HRSA
Health Resources & Services Administration

Identification and Evidence-Based Interventions for Treating Anxiety and Depression

January 17, 2023

2:00 – 3:30 PM ET

Vision: Healthy Communities, Healthy People

HRSA
Health Resources & Services Administration

Session 1
Orientation
January 17, 2023
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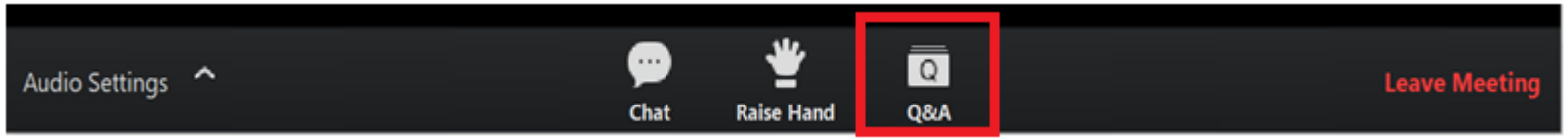
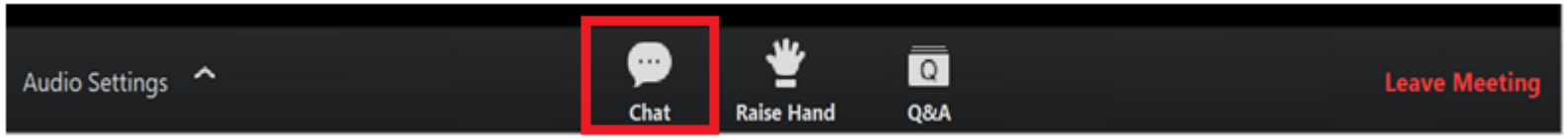
Vision: Healthy Communities, Healthy People

Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



- If you experience any technical issues during the information session, please message us through the chat feature, or email healthcenter_BHTA@jbsinternational.com.



Continuing Education (CE)

- We will be offering **1.5 CE credits** for attending today's CoP session.
- You **must** complete the Health Center Satisfaction Assessment at the end of the workshop.
- We will provide more information about how to complete the Satisfaction Assessment and details about applying for CEs at the end of the workshop.

JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

Session 1 Facilitators

Joseph Hyde, MA, LMHC, CAS
BHTA Project Director and Senior Technical Expert Lead
JBS International, Inc. (JBS)

Laura M. Rosenbluth, MS, LMFT
BHTA Technical Expert Lead
JBS International, Inc. (JBS)

Objectives

Source: iStock

Participants of today's CoP Session 1 will :

- Get to know your fellow colleagues in this CoP
- Clarify goals for CoP participation
- Review CoP participation ground rules
- Learn about upcoming CoP sessions

