Final Presentation Project

Depression in Older Koreans immigrants

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NUR 342 Community and Public Health Nursing Practice

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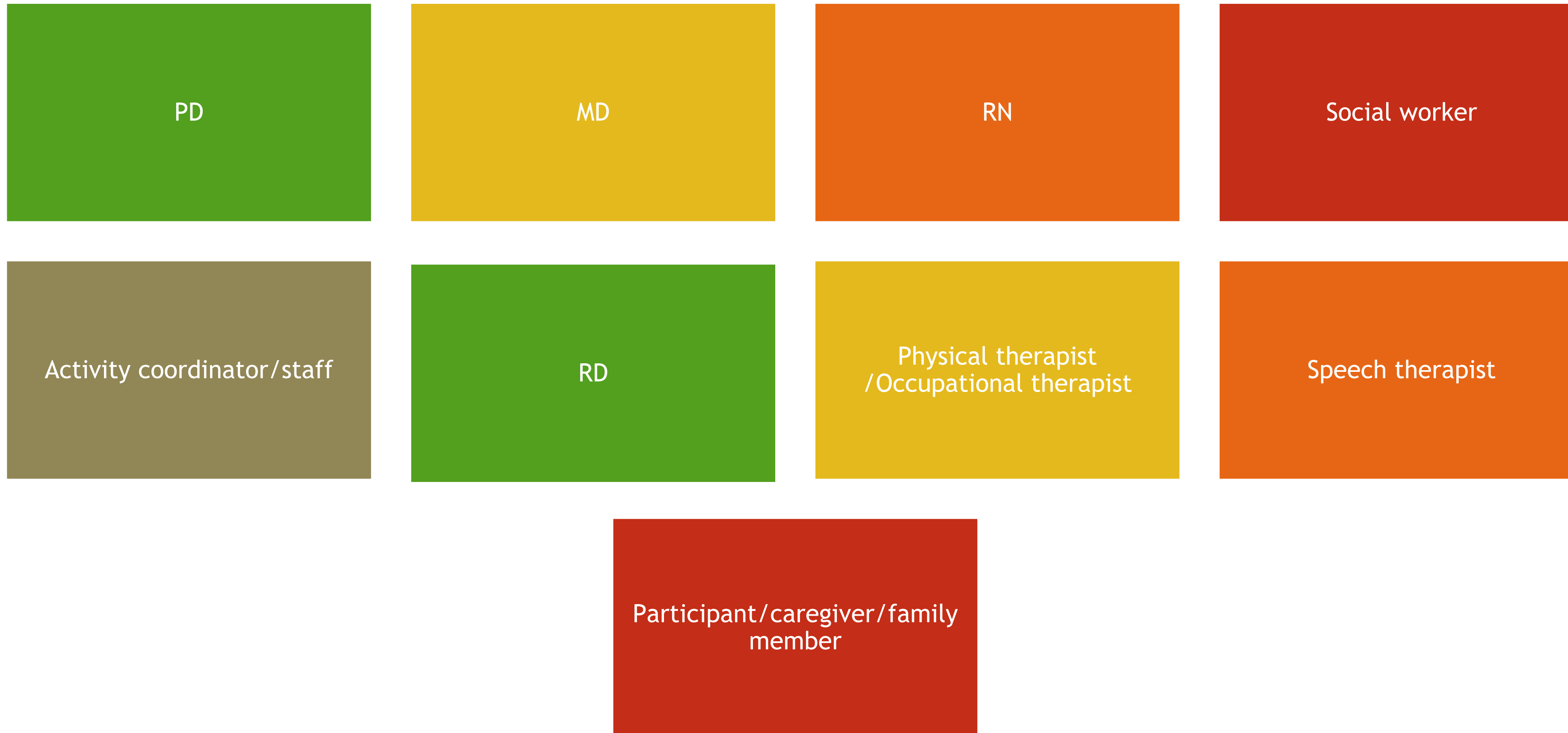
Community Based Adult Services (CBAS)

- CBAS is a community-based day health program for older adults and adults with certain chronic medical, cognitive or mental health conditions, or disabilities who are at risk of needing institutional care. This program used to be called Adult Day Health Care (ADHC).

MDT (Multi disciplinary team) in CBAS (Community Based Adult Services)



Purpose of this project

- Mental health heavily influences our quality of life. So it makes sense that mental health, just like physical health, needs to be taken care of and maintained. And one way that it can be maintained is through finding a sense of community.

- To reduce the risk of chronic diseases related to stress, anxiety and substance abuse. Most importantly, mental health services save lives, while improving the outlook for people who may feel hopeless and lost.

