Treatment of Depression in Older Adults Evidence-Based Practices (EBP) Kit

Toolkit Facts

- Electronic version only – no hard copies
- Accompanying video
- 270 Pages
- 10 Separate Booklets
- Can be used for a wide audience – mental health, aging, long term care and medical providers
- Resources listed at the end of each booklet
- Public domain – may be used or copied without permission from SAMHSA but **CANNOT** be sold
- Accompanying brochure – could be used to summarize or market the toolkit

How Do I Find the Toolkit?

- www.samhsa.gov
- **Publications** (Third tab at the top of the page)
- **Issues, Conditions, and Disorders** (First tab at the top of the page)
- **Depression** (Under D in Index across the page)
- **Depression** (in list on the left side of the page)
- **By Population Group** (list on left side)
- **Treatment of Depression in Older Adults Evidence-Based Practices (EBP)Kit CD-Rom, DVD Version SMA11-4631CD-DVD Format:Kit, Digital Download Available**
- Listing of Different Booklets and Video (Right side of the Page)

Ten Booklets

- How to Use the EBP Kit
- Key Issues
- Selecting EBP's
- Caregiver Guide
- Practitioner's Guide
- Guide for Agency Administrators
- Leadership Guide
- Evaluating Your Program
- The Evidence
+ Brochure
+ Video – 27 min. (covers overview, IMPACT, PATCH, implementing PH-Q 9

How Did It Come to Be?

- SAMHSA's commitment to disseminate Evidenced-Based Practices throughout the mental health system
- National Technical Assistance Center for State Mental Health Planning – Stakeholder Conference on a National Evidence Based Practice (EBP) Initiative for Older Adults – September 20-21, 2004, Fort Lauderdale, Florida – Led by Kevin Huckshorn, Director, NASMHPD Office of Technical Assistance
- Consensus Panel Meeting – Dec. 5, 2005, Alexandria,Virginia
- Project Coordinators – Vijay Ganju, Jeanne Rivard, NASMHPD Research Institute, Inc.
- Field Review – Included Mich Magness(OK), Cathy Swanson-Hayes (WI) from OPD
- SAMHSA Development Team and Final Edits

Basis and Organization

- Basic Philosophy

  "Older adults and their caregivers have the right to information about effective treatment"

  "Mental health services should have the goal of helping older adults achieve their health and personal goals; develop resilience; and live, work, learn, and participate in the community"

- Page 6 "Kit at a glance"

Selecting Evidenced-Based Practices

- Factors to consider when implementing an evidenced-based practice

1. Decision to implement an EBP

2. Which EBP to implement

3. Assessing organizational readiness for implementation

Selecting Evidenced Based Practices

- Each presentation of an EBP includes:

Description

Practitioner Profile

Diagnosis or Disorders Addressed

Evidence and Outcomes

Settings of Research

Population Included in Research

Training and Resources Available

Selecting Evidence-Based Practices

- Demographic Trends
- Definitions

  Risk Factors

  Prevalence

  Impact

  Cost

Service Approaches and Evidence Based Treatment

Psychotherapy

- Cognitive Behavior Therapy
- Behavioral Therapy
- Problem Solving Treatment
- Interpersonal Psychotherapy
- Reminiscence Therapy
- Cognitive Bibliotherapy

Selecting Evidenced Based Practices

Antidepressant Medications

- May be most appropriate for older adults with psychotic symptoms or severe depression that has responded to anti-depressant medications in the past
- May be most appropriate for older adults with co-occurring dementia or other cognitive impairments that limits effectiveness of psychotherapy
- Medications may be used in combination with other forms of psychotherapy interventions

Selecting Evidence Based Practices

Multidisciplinary Geriatric Mental Health Outreach Programs

Provides depression treatment in the homes of older adults, or in locations frequented by older adults

- Case finding
- Assessment
- Referral
- Treatment
- Consultation, education, and training

Selecting Evidenced Based Practices

Models of Multidisciplinary Geriatric Mental Health Outreach Services

- Psychogeriatric Assessment and Treatment in City Housing (PATCH)
- Program to Encourage Active, Rewarding Lives for Senior (PEARLS)
- Multifaceted Shared Care Intervention (Sydney, Australia)
- The Gospel Oak Depression Program (London, England)

