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Increasing Awareness of Community Resources and Support for Individuals with Depression

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INCREASING AWARENESS OF COMMUNITY RESOURCES AND SUPPORT FOR INDIVIDUALS WITH DEPRESSION

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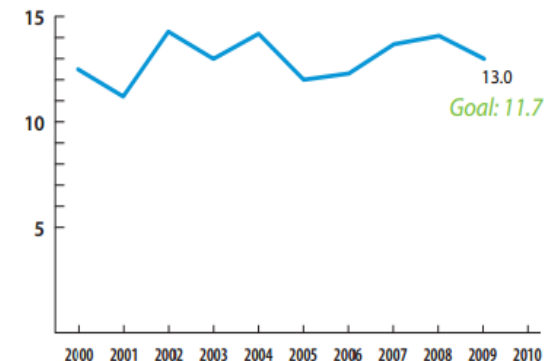
DEPRESSION: THE PROBLEM

- Depression is a common mental disorder characterized by loss of interest or pleasure, feelings of guilt or low-self worth, disturbed sleep or appetite, low energy, poor concentration, insomnia or hypersomnia, and occasionally suicidal thoughts
- These problems can lead to substantial impairments in an individual's daily functioning
- Depression is a significant contributor to the global burden of disease and affects people in all communities across the world
 - Depression is estimated to affect **350 million** people worldwide
 - According to the WHO, **major depression is the leading cause of disability worldwide**
 - It is associated with increased health care costs as well as higher rates of many chronic illnesses
- At its worst, depression can lead to suicide
 - Almost **1 million** lives are lost yearly due to suicide
 - For every **1** person who completes a suicide, **20** more attempt to take his or her own life

DEPRESSION: THE PROBLEM CONT.

- **~18 million** Americans report experiencing a major depressive episode each year
 - Despite this, nearly **1/3** (5.1 million) receive no treatment
- **80%** of persons with depression report functional impairment due to their depression
 - However, only **29%** of all persons with depression reported contacting a mental health professional in the past year
- Stigmatizing attitudes towards depression are common
 - Stigma may contribute to feelings of embarrassment and shame, which may decrease the likelihood of seeking help, increase psychological distress, and reduce treatment adherence
- **In Vermont, suicide consistently ranks as one of the top 10 leading causes of death**
 - An average of **73** Vermonters commit suicide yearly
- VT's public mental health system provides services to only **14%** of people living with serious mental illness
- In 2007, only **2.2%** of VT adults were screened for depression at their PCP visits

Suicide Deaths
of deaths per 100,000 Vermonters



DEPRESSION: THE COST

- People with serious mental illness earn ~\$16,000 less annually than their mentally well counterparts, totaling ~\$193 billion lost annually in earnings
- Depression is estimated to cause 200 million lost workdays due to absenteeism each year at a cost to employers of \$17 to \$44 billion
- Depression is also estimated to cost employers \$24 billion annually in decreased productivity due to presenteeism
- The mentally ill are at higher risk of poverty than their peers, which subsequently increases their need for public services like food stamps and subsidized housing
 - The use of these services is estimated to cost taxpayers ~\$140-160 billion annually

DEPRESSION: THE COST CONT.

- The annual hospital charges for suicide attempts in VT totals **\$2.2M**
 - However, VT spent \$198 per capita on mental health agency services in 2006, just **2.5%** of total state spending
- The average annual baseline cost of primary care:
 - Patients without anxiety/depression: **\$1,397**
 - Patients with diagnosed anxiety/depression: **\$2,390**

Depression by Age & Gender
Percentage of Vermont adults (1996-2000)

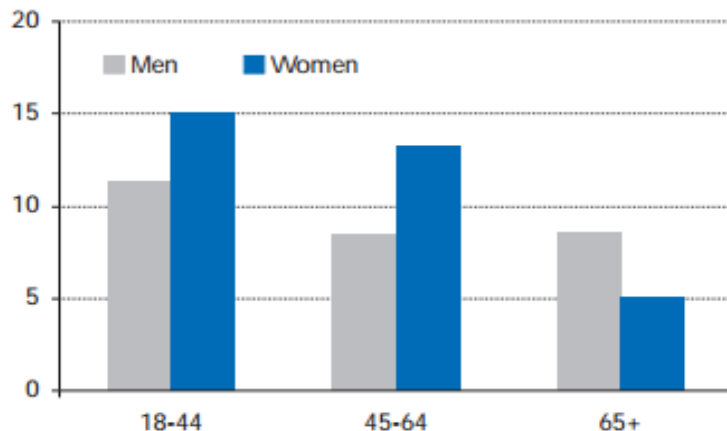
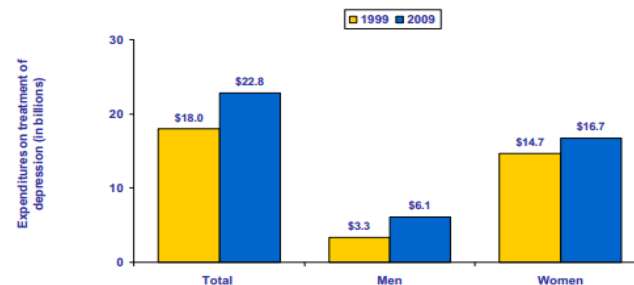


