criteria/#dsm-5diagnosticcriteria

Socio-developmental Factors

Common Risk Factors

- Family or personal history of major depression and/or substance abuse
- Recent loss
- Chronic medical illness
- Stressful life events that include loss (death of a loved one, divorce)
- Traumatic events (example: car accident)
- Major life changes (examples: job change, financial difficulties)
- Domestic abuse or violence

https://www.icsi.org/wp-content/uploads/2019/01/Depr.pdf

Common Protective Factors

- Friends and supportive significant others
- Hope for the future
- Having goals
- Pets/Connectedness to others
- Good problem-solving skills
- Medical compliance and a sense of the importance of health and wellness
- Strong interpersonal bonds, especially with family and adults
- Family cohesion

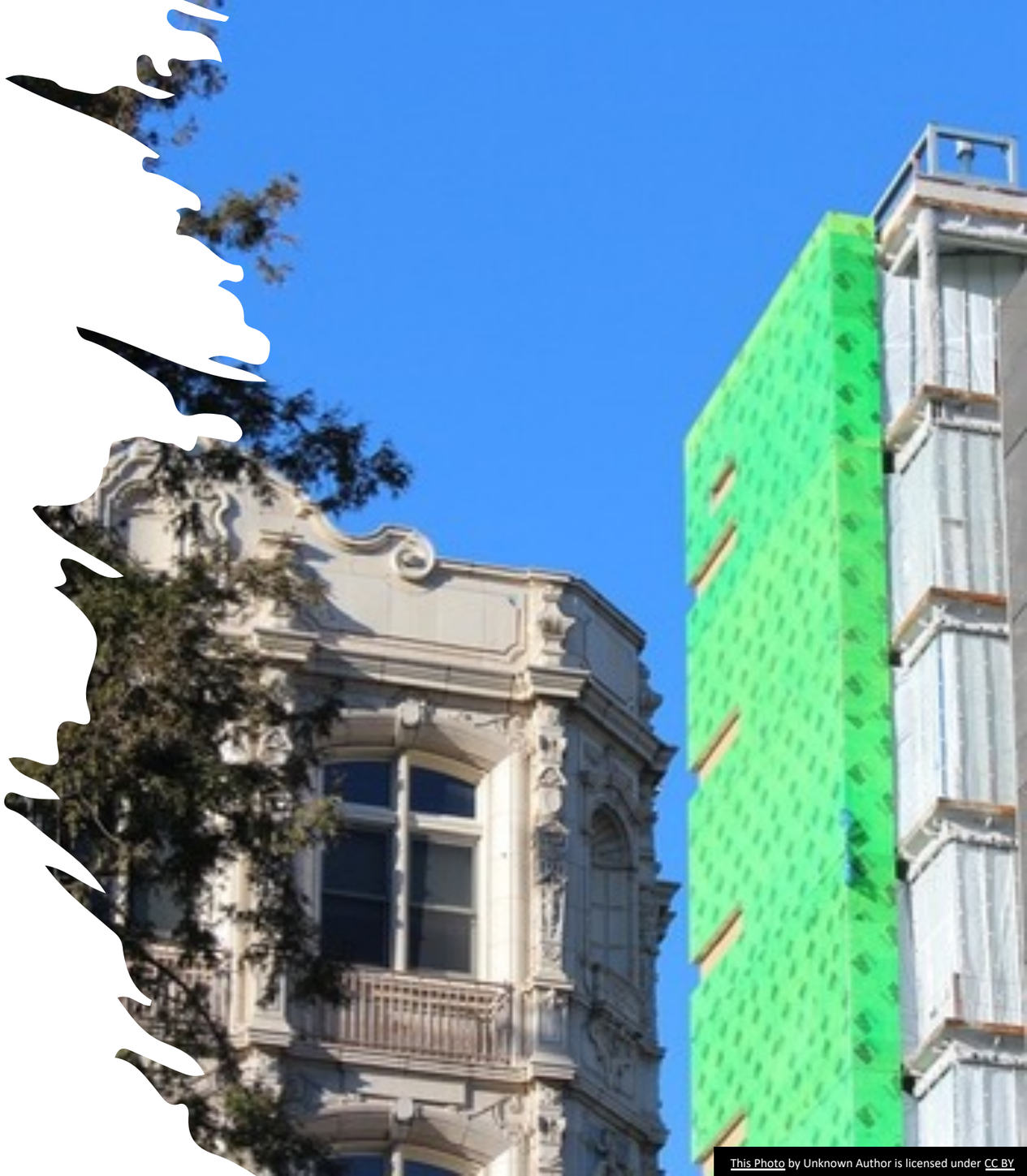
https://theconnectprogram.org/resources/risk-protective-factors/

Types of Depression

- Major Depressive Disorder
- Persistent Depressive Disorder
- Bipolar Disorder
- Post-Partum Depressive Disorder
- Seasonal Affective Disorder
- Psychotic Depressive Disorder
- Atypical Depressive Disorder

Integrated Care

An Emerging Approach



Definition

- Integrated health care, often referred to as interprofessional health care, is an approach characterized by a high degree of collaboration and communication among health professionals. What makes integrated health care unique is the sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological and social needs of the patient.

https://www.apa.org/health/integrated-health-care

https://aims.uw.edu/collaborative-care/implementation-guide

Definition Behavioral Health

Integrated behavioral health care blends care in one setting for medical conditions and related behavioral health factors that affect health and well-being.

