



EVIDENCE-BASED
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Knowledge Informing Transformation

Guide to EBPs

Older Adult, Family, and Caregiver Guide on Depression

The Treatment of Depression in Older Adults



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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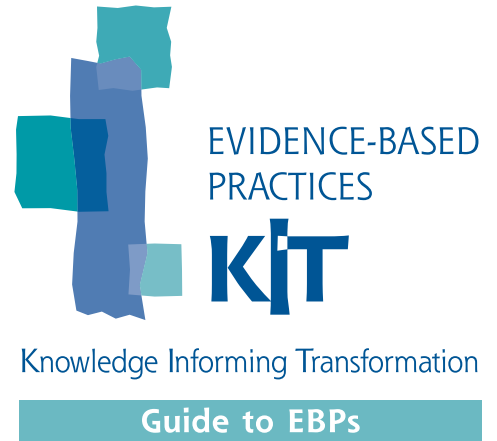
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Older Adult, Family, and Caregiver Guide on Depression

This workbook describes how older adults can recognize depression, access depression treatment, make informed treatment choices, work with practitioners to receive the best care, and be involved in decisions concerning their care.

The Treatment of Depression in Older Adults

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of The Treatment of Depression in Older Adults Evidence-Based Practices KIT, which includes 10 booklets:

**How to Use the Treatment of Depression in Older Adults
Evidence-Based Practices KIT**

Depression and Older Adults: Key Issues

**Selecting Evidence-Based Practices for Treatment of Depression in
Older Adults**

Evidence-Based Practices Implementation Guides:

Older Adult, Family, and Caregiver Guide on Depression

**Practitioners' Guide for Working with Older Adults with
Depression**

Guide for Agency Administrators and Program Leaders

**Leadership Guide for Mental Health, Aging, and General
Medical Health Authorities**

Evaluating Your Program

The Evidence

Using Multimedia to Introduce Your EBP



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The Treatment of Depression in Older Adults

Older Adult, Family, and Caregiver Guide on Depression

The Older Adult, Family, and Caregiver Guide on Depression describes how older adults can recognize depression, access depression treatment, make informed treatment choices, work with practitioners to receive the best care, and be involved in decisions concerning their care.

Many scientifically proven treatments, or evidence-based practices (EBPs), exist for depression in older adults. Effective treatments include psychotherapy interventions, antidepressant medications, outreach services, and collaborative and integrated mental and physical health care. These treatments can reduce the severity of symptoms in 60 to 80 percent of older adults with depression. Older adults have an important role to play in ensuring that they receive appropriate care for their depression and achieving recovery.

Depression in Older Adults

Depression is not a normal part of aging. Although brief periods of sadness or grief normally occur when a person experiences loss or disappointment, depression differs from sadness. It is a serious illness with persistent symptoms that affect everyday functioning.

Up to one in four older adults who live in the community have significant symptoms of depression. The illness of major depression occurs in more than 5 percent of older adults who receive care in primary care clinics, and up to 15 percent of older adults in nursing homes (Hybels and Blazer, 2003).



Untreated depression may lead to serious problems. It affects functioning, health, and quality of life. It is the number one cause of suicide in the United States, and older adults have twice the rate of suicide than the general population (Miniño, Arias, Kochanek, Murphy, & Smith, 2002; National Center for Injury Prevention and Control, 2008).

How to Recognize Depression

Depression involves a combination of symptoms that affect an older adult's ability to sleep, eat, and enjoy activities that were once pleasurable. Different types of depressive disorders can vary in severity from mild to very severe. For a more complete description of depression, see *Depression in Older Adults: Key Issues* in this KIT.

Unexplained physical complaints may be a sign of depression in older adults. Sometimes older adults with depression may complain of physical problems, such as fatigue and headaches, or sleep disturbances, rather than feeling sad or depressed. Other common symptoms may include the following:

- Expressions of hopelessness;
- Anxiety;
- Worry;
- Loss of pleasure;
- Confusion;
- Memory loss; and
- Agitation.

Symptoms That Can Occur in Depression

Symptoms that can occur in depression, according to the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.) (American Psychiatric Association, 2000) follow:

- Depressed mood most of the time
- Loss of interest or pleasure in activities
- Disturbed sleep (sleeping too much or too little)
- Weight loss or gain (changes in appetite)
- Fatigue or a lack of energy
- Feelings of worthlessness or extreme guilt
- Difficulties with concentration or decisionmaking
- Noticeable restlessness (agitation) or slow movement
- Frequent thoughts of death or suicide, or an attempt of suicide
- Not all symptoms need to be present to have a diagnosis of depression.

