

What's Really Going On?

Identifying Depression and Suicide Risk in Men in Healthcare Settings



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Panelists

Brian Ahmedani, PhD, LMSW: Director of Psychiatry Research at Henry Ford Health System in Detroit, MI. He has led several large research projects on suicide prevention and other mental health issues, and his recent work has been published in more than 50 journal articles since 2011.

Dr. Jodi Jacobson Frey: Associate Professor at University of Maryland, Baltimore School of Social Work and Principal Investigator of Healthy Men Michigan

Jill Fontaine: Program Manager for *CommunityResponse* at Screening for Mental Health

Lawrence R. Fischetti, PhD: Associate Director of Behavioral Science and Community Medicine for the Oakwood Annapolis Family Medicine Residency Program. He is also Director of Communication and General Competency Training at Oakwood Hospital, Department of Medical Education.

Agenda

Welcome and Introduction

Experience and current field work in a hospital setting

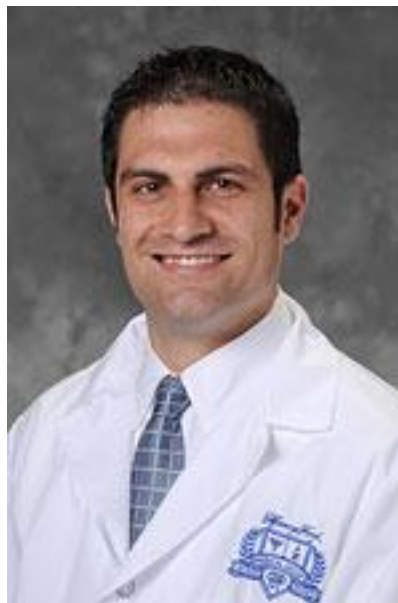
Overview of the Research Study

Healthy Men Michigan Campaign and Outreach Strategies

Experience and current field work with medical students

Taking Action

Thank You



Dr. Brian Ahmedani

Director of Psychiatry Research,
Henry Ford Health System

Screening Men for Depression and Suicide Risk in Health Settings

Brian K. Ahmedani, PhD

Henry Ford Health System

“What’s Really Going On? Recognizing Depression in Men in
Primary Care” Webinar

May 16, 2017

Disclosures / Support

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Need for Depression Screening

- Approximately 26% of the US population has a mental health condition (Kessler, et al, 2005).
- Individuals who need depression treatment often do not receive services (Corrigan, 2004).
 - There is a median 8-year lag between onset of depression symptoms and treatment receipt (Wang, et al, 2005).
 - One reason is that patients' depression symptoms are not recognized during general medical health care visits, where people most often seek services (Seelig & Katon, 2008).
 - Time, training, and discomfort are also common barriers

