Home-Based Mental Health Services for Older Adults: A Review of Ten Model Programs

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Objective: *The objective is to provide information on successful programs providing home-based services to mentally ill elderly in order to assist other communities wishing to establish such programs.* **Participants:** *The ten programs described in this article were selected by peer review from applications for an award given by the American Association for Geriatric Psychiatry and were participants in an invitational conference.* **Results:** *Eight of the programs were components of a community agency and two were components of a medical school department of psychiatry. Six of the programs focused primarily on individuals with anxiety and depression and utilized a range of individual psychotherapies. The other four accepted patients with any psychiatric diagnosis including dementia and included medication management as part of their services. The numbers served by the ten programs ranged from about 50 to 300 new cases per year, and the staffing ranged from 2 to 13 often with a combination of full and part time. The annual budget for the ten programs ranged from $30,000 to $1,250,000. Budget sources usually included some combination of public funds, philanthropy, and fee-for-service income.* **Conclusions:** *Despite the logistic and fiscal challenges of providing home-based services to mentally ill older adults there are many long-standing successful programs that can serve as models for communities wishing to establish similar programs. A great opportunity exists for a unified outcome research endeavor as well as expansion into many more communities.* (Am J Geriatr Psychiatry 2014; 22:241–247)

Key Words: Home-based psychiatric care, mental health services, model programs

Of the almost 40 million people over the age of 65 in the United States, nearly 10% (9.2%) are considered housebound and in need of home-based care.[1,2] Based on epidemiological studies, the burden of depression and other mental disorders in homebound older adults is twice as great as in their community dwelling counterparts.[3,4] Regardless of its severity, their untreated or undertreated mental health problems exacerbate medical, functional, and social problems, and lead to higher rates of healthcare use, premature institutionalization, and mortality.[5]

Being homebound is a significant barrier to the detection of mental health problems and mental

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TABLE 1. Characteristics of Model Programs Providing Home-Based Services for Older Adults with Mental Illness

Program	Institute of Aging Home Psychotherapy Program, San Francisco, CA	Older Adult System of Integrated Services (OASIS), San Mateo County Health System, San Mateo, CA	Senior Reach Jefferson County, CO	Fuqua Center for Late Life Depression, Atlanta, GA	Senior Outreach Services (SOS) Independence, KS	Elder Mobile Mental Health Project, Lynn, MA	Service Program for Older People (SPOP), homebound component NY, NY	Professional Assessment and Treatment of Homebound Seniors (PATHS), Rochester, NY	Geriatric Outreach (GO) Program, Winston-Salem, NC	Journey's Way Geriatric Counseling Program, Philadelphia, PA
Started	2001	1980s	2005	1999	2004	2008	1970s	2006	2005	1973
Parent agency	Institute on Aging	County health system	Jefferson County Mental Health Center	Emory University	Mental Health Center	Greater Lynn Senior Services	same	Lifespan, which is a fiduciary agent for 4 organizations that collaborate	Wake Forest University	Intercommunity Action (Interact)
Target population	Frail 60 and over living in S.F. mainly frail, marginalized low income	Seriously mentally ill 60 and over in San Mateo County	Over 60 living independently not currently with a therapist	Older adults with signs/ symptoms of mental illness, including dementia	Over 60 with any mental health condition already being seen in the MHC	Over 60 in 5 county area who need mental health services but can't access them	Homebound 55 and over with any mental health condition	Over 60 with anxiety or depression who can't or won't go to an office setting	Homebound over 65 with any mental health condition	Over 60 who need mental health evaluation and will not or cannot use office based services. Mainly very low income
Clinical focus	Mainly chronic mental illness, also new onset depression or anxiety	All diagnoses	Depression, anxiety, life crises	All diagnoses	Mainly depression and anxiety	Mainly depression and anxiety	All diagnoses	Depression and anxiety	All diagnoses	Mainly depression and anxiety
Services	Home-based psychotherapy by doctoral level students. Typically 10–12 visits but can be longer	Full range including psychiatric, intensive case management, individual therapy, medical escort, and assertive community treatment	Public education to train "gatekeepers," individual therapy	Treatment as clinically indicated, provided by advanced practice nurses	Introductory outreach visit followed by individual therapy for as many sessions as needed. Also case management	In-home counseling with no minimum or maximum. Also refer for other services as needed	Full spectrum, same as clinic based services	Counseling, up to 9 sessions	Evaluation and follow up treatment as clinically indicated	Assessment and counseling by social workers, also coordination with PCP
Model	Individual psychotherapy in the context of a multidisciplinary team approach	Full service including medication management and assertive community treatment	Gatekeeper model of public education and strength based therapy of up to 10 sessions. About 11,000 gatekeepers trained	Full service including medication management	Combination of Gatekeeper approach to public education, individual therapy, and case management	Diagnosis and counseling	Full service including medication management	Cognitive behavioral and problem-solving therapies	Full service including medication management	Assessment, counseling, and coordination of care
No. served	About 50 unduplicated patients/year	200 open cases at any time	About 200/year	About 130 unduplicated cases/year	117 year 1, 151 year 2, 161 year 3. Average 5–10 sessions over 6 months	15-20 new referrals/month	150 patients/ month, 340 visits/month	60/year	About 50 new cases per year, about 300 total since program began	172 unduplicated cases last FY. Try and work within 20 visit framework