



Navigating Depression:

A roadmap for health professionals, patients
and carers

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Southern Health

Better Health for Our Community



DHS guidelines (Victoria)

- Depression identified as risk area for functional decline in older persons
- Functional decline defined as a reduced ability to perform tasks of everyday living due to a decrement in physical and/or cognitive functioning
- Minimising Functional Decline guidelines on depression include:
 - Depression under-recognised in elderly pop.
 - Recommend screening for depression
 - Recommend increasing health care workers knowledge and skills in recognising and managing depression

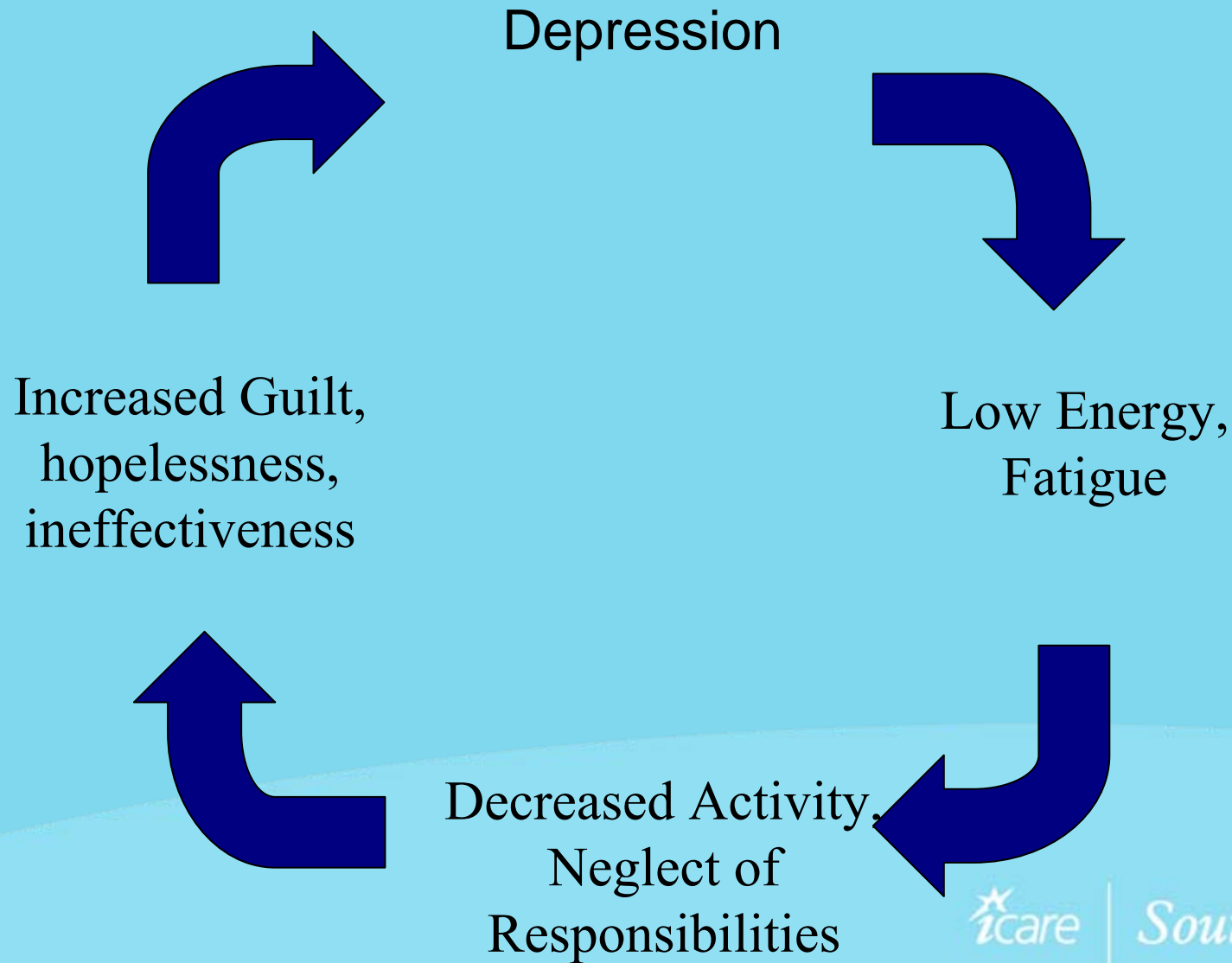


Geriatric Depression: How is it different?

