

# Supported Self-Management for depression

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A Consensus Development Conference on  
**Depression in Adults:**  
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## DEFINITION *Supported Self Management* *[SSM]*

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1. Patient given self-management tool  
= workbook or online program
2. Knowledge & skills for coping with mental  
health problems
3. Mostly based on cognitive behavioural therapy
4. Provider supports use of the self management  
tool = coach rather than psychotherapist

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## Mood Self Management Tools

- Self-Mgmt. workbook (*commercial*)
  - E.g. Mind Over Mood
- Self-Mgmt workbook (*public health*)
  - E.g. Antidepressant Skills Workbook
- Self-Mgmt. Online (*public health*)
  - E.g. <http://moodgym.anu.edu.au/>

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### Translations:

- French
- Chinese
- Punjabi

### Versions:

- Adolescent
- Workplace
- Chronic Illness

- Free Download of workbook
- Talking Book version
- Print on Demand (\$10)

[www.carmha.ca/antidepressant-skills/adult/](http://www.carmha.ca/antidepressant-skills/adult/)

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## RELEVANCE TO THE CANADIAN HEALTH SYSTEM

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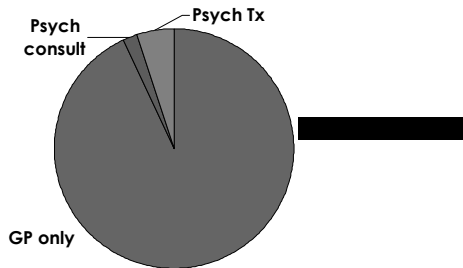
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## Who provides depression care?



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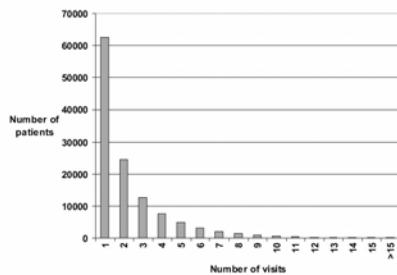
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## How many visits in a year?



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- Most primary care physicians report insufficient time or training for dealing with mental health problems
- In a Canadian survey, 39% of respondents stated a preference for self-management of mental health problems

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# EFFECTIVENESS



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## Self-Management

- meta-analysis of randomized controlled trials
- compared to placebo or waitlist-control groups
- = **0.43** (Medium effect size), roughly half the effect size of standard depression treatment
- Several RCTs have been done for computerized self-care programs – significant impact versus control condition

## Supported Self-Management

- i.e., with support by healthcare provider
- = **0.80** (Large effect size), approximating the effect size of standard depression treatment



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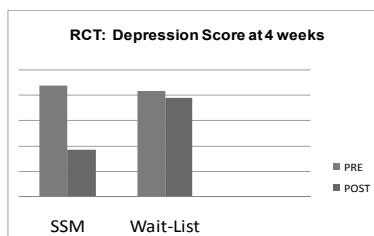
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## A representative study



-Jamison & Scogin (1995). "Outcome of cognitive bibliotherapy with depressed adults." JCCP **63**: 644-650.



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## APPROPRIATENESS

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- Participants in many trials were volunteers, rather than patients (prob. less severe cases)
  - Effect size in primary care may be lower than in community trials
- ⇒ SSM recommended for milder-range depression

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“For patients with mild depression, healthcare professionals should consider recommending a guided self-help programme based on cognitive behavioural therapy (CBT)... Antidepressants are not recommended for the initial treatment of mild depression, because the risk–benefit ratio is poor.”

*-National Institute for Clinical Excellence, UK*

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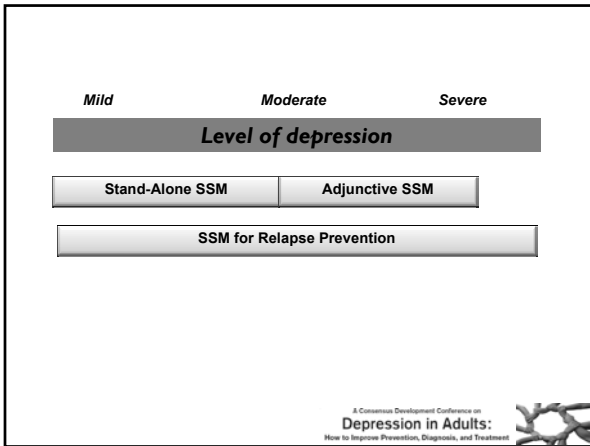
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**The inappropriate-treatment problem**

“Evidence suggests that patients with minor depression and adjustment disorders are frequently treated with antidepressant medications, which represents ‘overuse’ in the IOM nosology since there is little evidence of effectiveness of medication in these populations”

Katon (2003). “The Institute of Medicine “Chasm” report: implications for depression collaborative care models.”

⇒ Giving the practitioner more intervention options will foster quality of care

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**FEASIBILITY**

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SSM is compatible with clinical reality:

- Brief contact
- Infrequent contact

Workbook tool more easily accessed than computerized one (computer versions have low uptake)

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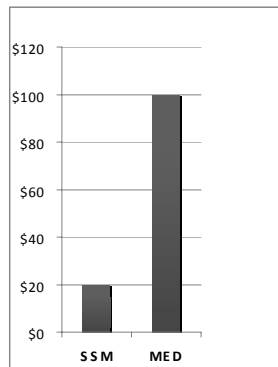
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## Relative cost

**SM Workbook+  
GP Training  
Versus  
Antidepressant  
Medication (6 weeks)**



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## Uptake by physicians and patients

■ 85 GPs were given brief training & patient access to free self-care workbook.

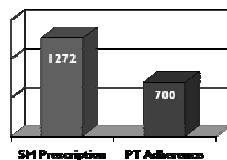
■ Over 6 months, GPs prescribed the workbook to **1,272** patients.

■ **700** patients (55%) adhered to the prescription, i.e. ordered the workbook

■ If all B.C. GPs had this training & access:

■ 50,000 pts/yr would get SM prescription

■ 27,500 would adhere.



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## Supported Self Management for depression:

- Is effective for mild depression
  - Can be integrated into standard depression care at low cost
  - May help reduce inappropriate use of antidepressant medication
  - Shows high uptake by physicians and patients
- SSM has considerable potential for improving the delivery of depression care in Canada

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