

# Antidepressant Medication Management



## Provider Toolkit

Tools to increase antidepressant medication adherence and reduce racial and ethnic disparities in depression management.



This toolkit can be accessed on the Stratis Health website.

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**UCare, Medica, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross), HealthPartners & Hennepin Health** have made every reasonable effort to include only accurate and reliable reference materials and websites and are not responsible for the accuracy, content or information found on the referenced materials and websites.

**Please share our toolkit with others who may be interested!**

The online version will contain any updates made to the toolkit.

The health plans listed above are collaborating on a three-year project which runs from January 1, 2015 through December 31, 2017. This project is focused on reducing racial disparities in antidepressant medication adherence in our Prepaid Medical Assistance Program (PMAP) members. For more information, please see <http://www.stratishealth.org/pip/antidepressant.html>, hosted by Stratis Health.

UCare, Medica, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross), and HealthPartners are also collaborating on a three-year project which aims to improve depression care for our Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) members. This project runs from January 1, 2016 to December 31, 2018.

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# Provider Toolkit – Antidepressant Medication Management

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## Introduction

This Provider Toolkit is part of a performance improvement project that is a collaborative effort among five Minnesota health plans: [Blue Cross](#), [HealthPartners](#), [Medica](#), [Hennepin Health](#) and [UCare](#) (hereafter called the Collaborative), with project support provided by [Stratis Health](#).

The goal of the project is to improve antidepressant medication adherence and reduce racial and ethnic disparities in depression management. Outcomes will be measured by the HEDIS® (Healthcare Effectiveness Data and Information Set) Antidepressant Medication Management (AMM) measure (National Committee for Quality Assurance (NCQA), 2013). The HEDIS AMM measure consists of two sub-measures:

- **Antidepressant Medication Management – Acute Phase:** Percent of health plan members 18 years and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least 12 weeks
- **Antidepressant Medication Management – Continuation Phase:** Percent of members 18 years and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least six months

HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service, including medication adherence. Medication is often a key component of depression treatment. Although an important quality metric on its own, antidepressant medication adherence is also closely linked to other quality metrics, such as the Minnesota Community Measurement Depression Remission measure. In addition, multiple health plans have begun to include antidepressant medication adherence as a quality metric in provider pay for performance programs.

## Significance of the Topic

Depression is the most common form of mental disorder in the United States. It is expected that depression will become the second leading cause of disability worldwide by the year 2020 (Chong, Aslani & Chen, 2011). Treatment for depression often includes antidepressant medication; however, adherence to this medication remains a significant problem (Olfson, Marcus, Tedeschi & Wan, 2006). Although this is a barrier to the successful treatment of depression across all populations, research suggests antidepressant adherence is particularly low among certain ethnic and racial minority groups (Hallerman Price, 2013; Lanouette, Folsom, Sciolla & Jeste, 2009; Olfson et al., 2006). The Collaborative's own data supports this disparity.

This performance improvement project aims to reduce the disparity in antidepressant medication adherence through multiple interventions. One of these interventions is this Provider Toolkit. Health plans will make the toolkit available to providers electronically through their individual websites and/or on the Stratis Health website.

## Goal of the Provider Toolkit

The goal of this Toolkit is to gather a list of resources and tools for providers working with patients experiencing depression, with an emphasis on racial and cultural disparities. The Toolkit includes resources on:

- Best practices for depression care
- Cultural awareness
- Shared decision making
- Mental health resources for providers and patients
- Mental health resources for seniors

## Best Practices for Depression Care

[Clinical guidelines](#) recommend antidepressant medication and/or referral for psychotherapy as optimal treatment for major depression. Factors to consider when making treatment recommendations are symptom severity, presence of psychosocial stressors, presence of comorbid conditions, age of the patient, potential medication interactions, and patient preferences. Physical activity and active patient engagement can also be beneficial in easing symptoms of major depression.

## Screening & Monitoring of Depressive Symptoms:

### [The Patient Health Questionnaire \(PHQ-9\)](#)

The PHQ-9 (Patient Health Questionnaire) is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression. The PHQ family of measures, including abbreviated and alternative versions, were developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. All of the measures included on the PHQ website are in the public domain. No permission is required to reproduce, translate, display or distribute.

