

Under-Recognized and Under-Treated Depression:

Healthy IDEAS and IHSS in Sonoma County

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EXECUTIVE SUMMARY

In-Home Supportive Services (IHSS) is one of the largest programs serving seniors and adults with disabilities, who are often isolated and sometimes not getting proper medical treatment due to their physical and/or mental impairment. They are also at higher risks of suffering from depression, which at worst can lead to suicide. To tackle this issue, Sonoma County Adult and Aging Services Division (A&A) incorporated depression screening as part of the IHSS Social Workers in-home assessment. Through screening and early intervention, Sonoma County is moving to reduce depression and suicide among older adults.

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World Health Day 2017

Robin Williams, an Oscar-winning actor and comedian, committed suicide on August 11th, 2014 at the age of 63. Mara Buxbaum, Mr. Williams' publicist, commented that Mr. Williams was suffering from severe depression prior to his death.

Suicide is the tenth most common cause of death in the United States, and it is often associated with depression. In 2015, an estimated 16.1 million adults aged 18 or older in the United States had at least one major depressive episode in the past year. This number represented 6.7% of all United States adults.¹ Even though depression is such a common illness worldwide, it is still often under-recognized and under-treated. To bring awareness to this issue, the World Health Organization (WHO) dedicated April 7th, 2017, as World Health Day focusing on depression. The good news is that depression is treatable and preventable through early intervention. This case study looks at how screening for depression was implemented in Sonoma County IHSS.

Depression

According to DSM-IV, depression is diagnosed by experiencing at least five of the following nine symptoms for at least two weeks. These symptoms must have significantly impaired an individual's ability to function in his/her daily life:

- Feeling sad or having a depressed mood for most of the day

- Loss of interest or pleasure in once-enjoyable activities
- Unexplained weight loss or gain
- Insomnia or sleeping too much
- Fatigue or loss of energy
- Restlessness or slowed movements, speech, and thoughts
- Feelings of worthlessness and guilt
- Difficulty thinking, concentrating, or making decisions
- Thoughts of death or suicide

According to the WHO, depression affects more than 300 million people in the world², and the population that tends to have a higher percentage of depression is older adults due to frequent loss of loved ones and friends as they age. They also experience more chronic illnesses, more major life changes, like retirement, and the transition into assisted living or nursing care.

However, in older adults, depression often goes undetected because as a person ages, depression is thought to be a normal part of aging and the signs of depression are much more likely to be seen as crankiness. Even confusion or attention problems caused by depression can sometimes look like symptoms of Alzheimer's disease or other brain disorders. As a result, primary care physicians have a difficult time diagnosing depression since the patients usually do not report their symptoms, or when they do, they are often misinterpreted as symptoms of another medical illness. Even when depression is recognized, it often goes untreated because older adults are

more likely than any other group to try to handle it themselves. According to a research study published in 2010, about 50% of those with major depression do not seek treatment.³

Without treatment, depression can impair an older adult's ability to function and enjoy life, and can contribute to poorer overall health. Compared to older adults without depression, those with depression often need greater assistance with self-care and daily living activities, and often recover more slowly from physical disorders.

Proposition 63

Darrell Steinberg, former California State Assembly Member, was a strong advocate for mental health care. He once said that mental health is “the under-attended issue in our time and in our society.”⁴

In 2004, Darrell Steinberg collaborated with mental health community partners from across the state—including the Mental Health Association in California—to introduce Proposition 63, the Mental Health Services Act (MHSA). Prop 63 would impose a 1% tax on incomes of \$1 million or more for mental health funding. On November 2nd, 2004, Proposition 63 passed with 53.8% of the vote. MHSA funding provides a broad continuum of prevention, early intervention and services, and the necessary infrastructure, technology and training elements to effectively support the local mental health service systems throughout California. One component of MHSA is Prevention and Early Intervention (PEI), which provides an investment of 20% of the MHSA funding for outreach programs for families, providers, and others to recognize early signs of mental illness. The overall goal is to improve early access to services and programs, as well as to reduce stigma and discrimination experienced by individuals with mental illness by engaging individuals before the development of serious mental illness and/or serious emotional

disturbance. This early intervention is also to alleviate a later need for additional or extended mental health treatment.

