

*Improving Depression Outcomes in
Underserved Communities:
“It takes a village to build a village.”*

Jeanne Miranda, PhD & Kenneth Wells, MD, MPH

for investigators and community partners
from Partners in Care
and Community Partners in Care

Presentation Points

- **Improving depression care for underserved minority populations for even one care episode can have benefits over a decade**
- **A village of partners may be needed to support improved care across underserved communities**
- **Community engagement holds promise as an approach to build the village**
- **Will this work? -- Community Partners in Care**



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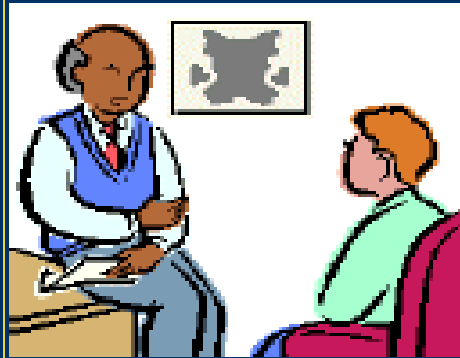
Clinics Were Randomized



**Usual Care
(UC)**



QI-THERAPY
support for
psychotherapy



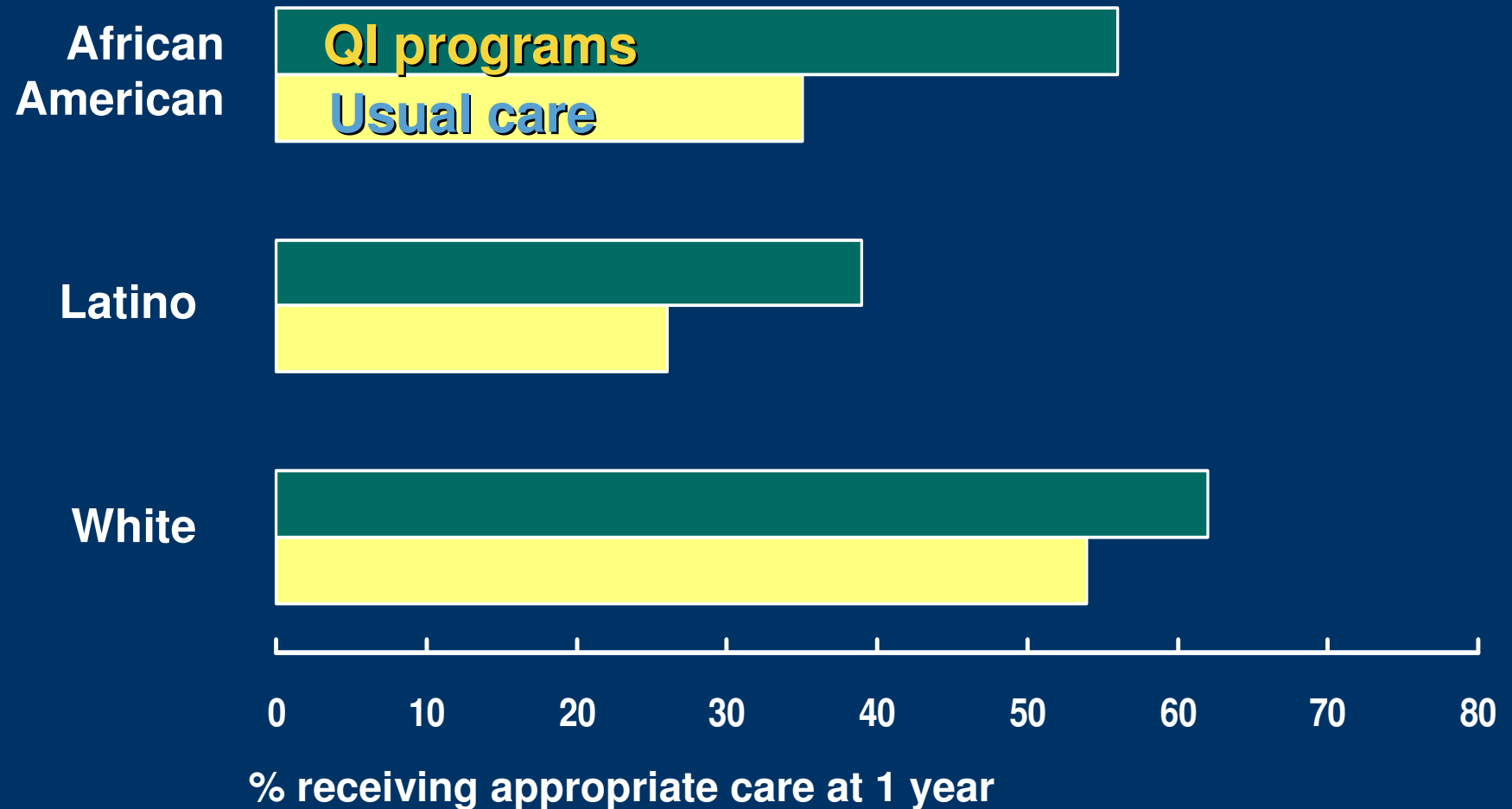
QI-MEDS
support for
medication
management



