



EVIDENCE-BASED  
PRACTICES

**KIT**

Knowledge Informing Transformation

Guide to EBPs

# How to Use

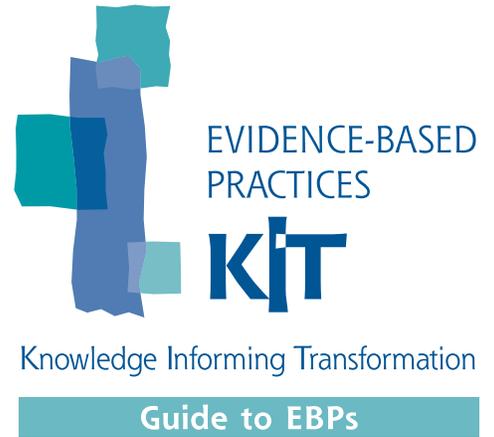
The Treatment of  
Depression in Older  
Adults Evidence-Based  
Practices KITs

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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## Acknowledgments

This document was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Abt Associates, Inc., and the National Association of State Mental Health Program Directors (NASMHPD) Research Institute, under contract number 280-04-0095 and Westat under contract number 270-03-6005, with SAMHSA, U.S. Department of Health and Human Services (HHS). Pamela Fischer, Ph.D., served as the Government Project Officer.

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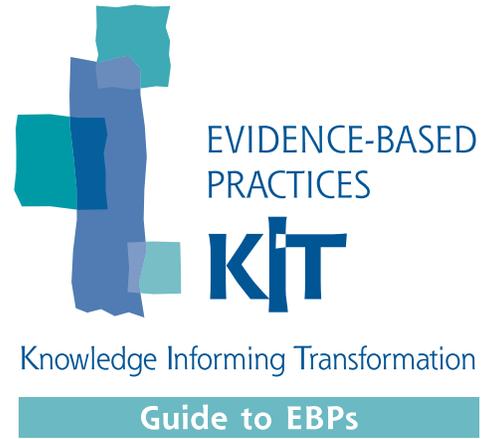
## Recommended Citation

Substance Abuse and Mental Health Services Administration. *The Treatment of Depression in Older Adults: How to Use the Evidence-Based Practices KITs*. HHS Pub. No. SMA-11-4631, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2011.

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HHS Publication No. SMA-11-4631  
Printed 2011



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

This workbook will help administrators, older adults and their families, practitioners, and state agencies to select and implement evidence-based practices.

# **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**

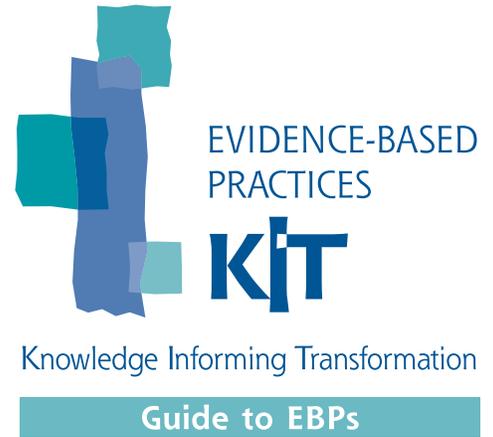
**Guide for Agency Administrators and Program Leaders**

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

**Evaluating Your Program**

**The Evidence**

**Using Multimedia to Introduce Your EBP**



## How to Use the Treatment of Depression in Older Adults Evidence-Based Practices KITs

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) is the proud sponsor of the Evidence-Based Practices KITs. This exciting product gives states, communities, administrators, practitioners, consumers of mental health care, and their family members or caregivers resources to implement mental health and substance-abuse practices that work.

The emphasis on implementing evidence-based practices (EBPs) stems from a consensus that a gap exists between what we know about effective treatments and the services currently offered.

Several key reports call for closing the gap between what research tells us is effective and how services are delivered. These reports include the following:

- U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (1999); *Mental Health: Culture, Race, and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General* (2001);
- Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001);
- Institute of Medicine, *Improving the Quality of Health Care for Mental and Substance-Use Conditions* (2006); and



- New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report.* (2003).

SAMHSA recognizes the importance of identifying and implementing EBPs in real settings. This EBP Knowledge Informing Transformation (KIT) series incorporates state-of-the-art systems change research to help mental health, aging services, and general medical health agencies implement EBPs or clinical practices found to consistently produce specific, intended results.

**While many health and aging agencies provide excellent services, the opportunity to integrate the best that science has to offer into the service delivery system has compelled many agencies to implement EBPs.**

## How the EBP KITs Started

The *Evidence-Based Practices KITs* were born in 1998 when the Robert Wood Johnson Foundation convened a panel of researchers, clinicians, administrators, consumers, and family advocates to evaluate the research and determine which practices demonstrated positive outcomes in multiple research studies.

The panel identified six evidence-based practices:

- Illness Management and Recovery;
- Supported Employment;
- Family Psychoeducation;
- Assertive Community Treatment;
- Integrated Treatment for Co-Occurring Disorders (substance use and mental illness); and
- Medication Treatment, Evaluation and Management.

