



CENTER OF EXCELLENCE  
FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

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# **Major Depressive Disorder In–Service Toolkit**

Welcome to the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) in-service toolkit on Major Depressive Disorder.

This training toolkit is designed to provide nursing facilities with guidance on delivering high-quality behavioral health training for staff at all levels, whether they work directly or indirectly with residents. Helping nursing facility staff to increase their behavioral health knowledge is essential for improving resident care. Behavioral health training equips staff with the skills to manage complex behavioral needs effectively and safely; boosts staff confidence in working with residents with behavioral health disorders; and may also assist with meeting training requirements. According to §483.40, a facility must provide behavioral health training consistent with the facility assessment at §483.71. (Participation in this training does not guarantee compliance with this requirement.)

The goal of the major depressive disorder (MDD) training is to educate nursing facility staff about MDD, including its risk factors and symptoms, as well as the appropriate steps to take when supporting a resident with MDD. The training offers easily understandable information on treatment options and support resources. This training will help staff provide tailored support, foster empathy, and collaborate effectively, ultimately leading to better outcomes for residents experiencing depression.

This training strengthens the team's ability to provide compassionate care and fosters a culture of empathy and understanding within the facility.

The training will take approximately 60 minutes to complete when done in a group setting and 30 minutes when completed independently. It includes the following three segments:

## 1. FACT SHEET

The fact sheet is a one-page information sheet that attracts attention and persuades action based on the content.

## 2. BITE-SIZED LEARNING

The bite-sized learning is a 5 to 10-minute narrated PowerPoint presentation for a deeper dive into the topic.

## 3. MODULE

The module is a 15 to 20-minute structured learning course. The module begins with a mandatory pre-test and concludes with a mandatory post-test, that is required to receive a certificate of completion.

## Training Delivery Options

Learners can take this training in two ways, based on their availability - by completing the online independent training or by attending an in-person group training event.

To access the fact sheets, bite-sized learning videos, and modules referenced in this toolkit, please visit the Centers for Medicare & Medicaid Services' Nursing Home Training and Resources page: <https://www.cms.gov/about-cms/what-we-do/nursing-homes/providers-cms-partners/training-resources>.

### 1. Online Independent Training

Learners can work at their own pace.

- A. Review the fact sheets to learn the myths vs. facts of major depressive disorder and tips for overcoming mental health stigma: **Major Depressive Disorder: Myths vs. Facts** and **Overcoming Stigma in Mental Health**.
- B. Watch the bite-sized learning to understand the signs and symptoms of depression and ways to support residents diagnosed with this disorder: **Major Depressive Disorder - BSL**.
- C. Watch the bite-sized learning to learn practical ways to build connections with residents: **The Power of Empathy - BSL**.
- D. Complete the learning module as follows:
  - i. Select **Identifying and Supporting Residents with Major Depressive Disorder – Module**
  - ii. Watch the video.
  - iii. Pause the video when prompted to answer the knowledge checks.

### 2. In-person Group Training

For in-person group training, the nursing facility designates a facilitator to lead the session. Learners attend the training at a specified time. Use this group format as part of onboarding, annual training, agency staff training, community and family education, or just-in-time training.



## In-Person Group Training Instructions

These instructions will help facilitators with planning and time management so they can adapt to the dynamics of the learners. It supports facilitators with strategies for maintaining engagement, achieving training objectives, and ultimately contributing to successful training outcomes.

## Major Depressive Disorder Training Objectives

By the end of the training, learners will be able to:

1. Recognize the signs of MDD in residents.
2. Describe risk factors for MDD in residents.
3. Describe protective factors for MDD in residents.
4. Recognize screening tools for depression.
5. Recognize the stigma surrounding MDD.
6. Identify ways to use empathy when communicating with residents diagnosed with MDD.





## Getting Prepared Checklist for the Facilitator

### Four to six weeks prior to the training session

To access the fact sheets, bite-sized learning videos, and modules referenced in this toolkit, please visit the Centers for Medicare & Medicaid Services' Nursing Home Training and Resources page: <https://www.cms.gov/about-cms/what-we-do/nursing-homes/providers-cms-partners/training-resources>.

