

# The Greater Austin Initiative on Depression in Older Adults

Final Report  
August 2008

Convened by KLRU-TV, Austin PBS  
in partnership with  
The Area Agency on Aging-Capital Area  
and 10 Community Organizations



# Executive Summary

## The Greater Austin Initiative on Depression in Older Adults

*Depression: Out of the Shadows* is a national PBS documentary that aired on KLRU-TV, Austin PBS, on May 21, 2008. The program portrayed the history, science and treatment of depression through the intimate stories of families and individuals coping with its wide-ranging effects. The film and a targeted local community engagement initiative are serving as a catalyst in the Greater Austin area to frame dialogue among community leaders about depression in older adults and what we as a community can and should do to address these needs.

The goal of this community engagement initiative is to launch discussion on how to integrate policy, services and resources and to address obstacles to better serve older adults affected by depression. The effort is convened by KLRU in partnership with the Area Agency on Aging – Capital Area and includes the following entities: Austin/Travis County Health & Human Services Department; Family Eldercare; Hogg Foundation for Mental Health; Mayor's Mental Health Task Force Monitoring Committee; National Alliance on Mental Illness-Texas; St. David's Community Health Foundation; Seton Shoal Creek Hospital; Seton Family of Hospitals; The University of Texas School of Social Work; and YMCA-Austin.

The initiative's activities include a Leadership Summit on Depression in Older Adults that brought together a diverse group of community clergy, primary care and clinic physicians, social service directors, advocacy groups, and numerous others. In addition, KLRU produced a 30-minute television program to raise community awareness about late-life depression. The production brings to viewers the personal stories of local older adults who have dealt with depression as well as medical and public health experts speaking specifically about depression in older adults and the resources available.

## Priorities Identified by the 87 Participants of The Leadership Summit on Depression in Older Adults

### **Change Policy to Reflect Parity**

Currently, reimbursement rates for medical care and mental health care are unequal under most insurance policies, including Medicare. To address this issue, the participants in the Summit suggested the following:

- Take a proactive role with legislators and insurance companies to eliminate policies differentiating between mental health and medical health in terms of reimbursement.
- Eliminate the discrepancy in reimbursement rates to allow for an integrated model of health care combining mental and physical health.

### **Make Access to Services and Resources Client Centered**

The participants in the Summit suggested that access to services and resources is not client centered. Difficult access acts as a barrier to treatment. Services and resources range along a continuum, from professional settings to informal settings. Some ideas for improvement include:

- Integrate mental health visits with medical health visits or co-locate mental health professionals with primary health care physicians.
- Approach older adults in an environment in which they feel most comfortable such as a church, their home, senior citizen centers or other organizations to which they belong. Faith-based organizations were frequently specified during the discussions as places where older adults feel safest, thus forming support groups through these organizations could be practical. Home-based efforts would need to involve services currently going to the homes of older adults such as Meals on Wheels and clergy engaged in home visitation.
- Utilize peers and community groups to assist with the identification of older adults experiencing depressive symptoms and the alleviation of isolation. For this effort, an increase of volunteerism among older adults would be helpful. Also, this effort can utilize best practices from existing programs, such as Tarrant County's Neighbor Helping Neighbor program. Again, the participants promoted the use of faith-based organizations in this effort as very important.
- Increase and create transportation opportunities for older adults. One suggestion is to approach faith-based organizations that currently have transportation programs and to enlist these organizations in this effort.
- Further, approaches must be culturally sensitive and available in the languages spoken by the older adults within their comfortable setting.

### **Make Training and Education of Physicians, Service Providers and Clergy Inclusive of Information Relevant to Older Adults and Depression**

Discussions during the Summit proposed that there is a current lack of comprehensive training for many of the stakeholders involved with older adults. To address this concern, the participants recommend:

- Increase medical school training in areas of geriatrics and mental health.
- Train clergy and ministers to recognize depression.
- Create certification standards and training for grief facilitators and caregivers.
- Train service providers to recognize depressive symptoms and other indications of mental illness in older adults.

### **Develop Public Education and Advocacy Efforts**

Awareness, education and advocacy were mentioned frequently by the participants of the Summit as priorities. The following suggestions were made with regard to these efforts:

- Engage in a public awareness and education campaign. To accomplish this, the participants suggested the utilization of the media and health fairs to create awareness. For the purposes of education, the suggestion was made to seek

corporate sponsors who might host forums for their employees who probably have older parents.

- Enlighten legislators with regard to the needs of older adults and their mental health. This would include citing a lack of mental health workers and asking legislators to consider mental health an issue of public health.

### **Create and Strengthen Collaborative Efforts among Service Providers and Organizations**

Service providers and resources must enhance their coordination with each other according to the participants at the Summit. To accomplish this effort, the following is advised:

- Engage in a community mapping effort to locate service providers, resources, and where older adults are living in relation to these. This task would allow stakeholders to find and mend gaps in service.
- Following the mapping effort, create a resource guide to be utilized by physicians, service providers, clergy, and other organizations. The guide could be presented in multiple formats including a booklet, a CD-ROM and a web site. The web site could easily be accessed by the service providers included in the guide for the purpose of updating information.
- Enhance existing collaborations through the utilization of available technology.
- Establish new collaborations between physicians, service providers, clergy and providers previously not considered, such as pharmacists. Specifically, the participants cited a need for greater connections between religious leaders in the community and service providers.
- Enhance existing services and resources. This enhancement will be a natural outgrowth as the other suggestions are undertaken.

