

Access to Health Care for People with Depression

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A Consensus Development Conference on
Depression in Adults:
How to Improve Prevention, Diagnosis, and Treatment



Outline

- Rates of Access to Mental Health Care in Depression
- Barriers to Accessing Effective Treatment
 - Individual
 - Provider
 - Systemic
- Strategies for Overcoming Barriers to Care

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Help-Seeking Rates

- National Comorbidity Survey (Kessler et al., 1994) – 40% of individuals with a mental disorder ever obtained professional help
- Statistics Canada (2002) – 32% receive some form of treatment
- Bristow & Patten (2002) – variable rates (17-78%)
 - Although overall help-seeking rates appear to be improving, there are low rates in the elderly, adolescent populations, ethnic minorities and those lacking social support.

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Barriers at the Individual Level

- Help-seeking is a complex, multidimensional phenomenon
 - Willingness to disclose, fear of stigma, embarrassment, lack of time for treatment, negative stereotypes of treatments, cultural factors, demographic variables, etc.
- Christiana et al. (2000)
 - desire to handle the problem on own
 - lack of awareness of available treatment
- Mojtabai et al. (2002) – the tendency to minimize severity

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Reason for delay	N	Per cent %	Help seeking delay (years) Mean (SD)
Lack of knowledge			
I thought it would go away by itself	47	27.2	9.2
I thought nothing could help	30	17.3	11.6
I didn't know when to go for help	21	12.0	6.8
Other (I didn't know what it was)	6	3.5	1.9
Total Lack of knowledge	104	60.0	9.0 (12.8)
Attitudinal			
I was afraid to ask for help	22	12.7	11.6
I preferred to manage it myself	20	11.6	9.7
Total Attitudinal	42	24.3	10.7 (9.3)
Structural			
I couldn't afford help	2	1.2	*
Other structural (remote area)	1	0.6	*
Total Structural	3	1.8	11.1 (14.9)
Severity			
My symptoms interfered in getting help	10	5.8	8.0
My symptoms didn't bother me	1	0.6	*
Total Severity	11	6.4	7.6 (5.4)
Other sources of help			
I got help from family/friends	9	5.2	6.9
I got help from self-help material	3	1.7	12.7
I got help from religious	1	0.6	*
Total Other sources of help	13	7.5	9.5 (13.2)
Total	174	100.0	9.4 (11.1)

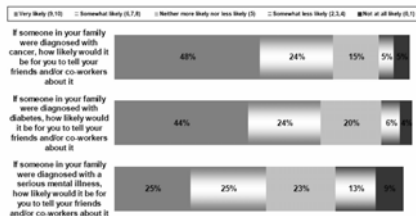
* Means not reported for small cells

Thompson, A., Hunt, C., & Issakidis, C. (2004). Why wait? Reasons for delay and prompts to seek help For mental health problems in an Australian clinical sample. *Soc Psychiatry Psychiatr Epidemiol*, 39, 810-817

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Likelihood of Telling Others About Mental Health Problems



If someone in your family were diagnosed with diabetes, how likely would it be for you to tell your friends and/or co-workers about it? If someone in your family were diagnosed with a serious mental illness, how likely would it be for you to tell your friends and/or co-workers about it? Base: Online respondents n=2,824

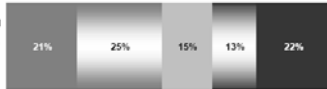
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Mental Illness an Excuse?

■ Completely agree (5,10) ■ Somewhat agree (3,7,8) ■ Neither agree nor disagree (5) ■ Somewhat disagree (2,3,6) ■ Completely disagree (1,1)

We call some things mental illness because it gives some people an excuse for their poor behaviour and personal failings.



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Likelihood of Interacting with People who are Clinically Depressed

% Reporting 6-10 on 10 point scale (likely to take action)

Activity	Mental illness n=404	Clinically Depressed n=407	Serious Mental Illness n=401	Alcohol Addiction n=403	Drug Addiction n=408
Socialize with a friend who has/is...	58%	56%	49%	32%	26%
Socialize with a colleague at work who has/is...	49%	43%	35%	21%	21%
Hire a landscaper who has/is...	31%	19%	17%	11%	7%
Enter spousal relationship with someone who has/is...	16%	11%	10%	4%	2%
Hire financial advisor who has/is...	15%	8%	8%	5%	3%
Have someone take care of my children who has/is...	14%	8%	10%	4%	2%
Hire a lawyer who has/is...	12%	7%	7%	4%	2%
Have a family doctor who has/is...	11%	8%	8%	5%	2%

Rate each activity on a scale of 1 to 10 where 1 means you are not at all likely to do this, 5 means you are neither more likely nor less likely to do this and 10 means that you are very likely to do this activity.

