Making Real Progress in Emotional Health:
Staff at Senior Living Community Watch for Signs of Depression and Cognitive Decline

Change AGEnts Initiative

The John A. Hartford Foundation's Change AGEnts Initiative was a three-year effort dedicated to improving the health of older Americans, their families, and their communities through practice change. Managed by The Gerontological Society of America, the initiative harnessed the collective strengths, resources, and expertise of the foundation's interprofessional community of scholars, clinicians, and health system leaders.

The 34 projects funded through the Action Awards grants program showcased the improvements that interprofessional teams can bring to light by implementing evidence-based programs into targeted care settings in local environments.

"I just can't do the things I used to do. It's making me feel so down. I don't see any way to have a good quality of life anymore."

Lori Feldman, LCSW, hears statements like these all too often from residents of Hebrew SeniorLife residential communities in Boston, Massachusetts, where she is a depression care manager.

Chronic disease, loss of mobility and independence, and increased isolation—frequent companions of aging—can significantly increase risk for depression. These same issues also make it easier for older adults to slip through the cracks and for their depression to go unnoticed. Making Real Progress in Emotional Health (MARPEH), a health-promoting antidepression program for elders funded by a 2015 John A. Hartford Foundation Change AGEnts Award, is empowering supportive staff in three Hebrew SeniorLife residential communities to watch and listen for the telltale signs of depression and cognitive decline in residents.

"Our idea was to train staff on site so that they can identify residents who are concerning for depression and, depending on the severity, initiate therapy for the resident," said Eran Metzger, MD, director of psychiatry at Hebrew SeniorLife and head of MARPEH.

Managed by The Gerontological Society of America, the John A. Hartford Foundation Change AGEnts Initiative accelerated sustained practice change to improve the health of older Americans, their families, and communities. It did so by harnessing the collective strengths, resources, and expertise of the John A. Hartford Foundation's interprofessional community of scholars, clinicians, and health system leaders to learn from and support one another while they adopted, evaluated, and sustained

changes in practice and service delivery. The Change AGEnts Action Awards grants program was designed to support Change AGEnts in implementing promising ideas in practice change.

The Status Quo

According to the Centers for Disease Control and Prevention, up to 20 percent of adults older than 65 years of age in the United States have experienced depression. Other illnesses, such as heart disease and cancer, which are more common in older adults, increase risk for depression. Loss of abilities increases risk, too. But many seniors believe that the blues that seem to come along with their changing abilities or a new diagnosis are just a part of growing older.

"Sure, depression is very common when you get older, but you don't have to just live with it. It's highly treatable," said Feldman.

Sometimes trusted physicians, such as primary care doctors, share patients' belief that depression is an inescapable part of aging. Those patients don't get help. When primary care physicians identify depression, they don't necessarily have a psychiatrist to whom they refer patients. The national shortage of mental health professionals is acutely felt in the field of geriatric psychiatry. Even if a geriatric psychiatrist is part of the team, that does not necessarily mean treatment is easily accessible.

"If the primary care physician is fortunate enough to have a psychiatrist to refer elderly patients to, these patients have difficulty adding yet another doctor's appointment with all the logistics that are involved," said Dr. Metzger.

Ultimately, primary care providers often manage patients' depression on their own. That's a tall order for physicians who care for an average of 2,300 patients. Studies suggest that a doctor would need about 21 hours a day to provide adequate care to every patient in a panel of that size. Instead, they squeeze patients into visits that are mere minutes long and refer patients to others for issues they cannot address in that time.

"Primary care practices just aren't set up for the type of monitoring that depression needs," said Dr. Metzger.

The Remedy

MARPEH aims to eliminate barriers to adequate depression and memory care for older adults living independently. The program trains supportive staff, such as social workers and case managers, in senior residential communities to identify and address signs of depression and cognitive decline that might otherwise go unnoticed.

Is a resident no longer coming to the dining room for meals? Is a resident spending all of her time inside her apartment when she used to participate in scheduled activities? Is a resident not participating in activities he used to find appealing?

"The staff members are observant and know when they're not seeing someone as often as they used to," said Feldman. "It's very common that someone has just come home from the hospital

and their health status has changed. They have a new normal. They're not able to do the things that they used to, and it's affecting their mood."

This type of scenario prompts staff members to check in with residents and ask how they're feeling. Depending on the severity of symptoms, staff members might engage residents in therapeutic activities or ask residents if they want to talk to the depression care manager. Therapeutic strategies include short-term behavior activation, problem-solving therapy, and cognitive adaptation strategies. In short-term behavior activation, the staff person or depression care manager helps the resident identify activities that have brought pleasure in the past. They challenge residents to choose to resume one of those activities and hold them accountable during follow-up visits.

"If they weren't able to do the activity by the time we follow up, there's no sense of failure," Feldman said. Instead, she might ask a resident about the barriers to reaching the goal or help set a more realistic goal. "We want something they can achieve," she said, "so they can feel good about getting something done or doing something positive."

Problem-solving therapy helps residents address acute problems, such as an estranged relationship with a family member that might be impacting their mood.

The program also includes screening for cognitive decline. "When we do identify deficits, we work with staff and families to see if they can be addressed," said Dr. Metzger. Deficits might be addressed with a home health aide or increased help from family members. "We want to uncover some of those unrecognized deficits before they get people into trouble."

How the Change AGEnts Action Award improved outcomes

During the pilot program, the depression care manager had 171 visits with 21 individual residents. Scores on the Patient Health Questionnaire–9, a screening tool for depression, dropped by 71%. Residents who didn't improve after MARPEH interventions received referrals to community mental health care providers.

The Action Award provided the funding to train Hebrew SeniorLife staff members and covered the salary of the depression care manager.

"Under the current payment mechanisms, our depression care manager can't bill insurance for her services," said Dr. Metzger. However, that may soon change. Due to the success of programs like MARPEH, the Centers for Medicare and Medicaid Services recently proposed a rule that would permit reimbursement for psychiatric collaborative care. If passed, the rule would eliminate barriers to reimbursing professionals such as on-site depression care managers.

Executives at Hebrew SeniorLife aren't waiting for the new rule. "The sites were so attached to having the depression care manager continue to make visits," Dr. Metzger said, "that the organization has come up with funding for her to continue beyond the grant."