These priorities attempt to encapsulate the complexity of meeting the needs of older adults dealing with depression. These points may serve as spring boards for advancement of efforts, but in no fashion should limit innovative efforts to address this multifaceted issue. Most significantly, the group discussions stipulated that collaborations throughout the community needed to be established or fortified. Certainly, this Summit represents the beginning of working collaborations.

# The Greater Austin Initiative on Depression in Older Adults

August 2008 Report

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# The Greater Austin Initiative on Depression in Older Adults

August 2008 Report

## Introduction

### The Community Need

*Mary Frances has stopped going to the senior center and interacting with her family and friends. She has lost her appetite and is sleeping throughout the day. She feels sad and depressed most of the time and has lost interest in many of her favorite activities and hobbies. She is having a hard time concentrating and is concerned she may be losing her memory, but thinks this might be normal for her age. Will she seek help? Where will she turn?*

Texas ranks fourth in the country in the number of older adults aged 65 and older. According to the 2000 U.S. Census, Austin and Travis County has a population of approximately 55,000 older adults, 65 and older. In the 10-county Capital region, those 65 and older account for over 110,000 individuals. A rapidly aging community presents serious issues related to health and mental health care of older adults. One of the most serious, yet under-diagnosed, issues is late-life depression.

Texas is 39th among states in funding mental health services. When Central Texas decision makers tackle issues related to mental health, they have traditionally focused on people with severe mental illness, not those with a depressive disorder. Therefore, depression continues to be an under-diagnosed and under-treated primary health issue locally. This is especially true among older adults where, according to a 2007 survey, loneliness and isolation are problems reported by 21% of older adults in our county. Case managers at Meals on Wheels and More, a local non-profit provider of meals for frail older adults, reported that about 75% of their homebound clients suffer from mild to moderate depression.

The aging of the population is one of the most important demographic trends in the nation and our region. By 2040, older adults are expected to make up 20% of the population. It is being called the "Silver Tsunami." The older adult population will become more diverse, and their needs will change as the racial/ethnic make-up of the population changes.

Following the 2005 White House Conference on Aging, the Austin/Capital Texas delegation cited depression as one of the top three priorities to be addressed locally. Upon the local delegation's return, each representative was caught up in the day-to-day operations of aging services and no progress has been made thus far in addressing depression of older adults. Many groups are expressing enthusiasm about using community engagement to now focus on depression in older adults.

Our targeted local community engagement initiative – The Greater Austin Initiative on Depression in Older Adults – is serving as a catalyst to frame local dialogue among community leaders about depression in older adults. The primary target audiences for these activities are community clergy and primary care and community clinic physicians because they are most likely to see older adults first. Beyond these audiences, elected officials, social service directors, advocacy groups, and numerous others are participating.

Central Texas will benefit from this effort because, for the first time, area leaders will convene to focus on an often overlooked issue of depression in older adults and begin to identify strategies to integrate policy, services and resources. Stakeholders, including service providers and consumers, will benefit because older adults will be better served and be able to achieve a higher quality of life through increased integration of services.

### Project Description

*Depression: Out of the Shadows* is a national PBS documentary that aired on KLRU on May 21, 2008. The program portrayed the history, science and treatment of depression through the intimate stories of families and individuals coping with its wide-ranging effects. The film and a targeted local outreach initiative are serving as a catalyst to frame local dialogue among community leaders about depression in older adults and what we as a community can and should do to address these needs.

The goal of the community engagement initiative is to begin discussion on how to integrate policy, services and resources and address obstacles to better serve older adults affected by depression.

The initiative includes several activities. The first is The Leadership Summit on Depression in Older Adults that brought together a diverse group of community clergy, primary care and community clinic physicians, elected officials, social service directors, advocacy groups, and numerous others. The second activity is a KLRU-produced 30-minute television program to educate the general public. The production brings to viewers the personal stories of local older adults who have dealt with depression as well as medical and public health experts speaking specifically about depression in older adults and the resources available.

### Funding Sources for the Initiative

Used as the catalyst, the national documentary *Depression: Out of the Shadows* is a production of Twin Cities Public Television (TPT) and WGBH Boston. Producer/Writer/Director: Larkin McPhee. Executive Producers: Laurie Donnelly, WGBH; Phylis Geller, TPT. Senior Producer, WGBH: Anne Adams. Major funding for the program and the related national outreach initiative, *Take One Step: A PBS Health Campaign*, is provided by the Corporation for Public Broadcasting, Public Television Viewers and PBS. Additional support for *Depression: Out of the Shadows* is provided by The Ritter Foundation Inc. and Mental Insight Foundation.

Support for the local Leadership Summit on Depression in Older Adults is provided by the Corporation for Public Broadcasting, Public Television Viewers and PBS. Additional support

for the Summit is provided by St. David's Community Health Foundation, the Austin/Travis County Health and Human Services Department, and the Seton Family of Hospitals.

Support for the KLRU production of *Depression in Older Adults: A Local Perspective* is provided by KLRU, St. David's Community Health Foundation, and the Austin/Travis County Health and Human Services Department.

#### Partners in the Community Initiative

KLRU-TV, Austin PBS, and the Area Agency on Aging of the Capital Area convened potential partners interested in collaborating on issues related to depression in older adults, and KLRU facilitated the planning process. The following entities joined the effort and brought skill and experience to enrich the activities that were planned.