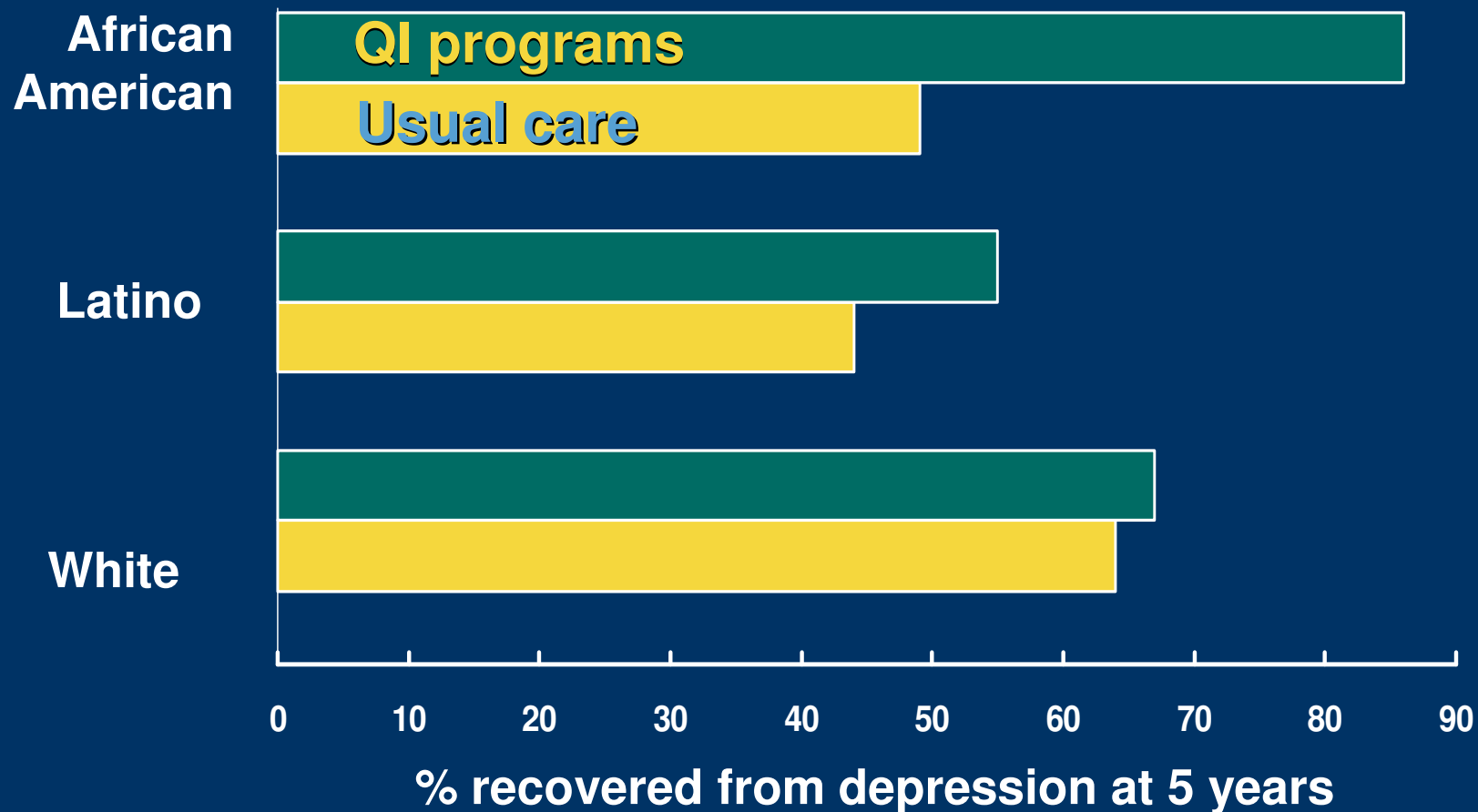
Interventions

- **Healthcare practices provide in-kind resources**
- **Local practice teams supervised interventions**
- **“Depression nurse” supported patient education, assessment, and getting started on treatment**
- **Primary care clinicians were taught about depression**
- **Patients and doctors could choose any treatment, or no treatment**

