

Cornell University

Weill Cornell Community-Based Research Partnerships in Geriatric Mental Health

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Weill Cornell Community-Based Research Partnerships in Geriatric Mental Health

The Cornell group focuses primarily on older adults whose mood disorders are severe (e.g., bipolar illness and psychotic depression) or complicated by disability, medical burden, cognitive impairment, and/or social disadvantage. The population of older adults is large, growing, and heterogeneous. Health and functional status varies systematically by age, so that the 65 year old looks very different than someone in the late 80's. And, of course, there is great variation within age groups. As people live longer, even with chronic illness or disabilities, cases of complicated and/or severe major depression become increasingly the norm. Depression poses a significant burden to older adults and their families, and present significant challenges to health care policy, service delivery, and clinical care.

Our community-based research partnerships focus on community dwelling, older adults whose growing frailty, medical burden, disabilities, and social losses put them at high risk for depression and vulnerable to its effects on independent living. Our partnership research started with NIMH funding (R24 MH53816; Meyers) with which we established an ongoing collaboration with the county's Department of Community Mental Health. Our partnership with home healthcare agencies began with a longitudinal study of a representative sample of newly admitted Medicare patients from a large agency (R01 MH56482; Bruce). Subsequent funding (R24 MH64608; Bruce) has supported infrastructure development with three regional agencies. We have collaborated with the county's Department of Senior Programs and Services (P30MH068638; Alexopoulos) for several years, including the inclusion of PHQ-9 depression assessment in the routine assessment conducted for home delivered meals clients. Other settings for community-based research include primary care, adult homes (i.e., board and care facilities), and the NYC personal care program.

We also actively contribute to stakeholder groups such as *Geriatric Mental Health Alliance of New York*. The Alliance was founded in 2003 and now has over 1000 members, including consumers, family members, clinicians, government officials, administrators, and researchers. The Alliance has successfully generated policy and practice changes at the county, city and state level. The Alliance recently succeeded in having its *Comprehensive Geriatric Mental Health Act* passed by the NYS Legislature and signed by Governor Pataki; one of its provisions is formation of the NYS Geriatric Mental Health Interdepartmental Planning Group. Drs. Bruce and Sirey have been active members of the Alliance from its inception by contributing to work groups, participating in focus groups, and giving formal presentations as part of the Alliance's series on Best Practices. Both served on the Mental Health Caucus for Westchester's Mini-White House Conference on Aging, and are members of the new County Geriatric Mental Health Interdepartmental Planning Group (chaired by Dr. Sirey).

Weill Cornell Research Network Development Core (“The Network”)

PARTNERS: Jo Anne Sirey, Ph.D., Weill Cornell Medical College
Diane Booker, MSW, Westchester County Department of Senior Programs and Services

BACKGROUND/RATIONALE: Depression among older adults is often undiagnosed and untreated, leading to deleterious medical, functional and social outcomes. Older adults do not seek mental health care due to misattribution of illness to age or medical conditions, the social stigma of mental illness or the inability to detect depression. This partnership brings together research faculty from an academic medical center with a specialty in the course, treatment and outcomes of depression in community settings together with a publicly funded Department of Aging whose mission is to improve the lives of older adults in Westchester County.

OBJECTIVE: The broad goals of the partnership is to develop and sustain a research partnership with the objectives of: 1. Reducing the burden of depression and disability; and 2. Integrating social services into mental health and medical care, thereby more fully addressing the spectrum of needs in older depressed adults. There are four Network initiatives: 1) to improve the detection of depression; 2) to improve access to mental health care; 3) to integrate research projects into community settings; and 4) to disseminate partnership activities. While the partnership has a long history of collaborative activities, recent Network research activities are supported by funding provided by a Research Network Development Core grant as part of the Weill Cornell Advanced Center for Intervention and Services Research (P30 MH68638, PI:GS Alexopoulos).

