



# Investigating Quality of Depression Treatment Access and Outcomes for Racial Minority College Students: Preliminary Experience of the NCDP

**Henry Chung, M.D.**

*Associate Vice President, Student Health  
New York University*

**Caroline Kasnakian, PsyD**

*Associate Director/Director of Training, Counseling Center  
Baruch College of The City University of New York*

# Agenda

- Brief Literature Review on Mental Health Treatment of Racially Diverse Populations
- NCDP Model and Data Review – Focus on Diversity
- Case Study
- Moving Forward – NCDP - CAN

# Preponderance of Findings on Racial/Ethnic Minority Groups and MH Treatment

- Lower lifetime rates of psychiatric disorders
- Greater persistence of illness: lower rates of quality care; and later identification
- **Lower acceptance rates of outpatient MH treatment; lower acceptance of medication treatment; preference for counseling**
- **Greater attrition rates in MH treatment compared to Whites**
- Problem solving and cognitive therapies may have greater acceptance than psychodynamically oriented treatments
- Greater sensitivity to side effects of medication treatment

# Prevalence and Recognition of Depression in Low Income Asians & Latinos in Primary Care

|                                    | <u>Asian (n=91)</u> |             | <u>Latino (n=133)</u> |             |
|------------------------------------|---------------------|-------------|-----------------------|-------------|
|                                    | <i>%</i>            | <i>Mean</i> | <i>%</i>              | <i>Mean</i> |
| <b>Sig Depressive Sx</b>           | <b>41.6</b>         |             | <b>47.3</b>           |             |
| <b>Physician ID of a problem**</b> | <b>23.6</b>         |             | <b>43.8</b>           |             |
| <b>Accurate Diagnosis</b>          | <b>17.2</b>         |             | <b>30.3</b>           |             |
| Female **                          | 53.8                |             | 72.9                  |             |
| Language Congruence**              | 90.1                |             | 64.7                  |             |
| CES-D Score                        |                     | 16.16       |                       | 17.90       |
| Age (yrs)                          |                     | 52.34       |                       | 49.82       |

\*\*p<.01.

