Depression Management Program

Frequently Asked Questions

Why was the Depression Management Program started?

- Major depression can cause pain, mental suffering and disability. It can even lead to death. Primary care doctors detect depression in patients only about 50% of the time. Only 20-40% of primary care-treated patients improve much over the year following detection. As a result, many patients drop out of treatment too soon or stay on ineffective medication treatment. Many factors lead to these poor results. Primary care doctors may have too little time to visit with the patient. Or they may lack the right tools to detect major depression. For example, 80% of patients with depression also have another illness or disease. This can make depression hard to detect. Primary care doctors also may not be able to follow up with the patient. All these factors suggest the need for a new way to care for patients with depression. Depression Management Program is a new model for care to overcome these problems.

What is Depression Care Management?

- Depression Care Management is always a confidential program that provides professional and compassionate one-to-one outreach and ongoing support to members and eligible family members with depression. The program is clinically proven to improve treatment outcomes, to help individuals feel better about themselves, improve their quality of life at home and in the workplace, and be more productive at both.

How can Depression Care Management help me?

- A Depression Care Manager understands the serious problems that depressed individuals face. Because the same treatment does not work for all individuals, a Depression Care Manager supports the individual and his/her healthcare professional so the individual can find the treatment that leads to full recovery.

Does the Depression Care Manager take the place of my personal physician?

- No, a Depression Care Manager works with your personal physician to educate you about depression and its treatment. A Depression Care Manager will provide you a method to monitor how your condition is improving. The Depression Care Manager and physician will discuss your response to treatment to inform any treatment changes your physician may wish to make.

How do other mental health providers fit into this model?

- Psychologists, social workers, and other mental health providers continue to play a key role. Members may be referred for therapy and other services as part of their care plan. The Depression Management Program provides tools for the primary care team, and
those providing other services are always sharing information in order to provide quality care.

**Which members are eligible for the Depression Management Program?**

- Predictive modeling: Analysis of historical data that identifies utilization trends that may indicate risk for less-than-normal outcomes.
- Real-time triggers: Identification of members who may benefit from the Depression Management Program during routine contact with Blue Cross of Idaho staff.
- Referrals: Self-referrals, as well as referrals from practitioners, disease management, family members and other Blue Cross of Idaho programs.

**How does Depression Care Management differ from counseling?**

- Depression Care Managers do not provide treatment. They support patient efforts to complete the treatment that will lead to full recovery, whether that treatment is counseling or antidepressant medication, or both.

**Is depression an acute disease or is it a chronic disease?**

- Scientists have identified genetic contributors to depression, which put some individuals at risk for the disorder. While some individuals have a single episode of depression, 50% have repeated episodes.

**Are medications used to treat depression addicting or habit-forming?**

- Antidepressant medications are neither addictive nor habit forming. They do not produce a ‘high’ like other addictive medications.
- Rules of Antidepressants:
  - Antidepressants don’t work suddenly. Benefit comes on slowly, may take a few weeks.
  - Antidepressants only work if you take them every day.
  - Antidepressants are not addictive.
  - Side effects are usually mild and get better with time.
  - After you feel better, you must continue to take them for at least four months to reduce the risk of depression returning.
  - Call physician before discontinuing use.

**If I start on this type of medication, would I have to take it forever?**

- You and your healthcare professional should discuss this question. Individuals with certain risk factors who have had two or more previous episodes are generally encouraged to take antidepressant medication on an ongoing basis.