Older Adult Collaborative

In 2008, Sonoma County Department of Health Services Mental Health Division, was looking into how to utilize this new MHSA funding. Looking at data, the department noticed Sonoma County was experiencing an increase in the number of seniors residing in the community as well as having adults 75 years and older with the highest rates of suicide in the county.⁵

Using the new MHSA funding, in 2010, Sonoma County created the Older Adult Collaborative (OAC). This decision represented an unprecedented five-agency collaborative dedicated to the PEI of depression and suicide in the senior population. The five agencies consist of Sonoma County Human Services Department - A&A, Council of Aging, Jewish Family and Children's Services, Petaluma People Services Center, Community and Family Services Agency. Instead of competing for funding, these agencies combined their expertise, and together they are able to serve and reach out to more seniors in the county. Also together they implemented the evidence-based program "Healthy IDEAS" for depression screening, suicide prevention, counseling and case management.

Healthy IDEAS

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is an evidence-based program that integrates depression awareness and management into existing case management services provided to older adults. Healthy IDEAS was initially developed by Baylor

College of Medicine's Huffington Center on Aging as part of the Model Programs Project sponsored by the National Council on Aging and funded by the John A. Hartford Foundation. Healthy IDEAS also received a Substance Abuse and Mental Health Services Administration Science to Service Award for mental health promotion. Healthy IDEAS was first implemented in 2002 and has been replicated in communities in 15 states. The U.S. Administration on Aging also recommended it for nationwide replication.

The goals of Healthy IDEAS are to:

- Reduce the severity of depressive symptoms in older clients of community agencies.
- Reach the intended population of frail, high-risk and diverse older adults, often overlooked and under-treated.
- Improve linkage between community aging service providers and healthcare professionals through appropriate referrals, better communication, and effective partnerships.

In order to achieve the above goals, there are four main program components of Healthy IDEAS:

- Screening and assessment of depressive symptoms;
- Education about depression and self-care for clients and family caregivers;
- Referral and linkage to medical and mental health care professionals; and,
- Behavioral activation.

Healthy IDEAS empowers clients to manage their depression through a behavioral-activation approach that encourages involvement in meaningful, positive activities. Behavioral activation

focuses on helping persons combat the inactivity that often accompanies depression. Using knowledge of a client's overall abilities and needs, care managers help clients identify goals to take part in positive and rewarding activities that can improve their mood. For example, older, depressed adults who face physical or cognitive limitation may select simple, structured activities, such as taking a walk or filling a birdfeeder. Behavioral activation goals may also involve addressing problems, such as cleaning out home clutter or pursuing needed health care. With support from care managers, each client chooses a realistic goal to obtain positive outcomes and to decrease negative outcomes.

The most unique part of Healthy IDEAS is that case managers in existing social-service agencies who do not have a prior background in mental health can deliver the entire intervention. The steps are incorporated into routine case-management duties and provided during regular home visits or phone calls.

Healthy IDEAS & IHSS

Low-income seniors, who often face financial stress, social isolation and other health and medical conditions, are at greater risk for depression. Similarly, recipients of IHSS are usually individuals with low-income who face social isolation and experience physical or mental impairment. In Sonoma County, A&A saw this great match and implemented Healthy IDEAS in IHSS, in which, screening for depression became a standard part of the routine IHSS assessment.

During the initial and annual IHSS home visit assessment, IHSS Social Workers utilize Patient Health Questionnaires 2 (PHQ 2) that asks two simple questions:

1. During the last two weeks have you often been bothered by having little interest of pleasure in doing things?
2. During the last two weeks have you been bothered by feeling down, sad, or hopeless?