Depression / Suicide Risk Screening Practices

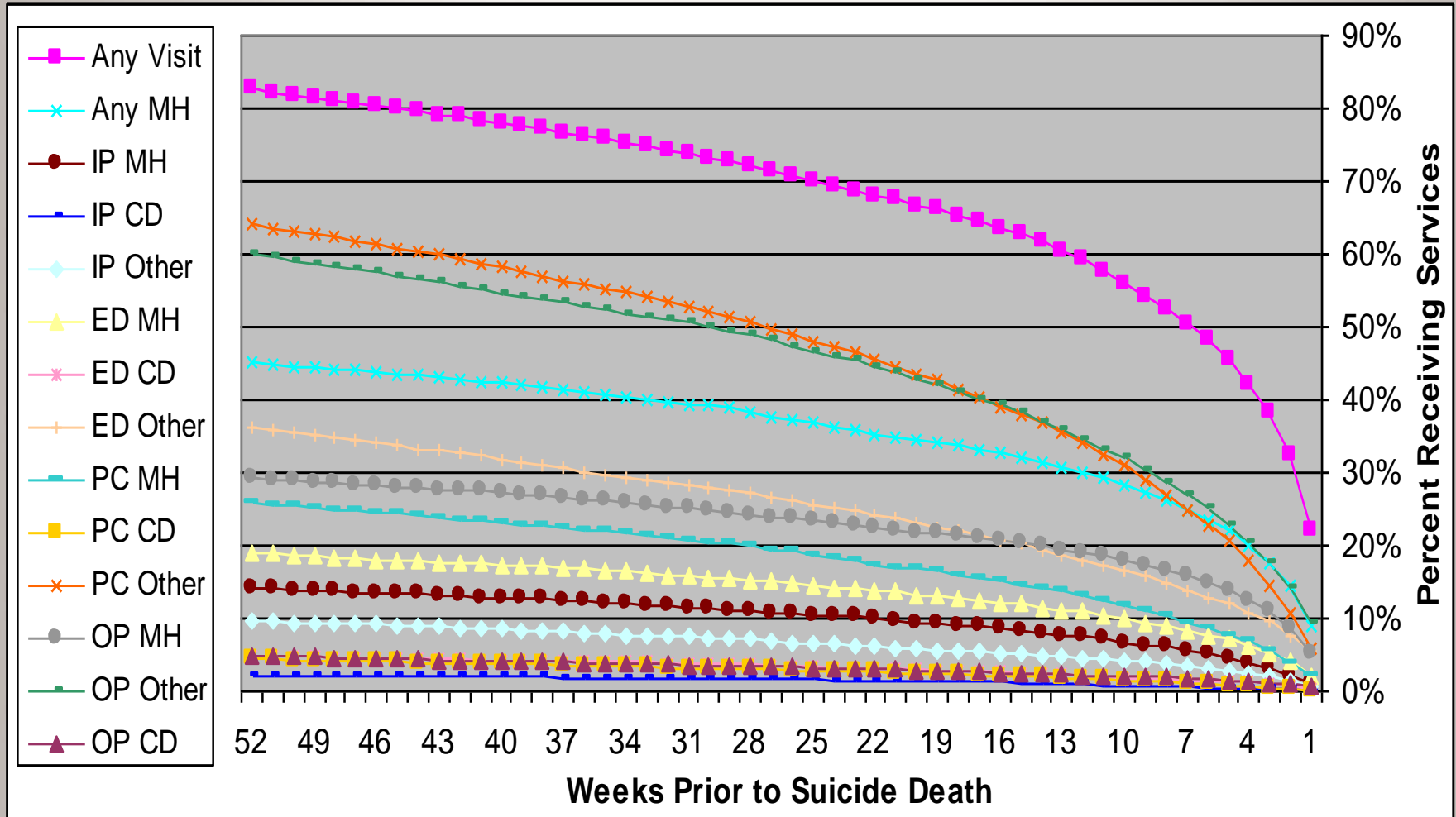
- Health systems are encouraged to screen for depression in primary care due to several quality standards.
 - Most common practice is to use a version of the PHQ.
- Joint Commission SEA #56 recommends screening for suicide in all settings.
 - This can also be accomplished via the PHQ/
- There are 3 versions:
 - PHQ-2, PHQ-8, PHQ-9

PHQ-9 Items

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not At All	Several Days	More Than Half The Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Health Care Visits Prior to Suicide



Are Males Receiving Care Before Suicide?

	Any Visit			Any MH Visit			PC MH	PC Other
	n (%)	χ^2	p-value	n (%)	χ^2	p-value	n (%)	n (%)
Total	4873 (82.7)			2662 (45.2)			1523 (25.8)	3780 (64.1)
Sex/Gender		55.8	<0.001		194.4	<0.001		
Male	3657 (80.7)			1823 (40.2)			1005 (22.2)	2793 (61.6)
Female	1215 (89.4)			838 (61.7)			517 (38)	986 (72.6)

Suicide Prevention

- MHRN study (Ahmedani, et al, 2014)
 - Most people made health care visits prior to suicide (including 80% of males).
 - Only 40% of males had a mental health diagnosis before suicide.
 - Most visits occur in primary care and general medical specialty outpatient settings without mental health diagnosis.

Other Behavioral Health Screening

- Both ultra brief and longer versions of screening instruments are also available.
 - Drug/alcohol use (e.g., CAGE, AUDIT, DAST, NIDA Quick Screen, NM-Assist, Single-item screeners for drug and alcohol use).
 - Anxiety (e.g., GAD-2, GAD-7, HADS).

