

Overcoming Barriers to Effective Depression Screening

Learning and Action Network (LAN)

June 13, 2023

Facilitator: Sara Eve Schaeffer, MBA, MA, RD

ESRD National Coordinating Center



Meeting Logistics



Call is being recorded



All participants are muted upon joining the call

We want to hear from you.

Type questions and comments in the “Chat” section, located in the bottom-right hand corner of your screen.



Meeting materials will be posted to the ESRD NCC website

Who Is on the Call?

Dialysis Facility
and Transplant
Professionals

ESRD Network
Staff

Centers for
Medicare &
Medicaid Services
(CMS) Leadership

Patients and
Families

Key Objectives for Today

Identify barriers and solutions to effective depression screening.

Define best practices within dialysis facilities.

Establish systems to sustain processes for screening and follow-up.

Ways to Spread Best Practices from Today's LAN

- Listen and share your approaches/experiences via Chat
- Identify how shared information could be used at your facility
- Apply at least one idea from today's LAN at your facility
- Commit to sharing your learnings with other colleagues

Learning and Action Networks (LANs) bring people together around a shared idea, opportunity, or challenge to offer and request information and experiences to improve the identified topic of discussion.

Questions To Run On

- What “ah ha” concept will I hear today that I can introduce to my organizations’ leadership team?
- What are the possible benefits to my organization in using the change package to improve processes and outcome?
- In what way can my organization adapt this approach to increase and sustain our progress?

Polling Question #1

Have you previously used best practices from the change packages to improve your clinical outcomes?

Objective Key Result (OKR) Change Packages

A Change Package To Increase Home Dialysis Use

Key Change Ideas for Dialysis
Facilities to Drive Local Action



A Change Package To Improve Patient Experience of Care (Grievances and Access to Care)

Key Change Ideas for Dialysis
Facilities to Drive Local Action

Released 2022



A Change Package To Increase Kidney Transplantation

Key Change Ideas for Dialysis
Facilities to Drive Local Action



A Change Package To Increase Vaccinations

Key Change Ideas for Dialysis
Facilities to Drive Local Action

Released 2022



Depression Change Package

NEW!

A Change Package To Improve Screening and Referral for Depression

Key Change Ideas for Dialysis
Facilities to Drive Local Action

Released 2023



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Networks 10 & 12

Illinois

Iowa, Missouri, Nebraska, Kansas

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OKR 1 LAN Call

Qsource ESRD Networks 10 &12
Debbie Ulm, QI Advisor



ESRD Networks 10 and 12 Demographics

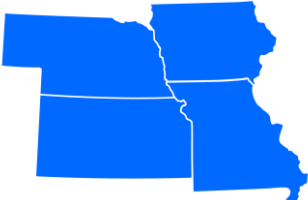


ESRD Network 10
Illinois

31,865
ESRD/Transplant
Patients

346 Dialysis
Clinics

9 Transplant
Centers



ESRD Network 12
Iowa, Missouri, Nebraska, Kansas

28,864
ESRD/Transplant
Patients

318
Dialysis Clinics

12
Transplant
Centers

Best Practices Identification

Technical Assistance

Community Partners

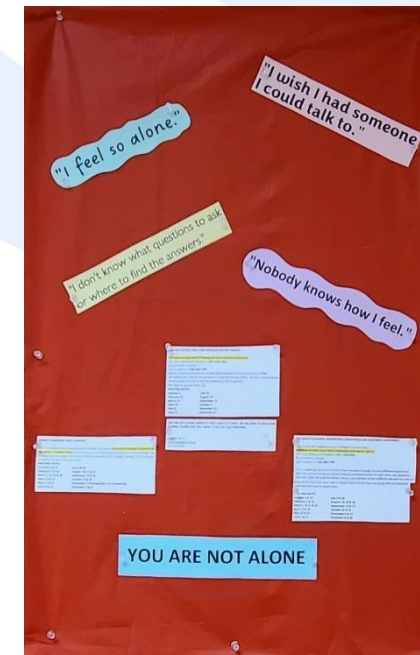
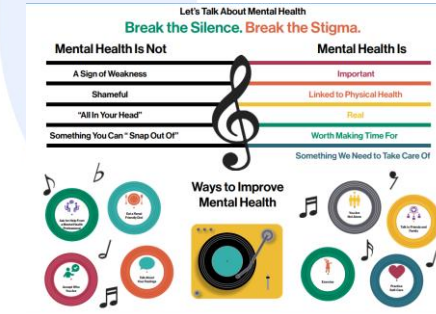
Community Coalition