If you have been experiencing several of these symptoms for 2 or more weeks, it is important that you talk with your health care practitioners.

Recognizing and acknowledging the symptoms of depression is the first step toward seeking an evaluation.

Screening tests for depression

You should seek help if you have experienced any of the following conditions:

- Persistent symptoms of depression;
- Worry or concern that you feel low; or
- Changes in sleep patterns that are disrupting your normal activities.

Tell your health care practitioner exactly how you are feeling, and let him or her know how this is different from the way you used to feel. Do not assume your practitioner will be able to tell that you are depressed just by looking at you.

Your doctors will ask you about your symptoms, your health, and your family's history of health problems. They may give you an exam and do some tests. It is important to tell your doctors about any medicines that you are taking. They can check for any problems you may be having, and can discuss treatment options with you.

Screening tests are one way to help determine if you have depression. These tests also can help determine the severity of depressive symptoms. By using these screening tests, practitioners will be more able to accurately diagnose and treat depression.

Practitioners can use several screening tests to assess whether you may be affected by depression. Common screening tests include the Patient Health Questionnaire (PHQ-2, PHQ-9) and the Geriatric Depression Scale (GDS).

Patient Health Questionnaire (PHQ-2, PHQ-9)

The U.S. Preventive Services Task Force (2002) recommends asking the following two questions to determine if a person should be evaluated for depression:

- Over the past 2 weeks, have you felt little interest or pleasure in doing things?
- Over the past 2 weeks, have you felt down, depressed, or hopeless?

If you answer "Yes" to either of these questions, you should be evaluated for depression.

These questions come from the two-item Patient Health Questionnaire (PHQ-2), a screening tool for detecting depression.

Your health care practitioners may administer the nine-item Patient Health Questionnaire (PHQ-9) to rate the severity of your symptoms and help make a diagnosis of depression. To learn more about the PHQ-9, visit <http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>



Patient Health Questionnaire (PHQ-9)

Rate question 1 with the following categories:

Not at all (score 0),
Several days (score 1),
More than half the days (score 2), or
Nearly every day (score 3).

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?
 - a. Little interest or pleasure in doing things
 - b. Feeling down, depressed, or hopeless
 - c. Trouble falling asleep, staying asleep, or sleeping too much
 - d. Feeling tired or having little energy
 - e. Poor appetite or overeating
 - f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down
 - g. Trouble concentrating on things such as reading the newspaper or watching television
 - h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual
 - i. Thinking that you would be better off dead or that you want to hurt yourself in some way

Rate question 2 with the following categories:

Not difficult at all,
Somewhat difficult,
Very difficult,
Extremely difficult

2. If you checked off any of these problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Total point score (Questions 1a-1i): _____

A score > 10 is indicative of depression when problems are at least somewhat difficult.

For more information, see “Validation and utility of a self-report version of PRIME-MD: The PHQ Primary Care Study,” by R. Spitzer, K. Kroenke, and J. B. Williams, 1999, *JAMA*, 282, pp. 1737-1744. Copyright 1999 © Pfizer Inc.

Geriatric Depression Scale (GDS)

One of the most common depression screening tools is the Geriatric Depression Scale. The Geriatric Depression Scale is designed specifically for older adults who may need further evaluation for depression.

If you think you are suffering from depression, you can answer the questions yourself. If you have a score of 5 or more points, you should contact your practitioner for further evaluation.

The Geriatric Depression Scale has been translated into multiple languages (for example, Spanish, French, Japanese, Korean, Chinese, and many others). Go to: <http://www.stanford.edu/~yesavage/GDS.html>



Geriatric Depression Scale (Short Form)

Choose the best answer for how you have felt over the past week.

1. Are you basically satisfied with your life?
 Yes
 No
2. Have you dropped many of your activities and interests?
 Yes
 No
3. Do you feel that your life is empty?
 Yes
 No
4. Do you often get bored?
 Yes
 No
5. Are you in good spirits most of the time?
 Yes
 No
6. Are you afraid that something bad is going to happen to you?
 Yes
 No
7. Do you feel happy most of the time?
 Yes
 No
8. Do you often feel helpless?
 Yes
 No
9. Do you prefer to stay at home, rather than going out and doing things?
 Yes
 No
10. Do you feel that you have more problems with memory than most?
 Yes
 No
11. Do you think it is wonderful to be alive now?
 Yes
 No
12. Do you feel worthless the way you are now?
 Yes
 No
13. Do you feel full of energy?
 Yes
 No
14. Do you feel that your situation is hopeless?
 Yes
 No
15. Do you think that most people are better off than you are?
 Yes
 No

Scoring:

Score 1 point if you answered NO to Questions 1, 5, 7, 11, 13.