Base: Online respondents n=2,024

"We are looking at the final frontier of socially acceptable discrimination; It's a national embarrassment"

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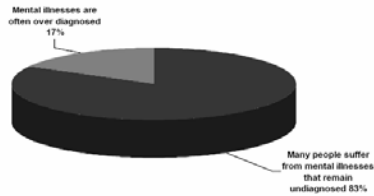
Barriers at the Provider Level

- Underdetection
 - Detection rates of 15-36% (Kessler et al., 1999; Lecrubier, 1998; Ustun & Sartorius, 1995).
 - Dr. Bergman – rates are better with continuance care
 - Hon. Michael Kirby – tendency is to focus on the neck down rather than the neck up.
- Contributing factors?
 - Knowledge of mental health problems
 - Skill in recognizing symptoms
 - Busyness of practice
 - Willingness to disclose
 - An individual's symptom pattern (e.g., look less depressed, somatize their symptoms)

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Four in Five Think Mental Health Problems are Underdiagnosed



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Systemic Barriers

- Access to Mental Health Care Resources
 - Lack of knowledge about effective treatments, limited expertise in psychological treatments and limited availability of specialty mental health providers
 - 2/3 prefer psychotherapy over antidepressants (Mohr et al., 2006) yet access is extremely limited
 - Most patients managed with pharmacotherapy alone
 - Even though there are numerous RCTs demonstrated equal outcome (even for severe depression)
 - 30% relapse in CBT versus 60% in pharmacotherapy

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- Although a substantial body of research supports the efficacy of psychological treatments for depression, these treatments are highly underutilized and perhaps increasingly so.
- Olfson et al. (2002) – three-fold increase in outpatient treatment for depression from 1987-1997. Yet, psychotropic medication increased from 45% to 79% whereas individuals treated with psychological interventions declined from 71% to 60%.
- Given the highly recurrent nature of depression, brief evidence-based treatments (e.g., CBT) represent important and cost-effective options for depression management

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Some Recommendations:

- Individual
 - Increase public awareness
 - Anti-stigma
 - Internet and self-help material
 - Prevention of Depression
 - Increase the focus on theoretically important risk factors (e.g., cognitive vulnerability); risk vs. vulnerability
- Provider
 - Improving screening
 - Educating family physicians about available evidence-based treatments

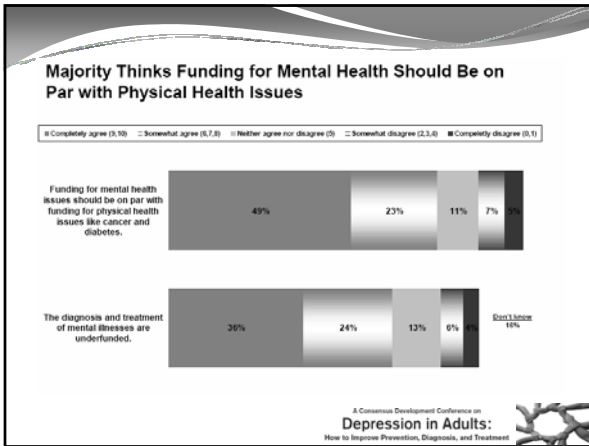
beyond the blues
Depression: A National Action Plan
National Institute of Mental Health

MIND OVER MOOD
Helping You Manage Your Depression
National Institute of Mental Health

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- Systemic
 - Increased government funding for mental health
 - Canadian Alliance on Mental Illness and Mental Health (CAMIMH, 2003) has drawn attention to the disproportionate government funding allotted to mental health resources in comparison to general health care

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Strategies for Overcoming Barriers to Care

- Systemic (cont...)
 - Wider availability of evidence-based treatment
 - U.K. – £173 million to employ CBT therapists
 - Australia – “Better Access to Psychiatrists, Psychologists and General Practitioners” – psychologists are now covered under public health insurance; \$583 million for better Medicare funded mental health
 - Canada?
 - Individual, provider and systemic variables must be addressed for there to be adequate access to health care for people with depression.

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