Interventions Increased Appropriate Care for All



Outcome Disparities Reduced at 5-Year Follow-up



Cumulative Outcomes for QI-Therapy

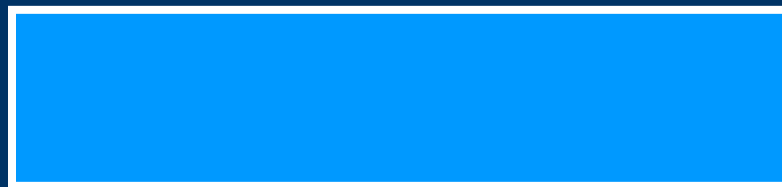
- Annualized cumulative effects of QI-Therapy vs UC among minorities: **4 to 8** MHI-5 scale points depending on how modeled
- Effect of losing a loved one on MHI-5 over 1 year is **6.2** scale points
 - *Cumulative benefit of QI-Therapy is equivalent to removing the psychological burden of 6-12 deaths of a loved one in 9 years*

Implications

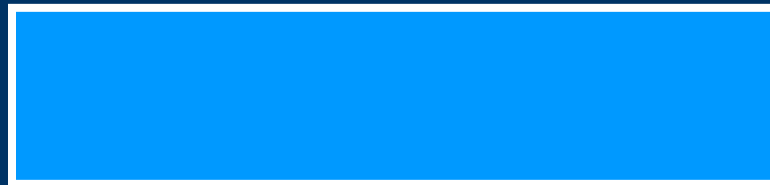
- **How we manage depressed patients for even one episode (information and treatment) can have long-term consequences over many years**
 - **Patients may not need prolonged management by providers to reap some long-term gains**
- **The most vulnerable depressed populations may have the most to gain from efforts to improve care**

Child Disparities: % Children with Care of those with MH Need

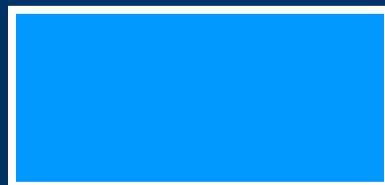
Source: Kataoka, et al., (2002)



24% White



23% African American



12% Hispanic

Similar Interventions Help: Youth Partners in Care

- **QI intervention for depressed youth in primary care increased rates of specialty care and counseling, improved depressive symptoms and mental health-related quality of life outcomes, and increased client satisfaction with care at 6 month follow-up**
- **6-Month symptom and quality of life outcome improvements were similar to that for adults in the PIC study**

How Can We Achieve the Promise for Communities of Color?

“My sense of desperation is gone. I do not feel so alone and helpless in combating my day-to-day problems. My anger has subsided to the point that people see me differently (because I am different!) and my relationships with people have improved dramatically.”

“I have made many positive changes in my life and somehow I feel stronger than I was before my depression. Will the depression ever come again? I hope not but I know if it does, I’ll be ready for it.”