References

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- Seelig, M.D. & Katon, W. (2008). Gaps in depression care: Why primary care physicians should hone their depression screening, diagnosis, and management skills. *J Occup Environ Med*, 50, 451-458.
- Wang, P.S., Berglund, P., Olfson, M., Pincus, H.A., Wells, K.B., & Kessler, R.C. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 603-13.



Dr. Jodi Jacobson Frey

Associate Professor
University of Maryland, Baltimore
School of Social Work

Working-Aged Men and Depression

“Although men in the middle years (MIMY)—that is, men 35–64 years of age—represent 19 percent of the population of the United States, they account for 40 percent of the suicides in this country. The number of men in this age group and their relative representation in the U.S. population are both increasing. If the suicide rate among men ages 35–64 is not reduced, both the number of men in the middle years who die by suicide and their contribution to the overall suicide rate in the United States will continue to increase.”

Suicide Prevention Resource Center (2016).
Preventing suicide among men in the middle years:
Recommendations for suicide prevention programs.
Waltham, MA, Education Development Center, Inc. p. 3

SUICIDE: MICHIGAN 2016 FACTS & FIGURES

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Michigan	1,354	13.23	32
Nationally	42,773	12.93	



Suicide is the **10th leading** cause of death overall in Michigan.



On average, one person dies by suicide approximately **every 6.5 hours** in the state.

Based on most recent 2014 data from CDC



Suicide cost Michigan a total of **\$1,501,780,000** of combined lifetime medical and work loss cost in 2010, or an average of **\$1,189,058** per suicide death.

IN MICHIGAN,
SUICIDE
IS THE...

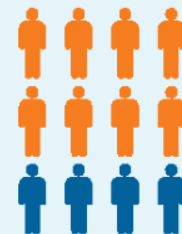
2nd leading
cause of death
for ages 10-34

4th leading
cause of death
for ages 35-54

8th leading
cause of death
for ages 55-64

18th leading
cause of death
for ages 65 & older

Over twice as many people in Michigan die by suicide than by homicide. The total deaths to suicide in Michigan reflect a total of **27,895** years of potential life lost (YPLL) before age 65.



AMERICAN FOUNDATION FOR
Suicide Prevention

afsp.org

Healthy Men Michigan

Comprehensive online screening and referral intervention, integrating two existing, and promising, online programs

Screening for Mental Health



Man Therapy



Screening for Mental Health, Inc. (SMH)

- **National Depression Screening Day**



- **National Alcohol Screening Day**



- **National Eating Disorders Awareness Week**



MAN THERAPY

The image shows the top portion of the Man Therapy website. At the top, there is a dark navigation bar with a logo on the left, a phone icon, 'login' and 'sign up' buttons, and a hamburger menu on the right. The main background is a photograph of Dr. Rich Mahogany, a man with a mustache, sitting in a leather chair in a study. On the left side of the page, there is a vertical green banner with the 'MAHOGANY' logo. Below this, a white arrow points down to the main text area. The text 'THERAPY from the creators of pork chops and fighter jets' is displayed in a large, bold font. Below this, a paragraph of text reads: 'Man Therapy is a tool designed to help men with their mental health. The more you tell me, Dr. Rich Mahogany, about what you're up against, the more I can cater the content you see below to your situation. Carry on!'. At the bottom left, there is a play button icon and the text 'ABOUT MAN THERAPY'. To the right of this is an orange button with the text 'TAKE THE HEAD INSPECTION'.

Therapy. The Way A Man Does It



MASSMEN

TOOLS FOR THE MIND

— EST. 2014 —

Massachusetts Mental Health Resources for Men

VISIT MANTHERAPY

MASS RESOURCES

TAKE A SCREENING



<http://www.ssw.umaryland.edu/healthymenmichigan>

Healthy Men Michigan Campaign

Thank you for your interest in the Healthy Men Michigan Campaign and the parallel research study evaluating the online mental health programs used in the Campaign. [Dr. Jodi Jacobson Frey](#), associate professor at the University of Maryland School of Social Work, is the Principal Investigator who is leading the study. This web page provides an overview of the study and some information about the Campaign. We invite you to contact [Dr. Frey](#) with questions about the study and to learn more about participating as a community partner.