Selecting Evidenced Based Practices

Multiple Charts to aid in selection of EBP's

Factors to consider in selecting an EBP. Does the intervention fit with the needs and capacities of your organization

	Type of Depression	Focus of therapy	Setting	Outcomes	Service Practitioner Deliver Qualifications
Cognitive Behavioral Therapy	Major depression Minor depression Dysthymia Depression Symptoms Sub-clinical depression	Depression symptoms Coping strategies Quality of life	Home, Outpatient Mental health, Primary care	Up to 20 sessions	Mental health practitioners with an advanced degree
Behavioral Therapy	Major depression Minor depression Depression symptoms	Depression symptoms Coping Strategies Quality of life	Inpatient physical health, Outpatient mental health	Up to 18 sessions	Mental health practitioners with an advanced degree
Problem Solving Treatment	Major depression Minor depression Dysthymia Depression symptoms	Depression symptoms Functional impairment quality of life problem-solving skills	Home, Nursing home, outpatient, mental health, primary care	Up to 12 sessions	Mental health practitioners with a Bachelors degree or higher
Interpersonal Psychotherapy	Major depression Minor depression Sub-clinical depression	Depression symptoms	Outpatient mental health; Primary care	Up to 16 sessions	Mental health practitioners with an advanced degree
Reminiscence Therapy	Major depression Depression symptoms	Depression symptoms Hopelessness Functional impairment Life satisfaction	Long-term care Retirement apts. Senior community centers	Usually 3 to 16 sessions	Physical or mental health practitioner with an advanced degree
Cognitive Bibliotherapy	Major depression Minor depression Dysthymia Depression symptoms	Depression symptoms	Home	Discretion of older adults	Self-administer, with at least minimal contact from a mental health practitioner with experience providing cognitive

Key Issues

Year 2030
- One-fifth of population over age 65 years
- Demand for MH services will increase
  - Baby Boomers use services more frequently
  - Baby Boomers less stigmatized
- Increased diversity: One-fourth member racial or ethnic minority
  - Access/barriers to treatment
  - Language barriers
  - Cultural differences perception of depression, treatment, response to treatment

Key Issues

- Not normal part of aging
- <u>One of the most common MH problems in older adults</u>
- Under-treated in older adults
- Interferes with functioning independently
- Contributes to poor health outcomes
- Last for years and inhibit ability to achieve successful aging

Key Issues

Symptoms of depression
- Loss of interest in things like to do
- Sleep disturbances—too much/too little
- Weight gain or loss
- Fatigue or lack of energy
- Feelings of worthlessness or guilt
- Difficulty concentrating
- Restless or slow to move
- Frequent thoughts of death/suicide
- Mood is down, sad most of the time

Key Issues

Change in Physical Health
- New or chronic illness
- Chronic Pain
- Surgery
- Poor health, functioning

Change in Mental Health
- Drinking, illicit drug use, addiction
- Medication misuse or abuse
- Medication side effects
- Change in medications

Change in Circumstances
- Financial changes
- Loss of loved one
- Social isolation or diminished social network

Key Issues

- Older adults with depression more disabled in self-care and community living skills than older adults not depressed
- Recovery is slower from physical disorders, i.e. hip replacement, stroke
- More likely to die from physical disorder or suicide
- National suicide rate highest for ages 85+, next highest 75-84
- Older Caucasian males highest rate of suicide

Key Issues

Why use EBP?

- Reduce symptoms of depression
- Improve cognitive and functional status
- Improve overall health outcomes
- Reduce suicidal thinking
- Develop skills to cope with disability or other problems

Key Issues

SUMMARY:

- One in ten older adults in primary care display symptoms of depression and highest rates for those hospitalized or nursing home

- Depression is leading risk factor for suicide in older adults

- 60-80% who receive appropriate treatment achieve reduction in symptoms

- Identifying older adults at risk for depression and providing effective prevention/intervention and reduces incidence of stroke

Older Adult, Family, and Caregiver Guide

Booklet describes how older adults can recognize depression, access depression treatment, make informed treatment choices, work with practitioners to receive the best care and be involved in decisions concerning their care

Older Adult, Family and Caregiver Guide

- Describes symptoms of depression in the older adult
- List steps the older adult can take if depression in present
- Describes in detail what the practitioner will ask about the depression, health and family history

Older Adult, Family and Caregiver Guide

Untreated depression is the number one cause of suicide, and older adults have twice the rate of suicide than the general population.

