



# Mental Health and Substance Abuse Services for the Elderly on Martha's Vineyard

COMMUNITY HEALTH CLERKSHIP, OCTOBER 2011  
UMASS GRADUATE NURSING/MEDICAL SCHOOLS

# OUR TEAM

- Jessica Masiero-"cinnamon swirl"
- Becca Smith-"pita bread"
- Michelle Dwyer- "white bread"
- Emily Chen-"marble rye"
- Alliam Ortiz-"pumpernickel"
- Shaula Woz-"sourdough"
- Advisors: Paddy Moore, Joy Ganapol, Suzanne Cashman, Patsy McCornack

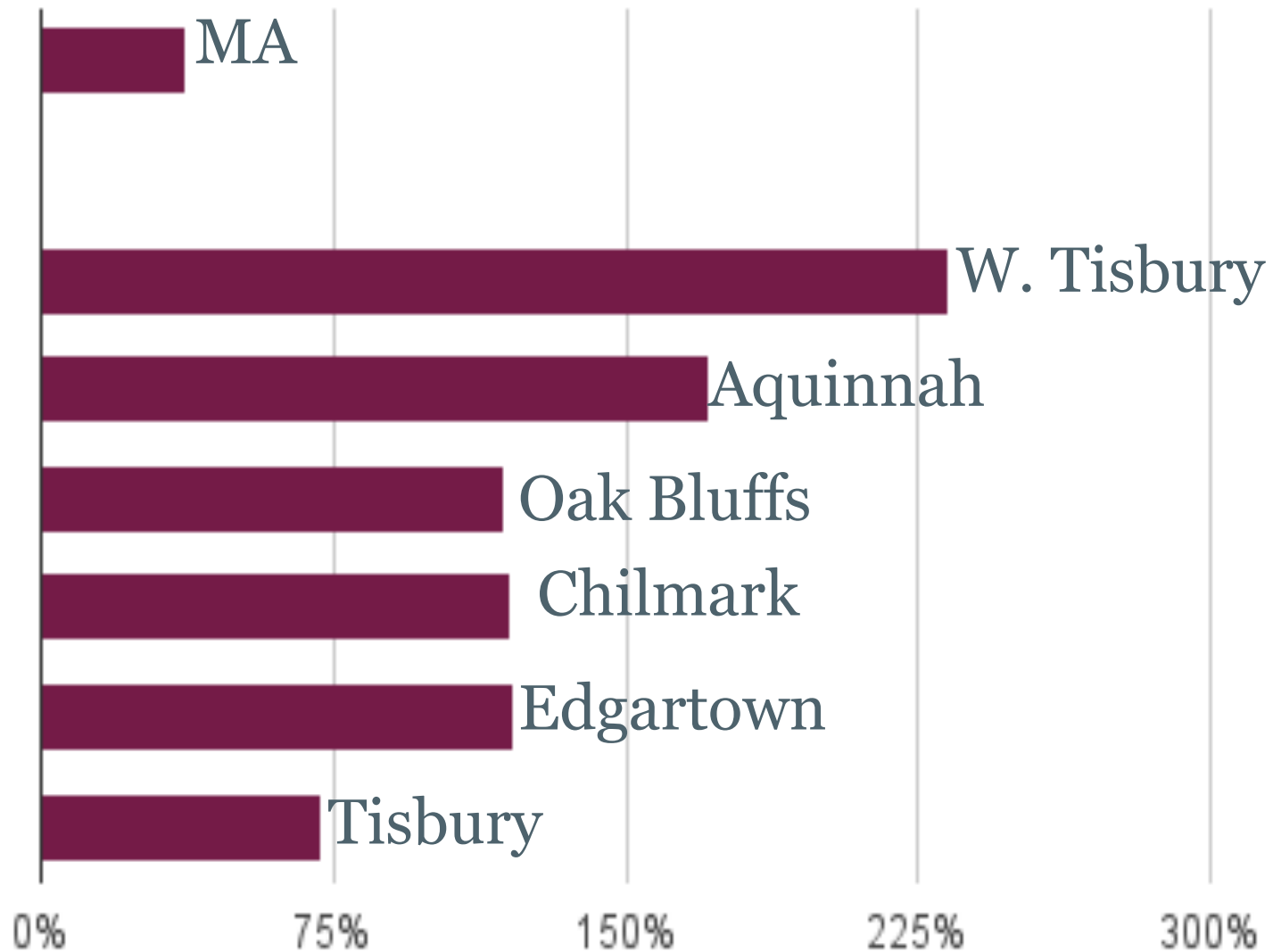
# Our Mission

- \*To develop a needs assessment for behavioral health services for elder adults on Martha's Vineyard
- \*To develop recommendations to improve elderly mental health services in Martha's Vineyard
- \*To evaluate the first 10 months of the CORE program
- \*To redesign the CORE brochure

# Prevalence of Mental Health Issues

- Nearly 185,000 of Massachusetts' over six million residents have a severe mental illness. (U.S. Census 2000; U.S. Center for Mental Health Services)
- In the US in 2005, 7.3 % of people ages 40-59 and 4% of those 60 and older suffered from depression.
- In 2006, 18% of women and 10% of men age 65 and over reported depressive symptoms.
- Approximately 80% of people with depression reported some level of difficulty in functioning because of their depressive symptoms.
- Only 29% of all people with depression reported contacting a mental health professional in the past year. (National Health and Nutrition Survey, 2005-2005, National Center for Health Statistics)

## Projected Percent Population Change from 2000-2020 in Population 65 Years and Over by Town on Martha's Vineyard



Source: The Research Unit, MA Executive Office of Elder Affairs, based on MISER 12/2002 projections

# What is CORE?

## Counseling, Outreach, and Referral for the Elderly

- A joint project through the four local Councils on Aging and Martha's Vineyard Community Services (MVCS)
- Referral through Councils on Aging to MVCS
- MVCS CORE outreach workers meet with the client at home and jointly design an individualized program to meet the needs of the client
  - Care coordination and mental health counseling at home, Island Counseling Center (ICC) or at the COA office

The idea of the CORE program was conceived by Roger Wey and his multidisciplinary team in Oak Bluffs COA through private donations in the mid 2000s.

Additional funding was awarded in January 2011 allowing CORE to expand its services providing home-based care, care coordination, and counseling services to all island towns.

The current CORE program is funded for five years through the Community Initiative grant given by the Dukes County Health Council with funds from Martha's Vineyard Hospital, and overseen by the Massachusetts Department of Health.



