



# Advancements in Diabetes Depression Screening & Follow Up

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Behavioral Health Director



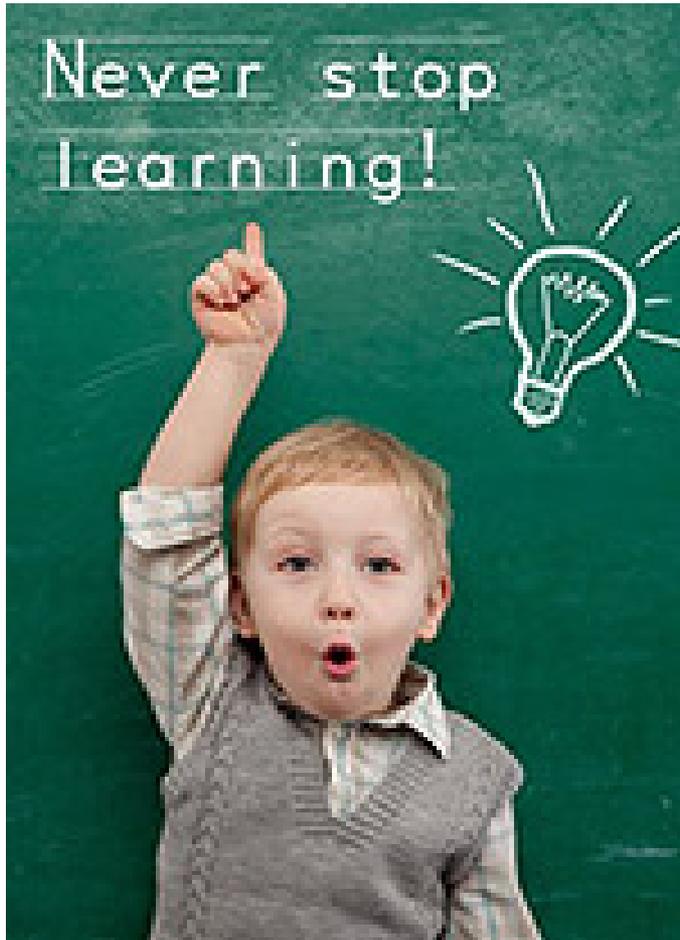
# Disclaimer

- ***"If I have seen further it is by standing on ye shoulders of Giants".***  
- Sir Isaac Newton
- I deny any personal gain, incentive, or endorsement of any presented materials/products. I deny any payment for speaking at this presentation.

# Objectives

- To improve the quality and continuity of care for patients with comorbidities or co-occurring conditions
- Culturally sensitive, outreach, screening, and aftercare for depression
- To improve one's cultural competency and poise when presented with behavioral emergencies (i.e. self-injurious behavior, suicidality)

# THEME



***“Steal (borrow)  
shamelessly...***

***...share relentlessly!”***

-Dr. Stephen Wonderlich; NRI

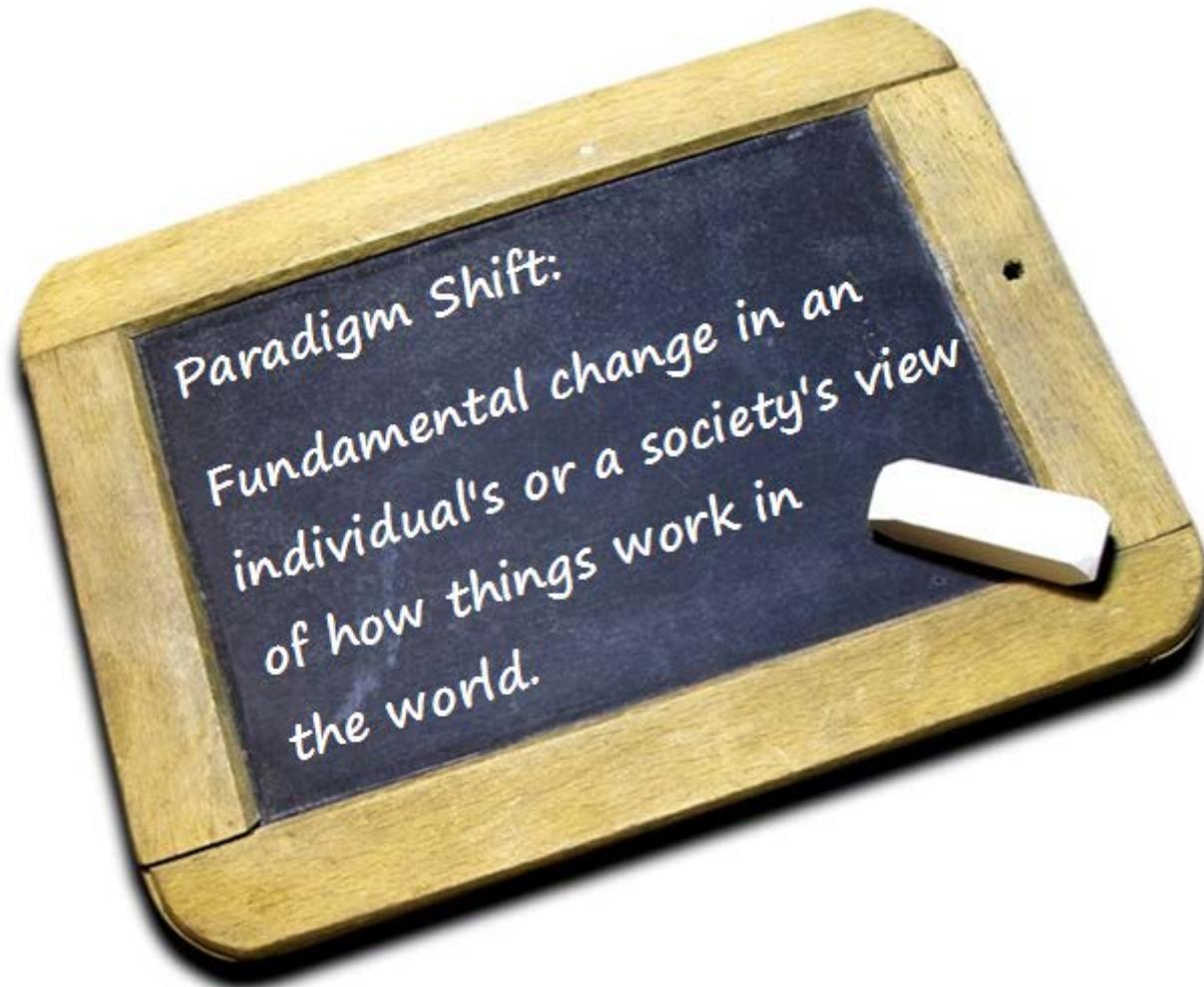
# Who in the heck is this guy?!

