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Title

The role of visualization, previous help-seeking, and intentions to seek help from a PCP for depression:An outcome evaluation

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Despite primary care providers' (PCPs) ability to effectively treat depression, encouraging individuals to seek and return to treatment is challenging. As a behavioral strategy, mental contrasting and implementation intentions (MCII) use imagery to create action plans to overcome barriers to achieve goals. Recently, an online pilot study found that completing an MCII increased self-reported help-seeking (HS) and HS intentions (HSI) compared to an information-only control (IC) among individuals with depression who were not seeking professional help at Time 1 (T1). Although encouraging, the previous analyses failed to explore outcomes directly related to PCP HSI. ObjecConduct an outcome evaluation exploring the relationships among the effects of condition, ability to visualize HS, previous professional HS, and PCP HSI at T2. Study Design: Outcome evaluation of RCT comparing HS and C using pre-post design (2 weeks). Setting: MTurk online cloud research toolkit (Feb-March 2020). Adults with Beck Depression Inventory (BDI-II) score ≤ 14 (mild depressive symptoms) and who were not seeking professional help at baseline. Intervention: Published online MCII intervention. Outcome Measures: PCP HSI from General HS Questionnaire. Secondary: BDI-II, T1 SIIS HS Scale (visualization), and demographics. Results: Of the 2134 participants prescreened for depression and professional HS, 228 were eligible (37.2±12.1 yrs, 65% F, 67% white, BDI=24.3±9.1; no significant baseline differences. N=83 reported HS, n=24 from a professional. Random assignment to a group alone did not significantly affect PCP HSI T2 scores (t_{226}=1.14, P>.05) or professional HS (t_{226}=-.9, P>.05). The final HLM model of the data ($X^2(8)$=4.7, p=.9) included three significant 2-way interactions: between PCP HSI x SIIS scores, PCP HSI x past HS, and group x SIIS, indicating importance of measuring visualization of plan formation via the SIIS beyond group assignment (all p<.05). Conclusions: The results indicated that regardless of receiving information alone or completing the MCII, individuals with previous professional HS experience and those who were able to visualize their HS plan more vividly (via the SIIS) had higher PCP HSI. Although more research is needed, the positive benefits of visualizing an HS plan were not mutually

exclusive to those assigned to the MCII intervention, indicating a potential cheap and accessible area for streamlined interventions within PC to encourage re/entry to care.