Patient Groups

Cohort Facilities

Network 10 Best Practices Identified OY1

- Facility use of Qsource Bulletin Board Kits for Gratitude and Mental Health Stigma
- Mental health lobby days
- Mental Health First Aid training for FAs



Network 10 Presenter

Carri Massau-Ables, LCSW

Social Work Advisory Board Member

Fresenius Kidney Care



Network 12 Best Practices

- Freeman Health Annual Patient Engagement Days
- Care pathway with local mental health provider
- Use of MSW Social Work students in the dialysis facility



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Network 12 Presenter

Nicholle Hays, LCSW

Facility Administrator-Swope Dialysis

Use of MSW Social Work Students in the Clinic Setting

- Barriers identified and strategies to address barriers
- Use of students in the clinical setting
- Tips for utilizing students for positive depression screening follow-up
- Sustainability

Thank You

Questions?



Network 11

Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin

Dee LeDuc
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Midwest Kidney Network (ESRD Network 11)
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People, Health Equity, and Mental Health

Jessica Zeman, APSW, NSW-C

Dialysis and Nephrology Social Worker

Mayo Clinic, 17 years

Experience with patients receiving in-center and
peritoneal dialysis

Agenda

Person A

Health Equity

Social Determinates

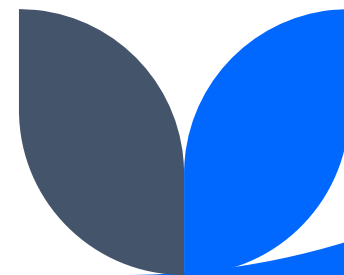
What is Mental Health: Depression

ESKD Symptoms

Identification

Treatments

Barriers



Person A:

Male

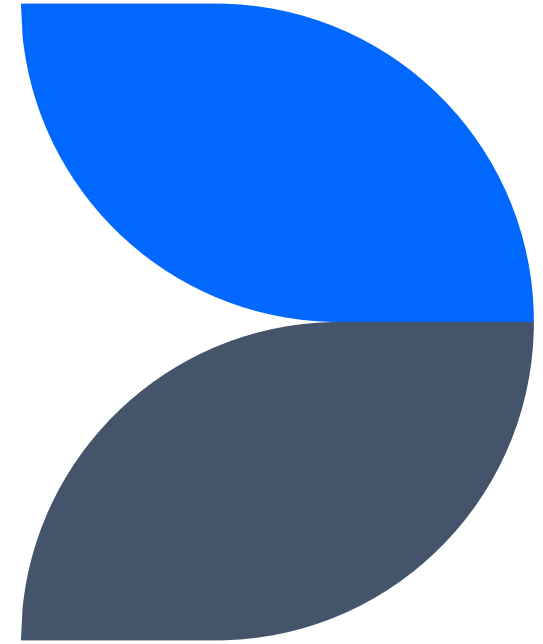
Age 60

Active person, enjoys his family and friends

Works full-time in an office setting, has been doing this work for 25 years for the same company

Has been following with a Nephrologist for 3 years due to his kidney functioning declining

He is now discussing options with his nephrologist regarding his kidney failure treatment options



Health Equity

U.S. goal of providing every person with the same opportunity to receive high-quality healthcare, regardless of their income or race and removing obstacles to healthcare such as poverty, discrimination, and their consequences which can include feelings of powerlessness and lack of access to good jobs with fair pay, quality education and housing, and safe environments.

Since the ESKD Conditions of Coverage (CofC's) set by Medicare, outcomes across various geographic and health equity factors are basically the same across the industry as a whole. This is the result of having the same clinical expectations, employing the same clinical protocols, providing clinicians with the same training, and continuously allocating resources to improve the outcomes of lower-performing centers.

