Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)
Evidence-based Disease Self-Management for Depression

Program approved by AoA and NCOA

Web Site: http://www.careforelders.org/healthyideas

Program Synopsis
• Year Program First Implemented in Community Settings
  o Healthy IDEAS was first implemented in 2002 and has been replicated in
    communities within 15 states. It is a model program with dissemination
    and training activities administered nationally. Healthy IDEAS has been
    designated as an evidence-based program by the US Administration on
    Aging, and it has received a Science and Service award for mental health
    promotion from the Substance Abuse and Mental Health Services
    Administration.

• General Description of Program
  o Healthy IDEAS (Identifying Depression, Empowering Activities for
    Seniors) is a community depression program designed to detect and
    reduce the severity of depressive symptoms in older adults with chronic
    health conditions and functional limitations. The program incorporates
    four evidence-based components into the ongoing service delivery of
    care/case management or social service programs serving older
    individuals in the home environment over several months. Healthy
    IDEAS program components include screening and assessment of
    depressive symptoms, education about depression and self-care for
    clients and family caregivers, referral and linkage to health and mental
    health professionals, and behavioral activation. Behavioral activation is a
    brief, structured approach to help clients reduce depressive symptoms
    through increased involvement in meaningful activities, which are
    pleasurable or reduce stress.

• Program Goals
  o Reduce the severity of depressive symptoms in older clients of
    community agencies.
  o Reach the intended population of frail, high-risk and diverse older
    adults, often overlooked and under-treated (older adults with lower
    socioeconomic status, who belong to an ethnic minority and lack
    knowledge about depression care are less likely to access treatment).
  o Train agency staff to provide and deliver an evidence-based
    intervention for depression to older adults in their caseloads.
  o Improve linkage between community aging service providers and
    healthcare professionals through appropriate referrals, better
    communication and effective partnerships.
• Reasoning Behind the Program Design and Elements
  o About 15-20% of US adults aged 65 and older experience depressive symptoms. The signs of depression include sadness, inactivity, trouble concentrating or making decisions, and sleep problems. Depression negatively affects the quality of life of older adults and can be life-threatening.
  o The incidence of depression can soar in specific subpopulations of at-risk elders. One investigation of home healthcare recipients found that 73% met the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for major depression (Bruce et al., 2002). Because many losses and changes in older adults’ lives appear as both risk factors for and consequences of depression, providers and older adults may not readily recognize depression as a clinically distinct problem, as they would other medical problems (Charney et al., 2003). Depression often remains undiagnosed and untreated, leading to a loss of physical, social, and mental functioning and increasing levels of disability (US Department of Health and Human Services, 1999).
  o Early recognition of depression facilitates treatment and prevents life-threatening outcomes (Fiske, Kasl-Godley, & Gatz, 1998).
  o Healthy IDEAS uses practical interventions with individual clients in their home setting, rather than in a group format. The Healthy IDEAS steps are incorporated into routine case-management duties and provided during regular home visits and phone calls.
  o The program is adaptable to culturally diverse populations with different education levels.
  o Healthy IDEAS uses effective interventions that incorporate relevant leadership and intervention roles for community organizations and bring together aging services, health care and mental health providers.

• Target Population
  o Ethnically and socioeconomically diverse populations of older adults and caregivers, living in the community, who are at high risk for depressive symptoms are the target group. Common psychosocial risk factors for older adults with depression include death of a spouse or loved one, chronic medical conditions, disability, loss of functioning, caregiving and social isolation.

• Essential Program Components and Activities
  o Screening for symptoms of depression
  o Performing basic assessments for severity of depressive symptoms using a standardized tool
  o Educating older adults and caregivers about depression, effective treatment and self-care
  o Referring and linking clients to treatment and follow-up with primary care and mental/behavioral health providers
  o Empowering clients through behavioral activation
  o Assessing client progress and identifying a plan to maintain gains or pursue other assistance.

