Bridging the Causeway:
A Center for Healthcare Policy and Research Symposium

In cooperation with:
The Clinical and Translational Science Center
The Center for Reducing Health Disparities

Mental Health Breakout Group

University of California, Davis
Memorial Union
March 25, 2008
Translational Cognitive Neuroscience

Restoring Function in Established Disease
and
Developing Tools for Risk Prediction and Early Intervention
Cognitive Neuroscience: Understanding the Neural Basis of Thinking and Feeling
The neural basis of impaired cognition in schizophrenia
Impairment of the Top Down Control in Schizophrenia

Figure 2

A

C > SZ

B

DLPFC Connectivity

r = .6

C

DLPFC Connectivity vs BX Accuracy

r = .4

D

DLPFC Connectivity vs Disorganization
Induced Gamma (40 Hz) Power
wk 4 – BL, MK-0777>placebo
Early Intervention for Transitional Age Populations
Pattern Classification Based fMRI Diagnosis

fMRI Images
HC1-4 Diagnosed as healthy control by DSM-IV
SZ1-4 Diagnosed with schizophrenia by DSM-IV

Pattern Classifier
Training and testing

HC1
HC2
HC3
HC4

SZ1
SZ2
SZ3
SZ4

Classified as HC
Classified as SZ

Figure 1. Outline of automated diagnostic process.
Translational Cognitive & Affective Neuroscience
University of California, Davis

Early Intervention
Improved Risk Prediction

Translational Research
Novel Treatments

Better outcomes
More fulfilling lives
Reducing Disparities in Depression Care for Ethnically Diverse Older Men

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Background

- Geriatric depression common, disabling, and potentially fatal
- Gender and ethnic disparities in geriatric depression care exist
- Lower rates of depression treatment in older men and older minorities poorly understood
- Older men’s depression care preferences have received little attention
Figure 1: Suicide in older men (per 100,000)

Suicide rates/100,000

- Caucasian
- Hispanic
- African American

Age Groups
- 55-59
- 60-64
- 65-69
- 70-74
- 75-79
- 80-84
- 85+

CDC Data, 2000-2004
### Depression Care by Gender in IMPACT Trial
*(Hinton et al, 2007, American Journal of Geriatric Psychiatry)*

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>OR (95% CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antidepressant use in past 3 months</strong></td>
<td>1567</td>
<td>38% (2.37)</td>
<td>46% (1.50)</td>
<td>1.42 (1.12-1.18)</td>
</tr>
<tr>
<td><strong>Specialty mental health visits / psychotherapy in past 3 months</strong></td>
<td>1566</td>
<td>9% (1.48)</td>
<td>9% (0.82)</td>
<td>0.98 (0.63-1.52)</td>
</tr>
<tr>
<td><strong>Any depression care in past 3 months</strong></td>
<td>1567</td>
<td>41% (2.42)</td>
<td>50% (1.51)</td>
<td>1.43 (1.13-1.81)</td>
</tr>
<tr>
<td><strong>Any lifetime depression care</strong></td>
<td>1567</td>
<td>60% (2.36)</td>
<td>71% (1.37)</td>
<td>1.74 (1.35-2.23)</td>
</tr>
<tr>
<td><strong>Potentially effective depression treatment in past 3 months</strong></td>
<td>1556</td>
<td>21% (1.99)</td>
<td>31% (1.39)</td>
<td>1.69 (1.28-2.24)</td>
</tr>
</tbody>
</table>
Study Aims

• **Aim 1**: To examine how forms of masculinity and age-related changes and attitudes (i.e. health status, role transitions, conceptions of normal aging) influence men’s depression illness meanings and experience. This aim will also examine how depression illness meanings, in turn, shape how men present and seek help for their depression.

• **Aim 2**: To systematically examine older men’s preferences for depression treatment.

• **Aim 3**: To identify factors that impede or facilitate depression care from the perspectives of primary care physicians.
Overview of study

• Design: Cross-sectional mixed method study
• Participants: 100 older men (Mexican American and WNH) with recent depression and their primary care physicians (n=48)
• Procedures
  – Screening of older men in primary care settings
  – Older men with recent depression
    • Qualitative interview, conjoint interview
  – Primary care physicians:
    • Qualitative interview
Interdisciplinary Research Team

Health Economics
Mental Health Services Research & Interventions
Geriatric Psychiatry
Medical Anthropology
Clinical Psychology
Psychiatric Epidemiology
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Natalia Deeb-Sossa
Center for Reducing Health Disparities
March 25, 2008
Proposition 63
Mental Health Services Act (MHSA)

- Created the expectation of a *comprehensive* planning process within the public mental health system that is inclusive of underserved communities (i.e., ethnically diverse, the poor, the uninsured, and the geographically isolated).

- Seeks to *transform* the mental health system to a “help-first” approach

- Make ethnic communities, clients, family members, community-based agencies, providers and other stakeholders in the mental health system *key partners* in the decision-making process.
Mental Health Research MIGHT…

- strengthen mental health care systems which might result in better care and services to individuals and communities

- develop an aggregate picture of the available mental health resources and the overall needs

- collect essential information on the mental health system of a community. The goal of collecting this information is to improve mental health systems and to provide a baseline for monitoring change.

- develop mental health for emergencies or for populations exposed to extreme stressors, such as refugees, internally displaced persons, disaster survivors, and terrorism, or war-exposed populations
The community context is an important determinant of mental health outcomes;

The community is where the full impact of evidence-based information will be realized;

Community engagement and collaboration is a cornerstone of effective public mental health practice;

Community involvement is crucial in the recruitment and retention of diverse groups’ participation in mental health research;

Successful community engagement builds skills and capacity within the community, which are fundamental factors for optimal mental health.
Community Engagement

- Community Engagement is about personal and local **relationships to:**
  - Assess environment
  - Make multiple contacts
  - Listen and learn before ASKING
  - Be honest about your intentions
  - Explore collaboration/partnership potential
  - Create a presence in communities that:
    - Demonstrates the value of mental health research
    - Conducts regular outreach for education
    - Facilitates dissemination of mental health research results

- Community Engagement is needed for:
  - Developing trust and respect
  - Timely accrual of study participants
  - Diverse inclusion
Priorities for Community Engagement

- Communities must be *partners* in establishing mental health research priorities through a process of respectful bidirectional communication with researchers.

- Develop a *new culture* of mental health care research in which community engagement is a key to success.

- Develop *milestones* for community engagement.
Milestones of Community Engagement

- Build on prior positive *working relationships* and develop new community *partnerships*;

- Solicit community input to set mental health research *priorities* and participate in study design and research process for mental health research;

- Solicit community input and advice on the *implementation* of mental health studies, including optimal methods for recruitment and retention in clinical trials;

- In collaboration with your community partners, *disseminate* culturally and linguistically appropriate mental health information to members of your local communities.
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