
The
Margaret Clark Morgan
Foundation
Forum Series



WELCOME

Hope & Resiliency for Older Adults, Families, and Caregivers
Facing Mental Health Challenges:
Community Engagement to Support Wellness

WELCOME

Our program begins in 5 minutes

Please take your seats

HOUSEKEEPING ITEMS

Victoria Doepker

Senior Program Manager

The Margaret Clark Morgan Foundation

Hope & Resilience

The Margaret Clark Morgan
Foundation

WELCOME

Rick Kellar

President

The Margaret Clark Morgan Foundation

Hope & Resilience

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OVERVIEW OF THE DAY

Sue Lacy

Round River Consulting

FORUM GOALS

- Raise our region’s awareness and understanding of the issues
- Better understand the range of dynamics that impact senior mental & physical health
- Clarify best practice strategies within an integrated health care model
- Identify tools, resources & strategies
- Identify priorities for in-home, community-based and clinical resources

WE ARE NOT ALONE



WE ARE NOT ALONE



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MEETING FORMAT

Formal Presentations

Table Discussions

Theming & Prioritization

Dialogue with Keynote Speakers

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INTERACTIVE FEATURES

Table Discussions

Table Facilitators

Technology (Ipad & Electronic Keypads)

Theme Team

Reflection & Dialogue

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GROUND RULES

- Speak openly and honestly
- Listen respectfully
- Explore differences and search for common ground
- Share air time
- Stay focused
- Turn cellphones off

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DISCUSSION #1: Table Introductions

- Name
- Organization/Relationship to this issue

“What is your greatest hope for today’s community conversation?”

DISCUSSION #1:

“What is your greatest hope for today’s community conversation?”

To gain information and support about how to access community mental health resources
To inform and increase support for family members and caregivers about the resources available
To educate the entire community about MH issues and remove the stigma
To increase interdisciplinary participation and strengthen an integrated system of support
To share and learn from our personal stories. “Empathy will grow among us”
To become a more effective personal or professional provider of care to all with mental and developmental health needs
To gain insight and support in making difficult decisions around transition and care
“To help folks find resiliency in their lives”
“To create a toolbox of hope”

KEYPAD POLLING

Press the button corresponding to your choice...



If you make a mistake, just vote again!

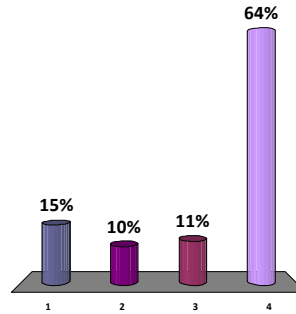
For multiple choice votes, just enter all numbers one after the other

WHO IS IN THE ROOM?

- Gender
- Age
- Race/Ethnicity
- Household Income
- County
- Professional/Personal Relationship to Issue
- Mental Illness
- Medical Insurance

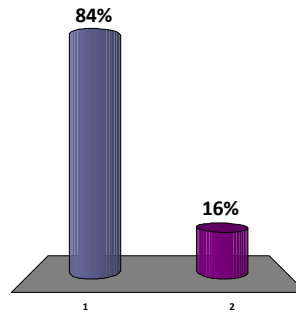
Here's how I feel about winter in NE Ohio:

1. There hasn't been enough snow
2. It hasn't been cold enough
3. I love shoveling lots of snow at 6am so I can come to forums like this
4. I am having dreams about beaches, bathing suits, and warm sand between my feet



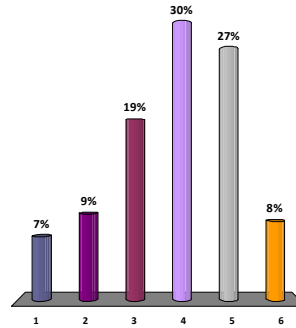
What is your gender?

1. Female
2. Male



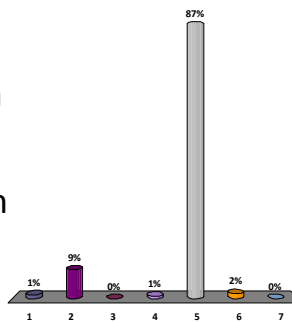
What is your age?

1. 18-30
2. 31-40
3. 41-50
4. 51-60
5. 61-70
6. 71+



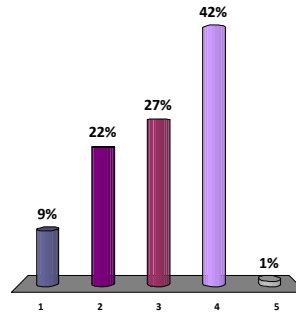
What is your race/ethnicity?