Background to the Problem:

Suicide is the leading cause of injury death among men in Michigan ([source](#)). Middle-aged men are not only at higher risk for suicide but are also often less likely to personally identify signs of mental health problems and to engage in mental health services. Preventing suicide among men in this age range requires innovative and comprehensive programs.



Response to the Problem:

Healthy Men Michigan is a campaign designed specifically to promote mental health and wellbeing among middle-aged men who are living in Michigan. The Campaign offers free online screening and referral services such as self-assessments for a number of mental health issues and access to local, quality treatment options. While



Jill Fontaine

Program Manager
Screening for Mental Health, Inc.

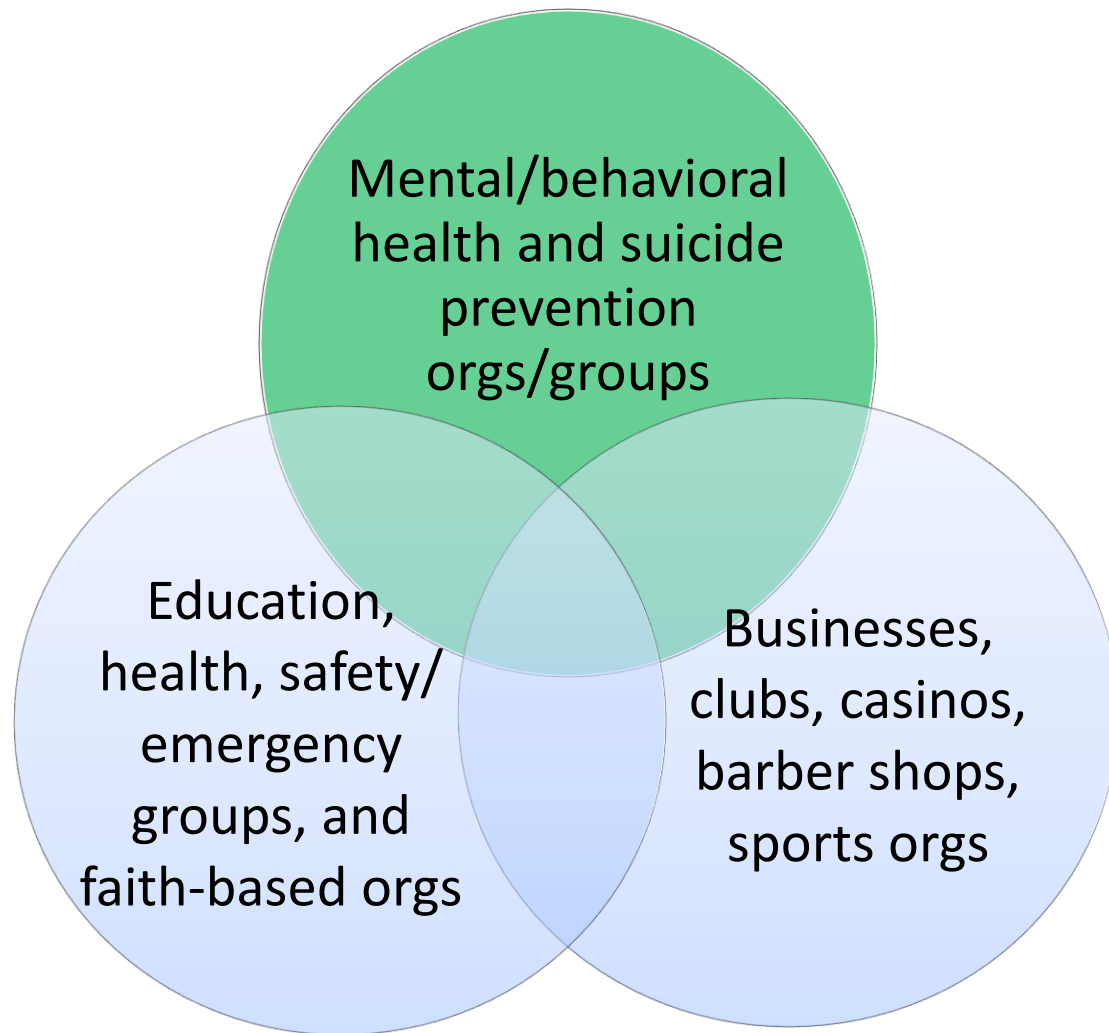


Welcome to Healthy Men Michigan

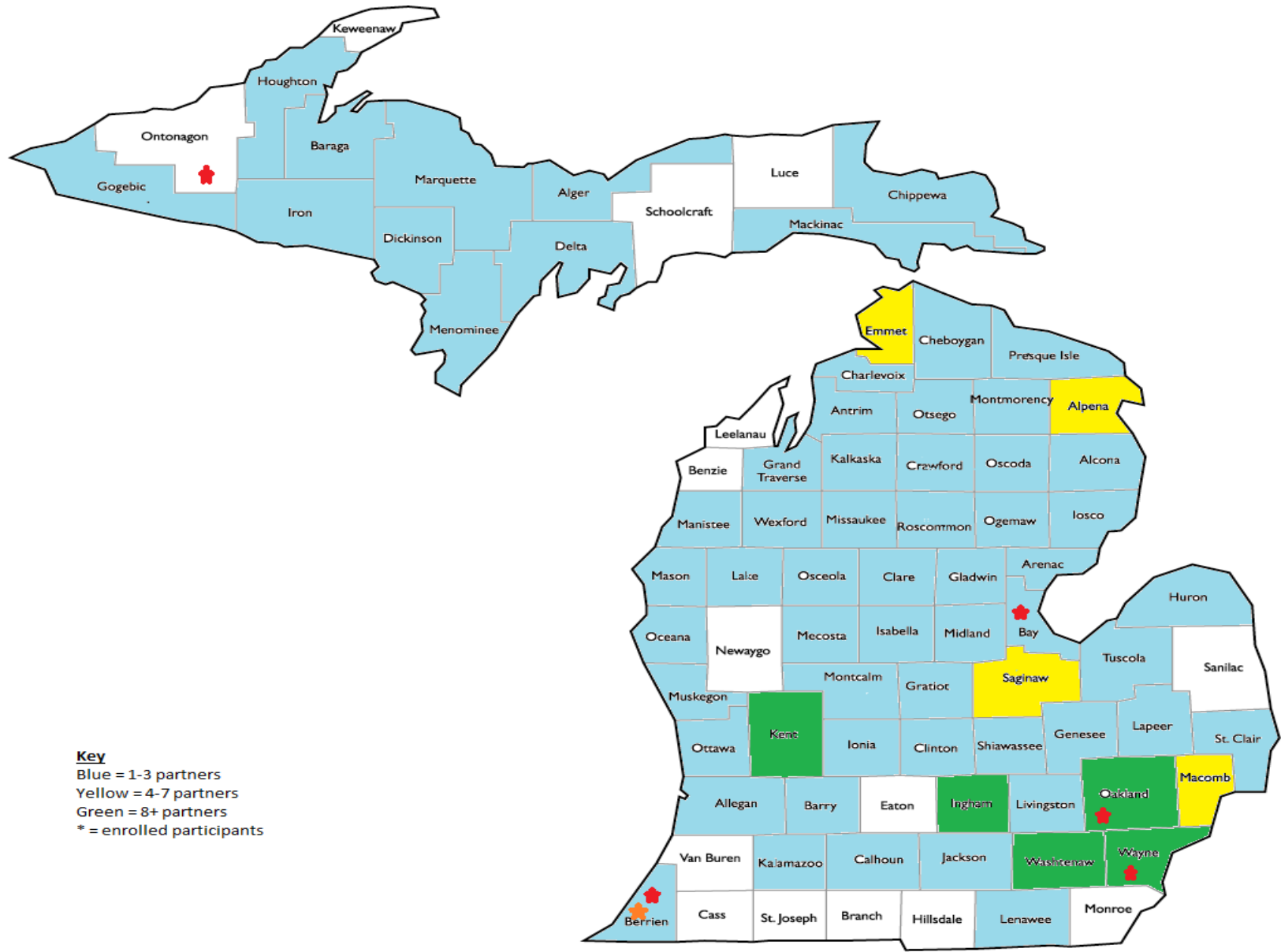
Healthy Men Michigan is a campaign dedicated to engaging men in important conversations about mental health. We offer free and anonymous mental health screenings to help you learn if the symptoms you are experiencing are consistent with depression or another common and treatable mental health disorder. At the end of the screening, you will be connected with helpful information and local resources.