KLRU-TV, Austin PBS  
Area Agency on Aging of the Capital Area  
Austin/Travis County Health & Human Services Department  
Family Eldercare  
Hogg Foundation for Mental Health  
Mayor's Mental Health Task Force Monitoring Committee  
National Alliance on Mental Illness-Texas  
St. David's Community Health Foundation  
Seton Shoal Creek Hospital  
Seton Family of Hospitals  
The University of Texas School of Social Work  
YMCA-Austin

Sincere thanks are extended to the following representatives of their organizations for their assistance in the planning and facilitation of local activities: Patricia Bordie, Namkee Choi, Reenie Collins, Betty Harris, Joyce Hefner, Dawn Lakamsani, Becky Pastner, Robin Peyson, Karen Quebe, Glenda Rogers, Willie Williams, and Rick Ybarra.

## The Initiative's Activities

### The Leadership Summit on Depression in Older Adults

On March 28, 2008, from 8:30 a.m. to noon, the initiative's partners convened The Leadership Summit on Depression in Older Adults. It was held at the YMCA East Communities Branch in Austin. Invitations were distributed widely to primary care and community clinic physicians, religious leaders, state and local policymakers, community leaders, and service providers. Eighty-seven persons participated in the Summit.

The goal of the Summit was to begin dialogue about funding priorities, collaborative working relationships, and integration of policy, services and resources to better serve older adults affected by depression.

#### Summit Program

After participants registered and enjoyed a continental breakfast, **Shannon Jones**, Acting Director of Austin/Travis County Health & Human Services, delivered a warm welcome. Next, **Patricia Bordie**, Program Manager of the Capital Area Council of Governments Area Agency on Aging, shared data about the number of older adults in our region affected by depression and introduced a trailer of the PBS documentary, *Depression: Out of the Shadows*. The film excerpt served as a catalyst to set the tone and launch the discussion on how depression affects older adults and impacts communities.

**Fred Butler**, recently retired as Executive Director of the Austin/Travis County Community Action Network, introduced the distinguished panel and moderated the panel discussion. Members of the panel included: **Jim Van Norman**, MD, Director of Medical and Clinical Services, Austin / Travis County MHMR Center; **Reverend H. Ed Calahan**, Pastor of the Agape Baptist Church in Austin; **Linda Perez**, LBSW, Assistant Vice President for Client Services at Meals on Wheels and More; and **Carol Peters**, a consumer.

Prior to the Summit, each panelist was asked to survey members of his/her constituency and report at the Summit his/her own personal views and the constituency's views on the following questions:

As our community addresses depression in older adults,

1) Where are we now?

What are you currently seeing in depression in older adults?

What are the barriers to getting services for those you work with?

Where do you go for information on local services for older adults who are depressed?

2) Where should we be?

What is the biggest difference in care that you feel needs to be made?

If you could change one thing about services for older adults with depression, what would it be?

### 3) What are the barriers to making the necessary changes?

After the panel discussion, Fred Butler facilitated dialogue among the panelists and the Summit participants regarding these findings. He then prepared the group for small group discussions assigning two questions per table to consider and report upon at the end of one hour. The questions were, as follows:

- A) What specific suggestions do you have to most effectively circumvent, overcome or do away with **policy barriers** to dealing with depression in older adults?
- B) What specific suggestions do you have to **prevent and treat late-life depression** that are effective but are not being utilized for various reasons?
- C) What are the specific **funding priorities** for most effectively addressing depression in older adults?
- D) What specific suggestions do you have for establishing **effective collaborative working relationships** to address depression in older adults?
- E) What specific suggestions do you have to **integrate policy, services and resources** to better serve older adults affected by depression?

#### Priorities Identified by Summit Participants

After small group discussions, each group's reporter shared the issues that, in the view of the group, should be a priority. The participants in the Summit indicated many areas in which funding priorities, collaborative working relationships, and integration of policy, services and resources can be improved to better serve older adults. The following is a condensed summary of the priorities indicated most frequently during the discussions:

#### **Change Policy to Reflect Parity**

Currently, reimbursement rates for medical care and mental health care are unequal under most insurance policies, including Medicare. To address this issue, the participants in the Summit suggested the following:

- Take a proactive role with legislators and insurance companies to eliminate policies differentiating between mental health and medical health in terms of reimbursement.
- Eliminate the discrepancy in reimbursement rates to allow for an integrated model of health care combining mental and physical health.

#### **Make Access to Services and Resources Client Centered**

The participants in the Summit suggested that access to services and resources is not client centered. Difficult access acts as a barrier to treatment. Services and resources range along a continuum, from professional settings to informal settings. Some ideas for improvement include:

- Integrate mental health visits with medical health visits or co-locate mental health professionals with primary health care physicians.
- Approach older adults in an environment in which they feel most comfortable such as a church, their home, senior citizen centers or other organizations to which they belong. Faith-based organizations were frequently specified during the discussions as places where older adults feel safest, thus forming support groups through these organizations could be practical. Home-based efforts would need to involve services currently going to the homes of older adults such as Meals on Wheels and clergy engaged in home visitation.
- Utilize peers and community groups to assist with the identification of older adults experiencing depressive symptoms and the alleviation of isolation. For this effort, an increase of volunteerism among older adults would be helpful. Also, this effort can utilize best practices from existing programs, such as Tarrant County's Neighbor Helping Neighbor program. Again, the participants promoted the use of faith-based organizations in this effort as very important.
- Increase and create transportation opportunities for older adults. One suggestion is to approach faith-based organizations that currently have transportation programs and to enlist these organizations in this effort.
- Further, approaches must be culturally sensitive and available in the languages spoken by the older adults within their comfortable setting.

