Depression in Geriatric Facilities

By

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Abstract:

Depression is a very serious issue and can be seen in all stages of life. The geriatric population is often an overlooked area when it comes to mental health. Many people assume depression is just a fact of life when you age. The problem addressed in this paper is whether depression in geriatric facilities can be attributed to perceived living arrangements. Using the Geriatric Depression Scale (1) I wished to determine whether living situations can affect overall performance on the test and also determine whether religion had any influence on the resident's outlook. The results of the GDS scores do not support my hypothesis. There seems to be no correlation between living on independent or assisted living and GDS score. While the hypothesis was not supported, future studies should be conducted to focus on individual life courses and perhaps utilize a design that can evaluate different life histories.

Introduction:

There are many misconceptions that the average person has about the aging human mind and body. Some of which are that aging and Alzheimer's disease go hand in hand: as we age we become susceptible to Alzheimer's disease. We know that this is not true. We may become forgetful as we age, but this does not mean that reaching a certain age guarantees the disease. Similarly there is a misunderstanding that aging begets depression. As we age we lose things in life: sometimes memory, or ability, or even sometimes spouses or loved ones. However, losing abilities we once had or people we loved does not always elicit depression in individuals. Depression is not a normal phase of aging, and it can be treated.

Before introducing the subject, it is important to discuss what geriatric depression entails. There are three types of depression that have been described: minor depression, dysthymic disorder, and major depression. Minor depression has similar symptoms to the other two types,

"but symptoms are less severe and may not last as long" (2). Dysthymic disorder is "depressive symptoms that last for a long time (two years or longer) but are less severe than those of major depression" (2). And finally major depression is defined as "severe symptoms that interfere with your ability to work, sleep, eat, study, and enjoy life… often a person may have multiple episodes" (2).

Different people have different symptoms and, importantly, depression in the elderly can occur without sadness. "They may complain, instead, of low motivation, a lack of energy, or physical problems" (3). Although depression may be a common problem in the elderly, it is by no means part of the normal aging process. Because sadness is not always a symptom, it can be easily overlooked, which is why the Geriatric Depression Scale can be used to help with clinical diagnosis.

Using the Geriatric Depression Scale (1) I wish to determine whether living situations (or perceived living situations) can affect overall performance on the test. For example: do people living on the "Independent Living" side of a facility have a better outlook on life than the people living on the "Assisted Living" side, simply because of the negative connotation that Assisted Living may have in a particular facility? Also I chose to investigate whether a person's religion or personal beliefs has any effect on whether living in an independent or living in an assisted living facility can have an impact on their propensity to become depressed.

I thought about also interviewing clergymen to determine whether religious belief factors into people's perception about the end of life care. After interviewing a few clergymen and comparing their ideas with those of the residents in the study, it quickly became apparent that people have very differing views on religion (even when the people are part of the same religion). A person's religion is a very subjective concept therefore I only include what each

individual person believes in and not include those views of clergymen, because although clergymen speak to specific congregations, there may be differing ideas.

This topic of elderly depression first came to my attention because of my background with caring for the elderly. I have worked and volunteered in a geriatric facility for the past five years. During that time, I had been able to establish friendships with the people who lived in the facility. In those five years I began to notice an attitude, or thought process, that many residents had formed: if the resident lived on the "Independent Living" side of the facility, they were fearful of the "Assisted Living" side. They began to think of moving to "the other side" as a death sentence. Those living on the Independent side mourned the residents who had to move to the Assisted living side.

My proposed hypothesis is that Independent Living residents have a worse outlook on end of life care than assisted living residents because there is a stigma attached to assisted living care (especially in the facility in which I worked). Because Independent Living residents have this perception and are separated entirely from the assisted living population, they never get to see how assisted living truly is.

