

# **Project DIRECT-sc**

## **Depression Intervention via Referral, Education and Collaborative Treatment Self-Care**

# **How do family physicians view use of self-care tools by depressed adults?**

**Mark J. Yaffe,** Departments of Family Medicine, McGill University and St. Mary's Hospital Center; St. Mary's Research Centre, Montreal

**Jane McCusker,** Department of Epidemiology, Biostatistics, and Occupational Health, McGill University; St. Mary's Research Centre, Montreal

**Erin Strumpf** Departments of Economics and Epidemiology, Biostatistics, and Occupational Health, McGill University, Montreal

# Project DIRECT-sc

## Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

### PRINCIPAL INVESTIGATOR

**Jane McCusker, MD DrPH**

*Professor, Department of Epidemiology,  
Biostatistics and Occupational Health,  
McGill University; Principal Scientist,  
St. Mary's Research Centre*



### CO-INVESTIGATORS

**Martin Cole, MD**

*Professor, Department of Psychiatry,  
McGill University; Psychiatrist, Geriatric  
Psychiatry Division, St. Mary's Hospital Center*



**Kim Lavoie, PhD**

*Associate Professor, Department of Psychology,  
Université du Québec à Montréal; Researcher,  
Hôpital du Sacré-Coeur de Montréal and Montreal  
Heart Institute*

**Maida Sewitch, PhD**

*Assistant Professor, Department of Medicine,  
McGill University*



**Erin Strumpf, PhD**

*Assistant Professor, Department of Economics  
and Department of Epidemiology, Biostatistics  
and Occupational Health, McGill University*

**Tamara Sussman, PhD**

*Assistant Professor, School of Social Work,  
McGill University*



**Mark Yaffe, MDCM MCISc**

*Associate Professor, Department of Family Medicine,  
McGill University; Family physicians, St. Mary's  
Hospital Center*

# Project DIRECT-sc

Depression Intervention via Referral, Education and Collaborative Treatment  
Self-Care

## Conflicts of Interest

None

# Objective

- **To explore how family physicians view the use of self-care tools by depressed adults**

# Context for studying family physicians (FPs) opinions

- Upon entry into study assessing feasibility of self-care (supported by self-care coach) by family practice patients aged  $\geq 40$ , with depression (at least mild symptoms), and  $\geq 1$  chronic physical illnesses (asthma, COPD, diabetes, heart disease, hypertension, arthritis).
- e.g. Directed Readings (books, pamphlets), Audiotapes, Videotapes, CD/DVD, MP3, Mood Monitoring Notebook, Action Plans, Dedicated Internet sites ( E-Couch)

