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Your Patient is Depressed, Now What?

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AAFP1.CNF.IO

- Navigate to https://aafp1.cnf.io/ and tap the session titled "So Your Patient has Depression, Now What?"
- OR just point your phone's camera at the QR code to join directly

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Learning Objectives

1. Provide information on best practices for assessing behavioral health concerns.
2. Describe evidence-based interventions for children, adolescents, and adults with psychological disorders.
3. Provide information related to partnering with behavioral health providers.

Agenda

Background

Assessing common BH disorders

Standard of care of assessment

Behavioral health options 101

DPC and behavioral health

Introduction and context

What am I doing here?

- Clinical Psychologist
- Former assistant professor of health & data science
- Research focus was on using computer and data science to better understand, predict, and prevent suicidal behavior
- Currently at Tori Health, a virtual behavioral health provider focused on delivering EBT for clinically complex patients

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Mental Health & Primary Care

"For most patients with a mental disorder, the primary care physician is the only provider they will ever see" Kessler & Stafford, 2008

60% Of patients with **psychological distress** are **solely** treated in PCP settings (Academy of Academic Medicine (2009)

26% Of all PCP patients are likely to **meet criteria** for a **mental health disorder** (Kanton et al., 1995)

45% Of **suicide decedents** were in **contact** with a PCP in the **month** prior to their **death** (Luoma et al., 2002)

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Screening and Diagnosing

Casual & Unscientific → Formal & Evidence-based

"Vibe Check"	Mish Mash	Validated Questionnaires	Diagnostic Interviews
● MSE without FU questions ● "How has your mood been?" ● "Are you under more stress lately?"	● Single items from validated questionnaires ● Improved Vibe Check with validated measure	● PHQ-9 (depression) ● GAD-7 (anxiety) ● C-SSRS (suicide) ● WHODAS (disability) ● AUDIT (alcohol) ● PCL (trauma)	● SCID ● E-mini ● Behavioral Health intake

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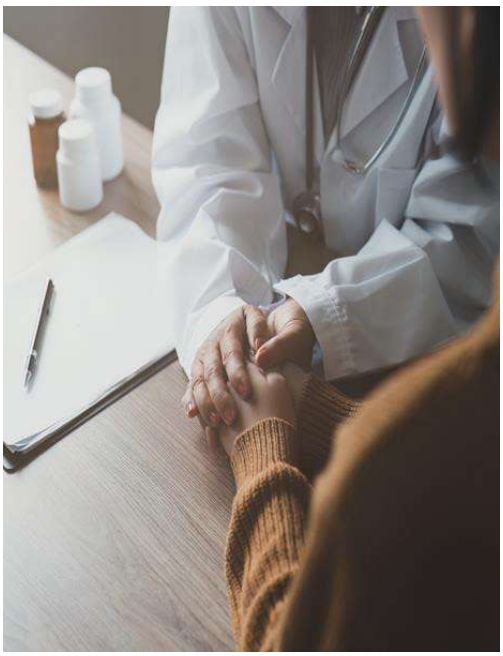
Initiating the discussion

Screening is a start—but recognition is not the same as response.

- Only 33% of patients who have symptoms of MH disorder(s) engage with mental health discussions with their PCP (Tai-Seal et al., 2016)
- Sometimes systems flag that a PHQ-9 is complete, but don't link to structured follow-up plan (SAMSHA quality report)
- What's that conversation supposed to look like?



Determining Complexity and Severity **Requires** Effective Assessment

Functional Impairment:

"Has your [insert symptom here] gotten in the way of your job? Role as a parent? Affected your relationships? Hobbies?"

"If so, how much? From a scale of 1-10?"

Duration:

"How long have you been experiencing [insert symptom here]?"

"Is this your first bout with [insert symptom here]?"

Suicide:

"Have you ever thought about going to sleep and not waking up?"

"What is your intent to act on those urges?"

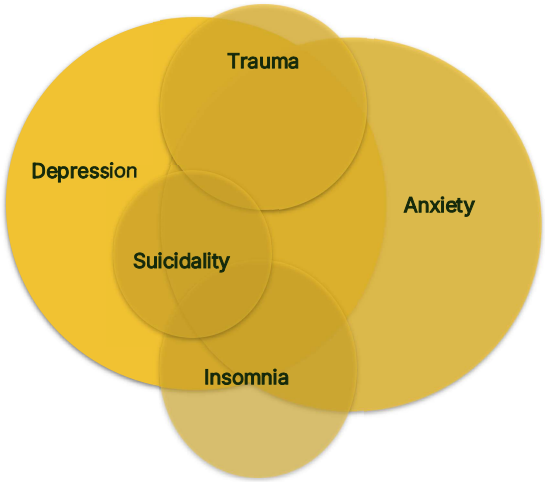
"Have you been acting out on your plan?"

Asking about suicide does NOT increase suicide risk
(Polihronis et al., 2022)

Unfortunately, mental health is a can of worms

Screening just for **depression** or **anxiety** may only uncover a sliver of a more **complex mental health** story

- Depression & Anxiety are HIGHLY comorbid with nearly every MH disorder
- Leaving item 9 blank on the PHQ-9 is more predictive of suicide death than answering it affirmatively (Simon et al., 2017)
- People generally won't disclose if their not asked



MH experts build "case conceptualizations" to focus on a parsimonious and streamlined tx plan

Looking under the hood of the PHQ-9

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed?
   Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

What Can be Managed in the Office?