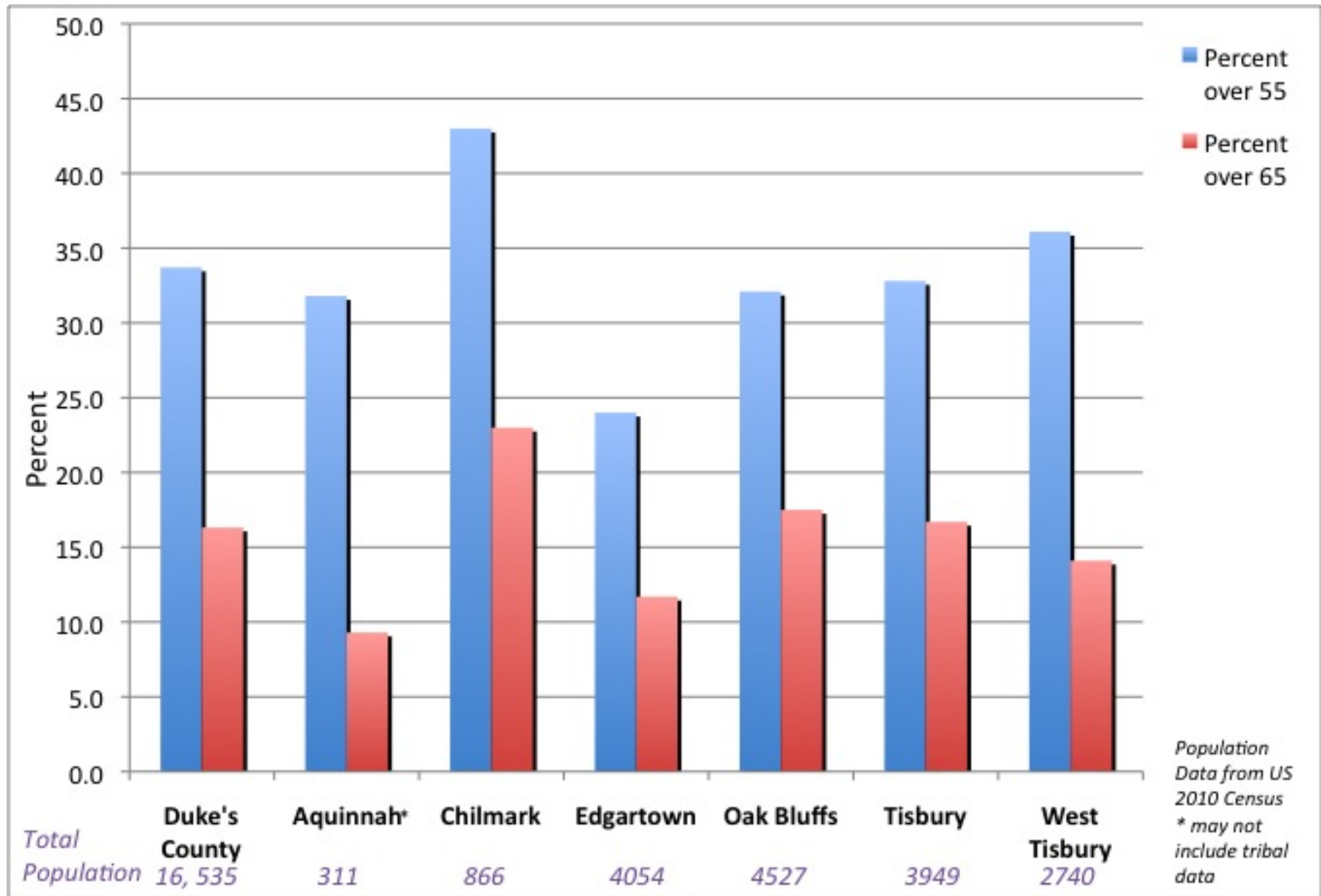
# Methods

Spanning from October 17 to October 28 2011:

- Conducted 40 qualitative interviews with community leaders, medical providers, and clients
- Shadowed medical and mental health service professionals "in-action"
- Conducted focus groups with the elderly community
- Attended clergy, staff and council meetings and community support groups
- Collaborated on team findings to identify strengths and areas for improvement
- Redesigned CORE brochure to better communicate and advertise the program