1. Asian American
2. Black or African American
3. Latino
4. Native American or Indian
5. White or Caucasian
6. More than one race
7. Other



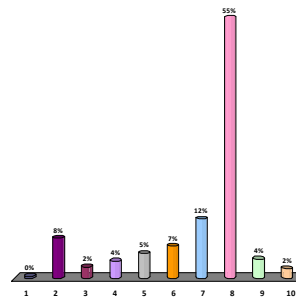
What is your annual household income?

1. Under \$25,000
2. \$25,000 to \$50,00
3. \$50,000 to \$75,000
4. Over \$75,000
5. Not Sure



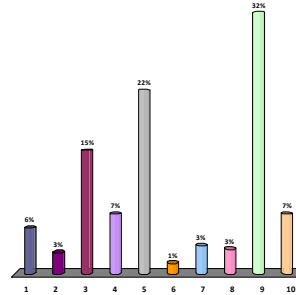
Which county are you from?

1. Ashland
2. Cuyahoga/Lorain
3. Geauga/Lake
4. Mahoning/Trumbull
5. Medina
6. Portage
7. Stark
8. Summit
9. Tuscarawas/Wayne
10. Other



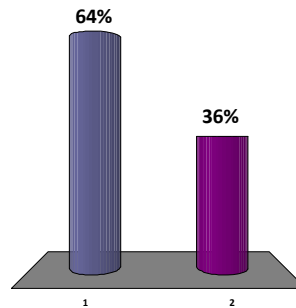
Which describes your professional or personal relationship to the issues we are discussing today?

1. Caregiver
2. Community Leader
3. Counselor
4. Family
5. Nurse
6. Ohio Chemical Dependency Professional
7. Older adult with mental challenges
8. Psychologist
9. Social Worker
10. Other



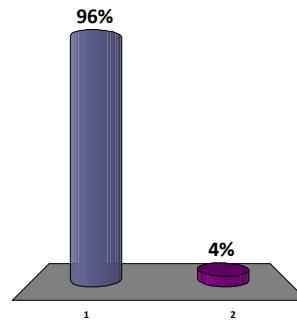
Have you or someone in your immediate family been diagnosed with a mental illness?

1. Yes
2. No



Do you have medical insurance?

1. Yes
2. No



STORY OF HOPE & RESILIENCE

John Kasper, Jr., M.D.
Director of Geriatric Psychiatry
Summa Health System

Ms. Audrey Elliott

Patricia Irvin

THINGS TO REMEMBER

Are we ready?

- The population of persons 65 and older grew by 74 percent between 1970 and 1999 going from 20 million to 35 million
- 76 million 'baby boomers' will reach age 65 or older between the years 2010 and 2030
- Older adults represented 13 percent of the population in 2000. This will increase to 20 percent by 2030
- Most older adults are women
- Minority populations will increase to 25 percent of the elderly population by 2030

Geriatric Mental Health

- Almost 20 percent of individuals 55 and older experience mental disorders which are not the result of normal aging
- The most common disorders are anxiety, severe cognitive impairment and mood disorders ('depression'; Bipolar disorder)
- The rate of suicide is the highest among older adults compared to any other age group
- It is estimated that only half of older adults with known mental health problems receive care from any provider and only a fraction (3 percent) from providers with specialty training in mental health (Lebowitz, et al, 1997)
- There is a projected need for 5,000 psychiatrists and psychologists to provide care for our aging population

Differential Diagnosis in the Older Adult

- The three most common diagnosis for the geriatric psychiatrist to consider when evaluating a referred patient constitute the Three D's:
 - Depression/anxiety
 - Delirium
 - Dementia
- Other psychiatric disorders occur but according to the ECA data are rare in this age group
- These disorders can occur alone but are often co-morbid

What is a Major Depressive Episode? (DSM IV Criteria)

- Five or more of the following symptoms present during the same 2 week period
 - Depressed mood most of the day, nearly everyday*
 - Diminished interest or pleasure in all or almost all activities*
 - Change in appetite/weight
 - Change in sleep

- Psychomotor changes
- Fatigue or loss of energy
- Feelings of worthlessness/inappropriate guilt
- Decreased concentration/indecisiveness
- Thoughts of death/suicidal ideation, plan, attempt

- Population over 65 underutilize mental health services
- Elderly individuals subjected to health care provider bias that depression is a normal consequence of aging

