

We looked at studies that compared...



We measured:



symptoms of depression and anxiety



trial drop-out



quality of life & wellbeing

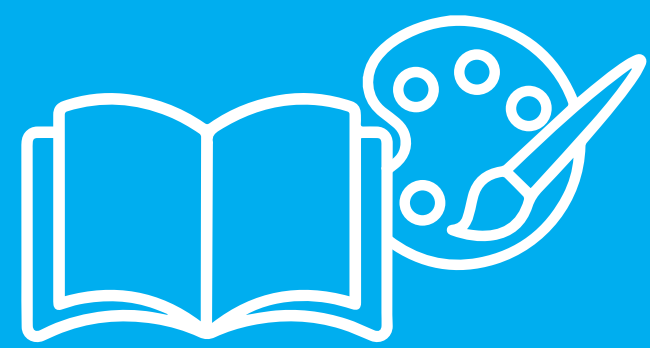


remission of clinical disorder

Over periods of:



Psychological therapies included:



Behaviour therapy aims to modify behaviour patterns by encouraging people with depression to engage in pleasurable and rewarding activities.



Cognitive behavioural therapy helps people reframe negative thoughts and beliefs, and may include teaching practical skills, such as structured problem-solving.



Reminiscence therapy supports older people to reflect on positive or shared memories, and helps them find meaning in their life history.

No therapy included:



Usual care where older people continue to receive the usual care provided within the facility. This may include access to medications, support with activities of daily living, and access to a program of activities within the facility.



Attention control where older people are provided with additional social engagement (like friendly visits from the research team or discussion group activities) instead of psychological therapy – meaning they receive the same amount of attention as those who receive therapy.



Wait list where older people are offered psychological therapy at a later date.