KITs developed for each EBP were piloted in 2003 and subsequent field evaluations have helped refine them. The contributions of many organizations, researchers, providers, administrators, policymakers, consumers, and family members give these EBP KITs their strength and vitality.

SAMHSA is supporting the development of several new KITs. These include the following:

- Consumer-Operated Services;
- Permanent Supportive Housing
- Interventions for Disruptive Behavior Disorders;
- Treatment of Depression in Older Adults; and
- Promoting Mental Health and Preventing Mental, Emotional, and Behavioral Disorders Among Children and Adolescents.

SAMHSA is also developing resource guides for promising practices, such as Supported Education. Additional research is encouraged to establish more evidence for promising practices.

Most of the KITs focus on a single EBP and serve as a guide for implementing that specific EBP. This KIT, which addresses the treatment of depression in older adults, is different. This KIT focuses on a population with a specific problem. It focuses on selecting EBPs from a range of different interventions to address the different needs of a specific agency's or community's population of older adults with depression. The KIT contains information that will help select and implement these EBPs.

Widespread adoption of effective practice interventions is at the center of SAMHSA's mission to improve service and is a major part of achieving its strategic goals of improving accountability, capacity, and effectiveness. SAMHSA hopes that the EBP KITs will help communities provide the most effective services possible for people with mental disorders and substance abuse problems.

## Focusing on Older Adults

The Treatment of Depression in Older Adults KIT provides information about an array of evidence-based treatments and service approaches that can be used to improve outcomes for older adults with depression. In this KIT, older adults with depression refers to adults aged 65 years or older who have major depression, minor depression, or dysthymia. These terms are described in detail in the booklet, *Depression and Older Adults: Key Issues*.

Older adults with depression often need a combination of mental health, aging, and general medical health services. Therefore, in this KIT, we encourage providing comprehensive and effective care through collaboration among practitioners and agencies in mental health, aging, and general medical health services.

### Two philosophical tenets steer this KIT:

**Older adults and their families or caregivers have a right to information about effective treatments and, in areas where EBPs exist, they have a right to access effective services.**

**Mental health services should have the goal of helping older adults achieve their health and personal recovery goals; develop resilience; and live, work, learn, and participate in the community.**



## Using the Treatment of Depression in Older Adults KIT

The KIT is primarily geared toward the following four critical groups of stakeholders:

- Older adults, their families, and caregivers;
- Practitioners in mental health, aging, and general medical health services;
- Agency administrators and program leaders; and
- Mental health, aging, and general medical health services authorities.

This KIT will help people in all of these stakeholder groups. It will be particularly informative for planning groups that are composed of representatives from each stakeholder group who work together to decide which EBPs to bring into an agency or community. The booklets are not intended to be read sequentially, but rather to be used by different stakeholders as resources throughout the implementation process.

On page 6, you will see *This KIT at a Glance*, which you can scan to decide which booklets to read. The booklet, *Depression and Older Adults: Key Issues*, provides an overview of important information about depression that all stakeholders may wish to read. Similarly, *Selecting Evidence-Based Practices for Treatment of Depression in Older Adults* is targeted for all stakeholders who want to learn about the specific EBPs and the many factors that must be considered in selecting EBPs to be implemented in an agency or a community.

**If you manage the implementation process—and if you are administratively and clinically responsible for developing and managing the EBP program—you should read this entire KIT and be prepared to disseminate KIT materials to the appropriate people.**

The four EBP Implementation Guides are tailored for each of the four specific stakeholder groups that will be involved in receiving or implementing EBPs.

*Evaluating Your Program* contains information for people who monitor the implementation and effectiveness of EBPs, such as practitioners, administrators, and members of quality assurance teams. The last booklet, *The Evidence*, provides references and resources that were used to develop the KIT. All stakeholders can use these resources to find more information about treatments and services for older adults with depression.

## A word about terms we use

Many different terms can be used to describe the key stakeholders. For clarity and consistency, in most instances we used common terms to identify these groups; however, in some situations, we use more precise or alternative terms. Here are some notes about some of the terms we use:

- **Older adults:** This term generally refers to adults aged 65 and older. However, different agencies and services may have different age cutoffs. Some may consider people over age 55 as eligible for services, while others use age 60 or 70 to define eligibility for older adult services.
- **Family or caregivers:** Recognizing that many older adults have caregivers who are not family members, we often use *family* or *caregivers*.
- **Practitioners:** Practitioners means the people who deliver direct treatments and services in mental health, aging, or general medical health agencies. It is used instead of terms such as *clinicians*, *case managers*, *nurses*, *psychiatrists*, or *therapists*.
- **Agency administrators and program leaders:** This term refers to agency staff people in public or private agencies who are trying to put the EBP into practice. We use this term instead of *program supervisors*, *operations directors*, *program managers*, or *program administrators* because it clarifies the fact that these people manage the EBP implementation process with the support of the agency's administration.
- **Mental health, aging, and general medical health authorities:** This term refers to public agency or private health system administrators who determine the regulations and funding structures of the various service systems.



