



# Washington University in St. Louis

## GEORGE WARREN BROWN SCHOOL OF SOCIAL WORK

### **Mental Health Treatment Priorities and Preferences in Homecare**

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Publicly funded community long-term care (CLTC) services attempt to address the multiple physical, cognitive, and psychosocial needs of low-income elders who have chronic disabling conditions. Depression is associated with both physical dependency and low income; a disproportionate number of older adults receiving CLTC services are therefore expected to experience depression. This project addresses the disconnect between CLTC case managers' and CLTC clients' treatment priorities and perspectives, a concern that emerged repeatedly in focus groups with CLTC case managers. Many clients do not share the case managers' perspective that depression is a priority and may require some treatment. This pilot work is the first step in understanding the extent and direction of agreement about priorities and preferences regarding depression treatment.

This data will increase understanding of:

- The treatment priorities and preferences of clients as a group.
- The treatment priorities and preferences of case managers as a group.
- The extent to which client-provider pairs have convergent or divergent priorities.

During this study the research team is conducting in-home semi-structured interviews with at least fifty depressed older adults who are CLTC clients, as well as matched semi-structured interviews with their case managers.

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Partner Organizations:	Division of Senior and Disability Services, Missouri Department of Health and Senior Services
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### **About the Center for Mental Health Services Research**

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The Center for Mental Health Services Research (CMHSR) at the George Warren Brown School of Social Work at Washington University in St. Louis works to improve mental health care in social service settings. The CMHSR is the nation's first NIMH-funded Advanced Center for Interventions and Services Research (ACISR) within a school of social work. The CMHSR pioneers quality-of-care studies at the intersection where mental health and social services meet, aiming to improve treatment options and delivery systems. The CMHSR addresses the most pressing issues in current health care policy: quality of mental health care, access of vulnerable populations, and quality improvements in settings with the highest potential to reduce racial and ethnic disparities.



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#### **Preliminary Findings**

- Few CLTC clients with depression see depression as high among their treatment priorities.
- Many CLTC clients with depression are interested in a group-treatment format.
- Many CLTC clients see depression as closely related to other high-priority problems in their everyday lives.

#### **Implications**

- Development of strategies to target depression in the context of other problems and competing demands
  - Increased knowledge of how to inform CLTC clients about depression and treatment options
  - Better assessment of which treatment options CLTC clients are most likely to pursue
  - Increased ability to train case managers to understand clients' experience of depression and expectations of treatment
  - Identification of barriers that CLTC clients perceive to getting depression treatment
- Identification of barriers that case managers perceive to getting depression treatment for clients
- Identification of points of agreement and discrepancy between CLTC clients and case managers regarding treatment priorities and treatment preferences