Agenda

CoP Sessions Content Overview

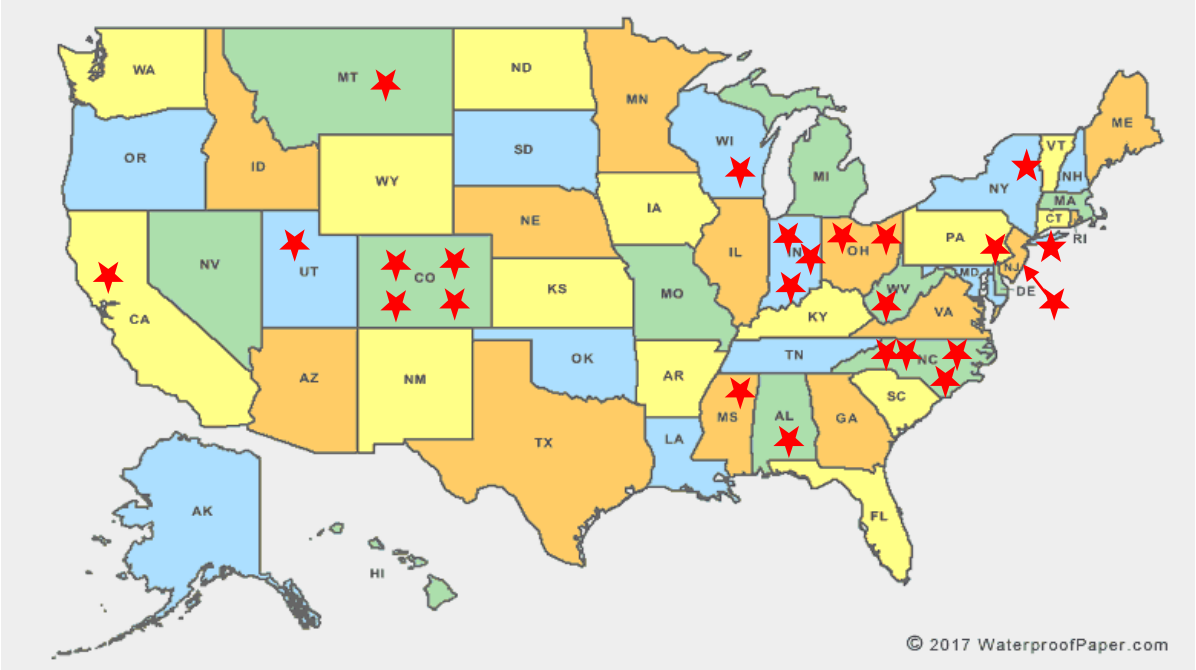
- Recontextualized understanding for anxiety and depression
- Interactive peer to peer discussions

Session Summary and Next Steps

- One-to-One Coaching Sessions
- Health Center TA Satisfaction Assessment and CEs
- Upcoming TA events for January
- Resources: BHTA Portal

A ten-minute breakout conversation

- Introduce yourself to your colleagues: your role, a bit about your practice?
- Why is this topic of depression and anxiety important for you?
- What depression and anxiety practice related knowledge and skills are a priority for you to learn or strength?



Debrief and Summarize

- Why is this content important
- Specific content I want to learn more about
- Summarize Debrief

Planned Topics for the CoP Sessions

CoP Sessions 2 – Patient Centered Care Planning

- Enhancing patient engagement in the care plan
- Contextualized care planning
- Aligning care with patient values and culture
- Negotiating patient relevant goals

Session 3 – Enhancing Cultural Relevance in Clinical Practice

- Culture must be understood contextually and through an intersectional lens.
- Clinician self-awareness and practice skills.
- Build rapport, open communication and to humbly recognize that sometimes we might miss the mark!
- The patients are the experts in their lives.

Session 4- Contemporary Approaches to Behavioral Therapy (1)

- Integrating Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT)
- A focus on values alignment
- Skills focused therapy

Session 5 – Contemporary Approaches to Behavioral Therapy (2)

- The importance of awareness
- On Functional Analysis and Mindfulness
- Contemporary Approaches to Behavioral Therapy (3)

Session 6 – Behavioral Activation

- What is BA and its value
- Practical applications for treating depression and anxiety

Session 7 & 8

- An orientation to pharmacotherapies for depression and anxiety
- Participant Case Based Learning (final Session)

About Major Depression

- Relapsing and remitting illness
- Episodes may last a few months to years
- Half of episodes fully remit within 6 to 12 months with or without treatment
- Lack of treatment, however, often leads to chronicity
- Initial episode predisposes patients to subsequent episodes

Image by Pixabay

Source: Moore DP et al. Mood Disorders. In: Moore & Jefferson: Handbook of Medical Psychiatry, 2nd ed. Philadelphia: Mosby; 2004.

Prevalence of Major Depression in the U.S.