Chung et al., Community Mental Health Journal , 2002

# Risk Factors for Suicide in College Students

## 2000 NCHA analysis for those seriously considering suicide attempt

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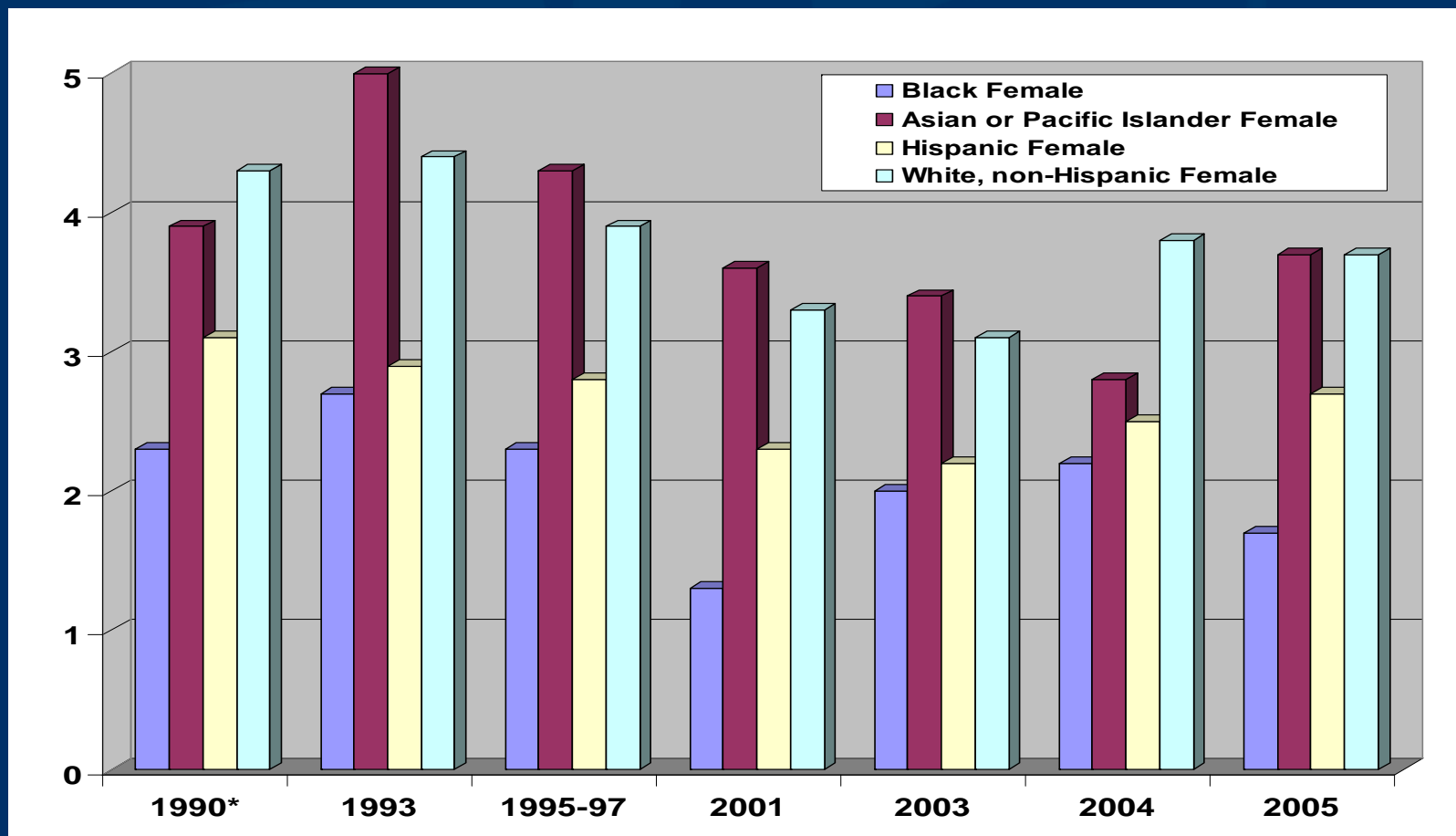
- 9.5% had seriously considered an attempt and 1.5% had attempted
- Over 90% had depressed mood several times in past year
- Issues of sexual identity, problematic relationships, **being of self identified Asian background**, and obesity were predictors
- <20% were receiving any treatment

