

Expert Teams – Depression

Case-Based Learning & Mentorship

Tuesday, July 11, 2023

Facilitator: Julie Moss, MS

ESRD National Coordinating Center



Meeting Logistics

- Call is being recorded
- Lines will be open for all high performing organizations
 - Please stay on mute unless you are speaking
 - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features
- Meeting materials will be posted to the ESRD NCC website.



Meeting Guidelines



INTRODUCE YOURSELF
BEFORE SPEAKING



KEEP PATIENT-SPECIFIC
INFORMATION
CONFIDENTIAL



BE WILLING TO SHARE
SUCCESSSES AND
DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT
QUESTIONS



RESPECT OTHERS



USE "...AND" STATEMENTS



KEEP TO TIME LIMITS

Introductions

- Guest Expert and Case Study Presenters
- Multi-disciplinary Clinical and Professional personnel from dialysis facilities and transplant centers
- ESRD Networks
- Centers for Medicare & Medicaid Services (CMS)



Expert Team Topic Goals

- Increase the percentage of patients screened for depression
- Increase the percentage of patients identified with depression that have received treatment by a mental health professional

Questions to Run On



How Might We ...

- Improve depression screening and patient reporting of mental health symptoms?
- Improve patient access to treatment for depression?
- Communicate differently to reduce the stigma of depression?

Presentation by Guest Expert

Kristin Kuntz, Ph.D.

**Associate Professor of Psychiatry-Clinical
The Ohio State University**





Introducing Screening for Depression to Patients on Dialysis

9 |

Kristin Kuntz, Ph.D.

Associate Professor of Psychiatry-Clinical



THE OHIO STATE
UNIVERSITY

WEXNER MEDICAL CENTER

~~Background~~

- Patients with ESRD often have multiple medical co-morbidities and psychosocial stressors
- Depression is the most common psychological issue in ESRD patients
- Different types of depression
 - Major depressive disorder
 - Persistent depressive disorder
 - Adjustment disorder with depressed mood
 - Depression due a general medical condition
 - Unspecified depressive disorder (“minor depression”)



~~Opening~~ the Conversation

- Can explain to patients:
 - one of the ways in which dialysis is caring for them is to not only assess their physical health but also their mental health
 - Provide empathy around the challenges that come with being a dialysis patient (Facing mortality, Depending on a machine to live, Loss of independence/choice of what to do with one's time, Restrictions in food and fluid, Loss of work/income)
 - Past history of depression before dialysis makes one higher risk for depression when on dialysis

Continuing the Conversation

- May need explain to patients that depression is more than just feeling “sad” or crying a lot
 - Withdrawing from others and activities used to do
 - Lack of motivation to come to treatments, increased fatigue
 - Apathy about adherence (medications, diet and fluid restrictions)
 - Feeling like “it’s not worth it” or feeling more irritable/angry (men)
- Depression in general population is about 9% but it’s 25- 50% in hemodialysis patients
 - So we check on this condition just like other conditions that can go along with dialysis

Continuing the Conversation

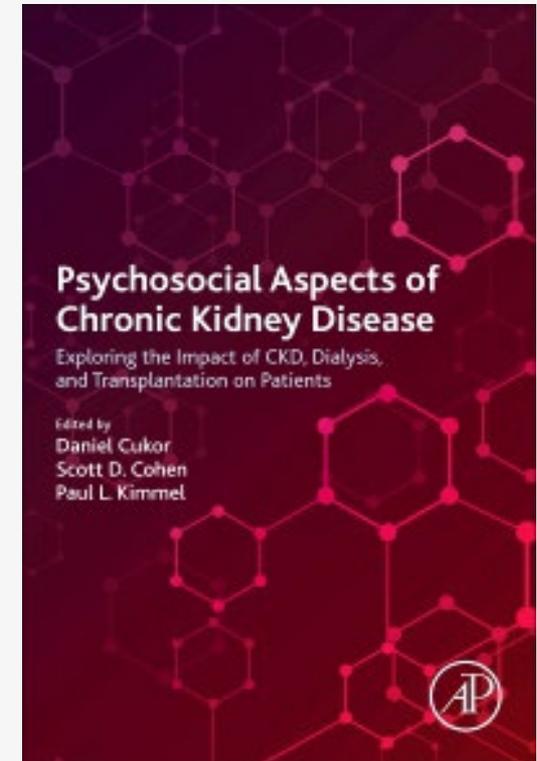
- Let patients know that depression is:
 - Associated with poorer quality of life
 - An independent risk factor for increased illness, hospitalizations, pain, cardiovascular events, sleep disturbance, sexual dysfunction, and death in dialysis patients
 - A risk factor for nonadherence
 - A contributor to cognitive dysfunction
 - Potential barrier to transplantation

