

Closing the Gap between Women's Depression and Mental Health Services: The Evolution of the Los Angeles County Department of Mental Health

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*Mind Body Spirit: Enhancing Women's Resilience to
Stress and Depression as They Age*

Did You Know...

- By 2012, the number of women in mid-life (aged 45-64 years) is expected to grow from about 27 million to 41 million.
- Women experience depression twice as often as men
- The suicide rates for women peak between the ages of 45-54 years old, and again after age 75.
- Successful treatment for depression, particularly for women, should include cognitive behavioral therapy and problem solving therapy.

Threats to Women's Health

- Women and men are not the same; particularly when it comes to their health risks.
- The biggest threats to American women's health:
 - Heart Disease
 - Breast Cancer
 - Osteoporosis
 - Depression
 - Auto Immune Disease (i.e. lupus, diabetes, thyroid disease)
 - Obesity
- There is a link between dealing with a chronic medical condition and developing depression

Symptoms of Depression

- persistent sad, anxious, or "empty" mood
- loss of interest or pleasure in activities
- restlessness, irritability, or excessive crying
- feelings of guilt, worthlessness, helplessness, hopelessness, pessimism
- sleeping too much or too little
- appetite and/or weight loss or overeating and weight gain
- decreased energy, feeling fatigue
- thoughts of death or suicide, or suicide attempts
- difficulty concentrating, remembering, or making decisions
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Differences between Women and Men

- Onset is not restricted to any given age or demographics.
- Women are more likely to experience feelings of guilt and anxiety, sleep excessively, have an increased appetite, gain weight, and attempt suicide.

Reasons for Depression Among Women

- Why???
 - Hormone fluctuations
 - Pregnancy and child birth
 - Reactions to stress
 - Ruminative thinking
 - Lack of social support
 - Difficulty adjusting to change as caregiver/role in life
 - History of Trauma
- Dependent on multiple factors
 - Psychological
 - Biological
 - Genetic
 - Environmental
 - Socio-economic

Barriers to Women Coping with Depression

- Despite the favorable outcome of treatment, many women suffer with their depression in silence
- Depression among women has been normalized
 - Women do not seek treatment until a “crisis” occurs
- Successful treatment options includes:
 - Individual Therapy
 - Group support
 - Psychotropic medication such as anti-depressants

The Ever-Evolving Department

- Prop 63- Mental Health Service Act (MHSA)
 - 2007-Expansion of Community Services and Supports (CSS) Plan
 - 2009-Introduction of Prevention and Early Intervention (PEI) Programs and Evidence Based Practices (EBPs)
- Hope, Wellness, and Recovery
 - Looking at the WHOLE person
- Healthy Way LA (HWLA)-Bridge to Health Care Reform 2014
- Veterans

The Blueprint of Adult Mental Health Services

Triage
[Initial Face-to-Face Visit / Walk-in / Appointment]



Client can be served within the DMH Network of Care and appears to meet DMH Population based on service needs



Crisis Resolution Services (CRS)

PEI – Crisis Oriented Recovery Services (PEI – CORS)

Full Service Partnership (FSP)

Field Capable Clinical Services (FCCS)

Wellness Center Services



Short-Term and Time Limited

MHSA Focal Population and Program Criteria Must be Met

More Expansive MHSA Target Population with Services Based on Clinical Need With No Defined Treatment Time Periods

PEI Evidence Based Practices

- PEI Evidence Based Practices: Adult programs have the option of training staff in five EBPs-
 - Prolonged Exposure Therapy for PTSD
 - Seeking Safety
 - Benjamin Rush Model (Short term Crisis Resolution) (CORS)
 - Group Cognitive Behavioral Therapy for Depression (Group CBT)
 - Mental Health Integration Program (MHIP).

PEI Early Start Programs

- Partners in Suicide Prevention Team
 - One of two first cross-collaboration program among all four age groups
 - Provide two gate keepers training to mental health providers, other agencies, and community members at large
- Anti-Stigma and Discrimination Team
 - Other cross-collaboration program between all four age groups.
 - Increases public awareness, social acceptance, and inclusion of people with mental health challenges.

How will Health Care Reform Impact Our Mental Health Delivery System

- DMH joined forces with the Dept. of Health services under the 1115 Waiver initiative to truly integrate primary health care with behavioral services
- Benefits
 - Improve the health outcomes of the Serious and Persistent Mentally Ill Population in LA County
 - Decrease the per capita cost of health care
 - Enhance the quality of care provided to our clients

Mental Health Service Delivery Under the Healthy Way LA

Level of Service	Level of Need	Type of Service
Tier 1	Current priority population: clients with serious mental illness	<ul style="list-style-type: none"> ■ Full range of rehabilitation option services
Tier 2	Individuals seen in primary care settings who may benefit from short term treatment early intervention	<ul style="list-style-type: none"> ■ Evidence-based practices ■ Short Term Treatment ■ Psychiatric consultation regarding psychotropic medications provided for treating primary care physicians
Tier 3	Individuals seen in primary care settings who receive and desire only medication management	<ul style="list-style-type: none"> ■ Psychiatric consultation regarding psychotropic medications provided for treating primary care physicians

New Types of Mental Health Services Delivered through HWLA

- Collaborative Care Model
- Primary Care Provider (PCP) continues medications as needed
- Stepped interventions
- Therapeutic components
 - Assess symptoms and problems in living
 - Develop targeted treatment plan
 - Problem Solving Therapy (PST)
 - Behavioral Activation
 - Assessment of status at each visit
 - Weekly team case consultation with psychiatrist
 - Follow-up between psychiatrist and primary care providers when medication need to be adjusted

Then....and NOW!

- In the past, public mental health system...
 - Focused on providing services to individuals experiencing severe symptomology
 - Focused mainly on the mental health issues; and made little if not zero effort to address any physical issues the client may have
 - Did not train clinicians to provide psychotherapy to address mental health issues
- Since 2006, gaps are being closed by:
 - Removing financial constraints, cultural or language barriers, and transportation roadblocks
 - Reducing stigma and discrimination toward mental health
 - Co-location of physical health services at mental health clinics
 - Training staff on EBPs proven to address depression, history of trauma, and co-occurring disorders
 - Helping grass root organizations provide mental health services

Reaching Out to the Department of Mental Health

- DMH Website: <http://dmh.lacounty.gov>
- 24/7 Access Center: 1-800-854-7771
- Adult System of Care: 213-738-2868

Questions