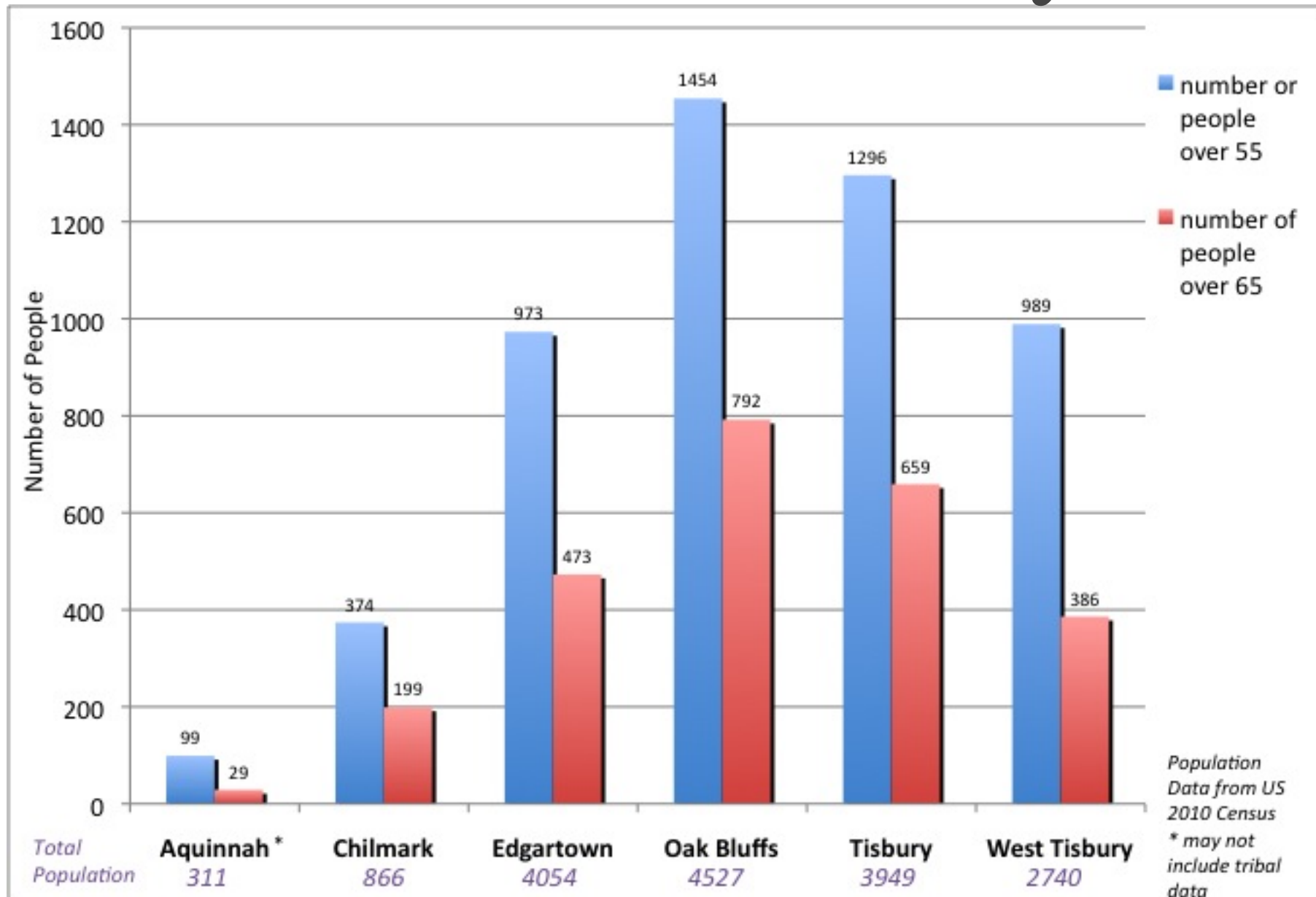


# Percentage of Elderly in the Population in Duke's County



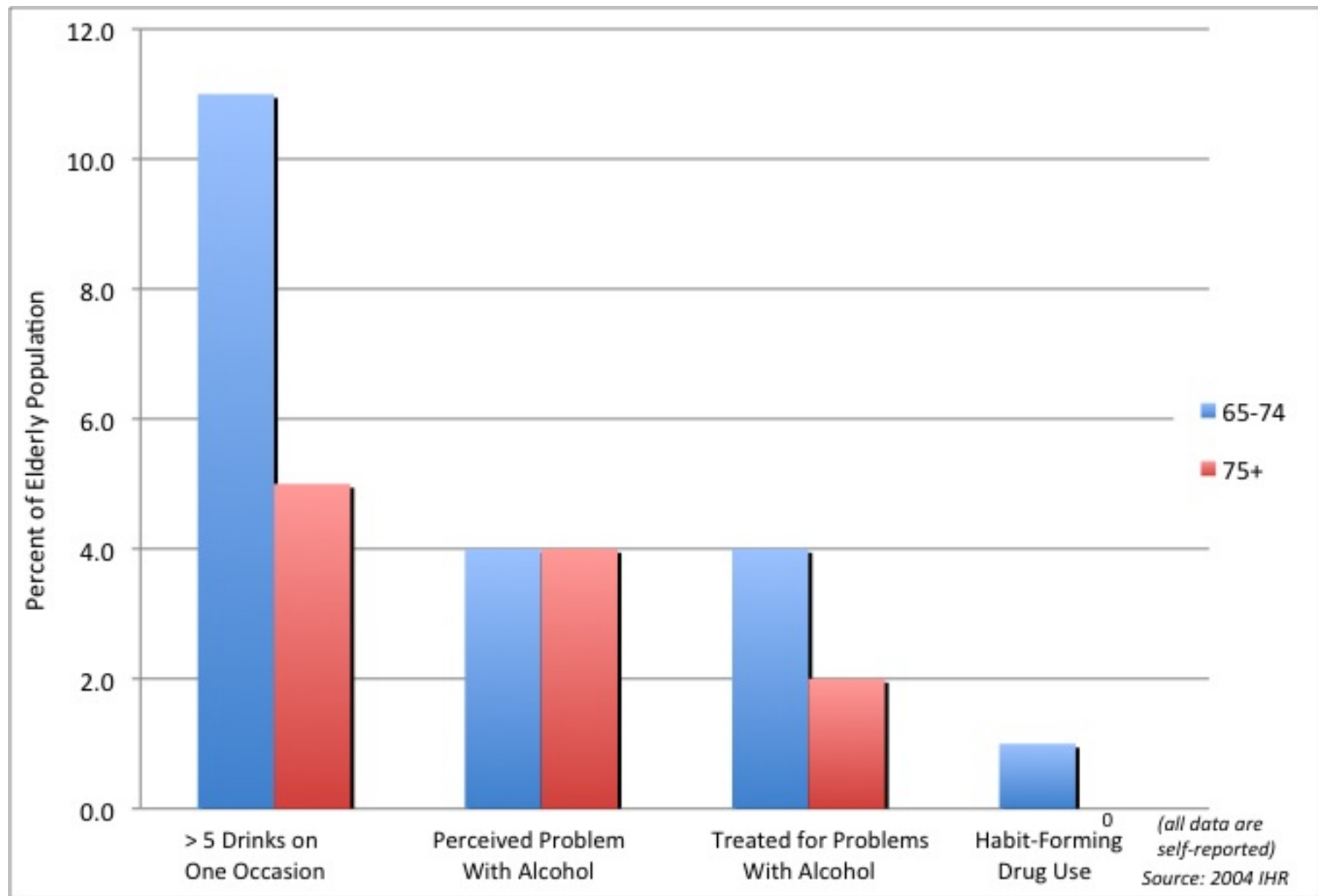
Source: 2010 Census

# Number of Elderly in Population In Duke's County



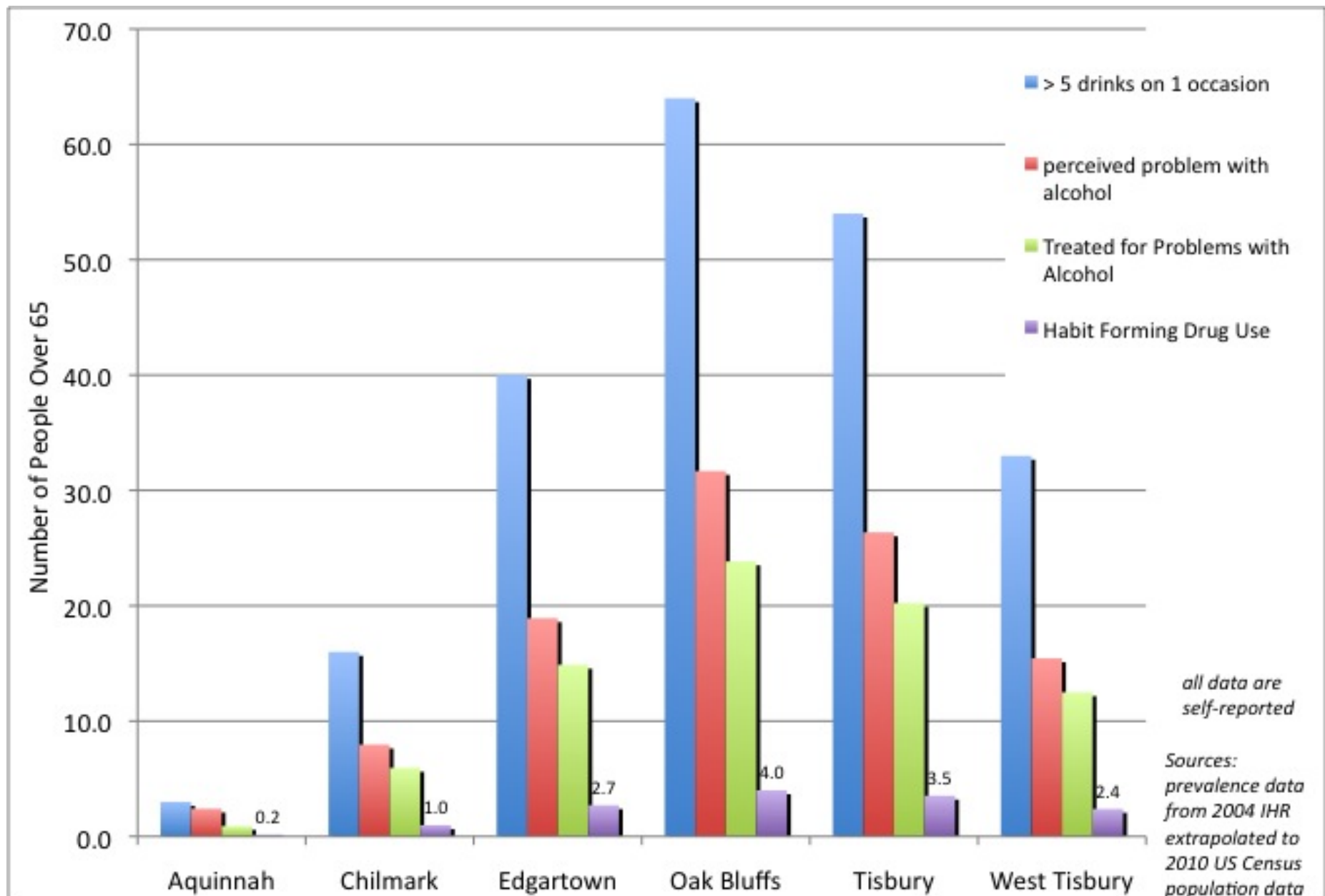
Source: 2010 Census Data

# Percent of Elderly Population Reporting Alcohol & Substance Abuse in Duke's County



Source: Island Health Report

# Estimated Number of People Over 65 Reporting Alcohol and Substance Abuse



Source: Island Health Report 2004 data applied to 2010 US Census data

# Substance Abuse Observations

- Major Substance abuse issue among Elderly is Alcohol
- Prescription stealing from elderly is a problem.
- New Paths program well utilized, but not by elderly.
- Elderly prescription drug-seeking behavior not perceived as main SA issue

