

# Community-Academic Partnership to Improve Detection of Depression and Access to Care

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# Agenda

- ◆ Challenges to serve older persons
- ◆ Benefits of partnerships
- ◆ Depression in later life
- ◆ Pilot project
- ◆ Current NIMH funded project

# Westchester County Dept. of Senior Programs and Services Mission

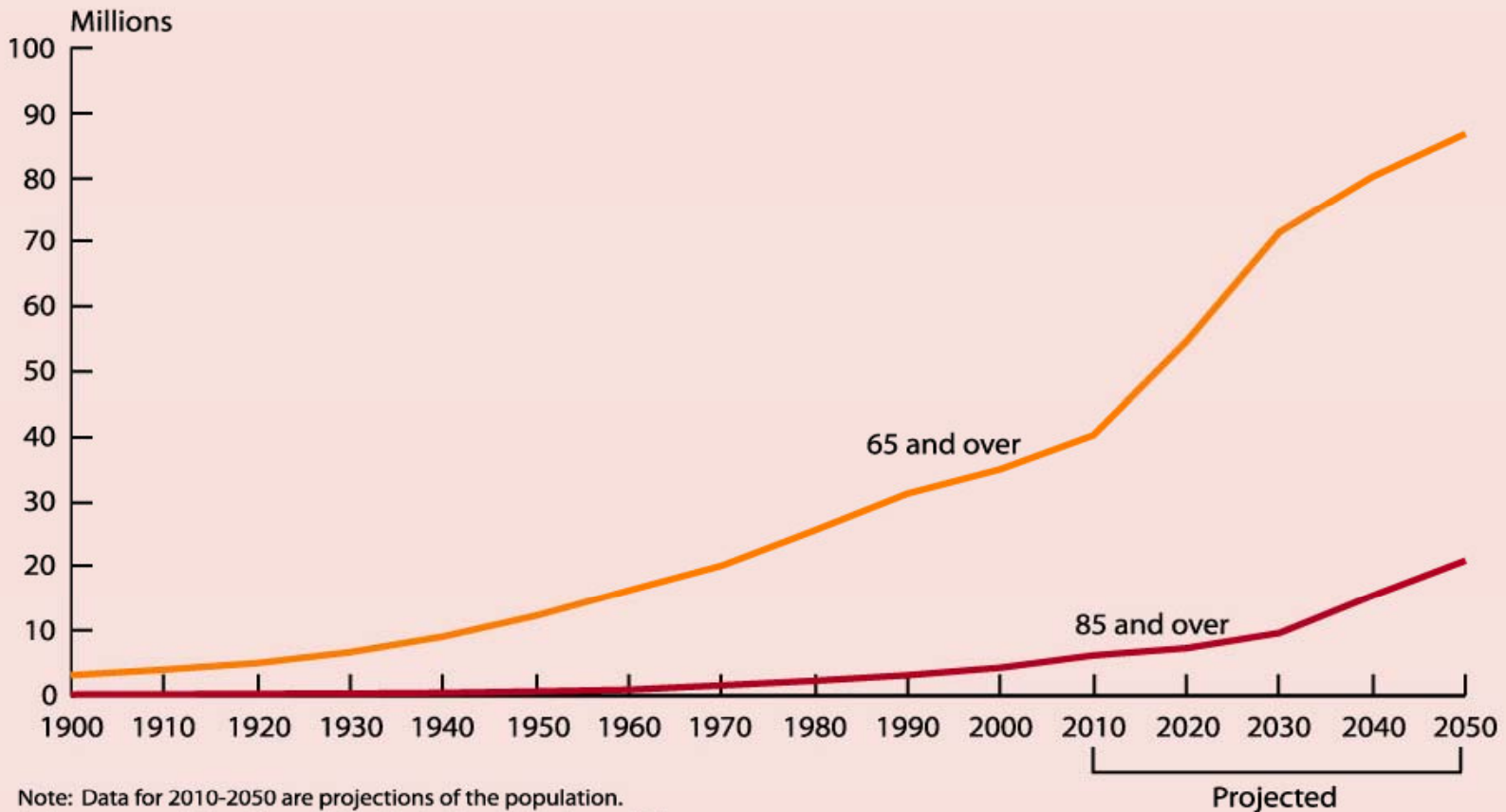
To preserve the independence and dignity of the County's elderly population by providing services and programs to maintain physical, mental, social, health and wellness; that will allow continued active participation in community life for as long as possible.

