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Evolution and Implementation of a Collaborative Approach to Managing Late Life Depression

In 1999, the Surgeon General declared that late life mental health care was a critical public health priority.[1] Late life depression (LLD) is of particular concern because it is associated with disability, mortality, and high utilization of health care services—including medication use and emergency department visits.[2]

Unfortunately, LLD is not easy to detect. Older adults tend to seek mental health services in primary care settings, but primary care providers are less likely to assess depression in older patients than in younger patients.[3] Research has indicated that providing interdisciplinary care in a primary care setting may be the best model for treating LLD.[4]

Over the past 15 years, the VA Palo Alto Health Care System's Geriatric Research Education and Clinical Center (VAPAHCS GRECC) has made great strides toward improving LLD management. It has initiated the development of research programs and empirical reviews to identify effective depression management practices,[3] and it has implemented the findings of this research through clinical programs.[4] Ideas and knowledge gained from research and clinical programs have been disseminated through educational programs. This column describes the evolution and integration of these programs and their impact and outcomes. It also describes the culmination of the programs: the GRECC's current LLD management model.

RESEARCH

Starting in 1994, the VAPAHCS GRECC led a series of research and demonstration projects in collaboration with the VAPAHCS psychology service and medical service. These projects illustrated the need to modify established procedures for evaluating and managing LLD; for example, they suggested that identifying specific patient characteristics could help to determine the best treatment for the condition.

One early research project was a randomized clinical trial on LLD treatments for patients who were caring for frail, elderly relatives.[2] Sixty-six caregivers with LLD were identified in the VAPAHCS GRECC's Geriatric Evaluation and Management (GEM) clinic and randomly assigned to receive either brief psychodynamic therapy (PDT) or cognitive behavior therapy (CBT). Based on Beck Depression Inventory (BDI) scores, the researchers found that participants who had been caregiving for fewer than 44 months responded better to brief PDT than to CBT (mean [SD] scores, 7.8 [3.2] versus 11.8 [10.3], respectively). In contrast, participants who had been caregiving for at least 44 months responded better to CBT than to brief PDT (mean [SD] scores, 6.4 [5.7] versus 15.5 [5.4], respectively).[2]

The GRECC's research also included a pilot program on using CBT to treat LLD in frail older adults with multiple medical and psychiatric comorbidities. Despite evidence that CBT is highly effective for treating LLD, the treatment had not been tested in this population. The pilot program recruited patients from the GRECC's GEM, who typically have multiple comorbidities. Results of qualitative analyses suggested that it is important to modify CBT, through such mea-

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The VHA's Geriatric Research, Education and Clinical Centers (GRECCs) are designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology throughout the VA health care system. Each GRECC focuses on particular aspects of the care of aging veterans and is at the forefront of geriatric research and clinical care. For more information on the GRECC program, visit the web site (http://www1.va.gov/grecc/). This column, which is contributed monthly by GRECC staff members, is coordinated and edited by Kenneth Shay, DDS, MS, director of geriatric programs for the VA Office of Geriatrics and Extended Care, VA Central Office, Washington, DC.

sures as emphasizing behavioral activation over cognitive restructuring, in this population. It also suggested the need for developing additional types of therapies for LLD in patients with multiple comorbidities.

These early research projects served as a model for future depression therapy research, demonstration projects, and educational programs. For example, they led to the VAPAHCS GRECC's contribution to the cutting-edge Resources for Enhancing Alzheimer's Caregiver Health (REACH) study.[5] The projects also identified such significant barriers to treatment as transportation issues and the interaction between psychological issues and complex medical comorbidities. The latter barrier underscored the necessity of educating trainees and providers to enhance their collaborations.

The GRECC is currently building more empirical support for geriatric depression psychotherapies by collaborating with the VAPAHCS's Mental Illness, Research, Education and Clinical Center on a pilot study. This study addresses LLD's relationship with comorbid cognitive impairment. As comorbidities may increase disability and impact depression treatments,[6] it is important to identify factors that may interfere with interventions and to continue improving models of treatment. The study uses modified therapies that emphasize behavioral activation and patients' strengths, such as autobiographical memories, to build self-efficacy and self-confidence.

The study builds upon the work of earlier demonstration projects. Findings of these projects indicated that there are several unique challenges in providing psychotherapy to frail, cognitively impaired older adults in the GEM clinic. Medical and psychosocial issues and barriers to treatment, including transportation and ill-matched treatment components, were among these challenges.

The study's preliminary results suggest that patients who completed the study appreciated the treatments they received, were engaged, and experienced a reduction in depressive symptoms and an increase in functioning. Clinic providers help to recruit participants for the study and are kept informed of its progress. Their involvement has enhanced patients' participation and motivation in therapy. In addition, therapists are working with social workers to attend to the transportation issues of study participants.

