Stress, Depression and Chronic Disease in Primary Care

Background:
Chronic diseases remain the most important contributor to health disparities experienced by Aboriginal and Torres Strait Islander people. The long-term and incurable nature of chronic disease (CD) can have a profound effect on emotional, mental and physical functioning of patients, as well as impacting their family and community.

More importantly, research has identified that stress and depression are linked to both the development of CD and poorer outcomes in those with CD. Unfortunately, there is little comparable research among Indigenous Australians.

As part of the Kanyini Vascular Collaboration (KVC) Centre for Research Excellence (CRE) research activities, we seek to develop culturally appropriate and validated measures of depression and psychosocial stress to:

A. Determine their contribution to the burden of CD in Indigenous people;
B. Better identify and manage Indigenous people with depression in primary health care (PHC)

Project Elements:
The proposed Centre of Excellence will conduct work across several stages.

1. Validation of the adapted version of the PHQ-9 depressive symptom rating scale.

Following extensive work on the patterns, experience and measurement of depressive symptoms in Aboriginal people in Central Australia, the PHQ-9 depression screening tool was adapted to local needs. Initial assessment of the tool is promising. However, for a screening test to be integrated into routine practice it must demonstrate its utility across different population groups and perform well against a ‘gold standard’.

We anticipate screening 250 Aboriginal and Torres Strait Islander people from PHC centres across NT, QLD, NSW and SA with this tool, as well as people in contact with psychiatric services (as inpatients or outpatients). These individuals will also undergo a standardised clinical interview with an experienced mental health practitioner to determine how well the screening test performs.

2. Describing the identification and management of depression in Indigenous PHC.

We aim to conduct short audits of randomly selected patient files at each partner site to determine the proportion of routine primary care patients who have been screened for depression and psychosocial stress; what tools were used to screen them; the rates of treatment, their patterns and modalities. The findings will be used to initiate discussions with PHC staff (through focus groups) of factors that support and hinder screening and management of depression.

We will augment this quantitative data with in-depth qualitative interviews with a small number of patients and health practitioners about the impact, patterns and care of patients with co-morbid depression and CD.

3. Determining the burden of depressive symptoms and co-morbid CD in PHC.

Once the depression tool has been validated, and baseline audits have been performed, we seek to integrate the validated tool within routine Patient Information Recall System (PIRS) and annual adult health assessments at each site. We will prospectively collect 12 months of data to assess the burden of depressive symptoms and co-morbid chronic disease at each site.

Findings across each of these stages will form the foundations for developing a multi-site intervention in co-morbid CD and depression in Indigenous PHC (and commencing after the initial period of this CRE).
The Kanyini Vascular Collaboration (KVC) represents a network of leading Indigenous and non-Indigenous researchers, Aboriginal Medical Services (AMSs), community members and policy-advisors. Our key aim is to improve outcomes for Indigenous people with chronic disease (CD). Formed in 2006, KVC has received funding through the Australian Primary Health Care Research Institute (APHCRI) to establish a Centre for Research Excellence (CRE) in Indigenous primary health care (PHC) intervention research in CD (2011-2014).

Baker IDI Heart and Diabetes Institute (Alice Springs) and The George Institute for Global Health (Sydney) lead the work of KVC in partnership with 12 Indigenous controlled health services and health sector organisations. KVC responds directly to the significant and unequal burden of CD experienced by Aboriginal and Torres Strait Islander people through conducting research across several jurisdictions with partner PHC services in urban, rural and remote New South Wales, Western Australia, Queensland, South Australia and the Northern Territory. This research includes several inter-related component studies framed around equipping PHC with the necessary systems and skills to identify, manage and prevent chronic conditions in their communities.

The KVC CRE consolidates our innovative primary care research network at a time of significant health system reform and CD policy development. With an increased focus on interventions, the CRE has the following key objectives:

1. To improve the quality of care, quality of life and outcomes of chronic disease.
2. Examine the impact, utility and effectiveness of the Australian Government’s ‘Closing the Gap’ chronic disease package elements within partner primary care services, with a view to maximising benefit for patients and informing policy development.
3. Develop Indigenous primary care researchers with the skills and support to contribute to their communities needs in chronic disease into the future.

These objectives will be achieved through explicit capacity development strategies, delivered within the context of three key research activities:

A. Developing a model of CD care for Indigenous Australians – The Kanyini Chronic Care Model.

B. Building better systems of CD care involving innovative trials in family-based chronic disease prevention and care.

C. Extending our emerging yet pioneering research on the interplay between psychosocial factors such as chronic stress and depression on the burden and management of CD in Indigenous communities in order to develop future interventions in co-morbid chronic disease.

The KVC network is also progressing a number of innovative trials in CD management, including continuation of the Kanyini GAP Study and a newly established electronic decision support project (TORPEDO Study).

The KVC CRE employs an integrated approach to capacity building and knowledge translation into policy and practice, working across all levels of the KVC to develop and implement two way learning opportunities. The KVC CRE is committed to employing and supporting the development of Indigenous Research Fellows as key knowledge brokers embedded in our partner health services and organisations.

To find out more about the KVC CRE please visit www.kvc.org.au or contact the Project Coordinators at the George Institute (+61 2 8507 2503) or Baker IDI (+61 8 8959 0100).