~~Continuing the Conversation~~

- Prepare patients for the depression screening schedule and method of screening used
 - Paper and pencil tools
 - More informal verbal “check-ins” with pt
 - Potentially discussions with the support system
- Provide hope- let patients know that depression is treatable in a number of different ways and the dialysis center can facilitate treatment

Points to Consider

- Remember that the somatic symptoms of depression can overlap with ESRD, so fatigue and poor appetite alone do not warrant concern for depression
- Be patient with those who are frustrated with the repeat questioning or who are defensive about mental health issues- be familiar with your talking points about why it matters
- Approaching the topic of depression with empathy, education, and answers can increase the odds of patients' engagement



Case Studies From the Field

Karyn Rosenberg, LCSW

DaVita Saint Charles Way and Roosevelt Avenue

Dani Beliveau LMSW, BCABA

Davita Walterboro

Zachary Rohrberg, MSW, LGSW

Fresenius Medical Care – J. Robert Pritchard Dialysis





DEPRESSION:
INTERVENTION TO ENCOURAGE MENTAL
HEALTH TREATMENT

KARYN ROSENBERG, LCSW

PRACTITIONER BACKGROUND



- Case Worker for Children and Youth
 - 10 years
- Mental Health Therapist Aged 3-Geriatric
 - CBT, Biopsychosocial, Creative Modality Therapy, Therapeutic Play
 - 8 years
- LCSW Supervisor
 - 6 years
- DaVita Dialysis Social Worker
 - 5 years

AARON'S STORY



Aaron | 44 year-old patient

- Risk Factors
 - Dysthymia with emotional dysregulation *
 - Bilateral Blindness
 - Deceased immediate family
- Protective Factors
 - Strong social support with friends and from his cousin
 - Ability to advocate for himself

* Dysthymia- long-term, low-level chronic depression, that waxes and wanes with bouts of major depression at times.

PRACTICE & INTERVENTION



Rapport Building

I have been working with Arron for about 4 years. His blindness requires more intense support services which has build trust.



Respectful Confrontation

Knowing him well, I have been able to respectfully confront the emotional dysregulation and suggest mental health intervention



Provide Mental Health Provider List

I use the patient's insurance carrier and do an internet search on mental health providers who accept that insurance and are within a reasonable distance.

PRACTICE & INTERVENTION

CONTINUED



Follow Up

Follow up with the patient often requesting updates.



Positive Reinforcement

Provide positive reinforcement for efforts and inquire if further assistance is needed.



Check In

Check in to see if patient needs additional resources or has questions regarding receiving mental health treatment.



THANK YOU FOR LISTENING

Questions and/or comments?

Please feel free to reach out at
karyn.rosenberg@davita.com



End-Stage Renal Disease
Network Program

Depression Case Study

Dani Beliveau LMSW, BCABA
July 11, 2023

This material was prepared by the IPRO ESRD Network Program, comprising the ESRD Networks of New York, New England, the South Atlantic and the Ohio River Valley, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication #



Case Study

Female New to Dialysis

- Displayed symptoms of depression since being diagnosed with renal failure
- Felt like world was crashing around her
- Lost job
- Had to move in with her adult children
- Frequently spoke of what life was like before starting dialysis
- Refused transplant due to close family having a bad outcome