Integrated behavioral health care, a part of “whole-person care,” is a rapidly emerging shift in the practice of high-quality health care. It is a core function of the “advanced patient-centered medical home.”

https://integrationacademy.ahrq.gov/about/integrated-behavioral-health

Contributing Factors

- Increased complexity of clinical care
- Fragmentation of healthcare system
- Increased community- based healthcare
- Research demonstrating relationship between physical and mental health
- Increased accountability
- Increased involvement between payers and providers

Integrated (Collaborative Care)

file:///C:/Users/kenneth.flanagan/Downloads/APA-APM-Dissemination-Integrated-Care-Report%20(1).pdf

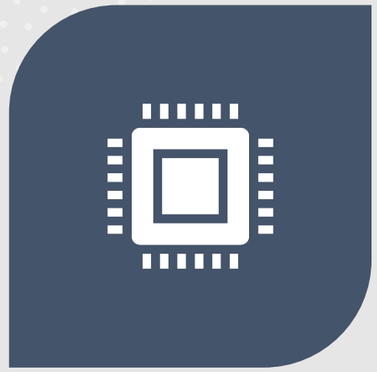
Elements

- Team-Driven
- Population-Focused
- Measurement-Guided
- Evidence-Based

Care Approaches

https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf?daf=375ateTbd56

COORDINATED



CO-LOCATED

INTEGRATED

Additional Models

- Chronic Care Model (Wagner, 1998)
- Four Quadrant Model (Mauer, 2005)
- Collaborative Care Model (AIMS, Univ. of Washington)

Implementation Steps

https://www.rchsd.org/documents/2020/09/mhi-uw-aims-collaborative-care-implementation-guide.pdf/

Integrated Care

Challenges

- Lack of commitment
- Conflicting interests
- Resource limitations
- Poor coordination processes
- Financial reimbursement

Kozlowska, O., Lumb, A., Tan, G. D., & Rea, R. (2018). Barriers and facilitators to integrating primary and specialist healthcare in the United Kingdom: a narrative literature review. *Future healthcare journal*, *5*(1), 64–80. https://doi.org/10.7861/futurehosp.5-1-64

Opportunities

- Increased quality of care
- Whole person care
- More convenient care
- Interprofessional care
- De-stigmatization
- More effective use of healthcare resources

https://integrationacademy.ahrq.gov/about/integrated-behavioral-health

Treatment Interventions

Screening Tools

- Patient Health Questionnaire - 9 (PHQ-9)
- Beck Dépression Inventory
- MAST
- CAGE
- CUNDIT-R

Interventions

- Behavioral Activation
- Problem Solving Therapy
- SBIRT Approach & Framework
- Motivational Interviewing
- Medication Management
- Psychoeducational
- Referral
- Interpersonal Therapy

Effectiveness

- Decrease level of depressive symptoms
- Improved health care status
- Increased satisfaction with the care delivery system

Studies

Clinical Effectiveness of collaborative care for depression in UK primary care: cluster randomized controlled trial

(Richards, et al, 2013)

Treatment of Depression in Integrated Care: Implementation of the Nurse Case Manager

(Adams, 2019)

Collaborative Care for Patients with Depression and Chronic Illness

(Katon, 2010)

Rural Implications

Rural Integrated Care

(Selby-Nelson, et al 2018)

Features of Urban-based Integrated Behavioral Health

- Model based (fixed)
- Population based
- Appointments are 30 minutes or less
- Clinic patients only
- High severity referred to specialty mental health
- Collaboration primarily within clinic
- 1 BHP to 3-4 PCPs
- Treatment duration typically 1-6 visits
- Focus on health issues, health behavior change and mental health

Features of Rural Community-Focused Integrated Behavioral Health

- Need based (flexible)
- Population and community based
- Appointments determined by patient need and provider availability
- May accept outside referrals
- High severity may be treated by BHP
- Collaboration within clinic and community
- No standard ratio of BHPs and PCPs
- Treatment duration based on patient need
- Focus on health issues, health behavior change, mental health, advocacy, disaster relief, crisis work and some case management

Future Directions

Future Directions

- Reconceptualization of Interventions for Depression?
- Impact of Pandemic
- Impact of Tele-Behavioral Health/Technology
- Integration of Substance Use/Addictions
- Integration of Social Determinants of Health

Resources

Society of Clinical Psychology

https://div12.org/treatment/behavioral-activation-for-depression/

Advancing Integrated Mental Health Solutions

https://aims.uw.edu/collaborative-care/implementation-guide

Rural Health Information Hub

https://www.ruralhealthinfo.org/toolkits/services-integration/2/primary-care-behavioral-health

WVU Rural Integrated Behavioral Healthcare Training Program

https://socialwork.wvu.edu/research/rural-integrated-behavioral-health-training-program

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