

# Addressing the Mental Health Needs of Low-income Homebound Older Adults

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Presentation for the Committee on a Blueprint for a National Prevention Infrastructure for  
Behavioral Health Disorders

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via Zoom

# Disabled/Homebound Older Adults: Mental Health Needs

(2-3 times greater than their mobile peers)

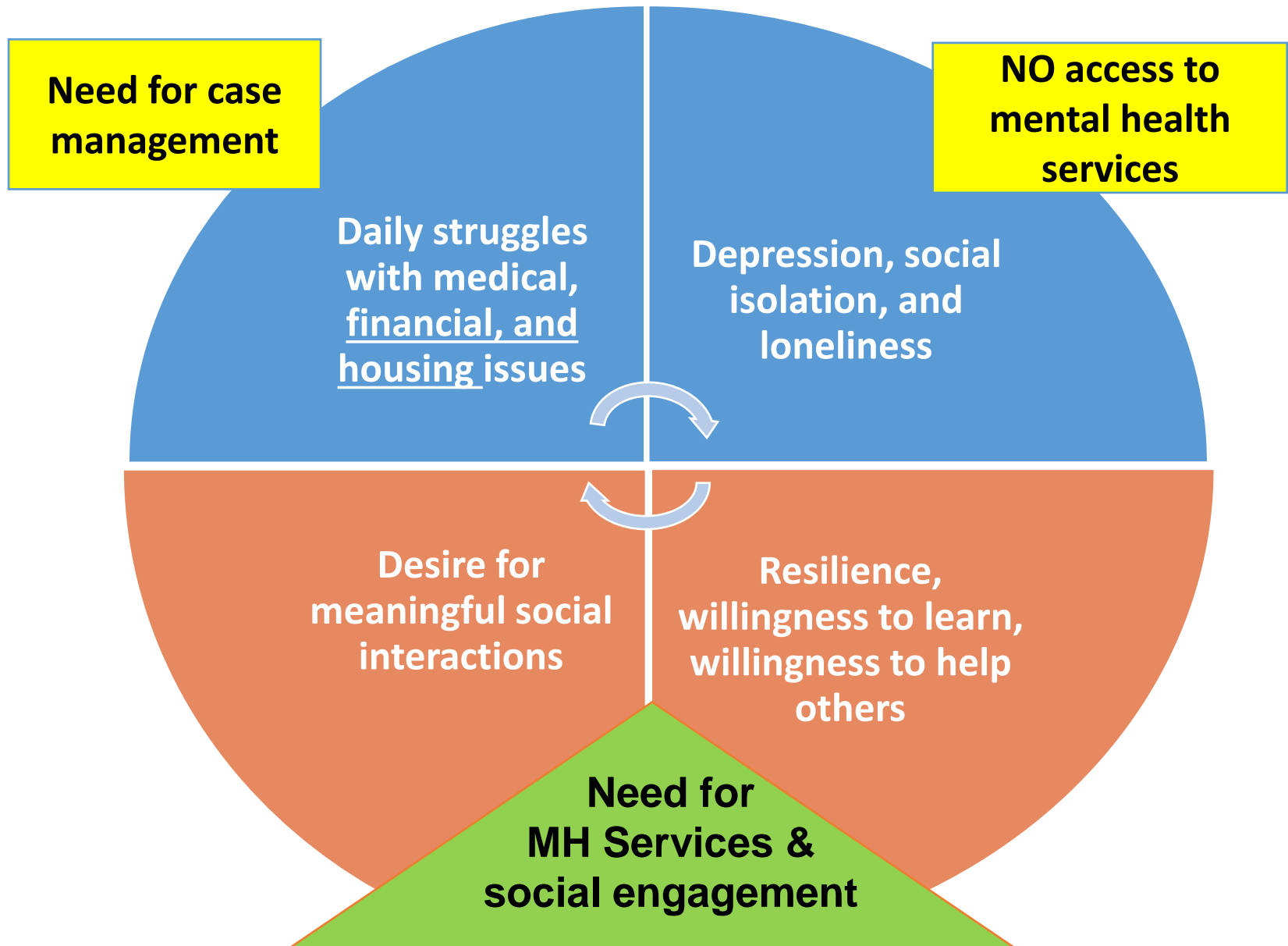
## DEPRESSION PREVALENCE

- Higher rates of major depressive disorder (MDD): 8.5% -13.5% among 65+ age group
- Higher rates of clinically significant depressive symptoms among 65+ group: 10% - 25%
- Significantly higher rates of MDD (16%) and depressive symptoms (33%) among homebound adults age 50-60 than among 61+ (Choi et al., 2010)
- 38% of Central Texas home-delivered meals recipients (n=2,224) aged 50+ reported a depression diagnosis (Choi et al., 2019)

