Self-management strategies for mild to moderate depression

The internet-based iFightDepression tool

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Outline

• What is depression?
  – Characteristics
  – Prevalence
  – Depression and suicidality

• European Alliance against Depression and PREDI-NU project

• The iFightDepression self-management tool
  – Development
  – Implementation
  – Evaluation

• iFightDepression awareness website
What is depression?

• Depression is a serious condition

• Depression is not stress or merely feeling unwell

• Depression involves biological processes

• Depression is a systemic illness

• Depression is a common disorder

• Depression can affect anyone

• Depression might be recurrent or chronic
Background

Public health significance of depression

– Lifetime prevalence of any mood disorder approximately 12%  
  (Kessler et al., 2009 – Data based on WHO World Mental Health Surveys)

– 12-month prevalence approximately 6%  (Kessler et al., 2009 – Data based on WHO World Mental Health Surveys)

– Unipolar depressive disorders represent 6% of all diseases in disability adjusted life-years in Europe  (WHO 2004, Update 2008)
Causes of depression

**PSYCHOSOCIAL ASPECTS**

- **Vulnerability**
  - e.g. negative life experience, personality

- **Triggers**
  - e.g. acute psychosocial burden, stress

**BIOLOGICAL ASPECTS**

- e.g. genetic factors
- e.g. hyperactivity of the axis of stress hormones

**Therapy**

- Psychotherapy
- Pharmacotherapy
How does depression affect cognition?

I can never do anything right

Life is lousy - I don't seem to enjoy anything anymore

Things aren't going to get better
Suicidal thoughts/suicidal behaviour

Lower self-esteem and self-confidence

Feelings of guilt and worthlessness

Decrease in energy

Lowering of mood

Loss of interest

Sleep disturbances

Reduced concentration

Change in appetite

Change in psychomotor activity

Diagnosing depression (ICD-10)
Depression and suicide

– 1 million suicides worldwide and 58,000 suicides per year in the European Union [www.who.int/mental_health]

– Rate of attempted suicides 10-20 times higher (WHO, 2003)

– Depressive disorders are among the major risk factors for suicide (Yoshimasu et al., 2008; Borges et al., 2010)

– Those with major depression are up to 20 times more likely to die by suicide than non-depressed individuals (Lonnqvist, 2009; Harris & Barraclough, 1998)

– Improving depression treatment of depressed patients is an effective suicide prevention method (Mann et al., 2005; Gusmao et al., 2013)
Suicide, self-harm and depression in Ireland

Suicide ca. 550.

Self harm presentations (ca. 12,000 p.a.)

“Hidden” cases of Deliberate self harm ca. 60,000 p.a.

Psychiatric admissions for depressive disorders (ca. 5,800 p.a.)

12-month prevalence of depression ~7%
European Alliance against Depression

Nuremberg, Germany 2000-2002
Development community-based 4-level approach and implementation

EAAD 2004-2008
Implementation of 4-level approach in model regions in 17 countries in Europe

EAAD society 2008-present
Sustainability Dissemination of results

OSPI-Europe 2008-2012
Optimizing suicide prevention programs and their implementation in Europe

PREDI-NU 2011-2014
Preventing Depression and Improving Awareness through Networking in the EU

Results:
-24% suicidal acts → to be spread across Europe

Federal Ministry of Education and Research

Funded by the National Suicide Research Foundation
Four-level approach to suicide prevention

**Our Aim:**
Early detection of depression and suicidal behaviour and optimisation of the care of depressed and suicidal patients

- **Co-operation with general practitioners in primary care**
- **Support for patients and their relatives**
- **Public awareness initiatives:** education of the broad public
- **Cooperation with professional health care and community workers,** e.g., counsellors, police, priests, teachers, media
The PREDI-NU project

Aim

To contribute to the promotion of mental health and the prevention of depression and suicidality through information and communication technologies (ICT)
Expected Outcomes

- Increased uptake of support options by young people and adults with mild to moderate depression
- Increased uptake of support options by men who otherwise may not receive support
- Increased awareness of depression among health professionals which will contribute to early identification of depression and the prevention of suicidal behavior
- Diffusion of effects throughout Europe through awareness website, which will be made available in nine languages
The iFightDepression Tool

A guided internet-based self-management tool for mild to moderate depression

Developed based on:

• CBT theory and practice

• Literature review

• Best practice examples

• Consensus process involving:
  – Scientific advisory board and additional international experts
  – Representatives from patients organisations
  – Representatives from family organisations
What is self-management?

‘...involves engaging in activities that protect and promote health...

...monitoring and managing the symptoms and signs of illness...

...managing the impact of illness on functioning, emotions and interpersonal relationships...

...and adhering to treatment regimes.’

(Centre for Advancement of Health, 1996)
Cognitive-Behavioural Therapy (CBT)

- A type of psychotherapy
- Focuses on “here and now”

Computerised CBT is ...

- effective in reducing depressive symptoms & improving diagnostic status
- equally effective to therapist-led CBT
- more effective than treatment as usual and bibliotherapy
- more effective in guided interventions than non-guided cCBT interventions
- more effective for people with mild to moderate depression than for those with major/severe depression

Maxwell et al. (in preparation)
Cognitive-Behavioural Therapy (CBT)

Situation: Having failed several job interviews in recent times

Thought
“I’m not good enough”

Feeling
Feeling low, depressed

Bodily response
Difficulties concentrating, tired

Behaviour
Making fewer job applications, drinking alcohol
# The iFightDepression Tool