- White Earth Nation
  - Bimose Animikiiaa
- Indians into Psychology  
Doctoral Education &  
University of North Dakota  
Clinical Psychology programs
- Veteran of Operation Iraqi  
Freedom III
- University of New Mexico Pre-  
Doctoral Internship
- Pueblo of Acoma (NM) Post  
Doc Employment
- Red Lake (Nation)  
Comprehensive Health  
Services → Red Lake (IHS)  
Hospital Behavioral Health  
Director
- Active member of several  
Professional Organizations
- AUI, MSCP program; N7  
Cohort

# Future Aspirations



# Paradigm Shift



# Paradigm Shift(s)

- Graduate Education & Advanced Practicum (Placement) Training →
  - Scientist-Practitioner
- Major Health Care System Pre-Doc → Community Health →
  - Acoma Behavioral Health Services; Pueblo of Acoma (NM)
- Mobile Crisis Response Team; Assessment & Intervention →
  - Upper Mississippi Mental Health Center
- Culturally Sensitive, (Partially) Integrated Primary Care
  - Clash with BioMed conceptualization and service delivery model

# Paradigm Shift Cont.



- Continued growth & development
  - Supervision & Consultation
  - Public Speaking
  - Professional Organizations
  - Post-doctoral Masters of Science in Clinical Psychopharmacology
  - Clinical Psychologist → Clinical Health Psychologist → Medical/Prescribing Psychologist?
  - Identity? (“Healer/Helper”)

# Red Lake Nation



- **Sovereign Nation**
  - Closed, Dry Reservation
  - Non-member of Minnesota Chippewa Tribe
  - Hereditary Chiefs; 7 Clans
- Population of 7-10K
  - Very Migratory
  - 4 Communities
    - Little Rock, Red Lake, Redby, Ponemah
- <http://rlnredlakehospital.com/>
- Isolated, Hardship Area
  - Spread across several counties



# Red Lake Hospital

- A unique marriage
  - Red Lake Comprehensive Health Services
- The RLSU is an IHS (HQ) Behavioral Health Division Pilot Site
  - Excellence in Depression Screening and IPC
  - Pioneering Telepsychiatry
  - 2015 IHS BH Conference Invitation
- Not fully serviced
  - Managed Care Team Meetings
  - May rely on Contract Health Services
- 20/80 Fiscal Health Dilemma
  - Gov't appropriated funding
  - vs. 3<sup>rd</sup> party reimbursement



# Our Interdisciplinary Team

- 1 Psychologist
- 2 Social Workers
- 1 (part time) Psychiatrist
- 2 Psychiatric Nurse Practitioner vacancies
- 1 Mental Health (MH) Case Manager; BC Psych RN
- 1 MH Technician
- 1 Administrative Assistant
- Practicum Placement Site; i.e. Psych Interns
- Telepsych Business Agreement with Sanford Health
  
- For IHS, this is a very stacked Dept.!
  - ...but who might be missing?

# So how do I detect, manage, and track depression?



# Clinical Depression

- ...as a construct.
- ...as a heterogeneous condition.
- ...as a co-occurring, comorbid, and or dual diagnosis.
- ...as a manifestation of historical, intergenerational trauma, and/or latent/chronic bereavement.

# The Diabetes-Depression Connection

- “Diabetes and depression are closely linked.
- A lifelong condition like diabetes takes a toll on mental health.
- Depression, in turn, makes it harder to find the motivation to care for diabetes: getting exercise, eating right, and completing other basic tasks are difficult when you’re struggling just to get out of bed in the morning.”

Stacey Kaltman, Ph.D.; Psychosocial Behavioral Medicine

# Diabetes & Depression

American Diabetes Association

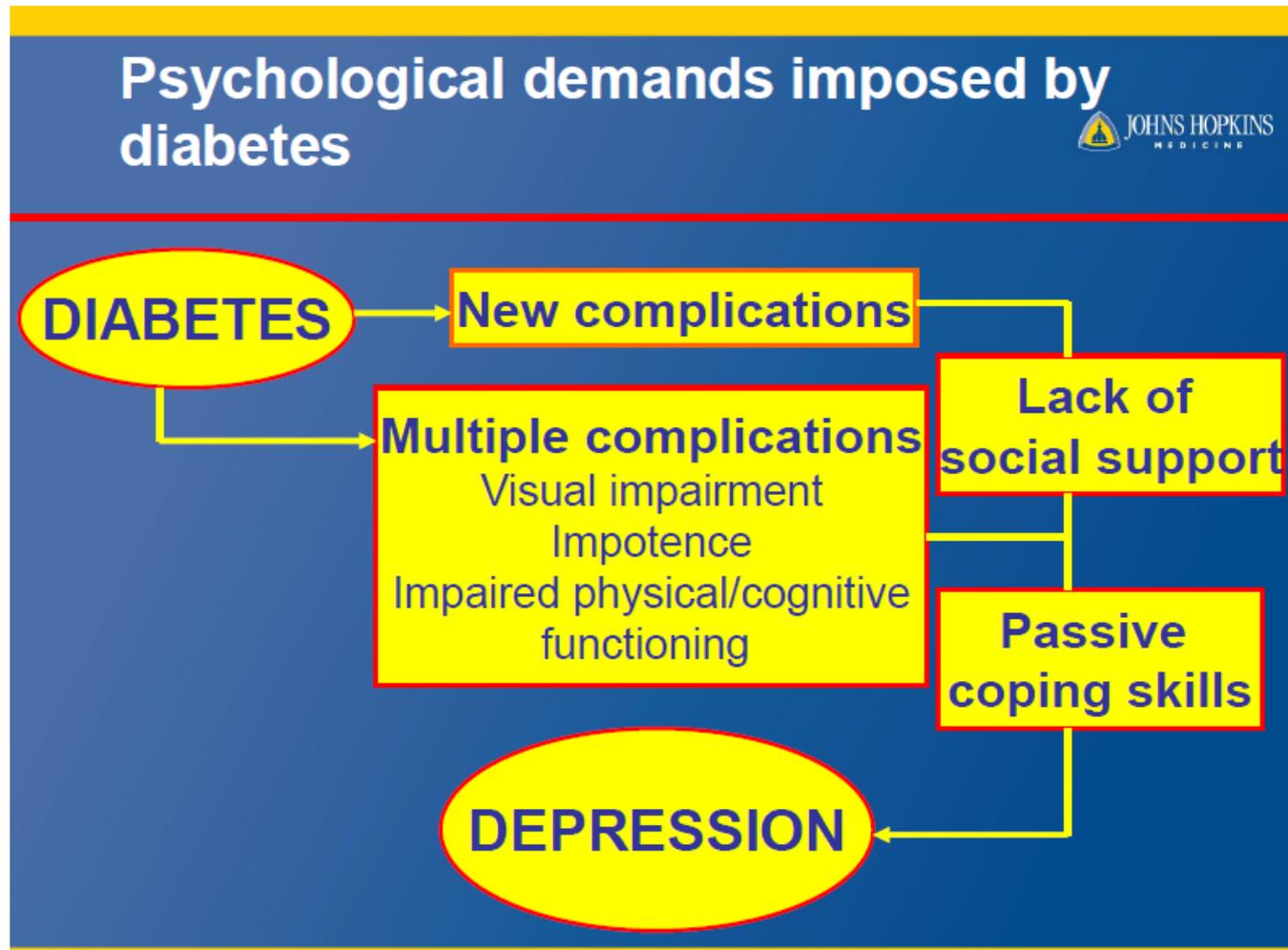
- Poor control of diabetes can cause symptoms that look like depression.
- During the day, high or low blood sugar may make you feel tired or anxious.
- Low blood sugar levels can also lead to hunger and eating too much.
  - If you have low blood sugar at night, it could disturb your sleep.
- Moreover, the stress of Diabetes management, significant complications, lack of progress, and the real or perceived perceptions of burden may culminate into unique manifestations/profiles of depression.

