CHAPTER 3: DEPRESSIVE DISORDERS IN OLDER ADULTS
RESOURCE DOCUMENT

Table 1. Screening Tools for Identifying Depression Disorders in Old Adults

<table>
<thead>
<tr>
<th>Administration</th>
<th>Screening Tool</th>
<th>Resource</th>
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<tbody>
<tr>
<td>Self-report</td>
<td>Geriatric Depression Scale</td>
<td>[<a href="http://www.neurotransmitter.net/depressionscales.html">http://www.neurotransmitter.net/depressionscales.html</a>][1] Brink et al., 1982</td>
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<tr>
<td>Self-report or Clinician</td>
<td>Patient Health Questionnaire (PHQ-9)</td>
<td>[<a href="http://www.americangeriatrics.org/education/dep_tool_05.pdf">http://www.americangeriatrics.org/education/dep_tool_05.pdf</a>][1] Kroenke &amp; Spitzer, 2002</td>
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<tr>
<td>Self-report</td>
<td>Beck Depression Inventory</td>
<td>Beck &amp; Beck, 1972</td>
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Administration on Aging (2012) Suicide Prevention Guidelines

Key Actions for Aging Services Providers

- Train aging service providers (and laypersons) to identify warning sign and refer to services those older adults who are at-risk for depression or suicide (e.g., “gatekeeper” training).
- Introduce depression and suicide screening in the course of non-clinical activity (e.g., senior day care, senior transportation, senior companions).
- Provide systematic outreach to assess and support high-risk older adults (e.g., recently widowed, socially-isolated older men) in improving life conditions and addressing issues and needs that can reduce stress.

Key Actions for Behavioral Healthcare Providers

- Screen for suicidal ideation among older adults receiving mental health or substance abuse treatment.
Increase the effectiveness of behavioral health services by implementing evidence-based practices for depression, tracking outcomes systematically, and taking steps to improve treatment compliance. Offer assertive help after a suicide attempt and help the older adult explore realistic future perspectives.

**Key Actions for Primary Healthcare Providers**

- Implement routine standard screening for depression and suicidal ideation.
- Optimize treatment of pain, sleep problems, or other physical symptoms that can decrease an older adult’s quality of life and increase suicidal thoughts.
- Communicate with older suicidal patients before treatment, and include relatives and/or friends or caregivers in treatment talks.
- Develop and use registries to identify and monitor person after a suicide attempt.

### Interventions for Approaching Late-Life Depression

**Questions to ask:**

- How are things at home?
- How have you been coping?
- Have you had any stress lately?
- How are you handling it?

**Discuss your concerns with the individual. You can say:**

- It is very common.
- It is a medical condition.
- It is very treatable.

**Prior to referral for mental health services:**

- Be supportive. Be patient.
- Allow the individual to express his/her concerns/fears.
- Listen without being judgmental.
- Don’t take things personally if the client is irritated or angry.
- Provide choices and be complimentary.
- Attempt to provide daily activities.

**Guidelines for making a referral to a mental health program (from a non-mental health setting such as primary care or a social service agency):**

- If the older client has a psychiatric history.
- If there is suicidal ideation.
- If there is risk of suicide or you are concerned about client safety.
- If there is need for hospitalization.
- If client needs medication evaluation.
- If client needs ongoing therapy that can’t be provided in your setting.