

# ACT in Assisted Living: A Literature Review Supporting a Potential Intervention to Improve Mental Health in Older Adults

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## Background

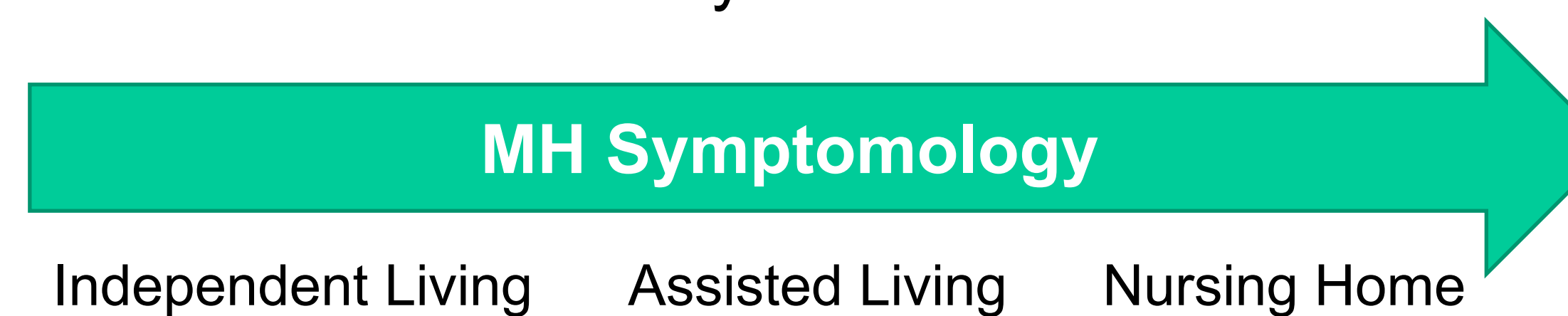
- By 2024, 20% of the Canadian population will be 65 years or older (Garner et al., 2018).
- Although older adults experience lower rates of mental illness than their younger counterparts, they continue to demonstrate some mental health needs (Cairney et al., 2008), the most common of which are depression and anxiety (MacCourt et al., 2011).
- Group interventions to address the mental health needs of older adults living in residential settings have several benefits:
  - Economic and time efficient
  - Match the effectiveness of individual therapy (Burlingame et al., 2013; Cuijpers et al., 2018; Krishna et al., 2011).
  - Normalizing challenges, vicarious learning, and role flexibility (Fuhriman & Burlingame [1990] as cited in Holmes & Kivlighan [2000]).
- Mindfulness may be beneficial in older populations.
  - Among adults older than 55 years, those with higher scores on a non-judging facet of trait mindfulness were significantly more optimistic in their expectations of the aging process. Non-judgmentalness may increase acceptance of age-related changes in such a way that they are anticipated less negatively (Fiocco & Meisner, 2018)

## Method

- A literature review was conducted with the following objectives:
  1. Ascertain differences in depression and anxiety symptomology among older adults in community and residential settings
  2. Determine the effectiveness and use of group-based and mindfulness-based interventions, including MBSR, MBCT, DBT, and ACT within an older adult population

## Results – Objective 1

- Mental health symptomology among older adults varies significantly by living environment.
- Depression
  - Independent living: 8-16% (Blazer, 2003)
  - Assisted living: 13 - 34% (Maxwell et al., 2013; Watson et al., 2003; Watson et al., 2006)
  - Nursing homes/Long-term care: 31 - 47% (Blazer, 2003)
- Anxiety
  - Residential settings: 7 - 58% (Creighton et al., 2015)
  - Independent living: 3 - 14% (Wolitzky-Taylor et al., 2010)
- These statistics suggest that rates of depression and anxiety rise with increased intensity of care.



## Results – Objective 2

- **MBSR and MBCT**
  - 15 outcome studies
  - Relatively consistent large effect sizes in reducing older adults' anxiety, depression, and stress (Geiger et al., 2016)
- **DBT**
  - Scarce
  - Two studies suggest DBT skills more effective than antidepressant treatment in achieving depression remission
- **ACT**
  - Promising results in areas such as:
    - Chronic pain (McCracken & Jones, 2012)
    - Anxiety (Wetherall et al., 2011)
    - Depression (Jacobs et al., 2018; McCracken & Jones, 2012; Wetherall et al., 2011).
  - Effective group-based interventions for:
    - Depression among Veterans (Jacobs et al., 2018)
    - Chronic pain (Alonso et al., 2013; Alonso et al., 2016)

## Proposed Project

### A 10-week group-based ACT intervention for older adults in assisted living with depression and/or anxiety symptoms

#### Why ACT?

- Transdiagnostic approach
- No need to identify with diagnostic labels
- Emphasis on value-based living (Petkus & Wetherall, 2013)

#### Why Assisted Living?

- Lack of timely and appropriate mental health care has significant consequences
  - Residents with depression were more than 1.5X more likely to be discharged to nursing homes within one year (Watson et al., 2003)
  - The most depressed residents were more than 2X more likely to die during that time compared to their non-depressed peers—even when controlling for medical risk factors (Watson et al., 2003)
  - A Canadian study found that in age- and sex-adjusted analyses, depressive symptoms were a significant predictor of needing future intensive long term care (Maxwell et al., 2011)

#### Study Objective 1:

Evaluate the impact of a group-based ACT intervention on participants' mental health, including symptoms of depression, anxiety, chronic pain, and quality of life, as well as mindfulness.

#### Hypotheses:

- Participation will result in a reduction in depression, anxiety, and chronic pain symptoms and increase perceived quality of life.
- Participation will result in an increase in reported mindfulness behaviours.

#### Study Objective 2:

Evaluate the impact of a group-based ACT intervention on participants' cognition.

#### Hypotheses:

- Participation will result in an improvement in cognitive scores.
- Changes in participants' cognitive scores will be mediated through reduction of depressive and anxiolytic symptoms and an increase in mindfulness behaviours.