*Kisch et al, Suicide and Life Threatening Behavior 2005*

# Rates for Suicide

## Female Age 15-24 By Race & Ethnicity

Detailed Race, Hispanic Origin: United States, Selected Years 1990-2005



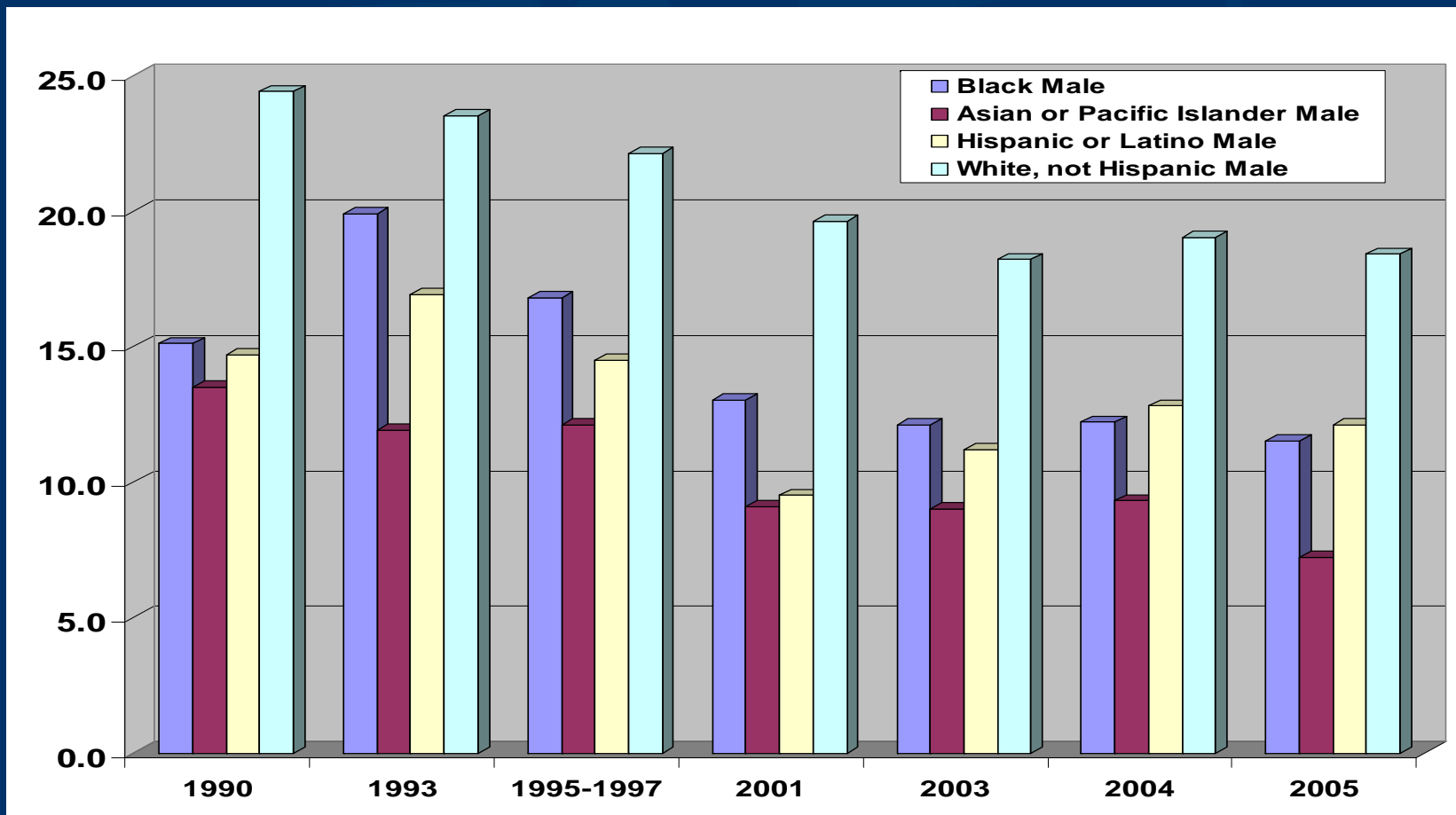
\* Fewer than 20 deaths reported in these years for American Indian or Alaska Native females.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, Grove RD And Hetzel AM. Vital Statistics rates in the United States, 1940-60. Washington: Public Health Service, 1968; Vital statistics of the United States, vol II, mortality, part A, for data years 1950-97. Washington: Public Health Service; data computed by the Division of Health and Utilization Analysis from data compiled by the Division of Vital Statistics and from national population estimates for race groups from table 1 and unpublished Hispanic population estimates prepared by the Housing and Household Economic Statistics Division, U.S. Bureau of the Census.

# Rates for Suicide

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# Counseling Utilization by Ethnic Minority College Students

- 1997-1998 Study Design and Sample – 30% participation rate with oversampled minority students: yielded 1166 African, Asian, White and Latino American helpseeking students at 40 state supported universities counseling centers, OQ-45 at first and last therapy sessions
- Mean age 22.3 yrs, 66% females; 11.6% African Amer; 16% Asian Amer; 29.5% Latino Amer; 26% Caucasian Amer; 17.1% international; GPA similar, but demographics different, place of birth (50% non US)
- Majority of counselors female (64%) and White (79%)
- **Overall; 57% were judged clinical cases (OQ-45 >63); 65% Asian; 60% Latinos; 55% African; and 51% White**

Source: Kearney L et al, 2005

# Counseling Utilization by Ethnic Minority College Students

- Results – Overall no significant differences in outcome for total group from intake to termination; Clinical cases Recovered/Improved = 32%; 26% African American; 34% Asian American; 39% Latino Amer; 30% White
- Mean sessions (after intake) = 2.2 African American; Asian 1.9; Latino 1.6; White 3.5
- Summary – Racial Minority Students generally more severe symptoms, earlier termination, but generally no differences in clinical outcome; no effect seen for counselor matching (but likely insufficient power)

