

FOR IMMEDIATE RELEASE

COLLABORATIVE CARE IMPROVES MENTAL HEALTH
FOR DEPRESSED AFRICAN AMERICAN AND LATINO SENIORS

Improving depression treatment in primary care improves the mental health of African American and Latino seniors, according to a study that appears in the April 2005 issue of *Medical Care*.

The research is part of Project IMPACT, directed by University of Washington geriatric psychiatrist Jürgen Unützer, which is the largest clinical trial of late-life depression to date.

In Project IMPACT, 1801 men and women ages 60 and older who were diagnosed as depressed received either routine depression treatment from primary care providers (usual care) or treatment coordinated through a depression care manager working with the primary care provider (collaborative care). Collaborative care included provider education, support of anti-depressant medications prescribed by the patient's regular primary care provider or brief psychotherapy provided by a depression care manager, close tracking of treatment outcomes and adjustment of treatment if the patient's depression was not reduced by at least half.

Study investigator and lead author Patricia Areán examined the effects of the IMPACT model among white, African American and Latino patients. All patients in the study who received collaborative care demonstrated improvement in both their depressive symptoms and their physical functioning as measured by standard testing.

"Our study findings show that by reducing barriers to mental health treatment, older Latinos and African Americans are more likely to make use of mental health services. This is one way to address the historical disparity in their care," said lead author Patricia Areán, PhD, associate professor in the UCSF Department of Psychiatry.

Very few cultural accommodations were made to the collaborative care group, and the researchers did not evaluate cultural competence among the providers. All participants were English speakers. "Results showed that a collaborative care model designed to meet patient needs is highly effective in treating depressed ethnic minority patients regardless of cultural adaptation," Areán said.

According to the IMPACT study, which included patients from 18 different primary care clinics across the U.S., depression affects as many as 10 percent of seniors in the U.S. and has a deleterious effect on both physical and mental health. Most Americans receive depression treatment through primary care physicians even though studies have shown that specialized care is more effective, whether provided in mental health settings or by specialists within primary care settings.

The researchers also note that although depression is a treatable disorder, age and ethnic

minority status are documented barriers to care. Due to social stigma, socioeconomic factors and fragile health, a greater proportion of older African Americans and Latinos receive no specialized care.

The researchers note that previous studies have shown that ethnic minority patients have worse mental health outcomes than non-minority patients and seniors have worse outcomes than younger people. It has also been previously demonstrated that improving access to care will improve outcomes for both groups. Therefore, the researchers postulated that removing barriers to care and supplementing the mental health resources available in primary care would benefit African American and Latino seniors needing depression care.

The collaborative care patients viewed a 20-minute educational video, received written information about late-life depression and met with a depression care manager, typically a nurse or psychologist trained in treating depression. Medication was prescribed or short-term therapy was provided, based on patient preference. Follow up care was provided for one year in accordance with Agency for Health Care Policy and Research guidelines.

The study was supported by grants from the John. A. Hartford Foundation, California Healthcare Foundation, Hogg Foundation, and Robert Wood Johnson Foundation.

The 18 study sites that were part of the IMPACT Project are Duke University, South Texas Veterans Health Care System, Central Texas Veterans Health Care System, San Antonio Preventive and Diagnostic Medicine Clinic, Indiana University School of Medicine, Health and Hospital Corporation of Marion County in Indiana, Group Health Cooperative of Puget Sound in cooperation with the University of Washington, Kaiser Permanente of Northern California, Kaiser Permanente of Southern California, and Desert Medical Group in Palm Springs, CA.

Additional authors are Liat Ayalon, PhD, UCSF; Enid Hunkeler, MA, Kaiser Permanente, Oakland, CA; Elizabeth H.B. Lin, MD, MPH, Center for Health Studies, Seattle; Lingqi Tang, PhD, UCLA; Linda Harpole, MD, Duke University; Hugh Hendrie, MD, Indiana University; John W. Williams, Jr., MD, MHSc, Department of Veterans Affairs and Duke University; and Jurgen Unutzer, MD, MPH, University of Washington.

###