

DEPRESSION IN THE ELDERLY POPULATION:

A SONOMA COUNTY INTERVENTION

Joyce A Goodwin

EXECUTIVE SUMMARY

Despite projections that disability rates will decline, the rapid growth of the older adult population will likely increase the number of older adults who will require support for physical, functional and mental health needs. Older adults are more likely to suffer from depression. As part of the Adult and Aging Services provided by Sonoma County an Older Adult Collaborative was created. This collaborative uses evidence-based research to promote healthy aging programs reducing the occurrence of depression for residents of Sonoma County.

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Introduction

Everyone feels down or sad sometimes, but these feelings usually pass after a few days. When you have depression, you have trouble with daily life for weeks at a time. Depression is a serious illness that needs treatment. If left untreated, depression can lead to suicide.

Depression affects more than 19 million Americans every year, regardless of age, race, or gender. Depression is not a normal part of the aging process, but there is a strong likelihood of it occurring when other physical health conditions are present. Symptoms of depression are often overlooked and untreated when they coincide with other medical illnesses or life events that commonly occur as people age such as the loss of loved one. According to a Mental Health America survey 68% of adults aged 65 and over know little or almost nothing about depression. Depression is a common problem among older adults, but, again, it is not a normal part of aging. Clinical depression is never a “normal” response; it is a serious medical illness that should be treated at any age. Depression may be overlooked because for some older adults who have depression, sadness is not their main symptom. They may have other, less obvious symptoms of depression or they may not be willing to talk about their feelings. Therefore, doctors may be less likely to recognize their patient if suffering from depression.

The Sonoma County Adult and Aging Division is the lead agency for the Older Adult

Collaborative (OAC). The collaborative uses a Prevention and Early Intervention (PEI) model to reduce depression and suicide among older adults. Service delivery is achieved by providing culturally competent case management and mental health services to individuals residing in Sonoma County through a partnership of providers.

Solano County explored the OAC because of concern about the increasing senior population and a significant number of the seniors will not have adequate support systems in place to meet their basic needs. As a county Solano currently has an opportunity to plan for a shifting need of services and explore opportunities to partner with community organizations to address the health and wellness needs of our aging population.

In November 2004, passage of Proposition 63, now known as the Mental Health Services Act or MHSA, increased funding from the California Department of Mental Health and provided personnel and other resources to support county mental health programs. Sonoma County took advantage of this funding and formed a collaborative with six agencies. The OAC looked to partner with agencies that have a long and proven track record of serving older adults throughout Sonoma County. Coming forward as the partner agencies were: the Council on Aging, Petaluma Peoples' Services Center, Community and Family Service Agency, and Jewish Family and Children's Services. These agencies with case management resources under the Mental Health Services Act Prevention and Early Intervention funds address depression among older adults. The OAC ensures earlier access to mental health services, which can lower incidence of mental illness and suicide, enhance wellness and resilience, and reduce the stigma and discrimination of depression among older adults in Sonoma County. PEI strategies engage persons prior to the development of serious mental illness or serious emotional disturbances. In providing early

interventions the need for additional mental health treatment and/or to transition to extended mental health treatment can be alleviated.

The PEI strategy areas to reduce depression among older adults include training on core competencies. These competencies include training for community gatekeepers and the development of a home visiting program for homebound seniors and combined cultural and programmatic expertise to prevent suicide and reduce depression among older adults.

The OAC goals are to strengthen inter- and intra-agency referrals between community-based organizations and the medical community. Additionally, the OAC standardized data collection and outcome measures to monitor and improve service delivery among seniors with depression. Some of the agencies throughout the county participating in this program include: Meals on Wheels, nutrition programs, In-Home Supportive Service (IHSS), Adult Protective Services (APS), Area Agency on Aging, adult day services, senior centers, transportation programs, physicians, health clinics, and private mental health professionals. Outreach continues to isolated seniors with a focus on low-income communities, people of color, Veterans and the LGBTQ community.

Healthy IDEAS

To implement this new program Sonoma County identified and used the evidence-based model of Healthy IDEAS. Healthy IDEAS uses a behavior activation model integrated into ongoing case management services.