Mental Health in Older Koreans immigrants

- Immigration-related stressors can increase suicidal ideation and risk due to the distress associated with cultural stress, social marginalization and intergenerational conflicts in addition to PTSD and other psychological disorders.
- Older Koreans immigrants who don’t speak the language and lack social outlets deal with social isolation and depression. In addition depression may be felt to be a sign of personal weakness.
- Despite its high prevalence, depression is often unrecognized and untreated in minority immigrants. Culture and environment influence perceptions of depression

COMMONWEALTH ADULT DAY HEALTH CARE

7811 Commonwealth Ave., Buena Park, CA 90621 / Phone# (714) 522-4960 / Fax# (714) 522-4961

MEDICAL HISTORY AND PHYSICIAN AUTHORIZATION

Participant Name (last, first):	Exam Date:
Date of Birth (mm/dd/yyyy): / /	Gender: ☐ M ☐ F

Physician's Name:	Phone Number:

CURRENT MEDICAL STATUS

Diagnoses	Active Medication (Dose/Frequency)

PHYSICAL EXAMINATION (complete or attach health record)

Temp:_______ Pulse:_______ Resp. Rate:_______ BP:_______ Height:_______ Weight:_______

HEENT:	Musculoskeletal:
Respiratory:	Integumentary:
Cardiovascular:	Breast/Chest:
Gastrointestinal: ☐ Bowel Incontinence	Genitourinary: ☐ Bladder Incontinence

Mobility: ☐ Unstable gait ☐ Falls easily ☐ Needs assistive device

Sensory & Functional Impairment: ☐ Vision ☐ Hearing ☐ Touch ☐ Speech

Neurological & Psychological Status: ☐ Depressed ☐ Confusion ☐ Aggression ☐ Other ___________________________

TUBERCULOSIS SCREENING (Must be done within the last 12 months)

Last TB Skin test: Date: __________ ☐ Negative ☐ Positive _______ mm

Chest X-ray: Date: __________ ☐ Negative ☐ Positive

COMMONWEALTH ADULT DAY HEALTH CARE

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Participant Name (last, first):	Date of Birth (mm/dd/yyyy): / /

MEDICAL HISTORY (Please describe any "Yes" answers if details are known)

Any known history of falls?	☐ Yes ☐ No
Any known history of emergency room visits or hospitalization?	☐ Yes ☐ No
Any significant medical history?	☐ Yes ☐ No
Comments:	

BLOOD PRESSURE AND/OR BLOOD SUGAR TEST ORDER (Indicate only if applicable):

- Please specify parameters to be notified to MD.

Hypertension	Diabetes
Hypertension: ☐ Yes ☐ No	**Diabetes:** ☐ Yes ☐ No
Notify PCP if BP: > 180/100 or < 90/50	Notify PCP if BS: > 300 or < 60
* If you want specify parameters, please fill out directly ____________	* If you want specify parameters, please fill out directly ____________
	Test Frequency: ☐ 1x wk or specify ___________

OVER-THE-COUNTER MEDICATION ORDER (Check "Yes" for authorizing the followings):

Acetaminophen 500 mg Q4hrs PRN for pain and/or fever	☐ Yes ☐ No
Ibuprofen 200 mg Q4hrs PRN for pain and fever	☐ Yes ☐ No
Bismuth subsalicylate (Pepto-Bismol) 30 mL for gastric discomfort and/or diarrhea	☐ Yes ☐ No
Calcium carbonate (Tums) 2 tabs PRN for gastric discomfort and/or diarrhea	☐ Yes ☐ No
Oxygen 2-4 liters PRN for acute SOB/dyspnea	☐ Yes ☐ No

DIET ORDER

☐ Regular diet (no restrictions)

☐ NAS (HTN) ☐ NCS (DM) ☐ Low Fat/Chol ☐ Bland ☐ CRF (Chronic Renal Failure)

☐ Other ________________

The patient may go off his/her special diet up two times per month for special occasions.

Allergies Medication: Food: Lactose Intolerance: ☐ Yes ☐ No

Patient is capable of administering medication by self: ☐ Yes ☐ No

Any indication of communicable disease: ☐ Yes ☐ No

Patient is allowed to be transported over an hour: ☐ Yes ☐ No

Patient can be administered prescribed medications by center RN as needed: ☐ Yes ☐ No

REQUEST FOR ADULT DAY HEALTH CARE / COMMUNITY BASED ADULT SERVICES

This patient has one or more chronic or post-acute conditions that require monitoring, treatment, or intervention, without which there is a high potential for further deterioration and may require emergency room, hospitalization, or institutionalization. **The information provided reflects this patient's current health status. I request ADHC/CBAS services in addition to authorizing ongoing liaisons and collaborative care with the center.**

______________________ ______________________ ____________

Physician's Printed Name Physician's Signature Date

Geriatric Depression Scale

GERIATRIC DEPRESSION SCALE (short form – Korean Version)

지난 한 주동안 당신이 어떻게 느꼈는 가에 가장 맞는 답을 선택하시오.