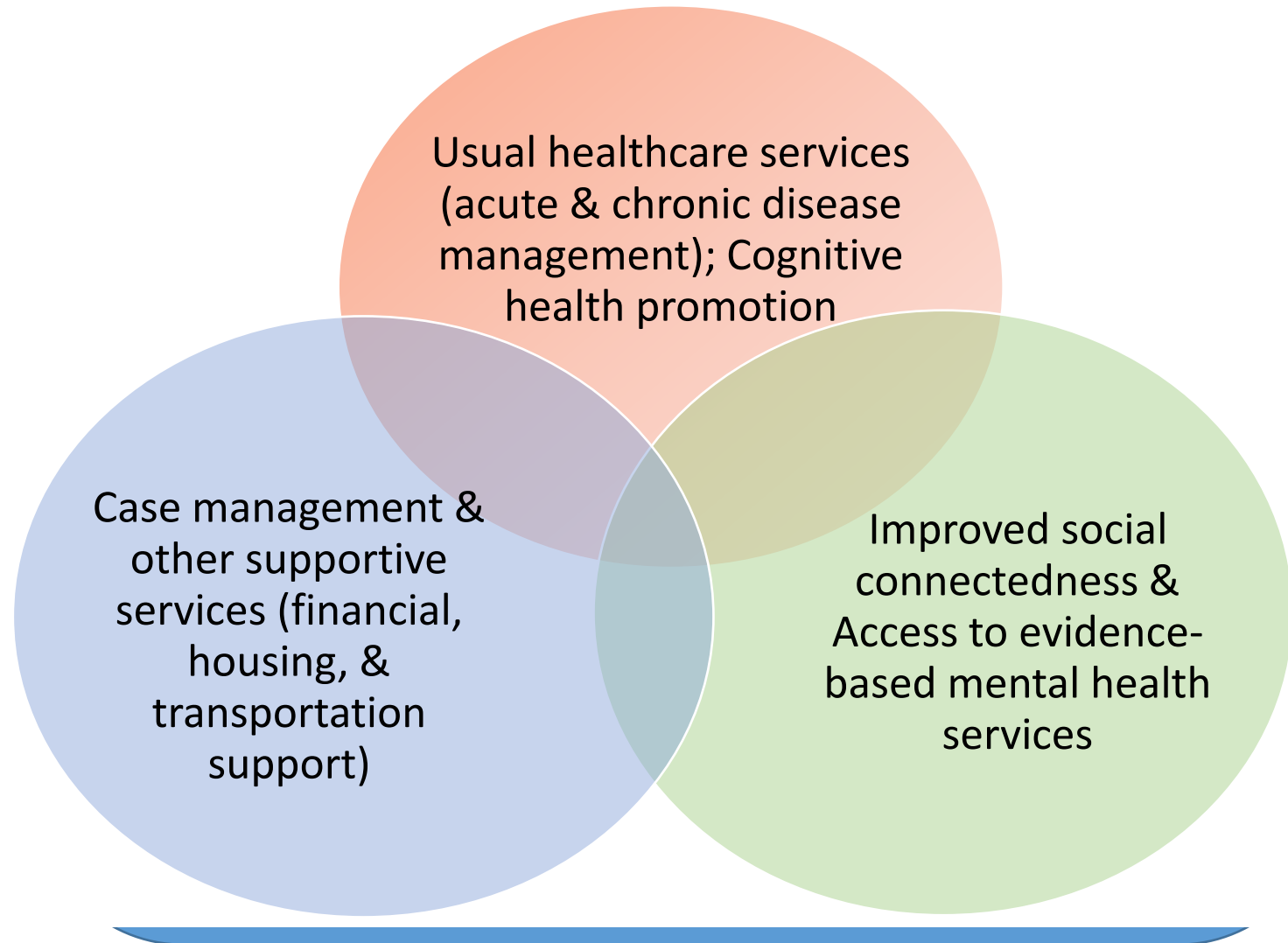
## ANXIETY PREVALENCE

- 18.9% among homecare recipients (Wang et al., 2016)