### **Make Training and Education of Physicians, Service Providers and Clergy Inclusive of Information Relevant to Older Adults and Depression**

Discussions during the Summit proposed that there is a current lack of comprehensive training for many of the stakeholders involved with older adults. To address this concern, the participants recommend:

- Increase medical school training in areas of geriatrics and mental health.
- Train clergy and ministers to recognize depression.
- Create certification standards and training for grief facilitators and caretakers.
- Train service providers to recognize depressive symptoms and other indications of mental illness in older adults.

### **Develop Public Education and Advocacy Efforts**

Awareness, education and advocacy were mentioned frequently by the participants of the Summit as priorities. The following suggestions were made with regard to these efforts:

- Engage in a public awareness and education campaign. To accomplish this, the participants suggested the utilization of the media and health fairs to create awareness. For the purposes of education, the suggestion was made to seek corporate sponsors who might host forums for their employees who probably have older parents.
- Enlighten legislators with regard to the needs of older adults and their mental health. This would include citing a lack of mental health workers and asking legislators to consider mental health an issue of public health.

## **Create and Strengthen Collaborative Efforts among Service Providers and Organizations**

Service providers and resources must enhance their coordination with each other according to the participants at the Summit. To accomplish this effort, the following is advised:

- Engage in a community mapping effort to locate service providers, resources, and where older adults are living in relation to these. This task would allow stakeholders to find and mend gaps in service.
- Following the mapping effort, create a resource guide to be utilized by physicians, service providers, clergy, and other organizations. The guide could be presented in multiple formats including a booklet, a CD-ROM and a web site. The web site could easily be accessed by the service providers included in the guide for the purpose of updating information.
- Enhance existing collaborations through the utilization of available technology.
- Establish new collaborations between physicians, service providers, clergy and providers previously not considered, such as pharmacists. Specifically, the participants cited a need for greater connections between religious leaders in the community and service providers.
- Enhance existing services and resources. This enhancement will be a natural outgrowth as the other suggestions are undertaken.

These priorities attempt to encapsulate the complexity of meeting the needs of older adults dealing with depression. These points may serve as spring boards for advancement of efforts, but in no fashion should limit innovative efforts to address this multifaceted issue. Most significantly, the group discussions stipulated that collaborations throughout the community needed to be established or fortified. Certainly, this Summit represents the beginning of working collaborations.

### Participants' Evaluation of Summit

Following the Summit, the Planning Team emailed an evaluation survey to all who participated. The purpose of this survey was to determine the effectiveness of the Summit's efforts in addressing the issue of depression in older adults according to those participating. This document summarizes the responses to the survey.

The format of the survey included questions to which only one response could be given and other questions to which a respondent could choose many responses to reflect their experience. The format of each question will be indicated in this summary to provide clarity.

### **Demographics of Participants**

The participants were asked to respond to three questions providing information about their age, education level, and their employment status and industry in which they work. These questions allowed only one answer to each question for each respondent.

Of 52 respondents completing the survey, the responses regarding age indicated:

- 9.6% were between the ages of 18-30,

- 11.5 % were between the ages of 31-40,
- 19.2% were between the ages of 41-50,
- 34.6% were between the ages of 51-60, and
- 25.0% were over 60.

Of 52 respondents completing the survey, the responses regarding education level indicated:

- 3.8% had some college education,
- 26.9% were college graduates,
- 40.4 % attended graduate school, and
- 28.8% had a professional degree.

Of 52 respondents completing the survey, the responses regarding employment status and industry in which they were employed indicated:

- 4.2% were retired,
- 2.1% were stay at home parents,
- 6.3% were educators,
- 33.3% were healthcare workers, and
- 54.2% indicated they worked in areas other than the ones listed. These areas included philanthropy, social services, mental health, government, and community advocacy.

### **Promotion of the Event**

The participants were asked to provide responses indicating how they heard about The Leadership Summit on Depression in Older Adults. This question offered the respondent the opportunity to provide multiple responses. Of the 51 respondents:

- 51% indicated receiving a direct invitation,
- 19% indicated hearing about this event through a friend or colleague, and
- 17.6% indicated hearing about this event from another event or organization.

### **Reasons for Attending this Summit**

In providing reasons for attending this event, respondents could choose multiple responses. Of the 51 respondents:

- 39.2% attended because they were invited,
- 35.3% attended because of a general interest in mental health,
- 35.3% attended because they are a mental health professional, and
- 23.5% of the responses fell into the “other” category, including responses such as:
  - Attendance due to working in the field of gerontology,
  - Lack of service awareness, and
  - Acting as a caregiver to an older adult living with depression.

### **Rating How Informative is the Content of the Summit**

Participants were asked to rate how informative they found the content of the Summit. This question allowed the respondents to provide only one response. The rating was on a scale of 1 to 5, with 1 indicating “not informative at all” and 5 indicating “very informative”. Of the 52 respondents:

- 0% gave the Summit a rating of 1,
- 3.8% gave the Summit a rating of 2,
- 7.7% gave the Summit a rating of 3,
- 40.4% gave the Summit a rating of 4, and
- 48.1% gave the Summit a rating of 5.

### **Effectiveness of Summit in Engaging Key Players in the Community in Strategic Planning with Regard to Depression in Older Adults**

The participants were asked to rate how effective they believed the Summit would be in engaging key players in strategic planning around the issue of depression in older adults. The participants were asked to rate the effectiveness on a scale of 1 to 5, with 1 indicating “not effective at all” and 5 indicating “very effective”. The respondents could provide only one answer to this question. Of the 52 respondents:

- 0% gave the rating of 1,
- 1.9 % gave the rating of 2,
- 21.2% gave the Summit a rating of 3,
- 34.6% gave the Summit a rating of 4, and
- 42.3% gave the Summit a rating of 5.