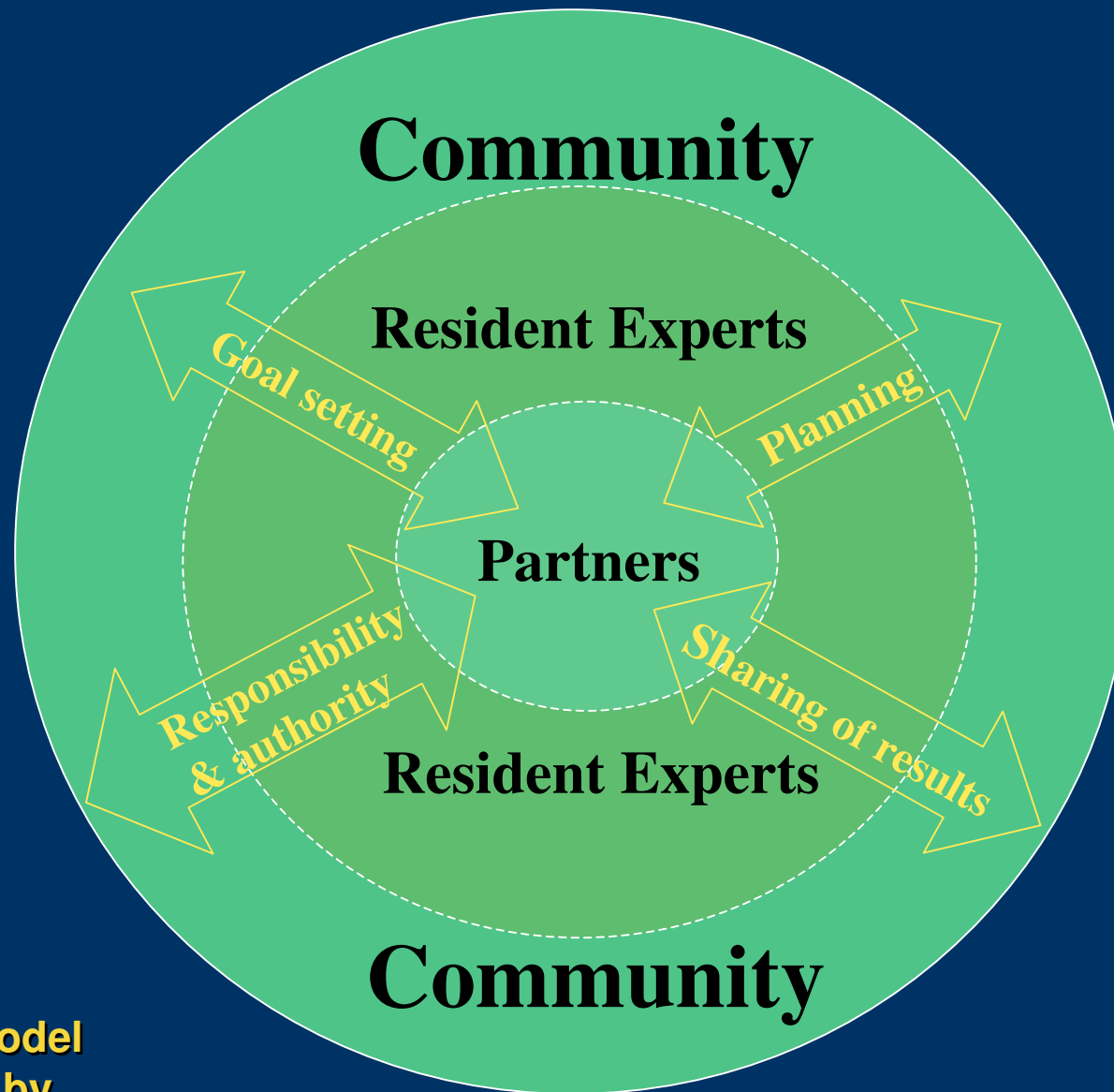
Public Sector Challenges for Young Mothers

- Mental health departments prioritize severe mental illness
- Primary care has limited resources for mental health quality improvement programs
- “Depression is everyone’s problem...but nobody’s business”
- TANF provides temporary Medicaid to pregnant women...which ends 2 months after birth when mental health care might be most appropriate
- Points of contact and trust vary: Social services, public health/health services, faith-based, community agencies, businesses –
- How to tie programs together into a plan? How to share the responsibilities for services? How to develop trust and incentives for sharing?

Reducing Disparities: Healthy African American Families Model of Community Partnered Participatory Research



Partnership “Circle of Influence” Model © 2002



Source: This model
was developed by

L. Jones, M.A., D.S. Martins, M.D., Y. Pardo, R. Baker & K. C. Norris, M.D.

Find the Win-Win: Incentives for Community Engagement

Sector	Wins
Community	Better daily lives Indirect benefits to whole community
Community Based Organizations	Community, political, financial support, recognition, networking, resources
Business Community	Increased market share or revenue, Positive image, tax write-off
Government	Improved community-grounding of programs, services; public trust in and uses of research
Universities	Greater community impact, partnerships for research and training with 2-way knowledge transfer