The purpose of PHQ 2 is not to establish final diagnosis or to monitor depression severity but rather to screen for depression. If an individual is screened positive, further evaluation is recommended.

So, if the client answered “YES” to both questions, the IHSS Social Worker will refer the client to an IHSS Mental Health Liaison. The Liaison performs further depression screening either through home visits or phone calls, and determines if in-home therapy or referrals to other agencies are necessary. The Liaison’s role is to serve as a bridge between Human Services and Health Services.

Besides the PHQ 2 screening, IHSS social workers are also trained in conducting suicide screening if the social workers have reason to believe that the client is at risk, since suicide is often associated with depression. Social workers are instructed to begin a conversation to determine intent, plans and means, if a client displays thoughts of wanting to hurt him or herself. If immediate risk is present, social workers will call the Psychiatric Emergency Services Hotline and/or 911. Social workers are taught not to leave the client alone until a medical professional, a mental health professional, or a legal authority is contacted for advice and agrees to be involved.

Data from the Sonoma Department of Health Services Behavioral Health Division Quarterly Report (FY 16 – 17, 2nd Quarter) shows that a total of 796 seniors were screened for depression and 23% screened positive for depression. IHSS Social Workers completed the majority of the screenings. The data supports that IHSS social workers are able to reach a segment of the

population who may not be routinely screened in traditional healthcare settings and also provide an avenue for referrals or other support that this population might not otherwise be exposed to.

Healthy IDEAS in San Francisco

The City & County of San Francisco (SF) IHSS also noticed that IHSS social workers have the unique opportunity to reach a large population that is at risk of depression. So recently, SF IHSS has been working closely with the Optimizing Aging Collaborative at the University of California, San Francisco – Geriatric Workforce Enhancement Program ---to incorporate Dementia as well as Depression Screening into IHSS routine home visit assessments. There are more than 22,000 active IHSS recipients in SF, and each month, the IHSS Intake Unit receives over 300 new IHSS referrals.

Following the main components of Healthy IDEAS, if SF IHSS incorporates PHQ 2 into its routine home visit assessment, at least an estimated 21,000 active IHSS recipients and over 3,000 new applicants can be offered screening on an annual basis since PHQ 2 can be offered to clients who are 12 years of age and above. However, due to this large number of active IHSS recipients and new applications, it is recommended to start the screening on a pilot basis first in one of the Intake Units. If the client is screened positive, the client can then be referred to in-house Clinical Quality Assurance (CQA) Unit which consists of four public health nurses and eventually two more licensed clinic social workers. CQA can then conduct further screening, education, and in-home therapy if needed. It is recommended that the PHQ 2 is offered on an annual basis for active IHSS recipients, so data can be collected to track the mood and well-being of the client.

Implementation of Healthy IDEAS for IHSS might not require any additional funding since IHSS social workers can be trained to conduct the PHQ 2 by the CQA Unit and then later by an in-house IHSS Trainer. Additional staff funding for the CQA Unit might be needed depending on the amount of positive referrals. There might be initial resistance by IHSS social workers since they already have high caseloads and workloads, but by presenting data to show how the screening is helping clients, will then be aware of the importance of the screening.

Eventually similar to Sonoma OAC, San Francisco County can also work with Aging and Disability Resource Centers (ADRC) to implement depression screening in its 12 ADRCs that are located throughout the city. Each ADRC has Information and Assistance Specialists who offers the general public a single source for connecting to free information and assistance on issues affecting older people and people with disabilities. They can also be trained to conduct the PHQ 2 so more SF residents can be reached.

With Healthy IDEAS program, we hope to give clients experiencing depression the needed treatment to live healthy, productive lives and to prevent suicide. Zelda Williams, the daughter of late Robin Williams, commented that the “world is forever a little darker, less colorful and less full of laughter in his absence.”

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