

Healthy IDEAS Frequently Asked Questions

Agencies and individuals commonly ask these questions about Healthy IDEAS:

1. What does Healthy IDEAS stand for?

Healthy IDEAS is the acronym for the **I**dentifying **D**epression, **E**mpowering **A**ctivities for **S**eniors.

2. What is the Healthy IDEAS program?

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is a structured depression program that prepares case managers and care coordinators to identify depression in at-risk elders and to facilitate access to treatment. It targets underserved, chronically ill, older adults in the community and addresses commonly recognized barriers to mental health care: detecting depression, helping clients understand depression as treatable assisting them to gain knowledge and skills to self-manage it; and linking primary care, mental health care and social-service providers. Healthy IDEAS empowers clients to manage their depression through a behavioral-activation (BA) approach that encourages involvement in meaningful, positive activities.

3. Is Healthy IDEAS an evidence-based program?

Yes, Healthy IDEAS has been designated as an evidence-based program by the Administration on Aging and recommended for national replication. Evidence of effectiveness to decrease functional disability associated with depression was demonstrated by the program evaluation conducted by the academic partners, Baylor College of Medicine and the Houston Center for Quality Care & Utilization Studies at the Michael E. DeBakey Veterans Affairs Medical Center. Healthy IDEAS participants experienced a reduction in depression severity and pain. Their knowledge increased about how to get help for depression and how to reduce depression symptoms through increasing activities. Participation in the BA component of the intervention positively predicted reduction in depression severity scores at 6 months. The outcome results are published in the *Journal of Applied Gerontology*, 26(2), 139-156 (Quijano et al. 2007).

4. What is behavioral activation (BA)?

BA is an approach to depression that focuses on helping persons combat the inactivity that often accompanies depression. Using knowledge of a client's overall abilities and needs, care managers help clients identify goals to take part in positive and rewarding activities that can improve their mood. Case managers help clients identify the steps and other support needed to achieve their chosen goal(s).

5. What types of behavior goals are selected in Healthy IDEAS?

With support from his/her care manager, each client chooses a realistic goal to obtain positive outcomes (e.g., pleasure, feelings of accomplishment) and to decrease negative outcomes (e.g., feeling sad, tired, lonely). For older, depressed adults who have physical, cognitive, and logistic limitations, activities are often very structured and simple (e.g., calling a relative, filling a birdfeeder). Some older adults prefer to complete a task or address a problem (e.g., cleaning house or paying bills). In some instances, a client

may choose taking steps to obtain further evaluation and treatment for depressive symptoms as the first “activity goal.”

6. How long is the program?

The program is delivered as part of routine case management services over a **3-6-month period** through face-to-face visits in the client’s home and telephone contacts. Typically, the program involves **at least three face-to-face visits and at least three telephone contacts**; although clients with more severe depression symptoms may require more contacts or attention beyond an initial intervention period. Agencies with only short-term relationships (less than 3-6 months) with their older adult clients are not able to implement the program.

7. Where do the Healthy IDEAS case managers come from?

Healthy IDEAS uses an approach to deliver depression care that relies on delivery of the entire intervention not by mental health professionals employed solely to perform the intervention but instead by case managers in existing social service agencies, who may or may not have prior mental health background. Case managers in the adopting organizations are trained to offer the Healthy IDEAS intervention, including how to conduct screening, do education about signs of depression, provide linkages to health or mental health care, and perform BA.

8. What level of staff can deliver the Healthy IDEAS intervention?

Trained personnel of differing backgrounds and educational levels can deliver the Healthy IDEAS program. Bachelor’s- and master’s-level social workers with differing levels of experience have been effectively trained to implement the intervention. In some communities nurses or case managers with less traditional backgrounds have also been trained. Workers with prior mental health experience are more accustomed to addressing some barriers presented by clients; however; all staff that are open to learning new skills can generally succeed with adequate training and coaching support.

9. What staff training is needed to implement Healthy IDEAS?

Agency staff and supervisors need “pre-service” training about depression and how to deliver the core components of the intervention, and then they need “in-service and follow-up training” to address challenges they encounter in the real world of working with older adults with depression. Typically, agencies spend 14-20 hours completing the Healthy IDEAS training curriculum, which is delivered by a trained mental health or behavioral health specialist in an interactive group format, using a training DVD and local client scenarios. Follow-up coaching/training builds confidence in staff, addresses questions or barriers that staff are encountering and prevents “drift” in staff skills.