• Length/Timeframe of Program
The presence and severity of depressive symptoms will determine the scope and duration of the intervention. The core program components/steps are delivered over 3 to 6 months through a minimum of three in-person visits in the client’s home and five or more telephone contacts.

- Desired Outcomes
  - The primary goal of Healthy IDEAS is to reduce the severity of depressive symptoms in older clients of community agencies.

- Evaluation Measures and Activities
  - With some technical assistance and toolkit resources, agencies establish a plan for collecting basic process and outcome measures based on a “menu” of measures. Agency leaders are advised to embed the data collection within routine agency forms and data collection and reporting systems.
  - Minimum performance and outcome data need to be collected and reviewed to examine levels of depressive symptoms, client acceptance and participation in each program component (screening, education etc.), and contacts involved in intervention completion.
  - Other key areas for optional client outcome measurement are quality of life, level of physical and social activity, self-reported pain, knowledge of depression self-management, use of medical and mental health services and client satisfaction.
  - Agencies are encouraged to use data in a continuous quality-improvement framework and to consider how to obtain feedback from staff (surveys, focus groups) about how to support their effectiveness and success in delivering the intervention.

**Health Outcomes and Evidence Supporting Health Outcomes**

- Healthy IDEAS participants experienced a reduction in depression severity and pain. Their knowledge increased about how to get help for depression and how to reduce depression symptoms through increasing activities.
- Participation in the behavioral activation component of the intervention positively predicted reduction in depression severity scores at 6 months.
- The Healthy IDEAS program demonstrates that training case managers to deliver an evidence-based practice intervention in real-world conditions reaches the target population and significantly reduces depression symptoms, thereby preventing the excess disability associated with depression and chronic disease.
- The program demonstrates that an academic and community agency partnership successfully worked together on an intervention that reached a large number of clients. (Quijano, et al. 2007)

**Program Costs**

Some of these expenses may be in-kind donations or contributed effort from existing agency staff or community partner

- There is a one-time fee of $4,000.00 (subject to annual increases) plus travel expenses from Houston for the full technical-assistance package, telephone, e-mail and on-site consultation, and all the materials, including an agency program manual, an intervention manual for staff, tools and resources for
staff and clients, and a training curriculum including a training DVD and guide. Healthy IDEAS trainers conduct the initial 2-day, on-site training for staff, case-management supervisors, and local coaches/trainers (up to 25 attendees) as part of their consultation visit. There is an additional fee of $500.00 and added travel expense if more than one national trainer is required.

- Training facilities and any refreshments and staff time for 2 days
- Costs for follow-up training for care managers by a local trainer/coach (psychologist or mental health professional) or in-house clinical supervisors to provide “booster” training to prevent “drift” in staff skills, monitor fidelity, and address staff questions. Costs will vary, depending on location and relationship with local mental health professionals.
- There is some cost associated with providing printed educational materials for clients, as well as duplicating tools and resources for the staff.
- Time for staff to deliver the intervention and possible mileage expense

**Program Savings**

Program savings are not available at this time.

**Resource Requirements**

Agencies that have a basic understanding of the program from the website or other materials and are seriously considering replicating Healthy IDEAS, are encouraged to complete the free online Healthy IDEAS Readiness Survey at: Healthy IDEAS Readiness Assessment. Agencies and the national technical assistance team receive a customized report to help determine capacity and readiness to implement the program.

- Facility
  No specific facility or equipment is required, as the intervention takes place in the client’s home.

