

Depression screening in low vision rehabilitation services: exploring barriers to implementation using a theoretical framework

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Rationale and setting



- Vision impairment and depression
- Evidence-based treatments for depression
- Depression often goes undetected
- Eye care and low vision staff are aware of the problem and want to address it
- Training program developed and integrated into Vision Australia's staff professional development program

PHQ-2 Screening tool



Over the past 2 weeks, how often have you been bothered by any of the following problems:

1. Feeling down, depressed or hopeless

2. Little interest or pleasure in doing things

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Following training, depression screening conducted infrequently

Aim



- Many factors can influence behaviour
- Need a systematic assessment
- Theoretical Domains Framework (TDF) (Michie et al., 2005; Cane et al., 2012).

Aim: to use TDF to understand factors influencing depression screening at Vision Australia

Domains

Knowledge

Skills

Social/Professional role
and identity

Beliefs about capabilities

Beliefs about
consequences

Motivation and goals

Memory, attention and
decision processes

Environmental context and
resources

Social influences

Emotion

Behavioural regulation

Method



- Interview schedule based on TDF
- 58 staff members purposively identified
- Recorded and transcribed
- Statements relevant to each domain identified and coded
- Coding agreement compared (Kappa)

Results



- Participants (n=22)
 - Occupational therapists (32%)
 - Orientation and mobility workers (27%)
 - Team managers (14%)
- 91% female, mean age 47, mean yrs at Vision Australia 8.9

Results



Domain	Kappa	Overall score
Knowledge	.58	19.5
Skill	.71	13.5
Professional role	.85	13.5
Behavioural regulation	.68	13
Memory and attention	.85	12.5
Social influences	.84	11.5
Capabilities	.72	10
Motivation	.78	9
Consequences	.77	8.5
Emotion	.73	7.5
Environmental resources	.60	6

Environmental context and resources



- Lack of time with clients
- Lack of face-to-face contact
- Lack of private workspace
- Lack of internal referral options

Emotion

- 'Awkward'
- 'Silly'
- 'Uncomfortable'
- 'Nervous'
- 'Worried'
- 'Reluctant'
- 'Scared'



Consequences



Positive:

- A way to raise mental/emotional health issues
- Raise client awareness
- Identify clients who may get missed

Negative:

- Damage rapport
- Risk offending clients
- Ambivalent about tool-depression will get picked up anyway
- Lack of good referral options

Overcoming barriers



- Specific intervention components to address barriers (Michie et al., 2008)
- Grounded in effective behaviour change techniques (French et al., 2012)
- Feasible
- Practical
- Acceptable

Overcoming barriers



Barrier	Possible strategies
Consequences	<ul style="list-style-type: none">• Client reports of experience with screening and services• Monitor client outcomes
Emotion	<ul style="list-style-type: none">• Modeling and rehearsal
Context/ resources	<ul style="list-style-type: none">• Role for selective staff with necessary facilities and opportunities• Develop internal referral systems

Conclusions and Implications



- Depression screening highlighted in a range of guidelines
- Barriers and solutions context dependent
- Theoretically grounded approach
- Intensive data collection and analysis
- Tools and strategies required