10. How do clients participate in Healthy IDEAS?

The Healthy IDEAS program is designed so that all core components of the intervention are embedded into the ongoing assessment and care plan routine of community case-management programs or other settings where staff members are helping clients with other problems or needs through in-person and telephone contact. Routine screening of all clients is part of the initial or re-assessment of all current

and new agency clients, using a two-question screen and then administering a standardized assessment: either the 15-item Geriatric Depression Scale or the nine-item Patient Health Questionnaire (PHQ-9), to identify and assess severity of depressive symptoms.

11. Which clients are not appropriate for Healthy IDEAS?

The demonstration establishing the effectiveness of Healthy IDEAS excluded clients who could not communicate verbally or were significantly cognitively impaired. Clients who had other mental illnesses such as schizophrenia/psychotic disorders were assisted in getting further medical attention.

12. How do I implement Healthy IDEAS in my agency?

To implement the core components of Healthy IDEAS, agencies need to undertake an organizational-change process that requires some planning time and involves partnering with organizations that can add expertise from behavioral/mental health to the strengths of aging services. An investment of time and resources to support the effort, materials, consultation, and training for new organizational roles, associated with implementation of a sustainable innovation, is required for success. Some new policies may need to be put in place, and the tools and forms for Healthy IDEAS will need to be customized for each agency setting. Additional time needs to be allocated for staff to: a) participate in formal training, b) develop confidence and mastery of new skills and c) spend additional time with clients.

13. What resources are required for local implementation and what are associated costs?

Agencies need some dedicated administrative/program-leadership time to implement the program, typically over a 3-month time period. There is a one-time fee of \$3,000.00 plus travel expenses from Houston for the technical assistance package, on-site consultation, and all the materials, including an agency program manual, an intervention manual for staff, tools and resources for staff and clients, and a training curriculum including a training DVD and guide. Healthy IDEAS trainers conduct the initial on-site staff training as part of their consultation visit.

Local agency decisions determine the cost of other key implementation activities. For example, the cost of a local coach with mental/behavioral health expertise to conduct follow-up coaching/training will depend on whether agencies purchase this expertise or obtain it from a partner as well as how many hours of time an agency needs on an ongoing basis. There is some cost associated with providing printed educational materials for clients as well as duplicating tools and resources for the staff.

14. How do agencies support program costs?

Healthy IDEAS is currently being implemented in 10 different states through a variety of funding sources, including:

- Older American's Act case-management programs through Area Agencies on Aging (AAA)
- Older American's Act Family Caregiver Support Programs through state and local agencies
- Medicaid Home and Community Based Services Case Management Programs
- State-funded case management
- United Way-funded non-profit case-management programs
- SAMHSA Mental Health Funding to States

15. Where can I learn more about Healthy IDEAS?

Those interested in learning more can go to http://careforelders.org/Healthy_ideas for additional information, or for the Healthy IDEAS replication report, which can be downloaded. Also, the following publications offer more information about the program:

Quijano, L. M., Stanley, M. A., Petersen, N. J., Casado, B. L., Steinberg, E. H., Cully, J. A., & Wilson, N. L. (2007). Healthy I.D.E.A.S: A depression intervention delivered by community-based case managers serving older adults. *Journal of Applied Gerontology*, 26 (2), 139-156.

Casado, B. L., Quijano, L. M., Stanley, M. A., Cully, J. A., Steinberg, E. H. & Wilson, N. L. (2008) Healthy IDEAS: Implementation of a depression program through community-based case management. *The Gerontologist*, 48(6), 828-838.

Frank, J. C., Coviak, C. P., Healy, T. C., Belza, B. & Casado, B. L. (2008) Addressing fidelity in evidence-based health promotion programs for older adults. *Journal of Applied Gerontology*, 27(1), 4-33.

Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. The State of Mental Health and Aging in America
Issue Brief 2: Addressing Depression in Older Adults: Selected Evidence-Based Programs. Atlanta, GA: National Association of Chronic Disease Directors; 2009.
http://www.cdc.gov/aging/pdf/mental_health_brief_2.pdf

Adopting Evidence-based Depression Interventions for Older Adults
A Supplementary Series and Guide to Healthy Aging and Depression Webinars
Action Brief: Evidence-based depression care management: Healthy IDEAS
http://prc-hanconferences.com/docs/Healthy_IDEAS_feb09.pdf

Archived Webinar Presentation on Healthy IDEAS: DEPRESSION: Evidence-Based Depression Care Management: Healthy IDEAS
<http://ncoa.org/content.cfm?sectionID=379&detail=2650>

View and listen to another past webinar hosted by the National Council on Aging in collaboration with other national organizations. DEPRESSION: RAPP Healthy IDEAS Webinar
<http://ncoa.org/content.cfm?sectionID=379&detail=2590>