# Elder-boom Mental Health predictors

- ◆ The elderly population growth will explode between 2010 and 2030 source 2020 Visions, American Demographics 12/99
- ◆ One in every five Americans expected to be over 60 in 2050
- ◆ From 2000 to 2030, the number of older adults with mental illnesses will grow from approximately 7million to 14 million.

# Older adult population is growing

Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050



Note: Data for 2010-2050 are projections of the population.  
Reference population: These data refer to the resident population.  
Source: U.S. Census Bureau, Decennial Census and Projections.

# The broad goal of the Partnership

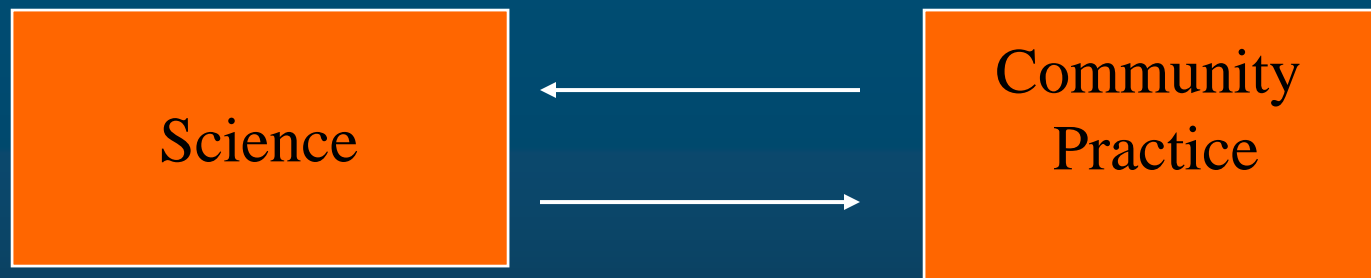
To develop and sustain a research partnership between the Cornell researchers and WCDSPS that integrates their shared goals of reducing the burden of depression and disability.

Linking people with depression and disability to mental health services

# Partnership Premise

Science is informed by practice

Practice can take advantage of science (EBP)



# What mutual benefits are derived?

- ◆ WCDSPS benefits include:
  - Information on mental health needs and services
  - Improved access to mental health treatment
  - Training for staff and aging network
  - Data collection and analysis (e.g. screening for depression, analyses of existing administrative data)
- ◆ Cornell benefits of partnership include:
  - Identify depression “real world” settings
  - Develop and test interventions to improve depression care in the community

# Homebound elderly



- ◆ Assessed for home meals using the COMPASS
- ◆ Most are women living alone
- ◆ Those 85 are the fastest growing segment of our population with a 24% increase between 1990 and 2000 to 17,000.
- ◆ They are the vulnerable, frail elderly whose independence is tenuous.

# **BUILDING A PARTNERSHIP AND DEFINING A NEED**

## Partnership begins with a need

- ◆ Department of Senior Programs and Services (DSPS) – Comm. Carpenter, Deputy Aparisio
- ◆ Commissioner calls for help with increased recognition of mental health problems.
- ◆ Testing the waters = Speak at conference, handle referrals and problems
- ◆ Money for projects through ACISR Network (P30 MH68638, GS Alexopoulos)
- ◆ Champion is Deputy Commissioner