Differential Diagnosis

- Normal bereavement
- Substance-induced mood disorder
- Mood disorder due to general medical condition

Normal Bereavement

- May include any or all features of major depression except:
 - Suicidality
 - Psychosis
 - Severe loss of self-esteem and/or functionality
 - Psychomotor retardation

- Depressed patients focus on themselves and their role in the loss
- Normal mourners think more of the lost object
- Most bereaved elderly should be at or close to baseline by 1 yr post-loss

Substance-induced Mood Disorder

- Importance of drug-ingestion history (alcohol is a drug)
- Suspect if symptoms begin within 1 month of starting a particular substance

Mood Disorder Due to General Medical Condition

- Endocrine disorders
- Neoplastic disorders
- Neurological conditions
- Others

- Depression does effect executive function as well as motivation
- Depressed patients have demonstrated impaired ability to remain treatment compliant(Kilbourne et al., 2005)
- Motivation and treatment compliance are critically important post-stroke

Delirium

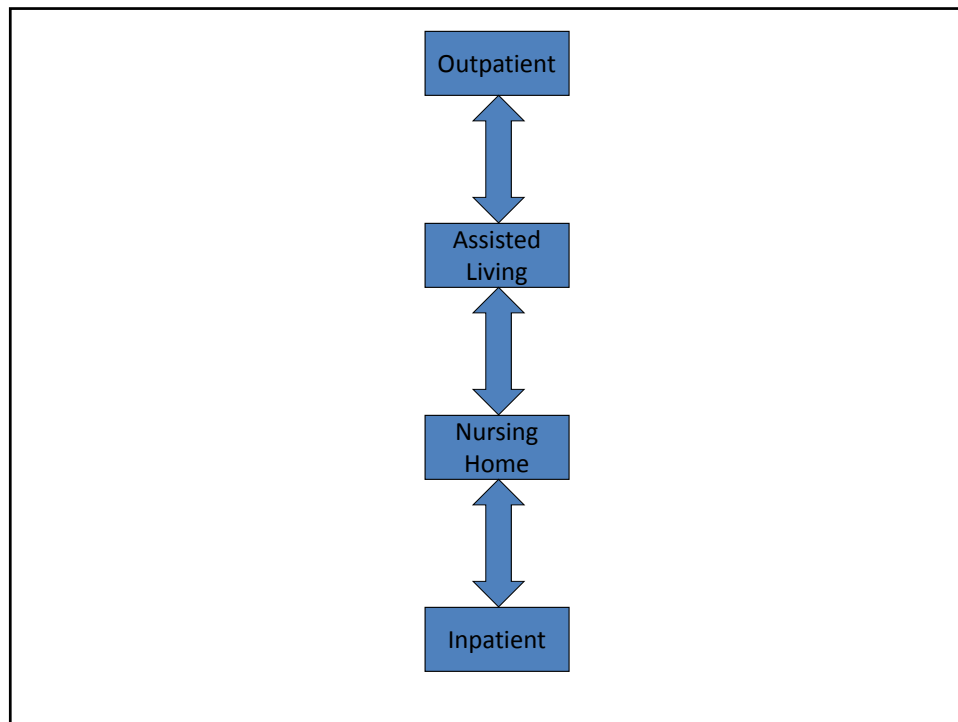
- Very frequent in hospitalized patients
- Results in increased length of stay
- Significant increase in mortality both acutely and delayed
- Should be viewed as a symptom not a 'diagnosis'
- Multiple often concurrent etiologies for this condition

Dementia

- No waxing and waning generally
- Progressive decline from diagnosis to demise over an average of 8 to 10 years
- Often complicated by depression and delirium
- Maintaining functional abilities the primary goal of treatment
- An umbrella term for several disorders of cognitive impairment

- **Alzheimers**
 - Senile plaques, neurofibrillary tangles, amyloid deposits
- **Vascular**
- **Lewy-body**
 - Spherical neuronal inclusions, eosinophilic core, clear halo composed of neurofilaments; synaptophysin-containing
- **Others**

**Where
to Care?**



Outpatient

- Office-based treatment
 - Mental health professional's office
 - Consultation as part of a comprehensive Geriatric Assessment Center
- Patients cognitively intact/minimal impairment
- No significant behavioral symptoms

- Psychiatric and psychological interventions appropriate and effective
- Family/community supports available
- Adult day care
 - Range from senior ‘drop-in’ centers to structured programs for the cognitively impaired

Assisted Living

- Mild to moderate functional decline
- Mild to moderate cognitive impairment
- A la carte level of services
- Some offer ‘Memory Impairment’ units
- Presently no federal/state funding
- Limited private insurance coverage

Extended Care Facility/ Nursing Home

- Increased medical complications
- Moderate to severe functional decline
- Moderate to severe cognitive impairment
- Behavioral symptoms more pronounced
- 24 hour nursing assessment/care necessary

Inpatient

- Severe functional decline
- Severe cognitive impairment
- Behavioral symptoms place patient and/or others at risk
- Change in clinical status not the result of an acute medical problem

How?