# Why Are Diabetes and Depression Associated? Connecting the Brain to the Pancreas

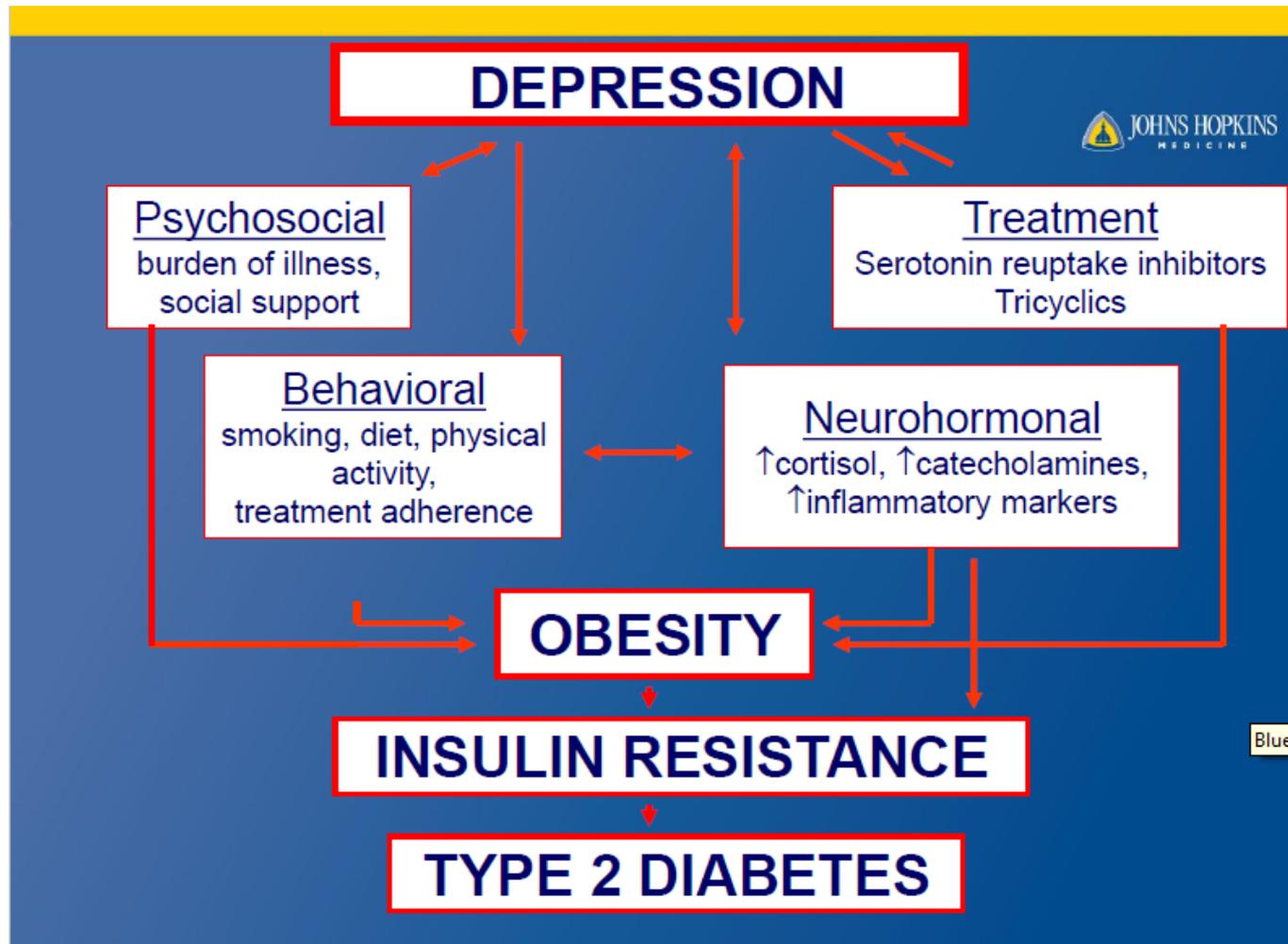
- Sherita Hill Golden, MD, MHS
  - Hugh P. McCormick Family Professor of Endocrinology and Metabolism
  - Executive Vice-Chair, Department of Medicine
  - Division of Endocrinology, Diabetes, and Metabolism
  - Welch Center for Prevention, Epidemiology, and Clinical Research

