



Topic Brief: Caregiver Involvement in Mental Health Care

Date: 5/11/2023

Nomination Number: 0986

Purpose: This document summarizes the information addressing a nomination submitted on May 25, 2022, ([link to nomination](#)) through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: The nominators represent an advocacy group called Families for Depression Awareness. They are interested in an evidence review of patient engagement strategies to help patients, families and caregivers manage depression and bipolar disorder.

Findings: The EPC Program will not develop a new evidence product because we found a technical brief addressing the concerns of this nomination.

Background

Depression (also known as major depression, major depressive disorder, or clinical depression)¹ is one of the most common mental health disorders.² In 2020, 9.2% of Americans aged ≥ 12 years experienced a past-year major depressive episode. Depression was more common among young adults aged 18–25 years (17.2%), followed closely by adolescents aged 12 to 17 years (16.9%).³ During the COVID-19 pandemic, the incidence of depression increased, with an incidence rate of 23.5% of Americans reporting depressive disorder in the Spring of 2020 shortly after pandemic restrictions were put in place and peaking at 29.6% in July of 2020.⁴ The economic burden of major depressive disorder among American adults was an estimated \$236 billion in 2018, an increase of more than 35% since 2010.²

Patient and family engagement, which focuses on increasing patient and public involvement in healthcare, is a potential approach to improving population health for common conditions such as depression that may be influenced by global changes such as the COVID-19 pandemic.⁵ The nominators are interested in an evidence review of patient engagement strategies to help patients, families and caregivers manage depression and bipolar disorder.

Scope

Guiding questions for a technical brief:

1. What patient engagement strategies have been studied to help patients, families, and caregivers manage their chronic conditions and improve patient health outcomes?

Example engagement strategies:

- Direct patient-level interventions
 - Medical home/team-based care
 - Educational resources for self-management
 - Shared decision-making
- Practice, health system, and reimbursement interventions:
 - OpenNotes
 - Mobile apps
 - Patient and Family Advisory Councils
- Models under alternative payment mechanisms
- Community-level interventions
 - Caregiver support
 - Peer support
 - Social support (transportation, food)

2. What are the characteristics of the patients/conditions? What is the specific role for families and caregivers? Have the subpopulations of interest been studied in the literature?
 - a. What are the characteristics of these patient and family engagement strategies?
 - b. What outcomes, including harms, have been studied?
 - c. Which elements must be implemented to be effective? Which elements can be adapted to reflect the local context without losing fidelity?
 - d. What resources and costs are required to implement these strategies?
 - e. What change management strategies support sustainment after implementation?
3. What gaps exist in the current research?
 - a. Which patient engagement strategies identified by experts as currently relevant have no research evidence or inadequate evidence?
 - b. For which patient engagement strategies are additional primary research studies needed to answer questions important to policy and practice of self-management?
 - c. For which patient engagement strategies are there sufficient primary research studies that a new systematic review would add to current knowledge?

Assessment Methods

See Appendix A.

Summary of Literature Findings

In 2022, AHRQ published a technical brief mapping the available evidence on patient and family engagement strategies for management of chronic conditions, which includes conditions such as depression.⁶

See Appendix B for detailed assessments of all EPC selection criteria.

Summary of Selection Criteria Assessment

The nominators are interested in an evidence review of patient engagement strategies to help patients, families and caregivers manage depression and bipolar disorder. A 2022 AHRQ technical brief that maps out the available evidence on patient and family engagement strategies for management of chronic conditions addressed the nomination.

Please see Appendix B for detailed assessments of individual EPC Program selection criteria.

References

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Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

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Appendix A: Methods

We assessed nomination for priority for a systematic review or other AHRQ Effective Health Care report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix B for detailed description of the criteria.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Absence of Duplication

We did not perform a search for systematic reviews as AHRQ had already published a recent (2022) technical brief that addressed the nomination.

Appendix B. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes.
1b. Is the nomination a request for an evidence report?	Yes.
1c. Is the focus on effectiveness or comparative effectiveness?	Yes.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Yes. Depression (also known as major depression, major depressive disorder, or clinical depression) ¹ is one of the most common mental health disorders. ² In 2020, 9.2% of Americans aged ≥12 years experienced a past-year major depressive episode. Depression was more common among young adults aged 18–25 years (17.2%), followed closely by adolescents aged 12 to 17 years (16.9%). ³ During the COVID-19 pandemic, the incidence of depression increased, with an incidence rate of 23.5% of Americans reporting depressive disorder in the Spring of 2020 shortly after pandemic restrictions were put in place and peaking at 29.6% in July of 2020. ⁴
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	Yes. Depression (also known as major depression, major depressive disorder, or clinical depression) ¹ is one of the most common mental health disorders. ² The economic burden of major depressive disorder among American adults was an estimated \$236 billion in 2018, an increase of more than 35% since 2010. ²
2c. Incorporates issues around both clinical benefits and potential clinical harms	Yes.
2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes. The economic burden of major depressive disorder among American adults was an estimated \$236 billion in 2018, an increase of more than 35% since 2010. ²
3. Desirability of a New Evidence Review/Absence of Duplication	
3. A recent high-quality systematic review or other evidence review is not available on this topic	No. A 2022 AHRQ technical brief mapping the available evidence on patient and family engagement strategies for management of chronic conditions addressed the nomination. ⁶

Abbreviations: AHRQ=Agency for Healthcare Research and Quality.