- Interdisciplinary treatment team/Acute Care for Elders model
- Assessment/Diagnosis
- Treatment
- Discharge planning

Interdisciplinary Treatment Team

- Geriatric psychiatrist
- Geriatric Advanced Practice Nurse
- Social Worker
- Nursing
- Pharmacy
- Physical/occupational Therapy
- Recreational therapy
- Home healthcare
- Geriatrician
- Students

- Obtaining collateral information
 - Family
 - Extended care facility
 - Primary care physician
 - Geriatric assessment center
 - Outpatient mental health provider

Goals of Treatment:

- Improve functional capacity
- Improve decision-making capacity
- Improve treatment compliance
- Improve quality of life
- Maintain independence

Treatment

- Address functional decline
- Treat causes of delirium
- Medications – “Less is more”
- Suspect depression and treat
- Do we change the patient or the environment?

MECTA



**Caregivers: Not to be forgotten
Schulz and Martire, AJGP, 2004**

- Caregiving to someone with long-term illness/disability over the age of 65 between 5.9 and 7 million
- Approximately 3 million individuals with AD living at home
 - 75% of home care provided by family/friends
 - Other 25% represents services purchased by family members

- Mainly done by spouse
- Adult daughters/daughter-in-laws then take over more often than male counterparts
- Tasks divided at times but usually are done by one individual
- Stress of dementia care > physical care

- National survey conducted by National Assoc. for Caregiving and AARP found dementia caregivers;
 - provide more assistance under more stress
 - Give up vacations and hobbies more often
 - Less time for other family
 - More work-related difficulties

- Community supports
 - Area Agency on Aging
 - Home health care
 - Adult day care
 - Alzheimers Association
 - State and local aging and behavioral health associations

DISCUSSION #2: Shared Experiences

As you think about your own experience,
what stands out in the presentations you
just heard?

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DISCUSSION #2:

As you think about your own experience,
what stands out in the presentations you just heard?

The importance of a proper diagnosis and treatment: depression vs. delirium vs. dementia. "Frequency of misdiagnosis is appalling"

How a "sense of loss" and overall illness impact the patient's world and independence

The impact a condition and a diagnosis has on the family (the changing roles/dynamics and decision making within families)

The importance of an identified advocate to help guide individuals and families

The importance of advocacy in general to raise awareness and help remove stigma

Depression need NOT be a normal part of the aging process

That "less is more" relative to medications

The importance and need for respite, support and education for family, caregivers, including access to resources.

The need for a holistic/spiritual approach to interdisciplinary care from trained specialists and practitioners

Lack of access and affordability of mental health services and housing

STORY OF HOPE & RESILIENCE

Susan Sigmon

*Vice President of Managed Long Term Care
Akron-Canton Areas Agency on Aging*

Ms. Irene Jackson

Robin Jackson

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COMMUNITY ENGAGEMENT TO SUPPORT WELLNESS

There's no place like home.....

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*COMMUNITY ENGAGEMENT TO
SUPPORT WELLNESS*

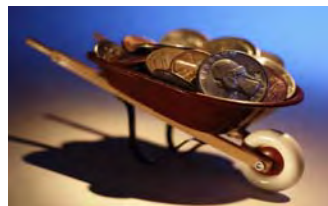
The 4 M's

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The 4 Ms

MONEY



The 4 Ms

MEDICINE



The 4 Ms

MEALS



The 4 Ms

MOBILITY



First Things First

- **ASSESS YOUR NEEDS**
TYPE OF HELP?
RESOURCES?

Community Resources

*** INFORMATION AND REFERRAL**

(2-1-1)

*** AREA AGENCY ON AGING**

Community Care Options

*** HOME CARE**

*** ADULT DAY CARE**

*** RESPITE CARE**

Community Care Options

- * **LEGAL & FINANCIAL COUNSELING**
- * **TRANSPORTATION SERVICES**
- * **NUTRITION PROGRAMS**

One size does NOT fit all

Contacting Resources

**BEGIN LOOKING FOR RESOURCES
BEFORE YOU NEED THEM**

Contacting Resources

- * BE ASSERTIVE, SPECIFIC**
- * DON'T HESITATE TO ASK FOR HELP**
- * DON'T GIVE UP!!**

**Put on your own oxygen mask
before assisting others.**

Courage doesn't always roar.