- ❑ Select the date(s) and time(s) for the training. Please note that multiple days may be required to administer the training to accommodate all staff.
- ❑ Identify a training facilitator. Based on the facility, this could be a social worker, staff development coordinator, director of nursing, or another staff member with relevant experience.
- ❑ Consider your facility's procedures for assigning and coordinating training sessions. Remember to include an RSVP to gauge the number of learners expected.
- ❑ Reserve a training location with enough seats to accommodate the learners.
- ❑ Confirm the room has a computer, internet access and a large display.
- ❑ Ensure sufficient staff coverage is arranged so learners can participate fully in the training session.
- ❑ Review the in-service toolkit instructions in this document.
- ❑ Promote the training via postings in facilities (See Appendices for template– Page [12](#)).
- ❑ Promote the training via email (See Appendices for template–Page [13](#)).
- ❑ Practice and prepare for the training.

## One day or more prior to training session:

- Training facilitator should review the fact sheets, bite-sized learnings and complete the module prior to the training.
- Review the RSVP list for the number of learners.
- Print the module pre-test and post-test for **each participant** (See Appendices–Pages [14-15](#) and [16-17](#), respectively).
- Print the module pre/post-test answer key for the facilitator only (See Appendices–Pages [18-19](#)).
- Download these fact sheets:
  - ✓ **Major Depressive Disorder: Myths vs. Facts**
  - ✓ **Overcoming Stigma in Mental Health**
- Print copies of the fact sheets for dissemination or share via email.
- Post the fact sheets in employee areas throughout the facility.

## One hour prior to the training session:

- Ensure the audio and visual equipment function properly to show the videos to the class.
- Cue up the bite-sized learning videos: **Major Depressive Disorder and The Power of Empathy**.
- Cue up the module video in a new tab: **Identifying and Supporting Residents with Major Depressive Disorder - Module**.
- Have pens or pencils ready for learners who need them to take the tests.

## Delivering the In-Person Training: Major Depressive Disorder

As you guide learners through this training, remember to:

- **Foster an interactive and engaging environment that encourages open discussion and active participation.**
- **Use the provided materials to structure discussions to ensure that key learning objectives are met.**
- **Encourage questions to ensure comprehension and engagement.**
- **Be mindful of the allotted time.**

The facilitator's role is pivotal in creating a supportive learning atmosphere where all learners feel empowered to contribute.

Enjoy facilitating this journey of learning and growth!

### 1. Introductions

- **Start by introducing yourself and setting clear expectations for the session.**
- **Introduce the training as follows by saying:**

Welcome to our training about how you can support residents who experience symptoms of depression or major depressive disorder (MDD).

Throughout this session, we'll cover how to recognize MDD symptoms, understand risk factors, and spot warning signs.

Plus, we'll talk about the power of empathy in connecting with residents and disproving myths related to MDD.

Your active participation is key to making this training effective in improving our residents' care.

Let's jump in and learn together!

- **Learners introduce themselves and their role (if applicable).**

### 2. Present the Fact Sheets: Major Depressive Disorder: Myths vs Facts and Overcoming Stigma in Mental Health

- **Introduce the fact sheets as follows:**

We will review these fact sheets to help us understand myths related to MDD and stigmas surrounding mental health so we can help residents get the best possible care and treatment.

- **Instruct learners to read the fact sheets on their own or in groups.**

- **Lead a discussion using the following potential questions:**
  - What MDD myth was the most surprising? Why do you think so?
  - What are other mental health stigmas?
  - What are some things you can do to reduce mental health stigma in the facility?
  - What additional questions do you have?

### 3. Bite-sized Learning 1: Major Depressive Disorder

- **Introduce the bite-sized learning video by saying:**

This six minute video on MDD will explore types of depression, treatment options for the management of MDD, and ways you can support residents.
- **Start the bite-sized learning video by selecting the Watch Video button.**
- **Watch the bite-sized learning with the learners.**
- **Lead a discussion with the following potential questions:**
  - What are some signs and symptoms of depression?
  - What treatment options are available for residents with depression?
  - What additional questions do you have?