Figure 2. Expenditures on the treatment of depression among adults age 18 and older, by sex, 1999 and 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1999 and 2009

PATIENT PERSPECTIVES

- *“For me, it felt like there was a gap in care here in Vermont for those people who aren’t suicidal and don’t necessarily need to be committed to the hospital, but still need mental health support.” – PT, 57 YOF, patient with depression*
- *“After the death of a closed loved one, I found myself in need of some kind of counseling or psychiatric help. Having just moved to the area recently, it was difficult to identify resources that would be able to help me. I eventually went to the Burlington Community Health Center and spoke to a doctor there, which was difficult in itself to do. However, there was a lack of available resources there that resulted in my name slipping through the cracks and ultimately left me having to search for a counselor elsewhere, which took some time. The doctor told me they would follow-up with me to make sure I found a therapist and that never happened. If I would have had this information compiled for me I would have been able to reach out to other community resources and possibly would have found the help I needed sooner.” – BC, 42 YOM, patient with depression*

COMMUNITY PERSPECTIVES

- *“There continues to be a huge stigma surrounding mental illness, which unfortunately leads to many people not reaching out and getting the help they need. One thing I’ve realized over the years is that people who suffer from mental illness will often feel more comfortable talking to peers in the community who have been through something similar rather than talking to a doctor. That is why peer support groups are such an important resource.”* – [Name Withheld], Executive Director, National Alliance on Mental Illness (NAMI) VT
- *“There is definitely a need for more mental health services in Vermont. This pamphlet is certainly useful if distributed properly in the community as it could help direct people in need to available local resources.”* – [Name Withheld], MACP, Mansfield Psychotherapy Associates

INTERVENTION AND METHODOLOGY

- **Project aim:** to increase awareness of available community resources and support in the Chittenden County area for individuals suffering from mental illness/depression
 - < 1/3 of individuals with depression reach out to mental health professionals and receive the treatment they need
 - More community interventions targeting increasing awareness of mental health support and reducing stigma surrounding mental health and depression are needed
 - There is a lack of mental health providers to meet the needs of the community in Chittenden County which often results in long waiting periods for patients to get an appointment
 - This highlights the need for access to free, immediately available mental health support and crisis resources in Chittenden County
- **Methodology:** I compiled a list of crisis resources, support groups, outpatient therapy services, and local resources/organizations into a pamphlet and contacted specific locations in the community with requests to house the pamphlet (e.g. local food shelves, the Committee on Temporary Shelter, Willison Library). I also showed the pamphlet to patients at TCHC.

PATIENT RESPONSE

- The pamphlet was presented to a variety of patients presenting with a history of depression
 - The majority of patients agreed that they found it difficult to initially broach the subject of depression with their PCP
 - Most patients agreed that they would pick up this pamphlet if they encountered it in the community
 - All patients agreed that they would feel comfortable if this pamphlet was given to them by their PCP
 - Most patients were not aware of the majority of the resources on the pamphlet
 - Most patients asked to keep the pamphlet and agreed that many of these community resources, especially those that are free, could play a role in their mental health support
 - *“I think this is great - when you’re depressed, it is hard to find motivation to get help, and you simply don’t have the energy to find out all this information on your own.” – PT, 57 YOF*

COMMUNITY RESPONSE

- [Name Withheld] (Executive Director) and [Name Withheld] (Program Director) of NAMI Vermont found the pamphlet to be quite helpful and offered to distribute it to individuals during their weekly family and peer support groups
- Local food shelves and shelters all responded positively to the pamphlet, although further correspondence and more resources will likely be necessary to implement the use of the pamphlet at these organizations

EVALUATION OF EFFECTIVENESS AND LIMITATIONS

- Periodically check in with local organizations housing the pamphlet to see if they are being picked up by individuals
- Continue to give the pamphlet to patients at TCHC who present with mental health complaints to assess whether this is something they would find helpful
- Follow-up with patients who have been given the pamphlet at previous visits to see if they have used any of the resources and found them useful
- **Limitations:**
 - As people who pick up these pamphlets in the community are anonymous, it is difficult to assess whether or not the pamphlet is being accessed by individuals outside of the office and whether or not it is being found helpful by these individuals
 - It was quite difficult to get the pamphlet housed at locations in the community and will likely require more resources (e.g. self-printing and bringing copies of the pamphlet in person to each location)

RECOMMENDATIONS FOR FUTURE INTERVENTIONS

- Continue to work with interested local organizations to ensure that the pamphlet is printed out and implemented
- Seek out additional community organizations to house these educational pamphlets (e.g. other homeless shelters, women's shelters, food shelves, university health centers, clinics, libraries, YMCAs, community centers, Goodwill)
- Continue to collaborate on this issue with NAMI Vermont
- Incorporate this pamphlet into the EMR at TCHC so that it can be easily given to all patients who either present with mental health complaints or score ≥ 2 on the PHQ-2 depression screening
 - This future intervention would allow for better evaluation of effectiveness, as patients who receive this pamphlet can be followed up with as future visits to assess whether or not these mental health resources are proving to be helpful
- Reach out to other clinics in the Chittenden County area to see if they would be interested in providing this pamphlet to patients who present with mental health complaints

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