

## **DGIM Project Summary**

Name of Project: Structural and attitudinal barriers to help-seeking for non-white middle-aged men who screen positive for depression in primary care settings during COVID-19

Investigator(s). (Include phone numbers and email address, indicate PI and primary contact)

PI: Dr. Maria Garcia, [maria.garcia@ucsf.edu](mailto:maria.garcia@ucsf.edu)

Primary Contact: Nathan Swetlitz, [nate.swetlitz@berkeley.edu](mailto:nate.swetlitz@berkeley.edu)

Research question(s): This research aims to answer the following questions for the purpose of improving access to mental healthcare for middle-aged, non-white men suffering from depression: 1) what attitudinal and structural obstacles impede middle-aged, non-white men who are at high risk for depression from seeking care, particularly after COVID-19, 2) how do attitudes on masculinity relate to structural obstacles, and 3) how do some men overcome these obstacles and seek the care they need?

Brief Background/Significance: While men are diagnosed with depression at half the rate of women, 3.5 times the number of men in America die by suicide. Men with more traditional masculinities are more likely to die by suicide and less likely to seek care for depression. Significantly, masculinity ideologies can also lead healthcare providers to overlook signs of depression when they appear in men. Therefore, some of the people who may be most at risk for depression are receiving the least treatment. It is essential to understand the particular barriers and facilitators that men face in seeking help for depression in order to minimize the barriers and maximize the facilitators. Most research participants in studies of masculinity and depression have been white college students. This study interrogates how masculinities relate to structural obstacles to help-seeking in a cohort of non-white middle-aged men. The COVID-19 pandemic introduces additional structural obstacles and directly impacts people's mental health. In a more diverse study population, we may uncover alternative masculinities that intersect with racial identities and age, as well as traditional masculinities' multiplicative effect on structural obstacles. Findings can be used to improve identification, messaging, and treatment to optimize receipt of care in the setting of COVID-19.

Inclusion/exclusion criteria (list)

Inclusion criteria: people who 1) are established patients in the Mt. Zion DGIM clinic, 2) self-identify as men, 3) self-identify as non-white, 4) are 45-65 years of age, and 5) have screened positive for depression on the PHQ-2 and PHQ-9.

Exclusion criteria: people who 1) have diagnoses of bipolar, schizophrenia, schizoaffective disorder, or dementia, or 2) are unable to participate in an interview and questionnaire for 45 minutes to 90 minutes.

Method of contact/recruitment (be specific)

Due to current limitations due to COVID and the sensitive nature of talking about depression with men, a number of recruitment methods will be employed. A) We will identify participants from prior studies in the clinic who have already given permission to be contacted for future research. First, we will search the EHR to ensure potential participants meet all the inclusion criteria and do not meet the exclusion criteria. Then we will send an email to their PCP with the option to opt-out the patient

for the interview if they feel the patient would not want to be contacted for this study. If the PCP does not opt the patient out, researchers will contact potential participants via phone, email, and/or letter providing information about this study and explaining that they have been contacted because they previously indicated they were interested in being contacted for future research. B) Additionally, flyers will be put up with general information about the study and Mr. Swetlitz's phone number. C) We will also encourage participants to refer anyone else they know who may be interested in participating--word of mouth. D) If clinic operations have resumed with in-person appointments, we will approach eligible potential participants at their regular appointment or ask the PCP to refer them to us after the visit if they are conducting a virtual visit. E) We will contact the collaborative care team to see if they can refer eligible participants to our study. In cases B and C where patients will be approaching us, we will determine eligibility by examining their EHR after obtaining written authorization from potential participants. Before the authorization is sent we will also obtain a brief verbal consent for this procedure from these participants.

Benefits/burden for participants (clearly identify potential for harm)

Participants may benefit from exploring their experiences of depression and masculinities in a safe, non-judgmental environment. The interviewer will provide participants with a number of resources for seeking out help for their depression at the end of each interview. For potential participants screened for basic eligibility, there is a potential for *loss of privacy* around depression, which could cause participants embarrassment or concern for social marginalization. For participants enrolled in the study, there is the potential for *loss of privacy* relating to information provided to the study team through semi-structured interviews. Audio recording of the research interview has the potential to be *uncomfortable* for study participants, especially given that we will be covering sensitive topics, including depression and other mental health diagnoses, treatment, and gender identity. There is the potential that discussion about depression may cause *discomfort or distress* in patients who screened positive for depression in clinical care in the preceding 6 months. Patients with depression may disclose suicidality, homicidality, or violence. Steps will be taken to minimize each of these potential risks.

Any benefits or burden to DGIM practitioners?

The findings from this study could benefit DGIM practitioners by providing recommendations on how to approach male-identifying patients who screen positive for depression but may face a number of obstacles in seeking out help for their mental health.

Timeline for recruitment (projected start and stop dates)

August 1, 2020 through September 1, 2021 (until 16 eligible participants are interviewed).

Funding source: NIH National of Minority Health and Health Disparities; UCSF Summer Explore Fellowship funded by PROF-PATH

Potential for DGIM collaborators? Yes.

Do you agree to notify us when recruitment is completed? Yes.

Date form completed: 7/21/20