King County

Department of
Community and Human Services

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IMPLEMENTATION PLAN
2012 – 2017 Veterans and Human Services Levy:
Activity 3.4: Depression Intervention for Seniors

1. Goal

The primary goal of this activity is to increase self-sufficiency of veterans and vulnerable populations.

2. Strategy

The Veterans and Human Services Levy Service Improvement Plan (SIP) set a goal of Improving Health.

3. Activity 3.4: Depression Intervention for Seniors

Activity 3.4, Depression Intervention for Seniors is the only activity described in the Service Improvement Plan under this activity.

4. Service Needs, Populations to be Served, and Promotion of Equity and Social Justice

a) Service Needs

The need for expanded, in-home mental health treatment for older adults in King County is necessary to serve lower-income older veterans and older non-veteran adults with mild depression symptoms who have chronic illnesses and/or disabilities.

The Centers for Disease Control Prevention Research Centers (CDC) estimate that approximately 14 percent of older adults experience minor depression.[1] In King County, minor depression could be impacting the lives of 35,000 or more adults aged 55 years or older (2000 Census data extrapolated to 2007).

The Centers for Disease Control promotes a public health approach to address depression among older adults. Twenty percent of adults age 55 and older have a mental health

[1] CDC Prevention Research Centers – *PEARLS Program Gives Seniors with Minor Depression New Hope*, January 2007. http://apps.nccd.cdc.gov/

disorder such as anxiety, cognitive impairment, or mood disorder, that is not part of normal aging (American Association of Geriatric Psychiatry, 2008)

Estimates of the prevalence of depression among older adults range from 15-20 percent of adults older than age 65. (Ciechanowski, 2004; Geriatric Mental Health Foundation, 2008, Koenig, 1996; Lebowitz, 1996)

Jeffrey Lyness, M.D. states that "A large body of evidence from epidemiological studies demonstrates that most elders with clinically significant depressive symptoms do not meet diagnostic criteria for major depressive disorder. However, the cumulative functional morbidity of these so-called lesser conditions actually exceeds that of major depression among the elderly".[2] In other words, elders with depression typically do not exhibit the expected symptoms.

One of the dangers of not recognizing and addressing depression in older adults, particularly older males, is their higher incidences of suicides and suicide attempts.[3] The National Institute for Mental Health notes that older adults represent 13 percent of the population in the United States, yet account for 20 percent of all suicide deaths. In fact, older white males aged 85 years and older are 6 times more likely to commit suicide (65.3 deaths per 100,000 in 1996) than other older adults.[4]

Symptoms of minor depression include feelings of hopelessness or sadness, and a loss of interest or pleasure in previously enjoyed activities. Older adults experiencing minor depression often are also facing loss of friends and family, isolation, and chronic disease (for example, diabetes, multiple sclerosis, or heart disease). According to the CDC, "seniors who have diabetes are more than twice as likely as other people their age to be depressed".[2]

In 2006, the Surgeon General of the United States issued a report titled "Mental Health: A Report of the Surgeon General".[5] Chapter Five, pages 5 and 6 of this report includes a discussion of potential barriers that older adults face regarding diagnosis and treatment of major or minor depression. These barriers can include the perceived notion that depressive symptoms are an inevitable part of aging. As the report notes, physicians may also "hold such stereotyped views".

Elders with chronic disease or disabilities are specified in the Levy's Strategic Investment Plan. The President's New Freedom Commission on Mental Health issued a report in July, 2003 that cites mental illnesses as the leading causes of disability worldwide.[6] Page nineteen of the report notes that mental illnesses (including depression) account for nearly 25 percent of all disability across major industrialized countries. Several studies have observed a significant association between depressive symptoms and diabetes mellitus in the United States (Lustman *et al.* 2000[7]; Anderson *et al.* 2001[8]). The prevalence of

[2] *Treatment of Depressive Conditions in Later Life*, Journal of the American Medical Association, April 7, 2004, Vol. 291, No.13, p.1626
[3] Conwell Y, Duberstein PR, Caine ED. *Risk Factors for Suicide in Later Life*. Biological Psychiatry. 2002:52:193-204
[4] http://www.nimh.nih.gov/pulicat/elderlydepsuicide.cfm
[5] http: www.surgeongeneral.gov/library/mentalhealth
[6] The President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming mental health care in America*, Final Report. July 2003
[7] Lustman PJ, Anderson RJ, Freedland KE, et al. *Depression and poor glycemic control: a meta-analytic review of the literature*, Diabetes Care. 2000;23:934-942.

depressive symptoms in people with diabetes mellitus has been reported to be as high as 31.7 percent (Anderson *et al.* 2001) compared to an estimated 10 percent prevalence of depressive symptoms in the general population (Judd *et al.* 1997[9]).

