CRGI SNAPSHOT

Maintaining Mental Health in the Community: Outcome Evaluation of a Geriatric Mental Health Day Treatment Service
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Background
The need for quicker access to psychiatric services for seniors has consistently been recognized as a significant gap in the mental health continuum of care (Calgary Health Region, 2007). One way to improve this is by increasing access to mental health day programs. To fill this gap, Alberta Health Services created the Geriatric Mental Health Day Treatment Service in May 2008. The main goal of the program was to provide timely access to psychiatric services in the community for seniors suffering from anxiety and depressive disorders.

While individual reports about these programs have been quite positive, little research has been conducted to find out whether this psychiatric model of care is effective (Dasgupta, Clarke, & Brymer, 2005; Corcoran, Guerandel, & Wrigley, 1994). This project presents the results of an evaluation of the Geriatric Mental Health Day Treatment Service. This evaluation investigated whether client outcomes improved after completing the program.

Objectives
Conduct an outcome evaluation to determine the effectiveness of the Geriatric Mental Health Day Treatment Service in Calgary, Canada, and to assist with program planning and development.

Method
Potential clients referred to the program were triaged by program staff to determine whether they were suitable for the program. Following this, an intake interview and assessment were conducted. Important considerations included diagnosis and cognitive functioning. Clients enrolled in the program attended three sessions a week for ten weeks and participated in intensive group therapy and one-on-one support, which included weekly goal setting with program staff.

At intake, the client completed two measures of overall functioning, the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM), which was self-administered, and the Global Assessment of Functioning (GAF), which was administered by a psychiatrist. They also completed a self-administered measure of depression, the Geriatric Depression Scale (GDS).

One-hundred and seventy clients participated in the evaluation; these participants attended for at least nine weeks and completed some or all of the outcome measures at discharge. Focus groups were also conducted with clients who had successfully completed the program. A total of eighteen randomly-selected clients attended one of three two-hour focus groups. Group discussions were analyzed for commonly-occurring themes.

Results
Clients who completed the program showed significant improvement in depression symptoms, overall functioning, which included psychological, social, and occupational components. Over sixty percent of clients (61.8%) experienced at least 50% improvement in mood symptoms on the depression measure (GDS). Over forty percent of clients (41.3%) showed at least 50% improvement in overall functioning from admission to discharge (CORE-OM). At discharge, 69.5% of clients showed a reduction of depression.
symptoms, falling into the “normal” range. Additionally, 72.7% of discharged clients fell into the overall functioning categories of “healthy” or “low level” psychological distress.

Results from the focus groups were very positive. Clients reported that the program was beneficial, even life-changing, for many. Clients felt that the opportunities for socialization were particularly important to help them feel that they were not alone in their experiences. Many clients reported that the program taught them to become more aware of the relationships between their emotions, thoughts, and behaviours, and how to change their thinking patterns.

Many clients expressed “maybe a little fear and trepidation going in”. It seemed to take approximately two sessions before clients felt comfortable in the group although most clients quickly felt a connection with other group members because of their shared experiences. Only three out of the eighteen clients in the focus groups reported that the program was not particularly helpful for them. However, these clients also stated that the program was still a valuable community resource that could be helpful to others.

Several clients asked for better follow-up after discharge. Some suggested follow-up could include a phone call to check in. Clients also suggested better advertising of the program, as family doctors were not aware of it.

Conclusions
The Geriatric Mental Health Day Treatment Service combined group and individual treatment approaches, emphasizing behavioural therapy and socialization in a format designed for older adults.

Overall, the program was successful. Access to the program was much quicker than to the standard Community Geriatric Mental Health Program, and clients who completed the program showed a significant reduction in depression symptoms. Clients in the focus groups overwhelmingly described the program as extremely beneficial, even life-changing.

Lessons Learned
We had planned to run focus groups with family members of the clients to get their perspective on the effectiveness of the program for their loved ones. However, the clients did not see family as a necessary or important part of their care team, at least at this point along their continuum of care.

The full report can be found at www.mentalhealthresearch.ca

References

About the Author: Dr. Christine Knight has been working as a psychologist with Geriatric Mental Health, Alberta Health Services, Calgary Zone, for the past 10 years. She provides psychological services to older individuals across the entire continuum of care, including inpatients, residents in care facilities, and those living independently in the community. She also teaches and provides clinical supervision to graduate students in the clinical psychology program at the University of Calgary and Calgary Clinical Psychology Residency Program.