CareAegis

Addressing Loneliness, Anxiety & Depression Through Coordinated Support

Resident Profile

Name: Betty S.
Age: 74
Background: Newly moved in after death of her brother, her primary support
Challenges: First time living alone; frequently tearful; struggles with hygiene; social isolation
Screening Results:

- PHQ-9 = 10 (Moderate depression)
- GAD-7 = 9 (Mild anxiety)

Presenting Issue

After her brother's death and relocation, Betty experienced profound loneliness and grief. She was frequently crying in common areas, struggled with personal hygiene, and had difficulty adjusting to independent living. These behaviors triggered a mental health assessment and need for a structured support plan.

Service Coordinator Intervention

With Stewart's consent, the Service Coordinator:

- Reviewed the bill and Medicare Summary Notice (MSN) to identify likely insurance misprocessing.
- Contacted the medical provider to confirm insurance on file and determine the denial cause.
- Submitted supporting documents, including the MSN and insurance identifiers, to ensure proper claim handling.
- Requested claim resubmission and confirmed that both Medicare and Medigap coverage would be applied.
- Planned follow-up with Stewart within 7–10 business days to verify the updated balance.

Outcome & Financial Impact

- Betty now receives regular support from her cousin, improving hygiene and daily routine stability.
- She appears happier, less tearful, and more socially engaged.
- Her improved mood positively affected the community environment as well.

Case Significance

Betty's experience illustrates how social isolation, grief, and functional decline are deeply interconnected for older adults. Through sensitive, person-centered coordination, the Service Coordinator improved not only Betty's emotional health and hygiene but also the overall well-being of the community.

Service Plan Summary

Identified Needs: Grief support; depression/anxiety reduction; hygiene support; increased social connection.
Goals (30–60 days):

1. Reduce PHQ-9 to <5 and GAD-7 to <5.
2. Establish consistent hygiene routine (≥5 days/week).
3. Participate in at least two engagement opportunities per week.

Interventions:

- Weekly SC check-ins; grief support referral.
- Peer-buddy or community activity schedule.
- Coordinate home health aide for hygiene coaching and companionship.
- PCP mental health review and monitoring.

Follow-Up:

Re-administer PHQ-9 and GAD-7 in 30 days; adjust supports as needed.