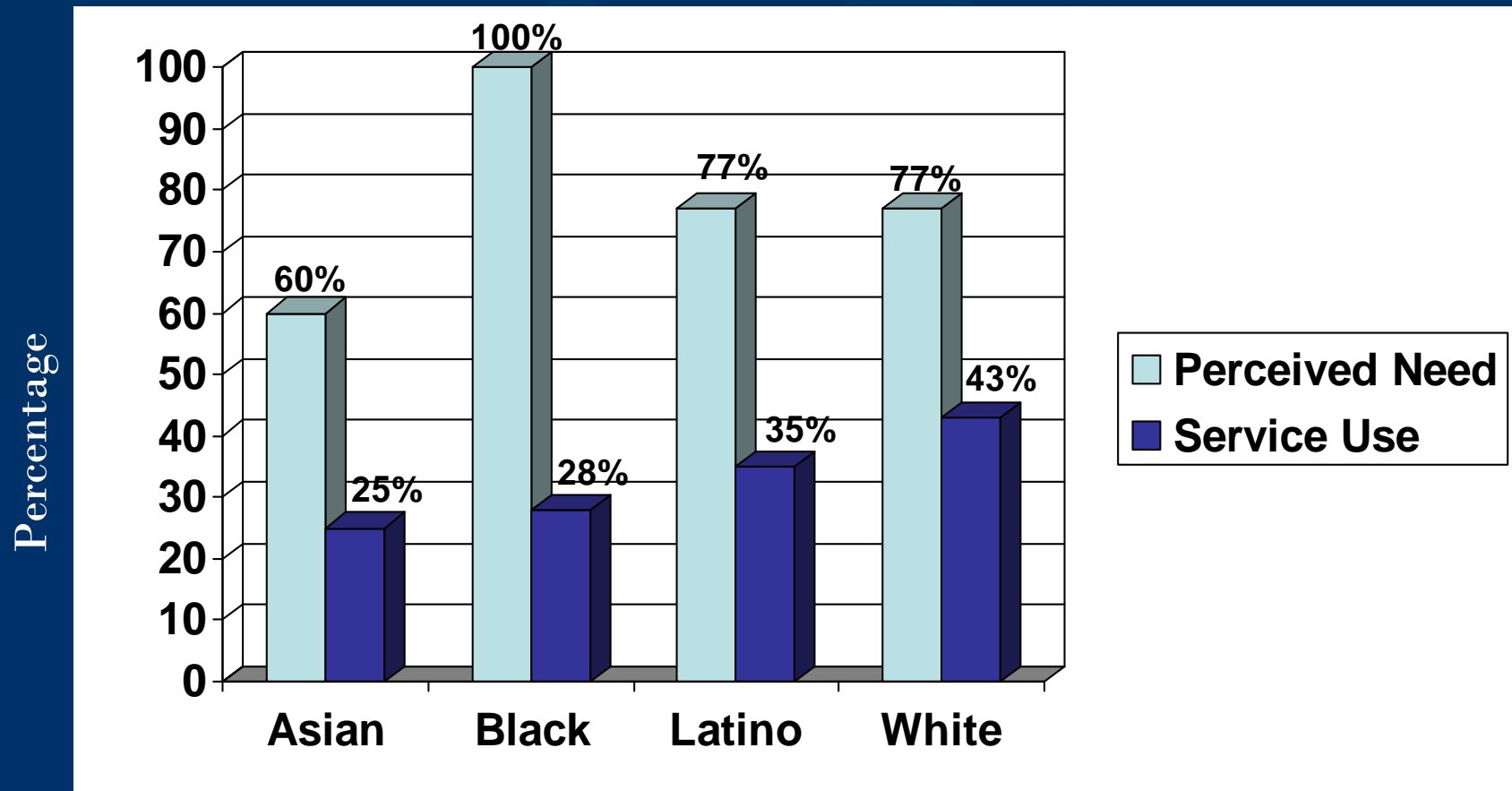
Source: Kearney L et al, 2005

# Use of mental health services among students with depression

| Race - ethnicity       | Past 12 months | Current |
|------------------------|----------------|---------|
| Asian/Asian-American   | 25%            | 11%     |
| Black/African-American | 28%            | 11%     |
| Hispanic/Latino        | 35%            | 21%     |
| Caucasian              | 43%            | 32%     |
|                        |                |         |
| Total                  | 39%            | 26%     |

Students with depression based on current positive PHQ-9 screen [ 17.1%; n = 971.]  
Total survey sample: N = 5,689.

