



Improving Depression Care: Approaches to Stepped Care and Self-Management

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SASKATCHEWAN
**HEALTH
QUALITY**
COUNCIL



BUILDING CAPABILITY
AND LEADERSHIP TO
IMPROVE AND
SUSTAIN QUALITY



Session Objectives

By the end of the session participants will be able to:

- Identify tools used in CDMC II to improve depression care and what they mean for the patient and health care providers in SK
- Describe how stepped care and self-management can be used to improve care for people living with depression





- **80% of depression cases are diagnosed, treated, and managed in family practice**
 - of those, only 15% receive appropriate care



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last two weeks, how often have you been bothered by any of the following problems?

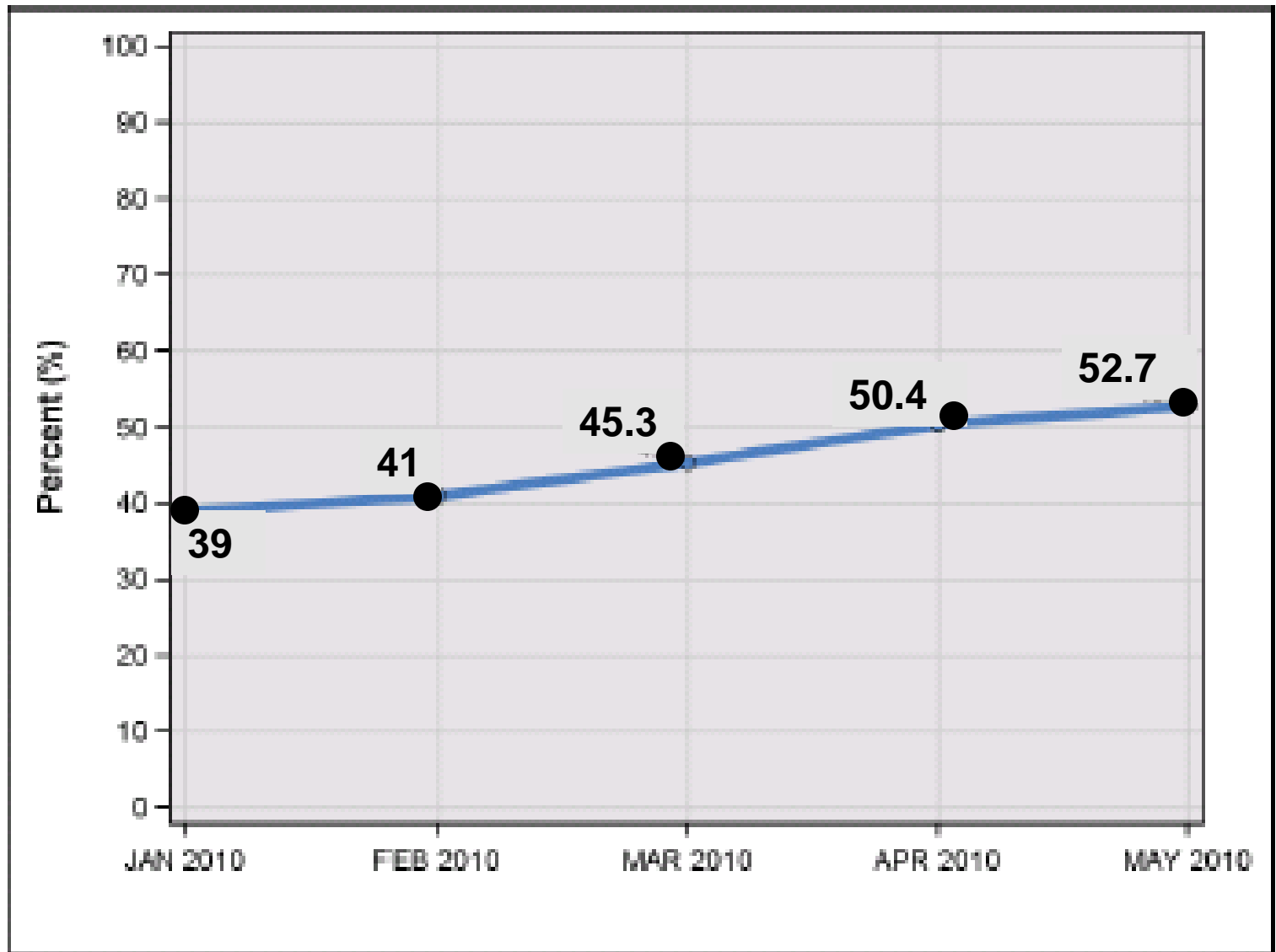
	Not at all	Several days	More than half the day	Nearly every day
1. Little interest in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
<div style="display: flex; align-items: center;"> <p><i>If you checked "more than half the days" or "nearly every day" for at least <u>ONE</u> of the above questions please complete the following questions.</i></p> </div>				
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead, or hurting yourself in some way.	0	1	2	3

