

MDS Alert

Best Practices: These Psychosocial Interventions Can Be Powerful Antidotes To Depression

Surveyors expect facilities to do more than provide medication.

Yes, your facility will trigger a quality indicator/measure if a resident is coded as having depression symptoms in Section E and no antidepressant therapy coded in Section O4. But that doesn't mean you can't try psychosocial interventions before prescribing antidepressant medication in some cases.

Caveat: In every case, surveyors will be checking to see if the facility includes non-pharmacological interventions to prevent and address depression.

The evidence-based reality: Several research studies reveal that non-pharmacological interventions added to antidepressant therapy can improve treatment outcomes, notes **Susan Scanland, MSN, RN**, a geropsychiatric nursing expert and principal, **GeriScan Geriatric Consulting** in Clarks Summit, PA.

Examples of non-pharmacological remedies include "exercise, dietary omega-3 fatty acids, optimal chronic pain management and counseling," she says.

If you don't have access to psychologists or psychiatrists, optimize use of social workers and pastoral counselors, suggests Scanland.

Promote Connection, Independence, Meaning

"The care plan for depression and also preventive strategies includes interventions that help a person feel of value, engaged -- and offer him choices and autonomy," says **P.J. Bailey**, a social worker at **Gallatin Rest Home** in Bozeman, MT.

Example: Bailey runs a group for residents at the facility called "PJ's Group" that meets every Friday. The group includes the "more alert residents who make decisions about changes in the facility," she says. For example, the group chose to add a mailbox to the floor because the existing one was at one end of the facility, posing a problem for people with ambulation problems. The group also uses a "lot of humor -- telling jokes, for example," Bailey reports. "A good belly laugh makes people feel good."

Also, assigning consistent caregivers and individualizing care to the resident can help keep depression at bay, adds **Barbara Frank**, cofounder of **B&F Consulting** in Warren, RI, and a presenter in the recent CMS Webcast on culture change in nursing homes.

Assess, Address Family Issues, Past Roles

"In any kind of mood disorder, especially depression or anxiety, staff should really look at family issues," advises **Francis Battisti**, a social worker and principal of **Battisti Networks** in Binghamton, NY. For example, one resident who had a strong identification with her Italian ethnicity had always been the family matriarch known for making the best sauce for pasta and cookies, etc.

"Moving into the nursing home, which she reluctantly agreed to do, caused her to lose" those roles, says Battisti. As a result, she "became very depressed. Even going home for holidays, she felt depressed because she didn't do the cooking

and wasn't playing her former role."

So the care team designed an activity in which the resident began passing along her culinary skills to a favorite granddaughter who also liked to cook. "The activity gave the resident a sense of purpose, as she shared recipes and cooking tips and even helped her granddaughter prepare some of the dishes," recounts Battisti.