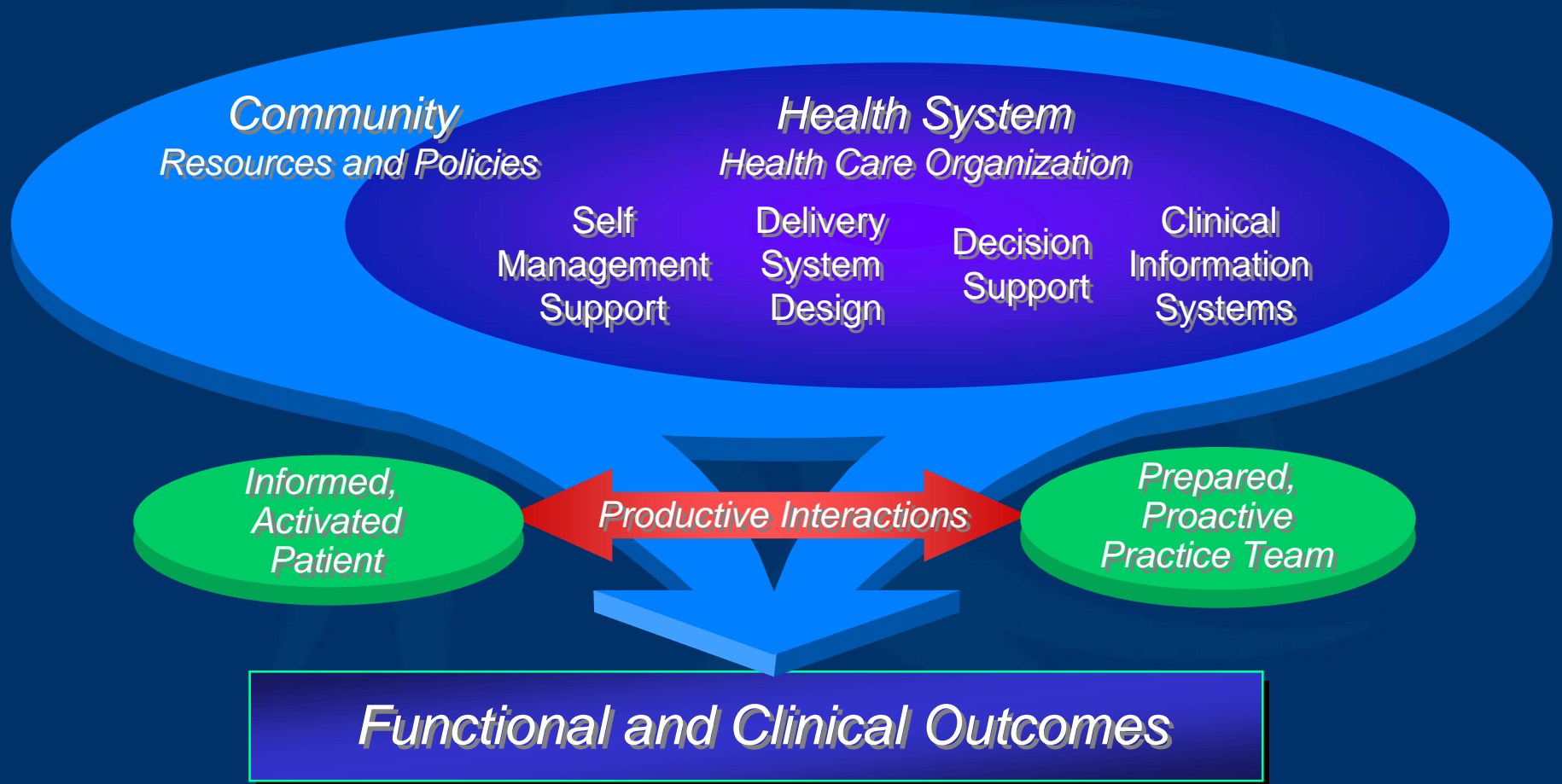
# Gap between perceived need and use of services