### 4. Bite-sized Learning 2: The Power of Empathy

- **Introduce the bite-sized learning video by saying:**

The Power of Empathy bite-sized learning video will provide practical ways to build connections with residents through empathy. We will learn simple techniques to demonstrate empathy and ways to help residents with mental health challenges. Let's view this five-minute video.
- **Start the bite-sized learning video by selecting the Watch Video button.**
- **Watch the bite-sized learning with the learners.**
- **Lead a discussion with the following potential questions:**
  - How have you used, or have seen, empathy demonstrated with residents?
  - What can we do to show more empathy to residents?
  - What additional questions do you have?



## 5. Module: Identifying and Supporting Residents with Major Depressive Disorder

- **Introduce the module video by saying:**

The Identifying and Supporting Residents with Major Depressive Disorder module will give you the tools to provide effective support for residents with MDD.

In approximately twenty minutes, we will explore common symptoms and warning signs, understand risk and protective factors, and identify screening tools. By the end, you should feel more confident working with residents diagnosed with MDD.

- **Distribute the pre-test questions to the learners and, if needed, pens/pencils. Instruct the learners to complete the pre-test. Let them know the goal of the pre-test is to measure their learning on the post-test. No one is expected to know all the answers.**
- **Collect the pre-tests from the learners.**
- **Start the module video and watch it with the learners.**
- **Pause the video for each of the following knowledge checks to let learners answer the questions. Then, discuss the correct answers or feedback as a group. Once the discussion for each question is complete, restart the video.**

### ✓ **Pause at Time Stamp: 3:43**

#### **Knowledge Check 1: Introduction**

Mr. Russo is a 66-year-old nursing facility resident. He's been much less interested in social activities, constantly making negative remarks, and hasn't eaten or slept much for the past two weeks. He complains of always being tired. What could these symptoms mean?

- A. These symptoms do not signal any form of depression.
- B. These symptoms could be MDD.
- C. These symptoms could be due to aging.

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The correct answer is B. Mr. Russo is showing several symptoms of MDD, such as withdrawal, fatigue, and problems with sleep and appetite. Mr. Russo also had the symptoms consistently for at least two weeks.

### ✓ **Pause at Time Stamp: 7:05**

#### **Knowledge Check 2: Risk and Protective Factors**

Ms. Cole's behavior has significantly changed over the past month. She's 55 and was admitted to the nursing facility after hip surgery. She hardly eats and often talks about feeling hopeless and lost. Which of the following best describes Ms. Cole's situation?

- A. Ms. Cole is showing typical signs of aging, which are a normal part of life.
- B. Ms. Cole is simply reacting to the environment of the nursing facility. It doesn't indicate any mental

health concerns.

- C. Ms. Cole is displaying risk factors for MDD.

The correct answer is C. Follow your agency procedures to get Ms. Cole assessed by a qualified health professional. Ms. Cole is showing signs of MDD.

✓ **Pause at Time Stamp: 8:03**

### Knowledge Check 3: Risk and Protective Factors

Mr. Freeman, age 42, has been a resident for three months while recovering from a stroke. He has regular visits from his family, joins in group activities, and gets along with other residents and staff. Which of the following best describes Mr. Freeman's situation?

- A. Mr. Freeman has protective factors that could potentially guard against the development of MDD.
- B. Mr. Freeman might be exhibiting early signs of MDD.
- C. Mr. Freeman's behavior is due to a good quality of life and does not have any protective role against MDD.

The correct answer is A. Mr. Freeman has protective factors. They help him deal more effectively with stressful events and can reduce the risk of MDD.

✓ **Pause at Time Stamp: 9:56**

### Knowledge Check 4: MDD Screening Tools

True or false? The PHQ-2 is used to diagnose MDD.

The correct answer is False. The PHQ-2 is a quick check to see if someone might be experiencing MDD symptoms. This screening tool does not diagnose a resident but offers insight into further evaluation and guiding treatment decisions.

✓ **Pause at Time Stamp: 15:07**

### Knowledge Check 5: Helping Residents with MDD

Which of the following aligns best with a person-centered care plan for a resident with MDD?

- A. Focus solely on medication to treat the resident's symptoms.
- B. Encourage the resident to hide their feelings and isolate.
- C. Address the resident's specific needs, abilities, strengths, and preferences. Help them find activities they enjoy.

The correct answer is C. Person-centered care addresses the resident's specific needs.