Score 1 point if you answered YES to Questions 2, 3, 4, 6, 8, 9, 10, 12, 14, 15. Total your points.

Total point score: _____

A score > 5 is suggestive of depression and a score > 10 is almost always indicative of depression.

For more information, see “Development and validation of a geriatric depression screening scale: A preliminary report,” by J. A. Yesavage, T. L. Brink, T. L. Rose, O. Lum, V. Huang, M. Adey, and V. O. Leirer, 1983, *Journal of Psychiatric Research*, 17, 37-49.

Other screening resources

Mental Health America, a consumer-driven advocacy organization, sponsors a Web site that is dedicated to depression screening. Go to: <http://www.depressionscreening.org/H>

The Depression and Bipolar Support Alliance also provides a screening tool for depression. Go to: http://www.dbsalliance.org/site/PageServer?pagename=about_depressionscreener

Family members can detect signs of depression

Sometimes depression is first recognized by family members, friends, or caregivers. These people can notice changes that you might not see. They might notice that you do not have your normal amount of energy, your appetite has changed, or you are sleeping more or less than usual.

They also might notice other issues that trigger concern. These can include a change in your bathing habits, cleanliness or disorganization of your home, or if you are falling behind in paying bills.

While these issues are not necessarily signs of depression, they might indicate general distress or problems that your family members, friends, or caregivers could help you overcome.

Steps You Can Take

- Talk with your health care practitioners. Tell them exactly how you are feeling, and let them know how this is different from the way you used to feel.
- Complete a depression self-assessment tool.
- Share your feelings with a family member, friend, caregiver, or spiritual advisor.
- Ask for advice from a staff member at a senior center, residential facility, or other program in which you participate.



How to Access Treatment

Left untreated, depression can have a serious impact on physical health, mental health, memory, and longevity. If you think you may be depressed, it is important to seek services and support for these feelings.

You may find it easier to access treatment for depression by understanding the following:

- How to address stigma;
- Where to find treatment services;
- How to pay for treatment services; and
- What to expect during an evaluation.

Dealing with stigma

It may be a difficult decision to seek services for symptoms of depression. Some older adults worry about what their family and friends might think and are determined to tough it out. Some people do not seek help because they fear that stigma may be associated with having a mental health disorder. This fear of stigma can be overcome by understanding that depression is a medical illness that can be effectively treated, similar to common disorders such as diabetes or high blood pressure.

Stigma is a barrier that discourages older adults and their families from getting the help they need due to the fear of being discriminated against. Only about half of older adults with a diagnosis of depression receive any care for this medical disorder. You can learn about how stigma affects people seeking and receiving mental health care at: <http://mentalhealth.samhsa.gov/Stigma/>

You can learn more about ways to overcome stigma in the SAMHSA report, *Mentally Healthy Aging: A Report on Overcoming Stigma for Older Americans* (<http://mentalhealth.samhsa.gov/publications/allpubs/sma05-3988/>)

Where are services available?

Practitioners in several settings provide services for depression. Most older adults who receive treatment for depression do so through their primary care practitioner (Klap, Unroe, & Unutzer, 2003); however, practitioners in other settings also provide treatment for depression.

You can access depression treatment from practitioners who work in primary care, specialty mental health care, area agencies on aging, and faith-based organizations.

There also are some strategies that you can use to help yourself address depression.

If transportation is a problem, neighbors, family members, and close friends may help. If you have difficulty getting around or leaving your home, services sometimes can be provided in the home through specialized mental health outreach teams or through home health care services.

Regardless of the setting from which you choose to access treatment, you can ask your practitioners several questions that will help you understand depression and the treatment you may receive.

Potential Questions to Ask Your Practitioners

- How much experience do you have in treating depression, especially in older adults?
- What treatment options are right for me?
- Will the treatment of my depression include therapy, antidepressants, or both?
- How may my antidepressants affect my other medical conditions?
- Could my antidepressants interact with any of my other medications?
- How long will I have to take antidepressants?
- Does my health insurance cover this kind of treatment?
- How often will I need to attend therapy?
- Should my family be involved in my therapy?
- How long may it take for my treatment to begin to work?