# Low-income Homebound Older Adults



# Ideally, Service Systems for Homebound Older Adults Should Include



# All Older Adults Need

- Access to evidence-based mental health services, along with
  - supportive case management, and other independent living support
  - social activities and engagement: Social connectedness

## Evidence-based mental health services:

- ✓ Structured, short-term (brief)
- ✓ Focus on “here and now & moving forward”
- ✓ Problem-solving / stress coping skills training
- ✓ Behavioral activation: More structure in daily life by planning and engaging in activities to accomplish goals that align with one’s values/beliefs in chosen life areas

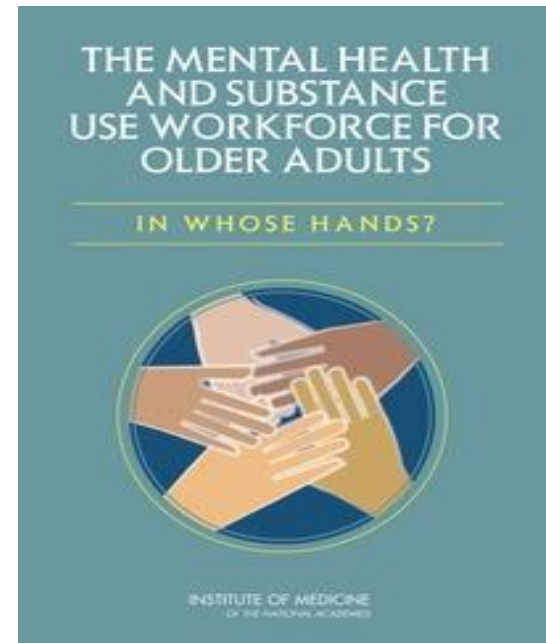
# Barriers to Accessing Mental Health Services

## SYSTEM BARRIERS

- Service fragmentation
- Licensed geriatric MH clinician shortage
- Lack of transportation to clinic-based treatment or technology gap in rural areas
- Lack of affordable, evidence-based, *in-home* or *tele*-treatment programs
- High co-pay
- Reluctance of clinicians to accept Medicare
- Financing, scalability, and sustainability

## PERSONAL-LEVEL BARRIERS

- Stigma / lack of depression-related knowledge – denial of depression / mistrust of mental health professionals
- Other competing life demands/stressors



# Primary & Secondary Prevention Strategies for MH Care

## Health Factors

- Preventive healthcare
- Chronic disease self-management
- Reduction of dependence on pharmaco-therapeutics
- Promotion of access to walking and other exercises/physical activities

## Social Determinants of MH problems

- Affordable housing (more low-income senior housing, Section 8) & utility subsidy
- Transportation services
- Case management

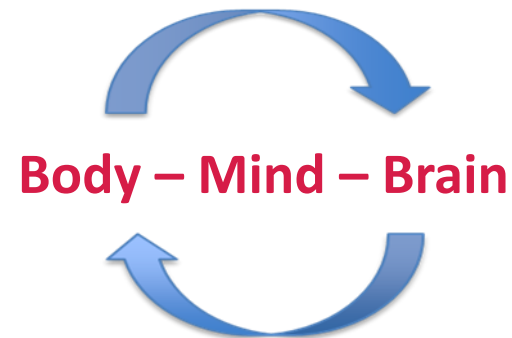
# Primary & Secondary Prevention Strategies for MH Care

## Social Isolation and Loneliness

- Social engagement/activities (senior activity centers; recreational facilities; cultural events)
- Volunteering opportunities

## MH Stigma Reduction

- Community education about MH
- Importance of messaging:  
    Body-mind-brain connection:  
    Prevention science



## Improved Access to MH Services

- Both prevention and treatment
- Behavioral interventions: “here and now” and coping skills training



# Improving ACCESS to MH Services for Homebound Older Adults: Systemic and Policy Changes

- Ease of geriatric MH workforce shortages with task sharing model: Expansion of clinical capacity in screening and brief interventions by training **lay mental health workers**:

- Bachelor's level MH providers (social work, psychology, gerontology)
- Older adults as peer interventionists (Friendship Bench; Hong Kong HEAL-HOA)

Warner LM, Yeung DY, Jiang D, Choi NG,...,Chou KL. Effects of volunteering over six months on loneliness, social and mental health outcomes among older adults: The HEAL-HOA Dual Randomized Controlled Trial. *Am J Geriatr Psychiatry*. Published online December 26, 2023.  
doi:10.1016/j.jagp.2023.12.022

# Systemic and Policy Changes

- **Integration/co-location** of MH screening and evidence-based treatment into aging service settings (Senior Centers; Meals on Wheels):
  - Older adults' trust in aging-service providers who are best situated to detect MH need and offer services
  - Case management and other independent living support
  - Substance use and suicide prevention
- Expanded use of **tele-counseling** for care delivery (reach, economies of scale)
- **Digital access** to brief interventions, apps and platforms, that are part self-guided, part facilitated by a trained coach:
  - BA app currently in development.
  - CBT app to be tested.

# Systemic and Policy Changes: Scalability and Sustainability Recommendations

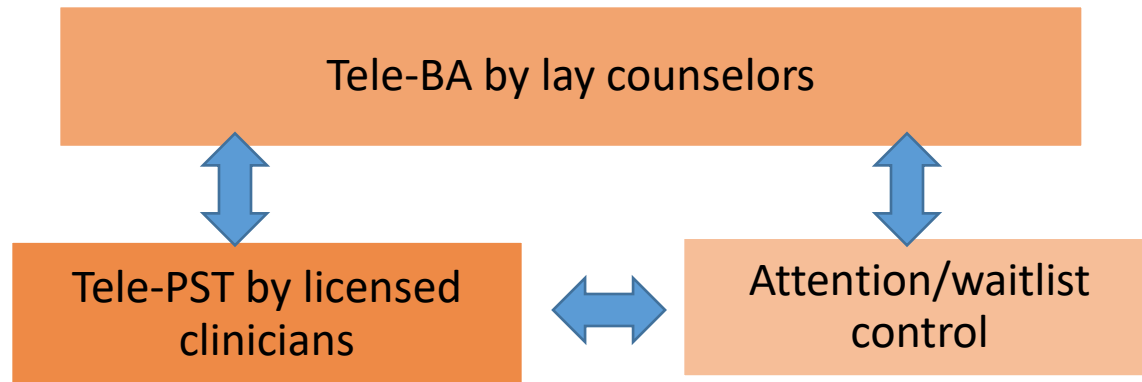
- The Older Americans Act (OAA) Amendments of 2006 made available financing of sustainable aging-service integrated MH care.
- OAA-funded agencies can directly provide or purchase mental health services for their clients; OAA funding level (\$2.76 billion in 2024 FY) needs to be increased to allow:
  - Funding for lay MH worker training, supervision, and support
  - Internet subscription fee and other support for reducing digital divide (e.g., computer and tablet ownership) in low-income and rural area residents
  - President Biden: “High-speed internet is not a luxury any longer. It’s a necessity.”
- In addition to OAA funding for mental health services, **Affordable Connectivity Program: assistance for 2+ million 65- to 84-year-olds**
- Alternative sources of funding for in-home and aging-service-based, lay-counselor-delivered tele-behavioral health treatment coverage and reimbursement

# Telehealth Project

(R01MD009675; 2015-2019; SDF)

## Tele-PST and Tele-BA for Low-Income Homebound Older Adults

- 3-arm RCT focused on testing real-world **comparative effectiveness of Tele-BA delivery by lay counselors**



- All sessions via HIPAA-compliant video-conferencing
- All interventionists embedded in Meals on Wheels for care coordination

# Tele-BA Session via SecureVideo



Goal; Desired outcome	Identified activity	Rank difficu lty	Barriers	Activity selected for implement ation	Time and duration of planned activity
Start exercise routine	Do 3 exercises on PT paper printout	1	Procrastination Look at myself in the mirror and say, "Get it done!"	Selected	Sun, Mon, Tues: 15 mins  (don't stop until finished)