The Chronic Disease Management Collaborative II

Depression Key Measures for ALL SASKATCHEWAN

First PHQ-9 done ~ within 1 week of starting Toolkit

TARGET=100%



Depression
FLOW SHEET/ ENCOUNTER FORM



CO-MORBID CONDITIONS AND OTHER FACTORS		PATIENT NAME	
<input type="checkbox"/> *ALCOHOL OVERUSE <input type="checkbox"/> ANXIETY <input type="checkbox"/> *BIPOLAR <input type="checkbox"/> PAST SUICIDE ATTEMPT <input type="checkbox"/> PRESENCE OF CHRONIC PHYSICAL CONDITION	<input type="checkbox"/> *SUBSTANCE ABUSE <input type="checkbox"/> *OTHER PSYCHIATRIC <small>* If these conditions or factors are checked off, treat this patient for these conditions or factors prior to beginning treatment for depression.</small>	* HEALTH # (OR OTHER UNIQUE PATIENT ID) * PHONE (INCLUDE AREA CODE) CHART NUMBER CITY * PROVIDER NAME	* GENDER <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Male <input type="checkbox"/> Female * BIRTHDATE (DD-MMM-YYYY) POSTAL CODE PROVIDER ID #

DIAGNOSTIC/ CLINICAL DATA, BY DATE		MOST RECENT DATA		NEW DATA
REVIEW				√ = RECALL
* = MANDATORY FIELDS				DATE OF VISIT:
RELAPSE	* DEPRESSION URGENT CARE SINCE LAST VISIT (Enter number of visits or admissions)			# ER VISITS: _____ # HOSPITAL ADMISSIONS: _____ # WALK INS: _____
	RISK FACTORS FOR RELAPSE (check all that apply)			CHANGES IN: <input type="checkbox"/> MOOD <input type="checkbox"/> ENERGY <input type="checkbox"/> SLEEP <input type="checkbox"/> WORK <input type="checkbox"/> ENJOYMENT OF ACTIVITIES <input type="checkbox"/> INVOLVEMENT IN FAMILY ACTIVITIES <input type="checkbox"/> SIDE EFFECTS FROM MEDICATION
	* RECOVERY PHASE (Improving: PHQ-9 is the same or lower in the last month; not improving: PHQ-9 increased by ≥ 2 in last month; maintenance: at target score and in ongoing treatment or support; recovery: PHQ-9 < 5)			<input type="checkbox"/> IMPROVING <input type="checkbox"/> NOT IMPROVING <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> RECOVERY
	* SCORE FROM QUESTION 1-9			ENTER SCORE Q1-9: _____
PHQ-9	* RESULT FROM QUESTION 10			<input type="checkbox"/> NOT DIFFICULT <input type="checkbox"/> SOMEWHAT DIFFICULT <input type="checkbox"/> VERY DIFFICULT <input type="checkbox"/> EXTREMELY DIFFICULT
	REMISSION			<input type="checkbox"/> IN REMISSION (PHQ-9 Q1 < 5)
SUICIDE RISK	ASSESSED (If positive, document management plan and refer to mental health specialist)			<input type="checkbox"/> POSITIVE SUICIDAL IDEATION <input type="checkbox"/> NEGATIVE SUICIDAL IDEATION
	MANAGEMENT PLAN (DOCUMENTED)			<input type="checkbox"/> DOCUMENTED/REVIEWED
MEDS	ANTIDEPRESSANT MEDICATION			<input type="checkbox"/> YES <input type="checkbox"/> TNS <input type="checkbox"/> NO: <input type="checkbox"/> CI <input type="checkbox"/> PD <input type="checkbox"/> OTHER: _____
	ANTIDEPRESSANT MEDICATION REVIEWED			<input type="checkbox"/> ADJUSTED <input type="checkbox"/> REVIEWED DATE: _____
REFERRALS	MENTAL HEALTH SERVICES REFERRAL			<input type="checkbox"/> REFERRAL MADE ON WAIT LIST <input type="checkbox"/> TREATMENT ONGOING <input type="checkbox"/> TREATMENT COMPLETED <input type="checkbox"/> NP <input type="checkbox"/> PD <input type="checkbox"/> OTHER: _____