## Upon completion of the video:

- **Lead a wrap-up discussion using the following questions:**
  - What are some risk factors to look for in residents?
  - What type of protective factors would be helpful to residents?
  - What would you do if you suspected a resident has MDD?
- **Distribute the post-test questions to the learners to complete independently.**
- **Collect the post-test questions from the learners.**

## Training Wrap-up

- **Answer any additional questions from learners.**
- **Thank learners for attending the training.**
- **Calculate the pre and post-test learning scores.**

## APPENDICES

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### Sample Promotional Postings

Attend the training on Supporting Residents with Major Depressive Disorder to:

1. Be the change! Learn how to reduce mental health stigma.
  2. Discover practical strategies to support residents with depression.
  3. Discover how empathy-driven care positively impacts the mental health outcomes of residents.
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## Sample Email

**Subject:** Invitation to Training: Supporting Residents with Major Depressive Disorder

**Dear [Recipient],**

We are excited to invite you to an upcoming training session focused on supporting residents with major depressive disorder (MDD) and fostering empathy. This training aims to equip learners with essential knowledge and practical tools to effectively support individuals living with MDD.

Here are some key highlights of the training modules:

- **Recognizing MDD signs and risk factors.**
- **Understanding protective factors for MDD.**
- **Recognizing the role of MDD screening tools.**
- **Exploring empathy-building techniques.**

We believe that by equipping you with the knowledge and skills to recognize, understand, and support individuals with MDD, we can collectively work towards breaking down stigmas and providing residents with the best possible care and treatment.

**Date:** [Insert Date] **Time:** [Insert Time] **Location:** [Insert Location]

**Please RSVP by** [Insert RSVP Date].

**For inquiries, contact** [Insert Contact Information].

Thank you for your commitment to enhancing the well-being of our facility's residents.

We look forward to seeing you.

Best,

[Your Name]

[Your Position/Title]



## Module Pre-Test

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Ms. Evans, 46, has been a resident for one week. She's recovering from abdominal surgery and is learning to take care of her colostomy bag. She mentions that she wishes she never woke up from surgery and feels hopeless that things will ever get better. What can you do to help Ms. Evans?
  - A. Empathize with Ms. Evan's feelings and immediately follow your agency procedures to get an assessment for Ms. Evans.
  - B. Reassure her that she will get better and to be patient.
  - C. Disregard the statements, as they may be common expressions of frustration.
  
2. Mr. Russell, 68, arrived at the facility six weeks ago due to severe medical complications caused by uncontrolled diabetes. With his diabetes now under control, he seemed to be doing okay until two weeks ago. Now, he's feeling down every day, not eating, losing weight, and sleeping for only 4-5 hours. What could be going on with Mr. Russell?
  - A. Readjusting to living in the nursing facility.
  - B. Showing signs of MDD.
  - C. Having side effects from diabetes complications.
  
3. What is the role of the Patient Health Questionnaire 2 (PHQ-2) in depression management?
  - A. It is an assessment tool used to determine the treatment of depression.
  - B. It's a screening tool that detects depressive symptoms over the past two weeks.
  - C. It is a diagnostic tool to determine the severity of depressive symptoms.
  
4. Mr. Harris, 54, has been a resident for seven weeks while recovering from a spinal injury. The interdisciplinary team has worked with Mr. Harris to develop a person- centered care approach to help with his MDD symptoms. Which of the following best aligns with a person-centered care approach?
  - A. Keep Mr. Harris isolated and focus solely on medication to treat his symptoms.
  - B. Partner with Mr. Harris to find activities he enjoys and encourage visits from family and friends.
  - C. Follow a standardized care approach so Mr. Harris participates in the same activities as other residents with MDD.

5. As a Certified Nursing Assistant (CNA), how should you respond to Mr. Hall, a 70-year-old resident with Parkinson's disease, who states that he no longer wants to take his antidepressant medication because he feels better?
  - A. Respect Mr. Hall's feelings but explain the importance of consulting with the healthcare team before changing his medication.
  - B. Immediately stop administering the antidepressant medication as per Mr. Hall's request.
  - C. Disregard Mr. Hall's statement and continue administering the antidepressant medication as prescribed.