Independent living individuals may have a better outlook on life if they had more information about what the Assisted Living side was like. Maybe it would be better for future retirement homes (which have both independent and assisted living facilities together) to integrate both sides completely so that a more cohesive community can be established. Or, for facilities that are already built with each side separated, I propose implementing more programs allowing independent and assisted living residents to interact with each other. For instance, management could offer some kind of guided tours of the assisted living areas to show how similar it is to independent living (the important difference being that the caregivers are there to

help if needed). Or management could host joint activities for both independent and assisted living residents to attend so they get to know one another.

One thing to remember with a geriatric population is that many of them grew up seeing this stigma firsthand; facilities that they may have experienced with their own elderly relatives may not have been up to the same health code standards that today's facilities are held to. This could influence their decision on whether to make the switch to assisted living, which is why I propose such things as joint activities and tours to show them what facilities are like today and how they may not fit their preconceived notions.

In the facility I worked at only a hallway separates the independent from the assisted living side, and many times I have heard the Independent residents refer to Assisted living as "the other side" otherwise known as: death or near death. They think that, once they have to (or in their minds, are forced to) move to the assisted living side, life is over. Yet, I have found from working there for five years that the people living on the assisted living side can live full and meaningful lives and sometimes get well enough to move back over to the Independent Living side. The connotative implications of living on an "assisted living" side vs. living "independently" may affect a person's state of mind. The findings from this research would be helpful to assisted living facilities and future assisted living facilities plan or change their facilities layout.

Methods:

The method that I intend to use is observational research as well as surveys based on these observations and implementing the Geriatric Depression Scale. The Geriatric Depression Scale is a 15-question test designed with a point system to determine whether a person (aged 55 or older) is depressed. Scores of lower than 5 points are deemed to be normal. People with scores

between 5-8 points are thought of as mildly depressed, 9-11 indicates moderate depression, and scores between 12-15 are considered severely depressed. Clinically, any score of 5 or above is usually treated with a psychological assessment and follow-up observations. This test has a "92% sensitivity" when evaluated against diagnostic criteria (1). Below is an example of the survey I used:

Name: _____

Age: _____

Sex: _____

Religion: _____

Answers:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

SCORE: _____

Questions:

1. You currently live on Independent/(Assisted) Living, when I say 'Assisted Living' what is the first word that comes to your mind? (Is it a good place to be in one's life? Is it bad? Would you be okay with your life if you made a change and moved over there? Why or why not?)

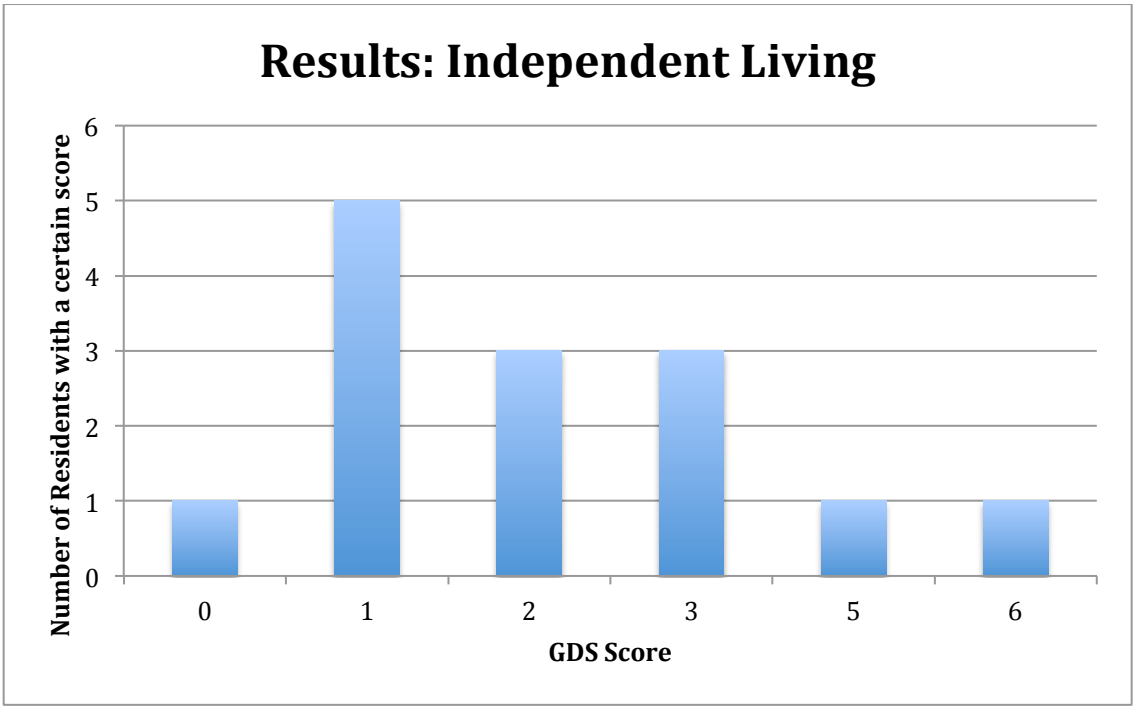
2. How has your religion shaped your outlook on life? Did it influence you when you were deciding where to live?

