



Perspectives: Treating Depression in Dialysis Patients

January 5, 2023

Webinar Questions & Answers

Q. At my clinic I was not evaluated for depression. The social worker asked me the question out on the floor, and I told her no. Depression was never brought up again. We need to have another way to evaluate depression.

A. The patient can always tell the social worker that he/she/they does not want to address any questions on the treatment floor. I always ask my patients if it is okay to address them on the treatment floor. Also, sometimes social workers do the evaluation as part of the conversation. It's possible you didn't realize it was being done if the social worker wasn't reading from a form.

Q. Does Medicare pay for mental health services?

A. Yes. Like many other services, Medicare will pay a certain percentage of the cost assuming the provider accepts Medicare. Medicare also covers telehealth for mental health counseling. See this resource for more information: <https://telehealth.hhs.gov/patients/telehealth-and-behavioral-health/>.

Other options for payment may include but are not limited to your locality's community health clinics or community service boards; sliding scale payment with a private provider; pro bono services; and, faith-based services (e.g., [Stephen Ministry](#), which provides faith-based care in all 50 states to people experiencing life difficulties).

Q. What do I do when my patients are refusing to do a depression screening?

A. Attempt to figure out the root cause of the resistance so you can try to work around those issues. Ask questions and listen; watch and listen some more. How are they acting or reacting? Become informed. Are there social determinants of health that could be the root cause of the resistance?

Most importantly, don't harass the patient. If they don't want to do it, back off. But, let them know that you have a duty to keep checking in, and that these screenings are a way to help give them the most comfortable life possible. Be supportive and try to help them understand that depression is common in dialysis patients, and they should not see it as normal; it's a sign that something is not right, and it is very treatable.

Q. How can we know whether a patient is depressed or dangerous if he/she/they are acting out towards us in a hostile way?

A. The depression screening may not disclose the real barriers a patient is facing. You may need to utilize creativity in your fact-finding mission: observe demeanor, informally interview family or friends, speak to the PCTs who have direct interaction with the patient. There can be trust issues as well; patients may be fearful or feel vulnerable or feel they lack the privacy to discuss what's really bothering them.

Men often express depression through anger. While it's important to recognize that this may be what is happening, staff should always practice safety first! Facilities should consider providing a cooling off

period and then privately revisit what happened with kindness and compassion, especially if this is a first offense or out of character for the patient.

It's also important to recognize how bias can influence our reactions to patient behaviors while potentially overlooking depression or whatever a patient's true needs may be. It is important to be mindful of how our biases play into our interactions with them, how we perceive their needs, and the ways in which we connect them to resources. Cultural differences sometimes require more tolerance, patience, and understanding. It is important to establish and foster relationships with people who look and act differently than us.

Are there social determinants of health that are the real root cause of behavior for the patient? What issues may he/she/they be facing day-to-day? Employment? Food insecurity? Dietary compliance? Housing instability? Lack of access to healthcare? Do they have transportation challenges? Does the patient understand what kidney disease really is? Is there a language or cultural barrier that needs to be addressed? All of these are things to consider when evaluating a patient for depression.

Q. I am a social worker working with patients who have shown severe depression and no family support. I have provided them with brief counseling and offered to link to outside therapy, but they have said no. I have also talked to them about psychiatric medication to support depression management, and they declined as well. I have made many case management referrals, however the depressive screenings are still a barrier. Any suggestions? I feel I have tried almost everything.

A. I find that family members, in a caring way, see professional counseling and psychotropic medications as negative stigmas; I feel the church and clergy counseling is safer and more acceptable to the family/community. Patients may be more receptive to speaking with clergy, and most are credible counselors. Patients should ask about their credentials. Have you dug deeper into the reasons for medication resistance? Is it cost, or having to take one more medication, or stigma? Would they be willing to try medication for a short amount of time to see what benefit it might yield before totally discounting it? What are the barriers to seeking outside therapy? Is it more acceptable to them to talk with the social worker vs. "a shrink?" Do they just not want one more appointment? Sometimes you just have to accept their decision, but always leave the door open and revisit, and express your conviction that they could get relief.

Q. Will you share this slide deck with links to the attendees?

A. Yes, the slide deck and recording will be available at <https://esrdnetworks.org/education/depression-in-dialysis-patients/>, along with other tools and resources to help address depression in dialysis patients.