

Depression Care Management:
Evidence-based Programs

The Basics



The Significance of Depression

- It is estimated that 20 percent of people age 55 years or older experience some type of mental health concern. Depression is the most prevalent mental health problem among older adults.
- The presence of depressive disorders often adversely affects the course, and complicates the treatment, of other chronic diseases.
- Older adults with depression visit the doctor and emergency room more often, use more medications, incur higher outpatient charges, and stay longer in the hospital than older adults without depression.
- Depressive disorders are widely under-recognized and often are untreated or under-treated among older adults.

Using Data for Action

The Healthy Aging Program (www.cdc.gov/aging) at the Centers for Disease Control and Prevention (CDC) promotes strategies designed to enhance older adult health, develops innovative tools, and provides a comprehensive approach to helping older adults live longer, more productive lives.

Among the tools developed by CDC's Healthy Aging Program are issue briefs addressing mental health and aging. Focusing on data for action, these briefs draw on data collected through CDC's state-based Behavioral Risk Factor Surveillance System (BRFSS). Through this system, data are collected on health risk behaviors, preventive health practices, and health care access. A variety of agencies and organizations, including state and local public health departments, use BRFSS data to identify at-risk populations and monitor health-related trends.

A subset of BRFSS survey questions assess how many people are experiencing mental health issues (see below). You can access BRFSS data by visiting www.cdc.gov/brfss.

The State of Mental Health and Aging

Data from the BRFSS are summarized in an issue brief produced by the CDC Healthy Aging Program and the National Association of Chronic Disease Directors. The first issue brief provides a snapshot of the state of mental health among older adults by looking at six key indicators: social and emotional support; life satisfaction; frequent mental distress; current depression; lifetime diagnosis of depression; and lifetime diagnosis of anxiety disorder.

You can download a copy of the brief at www.cdc.gov/aging/. A second brief, which will examine interventions to address depression that communities can use to improve the mental health and quality of life of older Americans, will be available in spring 2009.





Learn more about evidence-based mental health practices for older adults:

CDC Healthy Aging for Older Adults
<http://www.cdc.gov/aging/>

Substance Abuse and Mental Health Services Administration (SAMHSA) Older Adult Page
http://www.samhsa.gov/Matrix/matrix_older.aspx

CDC's Behavioral Risk Factor Surveillance System
<http://www.cdc.gov/brfss>

Centers for Medicare and Medicaid Services
<http://www.cms.hhs.gov>

Evidence-based Models of Care for Treating Depression

The President's New Freedom Commission on Mental Health released a report in 2003 recommending evidence-based programs as an important strategy to improve quality of care. The Commission submitted a final report to the President in May 2003, recommending evidence-based programs as a way to improve quality of care. Today, a number of these programs exist to treat depression in both primary care and community-based settings.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has several resources available for agencies and organizations seeking to implement an evidence-based depression program. In addition to an evidence-based practice toolkit for the treatment of depression in older adults, SAMHSA is releasing an implementation guide in 2009. The guide will provide both a summary of the state-of-the-art of implementation science, as well as implementation principles and processes.



Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults

Excerpt: Prevention of Co-Occurring Substance Abuse and Mental Health Problems

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Selecting EBPs for Treatment of Depression in Older Adults

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Treatment of Depression in Older Adults Evidence-based Practice KIT

Funding Programs Using Medicaid Dollars



A few states are moving toward Medicaid reimbursement for depression care management. One promising Medicaid solution is the 1915(c) home and community-based service (HCBS) waiver, which waives certain provisions required through the regular state plan process. These waivers allow states to design programs to meet the unique needs of certain groups, including older adults.

Another option for states involves incorporating interventions into their Medicaid program through a variety of State Plan services. To accomplish this, states need to map out all of the activities that will be part of their depression intervention. Then they can identify the component elements that may be Medicaid-coverable services. A state may also wish to evaluate whether using the HCBS as a State Plan Option is a viable solution.

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To learn more about related resources and initiatives, please visit the Healthy Aging Research Network at <http://www.prc-han.org>.