***Credited with the next 4 slides***

# Psychological Demands Imposed by Diabetes

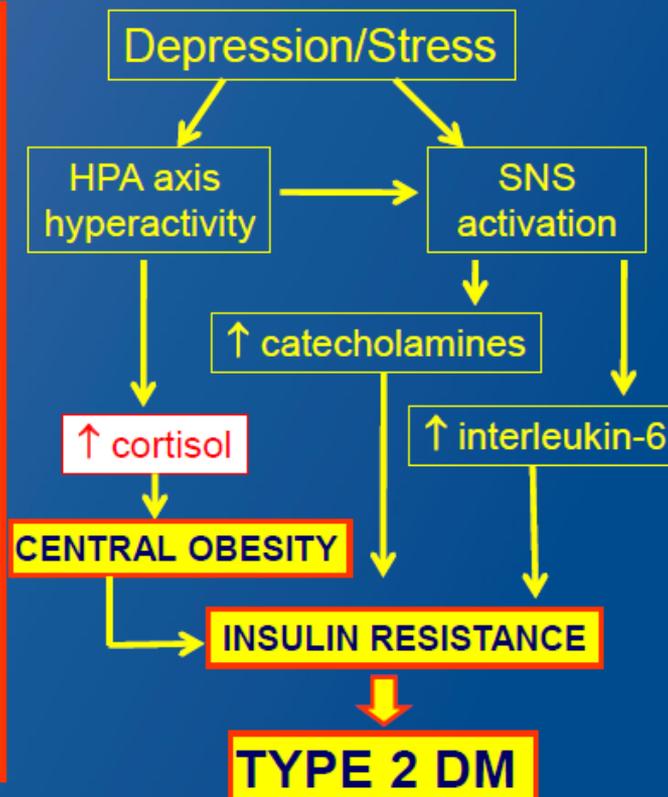
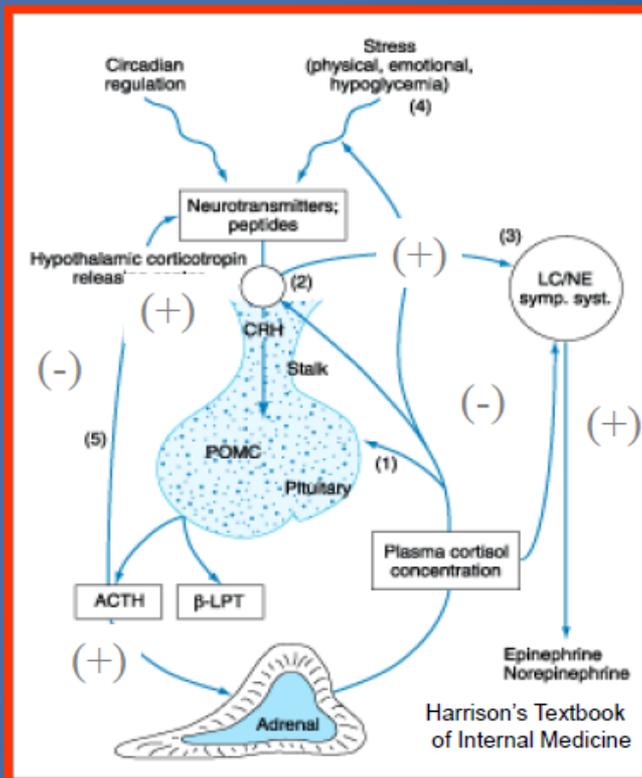


# Impacts of Depression on Health



# Stress Affects Hormonal Factors that Increase Diabetes Risk

## Stress affects hormonal factors that increase diabetes risk



# Adverse effects of Hyperglycemia on CNS

- Atrophy
- Apoptosis
- Hippocampus and Limbic System

# 2016 American Diabetes Association Guidelines

## 2016 American Diabetes Association (ADA) Diabetes Guidelines Summary Recommendations from NDEI

Source: American Diabetes Association. Standards of medical care in diabetes—2016. *Diabetes Care*. 2016;39(suppl 1):S1-S106. Available [here](#).

Refer to source document for full recommendations, including level of evidence rating.

### 15. Psychosocial Assessment and Care

<b>Psychological and Social Assessments</b>
Include psychological & social assessments as part of diabetes management
Psychosocial screening and follow-up may include: <ul style="list-style-type: none"><li>• Attitudes about diabetes</li><li>• Expectations for medical management and outcomes</li><li>• Mood</li><li>• Quality of life</li><li>• Financial, social, emotional resources</li><li>• Psychiatric history</li></ul>
Screen for and treat depression in older adults (≥65 yrs) with diabetes
Routinely screen for depression and diabetes-related distress, anxiety, eating disorders, and cognitive impairment
Stepwise collaborative care approach to manage depression for patients with comorbidities
Refer patients who exhibit these symptoms/behaviors to a mental health professional: <ul style="list-style-type: none"><li>• Disregard for medical regimen</li><li>• Depression</li><li>• Self-harm potential</li><li>• Stress</li><li>• Debilitating anxiety</li><li>• Eating disorder</li><li>• Cognitive function signaling impaired judgment</li></ul>

# Cultural Competence: A Review



"Each of us shines in a different way, but this doesn't make our light less bright." – Albert Einstein

# Cultural (Core) Competency: *The know-how and the elbow grease.*

- An ongoing ability to interact effectively with people of different cultures.
- To better understand, communicate with, and effectively interact with people across cultures.



# Cultural Competency Cont.

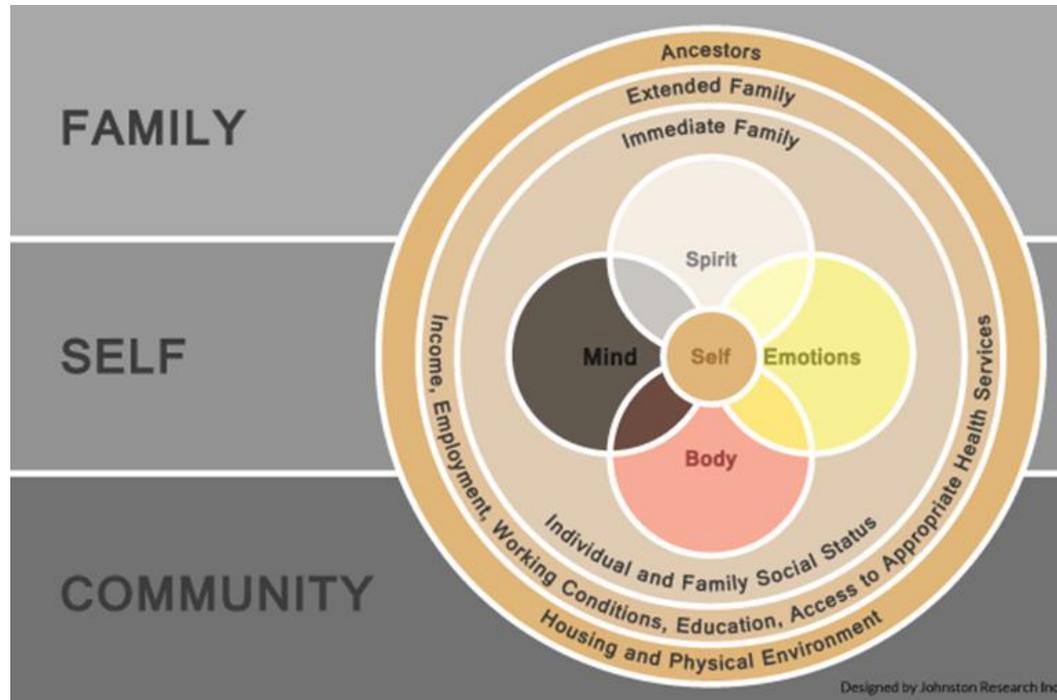
- Cultural competence comprises four components:
  - (a) awareness of one's own cultural worldview
  - (b) attitude towards cultural differences
  - (c) knowledge of different cultural practices and worldviews
  - (d) cross-cultural skills