<https://www.statnews.com/2019/05/29/dialysis-care-offers-lessons-for-achieving-health-equity-in-the-u-s/>

Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

Equity



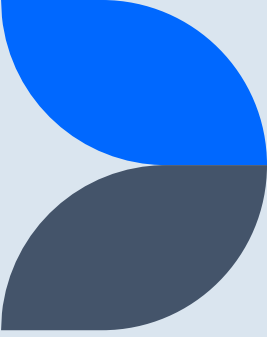
Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

Health Equity



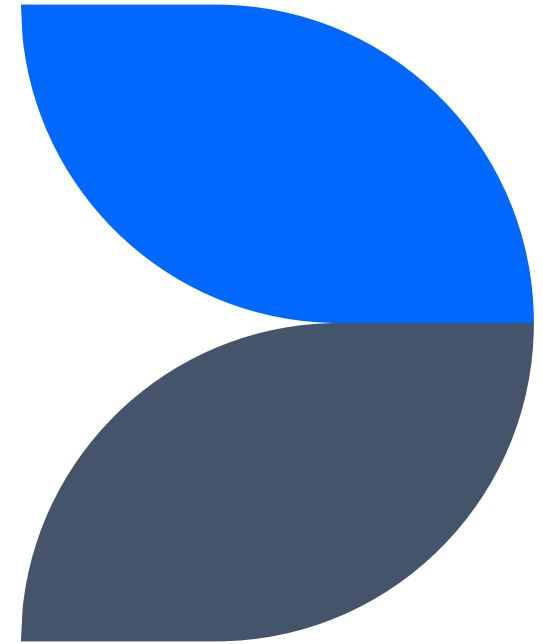
The progress of ESKD care has advanced, the CofC's drastically improved dialysis and transplant medical care. Systematic barriers have been removed and kidney failure treatments are available for all people-Justice.

People are multidimensional, in so many ways. Medical care is only one aspect of their lives. Justice has not been achieved in other areas of our society.

Social Determinants of Health

Key multidimensional aspects linked to poor health outcomes:

- Emotional or financial crisis
- Inadequate access to food
- Housing instability
- Financial problems
- Unreliable transportation
- Having one or more health condition
- Domestic or neighborhood violence
- Limited or unreliable access to water, electricity, refrigeration or plumbing
- Poor income, educational, and employment opportunities



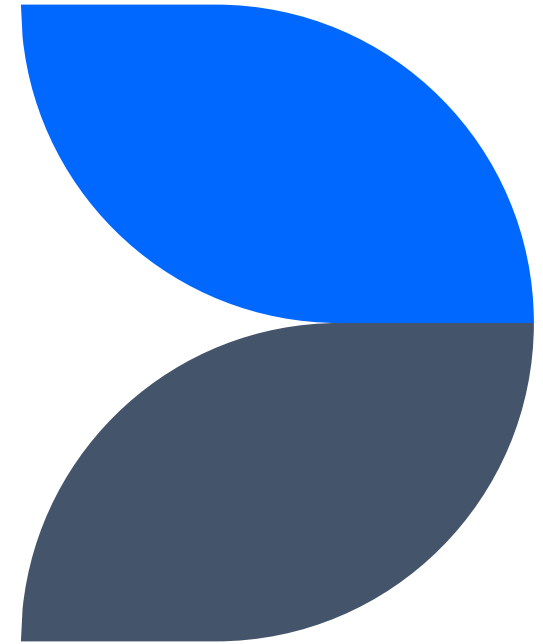
People

Using Health Equity concepts and Social Determinates aspects allows for a clearer picture of who these people are.

When they walk into our clinics and dialysis centers they become our patients.

When they leave our clinics they are whole complete people with multilayers of who they are and where they come from.

Recognizing who our patients are as an individual person is vital for quality patient care.



What is Mental Health?

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices.

Factors That Could Potentially Result in Poor Mental Health:

Abuse, trauma, domestic violence, or neglect

Social isolation or loneliness

Experiencing discrimination and stigma, including racism

Social disadvantage, poverty or debt

Severe or long-term stress

Having a long-term physical health condition

Unemployment or losing your job

Homelessness or poor housing

**Aren't these the same key aspects
of social determinates of health that were
linked to poor health outcomes?**

One aspect of mental health is depression. People experience depression in different ways. It can also influence the severity of some chronic health conditions.