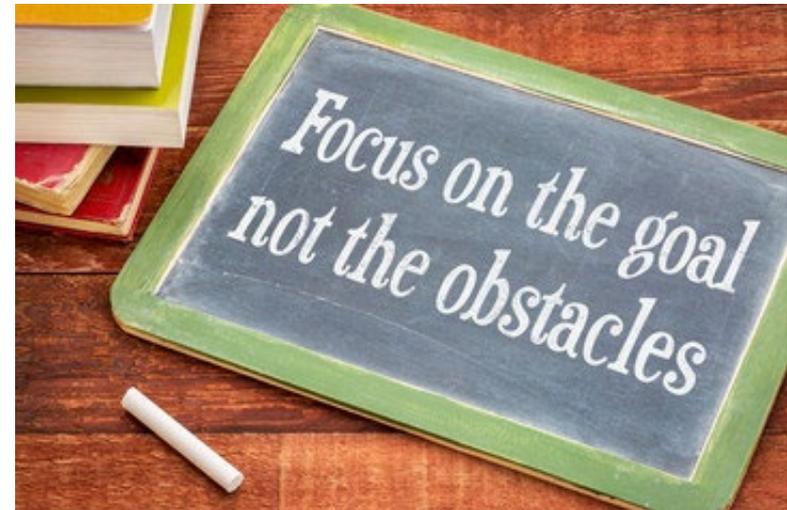
Interventions

- PHQ9
- Distress Thermometer
- Motivational Interviewing
- Applied Behavioral Analysis
- Set up lobby day with Augusta University Transplant and requested that the transplant representative speak to patient



Finding Motivation Through Hope

- After talking with transplant team the patient developed trust with the team
- Patient completed the transplant work up & was listed
- Gained a new sense of HOPE!



Positive Impacts of Hope

- Patient developed an increase in self esteem
- There was an improvement to self care
- Patient had better medication compliance
- The increase in compliance resulted in improved lab results
- Patient began working part-time
- Overall taking better care of herself



Thank you!



End-Stage Renal Disease Network Program

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Depression Success

Zachary Rohrberg, MSW, LGSW
Facility Social Worker II



J Robert Prichard In-Center

Facility Overview: In-Center Dialysis Treatment Facility; 81 patients; Two shifts/ MWF and TTS

Demographics: Population: approximately 85% Caucasian, 15% African American; Urban setting.

Patient Overview

Patient: 75-year-old Caucasian male with medical history of Diabetes; COPD; Leukemia; Obesity; Pain, unspecified; Neuropathy; and multiple high BP related diagnoses.

**Dialysis Admission current: 3/20/23 to present
Prior admissions: Three in 2016; one in 2018**

**Mental Health Diagnoses: PTSD; Adjustment Disorder w/ Depressed Mood;
Major Depressive Disorder, recurrent**

Screening:

PHQ-2

PHQ-9

GAD-7

Treatments:

Focused Interventions

CBT Interventions to address grief and loss

Behavioral Interventions

Mental Health Medication: Sertraline 100mg 1 tab PO qd prescribed by VA

Patient refuses counseling through VA

Other Notable Medications:

Percocet- 325mg 1 tab 2x's qd

Gabapentin- 100mg 1 tab 1x qhs

Questions

Knowledge Into Action



Top Take-Aways



What is one thing you learned today that you could start doing immediately?



How will this action improve your current way of doing the practice/process?



Who is involved and how can they support the action to make it sustainable?

Recap & Next Steps

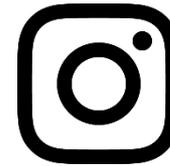
- Additional pathways for learning
 - Sharing Best Practices to a greater community
 - Using Case Study examples to identify new ways of doing something and missed opportunities
- Next meeting – Tuesday, October 10, 2023 @ 2 PM ET
- Visit the ESRD NCC website to find materials and share <https://esrdncc.org/en/professionals/expert-teams/>



Social Media



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National Coordinating Center (NCC)



Expert Teams – Case-Based Learning & Mentorship

Thank You

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