A review of the literature on preventing and responding to depression, self-harm and suicide in older people living in long term care

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Introduction

- Part of a larger project that included focus groups with care home staff and 1to1 interviews with family members of those who had died – possibly through passive suicide

- We conducted a systematic review on these issues:
  - To assess what research has already been done in the area
  - To identify gaps in the research
  - To understand the scope of the problem of suicidality in this population
  - To better understand how care homes are responding to depression, self-harm and suicide
Background to our review

- WHO reports that those over 70 are at highest risk of dying by suicide globally.
- This group are less likely to have been previously diagnosed with a mental health condition.
- Older people in residential care are thought to be twice as likely to suffer depression vs in the community.
- It is difficult to separate depression from dementia related depression in this population.
- There is little guidance or training for staff in recognising or responding to resident depression or other mental health difficulties outside of dementia.
Review Questions

1. How prevalent is depression, self-harm & suicidal behaviour in residential care?

2. How are these measured, and how effective are these measures?

3. What interventions have been used to prevent, identify or address these issues?
Methodology

- Followed PRISMA guidelines for systematic review
- Seven databases searched – inclusion criteria restricted to 1990-present, English language, residential care settings, mental health not related to dementia, interventions aimed at this group only.
- 1944 papers (after removing duplicates) reduced to 25 through screening for relevance.
- RQ1: Prevalence = 7 studies
- RQ2: Measurement = 16 studies
- RQ3: Interventions = 16 studies
Prevalence

USA

Greece

Australia

Residential

Community
Measures used to detect depression

- Most commonly used is the Geriatric Depression Scale
  - 15 item screening tool, used in variety of settings and countries
  - Example questions:
    - Are you in good spirits most of the time? Yes/No
    - Do you often feel helpless? Yes/No
    - Do you think it is wonderful to be alive now? Yes/No
    - Do you feel pretty worthless the way you are now? Yes/No
Interventions

Staff training

- Primarily in recognising or screening for depression
- Positively received by staff
- Few actually measured the impact or outcomes of this training on levels of depression in residents
- Therapeutic interventions show decreases in depression
- Care-planning (2) shows positive outcomes
Study quality

- Sample issues – gender, age, physical conditions
- Little follow up of interventions – do they work in the longer term?
- Virtually no involvement of residents themselves – 1 intervention study BUT didn’t measure the impact
- High rates of attrition in resident participants
- What does depression look like in care home residents?
Conclusion

- Actual prevalence rates of depression in long term residential care are unknown and difficult to measure accurately, but is higher compared to community samples.

- Need to be cautious in interpreting scores from commonly used screening tools.

- Staff training is the most common intervention used – seems to be welcomed by staff but there is little that includes residents themselves or their families.

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