# Cultural Competence

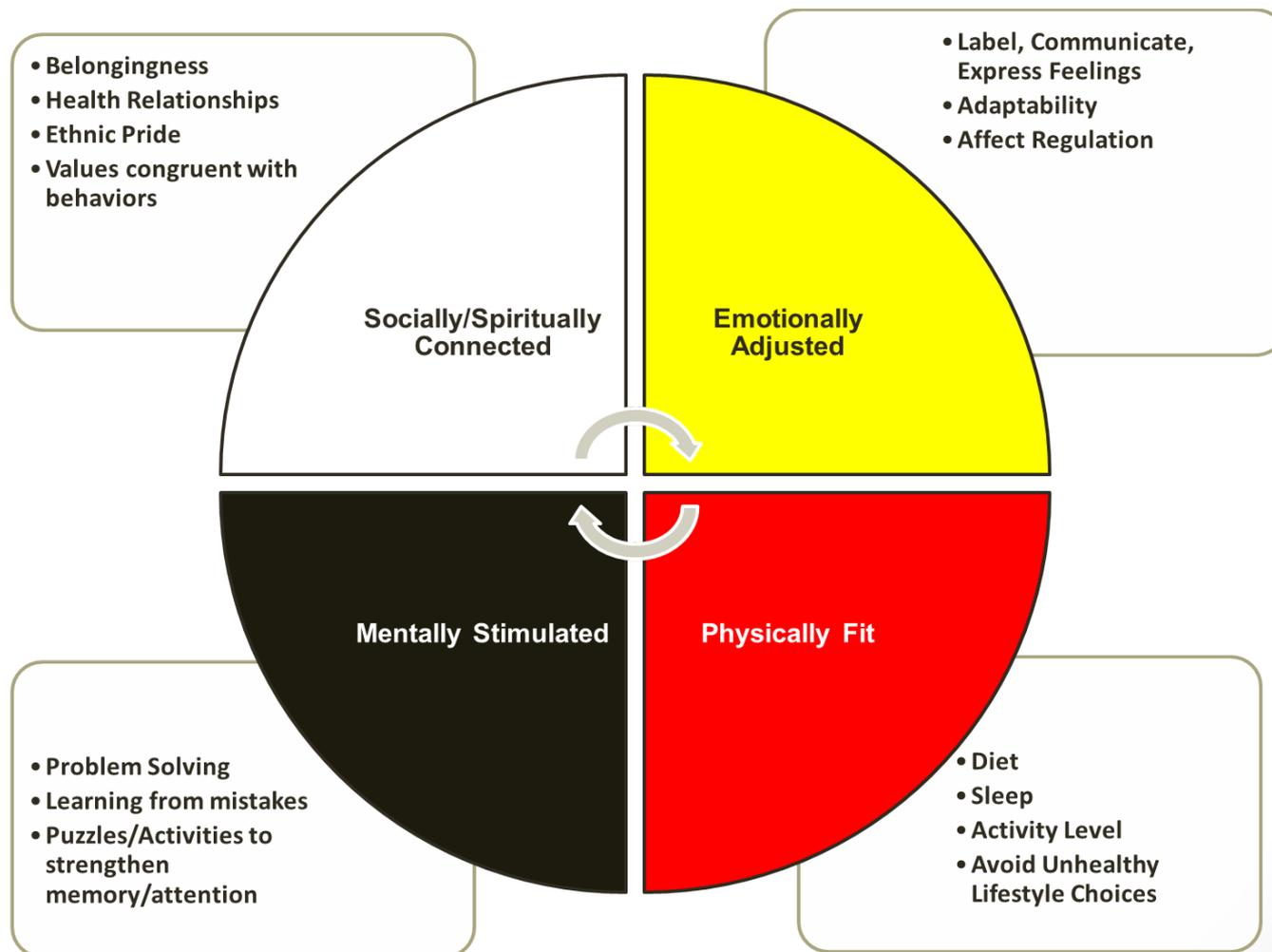
- Culture Impacts:
  - Understanding of illness
  - Perception and presentation of symptoms
  - Reaction and adjustment to illness
  - Expectations of provider
  - Desire/expectations for treatment
  - Motivation for treatment
  - Compliance with treatment
  - Clinician diagnosis and choice of treatment