- *National Center for Injury Prevention and Control, 2008*

Older Adult, Family and Caregiver Guide

Screening tests for depression that will be used by the practitioner.

- Patient Health Questionnaire
- Geriatric Depression Scale
- Other resources available

Older Adult, Family and Caregiver Guide

How to access treatment for depression by understanding the following:

- How to deal with stigma
- Where to find treatment services
- How to pay for treatment services
- What to expect during an evaluation

Lists potential question to ask practitioner

Steps the older adult can take to address depression

Older Adult, Family and Caregiver Guide

How to make informed decisions

- Identifying informed decisions
- Description of the evidence based practice to improve quality of care received

Description of how to work with practitioners to receive the best care and steps that can be taken

Additional resources for older adults and their families or caregivers listed on page 17 of guide

Practitioners Guide

Booklet describes how practitioners can screen for depression, assess, and diagnose depression, select an appropriate treatment, deliver care, and evaluate outcomes. It also describes how they can participate in implementing evidenced-based practices.

Practitioners Guide

Includes tips for working with older adults

Tools for screening older adults

   PHQ-2, Geriatric Depression Scale

Practitioner's Guide

Principles for delivering care to older adults:

1. Co-occurring physical illness is the rule, not the exception

2. Co-occurring anxiety can complicate the course and treatment of depression

3. Cognitive impairment can be a risk factor and a symptom of depression

4. Older adults take multiple medications. Their bodies handle the medications differently than younger bodies because of normal metabolic changes of aging

5. Small amounts of substance abuse can cause serious problems for older adults

Practitioner's Guide

Mental and physical functioning varies widely among older adults of the same age

Coordination and collaboration between mental health, aging and general medical health practitioners is essential

Engagement of family members and other social support is critical to successful treatment

Maintaining independence and aging in place are common values of older adults

Ageism and stigma affect treatment access, expectations and outcomes

Practitioners' Guide

Depression can be prevented

Older adult depression is associated with the highest rate of suicide

Psychotherapy can be as effective as medications

Practitioners' Guide

Implementation

- Identify characteristics of your older adults and what services are needed
- Provide recommendations to supervisors or program administrators
- Participate in an advisory board
- Receive training, supervision, and ongoing coaching in the new practice
- Use data to monitor and provide feedback on the effectiveness of the program

Guide for Agency Administrators and Program Leaders

Leading the Implementation

- Provides strategies for supporting the rationale for implementing and marketing an EBP Implementation
- Identify a program leader
- Develop an EBP advisory committee

Agency Administrators and Program Leaders

Building Momentum for Change

- Strategies for assessing community needs and organizational readiness to begin implementation
- Building consensus amongst stakeholders
- Setting up a collaborative team

Agency Administrators and Program Leaders

Making the Change

- Provides strategies for examining policies and procedures
- Setting up practitioner training and supervision
- Addressing cultural competence
- Providing support for implementation
- Developing a plan for long-term financing
- Using the implementation leader to guide program changes

Agency Administrators and Program Leaders

Making and Sustaining the Change

- Provide strategies for monitoring service delivery, providing information to stakeholders

- Providing information to stakeholders

- Evaluating the need for program adaptations

Agency Administrators and Program Leaders

Health, Aging and General Medical Health Authorities

- Steps to provide effective support for implementing EBP's
- Discussion of importance of your involvement in implementation
- Types of activities to undertake –
  - Building momentum for change
  - Initiating implementation activities
  - Expanding & sustaining implementation

Agency Administrators and Program Leaders

Leading Change

- Developing a clear message
- Placing EBP implementation within national efforts
- Understanding and defining roles & responsibilities
- Assessing organizational readiness