Conditions that ***can get worse due to depression*** include:

Diabetes (#1 risk for ESKD)

Cardiovascular disease (#2 & #3 risk for ESKD)

Obesity (#5 risk for ESKD)

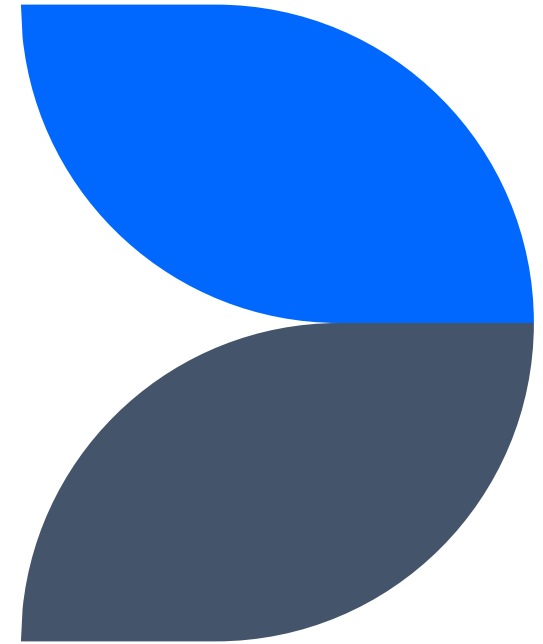
Arthritis

Asthma

Cancer

<https://www.healthline.com/health/depression>

<https://www.mayoclinic.org/diseases-conditions/chronic-kidney-disease/symptoms-20354521#Risk%20Factors>



Person A

He does have some concerns about how he is going to be able to continue to work if he starts dialysis treatments.

He is worried about income and his rent and food costs if he is not able to work.

He has an older working car and is worried about costs of car repairs.

He loves his job, his job is a large part of his self-identity, but he worries about managing his workload.

He is tired, so tired, all of the time.

He knows he is forgetful so has been using a notebook to write things down.

He has no motivation to make food for himself and then he doesn't want to eat.

He just can't seem to make any decisions and gets easily agitated.

What are we seeing? Symptoms of Depression or ESKD?



Depressive Symptoms

- Appetite or weight changes
- Eating or sleeping too much or too little
- Having low or no energy
- Difficulty concentrating, remembering, or making decisions
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Feeling helpless or hopeless
- Thinking of harming yourself or others
- Inability to perform daily tasks like getting to work
- Loss of interest in hobbies and interests you once enjoyed
- Pulling away from people

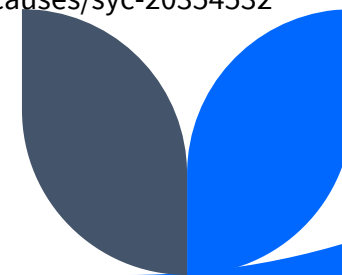
<https://www.samhsa.gov/mental-health>

6/22/2023

ESKD Symptoms

- Poor appetite, vomiting
- Insomnia
- Easily fatigued
- Change in mental alertness
- Headache
- Itching and/or dry skin
- Poor muscle tone
- Shortness of breath
- Chest pain
- Swelling of feet and ankles

<https://www.mayoclinic.org/diseases-conditions/end-stage-renal-disease/symptoms-causes/syc-20354532>



Person A



Depressive Symptoms

Appetite or weight changes

Sleeping too much or too little

Having low or no energy

Difficulty concentrating, remembering, or making decisions

Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared

Feeling helpless or hopeless

Social Determinates

Emotional or financial crisis

Inadequate access to food

Housing instability

Financial problems

Unreliable transportation

Having one or more health condition

Domestic or neighborhood violence

Limited or unreliable access to water, electricity, refrigeration or plumbing

Poor income, educational, and employment opportunities

ESKD Symptoms

Poor appetite, vomiting

Insomnia

Easily fatigued

Change in mental alertness

Headache

Itching and/or dry skin

Poor muscle tone

Shortness of breath

Chest pain

Swelling of feet and ankles

What to do?

Person A presents with a multitude of issues across the spectrum of depressive symptoms, social determinates of health, and ESKD symptoms.

What do we do?

Is it as simple as telling the patient to get an appointment with a mental health provider, continue to jot down notes in his notebook when he forgets things, those symptoms are normal for ESKD patients, and just start doing in-center dialysis treatments?

No. There is so much more to the multidimensional layers to Person A.

- We will communicate with the nephrologist about Person A's care.
- We will assess Person A using tools to help get a picture of Person A's quality of life and depressive symptoms he may be feeling. PHQ, KDQOL, GAD-7, etc.
- We will talk to the patient and discuss treatment options both for his ESKD and for his mental health-both equally as important.
- We will help Person A overcome barriers that are restricting him from doing things he wants or needs to do.
- Who will be doing this: the entire team, each bringing different knowledge bases and perspectives to the team.