### **The Summit’s Effect on How the Community Deals with Depression**

The participants were asked to indicate whether they believed the Summit would have an effect upon the way their community deals with depression in older adults. The respondents could provide only one response. Of the 52 responses:

- 19.2% indicated that they did not believe the Summit would have an effect,
- 67.3% indicated that they believed the summit would have an effect, and
- 13.5% chose “other”; these responses generally indicated hope tinged with doubt.

### **Specific Conclusions as a Result of Attending the Summit**

The participants were asked to respond to three specified conclusions regarding the Summit. The respondents could provide more than one response to this question. Of 52 respondents:

- 71.2% believe the needs of those with depression and other mental health issues are *not* being met in our community,
- 67.3% believed that the community is taking steps to address the unmet needs for those with mental health issues, and
- Only 1.9% believed the community is doing a good job of helping those with mental health issues.

## **Actions Encouraged by the Summit**

The participants were asked to indicate what this event has encouraged them to do about the issue of depression in older adults. The respondents could provide multiple responses to this question. Of the 52 respondents:

- 55.8% would think about the local approach to depression in a different way,
- 46.2% want to become more involved in helping those with depression,
- 57.7% would tap more local resources in order to help those they serve,
- 44.2% would look more closely for signs of depression in those that they serve and refer them to the appropriate resources,
- 48.1% would attend another event on the topic, and
- 40.4% would look for additional information on the topic.

## **What the Participants Took With Them from the Summit**

The participants were asked one completely open-ended question regarding what they would take with them from the Summit. The following points provide a summary of the perspectives provided by 52 respondents:

- Many indicated that as a result of the Summit they now knew about the variety of resources available in the community to address the issue of depression in older adults, and they planned to utilize these resources with the older adults they served.
- Many realized the need to develop better collaborations among agencies providing services to older adults.
- Many recognized the need to educate the community about depression in older adults to ensure access to services and to alleviate the stigma associated with depression and other mental health issues.
- Also indicated was the need to educate the clergy about depression in older adults and incorporate them in any plan to address the issue as a community.
- Finally, many respondents indicated the need for a comprehensive community effort involving service coordination, advocacy, and creative collaborations.

## **Conclusions Drawn from Summit Evaluation**

The results of this survey indicate that the Summit did provide useful information about the issue of depression in older adults. The participants generally felt that they would take with them a better understanding of the issue in this community.

However, as a part of this understanding, it was indicated by the participants that work needs to be done in terms of meeting the needs of older adults living with depression.

Overall, the participants did provide responses demonstrating that they believed this Summit would have an effect with regard to how this community addresses the issue of depression in older adults. In particular, the participants would be looking to improve their efforts individually and collaboratively.

## A Local TV Program on Depression in Older Adults

To further engage community leaders and to educate the general public, KLRU-TV, Austin PBS, produced a 30-minute local television program to be aired immediately after the national documentary on May 21. The production shared the personal stories of local older adults who have dealt with depression as well as medical and public health experts speaking specifically about depression in older adults. KLRU producers looked to local experts in mental health to help guide the content development of the program.

The program titled *Depression in Older Adults: A Local Perspective* includes both field and studio segments. The field piece was eight minutes including the interviews of older persons who have dealt with depression. The studio piece included three experts with a host/moderator talking about depression in older adults, about the scope of the problem locally, the resources available in the area to address the problem, and where we as a community fall short in providing these services.

Panelists for the local program included: **Jim Van Norman**, MD, Director of Medical and Clinical Services, Austin/ Travis County MHMR Center; **Reverend H. Ed Calahan**, Pastor of the Agape Baptist Church in Austin; and **Bart Farar**, Care Manager, Meals on Wheels and More. The panel was moderated by **Fred Butler**, recently retired as Executive Director of the Austin/Travis County Community Action Network.

KLRU highlighted the initiative and the locally-produced program on KLRU's Web site, [www.klrutv.org](http://www.klrutv.org), and worked with media and planning partners to promote the broadcast of this special program.

## Next Steps

To promote community dialogue and action, a package of resources was reproduced by KLRU and distributed to the Summit participants, planning partners, and to local and state elected officials and community leaders. The resources included a final report on the Greater Austin Initiative on Depression in Older Adults, the Executive Summary of the report highlighting the priorities defined by participants in the Leadership Summit, and a DVD copy of the locally-produced program, *Depression in Older Adults: A Local Perspective*.

Action has been taken to sustain the momentum created by the Leadership Summit and the local television program. The initiative's planning team has convened on several occasions to define a process for identifying the leadership for the next phase and for prioritizing the recommendations for action coming out of the Summit.

The first step of the next phase is a presentation of the Summit participants' recommended priorities to the Aging Services Council's Steering Committee. This presentation will be made by Glenda Rogers, Director of Aging Services at the Area Agency on Aging – Capital Area, on September 9, 2008.

# Appendices

## Appendix A.

### Report from Small Group Discussions

#### Table #1

Recorder: Dan Shuman

#### A. POLICY BARRIERS

- Take a proactive role with legislators and administrators to eliminate policies that differentiate mental health and medical health that result in different reimbursement.
- Eliminate reimbursement barriers to integrated visits with mental health and PC.
- Support grassroots campaigns to identify de-stigmatize depression and mental health issues.

#### E. INTEGRATION OF POLICY, SERVICES AND RESOURCES

- Co-locate resources – mental health providers with primary care providers
- Consumer advocates advising legislators and administration.

#### Table #2

Recorder: Kendra Peters

\*\*Our two questions to consider – Funding Priorities and Policy Barriers – overlap. Policy dictates funding.