Primary care

Primary care tends to be the most common place where older adults seek help for depression. According to the American Psychological Association (APA), 50 to 70 percent of all primary care visits are related to psychological factors, such as anxiety, depression, and stress.

Primary care practitioners are usually able to offer services and treatment for depression. Some primary care practitioners have more training and experience in providing mental health care for older adults than others. You should feel free to ask your practitioners if they regularly treat depression in older adults. If not, you may want to discuss a possible referral to a specialist.

You should also be prepared to ask for a referral to a specialist if you have already received treatments for depression that are not working. Ideally, the specialist should have training in treating older adults with depression.

Specialty mental health care

Depression treatment can be provided by practitioners who specialize in treating mental health disorders. Practitioners can include licensed social workers, family therapists, professional counselors, nurse practitioners, psychologists, or psychiatrists.

Some mental health practitioners specialize in treating older adults. You should ask if the mental health clinic has a geriatric psychiatrist, geriatric psychologist, geriatric nurse practitioner, or geriatric social worker. A specific team or clinic might also specialize in treating older adults. These specialists are skilled in treating mental health problems in older adults that are especially complicated, severe, or not responsive to standard treatments provided by primary care practitioners.

You can seek treatment at a mental health clinic by calling directly for an appointment or requesting a referral from a primary care practitioner.

You also can find a mental health program or practitioner near you by contacting the SAMHSA Center for Mental Health Services (CMHS) by calling 1-800-789-2647 or visiting its Web site at: <http://mentalhealth.samhsa.gov/cmhs/>

If you have thoughts or feelings of wanting to die or thoughts of suicide, you should seek care *immediately* from a local emergency room (ER) or community mental health center crisis service. You can also contact the Suicide Prevention Lifeline by calling 1-800-273-TALK.

The Suicide Prevention Lifeline can provide you with a link to your local crisis center and can give you information about depression. Call the Lifeline in these situations:

- To speak with someone who will listen to your concerns;
- If you feel you might be in danger of harming yourself or taking your life;
- To find referrals to mental health services in your area; or
- To speak to a crisis worker regarding someone you are concerned about.

Area agencies on aging

Many communities have specialized services for older adults through the area agency on aging. These services range from transportation to community-based supportive services such as Meals on Wheels.

The Eldercare Locator can help you find information and assistance from area agencies on aging. You can access the Eldercare Locator in these ways:

- Call 1-800-677-1116 (weekdays between 9 am and 8 pm EST);
- Go online to <http://www.eldercare.gov>; or
- Contact a local senior community center.

This service can give you information for accessing mental health care. Services may vary by state. For example, only some area agencies on aging have mental health screening and support programs. However, most agencies will refer older adults to local community mental health centers to access depression services.

Faith-based organizations

Older adults may choose to seek out local clergy or faith-based organizations for support and guidance for depression. A trusted religious leader may be the first person you talk to during this difficult time. Members of a community of faith also might be able to recognize symptoms of depression or distress.

Local faith-based organizations may have resources and referral services to direct you to further help for depression. In some instances, religious communities have individuals with specific training in mental health care or pastoral counseling. These individuals can provide counseling and support. If you have depression that is severe or persists despite counseling, you should request a referral to a specialist.

Self-help

Some older adults with less severe depression can get better by reading books. Cognitive bibliotherapy is a type of treatment that involves reading books or using the Internet or computer to learn about depression and how to reduce symptoms. Written exercises can complement reading materials. Studies have found that, when completed under the supervision of a practitioner, this can be an effective way of reducing the symptoms of mild and moderate depression.

Feeling Good—The New Mood Therapy by David D. Burns, M.D. (1999) is a book that is often used in these programs. You may be able to find a copy at your local library or through a bookstore.

Also scientific studies show that regular exercise can help prevent depression. You should talk with your doctor about the possibility of beginning an exercise program to improve both your physical and mental health.

Steps You Can Take

- Talk with your primary care practitioner if you have been experiencing symptoms of depression.
- Find mental health treatment services by calling the SAMHSA Center for Mental Health Services at 1-800-789-2647 or visiting its Web site at: <http://mentalhealth.samhsa.gov/cmhs/>
- Locate area agency on aging information through the Eldercare Locator by calling 1-800-677-w1116 or visiting its Web site at: <http://www.eldercare.gov>
- Consider discussing your feelings and concerns with clergy from your faith-based organization.
- In addition to seeking help from a trained practitioner, consider self-help activities such as regular exercise and reading to learn how to reduce depressive symptoms (cognitive bibliotherapy).
- If you have thoughts of wanting to die or of suicide, seek care immediately from a local emergency room, a community mental health center crisis service, or call the Suicide Prevention Lifeline at 1-800-273-TALK.