The PHQ-9 is nine-item questionnaire that is completed by the patient in minutes and is rapidly scored by the clinician. The PHQ-9 can also be administered repeatedly, which can reflect improvement or worsening of symptoms. The PHQ-2 is an ultra-brief screening tool that consists of the first two items of the PHQ-9. The PHQ-2 is an initial screening tool used to prompt administering the full PHQ-9 if the score is three or greater. Visit [www.phqscreeners.com](http://www.phqscreeners.com) to download the questionnaires (available in multiple languages) and Instruction Manual.

### [Geriatric Depression Scale \(GDS\)](#)

The Geriatric Depression Scale (GDS), first created by Yesavage, et al. (1983), has been validated and used extensively with the older population. The GDS Long Form is a 30-item questionnaire in which respondents answer yes or no in reference to how they felt over the past week. A Short Form GDS consists of 15 questions from the Long Form GDS that demonstrated the highest correlation with depressive symptoms in validation studies (Sheikh & Yesavage, 1986). The GDS may be used to monitor depression over time in all clinical settings. Any positive score above five on the GDS Short Form should prompt an in-depth psychological assessment and evaluation for suicidality. Click [here](#) to download the GDS Short and Long forms (available in multiple languages) and scoring information. This website also includes translations of the GDS tool in multiple languages, as well as information about GDS phone apps

for iPhone and Androids which allow one to do the 15-item GDS on a phone, including automatic calculation of the results.

## **Medication Adherence & Follow up Care**

Institute of Clinical Systems Improvement (ICSI) clinical guidelines on adult depression in primary care advise the following:

- Patients may show improvement within two weeks of initiating an antidepressant, but may need a longer length of time to demonstrate full response and/or remission.
- Providers should continue working with the patient to monitor medication dosage, and assess the need to augment with psychotherapy or supplemental medication to reach remission. This can take, on average, up to three months.
- The likelihood of a response to treatment increases if there is follow-up contact within three months of diagnosis or treatment initiation.
- Provider should monitor response to treatment with a quantitative symptom assessment tool (e.g., PHQ-9 or GDS) within three, six and twelve months of diagnosis or initiating treatment.
- Most people treated for initial depression need to stay on medication at least six to twelve months after adequate response to symptoms.
- Patients with recurrent depression often need to continue treatment for three years or more.
- When using pharmacotherapy in elderly patients, the clinician should carefully consider how the metabolism of the drug may be affected by physiologic changes, comorbid illnesses and the medications used for them.
- See ICSI: [Health Care guideline: Adult Depression in Primary Care Guideline](#)

## **Mental Health Hospitalization – Follow-up Care**

Appropriate follow-up care after discharge from a psychiatric hospitalization is vital. Patients should see an outpatient specialist within seven to thirty calendar days of discharge. Proper follow-up care is associated with lower rates of re-hospitalization, and with a greater likelihood that gains made during hospitalization are retained. Follow-up care also helps detect early post-hospitalization reactions or medication problems and provides support with the sometimes difficult transition to the home and/or work environments.

It is important that when providers see their patient after a mental health hospitalization to encourage them to see their mental health provider. If you have mental health providers integrated into your primary care practice, it is important to make that appointment as soon as possible. For more information on integrated mental health care, see the section on [Emerging Best Practices](#). If your practice does not have a mental health provider, your patients can call their [health plan](#) to connect with a mental health provider.

## **Emerging Best Practices: Integration of Behavioral Health Care into the Primary Care Setting**

Depression is often diagnosed and treated in primary care settings. Primary care providers are called on to monitor clinical outcomes for depression and can benefit from consultation with

psychiatrists and other behavioral health professionals regarding more complex cases that do not respond sufficiently to first line interventions. Approaches such as co-location and integrated or collaborative practice protocols help primary care clinics with embedded or associated behavioral health services treat a broader base of patients. In Minnesota, primary care clinics are relying more on integrated care, i.e., the coordination of general and behavioral health, in order to better meet the comprehensive needs of their patients diagnosed with mental illness.