In order to protect anonymity I will be referring to individual residents from the independent living side as residents A – N, residents from the assisted living side O – R, and residents 1 and 2 are two independent residents observed early on who eventually moved to assisted living when I continued the observations.

Results:

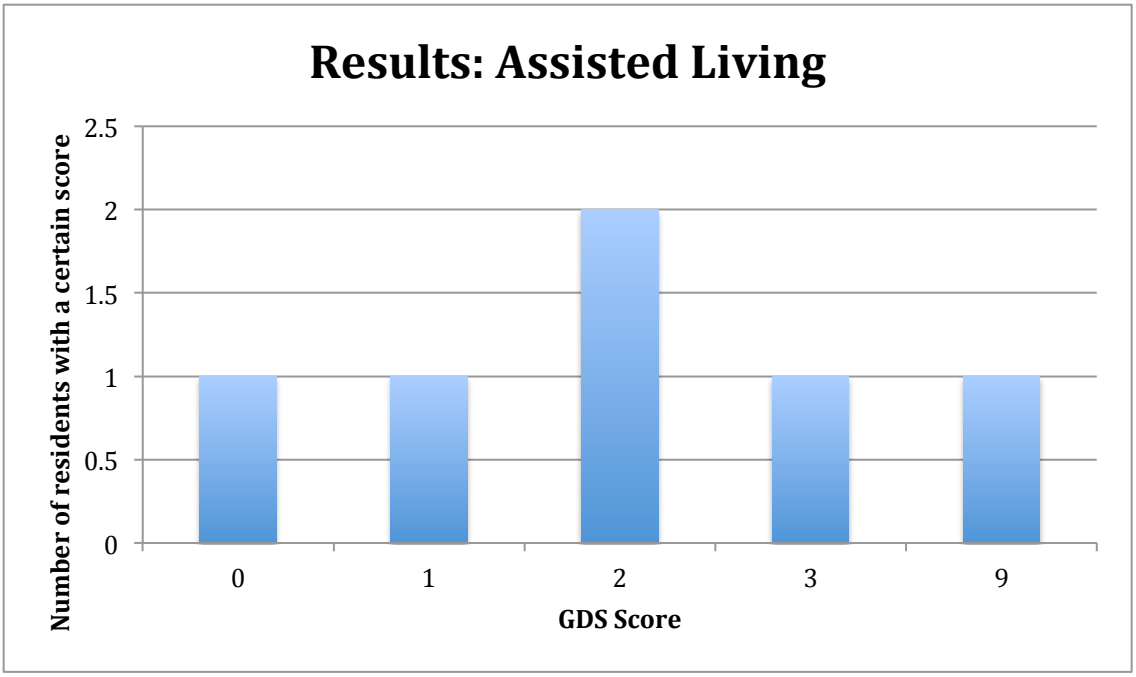
In the time that I had with the residents I was able to observe 14 independent living residents and 6 assisted living residents. The Geriatric Depression scale scores for the independent residents were as follows: one resident scored 0 points, five residents scored 1 point, three residents scored 2 points, three residents scored 3 points, with only two residents scoring 5 or more points (5 points or more indicates possible depression): one resident scored 5 points, and one resident scored 6 points (see table 1).