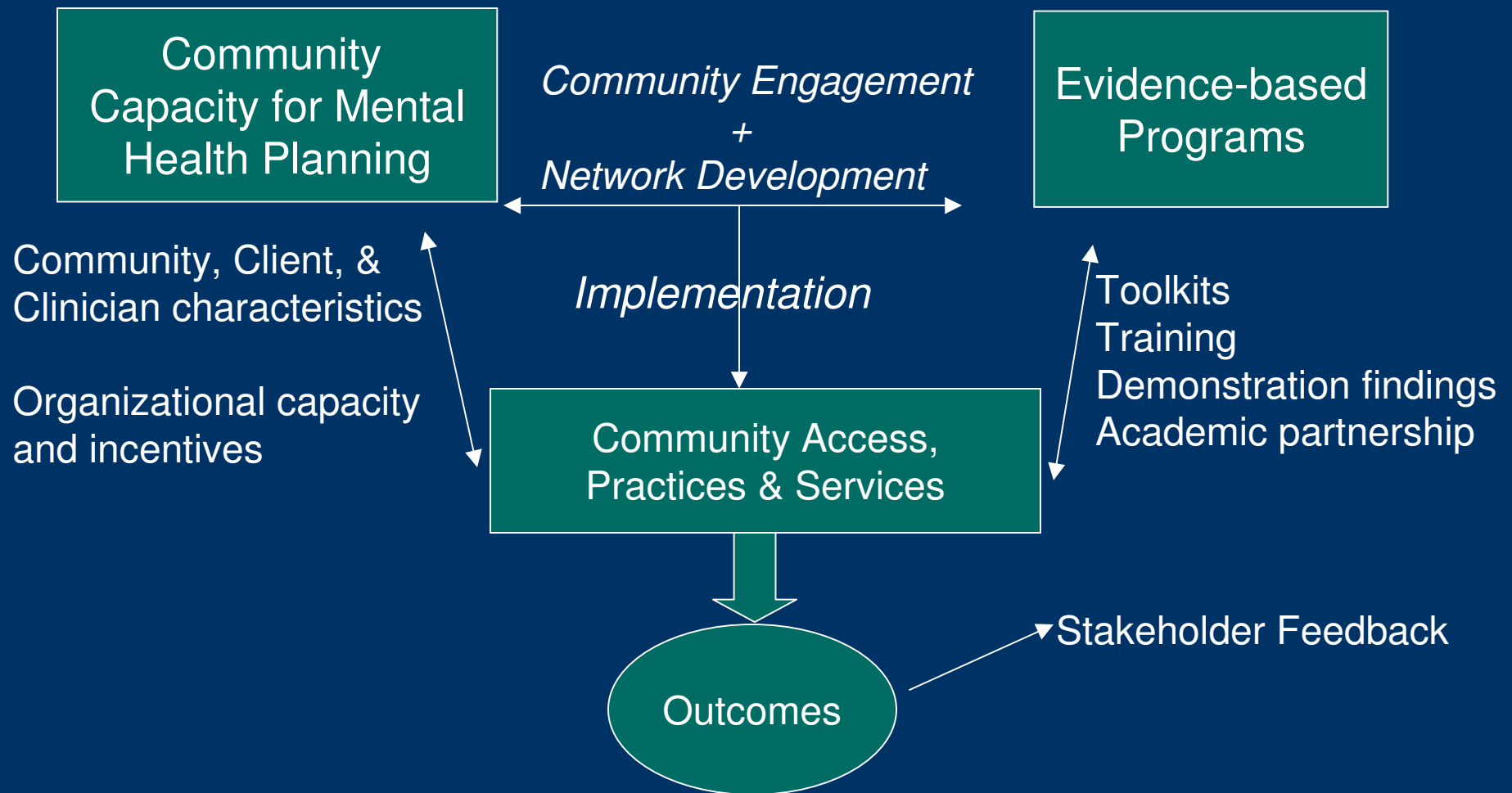
The Promise of Community Engagement

- Gives underserved populations voice in addressing their own health and welfare
- Respects community and academic perspectives
- Promotes power-sharing and balanced resources
 - *Can it enhance adoption of evidence-based mental health programs?*
 - *Are we ready for the community resources and power sharing required for authentic partnerships?*

Witness for Wellness



Community Engagement Implementation of Evidence-Based Mental Health Programs



Client, Provider, Agency, Community

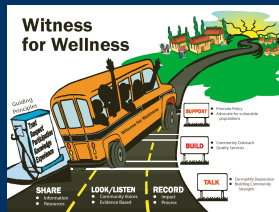
It takes a village to build a village



L.A. Care Healthplan



Los Angeles Ecumenical Congress



Lamp Community



Welcome to L.A. Care Health Plan