[Take a Screening](#)

Campaign partner outreach and engagement



Map of campaign partner locations



Digital Toolkit



Online Shop



[shop.mentalhealthscreening.org/
collections/healthy-men-michigan](https://shop.mentalhealthscreening.org/collections/healthy-men-michigan)

3 Key Locations to Get HMM Promotional Materials



Share How You're Spreading the Word!



*Complete this survey
after accessing the
DRC to tell us how you
are promoting.*



- * 1. In order to receive the link for the Downloadable Resource Center (DRC), which contains customizable press releases, social media posts, downloadable flyers, and much more for Healthy Men Michigan, our funders require us to provide the program with feedback on the quality of materials available for download, suggestions for other materials, and photos of their use to promote the campaign. Please click the I Agree button to continue to sign up for the DRC link.

☐ I agree

- * 2. Please fill out the contact information of the individual who will be downloading the Healthy Men Michigan materials from the Downloadable Resource Center (DRC)

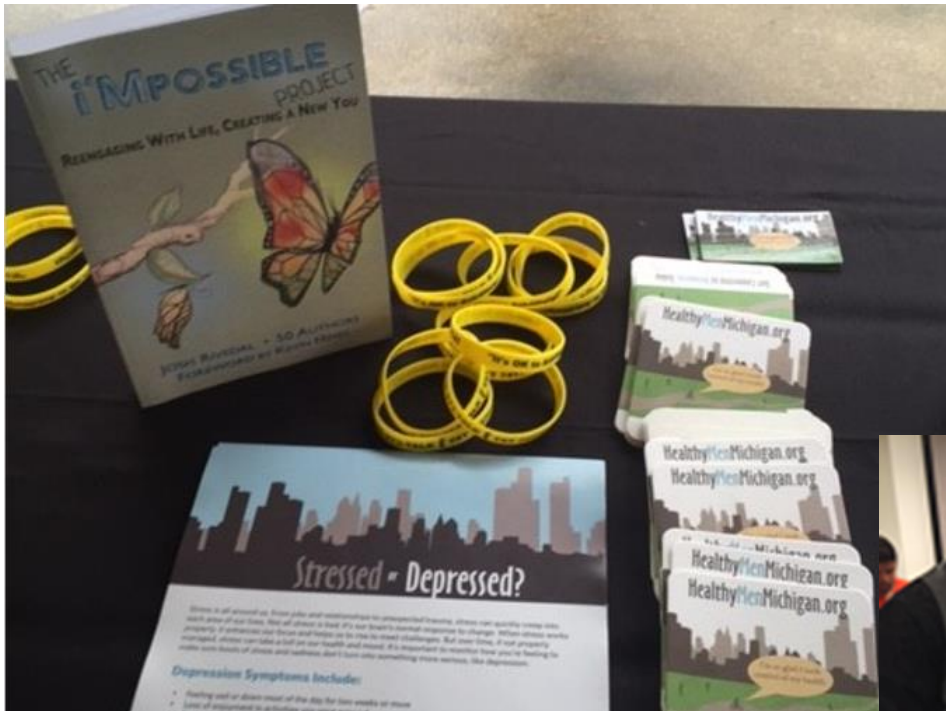
Name

Organization/Company name

*Then, email us at
HealthyMenMichigan
@mentalhealthscreen
ing.org to share
photos of your
promotional efforts!*