Healthy IDEAS was first implemented in 2002. This program has been replicated nationally

across communities by the U.S. Administration on Aging. It has received a Science and Service award from the Substance Abuse and Mental Health Services Administration for its promotion of mental health. This community-based depression screening program incorporates four evidence-based components to its service delivery model. The four components are:

- (1) Screening and assessment for symptoms of depression
- (2) Education about depression and self-care strategies
- (3) Referrals to health and mental health professionals and
- (4) Behavior modification.

The program includes care/case management spanning several months.

The OAC defined six stages of Healthy IDEAS. The stages include the use of the Patient Health Questionnaire-2 (PHQ-2) or Patient Health Questionnaire-9 (PHQ9).

Stage 1: Depression Screening using the PHQ 2 or PHQ 9

Stage 2: Mental Health Education using a fact sheet on depression

Stage 3: Mental Health Referral based on a positive PHQ 2 or PHQ9

Stage 4: Begin Behavioral Activation conduct a home visit

Stage 5: Behavioral Activation follows up with phone call or home visit

Stage 6: Complete Behavioral Activation using the PHQ 9 or another home visit

The PHQ-2 is a two question screening tool used as a 'first step' approach to monitor for depression severity. The two questions are designed to enhance routine inquiry about depression.

The questions are:

Over the past two weeks, how often have you been bothered by any of the following problems:

- (1) Little interest or pleasure in doing things
- (2) Feeling down, depressed or hopeless

Participants rate their responses on a scale of 0 to 3, with 0 being not at all and 3 being nearly every day.

In Sonoma County, an IHSS social worker is well trained in the use of the PHQ-2. The IHSS social worker completes the PHQ-2 and uses the warm hand off for those who screen positive to a behavioral health clinician.

The PHQ-9 is a longer self-administered tool, which incorporates DSM-IV depression criteria. The nine questions are multipurpose for screening, diagnosing, monitoring and measuring the severity of depression. The questions are:

Over the past 2 weeks, how often have you been bothered by any of the following problems:

- (1) Little interest or pleasure in doing things
- (2) Feeling down, depressed or hopeless
- (3) Trouble falling asleep, staying asleep, or sleeping too much
- (4) Feeling tired or having little energy
- (5) Poor appetite or overeating
- (6) Feeling bad about yourself – or that you are a failure or have let yourself or your family down
- (7) Trouble concentrating on things, such as reading the newspaper or watching television

(8) Moving or speaking so slowly that other people could have noticed. Or, the opposite, being so fidgety or restless that you have been moving around a lot more than usual

(9) Thoughts that you would be better off dead or of hurting yourself in some way

Like the PHQ-2, the PHQ-9 has participants rate their responses on a scale of 0 to 3, with 0 being not at all and 3 being nearly every day. The PHQ-9 score determines the treatment, treatment change or treatment recommendations.

Healthy IDEAS program participants' self-report their depression severity. OAC program participants state they experience an increased knowledge of depression, a reduction of depression symptoms and an increase in knowledge of how and where to get help for depression.

Funding

Currently the OAC funds leverage group processes for monitoring. The OAC is in its sixth year. The staff reflects professional expertise and diversity. Staff includes managers, supervisors, screeners, bilingual staff, program coordinators, clinical supervisors, care managers, and senior peer counselors.

The funding from Mental Health Services Act (MHSA) is \$243,378 annually. This award has been in place since 2009 to finance direct services provided by the collaborative partners under service agreements totaling \$160,629 and through a direct allocation to Sonoma County Human Services Adult & Aging (A&A) division of \$82,749. The OAC is expected to continue as long as MHSA funds are available.

Sonoma County Adult and Aging provides direct services and has the responsibility to coordinate the collaborative, distribute funds and compile data with funding requirements. A&A receives 6% of the total annual allocation for administrative tasks.

In efforts to expand Sonoma County's outreach to seniors with depression, the Sonoma County Human Services Adult and Aging Division applied for and received an Archstone Foundation grant. This grant uses the University of Washington's Advancing Integrated Mental Health Solutions Center (AIMS Center) Model of Collaborative Care funding support to treat depression in older adults. This evidence-based program will screen low-income seniors in the Petaluma Health Center who will benefit from this screening and treatment. This award was effective September 2015. Petaluma Health Center and Sonoma County Adult and Aging Division was one of several depression intervention projects funded for the next two years.

