

Eve Research

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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



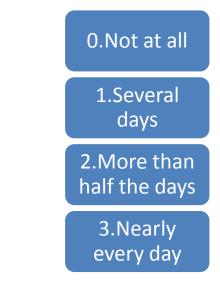


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Over the past 2 weeks, how often have you been bothered by any of the following problems:

1. Feeling down, depressed or hopeless

2. Little interest of pleasure in doing things



# Following training, depression screening conducted infrequently

## <u>Aim</u>





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- 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**





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- 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**





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| Domain                         | Карра | 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           |
| <b>Environmental resources</b> | .60   | 6             |

### **Environmental context**



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### 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 tooldepression 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**



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| Barrier            | Possible strategies   |
|--------------------|---|
| Consequences       | <ul> <li>Client reports of experience with screening<br/>and services</li> <li>Monitor client outcomes</li> </ul>                       |
| Emotion            | <ul> <li>Modeling and rehearsal</li> </ul>  |
| Context/ resources | <ul> <li>Role for selective staff with necessary facilities<br/>and opportunities</li> <li>Develop internal referral systems</li> </ul> |

### **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