

## The Mental Health Care Patterns of Individuals Who Receive Counseling or Psychotherapy During the First 12 Weeks of Treatment for Major Depressive Episode

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### *Background*

Counseling and psychotherapy are among the recommended forms of treatment for major depressive episodes (MDE). In this population-based study, we examined individuals' receipt of these services during acute treatment in a Canadian setting.

### *Method*

We identified a cohort of individuals who initiated MDE treatment between October 10, 2010 and October 9, 2011 in British Columbia, Canada using data from physician claims, hospital separations and community mental health treatment registries. To be included individuals must have at least one of the following: two or more outpatient MDE diagnoses; one or more inpatient MDE diagnosis; one or more MDE diagnosis in the community registry. We excluded individuals who were: a) diagnosed with schizophrenia or bipolar disorder in the previous 12 months and during the first 12 weeks of treatment; b) hospitalized or received outpatient treatment for MDE 12 weeks prior to initiating treatment; and c) under 19 or over 65 years of age. We tracked this cohort's receipt of counseling/psychotherapy for 12 weeks starting from the day MDE was diagnosed. We performed multivariable regression analyses to examine factors associated with use of counseling/psychotherapy.

### *Results*

A total of 86,264 individuals met inclusion criteria, composed mostly of women (67%) and individuals between 36 and 55 years of age (52%). Around 57% had at least one and 27% had at least two counseling or psychotherapy visits during the first 12 weeks of treatment. We will present results from multivariable regression analyses that examine factors associated with receipt of counseling/psychotherapy and discuss their policy implications.