- Lifetime prevalence: 16.2%[1]
  - Non-Hispanic whites: 17.9%[2]
  - Non-Hispanic blacks: 10.8%[2]
  - Hispanics: 13.5%[2]
- 12-month prevalence: 6.6%[1]
- Lifetime prevalence is increasing among both genders[3]

Image by Pixabay

Sources:

1. Kessler RC et al. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). JAMA. 2003;289(23):3095-3105.
2. Breslau J et al. Specifying race-ethnic differences in risk for psychiatric disorder in a USA national sample. Psychol Med. 2006;36(1):57-68.
3. Kessler RC. Epidemiology of women and depression. Journal of Affective Disorders. 2003;74(1):5.

Comorbidity, Anxiety and Depression

Image by Pixabay

- 72.1% of those with lifetime depression and 64% of those with 12-month major depression have at least one additional behavioral health condition, most commonly anxiety disorder, substance abuse disorder, or trauma.
- Anxiety and depression are frequently comorbid with health conditions such as Type 2 diabetes, Hypertension, Cardiovascular disease and chronic pain.

Source: Kessler RC et al. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). JAMA. 2003;289(23):3095-3105.

Anxiety and Depression in the Age of COVID

- 2018 Annual Incidence of depression in adult 6.6%. (CDC)
- 2020 Annual Incidence of depression in adult 12.4%. (CDC)
- 2021 Incidence of depression in adult 24%. (KFF)
- 2021 Incidence of suicidal ideation in adult 11%. (KFF)
- 2019 Incidence of Anxiety in adults 19.5% (CDC)
- 2021 Incidence of Anxiety in adults 34.4% (KFF)

What does this mean? The disruption in our social fabric caused by the pandemic has (to quote the NYT) created a second pandemic!

DSM 5 Diagnostic Criteria for Social Anxiety

- Fear or anxiety specific to social settings, in which a person feels noticed, observed, or scrutinized. typically, the individual will fear that they will display their anxiety and experience social rejection, social interaction will consistently provoke distress,

- Social interactions are either avoided, or painfully and reluctantly endured,

DSM-5 Diagnostic Criteria, Continued

- Fear and anxiety is be grossly disproportionate to the actual situation,
- Fear, anxiety or other distress around social situations will persist for six months or longer and cause personal distress and impairment of functioning in one or more domains, such as interpersonal or occupational functioning,
- The fear or anxiety cannot be attributed to a medical disorder, substance use, or adverse medication effects or another mental disorder.

Contributing Risk Factors for Anxiety- Medical

- Heart disease
- Diabetes
- Thyroid problems, such as hyperthyroidism
- Respiratory disorders, such as chronic obstructive pulmonary disease (COPD) and asthma
- Drug misuse or withdrawal
- Withdrawal from alcohol, anti-anxiety or other medications
- Chronic pain or irritable bowel syndrome

Other Contributing Risk Factors for Anxiety

- **Trauma. Stress due to an illness.** Having a health condition or serious illness can cause significant worry about issues such as your treatment and your future.
- **Stress buildup.** A big event or a buildup of smaller stressful life situations may trigger excessive anxiety.
- **Personality.** People with certain personality types are more prone to anxiety disorders than others are.
- **Other mental health disorders.** Such as depression, family history.

Why Bother Screening?

- ✓In 2022 the US Preventative Services Task Force has recommended universal screening of children for anxiety.
- ✓In 2022 the US Preventative Services Task Force has recommended universal screening of adolescents for depression and suicidality.
- ✓In 2022 the US Preventative Services Task Force has recommended universal screening of adults for depression and suicidality.
- ✓Because screening for anxiety and depression can significantly improve the early detection and treatment of anxiety and depressed patients, and patients with suicidal risk improving health outcomes and decreasing clinical morbidity.

Sources:

1. US Preventive Services Task Force. Screening for depression: recommendations and rationale. Ann Intern Med. 2002;136(10):760-764.
2. MacMillan HL et al. Screening for depression in primary care: recommendation statement from the Canadian Task Force on Preventive Health Care. Cmaj. 2005;172(1):33-35.