This “[Collaborative Care Model](#)” is increasingly becoming standard practice for many clinics. It not only ensures that behavioral health concerns are being addressed, but removes the barrier of the stigma often associated with visiting a specialty mental health clinic.

- An example of this is the demonstration project, Depression Improvement Across Minnesota, Offering a New Direction ([DIAMOND](#)), which supports identifying or embedding a behavioral health consultant on the Primary Care Team who is able to identify behavioral health concerns (e.g., a Clinical Social Worker, Psychiatric Nurse Practitioner, Psychiatrist, Licensed Psychologist, etc.).
- DIAMOND laid the groundwork for COMPASS (Care of Mental, Physical, and Substance-use Syndromes), which is a collaborative care management model designed to improve the care of patients with depression and diabetes and/or cardiovascular disease. COMPASS was successfully implemented across a diverse range of health care organizations. The COMPASS Collaborative Partners developed [training materials](#) to assist practices interested in implementing the COMPASS model. In January 1, 2017, the Centers for Medicare & Medicaid Services began reimbursing for services provided by primary care providers for patients participating in a collaborative care program or receiving other integrated behavioral health services. Find more details in the [Federal Register](#).
- Additionally, Community Health Workers (CHW) are increasingly filling the role of a mental health care coordinator in community and clinic settings. For more information about the CHW role, and why they are emerging as an integral part of the Primary Care Team, visit the [Minnesota Community Health Worker Alliance](#) site. The Minnesota CHW Alliance developed a [website](#) with key resources a primary care clinic would need to integrate CHWs into their mental health care.

## **Cultural Awareness & Treating Depression Communication**

Providers are well-positioned to address barriers to depression treatment adherence among racial and ethnic minorities. Such barriers include limited knowledge of depression and its treatment, concern about medication side effects and dependence, low health literacy, stigma, and poor patient-provider communication. However, a provider’s ability to address barriers may be limited if the provider does not recognize that culture can influence a patient’s experience of depression. Failure to recognize how culture impacts the experience of depression also can lead to inaccurate diagnoses, inappropriate treatment, and potential for non-adherence (Sanchez, Ybarra, Chapa, & Martinez, 2016). Strong provider-patient communication is key to understanding how culturally specific factors impact a patient’s understanding of, and adherence to, treatment. It also is an important piece of fostering trust.

In a recent series of focus groups with culturally diverse populations, the [National Alliance on Mental Illness Minnesota](#) (NAMI MN) found that participants identified a trusting relationship with their provider as critical to their mental health care (Minnesota Department of Human Services & NAMI MN, 2015). They noted that a trusting relationship increased provider credibility which resulted in improved medication and care plan adherence, a positive sense of well-being, and greater hope for recovery. Some simple tips for improving communication and fostering trust include:

- Increased appointment times for a new patient’s first few visits
- Asking “get to know you” questions in addition to “what’s the problem” questions
- Inquiring about other treatments the patient has tried (e.g., traditional healers, supplements) and how they have worked

Incorporating elements of Shared Decision Making also can help build trust. Click [here](#) for more information on Shared Decision Making.

The focus groups also revealed that health literacy is low, even among highly educated people from diverse cultures. Consequently, providers should not make assumptions about a patient’s understanding of common terms and concepts related to depression and its treatment (e.g., many in the focus groups did not know what “assessment” meant). It is critical that providers take the time to explain things to patients in easy to understand language. Written information can be a helpful supplement; however, focus group participants noted that they do not necessarily use brochures and flyers.

### **Self-Assessment Resources**

A critical first step for improving cultural awareness is to assess the various personal biases that may be impacting the way in which one reacts to or interacts with any type of diversity. [Stratis Health](#) has developed a simple quiz for determining implicit bias in health care. The quiz can be found on the Culture Care Connection website <http://www.culturecareconnection.org/>. Providers may also choose to use the American Speech Language Hearing Association (ASHA) [Personal Reflection Checklist](#), a tool developed to heighten provider awareness on how they perceive patients from diverse populations.