A significant association between depressive symptoms and diabetes mellitus has also been observed within various ethnic groups. For example, Grandinetti *et al.* 2000[10] observed that the prevalence of depressive symptoms was significantly higher among Native Hawaiians with type 2 diabetes (26.9 percent) compared to those with other chronic illnesses (15.2 percent) and those without a chronic illness (13.1 percent). Similarly, Black (1999) observed that the prevalence of depressive symptoms was significantly higher in older Mexican-Americans with diabetes mellitus (31.1 percent) compared to those without diabetes mellitus (24.1 percent). [11]

As noted earlier, estimates are that 35,000 or more older adults living in King County may have symptoms of minor depression. The Veterans and Human Services Levy provides funding to address minor depression in older adults by using a behavioral approach such as the Program to Encourage Active and Rewarding Lives (PEARLS) model. A brief informal survey of King County community mental health clinics revealed the scarcity of therapeutic options for low income older adults who are not Medicaid eligible. The PEARLS model has been designed to provide free-of-charge assistance to older adults living in their own homes and in some situations at local agencies serving seniors such as the International Drop-In Center (IDIC) that reaches the Filipino community in a culturally sensitive setting. Levy funding will allow this assistance to be provided at no cost to the participants.

b) Populations to be Served

The population to be served is King County residents aged 55 years or older who live at home and have minor depression. This includes veterans, spouses of veterans, and non-veteran older adults.

c) Promotion of Equity and Social Justice

The Equity and Social Justice Ordinance requires King County to consider the impacts of its policies and activities on its efforts to achieve fairness and opportunity for all people, particularly for people of color, low-income communities and people with limited English proficiency.

i) Will your activity have an impact on equity?

Yes, the program will have an impact on equity as it has already been used effectively with multiple diverse ethnic communities, many of who are recent immigrants. African and African American, Chinese (Mandarin and Cantonese-speaking), Filipino, Russian/Ukrainian, Somali, Hispanic, Vietnamese, and other

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[8] Anderson RJ, Freedland KE, Clouse RE, Lustman PJ. *The prevalence of comorbid depression in adults with diabetes: a meta-analysis*, Diabetes Care. 2001;24:1069-1078.
[9] Judd LL, Akiskal HS, Paulus MP. *The role and clinical significance of subsyndromal depressive symptoms (SSD) in unipolar major depressive disorder*, Journal of Affective Disorders. 1997;45:5-17.
[10] Grandinetti A, Kaholokula JK, Crabbe KM, et al. *Relationship between depressive symptoms and diabetes among native Hawaiians*, Psychoneuroendocrinology. 2000;25:239-246
[11] Black SA, Markides KS. *Depressive symptoms and mortality in older Mexican Americans*, Annals of Epidemiology. 1999;9:45-52.

Asian/Pacific Islanders have gone through PEARLS. Older adults, Veterans and their spouses including those individuals impacted by World War II, the Vietnam War, and the Gulf War will be eligible for PEARLS. The program has the ability to reach people in the community, instead of having them travel to a medical clinic or behavioral health site. Providing the in-home intervention addresses those on limited income and those older adults with disabilities/chronic conditions who have difficulty with accessible transportation

ii) What population groups are likely to be affected by the proposal? How will communities of color, low-income communities or limited English proficiency communities be impacted?

Populations likely affected will be Filipino and African American older adults, as well as low income Vietnam Veterans and their spouses. Communities of color have already been positively impacted by the program, and it has demonstrated its experience and understanding of the importance of effective outreach to communities of color and low-income communities. Forms used in the PEARLS program have been translated and reviewed by individuals who work closely with diverse populations.

iii) What actions will be taken to enhance likely positive impacts on these communities and mitigate possible negative impacts?

The main strategy to enhance positive impacts will be inclusive outreach. Outreach includes using tailored marketing materials and participant stories from a diverse group of individuals who have benefited from the program and represent the communities served. Additionally, the program is offered by diverse PEARLS counselors, including an African American, Filipino, and an Iraq War Veteran.

5. Activity Description

The PEARLS Model will be implemented under this activity. PEARLS is a counseling program that teaches depression-management techniques to older adults who experience minor depression. The original design of the model is to provide to older adults with minor depression eight sessions of a multimodal treatment that include problem solving treatment, pleasant events scheduling, psychiatric oversight, supervision and medication management. The sessions are provided in the client's home or as appropriate at the IDIC by a trained counselor at no charge to the client. Initially, the sessions are provided on a weekly basis, then bi-weekly, then once a month, ending with follow-up calls once a month for 3 months. By the completion of the program, a significant number of clients will be able to more easily identify solutions to problems. This often results in more confidence, increased physical and social activity, and an enhanced sense of control and mastery in their lives. For example, one client after completing the program said "I always moaned about the things I couldn't do. PEARLS helped me focus on the things I can do."

The PEARLS model is used by Aging and Disability Services (the designated Area Agency on Aging for King County) in its case management program. Investing the Levy funds into expanding the PEARLS model allowed the expansion of the evidence-based approach to

older veterans, their spouses, and an increased number of Filipino and African American older adults living in King County. In 2015, the PEARLS program plans to enroll 55 unduplicated veterans or spouses of veterans who are 55 years or older and 55 unduplicated non-veterans who are 55 years or older living in King County. For the current 2012 - 2017 Levy the total number of unduplicated participants is expected to be 400 older veterans, spouses of veterans, or non-veterans.

