



MASTER’S ADVANCED CURRICULUM (MAC) PROJECT
MENTAL HEALTH AND AGING RESOURCE REVIEW
2014 REVISION

CHAPTER 3: DEPRESSIVE DISORDERS IN OLDER ADULTS
RESOURCE DOCUMENT

Table 1. Screening Tools for Identifying Depression Disorders in Old Adults

| Administration | Screening Tool | Resource |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Self-report | Geriatric Depression Scale http://www.neurotransmitter.net/depressionscales.html | Brink et al., 1982 |
| Clinician | Hamilton Rating Scale for Depression http://www.neurotransmitter.net/depressionscales.html | Hamilton, 1960 |
| Self-report | Center for Epidemiologic Scale for Depression http://www.neurotransmitter.net/depressionscales.html | Radloff, 1977 |
| Self-report or Clinician | Patient Health Questionnaire (PHQ-9) http://www.americangeriatrics.org/education/dep_tool_05.pdf | Kroenke & Spitzer, 2002 |
| Self-report | Beck Depression Inventory | Beck & Beck, 1972 |
| Clinician | Cornell Scale for Depression in Dementia http://www.health.gov.au/internet/publications/publishing.nsf/Content/ageing-rescare-natframe.htm~ageing-rescare-natframe08.htm | Alexopoulos et al., 1988 |
| Clinician | Montgomery Asberg Depression Scale http://www.sfaetc.ucsf.edu/docs/MADRS.pdf | Montgomery & Asberg, 1979 |

Administration on Aging (2012) Suicide Prevention Guidelines

Key Actions for Aging Services Providers

- Train aging service providers (and laypersons) to identify warning sign and refer to services those older adults who are at-risk for depression or suicide (e.g., “gatekeeper” training).
- Introduce depression and suicide screening in the course of non-clinical activity (e.g., senior day care, senior transportation, senior companions).
- Provide systematic outreach to assess and support high-risk older adults (e.g., recently widowed, socially-isolated older men) in improving life conditions and addressing issues and needs that can reduce stress.

Key Actions for Behavioral Healthcare Providers

- Screen for suicidal ideation among older adults receiving mental health or substance abuse treatment.

- Increase the effectiveness of behavioral health services by implementing evidence-based practices for depression, tracking outcomes systematically, and taking steps to improve treatment compliance
- Offer assertive help after a suicide attempt and help the older adult explore realistic future perspectives.

Key Actions for Primary Healthcare Providers

- Implement routine standard screening for depression and suicidal ideation
- Optimize diagnosis and treatment of late-life depression by using collaborative depression care management interventions (e.g., IMPACT: Improving Mood, Promoting Access to Collaborative Treatment, <http://impact-uw.org>; PROSPECT: Prevention of Suicide in Primary Care Elderly, <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=257>).
- Optimize treatment of pain, sleep problems, or other physical symptoms that can decrease an older adult's quality of life and increase suicidal thoughts.
- Communicate with older suicidal patients before treatment, and include relatives and/or friends or caregivers in treatment talks.
- Develop and use registries to identify and monitor person after a suicide attempt

Interventions for Approaching Late-Life Depression

Questions to ask:

- How are things at home?
- How have you been coping?
- Have you had any stress lately?
- How are you handling it?

Discuss your concerns with the individual. You can say:

- It is very common.
- It is a medical condition.
- It is very treatable.

Prior to referral for mental health services:

- Be supportive. Be patient.
- Allow the individual to express his/her concerns/fears.
- Listen without being judgmental.
- Don't take things personally if the client is irritated or angry.
- Provide choices and be complimentary.
- Attempt to provide daily activities.

Guidelines for making a referral to a mental health program (from a non-mental health setting such as primary care or a social service agency):

- If the older client has a psychiatric history.
- If there is suicidal ideation.
- If there is risk of suicide or you are concerned about client safety.
- If there is need for hospitalization.
- If client needs medication evaluation.
- If client needs ongoing therapy that can't be provided in your setting.