	PSYCHIATRY REFERRAL			<input type="checkbox"/> REFERRAL MADE ON WAIT LIST <input type="checkbox"/> TREATMENT ONGOING <input type="checkbox"/> TREATMENT COMPLETED <input type="checkbox"/> NP <input type="checkbox"/> PD <input type="checkbox"/> OTHER: _____
	PRIVATE PRACTICE PSYCHOLOGIST/SOCIAL WORKER			<input type="checkbox"/> REFERRAL MADE ON WAIT LIST <input type="checkbox"/> TREATMENT ONGOING <input type="checkbox"/> TREATMENT COMPLETED <input type="checkbox"/> NP <input type="checkbox"/> PD <input type="checkbox"/> OTHER: _____
	COMMUNITY SERVICE/OTHER PROGRAM REFERRAL			<input type="checkbox"/> REFERRAL MADE ON WAIT LIST <input type="checkbox"/> TREATMENT ONGOING <input type="checkbox"/> TREATMENT COMPLETED <input type="checkbox"/> NP <input type="checkbox"/> PD <input type="checkbox"/> OTHER: _____
GOALS AND FOLLOW-UP	EDUCATION – COMMUNITY RESOURCES AND SUPPORT (check all that apply)			REVIEWED: <input type="checkbox"/> WITH PATIENT <input type="checkbox"/> WITH FAMILY/SUPPORT NETWORK
	SELF-MANAGEMENT GOALS			<input type="checkbox"/> SET/REVIEWED
	* NEXT FOLLOW-UP VISIT (enter one)			<input type="checkbox"/> DAYS <input type="checkbox"/> WEEKS <input type="checkbox"/> MONTHS <input type="checkbox"/> NO FOLLOW-UP PLANNED
	IF NO FOLLOW-UP PLANNED, INDICATE REASON			REASON: _____



DIAGNOSTIC/ CLINICAL DATA, BY DATE		MOST RECENT DATA			NEW DATA
REVIEW					DATE OF VISIT:
+ = MANDATORY FIELDS					#ER VISITS: _____ #HOSPITAL ADMISSIONS: _____ # WALK INS: _____
RELAPSE	+ DEPRESSION URGENT CARE SINCE LAST VISIT (Enter number of visits or admissions)				CHANGES IN: <input type="checkbox"/> MOOD <input type="checkbox"/> ENERGY <input type="checkbox"/> SLEEP <input type="checkbox"/> WORK <input type="checkbox"/> ENJOYMENT OF ACTIVITIES <input type="checkbox"/> INVOLVEMENT IN FAMILY ACTIV <input type="checkbox"/> SIDE EFFECTS FROM MEDICATIO
	RISK FACTORS FOR RELAPSE (check all that apply)				
PHQ-9	+ RECOVERY PHASE (Improving: PHQ-9 is the same or lower in the last month; not improving: PHQ-9 increased by ≥ 2 in last month; maintenance: at target score and in ongoing treatment or support; recovery: PHQ-9 < 5)				<input type="checkbox"/> IMPROVING <input type="checkbox"/> NOT IMPROVING <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> RECOVERY
	+ SCORE FROM QUESTION 1-9				ENTER SCORE Q1-9: _____
	+ RESULT FROM QUESTION 10				<input type="checkbox"/> NOT DIFFICULT <input type="checkbox"/> SOMEWHAT DIFFICULT <input type="checkbox"/> VERY DIFFICULT <input type="checkbox"/> EXTREMELY DIFFICULT
	REMISSION				<input type="checkbox"/> IN REMISSION (PHQ-9 Q1 < 5)
SUICIDE RISK	ASSESSED (If positive, document management plan and refer to mental health specialist)				<input type="checkbox"/> POSITIVE SUICIDAL IDEATION <input type="checkbox"/> NEGATIVE SUICIDAL IDEATION
	MANAGEMENT PLAN (DOCUMENTED)				<input type="checkbox"/> DOCUMENTED/REVIEWED



Welcome to the Chronic Disease Management Toolkit home page. Please review the bulletins below as they contain information about current issues and announcements.