Paying for services

It is important to understand what your health insurance plan covers. Check with your health insurance provider to find out what services are covered and how to access them.

If you have Medicare insurance, you should know that only part of the costs of your depression treatment may be covered by this type of insurance. Many older adults with Medicare insurance also have other insurance that covers some of the costs that are not covered by Medicare. Insurance carriers also can help you identify a practitioner that can help you with your feelings of depression.

What to expect during evaluation

During a comprehensive evaluation for depression, someone who is trained in mental health treatment will ask you questions about yourself:

- Physical health history;
- Emotional problems;
- History of depression and other mental health problems, including in the family; and
- Social and personal supports.

The overall goal of this comprehensive evaluation is to determine the causes of your depression and the best course of treatment.

It is important that you receive a physical examination from your practitioner because symptoms of depression may be caused by serious health conditions or side effects of medications. For example, physical health disorders (and their treatments) such as heart disease, diabetes, stroke, or cancer can sometimes produce low energy, poor appetite, or low mood.

How to Make Informed Choices

Some treatments can help reduce your symptoms of depression. Knowing what options are available is an important part of selecting the best treatment for your specific needs.

Identifying and selecting appropriate treatments

Treatment for depression can range from brief counseling or medication management to hospitalization for severe depression. It is important that you are assessed by a trained practitioner and that you discuss treatment options with your practitioner.

Being aware of what is important to your emotional well-being can help shape the type of treatment that you seek. You can actively participate in your treatment by thinking about your preferences for treatment, values, and goals. This information will help you work with your practitioners to choose the treatments that best fit your needs.

The types of treatment that may work best for you can vary according to the severity of your depression. Your health care practitioner should review with you the nature and severity of your depression and the different treatment options that are available.

If you also are receiving treatment for physical health problems, you should work with your practitioner to address these physical health and mental health problems at the same time.

Many important factors can affect the type of treatment that you receive. These include the following:

- Information about treatment effectiveness and side effects;
- Desired treatment outcomes;
- Treatment expectations, including your desired role (for example, homework, medication frequency, side effects);
- Availability of trained practitioners;
- Financial issues;
 - Medicaid and Medicare coverage,
 - Private insurance coverage, and
 - Personal transportation needs.
- Physical health needs; and
- Cultural considerations.

EBPs are a way to improve the quality of care you receive

EBPs are treatments that have been tested and found to be effective for older adults in real-world settings. Several EBPs can reduce the symptoms of depression for most older adults.

Increasing the availability of these treatments is an important way of improving the quality of care for older adults. Sixty to 80 percent of older adults who receive appropriate treatment will have improved symptoms of depression.

Providing EBPs for the treatment of depression can in these ways:

- Reduce or eliminate the symptoms of depression;
- Lower the risk for suicide;
- Improve physical health; and
- Improve daily functioning.

Several effective treatments, or EBPs, exist for depression in older adults. These are listed below. EBPs are not intended to be exclusive, mandatory, or rigid. Rather, they offer one path that can help many older adults achieve recovery. For a description of these EBPs, see *Selecting Evidence-Based Practices for Treatment of Depression in Older Adults* in this KIT.



EBPs for depression in older adults

- Psychotherapy interventions
 - Cognitive behavioral therapy
 - Behavioral therapy
 - Problem-solving treatment
 - Interpersonal psychotherapy
 - Reminiscence therapy
 - Cognitive bibliotherapy
- Antidepressant medications
- Multidisciplinary geriatric mental health outreach services
- Collaborative and integrated mental and physical health care

Manuals or guidelines direct practitioners to provide EBPs in the correct manner. Because these materials exist, you can expect to receive a treatment that has been tested and found effective.

Sometimes it can be important for practitioners to make small changes to a program to make it work better for your specific needs or situation. Some important adaptations can be made without changing the treatment model. These can include the following:

- Providing the treatment in your preferred language;
- Increasing the print-size of written materials;
- Slowing the pace of a treatment; and
- Repeating important concepts.

For instance, cognitive behavioral therapy is more likely to be effective for a Latino older adult when it uses culturally appropriate terms and language. Likewise, problem-solving treatment is more likely to be effective for an older adult with vision problems when written materials use large-size print or are read aloud.