METHODS/PROJECTS: The Network hosts a number of needs assessment and ongoing research projects that reflect the partnership mission. For each project the design and implementation plans are collaboratively developed. In the past two years the Network has developed and implemented the following projects:

1. **Improvement of the detection of depression**
 - a. *Homebound Elderly Assessment of Depression Start Up Program (HEADS-UP)*- Screening for depression, alcohol use, falls and chronic pain among recipients of home delivered meals.
 - b. Depression screening integrated into all DSPTS assessments
2. **Improve access/referrals for mental health care**
 - a. Developed a Directory of Mental Health Providers
 - b. Test the feasibility of an innovative intervention to improve access to mental health care by addressing barriers to care such as stigma (TIP- Access, PI: Sirey)
3. **Host independent research that is consistent with Network mission**
 - a. Problem Solving Therapy for Depression and Pain (Reid)
 - b. PST for Cognitive Disabled Elders (Kiosses)
 - c. Medicare Part D and Depression Study (Bruce)

FINDINGS/RESULTS: *Homebound Elderly Assessment of Depression Start Up Program (HEADS-UP)* is designed to determine the needs of older adults who are eligible for home-delivered meals (HDM). Social work assessors, trained to administer this battery of assessments, have **screened almost 500** HDM recipients to date across eight municipalities in Westchester County. Our sample consists of frail, community-dwelling, older adults (mean age: 83yrs, range: 52–104 yrs), almost 10% of which suffer from impaired cognitive functioning. The sample consists of a predominantly female population (71%) with a significant minority representation (29%). In our most recent analysis we found that 12% of older adults assessed had clinically significant depressive symptoms (PHQ-9>9) and 13.4% reported suicidal ideation. Almost half of the sample suffered from chronic pain and a significant proportion sustained a fall within the prior 3-6 months (18-27%).

Community Depression Education and Depression Assessment:

The goals of this initiative are twofold: 1) to educate providers, consumers, families, and policy makers on the detection and treatment of geriatric depression, and 2) to develop methods to integrate depression screening into community settings. To date we have collaborated in three major groups: 1. *the Westchester County White House Conference on Aging (WHCA) Mental Health taskforce:* recommendations developed by the taskforce were incorporated in the County's WHCA documented and represented by DSPS Commissioner Carpenter who attended the WHCA in December 2005; 2. *Westchester Workgroup for the NYC/Westchester Geriatric Mental Health Alliance:* Ms. Booker, Dr. Bruce and Dr. Sirey contributed to the writing of the New York State Geriatric Mental Health Act which was signed by Governor Pataki last fall and now supports state-wide activities to improve geriatric mental health services; and 3. *Westchester County Geriatric Mental Health Coalition:* The Coalition, co-chaired by Dr. Sirey and Ms. Booker, brings together agencies that provide health, mental health and social services to older adults in Westchester County. The coalition goals are to increase access to mental health care, improve service delivery; and promote best practices through advocacy, collaboration and innovative service development. The Coalition has created a planning committee to achieve these goals through the development of small interagency projects, which would provide feasibility data for proposals for external funding.

STATUS: The partnership is entering its third year with plans to conduct a two-year follow-up project. We are interested in how our nutrition recipients are doing two years after assessing them and will do a follow-up of our original sample of 171 older adults. In addition, we plan to expand our exploration into the prevalence of depression, anxiety and PTSD in community dwelling older adults who experience trauma. We will weave assessment into a new setting (Victims Assistance Program).

IMPACT: The Network designs and implements projects that integrate mental health needs into social, nutritional and medical activities targeted towards older adults in Westchester County. The Network represents a single vision that has been formed from the collaboration between two groups with different initial visions, organizational structures, funding and goals to create one entity with a shared vision. As a result of the Network depression screening has been implemented into all assessments, which will increase the detection of depression among older adults.