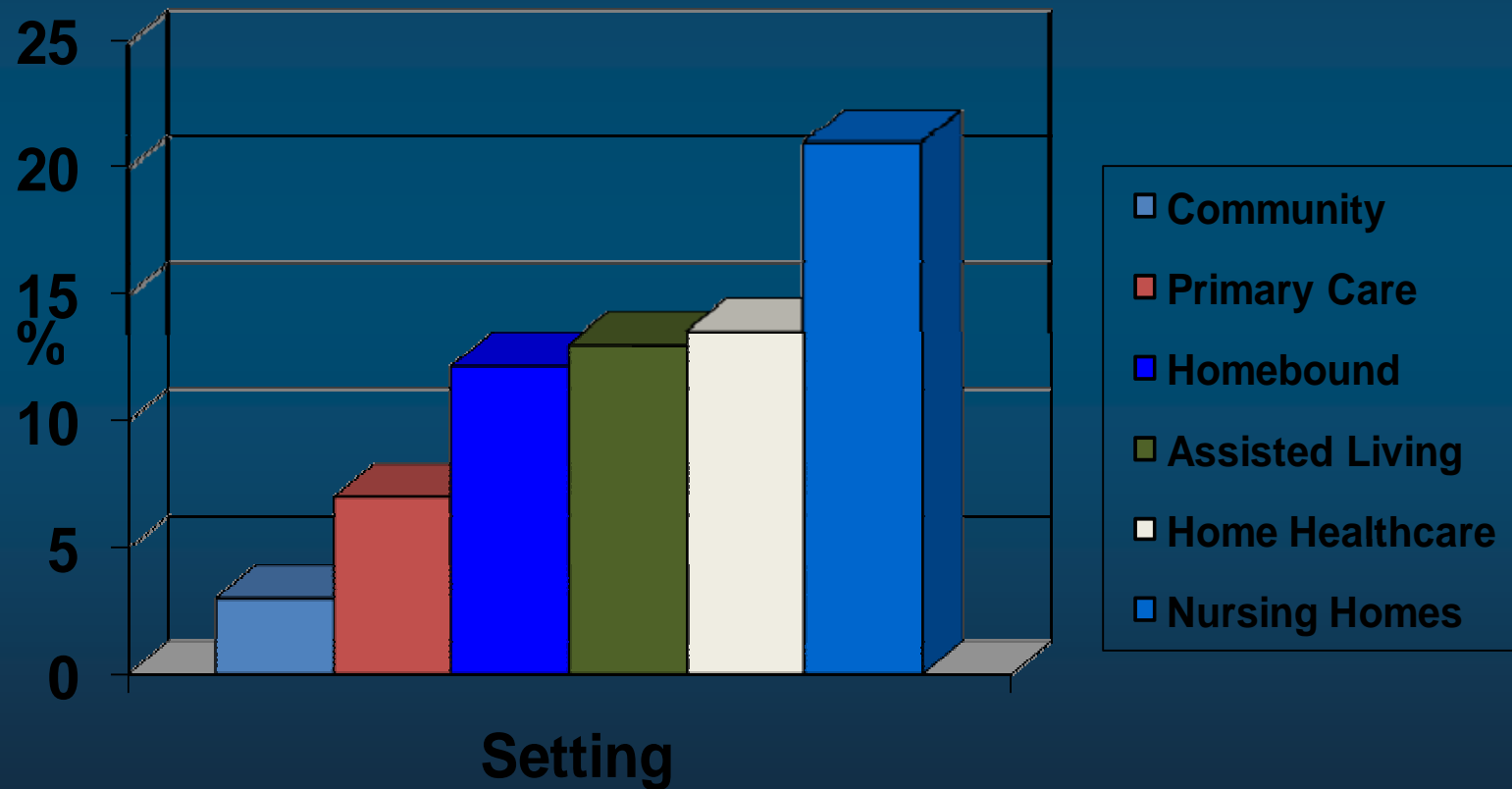
# Depression is not a normal part of aging

- Major depression: extreme and persistent
- Interferes significantly with ability to function
- 2 million of the 34 million Americans age 65 and older suffer from some form of depression
- Older Americans account for 20% of all suicide deaths

# Depression in Later life

- ◆ Heterogeneity of depression
- ◆ Considerable variability in symptom presentation among older adults with major depression (Hybels, 2009)
- ◆ Often missed
- ◆ Rarely treated adequately
- ◆ Leads to disability, suicide and non-suicide mortality
- ◆ Associated with excess use of health care, increased placement in nursing homes, and higher annual health care costs

# Prevalence of Major Depression Diagnosis Among Older Adults



# Depression Prevalence Among Elders Receiving Home Meals

- ◆ Why home delivered meals population?
- ◆ Begin with a needs assessment to determine
  - Prevalence of depression
  - Barriers to accessing care
- ◆ Collaborate to develop methods and timing of assessment
- ◆ Assessment built into annual meal certification

**PILOT PROJECT TO  
DEMONSTRATE NEED**

# Pilot Project goals

- ◆ Aim 1: to demonstrate there is unaddressed need among home meal recipients using PHQ-9
- ◆ Aim 2: Test a new intervention

