10 Signs Your Efforts to Improve Depression Care May Not Be Working

1. **Residents seem inactive and bored.** When residents are inactive, they may be at risk for worsening symptoms of depression or anxiety. Residents sit at nurses' stations because they want to be where the action is, right? So get them involved.
2. **Your screening process does not include all newly admitted residents.** All new nursing home residents are at risk for depression and anxiety due to recent and significant changes in autonomy and health status. Use validated screening tools, including a separate tool for residents with cognitive impairment.
3. **There has been no past education on depression in the past year.** Education heightens awareness. Plan to educate all staff about signs and symptoms of depression and anxiety routinely.
4. **Staff members do not implement non-pharmacologic treatment for depression or anxiety.** Some symptoms of depression and anxiety can be resolved without medication or counseling or other therapies. One–on-one interventions or group activities can often alleviate these symptoms in your residents.
5. **Social workers do not feel comfortable asking questions.** While some of the questions on the depression screening tool may be difficult to ask, social workers must focus on the benefit to the resident. It is better for the resident and the social worker to be momentarily embarrassed than for the resident to suffer from unrecognized and/or untreated depressive symptoms.
6. **Social Workers are not involved in the QI process.** The depression quality measure is based on symptoms that can be influenced by various departments, including social services, nursing, activities, therapy and dietary. A partnership between these departments is more likely to be effective.
7. **You note a sudden spike in your QM scores.** A sudden spike may not indicate a true change of condition, but may result from new staff members contributing to coding the MDS. If you recently installed CareTracker or a similar system, you should expect to see an initial spike in your QM scores for this and other measures. More people are now noting the behaviors and symptoms included in the calculation of the mood scale score. If you have a new social worker or other staff member responsible for coding this section of the MDS, they may be recording behaviors and symptoms more accurately than before, which will cause a spike. In both cases your QM score should return to normal levels after a few months; it should not remain elevated.
8. **Implement person-centered care practices.** Engaging residents in their care, providing residents with choices and creating a home for them in the nursing facility can help alleviate some symptoms of depression and anxiety by creating a safe, comfortable space.
9. **Involve contracted services, state organizations and community groups.** Pharmacists, counselors, mental health professionals, hospice organizations, local chapters of mental health organizations and other groups can provide education and tools to improve your recognition and treatment of the symptoms of depression and anxiety in your residents. Volunteers can be trained in distraction therapy and reminiscence to help deal with behaviors.
10. **Include pharmacological and non-pharmacological treatments in the care plan.** Using antidepressants can be effective in older adults in the treatment of depression. Some symptoms of depression and anxiety can be addressed without medication through counseling and other therapies. Engage the resident and family in the development of the care plan and re-evaluate the resident on a regular basis to determine effectiveness of the treatments.

Visit The Illinois Foundation for Quality Health Care's Web site at *www.ifqhc.org* for resources to assist with your Quality Improvement efforts.

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