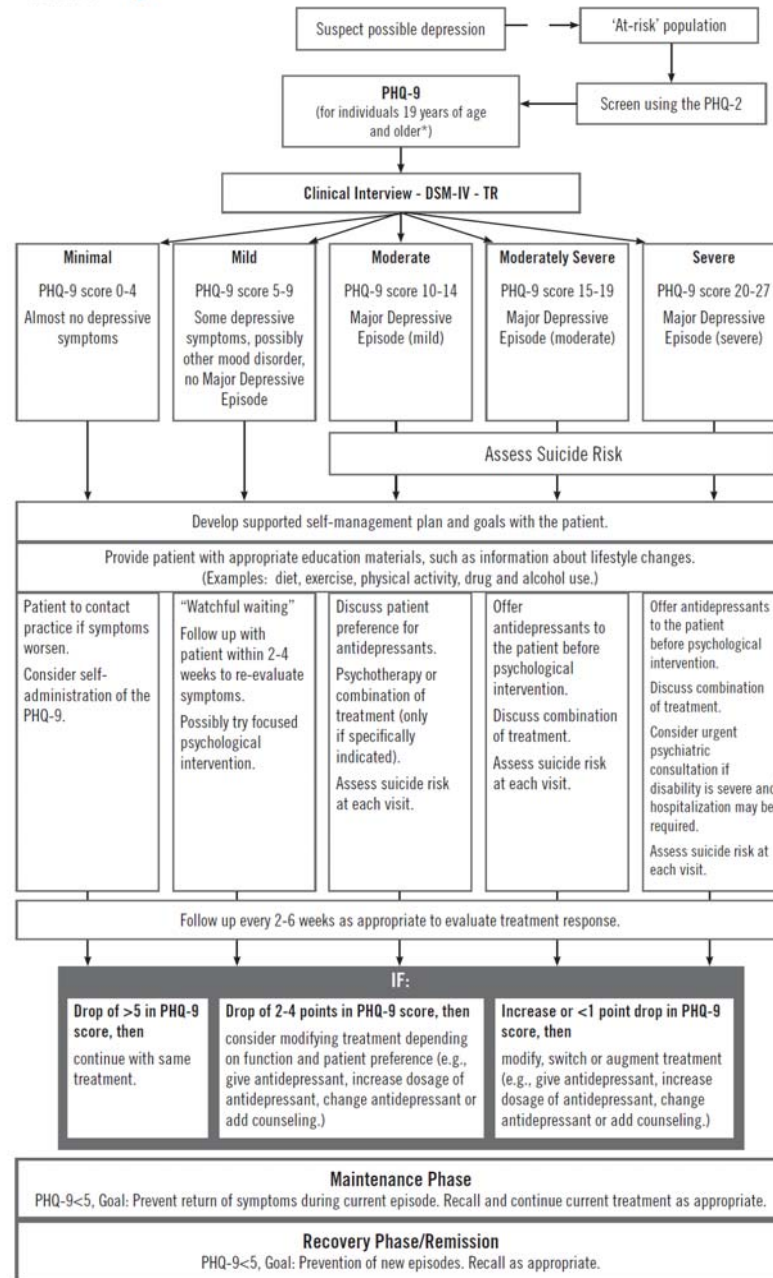
Collaborative	RIT	Title	Effective	Expires
All Providers		CDM Services Policy	03-Jul-2009	01-Dec-2020
All Providers		What is New For Release 5 - June 2009	26-Jun-2009	01-Dec-2020
All Providers		What is SCI?	26-Jun-2009	01-Dec-2020
All Providers		Running CDM Toolkit on a MAC Computer	26-Jun-2009	01-Dec-2020
All Providers		Provider Info re Patient Opt Out Process	26-Jun-2009	01-Dec-2020
All Providers		Physicians - Top 10 To-Do	26-Jun-2009	01-Dec-2020
All Providers		CDM Toolkit Report Descriptions	26-Jun-2009	01-Dec-2020
All Providers		CDM Patient Handout	26-Jun-2009	01-Dec-2020
All Providers		Comprehensive Approach-COPD Management	07-May-2009	01-Jan-2020