## Module Post-Test

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Ms. Evans, 46, has been a resident for one week. She's recovering from abdominal surgery and is learning to take care of her colostomy bag. She mentions that she wishes she never woke up from surgery and feels hopeless that things will ever get better. What can you do to help Ms. Evans?
  - A. Empathize with Ms. Evan's feelings and immediately follow your agency procedures to get an assessment for Ms. Evans.
  - B. Reassure her that she will get better and to be patient.
  - C. Disregard the statements, as they may be common expressions of frustration.
  
2. Mr. Russell, 68, arrived at the facility six weeks ago due to severe medical complications caused by uncontrolled diabetes. With his diabetes now under control, he seemed to be doing okay until two weeks ago. Now, he's feeling down every day, not eating, losing weight, and sleeping for only 4-5 hours. What could be going on with Mr. Russell?
  - A. Readjusting to living in the nursing facility.
  - B. Showing signs of MDD.
  - C. Having side effects from diabetes complications.
  
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  - C. It is a diagnostic tool to determine the severity of depressive symptoms.
  
4. Mr. Harris, 54, has been a resident for seven weeks while recovering from a spinal injury. The interdisciplinary team has worked with Mr. Harris to develop a person- centered care approach to help with his MDD symptoms. Which of the following best aligns with a person-centered care approach?
  - A. Keep Mr. Harris isolated and focus solely on medication to treat his symptoms.
  - B. Partner with Mr. Harris to find activities he enjoys and encourage visits from family and friends.
  - C. Follow a standardized care approach so Mr. Harris participates in the same activities as other residents with MDD.

5. As a Certified Nursing Assistant (CNA), how should you respond to Mr. Hall, a 70- year-old resident with Parkinson's disease, who states that he no longer wants to take his antidepressant medication because he feels better?
  - A. Respect Mr. Hall's feelings but explain the importance of consulting with the healthcare team before changing his medication.
  - B. Immediately stop administering the antidepressant medication as per Mr. Hall's request.
  - C. Disregard Mr. Hall's statement and continue administering the antidepressant medication as prescribed.

## Module Pre/Post-Test Answer Key

1. Ms. Evans, 46, has been a resident for one week. She's recovering from abdominal surgery and is learning to take care of her colostomy bag. She mentions that she wishes she never woke up from surgery and feels hopeless that things will ever get better. What can you do to help Ms. Evans?
  - A. **Empathize with Ms. Evan's feelings and immediately follow your agency procedures to get an assessment for Ms. Evans.**
  - B. Reassure her that she will get better and to be patient.
  - C. Disregard the statements, as they may be common expressions of frustration.

The correct answer is A.

2. Mr. Russell, 68, arrived at the facility six weeks ago due to severe medical complications caused by uncontrolled diabetes. With his diabetes now under control, he seemed to be doing okay until two weeks ago. Now, he's feeling down every day, not eating, losing weight, and sleeping for only 4-5 hours. What could be going on with Mr. Russell?
  - A. Readjusting to living in the nursing facility.
  - B. **Showing signs of MDD.**
  - C. Having side effects from diabetes complications.

The correct answer is B.

3. What is the role of the Patient Health Questionnaire 2 (PHQ-2) in depression management?
  - A. It is an assessment tool used to determine the treatment of depression.
  - B. **It's a screening tool that detects depressive symptoms over the past two weeks.**
  - C. It is a diagnostic tool to determine the severity of depressive symptoms.

The correct answer is B.

4. Mr. Harris, 54, has been a resident for seven weeks while recovering from a spinal injury. The interdisciplinary team has worked with Mr. Harris to develop a person- centered care approach to help with his MDD symptoms. Which of the following best aligns with a person-centered care approach?
  - A. Keep Mr. Harris isolated and focus solely on medication to treat his symptoms.
  - B. **Partner with Mr. Harris to find activities he enjoys and encourage visits from family and friends.**



- C. Follow a standardized care approach so Mr. Harris participates in the same activities as other residents with MDD.

The correct answer is B.

- 5. As a Certified Nursing Assistant (CNA), how should you respond to Mr. Hall, a 70- year-old resident with Parkinson's disease, who states that he no longer wants to take his antidepressant medication because he feels better?
  - A. **Respect Mr. Hall's feelings but explain the importance of consulting with the healthcare team before changing his medication.**
  - B. Immediately stop administering the antidepressant medication as per Mr. Hall's request.
  - C. Disregard Mr. Hall's statement and continue administering the antidepressant medication as prescribed.

The correct answer is A.