### **Culturally Specific Resources**

The [Minnesota Department of Health](#) provides a health resource directory for diverse cultural communities including refugee communities. It consists of a listing of hospitals, clinics, organizations and resources that serve Minnesota’s diverse culture communities (651-201-5414 (Twin Cities) or 877-676-5414).

[EthnoMed](#) (University of Washington Harborview Medical Center) is an electronic database of information about cultural beliefs, healthcare needs and community resources of immigrant communities in the United States. Their media store has videos on depression and other mental health conditions. It also has information on reading medication labels in English, Karen and Somali. Teaching materials are available in handout, video and audio formats.

[Comunidades Latinas Unidas En Servicio \(CLUES\)](#) is a linguistically and culturally relevant resource and service nonprofit organization for Latinos. They offer many programs and services in Spanish, including therapy, group therapy, and psychological testing.

## Shared Decision Making (SDM) for Depression Treatment

Providers use some form of SDM in almost every encounter with patients by giving them choices in their care. SDM is a way for a provider and a patient to work together to make a decision about antidepressant medication and treatment. SDM is particularly important when dealing with patients from different racial and ethnic groups. Providers should understand that a person's values and beliefs will influence how they choose to act (or not act) upon a provider's recommendation.

Some basic tenants of SDM include:

- Explore different treatment regimens by comparing options through the lens of the patient's values, beliefs, culture and lifestyle.
- There is no **right** decision for everyone. Providers should avoid trying to sway toward one decision.
- The decision making process may consider the wishes of those close to the patient – who they want involved; whose opinions matter to them.
- This process empowers patients to be involved in their health decisions.
- A quality decision is informed and values based.

## Resources on SDM

- Minnesota has a [Shared Decision Making Collaborative](#) which promotes the routine use of SDM in clinical practice in Minnesota.
- [ICSI](#) offers resources on Shared Decision Making.
- [Mental Health America](#) offers tips for physicians to work through the SDM process with their patients related to mental health issues.
- [The SHARE Approach](#) is developed by the Agency for Healthcare Research and Quality (AHRQ). The SHARE approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient. One tool in the SHARE approach is a [reference guide with conversation-starters](#).
- The [Ottawa personal decision guide](#) is a tool that patients could fill out when they are making a difficult decision about their health. It is available in both English and Spanish.
- The [Mayo Clinic Shared Decision Making National Resource Center](#) offers tools and information on how to work with patients on decision making regarding antidepressant medication.
- [JAMA Internal Medicine](#) provides an article on physician shared decision making behaviors in depression care.

[SDM example options](#) for an initial diagnosis on depression:

- For Mild or Minimal Depression, recommended treatment includes education, behavioral activation (exercise, social support, increase fun and stress relieving activities), self-

management, and healthy lifestyle (healthy eating, limit alcohol, etc.). This could include alternative medications or culturally specific strategies such as healer, herbals, etc.

- For Moderate Depression, recommended treatment includes all of the options for Mild/Minimal Depression as well as the added treatment of psychotherapy and/or medication.
- For Severe Major Depression, recommended treatment includes all of the options for mild/minimal/moderate depression as well as BOTH psychotherapy and medication.

While these are basic starting guidelines, it is very important to make sure to engage the patient to find out what motivates them, what they are willing to try, and what they are likely to follow through with. Educating them and engaging them in a thoughtful discussion, and ultimately coming up with a treatment plan/decision that they are going to adhere to is ideal.