EDUCATION

Given the prevalence of depression, there is a continuing need for education about LLD in medical settings. At the VAPAHCS, a number of GRECC-led educational programs for health care providers and trainees have evolved.

For instance, one demonstration project resulted in the development of a training model for promoting mental health care management in primary care settings. The model involves direct training of fellows, students, and residents of all disciplines in the GEM clinic, and it allows for provision of direct services to patients. GRECC psychologists educate clinic providers and trainees on adequate LLD evaluation and on factors that potentially could confound a diagnosis of LLD, such as anxiety or posttraumatic stress disorder. LLD evaluation procedures and tools, such as the Geriatric Depression Scale (GDS) and the Cornell Scale for Depression and Dementia (CSDD), are promoted and used in all the GRECC-affiliated clinics. Trainees receive direct supervision on the administration and interpretation of screening instruments.

Research has shown that direct access to a mental health provider can increase physicians' confidence, knowledge, and satisfaction with regard to mental health issues and services.[7] Thus, GRECC psychologists have developed a training manual for psychology trainees that describes the psychologist's functions and roles in the GEM clinic. This manual also provides a model for expanding depression care services outside of the clinic, through such measures as providing evidence-based psychotherapy treatments. The inclusion of psychology trainees in the GEM clinic has resulted in better access to mental health care services.

The GRECC offers seminars and workshops to VAPAHCS providers in order to disseminate and promote evidence-based practices in depression management. For example, it offered a month-long seminar on late life mental health issues to all services in the facility, including ambulatory care, extended care, psychology, nursing, and social work. The seminar's objectives were to increase attendees' understanding of late life mental health issues—particularly LLD and anxiety—and ways of helping older adults access services and resources. Psychology trainees led these seminars, which gave them opportunities to develop leadership and teaching skills—particularly in disseminating knowledge related to managing LLD.

Formal evaluation of the seminar indicated that it was relatively well attended and well received by a range of health care providers. Twenty-three people attended the seminars: six psychologists, six social workers, four physicians, three nurses, three members of the chaplain service, and one pharmacist. Of the attendees, 47% said they found information about the different therapies to be very helpful to their clinical work and 89% said they were more likely to refer or see an older adult for therapy following the seminar.

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Several GRECC trainees have become prominent local, regional, and national leaders in the area of geriatric mental health care. Dr. Skultety, a graduate of the VAPAHCS GRECC training program, eventually became the GRECC's associate director of education and evaluation. She is currently the director of behavioral health services for the Institute on Aging in San Francisco, CA, where she continues the GRECC's collaborative model of depression management training. In addition, GRECC fellows and trainees have obtained respected positions in academic health care settings, where they continue to develop models of depression care. For example, a graduate of the VAPAHCS GRECC/Stanford Geriatric Medicine Fellowship is the clinical director of the Geriatrics Consultation Clinic at Stanford Medical Center.

All former trainees have indicated informally that they continue to use the techniques, tools, and knowledge gained from LLD trainings, such as evaluating the condition through GDS and CSDD and performing empirically supported interventions. Past trainees also have reported developing and providing depression-related educational programs through supervision, seminars, or workshops.

CLINICAL MODEL

The VAPAHCS GRECC's current model of depression management follows empirically derived recommendations. Published reviews by Skultety, Zeiss, and Rodriguez suggest that there are two critical components to optimal depression care management: an interdisciplinary team and a psychologist. These reviews also emphasize the importance of close and interactive collaboration between mental health providers and medical providers.[4,8,9]

Through the current model, the GRECC's attending psychologist, as the depression care manager, interacts with providers and meets with patients during their clinic visits. This psychologist provides screening and assessments, discusses recommendations with the team, and follows up intermittently on treatment recommendations with patients prior to and during their clinic visits.

The GRECC also continues a geriatrics mental health service in collaboration with the VAPAHCS psychology service. It sponsors two geropsychology intern positions and a clinical geropsychology fellowship. Through the internships and fellowship, trainees gain valuable experience by serving as the GEM clinic's primary psychologists. In addition, the GRECC runs an outpatient clinic dedicated to the assessment and management of LLD. Patients are referred from the primary care setting to this clinic, which provides empirically supported treatments and matches treatments to patient characteristics.

LOOKING FORWARD

LLD continues to be a major problem for the VAPAHCS GRECC's patients. By 2008, 38% of patients at the GRECC's GEM clinic had depressive disorders, and 14% of consultation requests in the GRECC consult clinic involved depression. Thus, the VAPAHCS GRECC continues its efforts to extend and build on early foundations of LLD management. It will update practices continually to respond to the dynamic needs of the growing elderly population. ●

Author disclosures

The authors report no actual or potential conflicts of interest with regard to this column.

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