#### C. FUNDING PRIORITIES

- Community Connectivity / De-isolation  
Increasing local grassroots opportunities to support socialization opportunities, i.e. transport volunteer programs, peer counselors, training for volunteers to identify depression and refer to local professional.
- Holistic Treatment for Depression  
Client-centered services, i.e. meds, talk therapy, diet, social transportation, life-style issues.
- Professional Talk Therapy for people who are depressed.  
Current insurance limits are not enough.
- Promote integrated care in the primary health care setting which allows access to mental health care and assists in training the PCP in issues related to mental health.

#### A. POLICY BARRIERS

- Absence of Universal Health Care that covers everyone and provides parity with Medical for psychiatric treatment.
- Medical School training for medical practitioners that provide more holistic approach to care that includes mental state and how medical conditions effect mental health.

#### TABLE #3

Recorder: Frances Musgrove

#### B. PREVENT AND TREAT LATE-LIFE DEPRESSION

Abuse could be a form of depression. True for Kids (boys) to act out. They act out (angry) because society accepts this as to where girls sulk (quiet).

Suggestions to treat depression:

- Disease management
- Peer or professional support. Make calls daily. All ages.
- Care calls – Meals on Wheels wants longevity. Get involved for a sense of purpose.
- Follow-up time. Screening for problem solving therapy. Need to get out to other agencies for early interventions.
- Prevention – grief support into the family situation early.
- When husband loses wife, loses compass, set adrift.
- When wife loses husband, loses companion.  
So grief support is important.

Primary care or religious care is usually where older people go first. Teach clergy – educate on depression and mental illness. Grief groups after church. Some are available through some funeral homes, churches, hospice, but can we take it into the home for those that would accept it. Encouragement is most important. Need problem solving Grief Facilitators that have been trained. Grief support must be culturally sensitive and available in languages other than English.

How to reach and train ministers? Continuous challenge. Email info out – need committees at churches to inform, be there for others. It's a challenge to get info out there but we need to keep working on it.

Medical schools and seminaries to have this in their curriculum to teach on depression, etc. Clergy studies add to curriculum. A survey of seminaries indicated “not good”.

#### E. INTEGRATE POLICY, SERVICES, RESOURCES

- Med schools to require more hours in mental health teachings.
- Seminary programs case management reaching out and tracking therapy.
- Care takers need mental health training, become certified.
- NAMI offers classes and referrals.
- Let's have programs like Neighborhood Watch & Big Brothers.

Table #4

Recorder: Elizabeth Guernsey

D. EFFECTIVE COLLABORATIVE WORKING RELATIONSHIPS

- Need to strengthen and support existing vehicles of collaboration and action.
  - Collaborations between physicians / mental health professionals
  - Collaborations between agencies
  - Collaborations between churches and more informal groups
    - Need to capitalize on these collaborations.
    - Need to strengthen networks that work where people are most comfortable in getting care.
- Need more people who will actually go into homes, especially for elders who are not comfortable with leaving home.
- Need to have a common vision and desire to prioritize and act upon greatest needs to collectively make a difference in lives of older adults. Stop thinking of individual agency benefits and look to improve lives of older adults.
- Need to create events that are focused, short and comfortable for older adults to attend.
  - Can't be lectured at for too long a period.
  - Must be experiencing the issue to hear/deal with it. Need to get people with those experiences to do the outreach to get participation.
  - Need to use a variety of formats to address needs of people and where they're comfortable. Ex: church groups, etc.
- Need central depository for information so that depressed adult can access services.
  - Barriers: they either don't know about services or can't physically get to them (lack of transportation).
- Suggestion to collectively apply for grants as incentive to strengthen purpose.
- Need more senior communities for independent living to encourage engagement. Ex: Lyons Gardens
- Address liability issues so that workers besides physicians can go out and identify needs and don't have to worry that if something happens before follow-up care is given then there is no huge negative consequence. Doctors are afraid to identify needs/diagnosis.

Table #5

Recorder: Pat Gleason-Wynn

B. PREVENT AND TREAT LATE-LIFE DEPRESSION

We can do the following:

- Prevent exacerbation of depressive symptoms
- Educate on depressive symptoms (start with middle agers)
- Assess and going farther – giving education materials and self medicating

4 concerns:

- Lack of public awareness about programs/providers
- Lack of services
- Transportation
- Funding

Home Care – assessment of needs (and going farther) and follow-up on services. Trained providers, workforce shortage.

Policy advocacy: Medicare up to 80%, not 50%

Broken brain = getting the point across that mental illness is equally important.

Cultural concerns – need to be recognized. Caregiver differences.

Agencies need to go further than just asking the assessment questions (2060, PH-9)  
Senior center and church groups: have an older adult who has experienced depression tell about it.

#### D. EFFECTIVE COLLABORATIVE WORKING RELATIONSHIPS

- Partner with an older adult (parish nursing/social services)
- Tarrant County AAA = Neighbor Helping Neighbor a good model. Also Healthy IDEAS.
- Health Fairs
- Pull together list of resources
- 211
- One stop shop
- Web site where each agency can list services
- Who is going out to the consumers' homes? Pull those providers together. What can they do to address depression/symptoms together?
- What services for older adults in Assisted Living Facilities, Nursing Homes?