Michigan Community Outreach

Kiersten's Ride



Saginaw Survivors of Suicide



Kevin's Song



<https://www.facebook.com/HealthyMenMichigan/>

<https://twitter.com/HealthyMenMI>

<http://healthymenmichigan.org/>

healthymenmichigan@mentalhealthscreening.org

Dr. Lawrence Fischetti

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HEALTHY MEN MICHIGAN

DEPRESSION AND SUICIDALITY

Lawrence R. Fischetti, PhD
May 16, 2017



PREVALENCE OF MAJOR DEPRESSION

❖ Lifetime Prevalence

- ❖ 10% to 25% of Women

- ❖ 5% to 12% of Men

❖ Annual Prevalence

- ❖ 9.5% of US Adults

❖ Primary Care

- ❖ At Least 10% at Any Time

❖ Medically Hospitalized Patients

- ❖ 11% to 36%

ILLNESS BURDEN & MEDICAL RISK

❖ Illness Burden (WHO)

- ❖ Illness Burden 2nd to Ischemic Heart Disease
- ❖ Number One Cause of Disability
- ❖ 20% to 30% Suffer Residual Symptoms

❖ Medical Risk

- ❖ 4.5-fold Increased Risk for MI
- ❖ Increased Risk for Cardiovascular Death

SUICIDE RISK

❖ Major Depression

- ❖ 2 of 3 Suicides

- ❖ 15% with Severe Depression Suicide

❖ Male Suicide Rate

- ❖ 3x's Higher than Women

❖ Male Age Groups

- ❖ 1970 to 1991 – Rate Increased for 20 – 24

- ❖ Last 10 years – Highest Rates Among 35 – 54

OTHER SUICIDE RISK FACTORS

- ❖ **Low Socio-Economic Status**
- ❖ **Relationship Loss**
- ❖ **Economic Loss**
- ❖ **Poor Help-Seeking Behaviors**
- ❖ **Misuse of Alcohol or Drugs**
- ❖ **Self-Criticism**
- ❖ **Increased Irritability or Aggression**
- ❖ **Formulation of a Plan**
- ❖ **Access to Lethal Means**

DIAGNOSIS OF MAJOR DEPRESSION

- 1. Depressed Mood**
- 2. Loss of Interest or Pleasure in Activities**
- 3. Sleep**
- 4. Appetite**
- 5. Energy**
- 6. Guilt, Loss of Self-Esteem, Self-Criticism**
- 7. Attention/Concentration**
- 8. Psychomotor Slowing**
- 9. Thoughts of Death or Suicide**

FATIGUE, BURNOUT, & DEPRESSION IN MEDICINE

Previous studies suggest that 10-20% of physicians are depressed, nearly half have burnout, and many have poor quality of life, report dissatisfaction with work-life balance, and have high degrees of stress and fatigue.

Dyrbye et al. J Gen Internal Medicine 2012; 28(3): 421-427.

PHYSICIAN DISTRESS

- ❖ **Lack of Awareness: “Everyone’s stressed”**
- ❖ **Reluctance to Seek Help**
- ❖ **Increased Use of Alcohol**
- ❖ **Withdrawal from Practice**
- ❖ **Physician Suicide**
 - ❖ **400 Suicides a Year**
 - ❖ **6% of Surgeons had Suicidal Ideation**
- ❖ **Lapses in Professionalism**
- ❖ **Medical Errors**

RESPONSE TO PHYSICIAN DISTRESS

Medical Societies & Hospital Groups

- ❖ **Organizational Supports**
 - ❖ **Efficient Processes**
 - ❖ **Physician Wellbeing**
- ❖ **Emphasis on Team Function**
 - ❖ **Behavioral Health Professionals**
- ❖ **Address Lapses in Professionalism**
 - ❖ **Vanderbilt: “Cup-of-Coffee”**

RESPONSE TO PHYSICIAN DISTRESS

Accreditation Council for Graduate Medical Ed

- ❖ **Common Work Hours since 2003**
- ❖ **Emphasis on Team Function**
- ❖ **Teaching, Monitoring, Advising**
 - ❖ **Learning and “Milestones”**
 - ❖ **Wellness vs. Fatigue, Burnout, Distress**
- ❖ **Faculty Development**
 - ❖ **Dr. Dyrbye of Mayo Clinic**

PRIMARY CARE TREATMENT OF DEPRESSION

- ❖ **High Prevalence of Depression in PC**
- ❖ **Men Avoid “Emotion Talk”**
- ❖ **Men Focus on Physical Symptoms**
- ❖ **Evidence for Effectiveness**
 - ❖ **Medications & Verbal Therapy**
 - ❖ **Problem Solving Therapy**

Mynors-Wallis LM et al. British Medical Journal 1995; 310:441-445.

