

**TITLE - Improving Client Mental Health to Positively Impact Abuse Resolution**

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**SUMMARY OF RESEARCH**

With elder abuse occurring in more than 1 in 10 older adults, it is not surprising that the rates of anxiety and depressive symptoms are high among this vulnerable population. Victims suffering from anxiety and depression may face even greater challenges taking the necessary steps to protect themselves and utilize the elder mistreatment services offered. To address this challenge we have developed a mental health program to be integrated into elder abuse service agencies. Called PROTECT, it combines training to conduct routine screening for mental health concerns and integration of a brief psychotherapy offered by a mental health clinician. The Problem-Solving Psychotherapy (PST) is offered concurrently with elder abuse resolution services. To our knowledge this is the first program to integrate mental health and elder abuse service needs.

In a feasibility study, after detection of mental health need, 69 older adults were randomized to receive either the PROTECT therapy or a referral to a local mental health provider (the usual practice for mental health needs). Clients were contacted for a 4 month follow-up. Clients who received the PROTECT therapy reported a greater, but not significant reduction in depressive symptoms (54%) compared to referral clients (35%) ( $p=.089$ ). PROTECT clients were significantly more satisfied with the services they received and more likely to feel that “most or all” of their needs were met. Clients in the PROTECT group also felt that they had better self-efficacy and were better able to deal with their problems. These findings support the usefulness of integrating mental health and abuse service needs to improve both depression and the usefulness of services offered for abuse.

**PRACTICE & POLICY IMPLICATIONS**

The PROTECT program offers a strategy to address the mental health needs of victims by both increasing detection through screening and offering embedded mental health services. With training, elder abuse agencies can add mental health screening to their existing evaluations to help identify factors that may impede resolution services. Either by adding mental health staff, or by building collaborations with community mental health professionals, mental health treatment and elder abuse services could be offered concurrently.

As most services exist within silos, training is needed to enable elder mistreatment service providers to be proficient and feel comfortable with mental health screening. In addition, as resources are often scarce, adding specialized mental health staff would be best supported with additional external funding.

**FURTHER READING**

- 1) Wu, L., Shen, M., Chen, H., Zhang, T., Cao, Z., Xiang, H., & Wang, Y. (2013). *The relationship between elder mistreatment and suicidal ideation in rural older adults in China.* [Research Support, N.I.H., Extramural Research Support, Non-U.S. Gov't]. *The American Journal of Geriatr Psychiatry*, 21(10), 1020-1028.
- 2) Sirey, J. A., Berman, J., Salamone, A., DePasquale, A., Halkett, A., Raeifar, E., Banerjee S., Bruce ML., Raue, P. J. (2015). *Feasibility of Integrating Mental Health Screening and Services Into Routine Elder Abuse Practice to Improve Client Outcomes.* *J Elder Abuse Negl.* 2015;27(3):254-69.
- 3) Sirey J, Halkett A, Chambers s, Salamone A, Bruce ML, Raue PJ & Berman J: *PROTECT: A Pilot Program to Integrate Mental Health Treatment Into Elder Abuse Services for Older Women.* *J Elder Abuse and Negl.* in press.



This research summary is part of a series sponsored by the National Adult Protective Services Association (NAPSA) and the National Committee for the Prevention of Elder Abuse (NCPEA) joint Research Committee. The purpose of this research summary is to provide direct access to findings in order to enhance practice and clarify policy choices.

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