#### Table #6

Recorder: Dawn Lakamsani

#### E. INTEGRATION OF POLICY, SERVICES AND RESOURCES

- Grief & Loss – friends, family, independence, health
- Legislative advocacy
- Transportation
- \*Depression – situational vs. biological
- Early ID & treatment
- Parks & Rec. Transportation services - #1-\$3 per trip anywhere in city, 60 & older.
- \*Getting the information to the older adult about services and resources that are available.
- Frail elderly who cannot leave their home - church outreach.
- For older adults, historically church has been community connection. They feel safer and more secure if someone from their church makes a recommendation.
- Legislative hearing on May 1 regarding Long Term Care.
- \*Neighborhood Association involvement.
- Grant: pandemic flu preparation. Money is from Homeland Security.
- Put faith-based coalition ministries together with organizations like Parks & Rec to increase opportunities for community dwelling, isolated seniors.
- \*Funding \$\$ targeted toward public health. Therefore identify mental health as a public health issue.
- \*How do we utilize existing providers to their maximum potential?

#### C. FUNDING PRIORITIES

- Strategic and budget hearings
- Public education and awareness
- Funding for mental health has been increased
- Prevention is on back burner
- Promoting existing resources

Table #7

Recorder: Namkee Choi

**B. PREVENTION AND TREATMENT OF LATE-LIFE DEPRESSION**

Public health approach – Prevention is the key.

- Develop and utilize existing resources and toolkits for health care and social service providers
- Train social service providers in recognition and assessment of symptoms of depression in their clients
- Improve efficiency in service provision through coordination of services and utilization of electronic data sources (note privacy/security issues)
- Upgrade technology for social service organizations
- Educate consumers and family member using appropriate language.

**C. FUNDING PRIORITIES**

Funding problems:

- Lack of available and affordable services – when we identify older adults with depression, where do we send them?
- Lack of service providers – workforce shortage.

Suggestions:

- Target should be legislators.
  - It would be great if each legislator can go through the process of obtaining services.
  - Educate legislators about mental illness because they are not willing to stand up for issues of depression due to widespread stigma.

Table #8

Recorder: Terri Echterhacht

**D. EFFECTIVE COLLABORATIVE WORKING RELATIONSHIPS**

Suggestions to establish the above:

- Increased collaboration between faith-based organizations and service providers. Resource booklet, CD and Web site to make services accessible.
- Media outreach – speaking on depression/aged with list of organizations (Ex: PSA) and places to go to connect for help or trusted contact
- Increase transportation options – collaboration between faith-based and organizations already providing transportation

**E. INTEGRATE POLICY, SERVICES AND RESOURCES**

Suggestions to accomplish the above:

- Broaden criteria for accepting older adults not fitting diagnosis that currently allow for treatment
- Lateral communications between service providers
- Increased resources for in-home assistance
- Corporation sponsor education to families and outreach (Ex: lunch hour visits/ presentations on aged depression)

Table #9

Recorder: Joyce Hefner

D. EFFECTIVE COLLABORATIVE WORKING RELATIONSHIPS

- Map all efforts. Ex: by zip Code
- Free up resources and expand capacity
  - Do have something to build on through planning bodies.
- Peer to peer training/counseling
  - Sustainable – conserve money and resources
- Access to congregations.
- Educate via employers.
- Build on existing groups: religious, social service agencies, planning groups.
- Set priorities.
- Communicate about resources
- Increase collaboration
- Media Outreach, including resource information
- Expand support – training staff and volunteers
- Volunteer to assist with access. Example: escorted transport.
- Broaden scope of funded services. Expand it.
- Prevention
  - Use existing tool kits for education. Work on stigma, people open up and work on issues
  - Access through providers
  - Improve technology – share information
  - Need to develop available resources
  - Need resources and funding
  - Education – start with middle-ages.
    - People screen but don't use information. (Use 2060, PPHQ-9)
    - Start giving information regardless.
    - Public awareness – cultural concerns, peer presentations
    - Trained workforce
    - Stigma
    - Parity
- Collaboration – churches and social services
  - Access to dynamic resource list – comprehensive: non-profit, for profit, govt.
  - Pull in people that provide home-based services

B. PREVENTION AND TREATMENT OF LATE-LIFE DEPRESSION

- Grief support
- Support partners. Neighbors. NAMI has tool kits for Faith-based.
- People need to be comfortable to access.
- Policy: educate at seminary, medical school. Ask UT to include in new Med school. Certification model.

Table #10

Recorder: Barbara Budde

**B. PREVENTION AND TREATMENT THAT WOULD BE EFFECTIVE BUT NOT BEING UTILIZED**

- Cross training (professionals and consumers) on medication and its effects. Mixture of medications. Over use of medication and possible addiction problems.
- Coordinate with pharmacies to ensure that patients are not utilizing several doctors and over medicating.
- Promoting volunteerism in older population will limit social isolation. Better utilization of groups like RSVP, Caregiver collaborations among churches and community organizations
- Rapid development of electronic medical records that can be shared among doctors – work with HIPPA regulations so that tests don't have to be duplicated and medications are known. Limit errors and duplication of services. Clients and families need to be educated on sharing information among doctors.
- Funding for multidisciplinary screening service that would include medical, behavioral health, physical therapy, social worker – team meeting with client and primary care physician
- Lack of resources for faith-based community groups that are smaller. Mobile Unit of the above mentioned screening service would be great but what can we do for those who lack transportation to access senior community centers, etc.
- Aging Services Council survey raised loneliness as biggest problem. They produced a question instrument that a support partner could use to help senior to re-engage. How to implement?
- Transportation is an issue!
- Depression Bi-polar Support Alliance (DBSA) works with people who have a diagnosis and they do a training on Peer Support. There is a need to see if that has been done with senior adults.
- Peer Support Groups might help with prevention but transportation could be an issue.
- Utilize senior centers but also other facilities like churches to bring seniors together, especially those who might be isolated.
- Partnership with churches to get seniors to places. Develop and utilize transportation volunteers from churches.
- Pay attention to physical fitness issues. Promote "Texercise".