*Ruth A. Roa-Navarrete, Psy.D; TP/Anthony Tranchita, Ph.D*

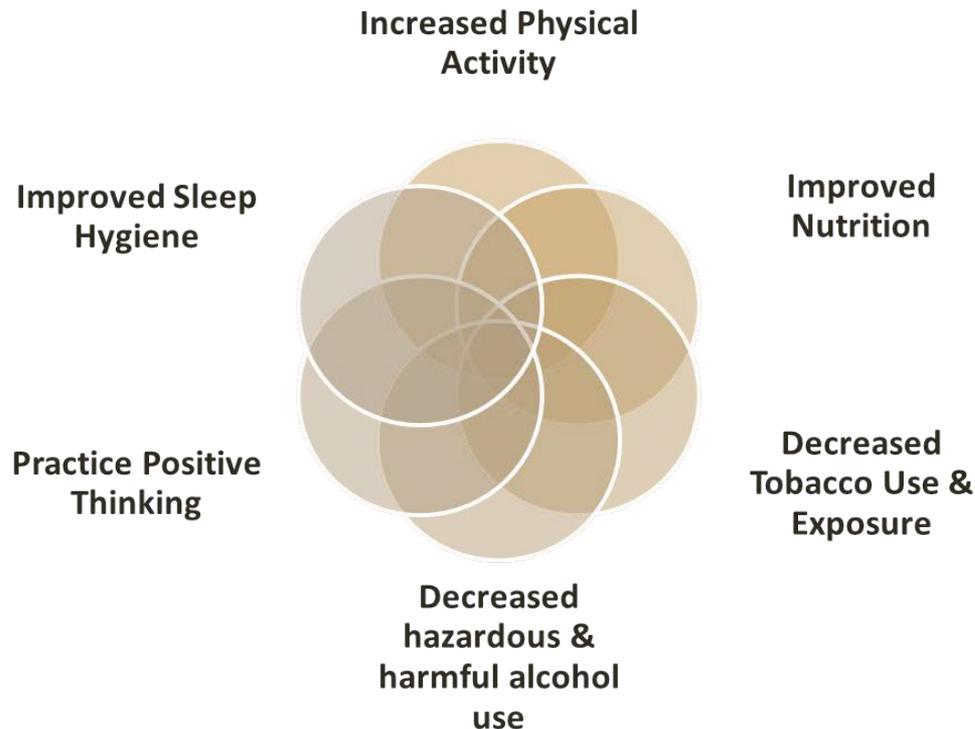
# MINOBIMAADIZIWIN: “A Good [Healthy] Way of Life”



# Medicine Wheel



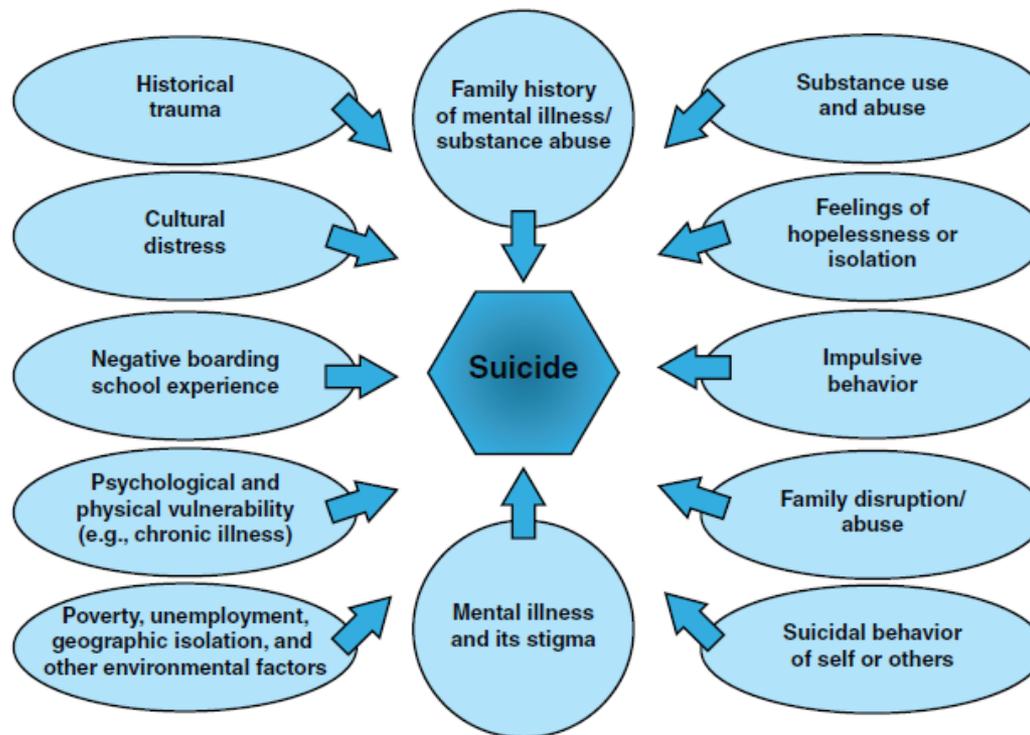
# 6 Pillars of Healthy Lifestyle Change & Chronic Disease Prevention



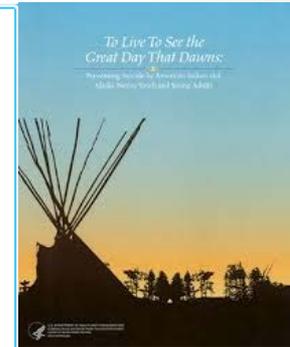
Kottke T, Baechler C, Canterbury M, Danner C, Erickson K, Hayes R, Marshall M, O'Connor P, Sanford M, Schloenleber M, Shimotsu S, Straub R, Wilkinson J. Institute for Clinical Systems Improvement. Healthy Lifestyles. Updated May 2013.

# Risk Factors

**Exhibit 1. Interrelated Risk Factors for Suicide Among American Indians and Alaska Natives\***



\*Adapted from Walker, D., Walker, P. S., & Bigelow, D. (2006). *Native Adolescent Suicide Cofactors: Prevention and Treatment Best Practices*. PowerPoint presentation available from One Sky Center, at <http://www.oneskycenter.org/education/presentations.cfm>.

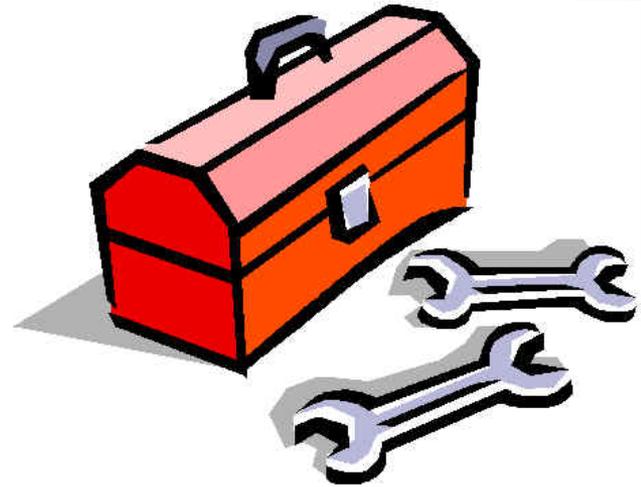


# Self Injurious Behavior

- Boredom; Stimulation
- Attention/Manipulation
- Feeling Numb/Empty
- Habitual; Natural “High”
- Escape/Avoidance/Distraction of/from life’s problems and the emotional pain; relieving tension
- Punishment
- Communication or sense of control
- Ambivalence

# Screening Tools

- IS PATH WARM
- SAD PERSON
- PHQ-9
- SAFE-T
- Beck Scale for Suicidal Ideation
- Beck Hopelessness Scale