Communication



There are many comorbidities and other factors that also may be causing some of the symptoms Person A is feeling:

Diabetes blood sugar fluctuations

Medication interactions

Changes in blood pressures

Not being active enough during the day thus difficulties sleeping at night

Lack of routine

Diet changes

The Nephrologist should be consulted to account for physical/medical complications. By changing a medication perhaps some symptoms will be alleviated.

Depression Screening Tools



There are all types of tools:

The **Beck Depression Inventory (BDI)** is widely used to screen for depression and to measure behavioral manifestations and severity of depression. The inventory contains 21 self-report items.

The **Center for Epidemiologic Studies Depression Scale (CES-D)** was designed for use in the general population and is now used as a screener for depression in primary care settings. It has been tested across gender and cultural populations and maintains consistent validity and reliability.

The **Hamilton Rating Scale for Depression**, abbreviated HDRS, HRSD or HAM-D, measures depression in individuals before, during and after treatment. The scale is administered by a health care professionals and contains 21 items.

The **QIDS-SR** measures the severity of depressive symptoms. There are 16 questions that correspond to the diagnostic criteria from the DSM-IV to assess their behaviors and mood over the course of the past week.

The most popular due to ease of use:

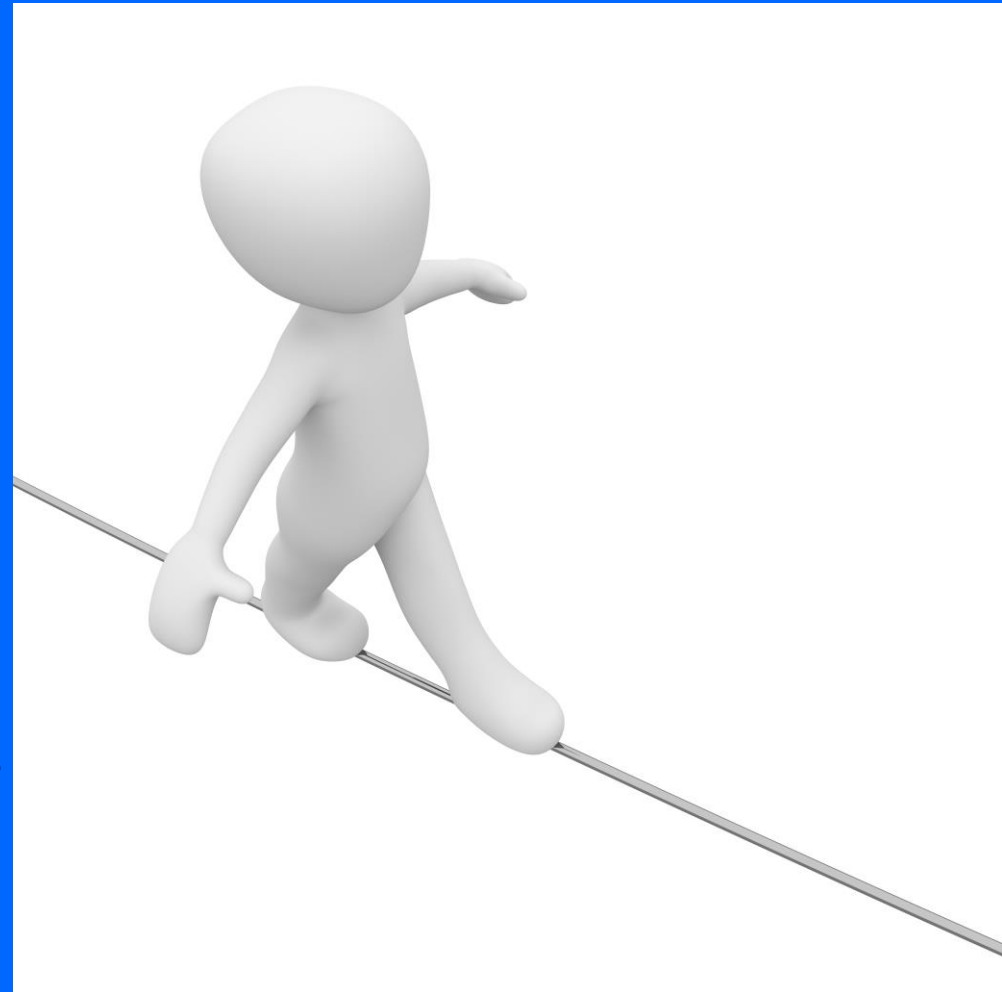
The **Patient Health Questionnaire (PHQ)** is a self-report measure designed to screen depressive symptoms. It takes one to five minutes to complete and roughly the same amount of time for a clinician to review the responses.