## Original Investigation | Geriatrics

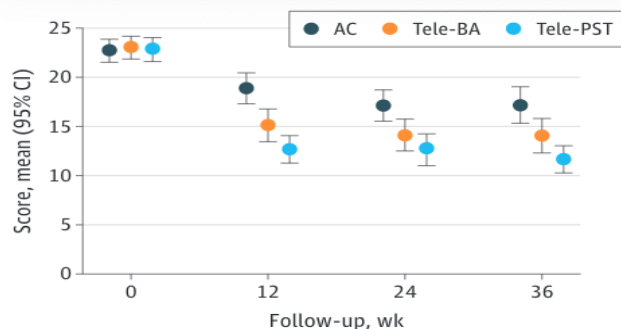
# Effect of Telehealth Treatment by Lay Counselors vs by Clinicians on Depressive Symptoms Among Older Adults Who Are Homebound

## A Randomized Clinical Trial

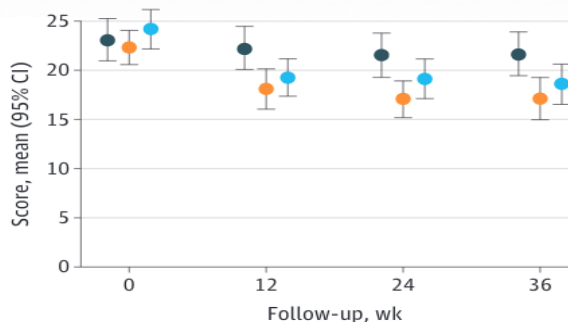
Namkee G. Choi, PhD; C. Nathan Marti, PhD; Nancy L. Wilson, MA, MSW; Guoqing John Chen, MD, PhD, MPH; Leslie Sirrianni, MSW, LCSW; Mark T. Hegel, PhD; Martha L. Bruce, PhD, MPH; Mark E. Kunik, MD, MPH

Figure 2. Outcome Scores by Treatment Groups Across Assessments

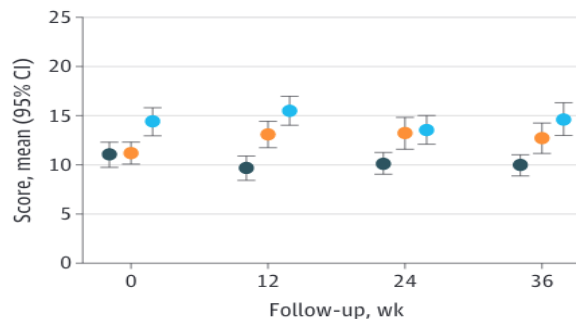
**A** Hamilton Rating Scale for Depression score



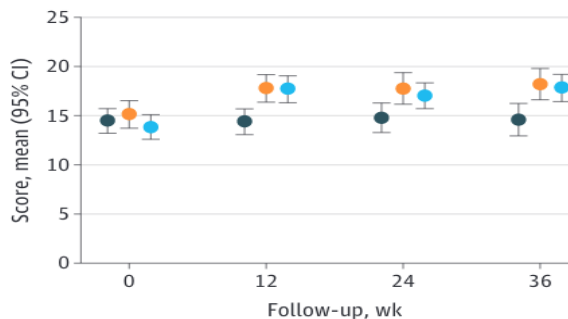
**B** World Health Organization Disability Assessment Schedule 2.0 score



**C** Social Engagement and Activity Questionnaire score



**D** Satisfaction with Participation in Social Roles score



AC indicates attention control; tele-BA, tele-delivered behavioral activation treatment by a lay counselor; and tele-PST, tele-delivered problem-solving therapy by a clinician.

# Commentary by Dr. Aronson



Invited Commentary | Geriatrics

## Evidence, Efficacy, and Economics—A Better Path Forward for US Health Care

Louise Aronson, MD

The current crisis transforming the United States has 4 primary contributors: the coronavirus disease 2019 (COVID-19) pandemic, economic collapse, mobilization for racial justice, and historic rates of anxiety, depression, distress, and substance use disorders. The consequent heightened need for mental health care comes at a time when health organizations are fiscally challenged and newly aware of their contributions to creating and perpetuating health inequities. It also enters a medical context of longstanding inadequate recognition of, support for, and investment in mental health, elder care, and health disparities. It is likely not coincidental that older adults and people of color are disproportionately impacted by both the confluent crises and our response to them.