Sometimes courage is the little
voice at the end of the day that
says I'll try again tomorrow.

— Mary Anne Radmacher

DISCUSSION #3:
Best Practice Components

What are the most effective ways to support older adults, their families & caregivers who are facing mental health challenges?

What are the most effective ways to support
DISCUSSION #3: older adults, their families & caregivers who are facing mental health challenges?

- Facilitate awareness of available resources, e.g. "senior center"
- Create and fund resources that will allow graduated levels of care
- Encourage advance planning and preparation—legal, financial, health care, housing. Prepare for "marathon not sprint"
- Validate and support caregivers through education, peer support, respite
- Maintain opportunities for elder socialization in the home or at a care facility.
- Respect patient and encourage safety, independence, and spirituality
- Listen to the patient and family to identify their limits and capacity to help
- "Engage the village" to provide care and support.
- Enhance communication with technology: PSAs; social media; inclusive language
- Support informed and collaborative decisions about housing and care

OBSERVATIONS: Susan Sigmon & Dr. Kasper

What are the most effective ways to support older adults, their families & caregivers who are facing mental health challenges?

ENJOY YOUR LUNCH



REFLECTION & DIALOGUE: Susan Sigmon & Dr. Kasper

What are the most effective ways to support older adults, their families & caregivers who are facing mental health challenges?

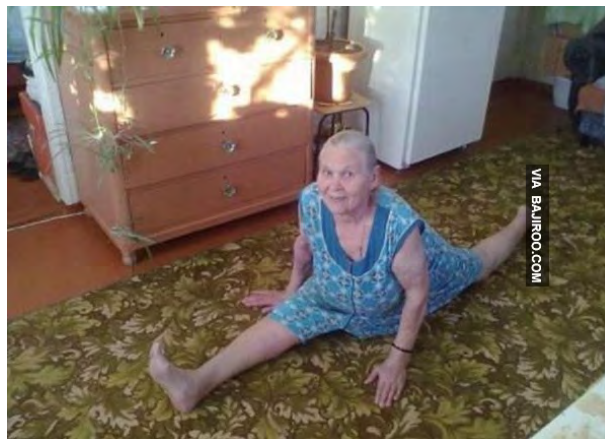
DISCUSSION #4: In-Home Care & Community Resources

What are the greatest needs in the areas of in-home care & community resources?

What are the greatest needs in the areas
DISCUSSION #4: of in-home care & community resources?

Proactive planning for senior healthcare and other needs
Training, certification, support and compensation of home health care workers in order to improve quality of home care
Need for transportation services for senior care and socialization
Need for financial support in all areas of the care continuum
Better coordination of care (one point contact, gatekeeper & navigation)
Assessment, education and financial assistance for families while providing care (FMLA)
Additional community engagement and partnerships (e.g. corporations, community volunteers)
Employment opportunities for seniors helping seniors
Additional, specialized and holistic (patient-centered) care for seniors

**AMAZINGLY QUICK & WONDERFUL
STRETCH BREAK**



DISCUSSION #5: Clinical Care

What are the greatest needs in the area of clinical care?

DISCUSSION #5:

What are the greatest needs in the area of clinical care?

- | |
|---|
| A holistic, integrated approach to clinical care, including nutrition, exercise, and mental health within primary health care |
| Geriatric specialists and education in geriatric issues for all providers |
| Better diagnostic and prevention strategies, including interviewing by trained providers who listen to and respect their patients |
| Affordable care options and funding for preventative and routine care |
| Coordinating plan of care with interdisciplinary teams, including osenior and advocate/navigator |
| Access to care regardless of ability to pay |
| Education of providers, including aspects of cultural and linguistic differences; focus on prevention instead of crisis management |
-

TAKING CARE OF OURSELVES



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REFLECTION & DIALOGUE: Susan Sigmon & Dr. Kasper

What are the greatest needs in the areas of
in-home care, community resources &
clinical care?

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CALL TO ACTION



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EVALUATION

Electronic & Paper

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CLOSING REMARKS

RICK KELLAR

President

The Margaret Clark Morgan Foundation

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Forum Series



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participation today

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