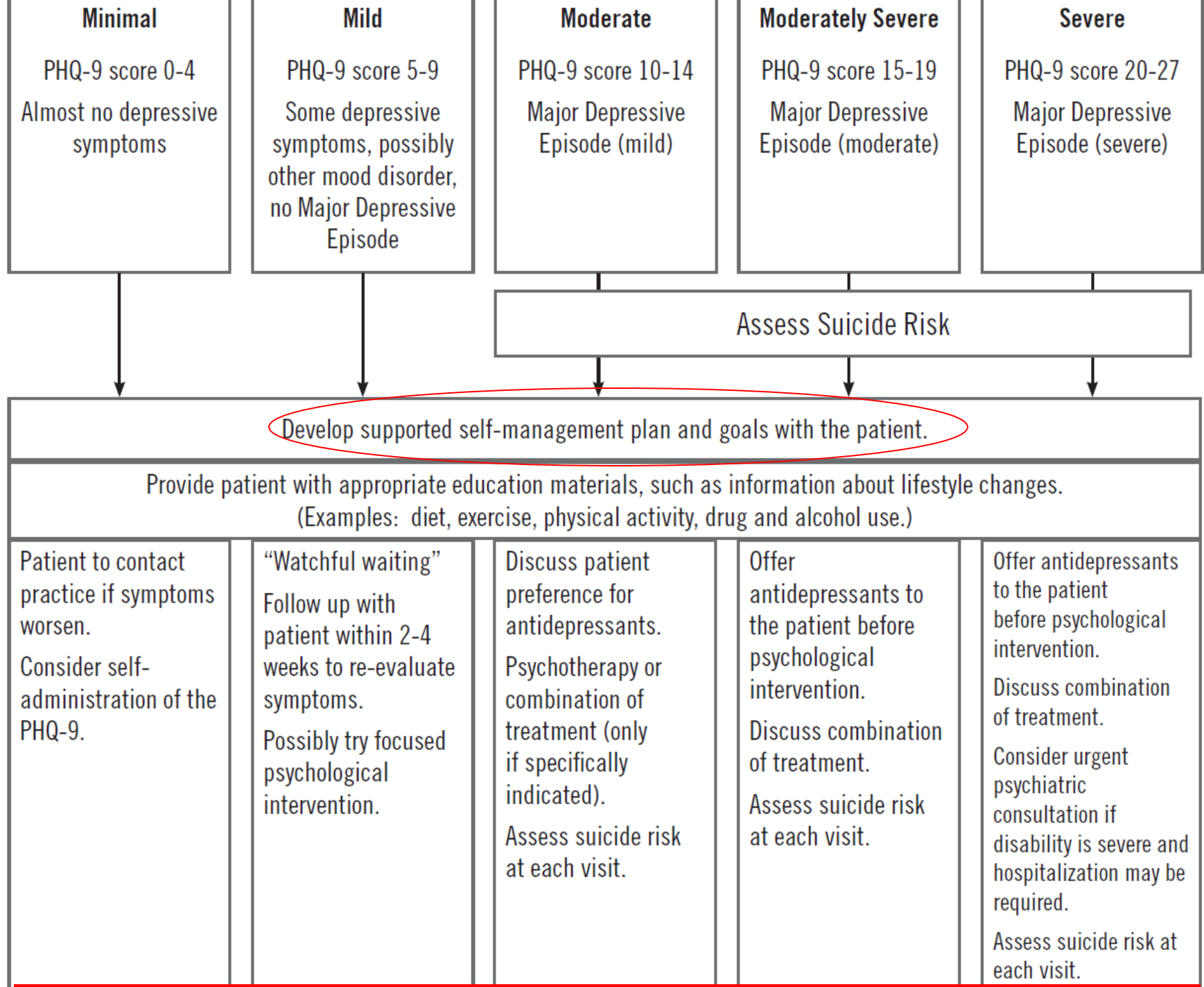
General Navigation

- [Patient List / Maintain Patient Records](#)
- [Print Multiple Flowsheets](#)
- [Generate Reports](#)
- [Grant Access to Patient Records](#)
- [Manage Patient Transfers](#)
- [Manage PDSA Ramps](#)
- [PDSA Catalogue](#)
- [Import Data from EMR](#)
- [Select Flowsheet Template](#)
- [Update User Profile](#)
- [Provider Access Log](#)
- [Change Password](#)