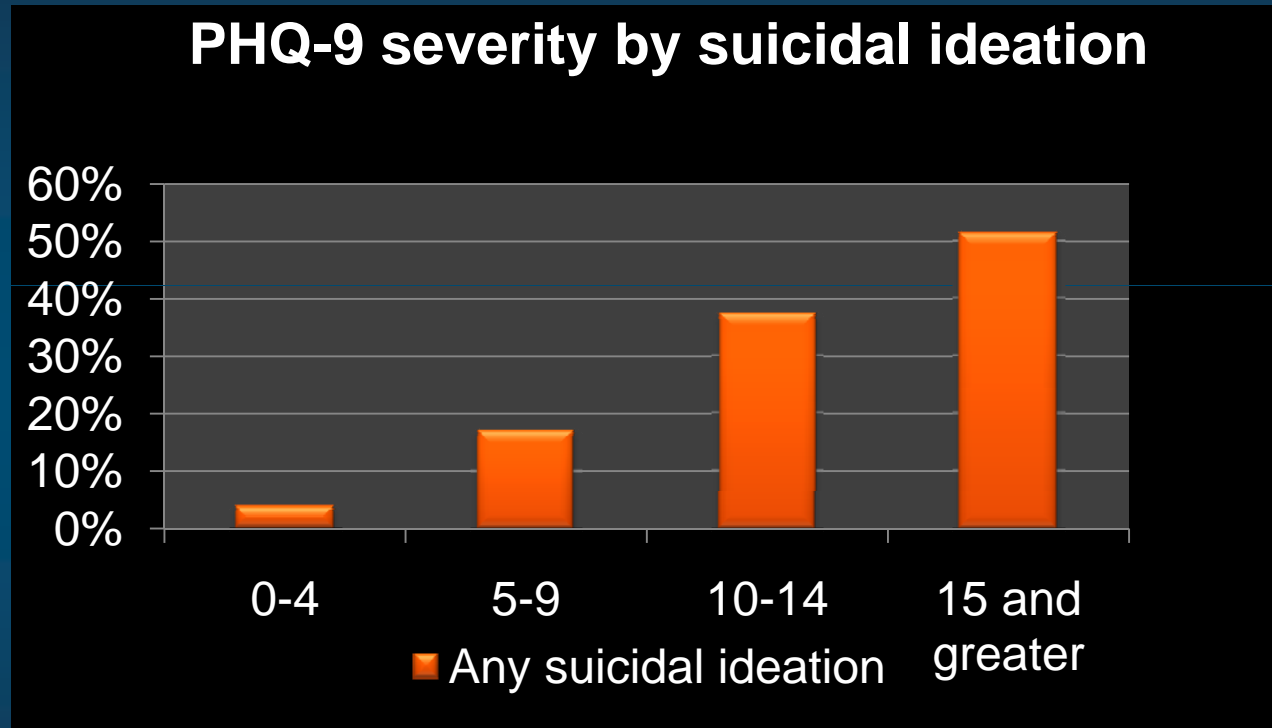
# Pilot sample characteristics (N=739)

- ◆ 70% female
- ◆ Mean Age= 82 (SD=8.8), range = 57-104
- ◆ 70% White, 24% Black, 2% Hispanic
- ◆ Mean years of school 13.6% (range 6-22)
- ◆ Average 4.5 IADL disabilities
- ◆ 46% have 1 ADL disability
- ◆ 47% have chronic pain interfering daily activities
- ◆ 18% sustained a fall in the last 3 months\*

# Presence of depressed mood

- ◆ 35% endorsed “feeling down, depressed or hopeless” at least several days in the past two weeks.
- ◆ 12% have moderate levels of depression (defined as PHQ-9 >9).
- ◆ 15% have mild depressive symptoms (PHQ-9=5-9)
- ◆ Comparable rates of depression for older persons who are White and of African decent.

# Endorsement of suicidal ideation by depression severity



13.4% reported “thoughts that they would be better off dead or hurting self in some way” (PHQ-9 item) at least several days in the past two weeks.