Table 1:



The Geriatric Depression scale scores for the assisted living residents were as follows: two residents scored 2 points, and four residents individually scored 0, 1, 3, and 9 points respectively (see table 2).

Table 2:



See table 3 on pages 14-17 for a complete set of information on the residents.

Discussion:

The results of the GDS scores do not support my hypothesis. As stated earlier, my hypothesis was that independent living people may be more depressed than assisted living people because the people living on the independent side have formed a stigma about the assisted living individuals and have to face that stigma everyday when interacting with them, or even just thinking about needing to move over. I also predicted that assisted living people might be less depressed because they are receiving the help they need and do not see the stigma. However, based on the results above, there seems to be no correlation between which side a person lives on and their personal opinion of assisted living.

For this paper I will list some of the more interesting results that I observed during my time at the facility. Resident A* was a unique resident in the sense that he had just moved from

assisted living to independent living. Resident A scored 1 point on the GDS meaning that he was well below the range to cause concern for depression, however he claimed that assisted living was a "necessary evil" and that he "had to overcome great disability in order to move out." He "did not think he should live there," and hoped he "didn't have to again," although he would be "okay with moving" if it was absolutely necessary (Table 3).

One interesting result from the study was the wide disparity of thought by people of the same faith. For example, there were eight people of the Catholic faith in this study (from both assisted and independent living) and yet none of them shared even a remotely similar ideas. Resident B once stated that his religion "does not tell me to do one thing or another. I ask for guidance in decisions, but the religion does not dictate what I should do." While Resident S stated that her religion "expects you to do the best you can with what you have, but if you are limited, it is nice, and expected, to ask for help either from God or from friends/family." And finally Resident D stated that her religion did not have any say whatsoever in whether she lived independently or not, rather it was her former occupation that had more of an influence than anything; Resident D was a nurse when she was still working and was able to see firsthand what assisted living facilities looked like.

Resident R, stated that her religion: "tells its members to figure things out for yourself. We do not have people preaching what is and is not right, rather we have people encouraging you tell think about things for yourself." She felt that her religion has encouraged her to take the same approach in life; to figure things out on her own before asking for help. Similarly Resident P stated that her religion (Protestant) has "helped her be an individual. With God comes independence."

*Reminder: residents from the independent living side are labeled as residents A – N, and residents from the assisted living side O – R.

The two most interesting cases were Resident 1 and Resident 2. When I initially observed them in July they both scored a zero on the GDS meaning no cause for concern, but both indicated that they "would rather die before having to move over to the other side." Shockingly, after conducting observations in November, both residents had since moved to the assisted living side. They both received low scores again (0 and 1 points respectively), but when voicing their opinion of the assisted living side, they had drastically different answers.

Resident 1, when describing how s/he felt about assisted living stated, "I feel great about it. The people are wonderful. The caregivers are fine, but I don't like having to be in a 'home' (nursing home) situation. This isn't necessary, but it keeps my children less worried" (some of this has been pieced together from a long discussion as the resident in question had suffered a stroke in the past and is sometimes unable to speak clearly and sometimes needs help finding the right words). She ended by saying that her religion has helped her realize that " …you can be an independent person, but when something in your life happens, you have to be able to reach out for help."

Resident 2 answered the same question by stating "assisted living is for people like me coming in now. I am currently not able to walk and need a small amount of help" (this resident had recently broken her hip, which necessitated the move to assisted living). "For some it (moving) is a bad thing, especially when their minds are gone," she continued. She ended by saying that her religion has "made me an independent woman."