Depression Care Algorithm





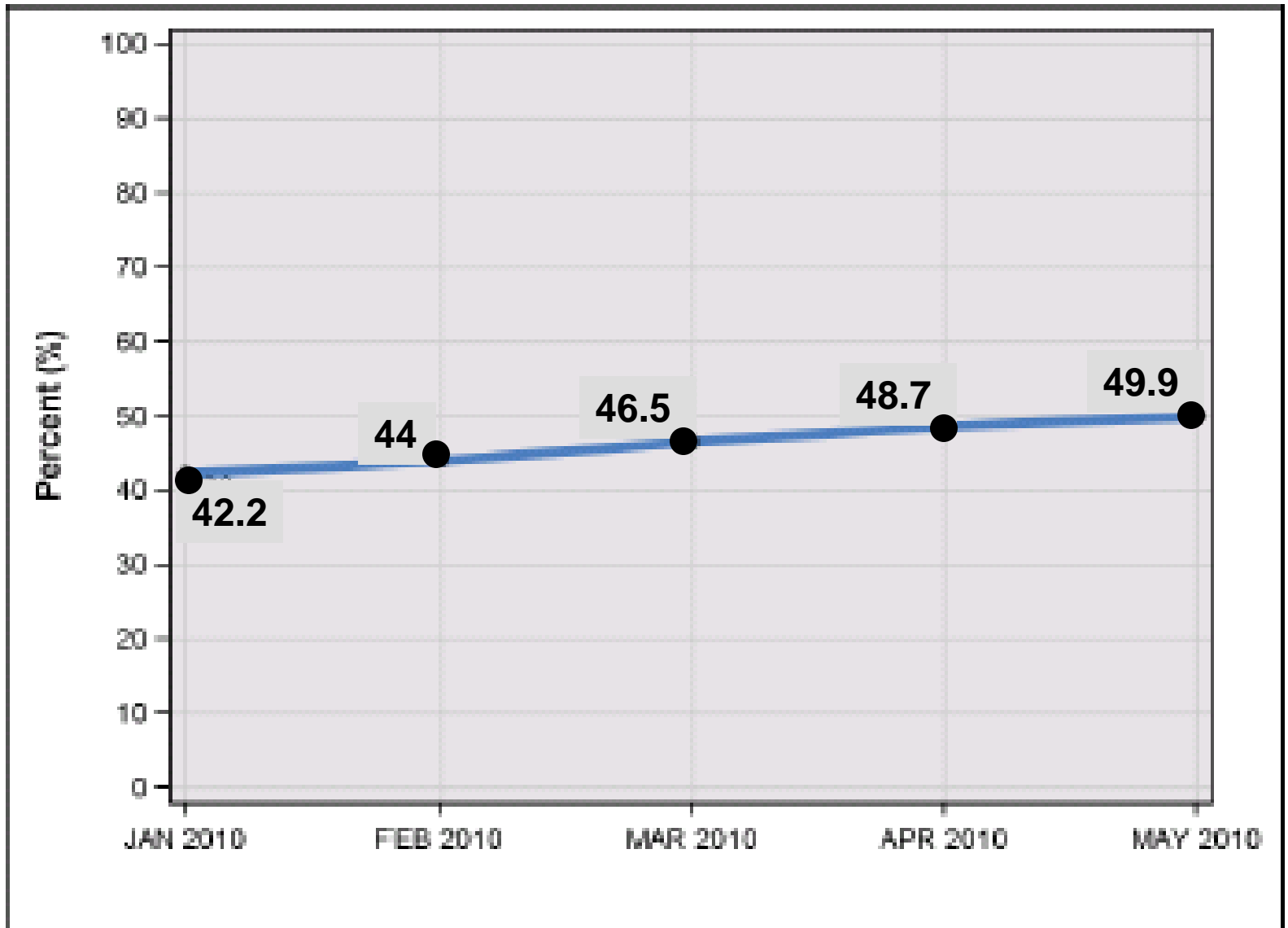
SAD PERSONS SCORE

SAD PERSONS SCALE TABLE 1	MODIFIED SAD PERSONS SCALE TABLE 2		SAD PERSONS SCORE (Guideline only be assessed on an individual basis)			GUIDELINES FOR ACTION WITH THE SAD PERSONS SCALE	
		Description	Category	Description	Points		Total Points
S = Sex (Male)	S = Sex	Male	S = Sex	Male	1	Proposed clinical action	
A = Age (<19 or >45)	A = Age	(<19 or >45)	A = Age	(<19 or >45)	1	Send home with follow-up	0 to 2
D = Depression	D = Depression or hopelessness	Admits to depression or decreased concentration, appetite, sleep, libido.	D = Depression or hopelessness	Admits to depression, loss of energy, appetite, libido	2	Close follow-up; consider hospitalization	3 to 4
P = Previous suicide attempt	P = Previous attempts or psychiatric care*	*Previous inpatient or outpatient psychiatric care	P = Previous attempts or psychiatric care*	Either inpatient or outpatient psychiatric care	1	Strongly consider hospitalization, depending on confidence in the follow-up arrangement	5 to 6
E = Ethanol abuse	E = Excessive alcohol or drug use	Stigmata of chronic addiction or recent frequent use	E = Excessive alcohol or drug use		1	Hospitalize or commit	7 to 10
R = Rational thinking loss	R = Rational thinking loss	Organic brain syndrome or psychosis.	R = Rational thinking loss	Organic brain syndrome or psychosis	2		
S = Social Supports lacking	S = Separated, divorced or widowed		S = Separated, divorced or widowed		1		
O = Organized plan	O = Organized or serious attempt	Well thought-out plan or "Life-threatening" presentation.	O = Organized or serious attempt		2		
N = No spouse	N = No social supports	No close family, friends, job or active religious affiliation	N = No social supports	No close family, friends, job or active religious affiliation	1		
S = Sickness (Chronic debilitating disease)	S = Stated future intent	Determined to repeat attempt or ambivalent.	S = Stated future intent	Determined to repeat or ambivalent	2		
			PATIENT'S SCORE: (Document on Patient's chart)				