Agency Administrators and Program Leaders

Initiating Implementation Activities

- Supporting EBP's
- Building stakeholder consensus
- Developing financing options
- Promoting demonstration projects
- Collaborating with stakeholders
- Supporting training and implementation
- Ensuring cultural competence
- Evaluating, measuring, demonstrating outcomes

Agency Administrators and Program Leaders

Expanding and Sustaining

- Incorporate EBP treatment into contracts, information system data elements, and quality management efforts
- Use existing expertise and knowledge to support ongoing efforts

Leadership Guide for Mental Health, Aging, and General Medical Health Authorities

Guide provides:

- Steps to provide effective support for implementing EBP's
- Discussion of importance of your involvement in implementation
- Types of activities to undertake
  - Building momentum for change
  - Initiating implementation activities
  - Expanding & sustaining implementation

Leadership Guide for Mental Health, Aging, and General Medical Health Authorities

- Why you should care:

     - Depression in older adults associated with decreased levels of functioning, worsened health status, and reduced quality of life.

     - Depression is an expensive health problem. Health care costs approx. 50% higher than for those without depression. Effective treatment can be provided at modest cost, with cost savings.

Leadership Guide for Mental Health, Aging, and General Medical Health Authorities

Why you should care, continued

    - EBPs can reduce symptoms, improve overall functioning and health outcomes, and ensure that older adults receive effective types of care.

    - However, many EBPs for treating depression are unavailable to older people – therefore, need for change.

Leadership Guide for Mental Health, Aging, and General Medical Health Authorities

Leading Change

- Developing a clear message
- Placing EBP implementation within national efforts
- Understanding agency and provider roles
- Assessing organizational readiness
- Defining roles & responsibilities of staff

Leadership Guide for Mental Health, Aging, and General Medical Health Authorities

Initiating Implementation Activities

1. Supporting EBPs
2. Building stakeholder consensus
3. Developing financing options
   - existing mechanisms of reimbursement or resource allocation,
   - reallocating/reassigning existing funds/resources
   - identifying new funds/resources
4. Promoting demonstration projects

Leadership Guide for Mental Health, Aging, and General Medical Health Authorities

Initiating Implementation Activities, continued

5. Collaborating with stakeholders (problems are interrelated)

6. Supporting training and implementation

7. Ensuring cultural competence
   - Potential differences in effectiveness of interventions, help-seeking behavior, and approaches to accessing and using care
   - Basis for introducing adaptations

8. Evaluating, measuring, demonstrating outcomes

Leadership Guide for Mental Health, Aging and General Medical Health Authorities

Expanding & Sustaining

- Incorporate EB treatment into:

    - contracts,

    - information system data elements,

    - quality management efforts

- Use existing expertise and knowledge to support ongoing efforts.

Evaluating Your Program

Practitioners, administrators, and quality assurance staff learn how to evaluate EBP

- Why evaluate the program
- How to conduct process and outcome assessments
- How to use data to improve EBP implementation
- Identify assessment measures specific to EBP:
  – Process measures capture how services are provided
  – Outcome measures capture program results

Evaluating Your Program

Develop quality assurance system to achieve:

- Examine program strengths /weaknesses
- Develop actions plans for improving program
- Help older adult achieve goals and recovery
- Deliver depression treatment efficiently and effectively

Evaluating Your Program

Process Measures

- Allow for objective, structured ways of determining EBP delivered as research shows will result in desired outcomes

- EBP has specific instruments for measuring process data – fidelity measures

- Studies show high fidelity = superior outcomes

Evaluating Your Program

Conducting Process Assessment – EBP Includes Fidelity Measures

EBP fidelity procedures and scales describe specific

- Staffing requirements
- Implementation methods
- Quality standards

Evaluating Your Program

Conducting Process Assessment – EBP Does <u>Not</u> Include Fidelity Measures

- Program director or manager reviews EBP program manual to:
  - Identify key staffing requirements, implementation methods, and quality standards that must be adhered to and monitored
  - Establish methods for monitoring implementation methods, and quality standards