- Older people commonly deny being depressed, and tend to focus on physical and somatic complaints
- Presence of co-morbidities, acute and chronic illness, can tend to mask depressive symptoms
- Behaviour is not recognised as necessarily depressive
- Emotional states can be highly variable in this population.
- Literature suggest rates of depression up to 50% in hospitalised or residential settings for the elderly.

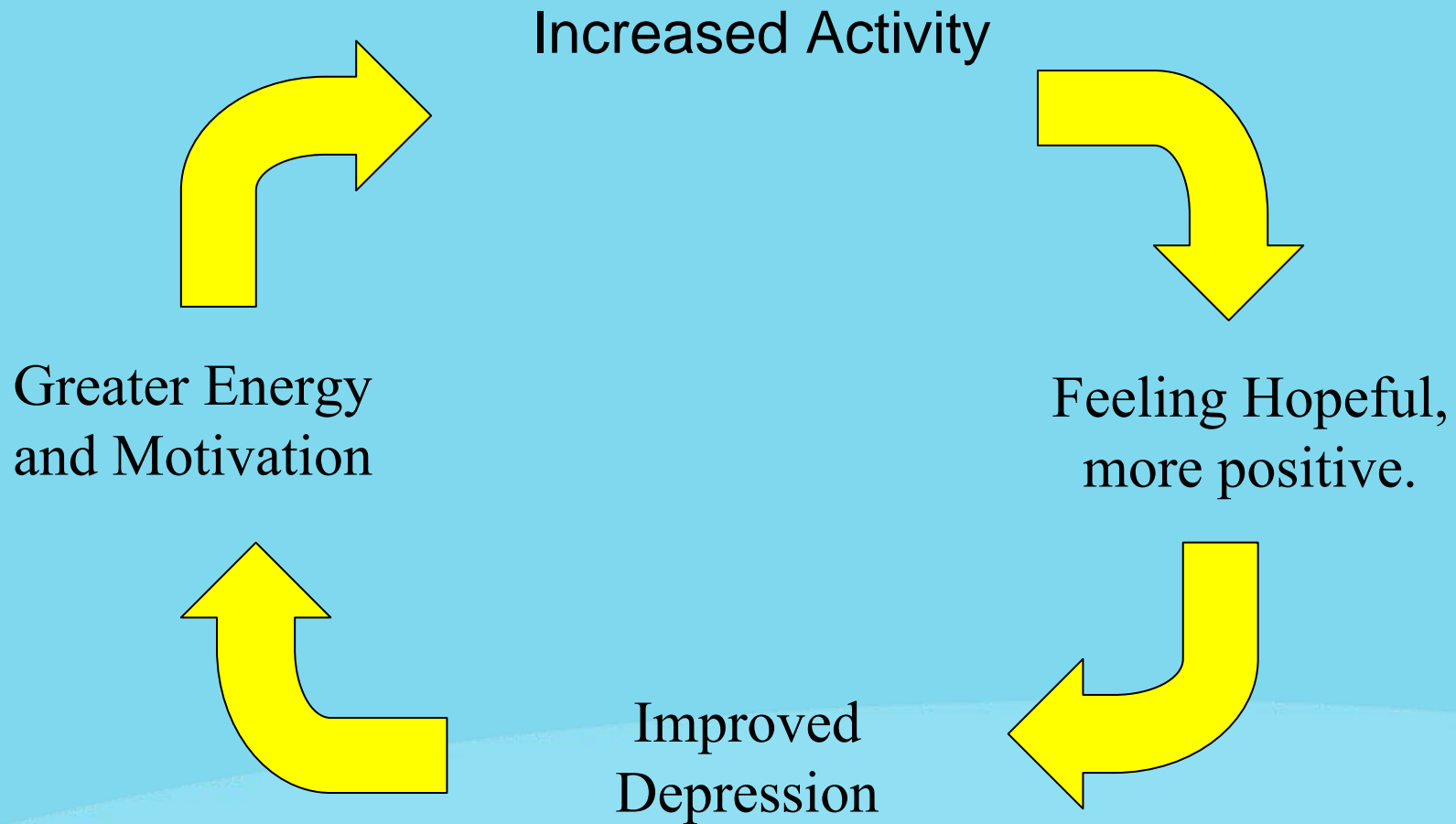


The Vicious Cycle of Depression





Reversing This Cycle





Clinical project for depression

- Phase 1: screening and staff education
(August – December 2005)
- Phase 2: treatment and management
(May 2006 – July 2007)



Phase 1: Design

- Clinical protocol established on 3 aged rehab and GEM wards at Kingston Centre
- All admitted patients screened for depression, subsequent to cognition screen by medical staff.
- Those reaching criterion referred to clinical psychology for treatment planning and intervention
- Staff education sessions provided by clinical psychologist
- Carer education sessions offered



Phase 1: screening

- 236 patients admitted to 3 wards at Kingston Centre in Sept-Nov 2005. Of those, 137 screened for cognition and depression.
- The prevalence rate of depression was 33%. This was consistent across the three wards.
- More in-patients with depression referred to psychology in 3 months of project than ever before.

Rates of Depression by Diagnosis

	Total	Depressed	Non Depressed	Prevalence of Depression
Other Fractures	26	11	15	42%
Parkinson's Disease	13	5	8	38%
Fractured Hip	25	8	17	32%
Other Medical	44	13	31	29%
Stroke	14	4	10	28.5%
Post Surgery	9	2	7	22%
Recurrent Falls	8	1	7	12.5%

Phase 1: Staff Education

	PRE Low	<i>POST</i> <i>Low</i>	PRE Satis	<i>POST</i> <i>Satis</i>	PRE High	<i>POST</i> <i>High</i>	PRE Very High	<i>POST</i> <i>Very High</i>
Q1. Level of confidence in dealing with depression	24%	8%	62%	60%	11%	24%	3%	8%
Q2. Level of comfort in dealing with depression	21%	4%	65%	72%	7%	16%	7%	8%
Q3. Level of organisational support when dealing with depression	43%	20%	54%	40%	3%	40%	Nil	<i>Nil</i>
Q4. Level of job satisfaction when dealing with depression	17%	4%	73%	68%	10%	20%	Nil	<i>Nil</i>