The Chronic Disease Management Collaborative II

Depression Key Measures for ALL SASKATCHEWAN

Suicide risk assessed within 1 week of starting Toolkit
TARGET=100%



Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

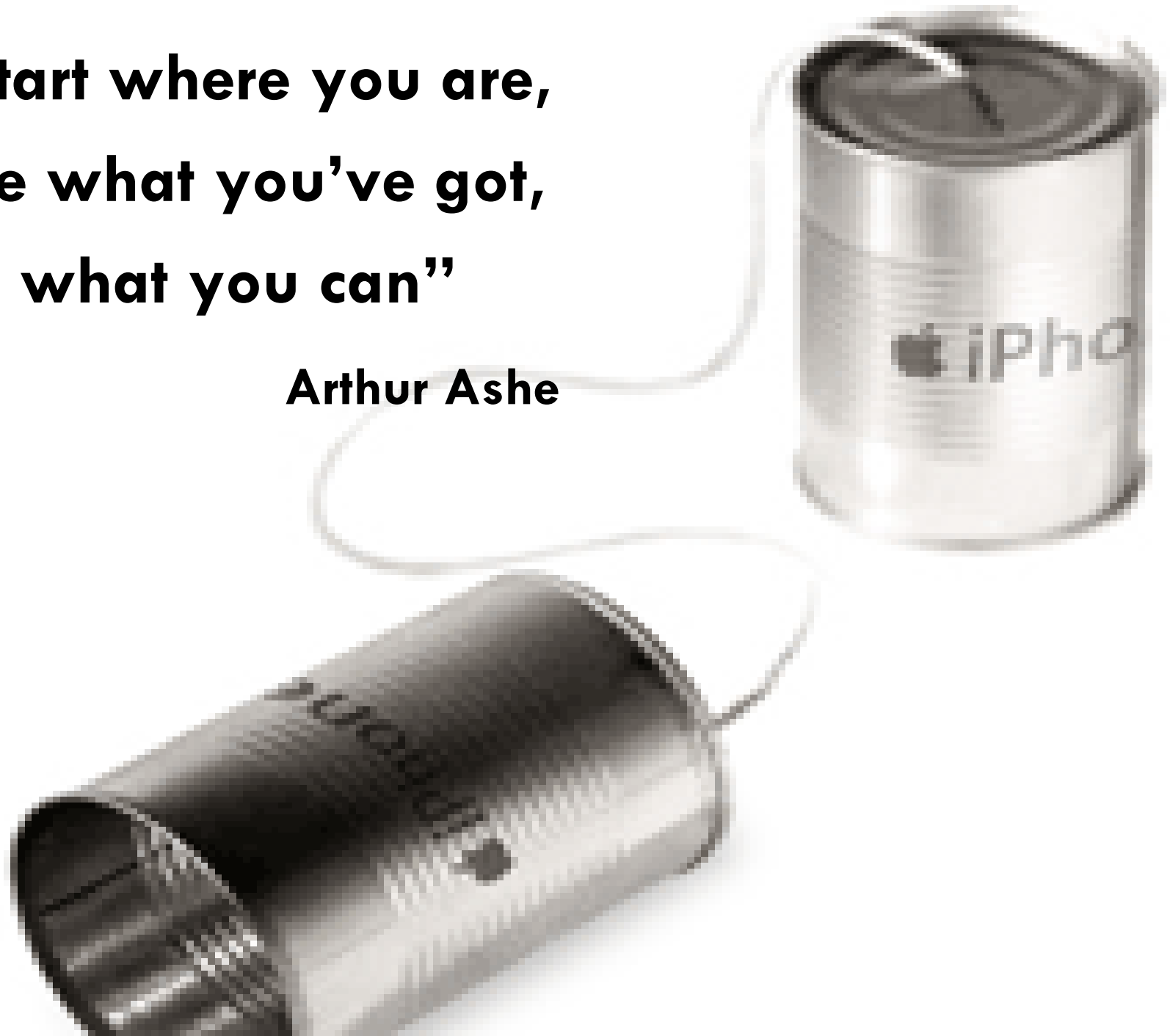
In the past 7 days:

- 1. I have been able to laugh and see the funny side of things
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
- 2. I have looked forward with enjoyment to things
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
- *3. I have blamed myself unnecessarily when things went wrong
 - Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, never
- 4. I have been anxious or worried for no good reason
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
- *5. I have felt scared or panicky for no very good reason
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all
- *6. Things have been getting on top of me
 - Yes, most of the time I haven't been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped quite well
 - No, I have been coping as well as ever
- *7. I have been so unhappy that I have had difficulty sleeping
 - Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all
- *8. I have felt sad or miserable
 - Yes, most of the time
 - Yes, quite often
 - Not very often
 - No, not at all
- *9. I have been so unhappy that I have been crying
 - Yes, most of the time
 - Yes, quite often
 - Only occasionally
 - No, never
- *10. The thought of harming myself has occurred to me
 - Yes, quite often
 - Sometimes
 - Hardly ever
 - Never



**“Start where you are,
use what you’ve got,
do what you can”**

Arthur Ashe



Maryfield, SK

- Population: 369
- Part time medical clinic
- Exceptional rural care despite lack of resources





Photos by Jason and Cynthia Wargin



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Maryfield's Collaborative Journey



Stepped Care

It is as harmful to over-treat as it is to under-treat common mental health disorders



Advantages of Stepped Care:

- **Patient is an active participant in their care**
- **Increased access to services**
- **Prevents over treatment**
- **Providing low intensity treatment can be less stigmatizing for the patients**



Supported Self Management Group



ANTIDEPRESSANT SKILLS WORKBOOK



SIMON FRASER
UNIVERSITY



BC Mental Health &
Addiction Services

An agency of the Provincial Health Services Authority

Point of View

- **Patient**
- **Nurse Practitioner**
- **Mental Health Social Worker**
- **Occupational Therapist**



Lessons Learned



Questions?

