Prevalence of depression among home health care recipients

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BACKGROUND

In the US, an estimated 3.4 million home-health workers provide care to more than 15 million individuals.[1] Home health care (HHC) services allow the individual in care to retain a high level of independence and at a lower cost compared to in-patient facilities.

Research into the mental health of individuals receiving HHC is largely understudied.[2] Although, some outdated studies estimate that 13.5% of older individuals in HHC have major depressive disorder, while a further 10.8% experience depressive symptoms.[3]

OBJECTIVES

Given the impact of depression on the quality of life of people who receive HHC, our objectives with this research were:

- To determine associations of depression among people who utilize home-healthcare across various sociodemographic variables.
- To determine if there are differences in levels of depression depending on the medical diagnosis or by their usage of HHC.

METHODS

- A cross sectional analysis was conducted on the NHIS data set from the years 2019-2022, which is a yearly survey conducted by the CDC.[4]
- Specifically, we looked at individuals who answered “yes” to the question which inquired on professional home health services usage.
- We compared demographic data of the respondents with self-reported comorbidities, as well as self-reported history of a past depression diagnosis.
- Using this data, we constructed logistical regression models to determine odds ratios (OR) and adjusted odds ratios (AOR) between comorbidities and depression, as well as sociodemographic variables and depression, among HHC enrollees

RESULTS

Rates of depression among home health care recipients based on various demographic variables

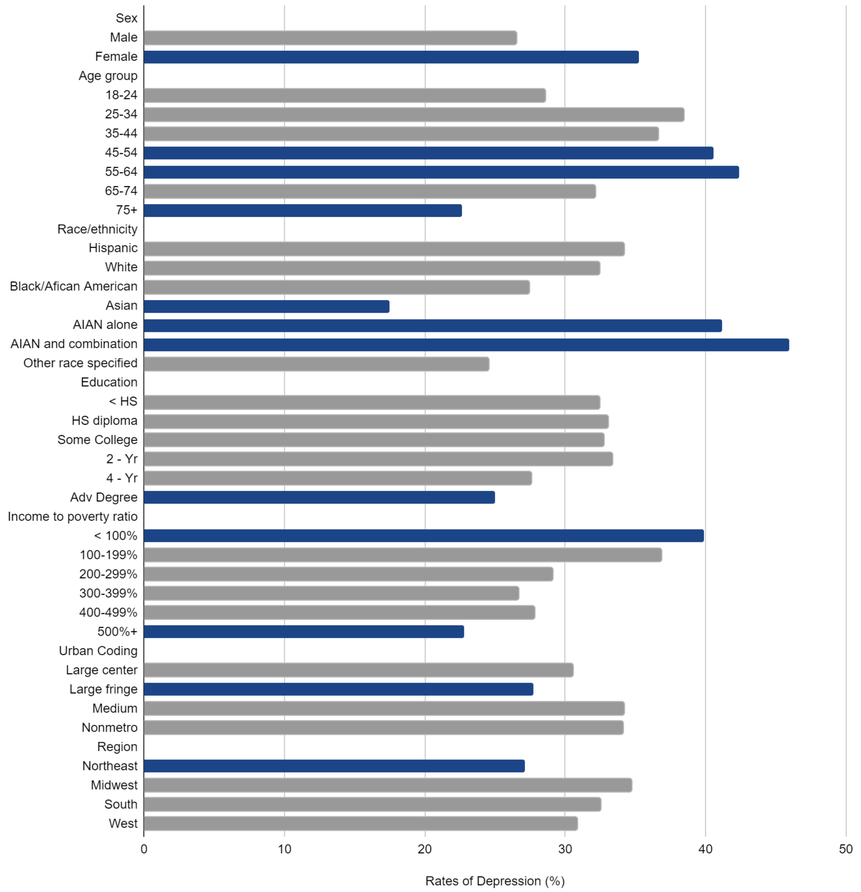

Figure (left)

- All demographic categories tested found statistically significant for differing rates of depression among HHC recipients.
- Respondents who identified as female, American Indian/Alaskan Native, were aged 45-64, were below the federal poverty level, and lived outside metro areas, had the highest rates of depression

Table (below)

- All comorbidities—except dementia—were associated with a significant increase in depression among individuals who received care

Table displaying rates of depression based HHC recipience between various comorbidities

	No Care	Care	Total	*OR (95%CI)*	T, *P*
Stroke	931 (28.94)	327 (36.19)	1258 (30.41)	1.39 (1.15-1.69)	3.39, 0.001
Cancer	2781 (20.7)	422 (29.63)	3203 (21.49)	1.61 (1.39-1.87)	6.4, <.001
COPD	2064 (36.88)	449 (47.64)	2513 (38.3)	1.56 (1.32-1.83)	5.35, <.001
Diabetes	2593 (22.84)	507 (36.02)	3100 (24.19)	1.9 (1.65-2.2)	8.73, <.001
Dementia	332 (38.41)	188 (42.44)	520 (39.74)	1.18 (0.9-1.55)	1.21, 0.226
CHD	1285 (21.24)	379 (32.77)	1664 (23.01)	1.81 (1.55-2.11)	7.52, <.001

CONCLUSIONS

While the rates of depression between comorbidities for individuals who utilize HHC may be secondary to a progressed disease process, it is interesting that individuals with dementia do not have increased depression. This may be resulting from the heavily integrated mental healthcare involved with dementia caregiving.[5]

Recommendations for improving mental healthcare in HHC:

- Utilizing telehealth services for counseling services
- Improving mental healthcare education of home health employees
- Expanding Medicaid/Medicare coverage of HHC services, including mental healthcare

Our results demonstrate need for increased mental healthcare integration in home health care systems, especially for populations at greater risk for depression. Improved integration of mental health care in HHC models would likely improve the quality of life of HHC enrollees.

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