Among students with depression based on current PHQ-9 screen [n = 971].  
Healthy Minds Study, 2007

# NCDP Model and Progress Review: Focus on Racial/Ethnic Diversity

# Chronic Care (Collaborative) Model



Source: Wagner, 1996

# What is the National College Depression Partnership?

- Quality Improvement Training & Development program for clinicians (counseling, primary care, health promotion, etc) using the collaborative care model and shared learning approach
- Maximizes existing health resources for evidence based processes of care including:
  - depression screening in primary care,
  - measurement and outcomes based in medical and counseling settings,
  - development of a safety net and focused on student function and academic engagement
- Year long intensive coaching and faculty facilitation

# Key Elements of Collaborative Care Model of NCDP

- Screening in Primary care
  - Improved Detection among groups that typically underutilize mental health services
- Early initiation of treatment
  - Decrease symptoms since students may be more severe on presentation
- Care management
  - Decrease higher treatment dropout rates
  - Attempt efforts at psychoeducation and self management
  - Follow high risk treatment drop outs
- COMMUNITY ENGAGEMENT

# PHQ - 9 Symptom Checklist

| Over the <u>last 2 weeks</u> , how often have you been <u>bothered</u> by the following problems? | Not at all                          | Several days                        | More than half the days             | Nearly every day                    |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   | 0                                   | 1                                   | 2                                   | 3                                   |
| a. Little interest or pleasure in doing things  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b. Feeling down, depressed, or hopeless   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c. Trouble falling or staying asleep, or sleeping too much  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| d. Feeling tired or having little energy  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| e. Poor appetite or overeating  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f. Feeling bad about yourself, or that you are a failure . . .                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| g. Trouble concentrating on things, such as reading . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| h. Moving or speaking so slowly . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i. Thoughts that you would be better off dead . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Subtotals:  |                                     | 3                                   | 4                                   | 9                                   |
| TOTAL:  |                                     | 16                                  |                                     |                                     |

# Transformation of Health Care at the Front Line

- Quality Measurement tied to resources
- Health Information Technology
- Comparative Effectiveness (Decision Support)
- **Quality Improvement Collaboratives and Learning Networks**
- **Clinician Training – practice based learning and systems based practice**

Source: Conway and Clancy, JAMA, 2009

# Does Collab Model in mental health come at the Expense of Cultural Competence/Sensitivity?

- Concern: Does the Collaborative Care Model not account for patient individuality?
  1. Offers more choice and honors student preference
- Concern: Does measurement create an unintended barrier to exploration of cultural factors?
  2. Setting goals in a short term treatment enhances alliance if the effort is collaborative in nature

# Case Study

- 25 yr Asian American female intl student with routine PC appt for insomnia and headaches. PHQ-2 screen positive and PHQ 19 score = 19. Physical exam WNL but with interview says that she has had signif stress since birth of son 20 months ago. No hx of mental health treatment. Lives with husband who is a doctoral student
- What addtl health history info do you need? Diagnosis? Initial Treatment Plan?

# Case Study

- Referred to counseling appt and informed that a care manager will follow up with her prior to her full counseling appt in 2 weeks.
- What actions does care manager take prior to appt?
- At appt, she is ambivalent, PHQ score unchanged, still has SI but no intent, wants to get better. Referred to medication eval in 5 days, PHQ =18 but denies SI and starts medication.
- What happened to her SI?

# Case Study

- 2 months later, patient PHQ is 11, no SI, but wants to go off meds. Self management goal is to practice “mindfulness” between sessions, usually after she puts her son to bed or between TA assignments. Starts to cancel sessions in advance with reasonable excuses.
- What does counselor do? What does care manager do?

# Case Study

- At start of 2<sup>nd</sup> semester, PHQ score =17. Still ambivalent about medication treatment despite good alliance. SI starts to re-emerge. Recently had a routine gyn appt at health center. PHQ = 18
- What does counselor do? What is the role of women's health clinician?
- What is outcome and prognosis?

