



ODPRN

Quality. Relevance. Timeliness.

Journey with Depression

**What we heard at the Town Hall on experiences
accessing treatment and services for depression**



January 2024

The Ontario Drug Policy Research Network

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Background

The Ontario Drug Policy Research Network (ODPRN) launched an initiative in 2022 to create a platform for meaningful conversations between citizens of Ontario to discuss drug policy topics of interest. This initiative is being led by the [ODPRN Citizens' Panel](#), a group of volunteer Ontarians who have collectively come together to ensure that the ODPRN appropriately identifies issues of importance to the public, and incorporates these priorities into all aspects of our research.

The ODPRN Town Hall on experiences accessing treatment and services for depression was held in May 2023 as part of a series of Town Halls on various topics related to drug policy in Ontario. The previous inaugural Town Hall was held in July 2022 on [navigating attention deficit hyperactivity disorder \(ADHD\) into adulthood](#). Both of these topics were chosen based on a province-wide survey ODPRN conducted in late 2021 on what medication topics matter most to Ontarians as well as priorities identified by the ODPRN Citizens' Panel and Stakeholder Advisory Panel.

Depression is one of the most common mental health diagnoses worldwide, categorized as a serious mood disorder that can cause a spectrum of both mental and physical symptoms ranging from feeling persistently sad, irritable, and fatigued to stomach, muscle and joint pain¹. People may also experience changes in sleep patterns, eating habits and concentration². This can affect how a person manages daily activities at home, work, school, and in social relationships. Depression can vary in severity from mild to severe, with some individuals functioning well with their symptoms, while others can be more seriously impacted. Evidence-based, effective treatment for depression can include medication, psychotherapy, electroconvulsive therapy (ECT)³, and other self-management activities such as exercise⁴ and participating in social activities. However, access to treatment varies and medication management can be challenging.

Overall, 47 individuals attended, many of whom actively participated in the town hall discussion, including 7 individuals who shared their personal story of living with depression. Individuals with depression and their caregivers shared stories and raised questions on access to depression treatment and services in Ontario. [Dr. Noah Ivers](#) was available to answer questions and offer clinical insight. Other attendees contributed to the discussion and asked questions through the virtual chat room throughout the town hall as participants shared their stories. Most importantly, the ODPRN thanks the individuals who courageously shared their stories in this forum given the recognized challenges that people face when publicly discussing such personal mental health experiences.

Hear the stories



Listen to the individuals who shared their stories during the Town Hall:

<https://odprn.ca/town-halls/depression-town-hall/>

Objective

The objective of this Town Hall and of this document is to identify patient-oriented research needs and gaps or opportunities for improvement in the healthcare system that can be used by researchers, clinicians and policymakers to improve access to treatment and services for depression.

Recommendations

The following recommendations were provided by both participants and healthcare providers to ensure individuals with depression can successfully manage their condition:

Improve mental health screening processes

Depression has been shown to be influenced by biological, genetic, environmental, and psychosocial factors⁵. It is common for people with depression to also suffer from other health conditions, such as stroke, heart disease, and chronic pain⁶. To add to this complexity, individuals with a mental health diagnosis often experience societal stigma. It was felt by participants that proper background questions are crucial in order to properly diagnose and manage treatment for depression. Prior to prescribing antidepressants, physicians should obtain adequate patient background information and ask relevant questions addressing medical, family, social, and substance use history, which can help to determine if there is a history of trauma or ongoing trauma. The Adverse Childhood Experiences (ACEs) questionnaire and the Mental Health America (MHA) online screening test were suggested tools to incorporate into the standard diagnosis process. Further trauma-informed training on how to sufficiently screen individuals with a potential mental health diagnosis may be helpful for healthcare professionals.

The experiences shared also suggested a lack of infrastructure available specifically to new parents when it comes to their own health and well-being as the post-birth healthcare system tends to focus on the infant rather than the parents and how they are coping. It was suggested that there be a focus on improving the mental health screening process specifically for new parents as well as ensuring that new parents are connected to post-partum support groups.