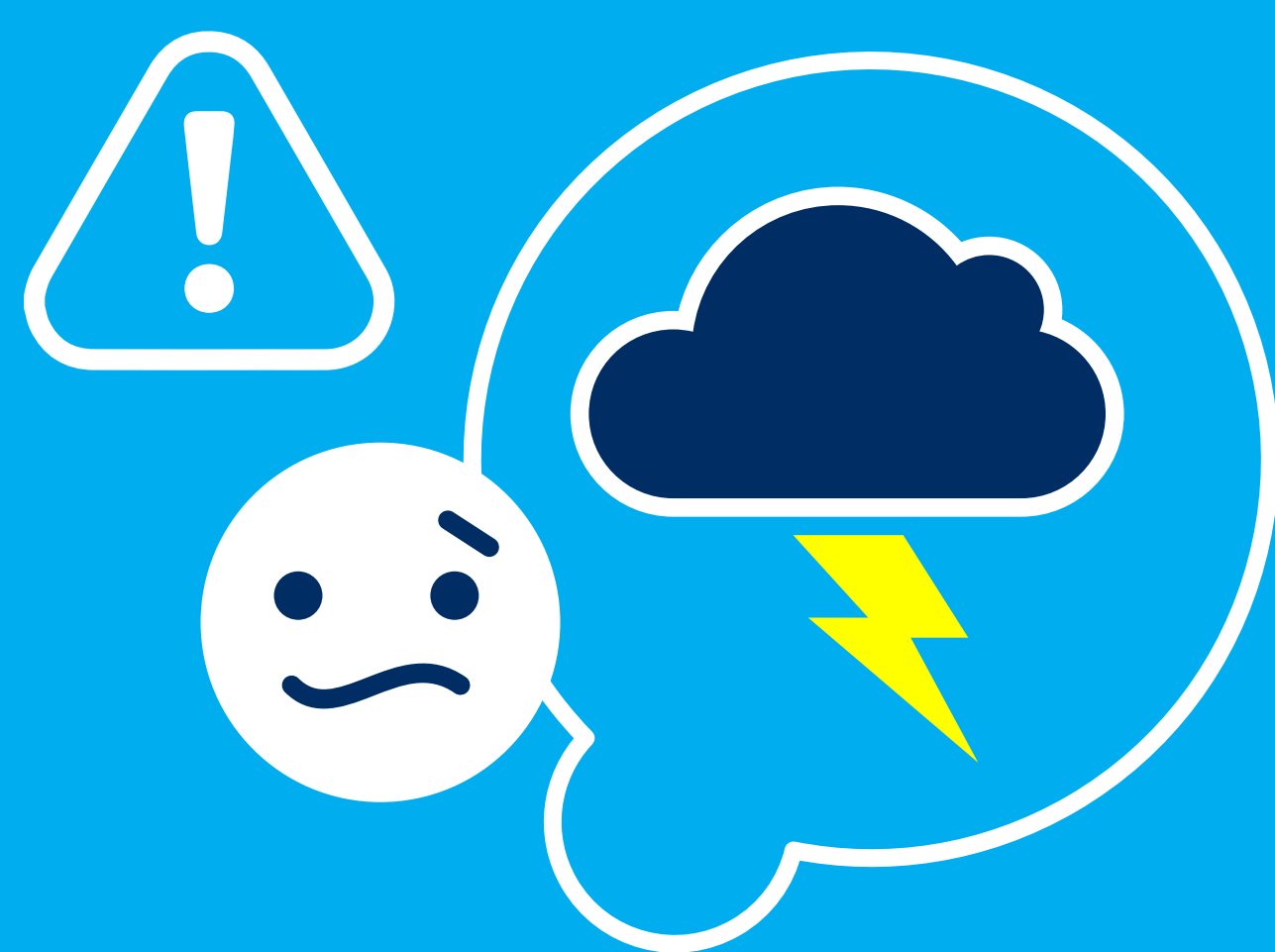
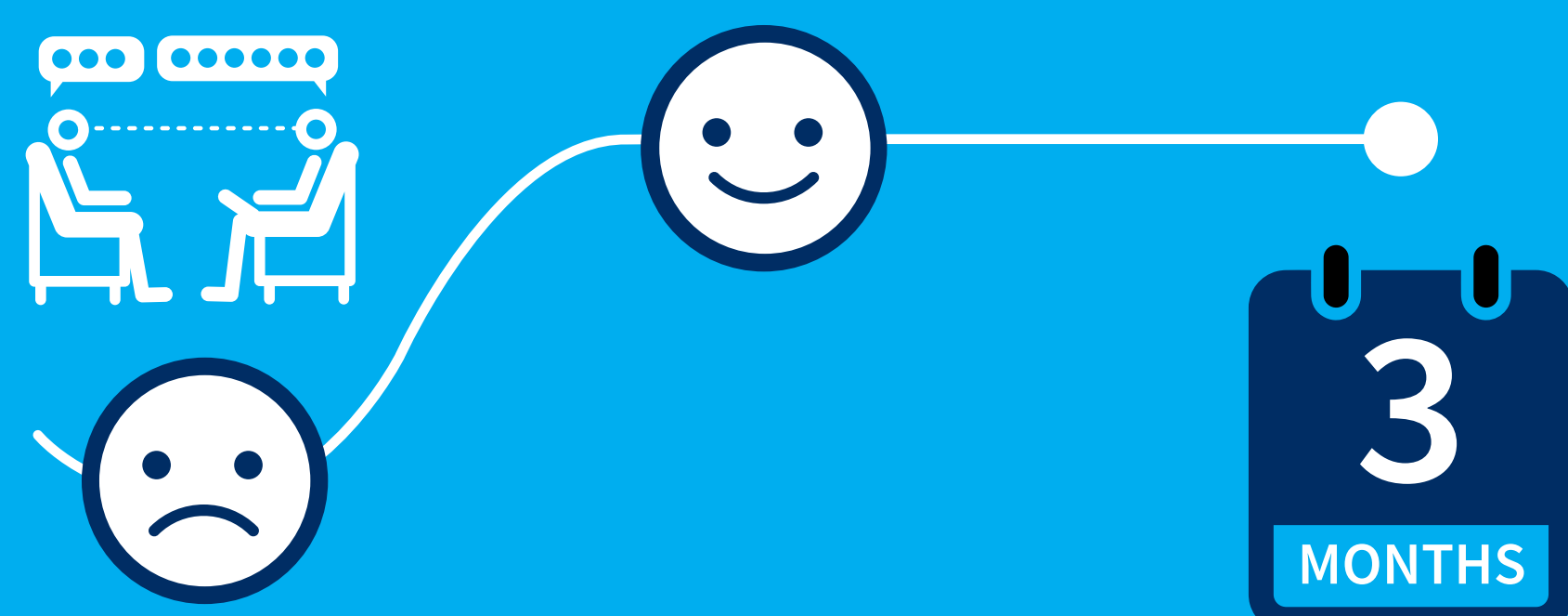


What we did:

We looked at whether the outcomes were different for older people who received psychological therapies compared with no therapy. We located 19 studies with 873 participants with depression. Most studies compared cognitive behavioural therapy, behaviour therapy, or reminiscence therapy to usual care or to a condition providing residents with a similar level of attention.

We found:

Receiving psychological therapies may be better than not receiving psychological therapies for reducing symptoms of depression. This improvement in symptoms of depression was apparent for up to 6 months.



Which therapy worked best?

Our analysis showed that all three types of therapies may be effective and suitable to use with older people in residential aged care.

Therapy duration

Most therapies were relatively brief – between 2 and 12 sessions in total.



Interestingly...

