# Resiliency Education to Reduce Depression Disparities

Felica Jones, Healthy African American Families II
Bowen Chung, County of Los Angeles Department of Mental Health, UCLA David Geffen School of Medicine

## Study & Project Aims

Depression is the leading cause of adult disability and common among lesbian, gay, bisexual (LGB) adults. Primary care depression quality improvement (QI) programs can improve outcomes for minorities more significantly than for non-minorities, but they are seldom available in safety-net systems. We build on findings from Community Partners in Care (CPIC) and Building Resiliency and Increasing Community Hope (B-RICH). CPIC compared depression QI approaches across healthcare and social /community services in communities of color. CPIC included healthcare and "community-trusted" programs (e.g., homeless, faith-based) to work as a network to address depression, compared to individual-program technical assistance. In CPIC, both conditions improved mental wellness, mental health quality of life, and depression over 12 months. B-RICH, a randomized study, evaluated lay delivery of a seven-session, CBT-informed resiliency education class versus case management on patients' depressive symptoms over three months, in unpublished but completed analyses. The proposed demonstration supplements the resiliency class with a mobile/interactive voice response case management tool to reinforce class content and depression care reminders (B-RICH+).

- *How does your project benefit from using PCORnet infrastructure and resources? The* CPPRN, PRIDEnet, & Genetic Alliance partnership is invaluable for increasing PCORnet capacity around engaging patients from different minority backgrounds.
- *How does your project benefit the further development of PCORnet?* Knowledge / experience gained on how to engage low-income, racial / ethnic and sexual minority patients around patient-centered outcomes research.

## Research Objectives

Specific Aims are (1) to engage New Orleans (NO) and Los Angeles (LA) partners in a demonstration to improve depression outcomes for predominantly LGB adults; (2) to evaluate B-RICH+ in improving adult patients' depressive symptoms over and above depression QI resources and training to healthcare and community programs serving minority LGB patients; (3) to disseminate the proposed demonstration's findings and tools with PCORnet partners.

- *Why is this question important?* Depression rates are high amongst LGBT adults and there is limited evidence on approaches to improve outcomes in low-income communities.
- *How is it "people-centered"?* The B-RICH intervention was co-developed and evaluated by patients and community partners. The study outcomes of mental health related qualtiy of life was prioritized as an important outcome in additoin to depression.
- *Describe the role patients play in forming the research question/objectives.*Patients and community partners have been involved since prior to the study proposal and throughout the proposal development and will be involved on equal terms throughout the research project as co-investigators.

## Methods

Three clusters of four to five LGB-focused programs: two clusters in LA (Hollywood and South LA) and one cluster in NO. Clusters are comprised of one primary care, one mental health, and two to three community agencies (e.g., faith-based, social services, advocacy). All programs will receive depression QI training. Enrolled adult depressed patients will be randomized individually to B-RICH+ or depression QI alone. Primary outcomes are depressive symptoms (8-item patient health questionnaire); mental health quality of life (12-item mental composite score ≤ 40), mental wellness, and physical health quality of life (12-item physical composite score) are secondary. Participants are depressed adults from LGB-focused programs, recruited from in-person screening at programs (1743), for 320 enrolled and offered 6-month (n=242) and 12-month (n=224) follow-up. Inclusion criteria: Age≥18 years, PHQ-8≥10 (depressed), providing contact information; Exclusions: Not speaking English or Spanish or too impaired to complete screening. We use an intent-to-treat analysis to test the added value of individual level, B-RICH+ over and above program-level depression QI on patient outcomes.

- *List all PCORnet your project reflect research collaborators, including patients.* Genetic Alliance and PRIDE PPRNs will join our CPPRN partners RAND; Louisiana State University; St. Anna's Medical Mission; Healthy African American Families II; Los Angeles County Departments of Mental Health, Public Health and Health Services; LA Care [LA County Medicaid Plan]; New Orleans Health Department, New Orleans Healthcare for the Homeless, Formerly Incarcerated Transitions Clinic, St Anna Episcopal Church, LSUHSC, Tulane).

## Results

- *What is your progress so far?* Our project has finalized our protocol, had a kick-off webinar between LA and New Orleans, and is now presenting at PCORI Annual Meeting. We have been involving all our patient and community partners at every step of the project

## DISCLOSURES

Investigators report no conflicts of interest.

## FUNDING / ACKNOWLEDGEMENTS

*This work was supported through a Patient-Centered Outcomes Research Institute (PCORI) Program Award* PPRND-1507-32173) *All statements in this poster, including its findings and conclusions, are solely those of the authors and do not necessarily represent the views of PCORI, its Board of Governors or Methodology Committee.*

## CONTACT INFORMATION

Felica Jones, Healthy African American Familes II
E-mail: felicajones@haaffii.org
Bowen Chung, LAC DMH / UCLA
E-mail: bchung@mednet.ucla.edu

pcornet™ The National Patient-Centered Clinical Research Network