## **Mental Health Resources**

Helping patients understand their depression diagnosis and treatment options can improve treatment and/or medication adherence. This is especially important among racial and ethnic minority groups, where fear of medication dependence and side effects, lack of knowledge about depression as an illness, and unfamiliarity with treatment options are significant barriers to antidepressant medication adherence (Anglin, Alberti, Link & Phelan, 2008; Hallerman Price, 2013; Interian, Martinez, Guarnaccia, Vega & Escobar, 2007). This section identifies resources that can help patients and families better understand and manage depression. You will find:

- Links to patient materials you may find helpful in your practice
- Links to national and local organizations that offer a variety of resources and support for persons living with a mental illness and their families

## **Health Plan Behavioral Health Resources for Medicaid Members & Providers**

- UCare Behavioral Health
  - Phone: 612-676-3300 or 1-888-531-1493
  - Hours: 8am – 6pm Monday - Friday
- Medica Behavioral Health
  - Phone: 1-800-848-8327 or 1-800-855-2880 (TTY)
  - Hours: 8am – 5pm Monday - Friday
- Blue Plus
  - Blue Advantage (PMAP)/Minnesota Care/MS+ Member Services
    - Phone: 651-662-5545 or 1-800-711-9862 (TTY 711)
    - Hours: 8am – 5pm Monday - Friday
  - SecureBlue (MSHO) Member Services
    - Phone: 651-662-6013 or 1-888-740-6013 (TTY 711)
    - Hours: 8am – 8pm daily
- HealthPartners Behavioral Health Navigators (BHN)
  - Phone: 982-883-5811 or 1-888-638-8787
  - Hours: 8am – 5pm Monday - Friday

- Hennepin Health
  - Phone: 612-596-1036 or 1-800-627-3529 (TTY)
  - Hours: 8am – 4:30pm Monday - Friday

## Resources for Providers

### [Joint Commission Speak Up™ Campaign](#)

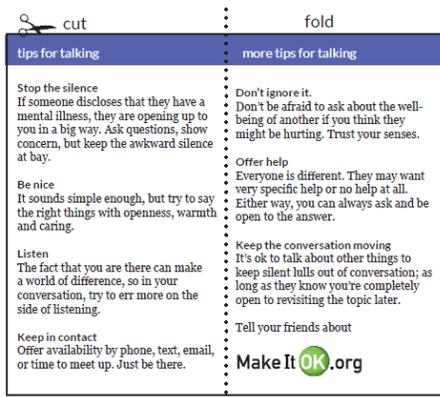
Find free patient materials (brochures, posters, infographics and animated videos) on a variety of health care topics, including depression. The award winning Speak Up™ campaign encourages patients to become involved and informed members of their health care team. You can download all the [Speak Up™ materials](#) for free.



- What You Should Know About Adult Depression
- Understanding Your Doctors and Other Caregivers
- Tips For Your Doctor’s Visit

### [National Alliance on Mental Illness \(NAMI\) Make it OK Campaign](#)

NAMI’s Make it OK campaign seeks to reduce stigma and change misperceptions about mental illness by encouraging open conversations and education on the topic. Visit their [website](#) to:



- Find videos and personal stories on combatting stigma and [“What is a mental illness?”](#)
- Read [personal stories](#) from individuals living with depression or other mental illnesses
- Download [tips for talking about mental illness](#)

[NAMI MN](#) offers a variety of [provider resources](#). Download educational posters and learn about available training, such as an online “Allies in Recovery” workshop that focuses on how to engage families as allies in a person’s treatment and recovery.

[Minnesota Community Measurement \(MNCM\) Help and Healing Toolkit](#) provides information on depression, evaluation of symptoms, managing depression, and resources for patients and families.

The Institute for Healthcare Improvement's [Partnering in Self-Management Support: A Toolkit for Clinicians](#) includes multiple resources to help providers engage patients with chronic conditions (including depression) in collaborative self-management.

[Fast Tracker](#) is a search engine managed by the Minnesota Mental Health Community Foundation that provides psychiatric information and statewide mental health resources. It supports patient-centered, integrated care by linking providers to key research and professional guidelines to better serve Minnesotans living with mental illness.

Use this online, searchable and real-time tool for:

- Up-to-date mental health provider availability and contact information
- Referral resources
- Treatment protocols and guidelines
- Recovery and support group information
- Improving communication between primary and specialty providers.

### Resources for Patients

[NAMI MN](#) maintains a listing of free support groups throughout Minnesota for persons with depression or other mental health issues and their family members. It offers more than 500 free classes and presentations and over 60 [support groups](#) each year. It also has [fact sheets](#) on a number of mental health issues, including depression.