Most psychological distress is time-limited and remits on its own…but some people need more help

Low Severity & Complexity → High Severity & Complexity

Monitor & manage

- Time-limited stress
- Mild-mod insomnia
- Mild anxiety OR depression
- Grief

…& Seek consultation

- Severe anxiety AND/OR depression
- Significant comorbidities
- PDs
- PTSD

…& Refer

- High suicide intent
- Psychosis
- Severe AUD or SUD
- NSSI

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Crash Course in EBTs for Behavioral Health

Cognitive Behavioral Therapy

Description: Behavior is changed via altering dysfunctional thinking patterns

Disorders: Depression & anxiety

Exposure therapies

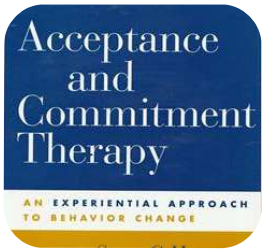
Description: Behavior is changed via habituation to feared stimulus

Disorders: All anxiety disorders: PTSD, OCD, all phobias, social anxiety disorder

Dialectical Behavioral Therapy

Description: Behavior is changed by teaching people more effective coping skills

Disorders: Depression, anxiety, BPD, bipolar, suicide, NSSI, gambling, EDs



Acceptance and Commitment Therapy

Description: Behavior is changed via acceptance and value identification

Disorders: Depression & anxiety

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Acceptance and Commitment Therapy

Description: Behavior is changed via acceptance and mindfulness

Disorders: Depression & anxiety

The more familiar you are with different BH options, the more equipped you are in making referrals

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Vetting Behavioral Health: It's not all Equal

An ideal BH partner is one who can provide high quality services & is willing to be a partner

Considerations for the *Patient*

- Do they provide evidence-based therapy?
- Do they have immediate openings?
- Can the providers manage complexity or severity?
- Does the provider/clinic have a good reputation?

Considerations for the *You*

- Does the provider collaborate? Or are they willing to offer clinical updates?
- Do the providers/treatment support a whole-person care model?
- Does the provider/clinic have a good reputation?

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Build a Team and a Plan

Use Structured Assessment Tools:
- PHQ-9, GAD-7, PCL, AUDIT
- Could do PHQ-2 + GAD-2 with FU Qs

Have the Conversation:
- Ask about functional impairment, suicide, duration, and other relevant details

Have a List of High Quality Referrals:
- Vet your referral list
- Focus on evidence-based treatment providers

Build a Team:
- Consider partnering with a BH clinic to do collaborative care
- Build a supervision team with diverse expertise for case conceptualization

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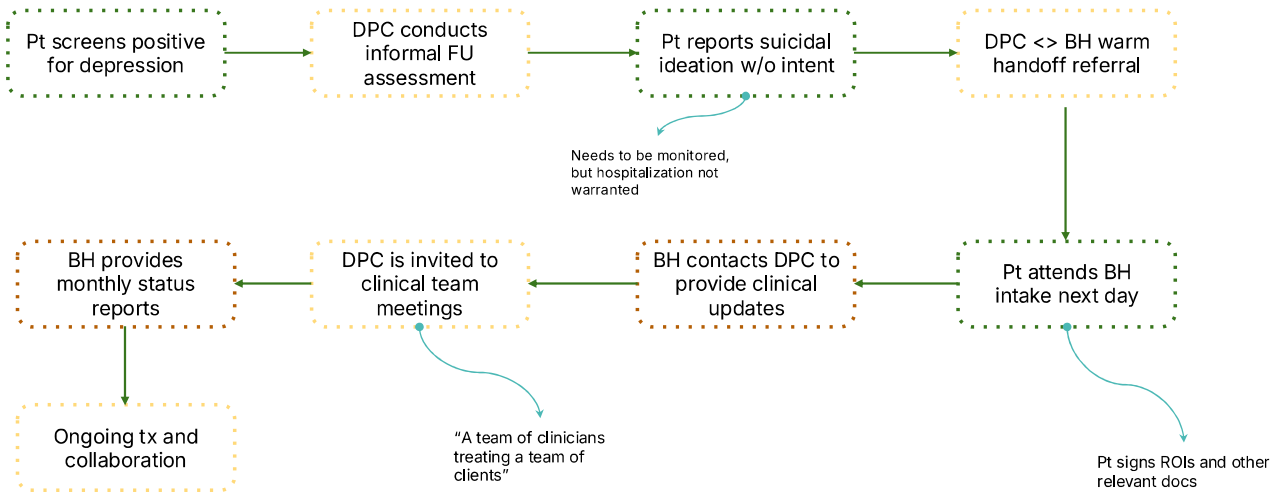
Case Study



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Live Content Slide

When playing as a slideshow, this slide will display live content

Social Q&A for So Your Patient has Depression, Now What?

QUESTIONS?

Contact Information

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Contact me if you want brief assessment and behavioral health consultation :)


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