# New Intervention

- ◆ Develop personalized intervention based on Treatment Initiation Model with focus on psychological barriers (Sirey 2005)
- ◆ Intervention:
  1. provide education, treatment options
  2. recommend referral
  3. conduct barriers assessment
  4. define a personal goal that could be achieved with care
  5. address the barriers to accessing care using problem-solving techniques, and support.
- ◆ Three 30 minutes sessions in home with call if needed
- ◆ Delivered by MA or BA counselor with aging experience
- ◆ Control condition is referral and link to service
- ◆ Second partner added (JASA)

# Usual referrals vs. new intervention

- ◆ Usual referral process-- 22% (4/18) accept and follow-up on referrals 12/04-6/05
- ◆ Intervention referral process--62% (20/29) accept a referral
- ◆ Apply for funding from National Institute of Mental Health for full scale test of intervention
- ◆ Open Door study approved and initiated 11/07)

# Pilot project outcomes

- ◆ Present data in psychiatric (AAGP) and aging (Aging in America) conferences together
- ◆ Co-author paper on depression rates (IJGP, 2008)
- ◆ Detection of depression is improved
- ◆ Need for mental health is well demonstrated
- ◆ Opportunity to build an intervention
- ◆ Intervention improves referral acceptance from 22% to 61%

# Sustainability

- ◆ WCDSPS integrates brief depression screening into all assessments
- ◆ Makes research links routine
- ◆ The partnership becomes the platform for other innovative treatment developments (e.g. Problem Solving Therapy grant, DECIDE project)
- ◆ Mental health becomes part of the vocabulary of DSPS

# **THE OPEN DOOR STUDY: SAMPLE DESCRIPTION**

# Open Door Study

- ◆ Goal is to develop an intervention to improve referrals to and engagement in mental health services
  - To be delivered by case managers
  - Fit within ASN agency

# Characteristics of sample (N=75)

	Frequency/ Range	Percent/ Mean
Female	50	69
Age	60-98 (sd=9.7)	79 years
Hispanic origin	3	4
African American origin	23	32
Caucasian	49	68
Single	14	19
Married	11	15
Separated or divorced	15	21
Widowed	32	44
Live alone	45	63
Fall in last 6 months	26	36

# Rates of depression

- ◆ Screen positive on a gateway symptoms for major depression
  - Feeling down, sad or blue?
  - Loss of interest or pleasure?
- ◆ SCID diagnostic interview conducted for research diagnosis
  - 63% have minor or major depression
- ◆ Montgomery Asberg Depression Rating Scale used to assess depression severity

	Frequency	Percent	Mean MADRS
<b>Major Depression</b>	35	49	26.5
<b>Minor Depression</b>	10	14	16.9
<b>No Depression</b>	27	37	10.48

# Assessment of Suicidal ideation

SCID Diagnostic interview followed by the Suicide Risk Assessment (Raue 2007)

“Thinking a lot about death or that you would be better off dead?”

24/75 32% of sample

Of the 30% who endorse thoughts of death and dying

**Mild risk** -- passive suicidal ideation

but no active ideation, plan, or intent.

19/24 80%

**Intermediate risk** -- active suicidal ideation

but no specific detailed plan or intention,  
and reports good impulse control and reasons for living.

5/24 20%  
(7% of 75)

**High risk** - has specific detailed plan  
or intention to commit suicide, or has active  
suicidal ideation with poor impulse control  
and no convincing reasons for living

0/20 0%

# Views on depression

Myth	%
“Depression is a common illness that can affect anyone”	66
“Depression is a normal part of growing old”	35
“About half of people who have one episode of major depression will have another”	45
“Depression in older adults will eventually go away by itself”	8
“Depression is a natural reaction to loss”	55
“Depression is a treatable illness”	58

# Study next steps

- ◆ Follow-up interviews conducted in home at 3 and 6 months after initial evaluation
- ◆ Outcomes are:
  - Engagement in a mental health service for at least two visits (Cornell Service Index).
  - Depression severity (MADRS)

# Summary

- ◆ There are opportunities for integration of health and mental health services
- ◆ Community collaborations offer a unique opportunity to improve mental health care delivery and improve intervention development.
- ◆ Home meals serves an old-old population with disabilities and high rates of depressive symptoms.

# Partnership Summary

- ◆ Collaboration works because:
  - Have shared goals
  - Can represent each organization
  - Have funds to support staff
  - Similar pragmatic styles and strive to have fun, and...like each other
- ◆ Challenges include:
  - Balancing time commitments
  - Overcoming the stigma of mental illness and ageism
  - Balancing research with providing services
  - Using information to inform ongoing service delivery

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Thank you