Some problems that I encountered after pulling all of my data together included the following: first was the nature of the test. It is difficult to determine a person's state of mind just from a fifteen, yes-or-no question test. For that reason I also added observations of the residents

as well as a few follow-up questions at the end. The follow-up questions and observations may still not be enough to absolutely answer what a person's state of mind is.

Another problem that I encountered while conducting these observations was the realization that many independent living residents had never even thought about assisted living at all (which may contribute to the overall problem of being fearful of assisted living when the time comes to transitioning over: Often they don't think about it until it is too late). This made it difficult for me to accurately gauge the resident's genuine attitude towards assisted living because they hadn't given it much thought.

And finally the last problem is that the Geriatric Depression Scale does not tell the test giver why the person in question is depressed (which is the reason for follow-up questions). The individual taking the test can be depressed for any number of reasons other than facing the reality of having to live on the assisted living.

Conclusion:

In conclusion, the hypothesis that independent living people may be more depressed than assisted living people because the people living on the independent side have formed a stigma about the assisted living individuals and have to face that stigma everyday when interacting with them, or even just thinking about needing to move over, was not supported by the results.

However, this study did elicit some interesting results from the individuals studied. For instance, two residents who were observed while living on the independent side had moved to the assisted living side during the study, allowing me to observe them now that they had a new perspective on their living situations. I would say that because of these particular situations, there should be more studies done (with larger populations) showing how perceived living situations can lead to depression in individuals living in assisted living facilities.

One aspect that I hope can be taken from my research is that generalizations may be misleading. Even though the hypothesis was found to be unproven more research should be done. Segregating people into groups based on level of care may be financially practical, but whether it is emotionally taxing on the residents is yet unknown. Future studies should focus on individual life courses and perhaps utilize a design that can evaluate different life histories.

Literature Cited

1. Greenberg, Sherri A. "Geriatric Depression Scale (GDS)." Practical Guide to the Care of the Geriatric Patient (2007): 646-47. Try This: General Assessment Series. The Hartford Institute for Geriatric Nursing, 2012. Web. 29 Nov. 2015.
2. "Older Adults and Depression." NIMH RSS. National Institute of Mental Health, n.d. Web. 29 Nov. 2015.
3. "Depression in Older Adults and the Elderly." : Recognize the Signs and Find Treatment That Works. Helpguide.org, n.d. Web. 29 Nov. 2015.

Table 3

Legend: Highlighted Yellow = These residents were in a group together
Highlighted Green = Resident 1 who had moved from independent to assisted and was therefore observed twice.
Highlighted Red = Resident 2 who had moved from independent to assisted and was therefore observed twice.

Independent Resident	GDS Score	Question 1	Question 2	Religion
A	1	A necessary evil. I had to overcome disabilities to move. I do not think I should live there. I would be okay with moving over again if necessary.	Not really	Catholic
B	3	Someone needs more help. If you have to move, yes it is a good thing. He would move over, but only because it wouldn't be up to him, his family would make the decision. It is an asset, an opportunity for help.	His religion does not tell him to do one thing or another. He asks for guidance in decisions.	Catholic
C	2	The first thing she thinks about is will insurance pay for it? She will move only when absolutely necessary. It would be a drastic change because you would be completely helpless.	Prayer helps	Catholic
D	3	Sometimes people go to the other side after surgery and find out later that they have to stay, which might be why many people fear it. She would have to be very sick to move over, but it is a safe place.	Her occupation shaped her outlook on independence more than her religion (she was a nurse when she was working).	Catholic
E	3	She went over to visit once; she does not want to be there unless she has to. She would rather stay with family then move over. She does not feel it is a good place to be.	She does not feel that her religion has shaped her outlook on living independently, but her family is very inclusive (probably insinuating that she is able to depend on others).	Methodist
F	2	(for residents F-J follow-up questions were done in a group setting so that they could all be done at once [lunch was about to start and they all wanted to leave]. Everyone was involved during this discussion and the answers in G apply to residents F-J)		Methodist