DSM 5 Diagnostic Criteria for Major Depression

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning;

- At least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
- Depressed most of the day, nearly every day as indicated by subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.

DSM 5 Diagnostic Criteria for Depression, Continued

- Significant weight loss when not dieting or weight gain
- Insomnia or hypersomnia nearly every day.
- Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

DSM 5 Diagnostic Criteria for Depression, Cont.

- Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Major Depression Contextual Risk Factors

- Family challenges
- Family history (alcoholism, mood disorders, IPV)
- Social isolation
- Personality factors
- Exposure to stressful life experiences (ACEs)
- Comorbid health conditions such as diabetes, arthritis, cancer and chronic pain

Image by Pixabay

Source: Kessler RC. Epidemiology of women and depression. Journal of Affective Disorders. 2003;74(1):5.

Patient Presentation Can Be a Barrier

- Patients rarely self-identify anxiety and/or depression (or other behavioral health) condition. This is especially true for men.
- Internalized stigma prevents acknowledgement.
- Many patients will not bring up concerns unless they are directly asked.

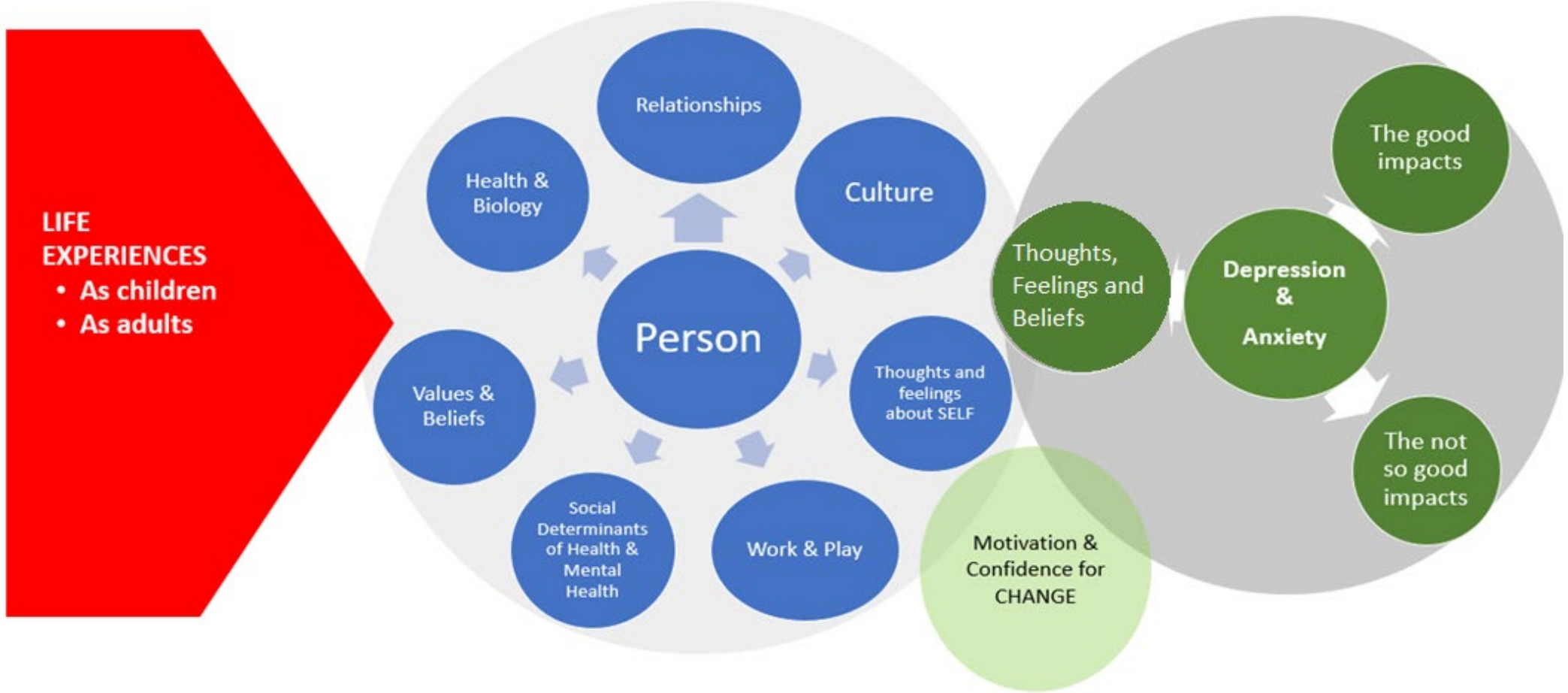
Remember… **If we don't ask, we don't know!**