In 2014, the PEARLS program data showed that over 55% of the participants were persons of color, living throughout King County and about 50% were veterans or spouse/partners of veterans.

Outreach and recruitment of older veterans who are experiencing mild depression requires ongoing marketing. Strategies used includes such things as, placing notices of PEARLS opportunities on websites, placing flyers, posters, and tear-off phone number/contact person flyers at locations older adults may frequent, and posting contact information at physical locations of organizations such as the Veterans of Foreign Wars; African American Veterans Group, Vietnam Veterans of America, American Legion, Veterans of Military Order of the Purple Hearts, AmVets, the Disabled American Veterans, the National Association of Black Veterans, the Washington State Department of Veterans Association and the offices of the DCHS/Veterans program located in King County. Articles about the PEARLS program and success stories have been written for the electronic newsletter called, AgeWise. Additionally, participant stories, shared with their permission, are shared during outreach at health fairs and community presentations. PEARLS Counselors have contacted housing providers where Veterans and their spouses live, and they have also provided presentation at resident council meetings.

ADS and the other organizations providing PEARLS understand the importance of addressing the perceived stigma of depression. As noted in the previously referenced report by the President's New Freedom Commission on Mental Health, "stigma is particularly pronounced among older adults, ethnic and racial minorities, and residents of rural areas." [12]
The PEARLS Counselors tailors presentations and program introductions using wording and phrasing that the participant identifies. For some individuals it is down, blue, sad and for others it may be feelings of sad, lonely, or depressed.

6. Funds Available

The 2012 Service Improvement Plan identified the following allocations for this activity.

	2012	2013	2014	2015	2016	2017
Veterans Levy	**$112,000**	**$112,000**	**$178,000**	**$178,000**	**$178,000**	**$178,000**
Human Services Levy	**$112,000**	**$112,000**	**$178,000**	**$178,000**	**$178,000**	**$178,000**
Supplemental Allocation		**$66,000**				
Total	**$224,000**	**$290,000**	**$356,000**	**$356,000**	**$356,000**	**$356,000**

[12] The President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming mental health care in America*, Final Report. July 2003, page 20.

7. Evidence-based or Promising Practices

In 2007, evidence-based treatment options for King County's older adults experiencing mild depression and living on lower incomes are limited. Unutzer et al.[13] reported that the results of the PEARLS program showed substantial improvement in the treatment group compared to the control group. The Centers for Disease Control and Prevention also reported the effectiveness of the PEARLS program.[14]

The best practices that apply to at risk older adults who are experiencing symptoms of minor depression include:

- Non-threatening, flexible approaches to learning about and getting connected to needed services. The PEARLS program provides that kind of one-on-one approach for addressing problems in the client's life;
- Self-help programs: one of the primary goals of the PEARLS program is to teach the client how to identify problems and to develop workable solutions to resolving the problems;
- Access to needed mental health care for all persons, regardless of eligibility for long-term enrollment in the publicly-funded mental health system. As alluded to earlier in this document, low-income adults with minor depression have few options for obtaining assistance;
- Services are culturally and linguistically accessible and appropriate.

8. Service Partnerships

a. Aging and Disability Services is the designated Area Agency on Aging for King County. The United Way, City of Seattle, and King County are the three sponsoring organizations for ADS. These organizations serve as the primary funders for aging services in King County.
b. University of Washington's Health Promotion and Research Center (HPRC) developed and researched the PEARLS program in collaboration with Aging and Disability Services. The University of Washington's HPRC staff continue to meet with ADS PEARLS program staff quarterly to discuss program outreach, program dissemination and successes in effectively reaching Veterans and Veteran spouses.

9. Performance Measures

The following performance measures were identified by the Levy's Evaluation Team. Performance measures are updated as needed. Current performance measures can be found on the Levy website:

[13] Unutzer J, Katon W, Callahan CM, et al, for the IMPACT Investigators. *Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial*. Journal of the American Medical Association. 2002:288:2836-2845.
[14] CDC Prevention Research Centers. *PEARLS Program Gives Senior with Minor Depression New Hope*, 291,No.13,p.1626.

Objectives	Service Outputs/ Measures	Most Recent Performance 2014	2015 Target(s)	Data Source
Engagement/ Assessment	• Number of older non-veterans recruited	33 (Jan. June 2014)	103	Report Card – Services
	• Number of older veterans and older spouses of veterans recruited	42 (Jan. June 2014)	103	Report Card – Services
Treatment/ Intervention	• Number of older non-veterans recruited	33 (Jan. June 2014)	55	Report Card – Services
	• Number of older veterans and older spouses of veterans recruited	42 (Jan. June 2014)	55	Report Card – Services
	• Number of older non-veterans completing program	16 (Jan. June 2014)	41	Report Card – Services
	• Number of older veterans and older spouses of veterans completing program.	25 (Jan. June 2014)	41	Report Card – Services
	• The percentage of older veterans, older spouses of veterans, and non-veteran older adults who completed up to 8 sessions and show improvement in their level of minor depression	100% (50 of 50 measured on outcome)	95%	Report Card – Outcomes