  May consult with developer or expert consultant

Evaluating Your Program

Staffing Requirements:
- Number practitioners and supervisors
- Caseload per practitioner
- Academic degrees or experience
- Training needed prior to delivery of treatment and on-going

Evaluating your program

Intervention methods and delivery

- Match specific practice to the older adult
- Location/setting practice is delivered
- Expected content of contact or session such as problem-solving, coping skills
- Frequency and duration each contact or session
- Number of treatment sessions

Evaluating Your Program

Methods Monitoring Implementation of EBP

Frequency Process Assessment

- First process assessment prior to implementation of EBP to determine if core components in place
- During first 2 years – every 6 months

- Monitoring Assessors
  - 2 assessors recommended to evaluate simultaneously – increases likelihood of reliable and valid information

Evaluating Your Program

Methods Monitoring Implementation of EBP

Frequency Process Assessment

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Monitoring Assessors

- 2 assessors recommended to evaluate simultaneously – increases likelihood of reliable and valid information

Evaluating Your Program

Method Collecting Process Data

Assessment includes following activities:

- Interview with administrators, program leader
- Practitioners, older adult, family members/caregiver
- Interview other staff – psychiatrist, nurses, therapists
- Shadow practitioners
- Observe treatment team meeting and supervisory meeting
- Conduct chart review

Evaluating Your Program

Outcome measures capture program results with goals

- Immediate and long-term goals achieved by mental health service interventions
- Goals established by older adult

These goals translate into outcomes with specific measures

Evaluating Your Program

Research demonstrates the following expected outcomes from depression treatment program

- Reduction in depression symptoms
- Prevention of relapse, recurrence of symptoms, and suicidal thinking
- Improve cognitive and functional status
- Develop skills for coping with disability and other problems

Evaluating Your Program

Conducting Outcome Assessments

- How often to collect outcome data
- Identify data collectors
- Expanding outcome measures
- Challenges

Evaluating Your Program

Using Data to Improve EBP

- Develop data measurement teams that takes ownership of process
- Target data to answer specific questions
- Use available data, measure representative samples, qualitative and quantitative data
- Build process and outcome measures into daily practitioner work
- Analyze data and provide useful, easily read reports

Evaluating Your Program

Screening Tools

Options for screening older adults for depression and evaluating treatment outcomes

- EBP fidelity measures
- Depression outcome measures
- Other outcome measures
  - Suicidal thoughts
  - Functional abilities
  - Mental status, substance abuse, anxiety and physical health status

The Evidence

References used in KIT booklets

References supporting specific EBPs are located within descriptions in "Selecting EBPs"

Useful resources on depression in older adults

The Evidence

This booklet includes:

- Websites and contact information
- References for each booklet in KIT
- Publications & Brochures
- Journals & Magazines
- Organizations that address older adults and depression, with descriptions
- Glossary
- Acknowledgements

How to Use Evidence-Based Practices KITS

Using Multimedia to Introduce Your EBP

- For all stakeholders
- To educate other stakeholder groups
- Introductory materials, including:
  - DVD
  - Sample brochure
  - PowerPoint presentation
- Covering:
  - Background information
  - EBP practice philosophy and values
  - Basic rationale for EBP service components

How to Use the EBPs KITS

In summary, the Toolkit:

- Helps in selection of EBPs
- Identifies who each section is directed to and what is covered
- Provides steps on how to incorporate systems change research to help agencies implement EBPs or clinical practices found to consistently produce specific intended results
- Provides rational for the importance of such implementation

13th Annual Conference on Alzheimer's Disease and Psychiatric Disorders in the Elderly

- Marcia Cameron, M.A.,Dementia Care Program Consultant, Behavioral Health and Developmental Disabilities Administration Michigan Department of Community Health
- Charlotte Kauffman, M.A., L.C.P.C., Service System Coordinator, Illinois Division of Mental Health
- Ann Seanor, LCSW, Manager, Older Adult Intervention Programs, Division of Behavioral Health, Colorado Department of Human Services
- Debbie Webster, M.A., Mental Health Program Manager, North Carolina