# SAD PERSONS Scale

Patterson et. al.; Medical Origins

- S: Male sex
- A: Age 15-25 or 59+ years
- D: Depression or hopelessness
  
- P: Previous suicidal attempts or psychiatric care
- E: Excessive ethanol or drug use
- R: Rational thinking loss (psychotic or organic illness)
- S: Single, widowed or divorced
- O: Organized or serious attempt
- N: No social support
- S: Sickness and/or Stated future intent (determined to repeat or ambivalent)
  
- This score is then mapped onto a risk assessment scale as follows:
  - 0–5: May be safe to discharge (depending upon circumstances)
  - 6-8: Probably requires psychiatric consultation
  - >8: Probably requires hospital admission

# IS PATH WARM?

- American Association of Suicidality

<b>I</b>	Ideation	Threatening to hurt or kill self, looking for ways to die
<b>S</b>	Substance Abuse	Increased or excessive substance (alcohol or drug) use
<b>P</b>	Purposelessness	No reason for living; no sense of purpose in life
<b>A</b>	Anxiety	Anxiety, agitation, unable to sleep or sleeping all the time
<b>T</b>	Trapped	Feeling trapped – like there is no way out; resistance to help
<b>W</b>	Withdrawal	Withdrawing from friends, family and society
<b>A</b>	Anger	Rage, uncontrolled anger, seeking revenge
<b>R</b>	Recklessness	Acting recklessly or engaging in risky activities, seemingly w/o thinking
<b>M</b>	Mood changes	Dramatic mood changes

# Early Detection

- Know the signs & symptoms
- Collaboration/Continuity of Care
- It takes a Village...
- Universal Screening
  - Patient Health Questionnaire
  - Patient Stress Questionnaire

# Patient Health Questionnaire

- Interpret with Caution
- Not at all empirical, diagnostic or culturally sensitive
- Created to track response to antidepressants (Effexor, Zoloft)
- Low sensitivity in detecting Major Depression

# Sample Safety Plan

**Sample Safety Plan**

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Step 3: People and social settings that provide distraction:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
3. Place \_\_\_\_\_ 4. Place \_\_\_\_\_

**Step 4: People whom I can ask for help:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Step 5: Professionals or agencies I can contact during a crisis:**

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_  
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_  
3. Local Urgent Care Services \_\_\_\_\_  
Urgent Care Services Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_  
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255) **TXT4LIFE - TXT "LIFE" to 61222**

**Step 6: Making the environment safe:**

1. \_\_\_\_\_  
2. \_\_\_\_\_

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

The one thing that is most important to me and worth living for is:

\_\_\_\_\_

<http://www.sprc.org/>

# RPMS Reports

- Consult Tracking Reports
  - CON → CP → enter “mental” specialty → IPD vs. ED vs. OPD
- PHQ-9 vs. Alcohol
- Pathways
  - BHS → PCC → PAT → SCRN → ALC vs DEP → DLS (tally list) → date range → Select item # to be tallied
- Suicide Report Tracking
  - Reports Tab → Suicide Form
- RPMS Pathways
  - BHS → RPTS → PROB → SUIC → SSR → Date Range → All Communities → 0; includes all suicidal behaviors → Exclude Demos → Print vs. Browse Results

# U.S. Senate Committee on Indian Affairs

Oversight Hearing on "Demanding Results to End Native Youth Suicides"

<http://www.indian.senate.gov/hearing/oversight-hearing-demanding-results-end-native-youth-suicides>

The Honorable Robert G. McSwain  
Acting Director-Indian Health Service, U.S. Department of Health and  
Human Services, Rockville, MD  
The Honorable Collins "C.J." Clifford  
Tribal Council Member-Oglala Sioux Tribe, Pine Ridge, SD  
The Honorable Darrell G. Seki, Sr.  
Tribal Chairman-Red Lake Nation, Red Lake, MN  
Teresa D. LaFromboise, Ph.D.  
Professor-Developmental and Psychological Sciences, Graduate School  
of Education, Stanford University, Stanford, CA

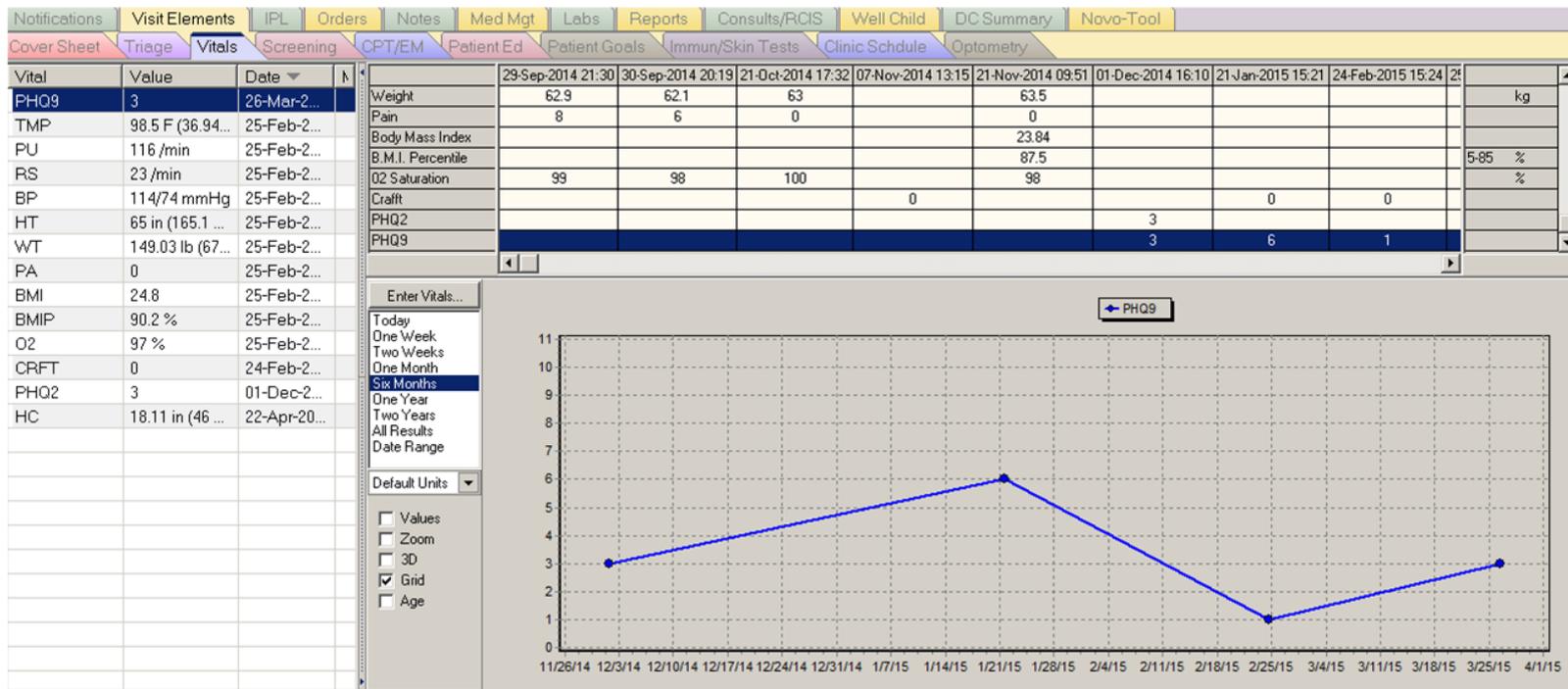
# Universal Screening: Patient Stress Questionnaire