The Napa Solano Area Agency on Aging provides a Prevention and Early Access Program for Seniors (PEAS). This program has been in existence since 2015. The PEAS program is funded through MHSA dollars, approximately \$650,000, providing 7.5 full time equivalent positions for the fiscal year 2016-17. The purpose of this program is to identify seniors who feel depressed, overwhelmed or anxious. Confidential referrals are done in person, over the phone, or online. Using the PHQ-2 and the GAD-2 (Generalized Anxiety Disorder Scale) agency staff screen applicants for the program. PEAS offers brief and comprehensive case management services. The brief case management happens in a short period: approximately two weeks. If comprehensive case management services are needed the person is added to the waitlist. The PEAS program received 342 referrals last fiscal year. PEAS program staff were able to assist 181 clients with comprehensive, brief intervention case management and support group services.

Recommendations for Solano County

It is recommended Solano County explore using the PHQ-2 or PHQ-9 questionnaire for initial and annual IHSS assessments. Under the IHSS, MOE funding should be available for hiring additional behavioral health specialists to case manage positive PHQ-2 PHQ-9 IHSS clients. It is recommended Solano County Older & Disabled Adult Services (ODAS) request a behavioral health specialist during the next budget cycle. It is recommended ODAS evaluate current caseloads of IHSS social workers to determine consistency with standard state caseload sizes for IHSS workers. If caseloads are found consistent with the state standards and a behavioral health specialist is hired, the department would be able to move forward in a timely manner with the use of the PHQ-2 or PHQ-9 questionnaire. The timeline for this project could be as much as eighteen months due to the need to evaluate caseload sizes, standards of caseloads, budget cycles and processing any requests for positions.

It is recommended Solano County outreach to partner with community resources, such as the senior coalition, local council on aging, Area Agency on Aging, Solano Coalition for Better Health, Meals on Wheels, and senior center programs, to explore a collaborative agency to identify and treat seniors with depression. In implementing this recommendation minimal county financial resources will be needed as this partnership of collaborative agencies could share costs to implement a depression screening program. The goal of this collaboration is to build a model similar to the Sonoma County OAC and outreach to build support systems to meet basic needs of our seniors and aging adults. Similar to Sonoma County, funding grants should be identified and procured as partnership agencies are fostered. The timeline to present this recommendation soliciting interest to agency partners is four months.

It is recommended Solano County, in collaboration with our primary care clinics, explore the implementation for depression screening of seniors in the primary care setting if this has not already been done. The primary goal should include exploration of the Archstone Foundation grant funding for an AIMS Center project similar to Sonoma County's. Solano County ODAS staff are monitoring the request for proposals from the Archstone Foundation and plan to recommend the Director of Health and Social Services pursue such a funding strategy when a request for proposal is available. First steps include discussion with Solano County Family Health Services (FHS) clinic administration to inquire interest of depression screening in our primary care clinics. It is projected little financial resources are needed to implement this project. The request for interest in such a project in the FHS clinics will be completed within the next two months.

Solano County has identified a need to connect and cooperate with the needs of our community members. In order to meet growing community and client needs in the next twenty five years, Solano County must shift in its approach to how services are delivered. The delivery of services model will become more of a partnership, a 'one-stop,' client- and community- centered approach..

Conclusion

In order to prevent suicide and depression in seniors, the OAC partners have implemented and will continue: (1) Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) evidence-based depression care management program; (2) strengthening inter-and intra-agency referrals within community-based organizations and the medical community; (3) standardizing

data collection and outcome measures to monitor and improve service delivery to seniors with depression; and (4) implementing an Archstone Foundation grant for screening depression in the primary care medical clinic setting. This model of service delivery exemplifies how community agency partnerships can benefit large numbers of residents. The Older Adult Collaborative will continue to provide depression screening, education, activity engagement, and counseling using Healthy IDEAS and the AIMS Center, evidence-based screening models. The OAC will continue to implement a Prevention and Early Intervention model to reduce depression and suicide among older adults throughout Sonoma County. By combining the expertise of community-based agencies' models with the Human Services Department, Adult and Aging Division, the Older Adult Collaborative is meeting a mutual and long-standing commitment to serve all seniors in the Sonoma County.

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