For all those reasons, as well as health care's current accelerated adoption of telehealth, the article by Choi et al<sup>1</sup> could hardly be timelier. The authors demonstrate that brief videoconferenced problem-solving counseling by low-cost lay counselors is comparable to videoconferenced care by licensed professionals for treating depressed, racially diverse, low-income, homebound older adults. Although slightly less effective for depression, lay counseling had similar efficacy in disability, social engagement, and social role satisfaction outcomes. Moreover, as those of us who work in social justice health care are fond of saying, if you can make a difference in the highest-risk populations,

### + [Related article](#)

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RESEARCH

Open Access



# Cost-effectiveness of Tele-delivered behavioral activation by Lay counselors for homebound older adults with depression

Guoqing John Chen<sup>1\*</sup>, Mark E. Kunik<sup>2,3</sup>, C. Nathan Marti<sup>4</sup> and Namkee G. Choi<sup>4</sup>

## Abstract

**Background:** Low-income homebound older adults have limited access to psychosocial treatments because of their homebound state and geriatric mental health workforce shortages. Little is known about cost effectiveness of lay-counselor-delivered, videoconferenced, short-term behavioral activation on this study population. The objective of this study was to assess the cost-effectiveness of lay-counselor-delivered, videoconferenced, short-term behavioral

- Tele-BA and Tele-PST were more cost-effective than Attention Control (AC): Saved ED visits and hospitalization costs
- Relative to AC, the incremental cost-effectiveness ratio (ICER) for both Tele-BA and Tele-PST were well below \$50,000 (i.e. lower costs and more quality-adjusted life-years [QALY]).



## Summary of Tele-BA by Lay Counselors

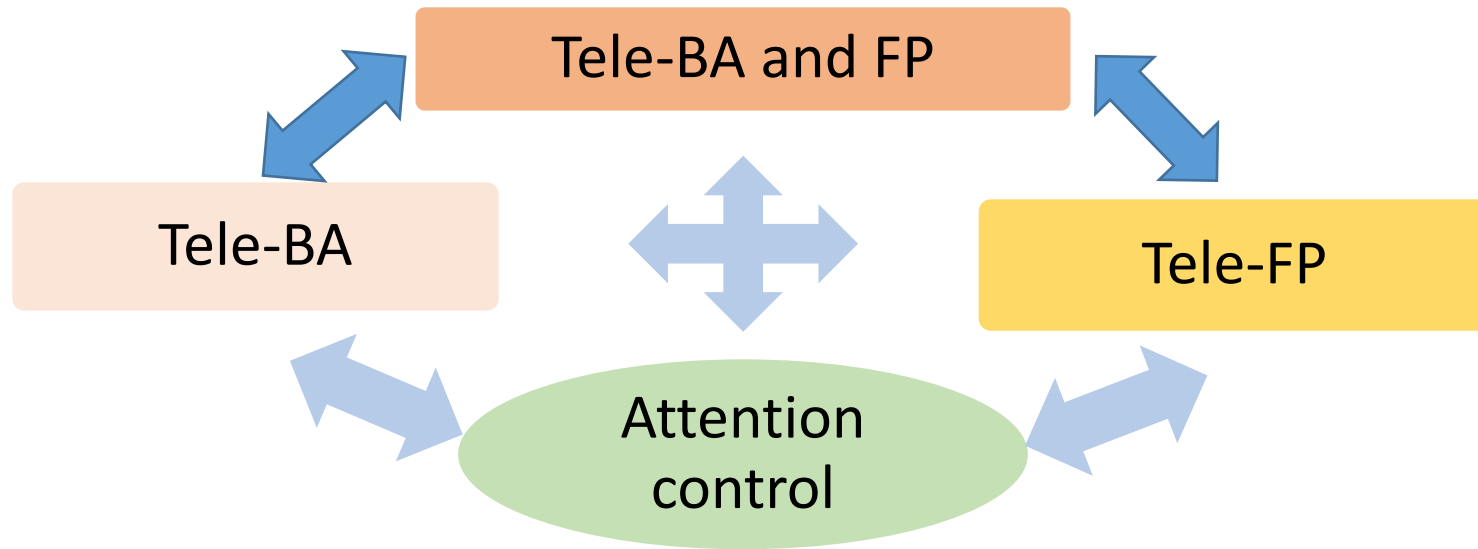
- Positive outcomes sustained through 36 weeks:
  - Depression ( $ES=0.62$ ), disability, social engagement and activities, satisfaction with participation in social roles, and perceived social support
  - Cost-effective
- Integration of Tele-BA in aging service agencies will meet the needs of growing homebound older population who are not served by the existing mental health service systems