The American Psychiatric Association's website includes a [Patients and Families Section](#) that includes information on several common mental disorders, including depression. Visitors to the website can find answers to common questions, stories from people living with a mental illness, and links to additional resources.

[Mental Health Minnesota](#) (formerly known as the Mental Health Association of Minnesota) is a mental health advocacy and education organization with a mission to enhance mental health, promote individual empowerment, and increase access to treatment and services for persons with mental illness. It offers a number of resources, including support groups, advocacy and educational information.

- [Support Groups and Activity Centers](#): Find a list of Minnesota and national support groups.
- [“Warmline” Peer Support Phone Line](#): Find the metro and toll-free numbers for Warmline, a safe and secure phone line answered by professionally trained Certified Peer Specialists who have first-hand personal experience dealing with a psychiatric diagnosis.

### Resources for Seniors

Helping patients understand depression and depression treatment can be a difficult task. This may be especially true for older adults who grew up in a time when there was a remarkable stigma associated with mental health issues. According to the American Psychological Association, people 65 years of age and older are the fastest growing segment of the U.S. population, and it is anticipated that the number of older adults with mental and behavioral health problems will almost quadruple, from 4 million in 1970 to 15 million in 2030. This section

identifies some of the special issues that may contribute to depression in seniors and information and resources that can help. You will find:

- Links to educational materials you may find helpful in your practice
- Links to local organizations that offer a variety of resources and support

### **Patient Education Tools:**

[CDC - Depression is Not a Normal Part of Growing Older](#): The Centers for Disease Control and Prevention describe why depression is not a normal part of aging, include tips on how to determine if a person is experiencing depression, discuss why depression is different for older adults, and provide resources on how/where to find help.

[APA - Depression and Suicide in Older Adults Resource Guide](#): This resource guide from the American Psychological Association provides background on the issues of depression and suicide in older adults, and provides links to journal articles, books, reports, and resources for consumers on the topic.

[APA - Psychotherapy and Older Adults Resource Guide](#): This resource guide from the American Psychological Association provides background on the use of psychotherapy as a treatment modality in older adults, either alone or in conjunction with medication or other treatments, and provides links to journal articles, books, reports, and resources for consumers on the topic.

[IMPACT Patient Education Tools](#) : IMPACT evidence-based depression care, an affiliate of the AIMS Center at the University of Washington, provides patient educational tools, including information targeting older adults, and [a video](#) depicting a care coordinator working with an older adult and answering questions/concerns about antidepressant medication.

### **Local Resources:**

[NAMI MN - Older Adults](#): National Alliance on Mental Illness, MN chapter, provides information on depression in older adults, various handouts/brochures, links to other resources, and local information on community events regarding older adults and mental illness.

[Volunteers of America Minnesota and Wisconsin](#) offers many community services for seniors, including [mental health services](#).

[Senior LinkAge Line](#): The Senior LinkAge Line is the Minnesota Board on Aging's free statewide information and assistance service. It is provided by six Area Agencies on Aging that cover all 87 counties of Minnesota and helps connect seniors and their families to various local resources depending on need.

[LEAP \(Life Enrichment Action Program for 55+\) of Jewish Family Service of St. Paul](#): LEAP offers participants 55 and older a free, in-home way to address low mood, persistent sadness and depression. The program is available to people of all faiths in the twin cities metro area. Participants are either self-referred or referred by a family member or concerned practitioner. Through a series of eight visits over a five-month period, a LEAP Life Enrichment Specialist or

LES (counselor) visits the client to teach and engage them in using a simple problem-solving technique to resolve life's problems. In addition, the LES helps each client identify and gear up for regular physical, social and pleasurable activities.

LEAP's depression intervention and problem-solving technique are part of PEARLS (Program to Encourage Active, Rewarding Lives), a highly effective, evidence-based treatment protocol created by the University of Washington – Seattle.

For more information or to express interest in LEAP, please call 651-698-0767 and ask to speak with the Life Enrichment Specialist.

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