# Project DIRECT-sc

## Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

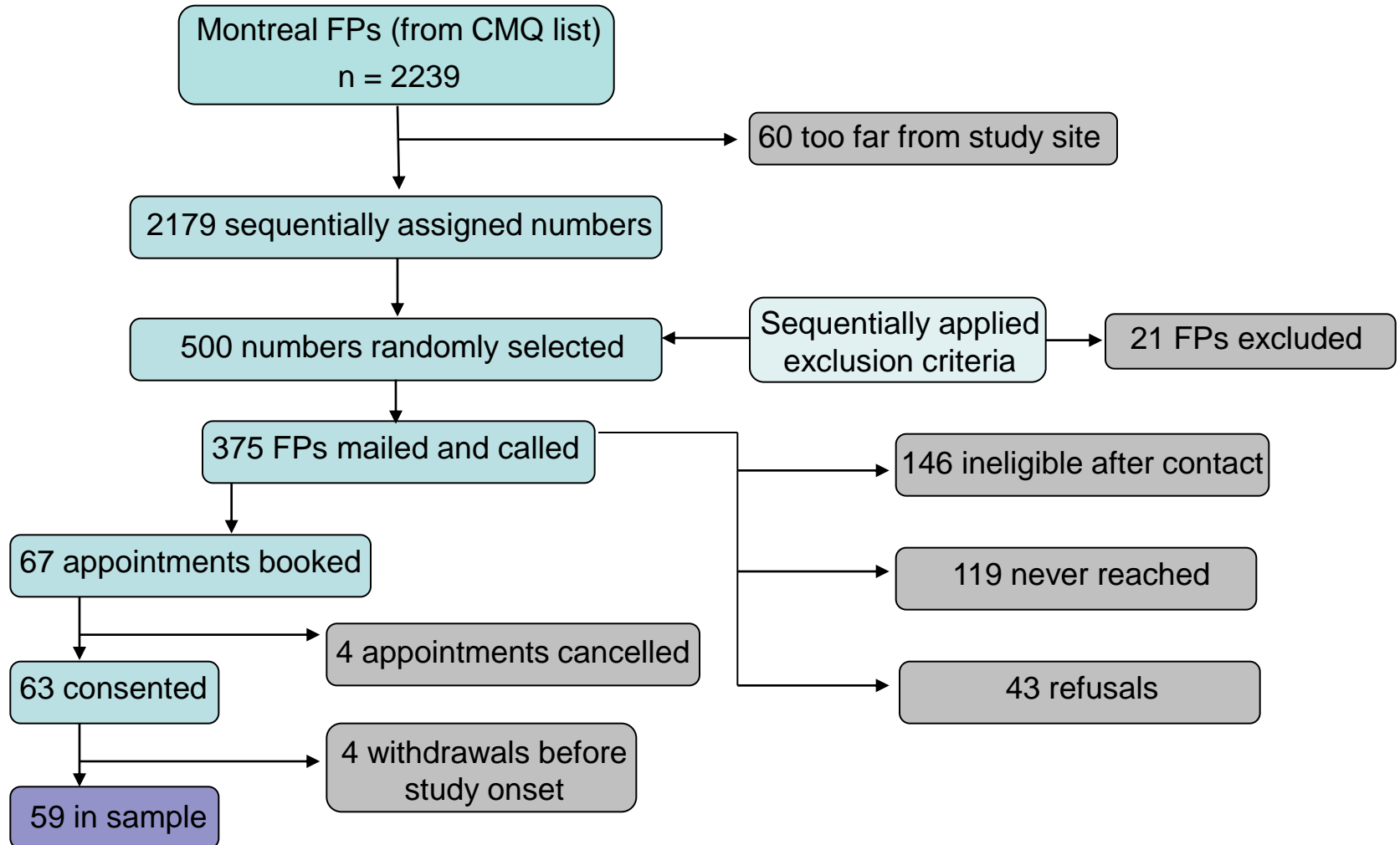
### How were family physicians identified?

1. List provided by Collège des médecins du Québec of Montreal “family physicians” (FPs) and addresses
2. First pass exclusion criteria applied: travel distance >30 min. from research centre
3. Sequential numbers assigned to remaining names, and 500 random numbers were extracted
4. Corresponding names underwent 2<sup>nd</sup> pass exclusion criteria (travel distance too great, or known to research team as not having office practice, adult care, or were non-certified specialist)
5. Orientation letter sent to 375 MDs with follow-up telephone call to request an appointment to discuss study (\$50 gift card).
6. Recruiter explained goals of study, content of self-care toolkit, role of self-care coach
7. Expectation of family doctor role was to be “usual care”

# Project DIRECT-sc

## Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

### Family Physician Recruitment



### Methods of Data Collection

- Quantitative: Questionnaire completed by MDs following recruitment: personal & practice demographics, and familiarity & perceptions of self-care.
- Qualitative: Single recruiter maintained log of doctors' comments during recruitment process --later collated under common themes



# **Project DIRECT-sc**

## **Depression Intervention via Referral, Education and Collaborative Treatment Self-Care**

### **Characteristics of FPs**

- **56.9% male and 54.9% > 50 years old**
- **Solo office practice 36% vs. Multi-doctor office 56%**
- **64.7% in practice > 20 years**
- **At recruitment site they worked a mean of 5.4 half days/wk., and 76.5% paid by fee for service**
- **76.5% had been in other research projects**
- **Confidence to counsel / educate patients:  
moderate 56.0%; a lot 41.2%**

### Characteristics of participating family practices

- **51% of practices had RNs-- most common roles :**
  - 69.2% did disease self-care education
  - 57.7% did life-style counselling
  - 57.7% did walk-in triage
- **35 of 59 practices had other staff:**
  - 30/35 had a psychologist
  - 8/35 had social worker

# Project DIRECT-sc

## Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

### Reasons for FP Recruitment (qualitative) (n=63, before 4 dropped out)

Seeking help with mental health care	52.4% ( 33/63)
<b>Interest in self-care</b>	<b>42.9% (27/63)</b>
Physician proclivity	28.6% (18/63)
Study-related factors	12.7% (8/63)

# Project DIRECT-sc

## Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

### Interest in self-care (n=27; $\geq 1$ option possible)

Likes the idea	51.9%	(14/27)
Interest in tools	29.6%	(8/27)
New option for care	22.2%	(6/27)
Interest in self-care coach	14.8%	(4/27)
Interest in action plan	3.7%	(1/27)