Weill Cornell Home Healthcare Research Partnership

PARTNERS: Martha L. Bruce, Ph.D., MPH, Weill Cornell Medical College; Michele Quirolo, CHCE, RN, BS, Visiting Nurse Association of Hudson Valley

RATIONALE/OBJECTIVES: Medicare Certified Home Healthcare Agencies (CHHAs) provide home-based nursing care as well as physical therapy, social work, and other services to homebound patients. The majority of their patients are older adults, often suffering from multiple medical comorbidities. Major Depression is a highly prevalent and clinically significant condition in this population as it is generally persistent and predicts functional decline, increased medical burden, adverse fall events, and hospitalization. More often than, however, depression is not recognized and is rarely treated in these patients.

The long term goal of the partnership is to improve the treatment and outcomes of depression in older adults receiving home healthcare services. The nexus of the partnership includes Cornell and three large CHHAs serving Westchester County, NY and surrounding communities. The overall approach has been to work with these local partners to identify needs and then develop and pilot and/or test intervention strategies. The next steps include disseminating and/or testing nationally.

DEVELOPMENTAL PROJECTS: The fundamental principal of our partnership approach is that interventions that are developed in collaboration with the end-users (front-line, managers, administrators) have a greater likelihood of being effective, transportable, and sustainable. With IP-RISP funding, we have conducted three sets of projects:

1. **Improvement of the detection of depression**
 - a. Training in the Assessment of Depression in Geriatric Homecare Patients (national distribution); randomized trial under review (Bruce et al.)
 - b. Training in the Use of the PHQ-9 with Older Adults (under development)
2. **Improve use of administration data for quality improvement and research**
 - a. Improving the use of the OASIS for depression assessment (Bruce, Brown, Raue, Meyers)
 - b. Identifying patients at high risk for adverse falls (Byers, Meyers)
3. **Pilot Studies**
 - a. Communication between Nurses and Physicians (K01, Brown)
 - b. PST for Homebound Older Adults (K23, Gellis)
 - c. Quality Improvement Strategies (K01, Sheeran)
 - d. Collaborative Depression Care Management “Carepath” (Bruce, Sheeran, Meyers, Mlodzianowski)
 - e. Falls Prevention for Depressed Homecare Patients (Part I: Physical Therapy EBP Carepath; Part II: Fall Prevention Psycho-Education for Depression) (Bruce, Sheeran, Sirey, Mlodzianowski; U. Iowa)

EFFECTIVENESS/IMPLEMENTATION STUDIES: *National Partnership Project* is designed to develop a network of home healthcare agencies with the commitment and capacity to

conduct effectiveness and implementation studies of interventions developed and piloted as part of the local partnership. To date, partners include large agencies (e.g. serving multiple counties) in Oklahoma, Kansas, Iowa, Michigan, upstate New York, and Pennsylvania). Representatives have attended partnership phone and in-person meetings. A train-the-trainer in depression assessment session is scheduled for September, 2006.

Altoona Carepaths Trial: An agency located in Altoona, PA, independently trained their staff in depression assessment using our curriculum and is now planning to conduct a trial of collaborative depression management carepath.

Philadelphia Falls Prevention Trial: An agency serving the Philadelphia PA/ Camden, NJ region has a well-developed program for very old (85+) adults focused on risk factors for institutionalization: falls, depression, incontinence, and cognitive impairment. The agency is preparing to conduct a trial of our Falls Prevention Protocol (Part I: Physical Therapists) with the expectation of continuing to the Depression Psycho-educational component.

PROFESSIONAL AWARENESS: The partnership frequently presents its work to national or regional groups, including presentations at the annual meeting of the Visiting Nurses Association of America and the National Association of Home Care and Hospice. Dr. Bruce has conducted several web-based seminars, including those offered to state-IPROs, New England agencies, Minnesota agencies. The partnership and its work have been described in several trade publications. The trainings are being distributed through Hopkins Educational Products, Inc and by the Stein Institute of Gerontology.

Attending partners

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