Source: Hirschfeld RM et al. The National Depressive and Manic-Depressive Association consensus statement on the undertreatment of depression. JAMA. 1997;277(4):333-340.

About Contextual Understanding

- There is good evidence that biological factors, psychosocial experiences, and the wider environmental context influence the development, continuation and severity of disorders.
- Contributing experiences may occur at home, at work, or in the community, and a stressor or risk factor may have a small or profound effect, depending on individual and environmental differences.
- Contemporary therapies helps patient and clinician identify issues within a broader contextual framework and set treatment priorities helping the patient to engaging in specific treatment sessions that address those needs.

Contextual understanding of your person and his/her experience of anxiety and depression

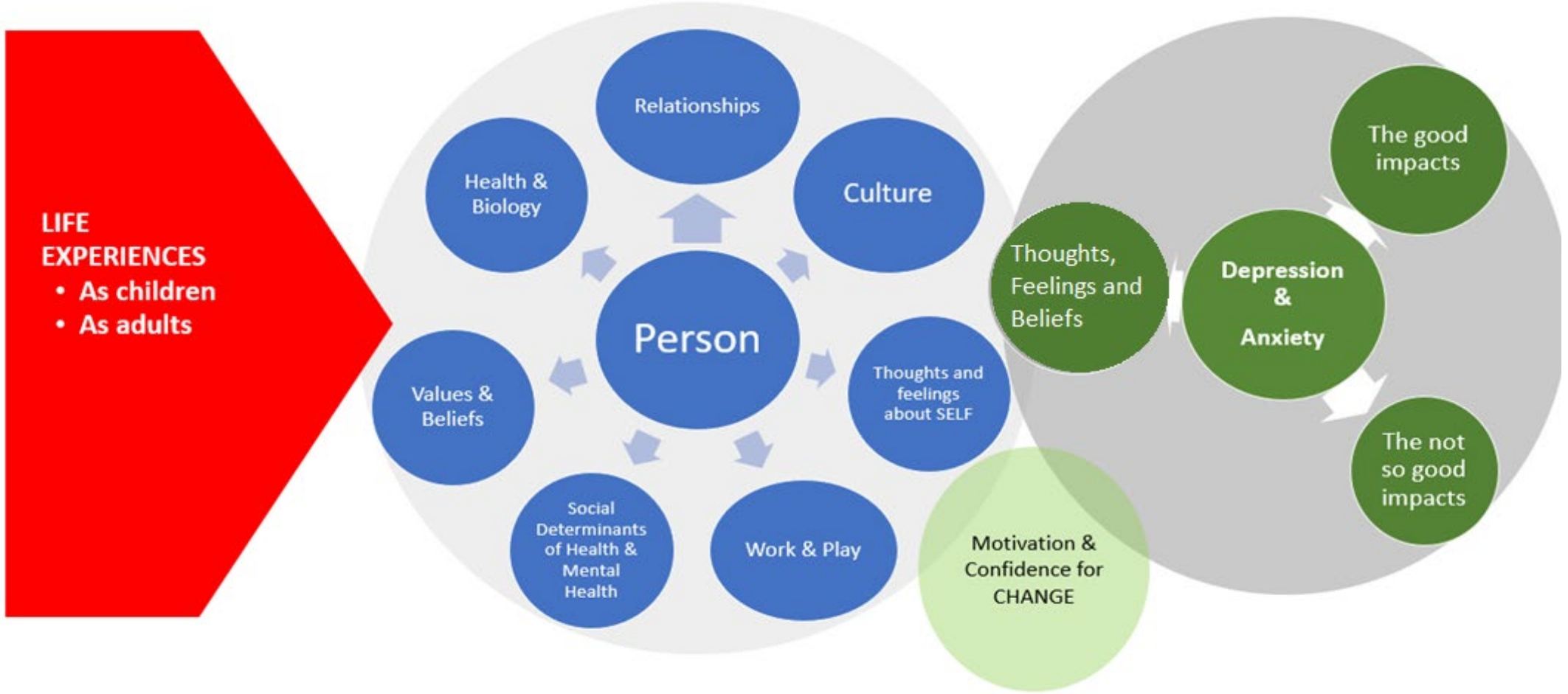


A Brief Case Study:
Cecilia, a 44-year-old depressed woman

Breakout Discussion – 15 minutes

- A case conceptualization for Cecilia from a contextual perspective.

Contextual Understanding Debrief



Key Takeaways for Today

Screening for depression, suicidality and anxiety should be a standard of care because: **If you don't ask, you don't know!**

- Untreated or poorly managed anxiety and depression impacts physical health, especially patients with chronic health conditions.
- An integrated approach between physical health and behavioral health yields better results for patients with chronic health conditions.
- A contextualized understanding better supports individualized care, aligns with patient values, prioritizes intervention strategies.

Q&A

Next Steps

Participate in Post-Session Office Hours

- Stay after each session to discuss the material presented or