Q5. To what level has this information seminar increased your awareness of depressive symptoms?	N/A	Nil	N/A	36%	N/A	48%	N/A	8%
Q6. To what level has this education session provided you with extra skills in managing depressive symptoms in our patients?	N/A	4%	N/A	44%	N/A	48%	N/A	4%



Carer education

- No family members attended the sessions scheduled during the day.
- One family member attended an evening session.



Successes

- Depression screening was implemented.
- Screening identified depression, which would not otherwise have been picked up.
- Increased staff awareness of depression as a key clinical issue and of how to recognise depressive symptoms in older people.
- Increased number of cognitive screens conducted.



Challenges

- Accessing interpreters for routine screening.
- Workload of some registrars too large to accommodate screening for depression.
- Prevalence of depression beyond clinical psychology staffing levels to treat.
- Diagnostic and treatment approaches inconsistent; different opinions between psychology and psychiatry.
- Effective method for family education.



Phase 2 Design

- Treatment and prevention approach.
- As with Phase 1, screening was entry point into study.
- For those depressed, individual psychological treatment provided by clinical psychologists.
- In parallel, activity program was run for all patients on the wards. Although patients with depression were not excluded, the aim was to enhance mood from a preventative focus.

Afternoon Activity/Treatment Program

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
W E E K 1	Mind/Body Balance (Ψ)	Reminiscence	Newspaper Group	Wellbeing (Ψ)	Games	Movie Session	Movie Session
		"Up & Go"	Walking Group		Coffee Group		
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
W E E K 2	Coffee Group	Bingo	Newspaper Group	Behavioural Activation (Ψ)	Walking Group	Movie Session	Movie Session
			"Up & Go"				



Phase 2: results

- 26 patients were recruited to the study over 6 months from 2 wards. This low number reflected poor completion rates of admission screening.
- Of the total 26 patients enrolled in the study, 21 gained a diagnosis of a Major Depressive Episode, whilst five were diagnosed with a Minor Depressive Illness.
- Length of stay ranged from 21 to 92 days.