G	6	People are afraid of the "other side". When they go through to the other side, and it is not often that they do, and they try to interact with the residents living there, they do not respond or interact back. They wish there was an easier way to get to the other side so they could visit more often (currently there is a code required to move from one side to the other).	While answering the GDS questions they often referenced God and stated that life has purpose because God is in their life.	Baptist
H	5			Catholic
I	1			Catholic
J	1	Reminder: (for residents F-J follow-up questions were done in a group setting so that they could all be done at once [lunch was about to start and they all wanted to leave]. Everyone was involved during this discussion and the answers in G apply to residents F-J)		Russian Orthodox
K	1	Sadness is the first thing that he thinks about. He goes over once in a while to talk to friends, but not to visit anyone else. He thinks that for the situation it is a good thing. For him, the worst case scenario would be to move to the other side.	His religion has taught him to be self-dependent.	Methodist
L	1	She did not have much to say on the matter, only that she would be okay if she had to move over.	Religion has shaped her into someone who is fine with asking for help.	Methodist
M	0	She feels that this facility is a lot better than other places: there are wonderful activities and people to keep you busy. One of the main issues she sees with other residents is that if they have a complaint they do not talk about it to someone who can help change it. One of the best things about this facility is that you can give input. People are afraid to communicate. With communication and education comes better living. She	She felt that people may think that you do NOT place family in a facility, because it used to be horrible to do so due to the lack of rules back in the day. Her religion is very open to everyone, which allows for independence and assistance. She thinks that: too often religion can be narrow minded.	Presbyterian

M continued		visits the other side all the time and believes that it is wonderful: help if you need it right there. A lot of people cannot accept being an assisted living resident; if they could be educated there wouldn't be a stigma.		
N	2	She feels that assisted living is good if you need the help.	She does not feel that her religion has shaped living independently or with assistance	Catholic
Assisted Resident				
O	3	If I had asked 3 years ago she would have said that it 'stunk.' But now it is a good thing, but it should be just assistance in things, NOT everything. Assistance in everything should not be what assisted living is about. Total care is not 'assistance.'	Religion has helped her be individual. With God comes independence.	Protestant
P	9	What it means to be assisted depends on your needs. If you need help all of the time, you need a nursing home. If you just need someone watching you, you need independent living. If you have something that you cannot do yourself, you need assisted living.	She shared a personal story with me about her experience with religion and assisted living. When she was young she shared a bed with her grandmother until they could not take care of her anymore. Religion definitely play a role. She still thinks of nursing homes as a storage place for old people until they die.	Jewish
Q	2	Assisted living depends on the person, it has been good for her: she doesn't have to cook, clean, grocery shop, …	Her religion encourages people to read the scripture and figure things out for themselves, so she believes that this plays a role in her life too as she is a mostly Catholic independent person (even if she lives on the assisted living side).	Unitarian
R	2	She thinks that it is a wonderful gift to have such a place. The problem is how expensive it is, otherwise it is a good place to be.	Her religion expects her to de the best she can, but if you are limited it is nice to ask for help.	Catholic

Independent Residents who moved to Assisted				
1 (July 2015)	0	"I would rather die before I had to move over"	Felt it did not apply	Episcopal
2 (July 2015)	0	"I would rather die before I had to move over"	Did not seem to understand the question/did not think that religion had anything to do with living independently	Catholic
1 (November 2015)	0	(After moving to assisted living) I feel great about it. The people are wonderful. It is fine with the caregivers, but I don't like have to be in a 'home' (nursing home) situation. This is not as necessary as her family thinks.	You can be an independent person, but when something in your life happens you have to be able to reach out for help.	See resident 1
2 (November 2015)	1	(After moving to assisted living). Assisted living is for someone like me coming in now (she had recently broken her hip and had to move). Not being able to walk. Small amounts of help are what define assisted living. For some it is a bad thing because their minds are gone.	Religion has shaped and made her an independent woman.	See resident 2