How do we do this?

Patients receiving medical care state how they are “sick of getting surveys”. “If I get one more survey I am going to scream!” “I don’t want to do a stupid survey”.

As Social Workers we have the skills to balance patients’ right to say “no” verses careful assessment of depressive symptoms.

What works for me: ask the questions in a conversation instead of a formal survey format.



Now what?

A patient scores high on the PHQ, indicating a high number of symptoms that could potentially indicate depression. Now what?

Social workers rarely have the time or the privacy in the dialysis units to practice long-term counseling. Find out what treatment method would work best for the patient and help them work toward success. This may include a wide variety of treatment options for their mental health.

Treatments

Psychotherapy: when a person speaks to a trained therapist to identify and learn to cope with the factors that contribute to their mental health condition, such as depression. This includes certain techniques like DBT (Dialectical behavior therapy) and CBT (Cognitive behavioral therapy).

Medications: SSRI's are the most commonly prescribed antidepressant medications and tend to have few side effects. Not all nephrologists are willing to prescribe.

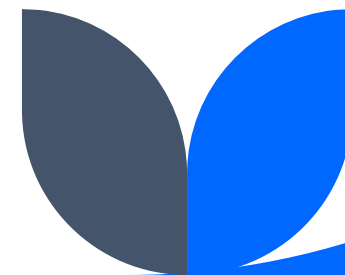
Natural remedies and lifestyle tips: Exercise, avoid alcohol/drugs, set limits, eat healthy, get good sleep, participate in enjoyable activities.

Social Workers

Social Determinates of Health

- Emotional or financial crisis
- Inadequate access to food
- Housing instability
- Financial problems
- Unreliable transportation
- Having one or more health condition
- Domestic or neighborhood violence
- Limited or unreliable access to water, electricity, refrigeration or plumbing
- Poor income, educational, and employment opportunities

Social workers are trained to address these types of heavy challenges



Social Workers

Natural remedies and lifestyle tips:

Track gratitude in a journal

Do something you're good at to build self-confidence

Experiment with a new recipe, write a poem, or paint

Show some love to someone in your life

Take time to laugh

Dance around while you do your housework

Spend some time with a furry friend

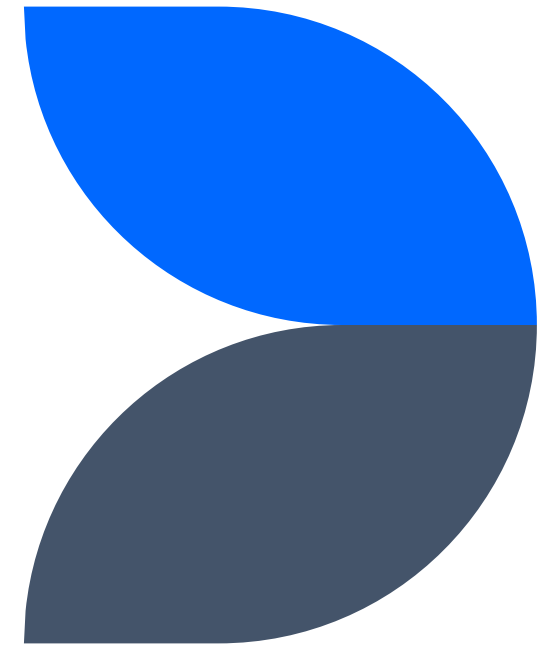
Take 10 deep breaths slowly, in and out

Send a thank you note

Do something with friends and family

Take 30 minutes to go for a walk in nature

Smile



Barriers

In order to determine barriers you have to have a goal first.

Goal: to have more energy, exercise more, get more sleep

Specifics of the goal: exercise 3 times a week, get 8 hours of sleep

Barriers: I don't have anyone to exercise with, I have a barking dog in the neighborhood that keeps me awake at night

Social workers are great at helping patients find resources to help overcome barriers large or small.

