

# Scoping study of health professional education and training in older age depression and anxiety



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# **Scoping study of health professional education and training in older age depression and anxiety**

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## Executive Summary

This study builds on an earlier study completed by the National Ageing Research Institute for *beyondblue* that identified gaps in current knowledge about diagnosis and treatment of depression and anxiety amongst older adults (those aged over 65 years) in Australia<sup>1</sup>.

### Aim

This study aimed to:

- Review existing tools and guidelines for screening, assessment and treatment of depression and anxiety in older people
- Determine the extent and adequacy of older age mental health training received by Australian General Practitioners (GPs) and other health professionals working in aged care
- Determine the professional development needs of Australian GPs and other health professionals with regard to detection and treatment of depression and anxiety
- Identify and review Government incentives and initiatives for older age mental health training, including Indigenous health

### Method

In order to meet the above aims the following was undertaken:

- A review of published peer reviewed literature and other resources (including government websites)
- Telephone surveys with aged care service providers
- Telephone and/or face-to-face interviews with key informants with senior management roles in service provision, government policy and/or program officers, peak body representatives and people involved in research or education provision
- A web-based review of the content of courses undertaken by professionals working in the aged care sector
- Development of a matrix from the collation of information from the survey, interviews and web search
- Advisory group consultations

### Findings

#### Literature Review

The review showed that several screening and assessment tools demonstrate good accuracy for detecting depression and anxiety in older adults. The Geriatric Depression Scale (GDS) appeared to have the strongest psychometric properties in detecting depression while the Geriatric Anxiety Inventory (GAI) was the tool that exhibited the strongest psychometric properties in detecting anxiety in older adults. In older adults who had dementia the Cornell Scale for Depression in Dementia (CSDD) showed the

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<sup>1</sup>Haralambous, B., Lin, X., Dow, B., Jones, C., Tinney, J., & Bryant, C. (2009). *Depression in older age: A scoping study*. Melbourne: National Ageing Research Institute for *beyondblue: the national depression initiative*.

strongest psychometric properties in detecting depression. In addition the Brief Assessment Schedule Depression Cards (BASDEC) showed good psychometric properties in detecting depression in medically ill older patients. These results are not surprising given that the GDS and GAI were specifically designed for use in older adults and the CSDD and BASDEC were designed for specific older adult populations; those with dementia and those with medical illnesses respectively. There was less psychometric support for the assessment tools that were not specifically designed for use in older adult populations i.e. the Minimum Data Set Depression Rating Scale (MDSDRS), Beck Depression Inventory-II (BDI-II), the Hospital Anxiety and Depression Scale (HADS), the State-Trait Anxiety Inventory (STAI), the Center for Epidemiological Studies Depression Scale (CES-D) and the Kessler Psychological Distress Scale (K10).

The literature review revealed limited clinical practice guidelines that are specific to the detection and treatment of depression and anxiety in older people in Australia. The majority of the existing guidelines are targeted toward 'youth' or 'adults' in general. Guidelines for the identification and treatment of depression and anxiety in older people were found on international websites and in systematic reviews of the literature but they were also limited. The Canadian websites appeared to contain the most specific guidelines for the assessment and treatment of older age depression and anxiety that potentially could be used or adapted for use in other countries. A comprehensive book entitled 'Guidelines on depression in older people: Practising the evidence'<sup>2</sup> also provides useful guidelines for the identification and treatment of depression in older people.

#### Survey and Interviews

The consultations revealed that there were significant gaps in both undergraduate and on-the-job training opportunities for staff working in the aged care sector. There is an increasing focus on on-the-job training in dementia and management of the psychological and behavioural symptoms associated with dementia, including depression, but little focus on depression and anxiety as separate conditions. Many respondents said that being part of this study had alerted them to the lack of training in this area and indicated that they would put it on the training agenda in the near future.

There was also considerable variation in how depression was detected across the different settings of care, with different tools being used in different settings. The CSDD is now routinely used in residential aged care with some apparent benefits. However, there was still a need identified for follow up after this screen was completed and better education of staff across settings of care, particularly from residential to primary care, so that they all understood the benefits and limitations of this screening process.

There was consistent reliance on GPs to identify and initiate treatment or referral for depression but the GPs interviewed did not appear fully confident of their own training in the area.

There was strong support for mandatory mental health training, and for education of managers and administrators to improve leadership and foster change. There was also the suggestion that stronger lobbying and advocacy would help in giving depression and anxiety more prominence in education and training agendas.

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<sup>2</sup> Baldwin, R., Chiu, E., Katona, C., & Graham, N. (2002). *Guidelines on depression in older people: Practising the evidence*. London: Martin Dunitz Ltd.

### Review of Course Content

Limited course content that was specific to older age mental health was found. However, there was often a 'whole of life' approach to mental health training that was inclusive of older age. As universities have a degree of flexibility with their course content, a focus on older age mental health was only included if it was the personal interest of the lecturer.

### **Recommendations**

The following recommendations were suggested for consideration by *beyondblue* based on the findings of this study:

1. A specifically targeted awareness raising campaign in the aged services sector to increase awareness about depression and anxiety amongst older people
2. Mandatory mental health training (including dementia, delirium, depression and anxiety) as part of existing training programs in the aged care sector (as per manual handling, for example). Consideration should be given to linking accreditation of RACFs to the adequacy of staff training in older age mental health
3. Further education for RACF staff and GPs on the Cornell Scale for Depression in Dementia, including indications, implications for practice, limitations, and follow up
4. Information provision to residential care staff and GPs about the funding background, intention and capacity of the Better Access and Better Outcomes programs
5. *beyondblue* to develop and disseminate information for older people, families, and non-medical staff on older age depression and anxiety (e.g. signs and symptoms, what to do if you think you/family member/resident is depressed)
6. Guidelines for undergraduate training institutions regarding the minimum content/competency required for those planning to work in the aged care sector
7. Guidelines for screening, assessment and treatment of older age depression and anxiety for each setting of care (primary, community, health/hospital and residential care) be developed
8. Further research into the effectiveness of non-pharmacological interventions for older age depression and anxiety and their practical application in a range of settings, including community and residential aged care