# Project DIRECT-sc

Depression Intervention via Referral, Education and Collaborative Treatment  
Self-Care

## How familiar were FPs with self-care at study entry?

<b>p=0.002</b>	<b>Chronic Illness</b>		<b>Depression</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Not at all</b>	<b>6</b>	<b>12.0</b>	<b>17</b>	<b>33.3</b>
<b>Somewhat</b>	<b>23</b>	<b>46.0</b>	<b>27</b>	<b>52.9</b>
<b>Moderately</b>	<b>20</b>	<b>40.0</b>	<b>6</b>	<b>11.8</b>
<b>Very</b>	<b>1</b>	<b>2.0</b>	<b>1</b>	<b>2.0</b>

# Project DIRECT-sc

## Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

**At study entry did FPs see self-care effective?**

<b>p=0.231</b>	<b>Chronic Illness</b>		<b>Depression</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Not at all</b>	<b>1</b>	<b>2.0</b>	<b>1</b>	<b>2.0</b>
<b>Somewhat</b>	<b>9</b>	<b>18.0</b>	<b>13</b>	<b>25.5</b>
<b>Moderately</b>	<b>22</b>	<b>44.0</b>	<b>16</b>	<b>31.4</b>
<b>Very</b>	<b>14</b>	<b>28.0</b>	<b>10</b>	<b>19.6</b>
<b>Don't Know</b>	<b>4</b>	<b>8.0</b>	<b>11</b>	<b>21.6</b>

# Project DIRECT-sc

Depression Intervention via Referral, Education and Collaborative Treatment  
Self-Care

## Normal patterns of practice for mental health care

<u>Approach</u>	<u>%</u> ( $\geq 1$ option possible)
Assess and treat	11.6%
Assess, but refer for consultation and follow-up	37.3%
Refer all assessments and care to mental health services	66.7%

# Project DIRECT-sc

## Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

How did family doctor approach to depression care compare to that for other chronic diseases?

Use of Clinical Practice Guidelines	Educate patients about disease	Refer patients outside practice for education	Recommend self-care options	Assist patients in setting or attaining self-care goals	Refer patients to outside sources for setting or attaining self-care goals
Diabetes 82.4%	Diabetes 94.1%	Diabetes 66.7%	Diabetes 68.6%	Diabetes 62.8%	Diabetes 47.1%
High BP 78.4%	High BP 90.2%	Asthma 41.2%	High BP 54.9%	Asthma 49.0%	<b>Depression</b> 23.5%
Asthma 72.6%	COPD 82.4%	COPD 31.4%	Asthma 54.9%	High BP 49.0%	Asthma 21.6%
COPD 70.6%	Asthma 78.4%	<b>Depression</b> 29.4%	COPD 49.0%	<b>Depression</b> 37.3%	COPD 17.7%
Heart Dis. 58.8%	<b>Depression</b> 78.4%	Heart Dis. 21.6%	<b>Depression</b> 45.1%	COPD 35.3%	Heart Dis. 15.7%
<b>Depression</b> 47.1%	Heart Dis. 74.5%	High BP 15.7%	Heart Dis. 39.2%	Heart Dis. 25.5%	Arthritis 11.8%
Arthritis 41.2%	Arthritis 60.8%	Arthritis 13.7%	Arthritis 31.4%	Arthritis 23.5%	High BP 5.9%
Don't 7.8%	Don't 2.0%	Don't 19.6%	Don't 11.8%	Don't 19.6%	Don't 23.5%



# Project DIRECT-sc

## Depression Intervention via Referral, Education and Collaborative Treatment Self-Care

### Summary

Physician participants were generally:

- Older, experienced, fee for service clinicians working in practices often supported by nurses or psychologists, and having interest in research
- Comfortable with counseling, but tended to be low users of screening tools for depression, and not involved much in depression management.
- Holding broad range of opinion about effectiveness of self-care, and less familiar with use of self-care for depression compared to other chronic illnesses
- Depression ranked 5<sup>th</sup> amongst 7 chronic illnesses for which self-care might be recommended by the MDs, and 4<sup>th</sup> in MDs taking an active role to help sufferers set or attain self-care goals.

# **Implications**

**If motivated and apparently interested family physicians have low involvement in depression care, as well as uncertainty about the benefits of self-care in depression management, the challenge to implicate the family practice community in self-care appears very large.**