- Attend Office Hours: Friday the same week as CoP from 1:00-2:00pm Jan 20, 2023, 1:00 PM ET https://us06web.zoom.us/meeting/register/tZElf-2qrTIpH9z0txFg_DnQ6Gh4saQNbq3U

Schedule One-to-One Coaching Session

- Facilitators will be contacting each CoP participant individually.
- Participants will engage in a 60-minute One-to-One Coaching session with the facilitator to refine desired outcomes from participation.

Upcoming TA Opportunities

- **Brown Bag Session** "Re-Entry Recovery Services to Improve Health and Reduce Recidivism and Overdoses Among Formerly Incarcerated Individuals"

  https://us06web.zoom.us/meeting/register/tZIlde2sqTkpE9Wj4e9a-2kTiIUbpJUD7m_g

Accessing Additional TA Opportunities

BPHC BH TA PORTAL ONLINE REQUEST FORM

https://bphc-ta.jbsinternational.com/ta-request-form

EMAIL

healthcenter_BHTA@jbsinternational.com

BH TA WEEKLY UPDATE

healthcenter_BHTA@jbsinternational.com

References

- Moore DP et al. Mood Disorders. In: Moore & Jefferson: Handbook of Medical Psychiatry, 2nd ed. Philadelphia: Mosby; 2004.
- Kessler RC et al. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). JAMA. 2003;289(23):3095-3105.
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CEs Revisited - Health Center TA Satisfaction Assessment

- **You MUST complete the Health Center Satisfaction Assessment after this session to receive CEs.**
- The link to the Satisfaction Assessment will automatically open in your browser at the conclusion of this webinar.
- We will also email you a link to the Satisfaction Assessment
- You can also click the link for the Satisfaction Assessment provided in the Zoom chat feature; click the link now to have the browser open.

Please take 2–3 minutes to complete the Satisfaction Assessment directly following this session.

THANK YOU!

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Thanks! We'll see you at Session 2, 1/25

Joe Hyde, BHTA Project Director

Laura Rosenbluth, Technical Expert Lead