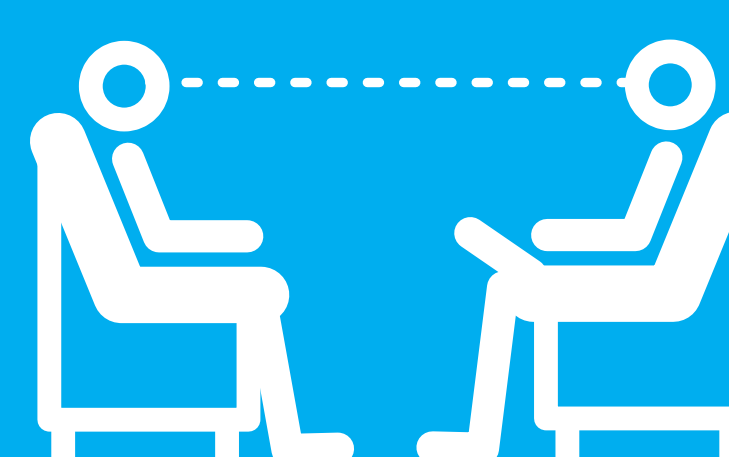
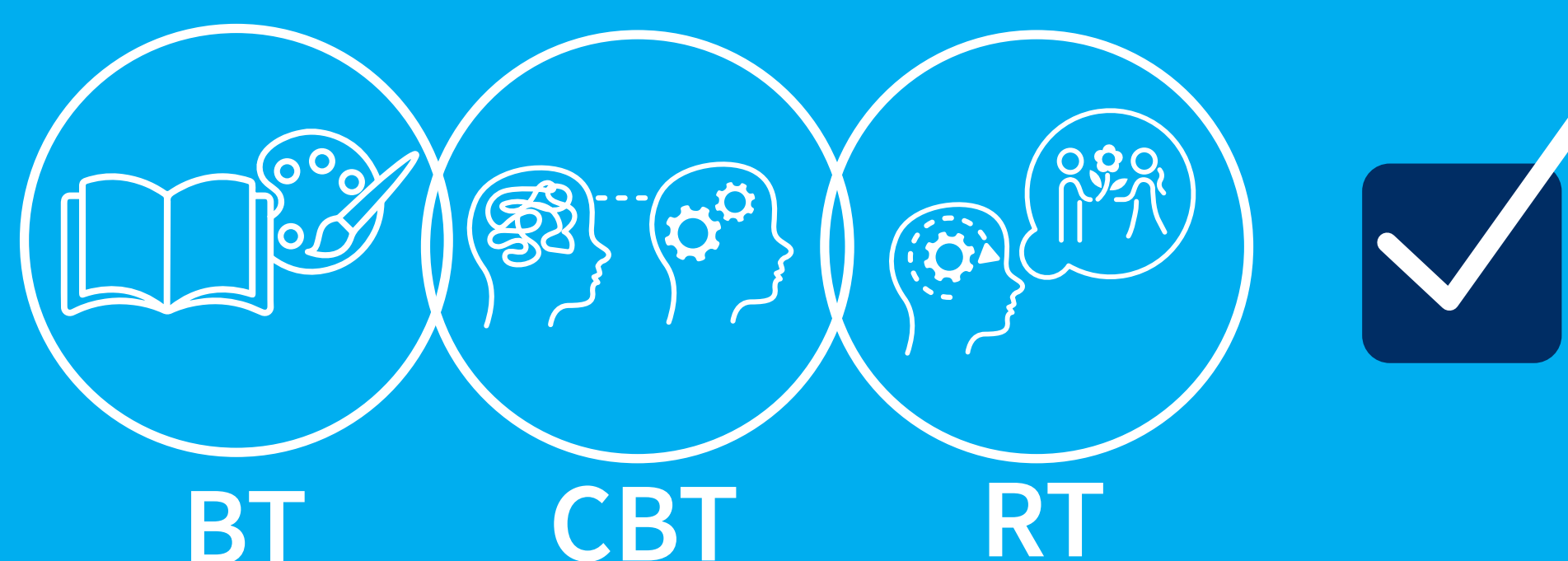
This effect was not apparent in studies where psychological therapies were compared with a condition where older people received more social engagement than usual.

Quality of life

Psychological therapies may also improve older peoples' quality of life and psychological wellbeing for up to 3 months after therapy

Anxiety

We did not find evidence that psychological therapies reduced symptoms of anxiety in older people with depression.



Evidence gaps



We need more high quality research on psychological therapies for aged care residents, particularly those with dementia.



We have little information about the use of psychological therapies with people from different cultural and language backgrounds.



We still need to determine what kinds of therapies work best for which kinds of people in residential aged care.



Our confidence in the evidence is very limited because most studies included small numbers of participants and employed methods that may not have been scientifically rigorous enough.

Next steps...

More and higher quality evidence is needed to underpin better mental health care for older people living in a residential facility.

Research on how to effectively implement psychological therapy in this setting is also needed.

Our research team will repeat this review and include new evidence published since October 2021 in the near future.

How up to date is this evidence?
The literature search was completed in October 2021