Barriers

For the majority of people the main barriers for mental health treatment are:

Financial barriers: the costs, even with insurance, can be too much

Lack of mental health care professionals: nationally mental health providers are difficult to find and waiting lists are long

Limited availability of mental health education and awareness: as a society we focus on physical health way more than mental health, we have all heard to reduce our sugar consumption but how often do you hear about doing daily deep breathing?

Racial barriers to mental health care access and treatment: young men, Black adults, and uninsured people are least likely to receive mental health treatments.

Barriers cont.

Social stigma of mental health treatment: a person's own beliefs about mental illness can prevent them from acknowledging their illness, seeking help, or sticking with treatment. People may fear that family and friends will avoid them or treat them differently or that disclosing a mental health condition will lead to adverse treatment and perceptions at work. Even calling the symptoms “depression” can cause people to be fearful of social stigma.

Appointment burden: patients who receive dialysis treatments and who have multiple comorbidities express simply having too many appointments and decline further options, even virtual options.

Person A

What a Social Worker might do to help Person A:

An assessment-find out who he is, what is important to him, what his goals are, what he is most worried about, who his supports are.

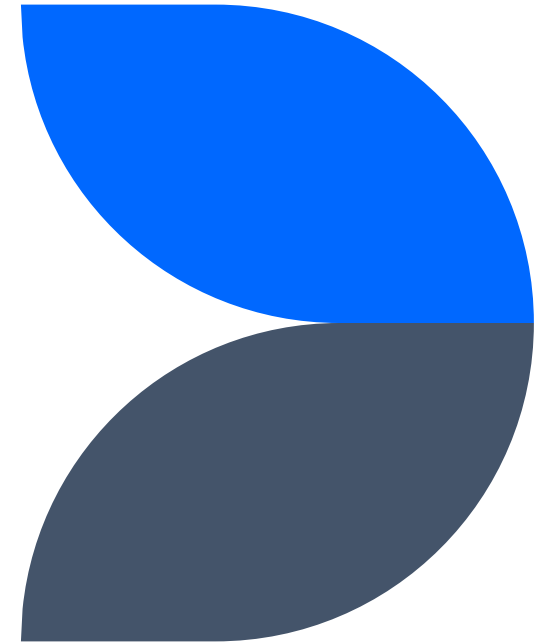
Assess any suicidal homicidal ideations urgently.

Set a goal(s)-determine what he feels he can accomplish, offer support.

Provide education about his treatment options in a way he can understand.

Provide education about how his mental health and physical health are interconnected and it's OK to talk about both. Complete a PHQ.

Offer assistance and resources to help address any social determinates of health concerns. Use multiple ways of communication with him to assure the message is received.



What you see is not always what you get

The most important aspect of being a Social Worker is to ask the person about themselves. Ask those tough questions, complete the PHQ in a conversation style and you will get more information than simply a rating on the scale.

When you know the patient as a PERSON in a multidimensional way they will know you care. Their self disclosure to you in conversation about their mental health will offer more than any survey could provide.



Thank you

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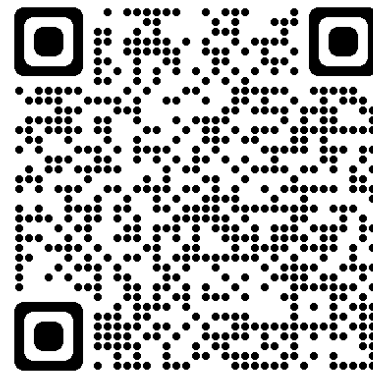
Discussion

Polling Question #2

Now that you have heard these presentations, what is the likelihood that you will use ideas from the change packages?

Moving from Learning to Action...

- Share best practices from this presentation with your colleagues.
- Use the ESRD NCC Changes Packages (i.e., Transplant, Home, Hospital, Vaccination, and Patient Experience of Care change package) as a supplementary resource to improve your patient outcomes and overall patient experience of care.
 - <https://www.esrdncc.org/globalassets/professionals/ncc-changepkg-depression-508.pdf>

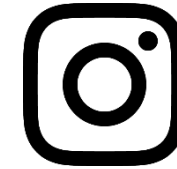


Use your phone's camera to scan QR code and go directly to the change package.

Social Media and Website



ESRD National Coordinating Center



@esrd_ncc



@esrdncc



ESRD NCC | End Stage Renal Disease
National Coordinating Center (NCC)

ESRD National Coordinating Center
www.ESRDNCC.org



Thank you!

Please take a few minutes to respond to the post-call survey.