- Agencies implementing the Healthy IDEAS program will need partnerships with organizations, institutions or individual professionals to assist with one or more of the following activities:
  - Initial education about depression, depressive symptoms and treatment options by behavioral health professionals with specialized knowledge of older adults, whenever possible.
  - Follow-up training/coaching, as most staff learn the intervention through experience and further on-the-job “coaching” from someone well versed in the intervention skills and components.
  - Coaching can involve assisting staff with skill development through direct observation of their interactions, or conferring with them individually or in groups.
  - Assessment of the competence of individual care managers to conduct the intervention.
  - Establishment of effective communication and linkages with community providers who can evaluate and treat depression.
  - Creation of a referral list of suitable geriatric mental health resources in the area.
  - Establishment of a system to evaluate the program.
  - Implementation of the program in a culturally relevant way to address the values, beliefs, language and culture of specific population groups.
Training Requirements
- Agency staff and supervisors need “pre-service” training about depression and how to deliver the core components of the intervention, and then they need “in-service and follow-up training” to address challenges they encounter in the real world of working with older adults with depression.
- Local agency teams arrange for a Depression 101 training from one or more qualified professionals lasting from 1-3 hours, depending on local needs and interests.
- National Healthy IDEAS training typically involves two 6-hour training sessions delivered by a trained mental health or behavioral health specialist in an interactive group format, using a training DVD and local client scenarios. Training is generally done by members of the National Healthy IDEAS Team or mental health professionals from academic or health partners who have been trained to teach Healthy IDEAS.
- Follow-up coaching/training done by a local qualified trainer/coach to address questions or barriers that case managers are encountering and to prevent “drift” in staff skills.

Choosing Clinical Coaches/Trainers
- The choice of clinical coaches/trainers or clinical consultants is extremely important, and the same individual can fulfill many roles. Ideally, you will be in partnership with individuals or organizations that can incorporate either training or coaching into their ongoing duties or potentially donate their training expertise. Ideal trainers have a mental health or behavioral health background, knowledge of depression and its presentation in older adults, and experience working with older adults. Potential trainers may come from different professional backgrounds such as clinical social work, psychology, psychiatric nursing or psychiatry. The ability of the trainer to engage the trainees in discussion and practical application of the skills will facilitate learning.
- As part of establishing strong relationships with primary care and mental health providers, you may want to involve a knowledgeable physician or psychiatrist who cares for older adults, knows about diagnosis and treatment of depression and likes to work with community agencies.
- Clinical consultants/trainers can also serve as “coaches” to care managers and supervisors as they implement the program and begin to work with clients. This coaching process enables supervisors and workers to continue to acquire the skills needed for this evidence-based program. Ideally, the trainers/coaches will train clinically qualified agency supervisors or program directors to serve as coaches and trainers for ongoing, sustainable programs.

Certification of Care Managers
Not required however agencies and involved coaches focus on tracking program delivery to assure competence and adherence of individual case managers.

Care Manager Qualifications
Trained personnel of differing backgrounds and educational levels can deliver the Healthy IDEAS program. Bachelors- and master’s-level social workers with differing levels of experience have been effectively trained to implement the intervention. In some communities nurses or case managers with less traditional backgrounds have also been trained. Workers with prior mental health experience are more accustomed
to addressing some barriers presented by clients; however; all staff that are open to learning new skills can generally succeed with adequate training and coaching support.

**Number of Care Managers Required to Administer Intervention**
One

**References**


**Resources with Further Information about the Program**


Care for Elders website: [www.careforelders.org/healthyideas](http://www.careforelders.org/healthyideas)

U.S. Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The state of mental health and aging in America. Issue Brief 2: Addressing Depression in Older Adults: Selected Evidence-Based Programs. Atlanta, GA: National Association of Chronic Disease Directors; 2009.


View and listen to another past webinar hosted by the National Council on Aging in collaboration with other national organizations. DEPRESSION: RAPP Healthy IDEAS Webinar. http://www.ncoa.org/calendar-of-events/webinars/depression-rapp-healthy.html

This program overview was prepared by Ellen Schneider, Associate Director for Communications and Program Relations, UNC Institute on Aging. For further program information, please visit the web site listed on page 1. Available health outcomes, cost, and savings data was presented when known. We extend our thanks to the NC Area Agency on Aging directors for their assistance in designing the format for this document.