TRAINING PRIMARY CARE PHYSICIANS

- ❖ **Screening & Diagnosis of Depression**
 - ❖ **PHQ-9**
 - ❖ **Healthy Men Michigan Depression Screen**
- ❖ **Medications**
 - ❖ **SSRIs, SNRIs**
 - ❖ **Mood Stabilizing Medications**
- ❖ **Primary Care Counseling**

PRIMARY CARE COUNSELING

Strengthen the Therapeutic Relationship

- ❖ **Form a Connection:**
 - ❖ **Convey Warmth, Concern, Respect**
- ❖ **Explore Ideas, Feelings, Expectations**
- ❖ **Instill Hope**

Frank JD. Therapeutic components of all psychotherapies. In JM Meyers (Ed), Cures by psychotherapy: what effects change? New York: Praeger, 1984, pp. 15-27.

PRIMARY CARE COUNSELING

Assess Emotional Suffering

- ❖ Explore Loss
- ❖ Coping
- ❖ Social Supports
- ❖ Implications for Self:
 - ❖ Lost Confidence
 - ❖ Meaning

PRIMARY CARE COUNSELING

Construct a Personally Meaningful Explanation

- ❖ Tentative Impression:
 - ❖ Events, Stress, Symptoms
- ❖ Incorporate Patient's Ideas
- ❖ Reach Agreement
- ❖ Support Expectations for Mastery

PRIMARY CARE COUNSELING

Provide New Information (Propose a Plan)

- ❖ **Behavioral Activation:**
 - ❖ **Physical Activity, Exercise**
- ❖ **Pleasurable Sensory Activities**
- ❖ **Social Interaction**
- ❖ **Mindfulness**
 - ❖ **Focused Attention**
 - ❖ **Passive Acceptance**

PRIMARY CARE COUNSELING

Provide New Information (Propose a Plan)

- ❖ Problem Solving
 - ❖ Relationship Conflict
 - ❖ Realistic Life Concerns
 - ❖ Plan for Safety
- ❖ Remind Patient of Strengths
- ❖ Restate Commitment

PRIMARY CARE COUNSELING

- ❖ **Strengthen the Therapeutic Relationship**
- ❖ **Assess Emotional Suffering**
- ❖ **Help Construct a Personally Meaningful Explanation**
- ❖ **Provide New Information (Supportive Interventions)**
- ❖ **Strengthen the Therapeutic Relationship**

Frank JD. Therapeutic components of all psychotherapies. In JM Meyers (Ed), Cures by psychotherapy: what effects change? New York: Praeger, 1984, pp. 15-27.

Men in Michigan Are Taking Action

Here's How You Can Help

1. Social Media and Word of Mouth are how men are hearing about the campaign
Send promotional emails and social media posts to members of your community by using the ToolKit <https://mentalhealthscreening.org/programs/hmm/toolkit>
2. Michigan is a big state with lots of different areas to cover!
Help spread the word with free promotional materials while you are out across Michigan
<shop.mentalhealthscreening.org/collections/healthy-men-michigan>
3. The workplace is another great place to promote the campaign!
Add a link to www.HealthyMenMichigan.org **on your organization website and newsletter**
Send a link to www.HealthyMenMichigan.org **to your employees/colleagues**
4. There are lots of ways to help get the word out to more men across Michigan
Click the link in your email after the webinar to access the Downloadable Resource Center
5. Connect with us and stay up to date on the Healthy Men Michigan campaign
Email us at healthymenmichigan@mentalhealthscreening.org **to sign up for the eNewsletter**

Spread the word about men's mental fitness in Michigan!

For more information...

About the Research

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About the Campaign

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Thank you!