# Our Ongoing Telehealth Project

(2R01MD009675-7; 2022-2026)

## Integrated Tele-BA and Fall Prevention for Low-Income Homebound OAs

- 4-arm RCT testing Tele-BA and Fall Prevention by **lay coaches**
- Use of CDC STEADI steps and ipad-based gamified strength and balance exercise app, “Keep On Keep Up” (KOKU): Developed by Dr. Emma Stanmore, University of Manchester; Spanish version by our team: Free download at Apple market



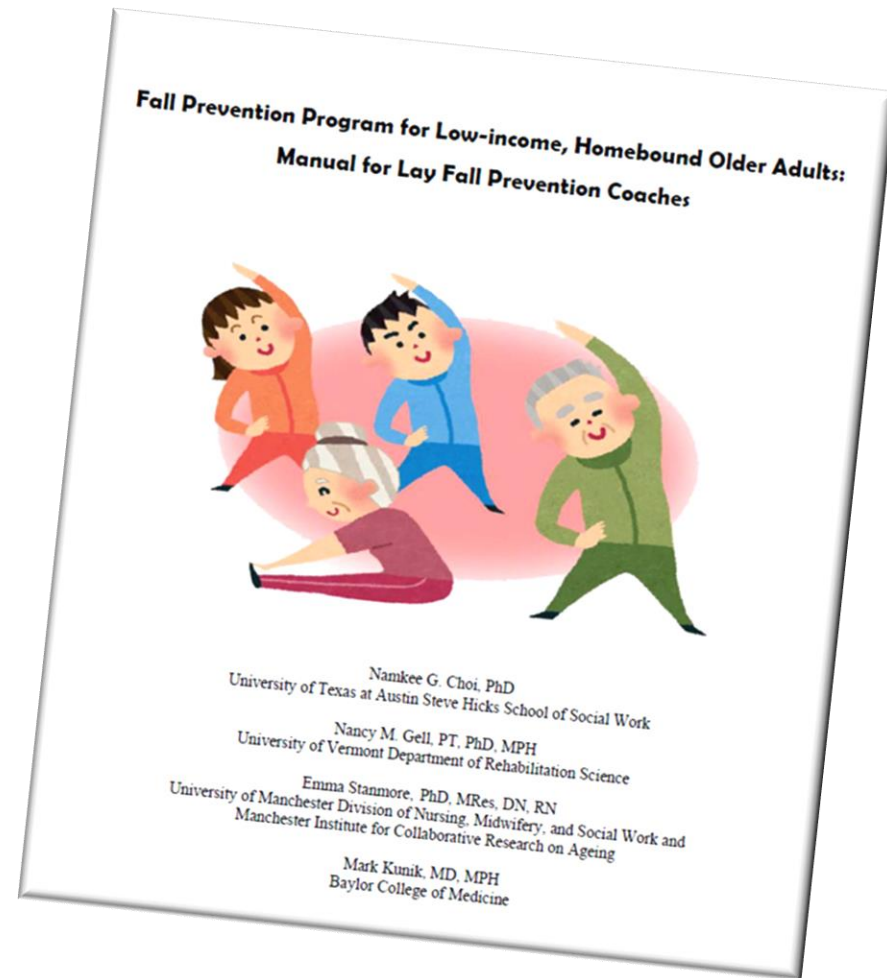
# Fall Prevention: Lessons from Tele-BA

Participants in the project had:

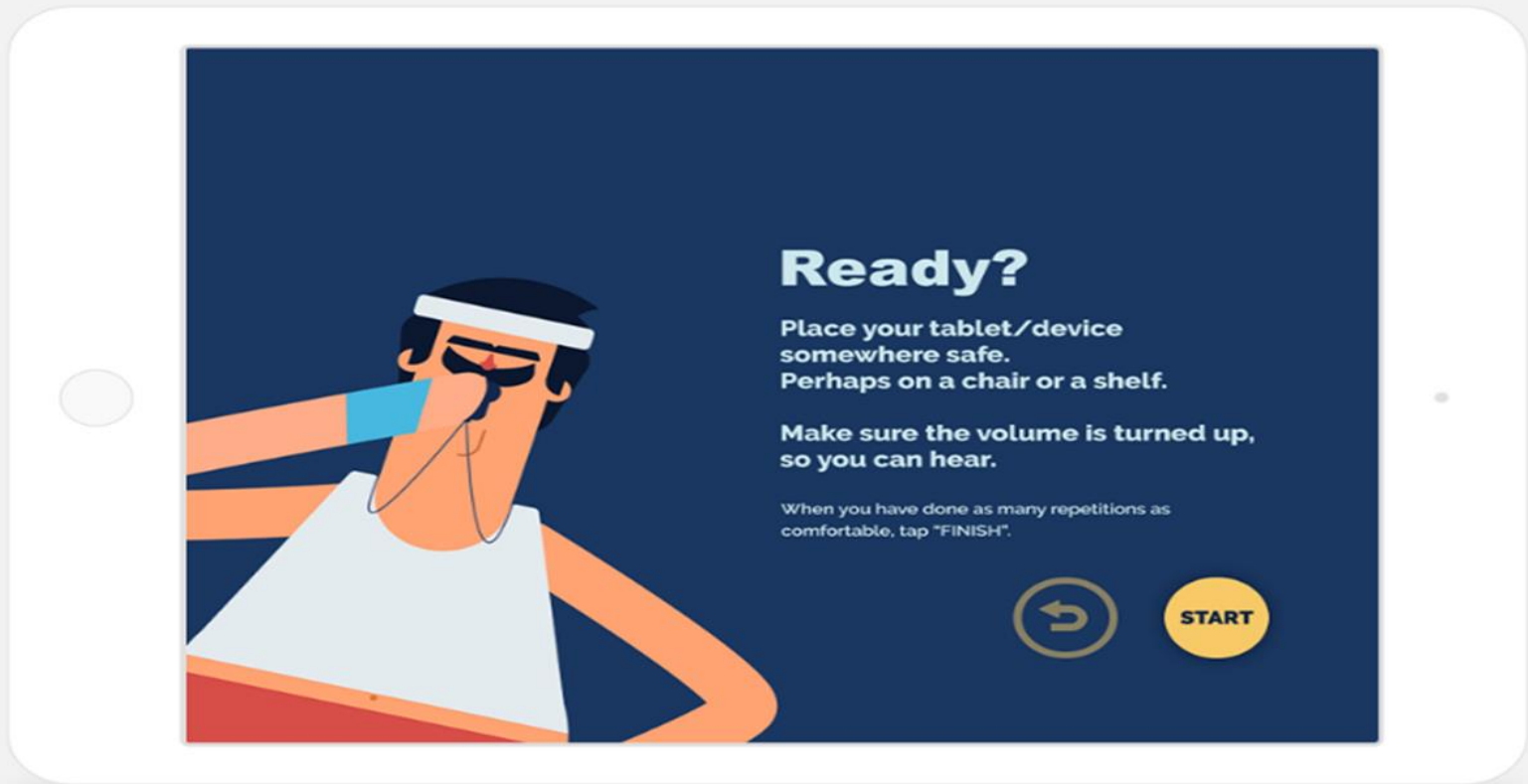
- High rates of falls and fall injury
- Frequent EMS use for “lift assistance”
- Falls and fear of falls leading to further activity limitation
- Negative impact on depression treatment outcomes
- Need to integrate depression treatment and fall prevention

Thanks to Advisors/Collaborators:

- Nancy Gell, PT, PhD, MPH
- Emma Stanmore, PhD, MRes, DN, RN



# KOKU



# KOKU

TODAY'S ACTIVITIES

ACTIVITY TARGETS

ACTIVITY INSTRUCTIONS

CHOOSE ACTIVITY

## Today's activities

You have finished **1** activity  
**5** more to go!

TO DO

**4: STRENGTH  
EXERCISE**



TO DO

**5: HEALTHY  
BONES GAME**



TO DO

**6: BEDROOM  
HAZARD GAME**



Thank you and Q & A