

Long-Term Care Survey Alert

Research Alert: Depression Remains Major Risk in Long-Term Care

Turn to targeted quality improvement to enhance resident care and survey results.

Two important studies published this summer suggest that long-term care providers are on the front lines when it comes to the prevention of both depression and suicide so take stock of your mental health audits and interventions before surveyors do.

The first study, published in the July issue of the American Journal of Public Health, calls the suicide risk among long-term care residents "substantial" noting that the risk is highest for residents in facilities that have higher proportions of residents with "elevated depressive symptoms."

Fact: Depression is more commonly diagnosed among new nursing home residents than dementia is, according to this study's authors.

The second study, published online in the Journal of Healthcare Quality, suggests that a targeted, tiered quality improvement program can help reduce depressive symptoms in nursing home residents.

Together, the two studies could spur renewed attention to quality of life and mental health in nursing homes, including greater scrutiny from surveyors.

To prepare, take stock of survey guidance for related F-tags, including F-Tag 309 (Quality of Care) and F-Tag 329 (Unnecessary Drugs), and F250 (Medically Related Social Services), revisiting your quality improvement efforts related to mental health issues.

Background: According to the **Centers for Disease Control and Prevention**, the prevalence of depression in nursing homes may be as high as 48.5% of residents. Furthermore, researchers from **Johns Hopkins University** report that depressed nursing home residents were 59% more likely to die than residents who did not have a depressive disorder, often from common symptoms of the disease, such as nutritional deficits due to lack of appetite, poor sleep patterns, and immobility.

Depression-Suicide Connection

The two studies offer insights about how nursing home providers can be proactive in protecting residents prone to depression.

In the study looking at the link between suicide and long-term care, researchers analyzed data from a state database known as the Virginia Violent Death Reporting System. Drawing on data from 2003 to 2011, the team matched data about suicide cases against nursing home and assisted living registries. They found that the incidence of suicide was nearly twice as high among nursing home residents as those in the community at large. Among those touched by suicide were 38 decedents who anticipated transitioning into long-term care as well as decedents whose loved ones were transitioning to or resided in a long-term care facility.

Furthermore, the researchers found the facilities in which a resident had committed suicide had higher relative percentage of residents with depressive symptoms.

Observed: The researchers note that there is evidence that nursing home staff are "reluctant to engage residents" in discussions about depression and suicide, but encouraged providers to recognize their potential role in promoting psychosocial well-being among residents.

Arm Yourself With QI

The second study emphasized research that indicates the positive role long-term care staff can have in promoting psychosocial well-being among residents, adding that long-term care facilities may be an important point of engagement in suicide prevention.

"Accumulating evidence suggests that interventions for early detection and treatment can mitigate symptoms of clinical and subclinical levels of depression," write the authors. In addition to treatment, however, the researchers aimed to prevent depressive symptoms in at-risk residents.

The intervention studied was the Promoting Positive Well-Being (PPW) program, a quality improvement (QI) intervention developed by the **Madlyn and Leonard Abramson Center for Jewish Life** in North Wales, PA, and its affiliated **Polisher Research Institute** in partnership with the **Commonwealth of Pennsylvania**.

The program is designed to give caregivers the tools they need to for the early identification, assessment, treatment, and monitoring of residents with depressive symptoms in nursing homes, explains **Scott Crespy, PhD**, the study's principal author and vice president for quality improvement at the Madlyn and Leonard Abramson Center for Jewish Life.

PWP offers three tiers of intervention:

- Level 1 (activity) □ Emphasizing increased availability and frequency of preferred activities, restorative nursing and exercise;
- Level 2 (social work) □ Featuring support with resident adjustment issues and enhanced social support/social network; and
- Level 3 (psychology and psychiatry) □ Focusing on treatment by mental health professional.

For the study, researchers evaluated the PPW program in 40 nursing homes over the course of eight months. The experimental QI collaborative offered providers tools, webinar training, and technical support. Half of the nursing homes offered the intervention, and half were "waitlisted" for the program, serving as a control group. The active group fared better than the control facilities, achieving a 58 percent relative reduction in the percentage of residents with "self-reported moderate to severe depressive symptoms."

Nursing homes reported liking the program (97 percent), with most saying that they would recommend it to others (87 percent).

"Results suggest that PPW is a promising approach that should be further evaluated in larger NH initiatives and other settings," the authors conclude.

On the horizon: The PWP team is developing new tools that can help facilities work more effectively with short-stay residents.

The aim: Help identify residents who have symptoms of depression, with the goal of improving prevention and management.

Silver lining: Early identification of residents with depression could help reduce unnecessary rehospitalizations.