Provide direction and access to more flexible, frequent support

Navigating the healthcare system can be challenging, particularly for individuals struggling with depression and trying to find care. Many participants sought care at local hospitals, volunteer crisis centres, government-funded therapy services, case management, virtual care, and employee family resource plans. Generally, many people think of psychiatrists as the first-line contact when addressing mental health concerns, so it was felt that it should be clearly communicated to patients that family physicians commonly manage patients with anxiety and depression. Depending on the level of complexity, family physicians will often work with psychiatrists to manage their patient's condition. When working together, clear communication between the healthcare professionals and their patients will help to ensure strong medication oversight, assist with problem solving, and provide a treatment plan that includes avenues for accessing resources⁷, including where to access mental health services.

It was felt that individuals with depression also need access to frequent follow-up with healthcare providers, as many participants described long wait times and infrequent follow-ups. Guidelines for the management of adults with major depressive disorder suggest reassessing patients for tolerability, safety, and early improvement no more than 2 weeks after starting a medication and providing further follow-up every 2 to 4 weeks if needed⁸.

The general time frame for follow-up with the physician prescribing antidepressants experienced by participants was 6 weeks or more, including when trialing a new medication or tapering off an existing medication. This infrequency experienced by participants highlights broader structural and resource constraints in the healthcare system to support rapid access to specialist care when needed.

Offer low-cost treatment and support beyond medication

Depression can be managed through various types of treatment, including medication, psychotherapy, and lifestyle modifications, though the combination of modalities has been found to be more effective than any treatment alone⁹. While participants discussed the benefits of medication, almost all participants raised the issue of dealing with side effects, particularly at the onset and when attempting to taper off the medication. Improving support for how to get off of medications prescribed to treat depression was expressed as many people in the patient community knew this to be a difficult process, particularly for certain antidepressants, which prevented some participants from wanting to start medications to treat depression initially.

In Ontario, there are clinical standards developed by Ontario Health² incorporating the perspectives of people with lived experience with depression that suggest offering a full scope of treatment options when a mood disorder is diagnosed. Participants mentioned the benefits of both individual and group therapy. While psychotherapy is often more easily accessible, it comes at a high cost that is difficult to maintain even if an individual has employee benefits. It was recommended by participants that access to government-funded psychotherapy sessions is made available to individuals who have been diagnosed with depression, especially those who have also been prescribed antidepressants. The Ontario government recently began offering free cognitive behavioural therapy and other related services through the expanded Ontario Structured Psychotherapy (OSP) program¹⁰. Evaluating the accessibility and uptake of this program will be important in developing an understanding of its responsiveness to these identified needs.

Participants felt that other programs and services should be more readily available and provided to those receiving a diagnosis of depression, including peer support and family education. Family support was described as being important for individuals with depression in helping to manage their condition, though it was felt that this should be paired with professional support for those family members to reduce caregiver burden and burnout. There was also discussion of the importance of teaching psychotherapy-derived self-help strategies for coping with depression at a young age so that individuals can learn early in life how to recognize and manage symptoms of depression, and when to seek help.

Incorporate trauma-informed care into healthcare staff training

When seeking out help at local hospitals, many participants described long wait times and poor treatment by staff. Incorporating trauma-informed training for all healthcare staff can improve how staff interact with and support an individual experiencing a mental health crisis and can prevent additional trauma from incurring. Supporting healthcare providers with sufficient resources to allow their administrative staff to follow-up with individuals who miss an appointment as part of their standard management process was also described as being of high importance. Specifically, this was seen as a key support mechanism for people who may isolate themselves when they are experiencing depressive symptoms, making it helpful when someone reaches out to offer assistance and empathy when they miss an appointment. It was felt these approaches would help to destigmatize mental health and create a safe space for individuals accessing treatment and services for depression.

Resources

Some resources shared during the Town Hall include:

- [Healthy Babies Healthy Children Program](#). *Government of Ontario*.
- [Patient Resources: Mental Health and Addictions](#). *Ontario College of Family Physicians*.
- [Quality Standards: Major Depression Care for Adults and Adolescents](#). *Health Quality Ontario*.

About the ODPRN

The Ontario Drug Policy Research Network (ODPRN) was established in 2008 in an effort to ensure that drug policy decision-makers had high-quality evidence in a timely manner to advance evidence-informed drug policy and decision-making in Ontario. This innovative drug policy research program bridges a network of scientific thought leaders with drug policy decision-makers to meet a goal of improving the health status of Ontarians.

For more information, visit odprn.ca.

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