<table>
<thead>
<tr>
<th>Core</th>
<th>Adult version (25 and older)</th>
<th>Version for young people (15 – 24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A self-management tool</td>
<td>Thinking, feeling and doing</td>
<td></td>
</tr>
<tr>
<td>Designed for young people</td>
<td>Planning and doing things that you enjoy</td>
<td></td>
</tr>
<tr>
<td>Consists of 6 main modules</td>
<td>Getting things done</td>
<td></td>
</tr>
<tr>
<td>Designed to help you understand and change your behavior</td>
<td>Identifying unhelpful thoughts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Changing unhelpful thoughts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sleep regulation</td>
<td></td>
</tr>
</tbody>
</table>

## Optional

<table>
<thead>
<tr>
<th>Healthy Lifestyle</th>
<th>Healthy Lifestyle</th>
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<tbody>
<tr>
<td></td>
<td>Social anxiety</td>
</tr>
<tr>
<td></td>
<td>Relationships</td>
</tr>
</tbody>
</table>

- + Worksheets and exercises
- + Mood scoring (PHQ-9)
Currently improving tool, training & procedures

Carried out focus groups evaluations of the pilot tool

Implemented the tool in ten centres and practices in Cork

Delivered three-hour training sessions to 19 GPs and MHPs in Cork

Completed a pilot version of the iFightDepression self-management tool for mild to moderate depression

Tool implemented in five regions, inc Cork
Phase 1 evaluation

• Focussed on acceptability and feasibility

• Three focus groups conducted in each IR
  – 1 x healthy internet users, 1 x professionals guiding the tool and 1x patients using the tool

• Quantitative data
  – Professionals’ satisfaction with training
  – Outcome measures: pre- and post professionals’ checklist, including CGI (pre- and post-) from professionals
  – Outcome and process: pre- and post patient- evaluation questionnaire
  – Intervention intensity indicators
    • e.g. information materials distributed, trainings, professionals trained, patients offered tool
## Phase 1 evaluation

### Training outcomes (%)

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>A little</th>
<th>Quite</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent do you agree that the training is sufficient adequate to enable you to work with the iFightDepression tool?</td>
<td>0</td>
<td>13</td>
<td>43</td>
<td>44</td>
</tr>
<tr>
<td>To what extent do you agree that the iFightDepression tool is likely to be helpful for patients?</td>
<td>0</td>
<td>9</td>
<td>57</td>
<td>34</td>
</tr>
<tr>
<td>To what extent do you agree that the iFightDepression tool is an added value to you and your daily practice?</td>
<td>0</td>
<td>22</td>
<td>37</td>
<td>41</td>
</tr>
<tr>
<td>To what extent do you agree that the iFightDepression tool is adapted to the target group?</td>
<td>0</td>
<td>12</td>
<td>60</td>
<td>28</td>
</tr>
<tr>
<td>To what extent do you agree that the iFightDepression tool is motivating for patients?</td>
<td>1</td>
<td>22</td>
<td>52</td>
<td>24</td>
</tr>
<tr>
<td>I feel confident about recognising mild to moderate depression?</td>
<td>0</td>
<td>9</td>
<td>41</td>
<td>50</td>
</tr>
<tr>
<td>I understand the outline of the tool and its purpose/aims?</td>
<td>0</td>
<td>5</td>
<td>36</td>
<td>59</td>
</tr>
<tr>
<td>I am going to recommend the tool to potentially interested patients?</td>
<td>0</td>
<td>6</td>
<td>36</td>
<td>58</td>
</tr>
</tbody>
</table>
Professionals’ reports of patients’ present treatment

• At baseline:
  • 92% had a mild or moderate depression
  • 6% had severe depression
  • 48% received pharmacological treatment as well as the tool
  • 48% received psychotherapy as well as the tool
  • 21% only use the tool

• Received treatment differed between countries:
  • In Germany and Hungary patients received more often psychotherapy
  • In Spain and Ireland patients received more often pharmacological treatment
  • In Estonia both treatment options were in balance

• Older patients much more often received pharmacological treatment
Phase 1 evaluation

– Patients estimated their depression as more severe than professionals did

<table>
<thead>
<tr>
<th>Depression severity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No depression</td>
<td>8</td>
</tr>
<tr>
<td>Minimal depression</td>
<td>9</td>
</tr>
<tr>
<td>Mild depression</td>
<td>26</td>
</tr>
<tr>
<td>Moderate depression</td>
<td>23</td>
</tr>
<tr>
<td>Moderately severe depression</td>
<td>20</td>
</tr>
<tr>
<td>Severe depression</td>
<td>13</td>
</tr>
</tbody>
</table>

• Half of the patients had mild to moderate depression
• But 33% self-reported moderately severe or severe depression
Phase 1 evaluation

Focus group feedback in Ireland

- Importance of guidance and support
- Suggestions for changes to tool format and wording
- On-going training and support for professionals
- Tool interface needs to be more visual and interactive
- Tool seen to be useful in the context of greater waiting lists
- May be applicable to relapse prevention in more severe depression
Phase 1 evaluation

Client: “I’d been looking for a way to track these things. Those trackers and stuff – that’s something new and something I would find very efficient. I really benefitted from that and I’m a very sceptical person – I’m not into psychotherapy and stuff but this really challenged all my thoughts you know. So if you get a chance to do it person to person then I totally recommended it. But if they don’t have the resources this is the next best thing almost. It is worthwhile.”
Implementation & evaluation

Phase 2

• Intervention regions:
  – Continued involvement of Estonia, Hungary, Spain, Germany, & Ireland
  – Plus Austria, Belgium, & Bulgaria

• Optimised tool, procedures & trainings

• Train-the-Trainer programme for multipliers

• Optimised evaluation

• Symposium in European Parliament 1\textsuperscript{st} April 2014

• Randomised controlled trial by colleagues in Spain
iFightDepression website

- European depression awareness website (April 2014)
Thank you!

The PREDI-Nu consortium at its 5th meeting in Innsbruck (2013)
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