Table #11

Recorder: Laurie Alexander

**A. POLICY BARRIERS**

- State Code is that psych hospitals can't advertise they do free assessment.
  - State fixed problem around hospital admissions, but left this code on books.
- Austin Lakes Hospital starting mobile outreach team
  - State Law: Psychiatrists for hospital can't go on home visits.
- Misunderstandings around whether Mental Health is a covered benefit.
  - Medicare and Medicaid: people won't have to pay anything.
  - Doctors don't know this, so just stick with prescribing.
- Stigma leads to unwillingness to seek treatment.
  - Integration is key – Treat people where they're willing to be sent.
  - Don't need to call it mental health / mental illness; don't label it therapy.

- With primary care physicians, need to address mental health and chronic illness link – have to treat mental health problems or can't get good diabetes etc. outcomes.
- Older adults link mental illness to incompetency.
  - Need to determine where those messages are coming from, and educate them.
  - Need to clarify the incompetency determination process – Educate those providers etc. who have contact with older adults.
- Lack of referral options in Austin area
  - Free assessment is option at Austin Lakes Hospital
  - Workforce shortages
- Treatment for mild to moderate mental health problems
  - Medicaid + Medicare cover psychotherapy
  - Psychiatric consultation isn't reimbursable
  - Care management isn't reimbursable
  - \*\*These lower-level services are less expensive and evidence-based.
- Need to figure out how to reduce stigma
  - What will change people's attitudes?
  - Experience is key – how to provide people with experience / contact with people with mental illness.
- Partnering with pharmacists
  - Pharmacists in quasi-care manager role
  - Texas Pharmacy Assn is interested
- Co-location of therapists in PC setting
  - PCP and therapist need to work as team
- People need to be educated that recovery from depression is a process, not a quick fix.

Appendix B.

**Plenary Session: Small Groups Report on Top Issues**

Table 1

**Question A: Policy Barriers**

- Reimbursement issues- track funding changes
- Grass roots advocacy
- PHC/ mental health visit on same day
- De-stigmatization of depression would help with policy
- Integration of visits to physician
- Consumer advocates, service providers need to inform legislators

**Question E: Integrating Policy, Services and Resources**

- Integration of visits to physician
- Consumer advocates, service providers need to inform legislators
- PHC/ mental health visit on same day

Table 2

**Questions A & C: Policy Barriers and Funding Priorities**

- Policy  $\longleftrightarrow$  Funding (Policy influences funding per break-out group notes)
- Parity
- Universal Health Care
- Holistic Training Approach

Table 3

**Question B: Prevention and Treatment**

- Grief Support within safe familiar setting such as a church with cultural sensitivity
- Provide support- case managers, peer supports- peer calling peer

**Question E: Integrating Policy, Services & Resources**

- Education and training of ministers and clergy
- Increase education for medical students in areas of geriatric expertise and mental health
- Certification structure
- Connecting neighbors
- NAMI faith based tool kit

Table 4

**Question D: Effective Collaborative Working Relationships**

- Use existing relationships and build upon these
- Come to agreement on common visions, missions
- Identify service gaps with mapping
- Connect with all elders where they feel safe

Table 5

**Question B: Prevention and Treatment**

- Prevent exacerbation
- Start with early education
- Act upon evaluation for depression; if a client is depressed education materials must be provided to client and others
- Increase public awareness through outreach
- Address shortage of work force
- Advocate, Lobby for Medicare parity
- Put a face on the issue: use older adults

**Question D: Effective Collaborative Working Relationships**

- Parish Nursing
- Web based resource guide including non-profit and private resources
- Neighbor helping neighbor-Tarrant county find evidence based programs

Table 6

**Question C: Funding Priorities**

- Education

**Question E: Integration of Policy, Services & Resources**

- City congregate meal interventions with Dr. Choi
- Out of box thinking
- Legislative advocacy
- Home based outreach for frail elders

Table 7

**Question B: Prevention and Treatment**

- Emphasize prevention
- Toolkit for family, providers, stakeholders

- Training for service providers
- Improve coordination among providers with increased technology

**Question C: Funding Priorities**

- Educate legislators about the real human service provision environments
- Stigma

Table 8

**Question D: Effective Collaborative Working Relationships**

- Connect service providers with faith based community
- Build resource guide for faith based organizations and providers
- Build public awareness by collaborating with media
- Increase transportation options- assisted and escort

**Question E: Integration of Policies, Services and Resources**

- Broaden MHMR service area
- Increase communication between service providers
- Increase in home service resources
- Use volunteers
- Seek corporate sponsors to host in-service/ brown bag (functions) for adult children

Table 9

**Question D: Effective Collaborative Working Relationships**

- Map practical information- where elders live, where services exist
- Services needed to connect older adults with existing resources
- Build capacity, streamline and simplify resources
- Establish availability of peer to peer counseling which can lead to stability
- Go to congregations after mapping- interconnecting with available services

Table 10

**Question B: Prevention and Treatment**

- Transport engagement issue
- Increase coordination of existing tools and resources
- Peer support
- Integrated model – money issue

Table 11

**Question A: Policy Barriers**

- Issue of initial assessment needs
- Psychiatric consultation/ care management
- Who covers what
- Mental health issue versus competency/ incompetency
- Include all key players i.e. pharmacists
- Hogg Foundation Reports- integration