This KIT at a Glance		
Depression and Older Adults: Key Issues	Selecting EBPs for Treatment of Depression in Older Adults	EBP Implementation Guides
for all stakeholders	for all stakeholders	for four specific stakeholder audiences
<p><i>Key Issues</i> gives you an overview of important information about depression in older adults. Topics include the following:</p> <ul style="list-style-type: none"> <li>■ <b>Demographic trends</b></li> <li>■ <b>What is depression in older adults?</b> <ul style="list-style-type: none"> <li>■ Definitions</li> <li>■ Risk factors</li> <li>■ Prevalence</li> <li>■ Impact</li> <li>■ Cost</li> </ul> </li> <li>■ <b>Why implementation of EBPs is important</b> <ul style="list-style-type: none"> <li>■ Reduce depression symptoms</li> <li>■ Improve functioning</li> <li>■ Improve health outcomes</li> <li>■ Access to effective care</li> </ul> </li> </ul>	<p>Selecting Evidence-Based Practices provides information about a range of EBPs for treating depression in older adults and information about how to select EBPs. Topics include the following:</p> <ul style="list-style-type: none"> <li>■ <b>What are the EBPs?</b></li> <li>■ <b>Deciding to move forward with EBP implementation</b></li> <li>■ <b>Factors to consider in selecting an EBP</b> <ul style="list-style-type: none"> <li>■ Type of depression</li> <li>■ Outcomes</li> <li>■ Fit with organization</li> <li>■ Training and implementation resources</li> <li>■ Characteristics of your population of older adults</li> </ul> </li> <li>■ <b>EBP categories</b> <ul style="list-style-type: none"> <li>■ Psychotherapy interventions</li> <li>■ Antidepressant medications</li> <li>■ Outreach services</li> <li>■ Collaborative and integrated mental and physical health care</li> </ul> </li> <li>■ <b>Case Briefs: EBP implementation strategies</b></li> </ul>	<p>The EBP Implementation Guides provide information for the four major groups of stakeholders about their roles in implementation.</p> <ul style="list-style-type: none"> <li>■ <b>Older Adult, Family, and Caregiver Guide on Depression</b> <ul style="list-style-type: none"> <li>■ Depression in older adults</li> <li>■ How to recognize depression</li> <li>■ How to access treatment</li> <li>■ How to make informed choices</li> <li>■ How to work with practitioners</li> <li>■ Resources for older adults and their families</li> </ul> </li> <li>■ <b>Practitioners' Guide for Working with Older Adults with Depression</b> <ul style="list-style-type: none"> <li>■ Why you should care about EBPs</li> <li>■ Working with older adults</li> <li>■ Screening, assessing, and diagnosing depression</li> <li>■ Selecting a treatment</li> <li>■ Delivering evidence-based care</li> <li>■ Evaluating care</li> <li>■ Implementing EBPs</li> </ul> </li> <li>■ <b>Guide for Agency Administrators and Program Leaders</b> <ul style="list-style-type: none"> <li>■ Why you should care about EBPs</li> <li>■ Leading the implementation</li> <li>■ Building momentum for change</li> <li>■ Making the change</li> <li>■ Managing and sustaining change</li> </ul> </li> <li>■ <b>Leadership Guide for Mental Health, Aging, and General Medical Health Authorities</b> <ul style="list-style-type: none"> <li>■ Why you should care about EBPs</li> <li>■ Building momentum for change</li> <li>■ Initiating implementation activities</li> <li>■ Expanding and sustaining implementation</li> </ul> </li> </ul>
The Evidence	Evaluating Your Program	Using Multimedia to Introduce Your EBP
for all stakeholders	for practitioners, administrators, and members of the quality assurance team	for all stakeholders
<p><i>The Evidence</i> introduces all stakeholders to the references that support this KIT. It also provides other resources that address depression in older adults. Citations throughout the KIT refer readers to this section for more information on a variety of topics.</p>	<p><i>Evaluating Your Program</i> gives you general information about developing a quality assurance system and for integrating EBP-specific process and outcome measures into a quality assurance system. It also tells you how to conduct process assessments and outcomes monitoring and includes tips on how to use process and outcomes data to improve the EBP program.</p>	<p><i>Using Multimedia to Introduce Your EBPs</i> presents introductory materials to explain the principles and rationale of the EBP. This KIT includes an introductory DVD, sample brochure, and introductory PowerPoint presentation. Use them during inservice training meetings or for community presentations to cover:</p> <ul style="list-style-type: none"> <li>■ Background information;</li> <li>■ The EBP practice philosophy and values; and</li> <li>■ The basic rationale for EBP service components.</li> </ul> <p>Anyone trained in the EBP (including EBP program leaders, staff, and advisory group members) should be able to use these tools to educate other stakeholder groups.</p>





HHS Publication No. SMA-11-4631  
Printed 2011

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