The choice of using an EBP for depression will depend on several factors. Some of these factors may be beyond your control, while others may not. Since EBPs are not available in all parts of the country, not all practitioners are trained to provide these interventions. This should not prevent you from addressing the use of EBPs with your practitioners.

Consider cultural issues when you discuss treatment options with your practitioners; not all evidence-based treatments have been tested with people from all cultures. This does not mean that the treatment will not work for older adults from racial or ethnic minority groups. However, it may mean that the treatment may require some small changes to make it work better for older adults from these groups.

Financial barriers also may limit the use of EBPs due to reimbursement practices of Medicaid, Medicare, and private insurers. It is important that you, or a family member or caregiver, contact your insurance provider to identify what treatments are covered.

How to Work with Practitioners to Receive the Best Care

You can be involved in your care by working with your practitioners on decisions about the following:

- Treatment; and
- Implementing EBPs.

Older adult's role in treatment

As with all health care, you should feel empowered to work with your practitioners to make decisions that best reflect your values and preferences. You can begin to do this in these ways:

- Participating in treatment planning and decisionmaking; and
- Providing feedback to practitioners on the effectiveness of depression treatment.

Participate in treatment planning

You can help your practitioners develop your treatment plan by sharing with them the goals and outcomes that you hope to achieve. For example, a personal goal might be to pursue a favorite hobby, social activity, or work activity. Specific symptoms that might be identified for improvement might include increased appetite, improved sleep, increased energy, or improved mood. You can ask your practitioner to address these goals in your treatment plan.

An important part of your role in treatment planning is sharing information about your health, your medications, and your use of alcohol, tobacco, and other substances.

Tell practitioners if you are following treatment recommendations and if treatment is effective

You should tell your practitioners if you think their care is helpful. Similarly, it is important to let your practitioners know if you are dissatisfied with treatment or if you are not achieving your treatment goals. This information will help your practitioners know if your treatment must be changed.

Your practitioners may ask you to complete surveys or questionnaires that will evaluate how well your treatment is working. Your honest feedback will help improve the care that your practitioners provide.

You also should talk to your practitioners if you are concerned about your treatment. You should discuss these issues:

- Concerns about medication side effects;
- Problems following a treatment program; and
- Other important changes that may affect the way your practitioners care for your depression.



Older adult's role in implementation

After you have recovered from depression, consider whether to play a role in making effective depression treatments available to other older adults. You can do this by becoming an active member of one of these groups:

- An advocacy group; or
- An implementation advisory committee.

Advocacy groups often have a powerful influence on agency administrators and mental health, aging, and general medical health service authorities.

Advocacy groups can recommend adopting EBPs for depression and can stress the importance of providing care that is tailored for older adults.

You might also volunteer or be asked to join an advisory committee to help guide the adoption and use of an EBP. Advisory committee members work with other stakeholders, such as practitioners, agency administrators, and community members, to address barriers to implementing the EBP and to identify solutions for overcoming these problems. In this role, you might also monitor the use of the program over time.

Steps You Can Take

- Provide honest feedback to your practitioners about your desired goals and outcomes, as well as your satisfaction with services.
- Share information with your practitioners about your health and your use of medications, alcohol, tobacco, and other substances.
- Join an advocacy group that promotes effective treatments for depression in older adults.
- Join an advisory committee that oversees the implementation of EBPs.

Resources for Older Adults and Their Families or Caregivers

You can learn more about mental health disorders in older adults by contacting the following organizations or visiting their Internet sites.

American Society on Aging

833 Market Street, Suite 511
San Francisco, CA 94103
Phone: (800) 537-9728
<http://www.asaging.org>

Depression and Bipolar Support Alliance

730 N. Franklin Street, Suite 501
Chicago, IL 60610-7224
Phone: (800) 826-3632
<http://www.dbsalliance.org>

Geriatric Mental Health Foundation

7910 Woodmont Avenue, Suite 1050
Bethesda, MD 20814
Phone: (301) 654-7850
<http://www.gmhfonline.org>

Gerontological Society of America

1220 L Street NW, Suite 901
Washington, DC 20005
Phone: (202) 842-1275
<http://www.geron.org>

Mental Health America

2000 N. Beauregard Street, 6th Floor
Alexandria, VA 22311
Phone: (703) 684-7722
<http://www.nmha.org>

National Alliance on Mental Illness

Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042
Phone: (703) 524-7600
<http://www.nami.org>

National Council on Aging

1901 L Street, NW, 4th Floor
Washington, DC 20036
Phone: (202) 479-1200
<http://www.ncoa.org>

Positive Aging Resource Center

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