참가자 이름:	날짜:	*점수:	의견:
	질 문		
1	당신의 삶에 대체로 만족하십니까?	예( )	아니오( )
2	당신의 활동이나 관심거리가 줄었습니까?	예( )	아니오( )
3	당신의 삶이 의미없다는 생각이 드나요?	예( )	아니오( )
4	당신은 종종 지루하거나 따분할 때가 많습니까?	예( )	아니오( )
5	당신은 대체로 활기차신가요?	예( )	아니오( )
6	당신은 나쁜 일이 당신에게 일어 날 것에 대해 두렵습니까?	예( )	아니오( )
7	당신은 대부분 행복하다고 느낍니까?	예( )	아니오( )
8	당신은 종종 아무것도 할 수 없을 것 같은 무력감이 드시나요?	예( )	아니오( )
9	당신은 외출해서 새로운 것을 하는 것보다 집에 있기를 더 좋아합니까?	예( )	아니오( )
10	당신은 대부분의 사람들보다 기억력에 더 문제가 있다고 느낍니까?	예( )	아니오( )
11	당신은 현재 살아 있다는 것이 정말 좋다고 느껴지시나요?	예( )	아니오( )
12	당신은 요즘 자신이 아무 쓸모없는 사람처럼 느껴지나요?	예( )	아니오( )
13	당신은 요즘 생활이 신나고 즐거워서 생활에 활력이 넘치시나요?	예( )	아니오( )
14	당신은 자신의 처지가 절망적이라고 느껴지나요?	예( )	아니오( )
15	당신은 다른 사람들이 대체로 자신보다 낫다고 느껴지나요?	예( )	아니오( )

across studies, for clinical purposes a score > 5 points is suggestive of depression and should warrant a follow-up interview. Scores > 10 are almost always depression.

How to process when ptp has >5/15 points of GDS

1. Refer to Licensed social worker for further evaluation as soon as possible within 5 days
2. Notify to PCP of high score of GDS & s/sx of depression (sleep disturbance, feeling of sadness, lack of energy, reduced appetite, increased cravings for food, Wt loss/gain, unexplained physical problems, suicidal thought, etc.).
3. F/u with PCP for further order/recommendation
4. Within 5 days after initial assessment,

-If PCP add Dx of depression & med ▫ add nursing care plan about the Dx and med & monitor depressive feeling and S/E of med

-If PCP does not add any Dx or med ▫ add the nursing care plan about ptp's c/o depressive feeling and provide intervention as needed, as collaborating with social worker/ licensed social worker

Example

Medical Notification

Ptp expressed depressive feeling w/GDS score 9/15 (see the attached Geriatric depression scale which was done on 03/15/22) with poor appetite and sleep disturbance but had no suicidal plan or thought at this time. Please let us know if ptp needs treatment.

___V_Yes, add Dx of depression & med ; depression & Sertraline 50mg qd

____ No, ptp has no Dx of depression but needs continuous monitoring

Further MD recommendations:________________________________

Nursing Care Plan for depression

C/o lack of motivation and pleasure in her tasks and activities d/t depression w/ sertraline 50mg qd

- 5. Assess depressive feeling and behavior/ S/e of med (nausea, insomnia, fatigue, increased sweating, dizziness, etc.) through telehealth or at center **1xwk & prn**
- 5. Provide emotional support and daily exercise and report MD if s/e of meds occur **prn at center**
- 5. Edu. ptp to increasing physical activity and socialize with peer group and visit Dr regularly to prevent worsening **1xmo & prn**

5. Ptp will express decreased depressive feeling and will increase activities w/o S/e of med over the next 6mos

Services for depression

- Counseling with LCSW (licensed social worker)
- Support group -provides individual and group counseling for the participant who has depression and family member who take care of participant who has depression
- At center, 47 participants has dx of depression (total participants; 270)
- Provide community resources ;
  - National Suicide Prevention Lifeline : 877-727-4747 (Korean Speaking Counselors)
  - Crisis Text Line: Text SIGNS to 741741 for 24/7, anonymous, free crisis counseling.
- Monitor daily for s/sx of depression, re-evaluate during quarterly assessment & re-assessment, f/u w/PCP for further order & recommendation, and provide appropriate intervention as needed.

References

- Park, S., & Song, K. (2008). *Depression and Korean American immigrants*.
- Sin, M., Jordan, P., & Park, J. (2011). *Perception of Depression in Korean American Immigrants*.