# Summary

- The Collaborative Care Model addresses several key barriers for racially diverse students who might not enter counseling on their own
- Patient preference can be more easily honored especially if there is followup and measurement
- Care management assists the therapy in between appts and assures follow up
- Collaboration between medical and counseling systems are integral Cultural competence is important but it is nested within a systematic treatment framework



National College  
Depression Partnership

**NCDP**

# **NCDP – Collaborative Action Network**

*Broadening the reach of best  
practices in depression care*

# NCDP - CAN

- Choice of change and learning models to meet broader range of resource, time, and personnel capabilities
- Access to an established and mutually supportive, national collaborative partnership focused on sharing best practices and accelerating implementation of change strategies
- Advanced clinical tracking tools essential for guided change
- Expanded network of expert faculty and learners for coaching and support: “all teach, all learn”



National College  
Depression Partnership

**NCDP**

# Collaborative Action Network

Phase III

# Existing Network of Innovative Change

## HUMAN INNOVATION

- Learning and professional development network of dedicated, skilled clinical staff nationwide who have successfully reengineered depression care at their institutions

## TECHNICAL INNOVATIONS

- Clinical tools that will continue to support wider safety net and drive practice change
- “Distance learning” that saves time and money
- Website with downloadable training, clinical, and knowledge resources

## CLINICAL INNOVATIONS (COMPREHENSIVE CHANGE)

- more advanced capacity to learn about “key ingredients” about treatment & outcome itself
  - Population based outcomes
  - Impact on student function and learning engagement

# Two Change Models: Comprehensive and Focused

Comprehensive -  
“Breakthrough” Learning

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- Systematic and accelerated pace of change → full QI with mutual peer support to achieve benchmarks
- Ambitious, rapid activity with multiple impact domains in order to **achieve sustainable change** – pushes the field of knowledge in college health

Focused –  
Targeted Learning

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- Sequential curriculum → support existing systems → prioritization of key targets for improvement
- Focused activity, with faculty guidance, with improvement of specific targets and **preparation for sustainable systems change**

## 2 Change Models: Comprehensive or Focused

| COMPREHENSIVE   | FOCUSED  |
|---|--|
| Urgency: Moderate to High   | Urgency : Moderate to high   |
| Foundation: Comfortable with QI methods and desire for integrated approach for PC and counseling                            | Foundation : Limited QI experience and desire to improve at least one clinical service model                       |
| Time - specific, monthly pre-set time commitment and sharing of outcomes for benchmarking                                   | Time : Smaller monthly time commitment with desire to improve from baseline; data reports for sharing not required |
| Learning Style: structured, composed of MDTP committed to train the trainer at local site; peer based modeling and learning | Learning Style : self-paced team learning and focused, collab goals are selected for custom impact                 |
| Senior Leader Support at Student Affairs level is a pre-requisite   | Senior leader Support at Student Affairs level helpful, but not a pre-requisite                                    |

# What do I get?

| COMPREHENSIVE  | FOCUSED  |
|--|--|
| Support: Unlimited   | Support: limited to extensive website resources and registry support   |
| Individual coaching and consultation with expert faculty "office hours"  | Group Coaching and consultation on monthly calls   |
| Full impact of the community learning through live and virtual CME conferences including national 3 day kickoff conference   | Membership in cutting edge community; ie discussion boards   |
| Cutting edge, web-based dynamic clinical registry <ul style="list-style-type: none"> <li>➤ Real-time treatment assessment indicators</li> <li>➤ Real time clinical support functionality</li> <li>➤ Sophisticated on-demand reports</li> <li>➤ Real time coaching capacity</li> <li>➤ Can "grow" with your system</li> </ul> | Microsoft Excel Depression Registry <ul style="list-style-type: none"> <li>➤ Real-time treatment assessment indicators</li> <li>➤ Real-time clinical support functionality</li> <li>➤ Population based data</li> </ul> |
| Virtual support communication channels<br>Listserv<br>Discussion board<br>ALL new website materials  | Virtual support communication channels<br>Listserv<br>Discussion board<br>Archived website training materials  |



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# **NCDP – Collaborative Action Network**

*For information and application  
[www.nyu.edu/ncdp](http://www.nyu.edu/ncdp)*