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Poster Abstract

Efficiency in integrated care for depression: are the health services adapted to care needs?

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Abstract

Introduction: Depressive disorders are one of today's major public health challenges in the Western world, with population prevalence upwards of 10 %. Yet only 10 % of people suffering from depressive symptoms seek professional help. Some are not in need of treatment, but many would benefit from professional help. There is an apparent incongruity between the need for and the use of specialist mental health services, and thus low efficiency in integrated care.

The objective of this paper was to examine efficiency in integrated care related to patterns of help-seeking. Specifically, we examined the relationship between case-level depression and help-seeking for mental illness. Additionally, we examined disability pension as endpoint. Analyses were stratified on gender, and adjusted for age, rural vs. urban, SES, social network and somatic disease. Finally, we investigated associations between mental health care services satisfaction, perceived treatment benefits, thoughts about future help-seeking and depression.

Methods: The data utilized in the present study stemmed from the OsLof (Oslo and Lofoten) study, initiated in 1989 as a cross-sectional population based study examining mental health of men and women, aged 18 and above. The cohort for these analyses consisted of 1,634 subjects interviewed in 2000-01. The study included questions of service use, attitudes towards and perceptions of mental health care services. To obtain an accurate diagnosis based on ICD-10 criteria an updated electronic version – CIDI-M 1.1, of the Composite International Diagnostic Interview (CIDI) was used. We included affective- and depressive disorders (ICD-10 codes F31.4 - F34.1) and organic depressive disorder (ICD-10 code F06.32). Education was used as indicator of SES. Social network was measured by an index contained in the questionnaire. Somatic illness was assessed by the questionnaire. The extensive self-reported data were linked with registry data (FD-Trygd) on disability pension throughout year 2010.

Results: While 11.4% of women experienced depression in the previous 12 months, only 51.2% of these sought specialist help even though all had seen a general physician at least once. Results were similar for men. The adjusted OR for help-seeking was 5.21 (95% CI: 3.21, 8.45) and 7.53 (95% CI: 4.07, 13.94) for women and men respectively. The adjusted OR for disability pension was

1.42 (95% CI: 1.23, 1.63) and 1.04 (95% CI: 0.84, 1.29) for women and men respectively. The odds of being satisfied with mental health care services among women was 1.05 (95% CI: 0.64, 1.71) for those not depressed during the previous 12 months compared to those depressed. For men, the OR = 0.99 (95% CI: 0.55, 1.79). For both women (OR = 5.02 (95% CI: 3.05, 8.26)) and men (OR = 3.23 (95% CI: 1.42, 7.39)), having been depressed during the previous 12 months, the estimated chance of perceived beneficial treatment is higher than for others. The odds of seeking psychiatrist help in the future is higher among those having been depressed during the previous 12 months (OR = 1.40 (95% CI: 0.90, 2.19)), for women. For men, the odds of seeking psychiatrist help in the future is equal (OR = 1.00 (95% CI: 0.57, 1.74)).

Discussions: Fulfilling the requirements for a diagnosis of depression during the previous 12 months was positively related to having sought psychiatrist help, adjusted for age, rural vs. urban, SES, social network and somatic disease, for both women and men. For women, we found an increased adjusted OR of subsequent disability pension. It is unclear whether the mental health care services are adapted to the latent needs of the population. Any associations between efficiency of integrated care and disability pension still remains to be investigated.

Conclusions: It may be construed that in order to combat depression as a public health challenge, early intervention and effective integrated care is requisite. We see gender differences in how depression impacts disability pensioning.

Lessons learned: Depression and symptoms of depression affects men and women differently. Having this knowledge, it is essential that gender specific coping and care strategies are developed in order to achieve higher efficiency in integrated care.

Limitations: Earlier research on the same data has shown that the study population is healthier than the general population. This will likely lead to an underestimation of the actual help-seeking in the population. It must be noted that this study was not designed to study care outcomes and efficiencies.

Suggestions for future research: To optimize individual patient recovery and efficient integrated care, more work is needed to conclude on the most beneficial strategy.

Keywords

integrated care; depression; cohort study; help-seeking

PowerPoint presentation

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