Phase 2 key results

- For the 14 patients who were screened on admission and discharge, there was a statistically significant improvement in their mood ($t=3.673$, $p<.01$).
- There was a significant improvement in admission and discharge Barthel ($N=24$) scores ($t=-3.175$, $p<.01$).
- An observation of parallel improvement in functional ability and mood.

Types of Depression by Diagnosis

Admission Diagnosis	Total Number	Minor Depression	Major Depression	% of depressed group
Parkinson's Disease	10	3	7	38.5%
Fracture	10	1	9	38.5%
COAD	1	1		4%
Cancer	2		2	7%
Stroke	1		1	4%
Shingles	1		1	4%
Multiple Myeloma	1		1	4%
TOTAL	26	5	21	100%

Activity program patient evaluation

	Very Low	Low	Satis	High	Very high
How comfortable did you feel coming along and participating?			38.5%	46.2%	15.4%
How much did you enjoy the group ?			28.8%	44.2%	26.9%
How satisfying was the activity?			46.2%	32.7%	21.2%
How would you rate your level of confidence with the activity ?		7.7%	34.6%	36.5%	15.4%
How well equipped do you think the hospital is regarding activity options?	1.9%	3.8%	36.5%	28.8%	17.3%



Successes

- Mood can be treated effectively during a sub-acute in-patient admission.
- Increased structure of time and regular ward based activity effective for prevention and treatment.
- Project increased the focus on depression, which increased staff awareness of clinical psychologist's role and of depression.
- Volunteers have an integral role in supporting patient activity.



Challenges

- Screening from phase 1 had not been embedded.
- Treatment of depression seen as the responsibility of psychologist and psychiatrist.
- Ownership of the activity program not always shared equally across team.
- Language was a barrier to participating in the activity groups.
- Dynamic/engaging therapists needed to encourage patients to attend and participate in activity.



Recommendations

- Dedicated 4-5 day/week clinical psychologist to oversee screening and treatment process.
- Regular ward based activity effective for prevention and treatment.
- Institute individual patient timetables to increase self-determination and independence.
- Annual staff education program as quality requirement.
- Sustainability requires high level organisational support and ongoing systems of accountability.

Do you feel that your situation is hopeless?

- There is nothing I need in life
- No, I can still do things
- It won't improve
- Fairly
- Could be better
- Yes, unless my legs pick up
- Never say that
- It is progressive
- I never think that way
- No, the operation will help
- No, I don't owe any money on bills
- Yes it has been months – it is a long haul
- A little bit. All my life I have looked after others – now they have to look after me

Have you been consistently depressed or down, most of day, nearly every day for the past two weeks?

- Sometimes
- Too busy. I have lots to look forward to
- I am getting somewhere here so I am improving
- Depressed is not the word. It is bigger than depressed
- Sometimes. It is bad in the mornings. I think I am half mad
- More than 2 weeks
- Only one day when my husband was unwell
- Getting worse
- No, but when my husband died, I died

Did you repeatedly consider hurting yourself, feel suicidal or wish that you were dead?

- Yes, when in pain
- Many times
- Yes, I would like to take a pill. Can you buy them? I would like a plan, but I can't work one out.
- I feel like a dozen bad pennies. No hope of picking up
- I think I would like to lie down and not wake up
- No, but I wish I wasn't here in hospital
- Sometimes, but I am a catholic
- I would bleed. Cut an artery. Leave it trickling. Would you help me?
- "You got a lot of information out of me in a short period of time"
- Just thoughts.
- No, I want to live for my family

Staff Education

- “I had no idea I should be looking out for all these signs of depression. I just thought it was just lying there and being quiet and withdrawn”

Success is not final, failure is not fatal: it is the courage to continue that counts.

Winston Churchill