- PHQ-9
- GAD-7
- Pain Screen
- PC-PTSD
- AUDIT
- SBIRT

<http://www.integration.samhsa.gov/clinical-practice/screening-tools>

- CAGE
- Drug Abuse Screening Test (DAST; 10 Y/N items)

# Patient Health Questionnaire 9 Item Scale



# Primary Care PTSD Screen

Screenings may not be culturally sensitive; could overpathologize people; also, this has observed to be strong reactions of bereavement in Native People.

<u>In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:</u>		
1. Have had nightmares about it or thought about it when you did not want to?	No	<input checked="" type="checkbox"/> Yes
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	<input checked="" type="checkbox"/> Yes
3. Were constantly on guard, watchful, or easily startled?	No	<input checked="" type="checkbox"/> Yes
4. Felt numb or detached from others, activities, or your surroundings?	No	<input checked="" type="checkbox"/> Yes

(3)

Lustman, P. J., Penckofer, S. M., & Clouse, R.E. (2007). Recent Advances in Understanding Depression in Adults with Diabetes. *Curr Diab Rep.*, 7(2), 114–122.

- Insulin resistance linked to depression, which is risk factor in developing DM II
- Insulin sensitivity sustained reduction in HbA1c. improves during depression treatment
- Maintenance antidepressant pharmacotherapy is more effective than placebo in preventing recurrence of MDD in diabetes

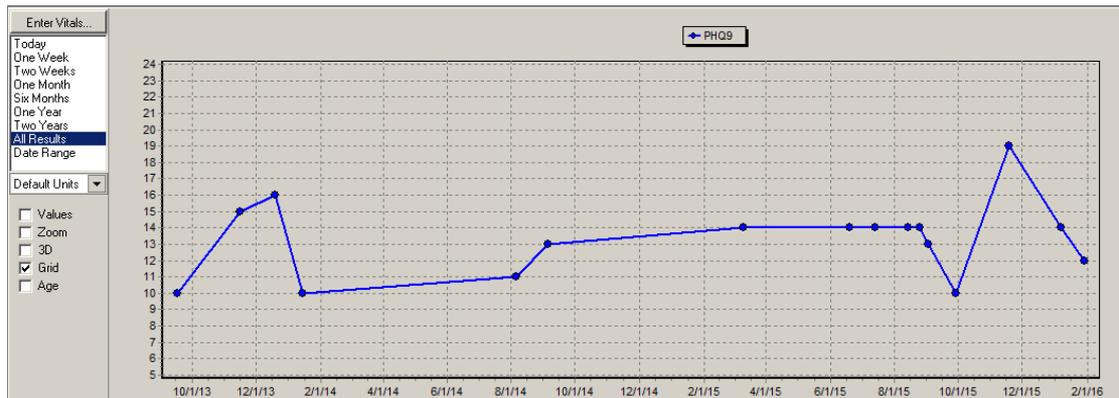
# Case Study

- (Then) 61yo NA male Veteran (Ogichidaa)
- Hx of:
  - Type II Diabetes; onset @ 20yo (lifestyle choices)
  - Kidney transplant @ 60yo → neuropathy
  - Complicated Bereavement → Major Depression

# Case Study (cont.)

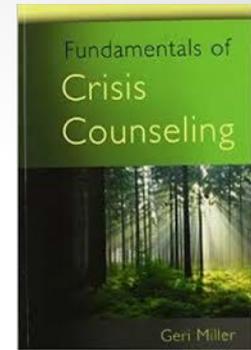
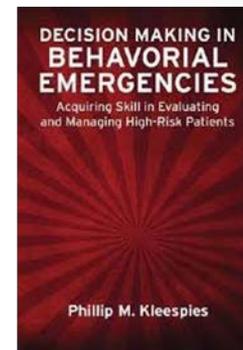
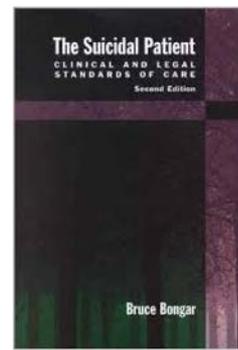
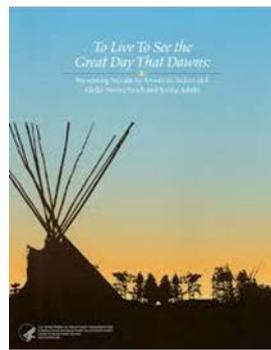
- Biopsychosocial Treatment Plan:
  - 1) Recommend Grief/Loss and Supportive Therapy; w/ Dr. McDougall
  - 2) Maintain medical appts. and compliance
  - 3) Re-engaged physical fitness with PCP's permission
  - 4) Traditional Medicine and Healing
  - 5) Improved Social Support
  - 5) Family Therapy w/ allied (invested/compassionate) family members

# Case Study (cont.): Outcomes



- Intake PHQ-9 = 18 out of 27
- D/C PHQ-9 = 5 out of 27
- PC-PTSD Screening

# Resources



- To Live To See the Great Day That Dawns: Preventing Suicide by American Indian & Alaska Native Youth and Young Adults. SAMHSA.
- The Suicidal Patient: Clinical & Legal Standards of Care; 2nd Ed. Bruce Bongar.
- Decision Making in Behavioral Emergencies: Acquiring Skills in Evaluating & Managing High-Risk Patients. Phillip M. Kleespies.
- Fundamentals of Crisis Counseling. Geri Miller

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