# Substance Abuse Resource Recommendations

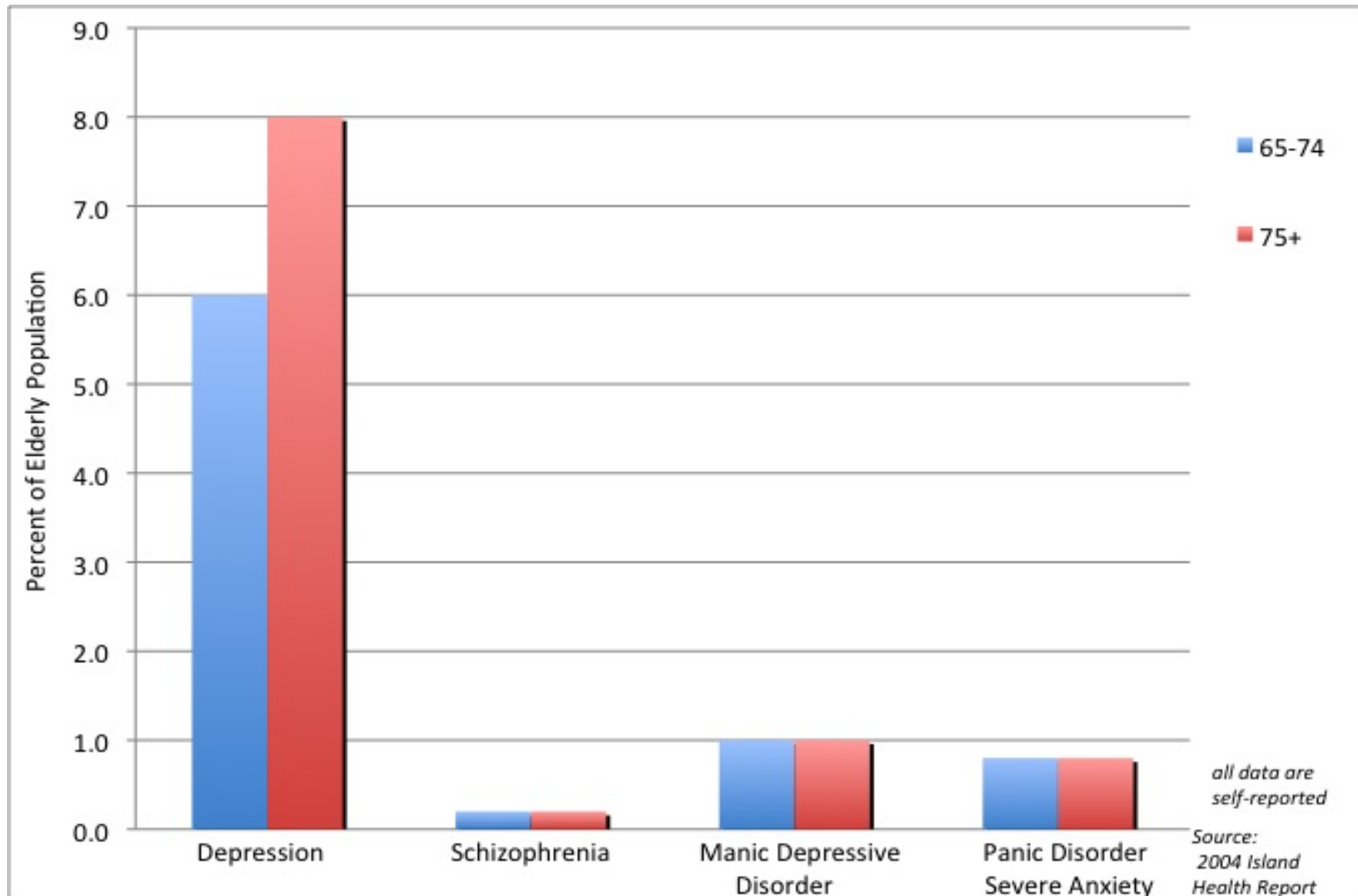
- 1) Formal, acute detox program - in-patient and easily accessible to Islanders.
- 2) Recommendations and referrals upon hospital discharge
- 3) Link New Paths program with in-patient detox programs

# Emergency Room/Hospital Admittance Data for Patients >65 y/o

<b>Principal Diagnosis</b>	<b>2010</b>	<b>2011 (Jan-Aug)</b>
Depression	5	6
Dementia	10	4
Substance Abuse	5	4
Alcohol Abuse	16	5

Source: MVH- Dedie Wieler

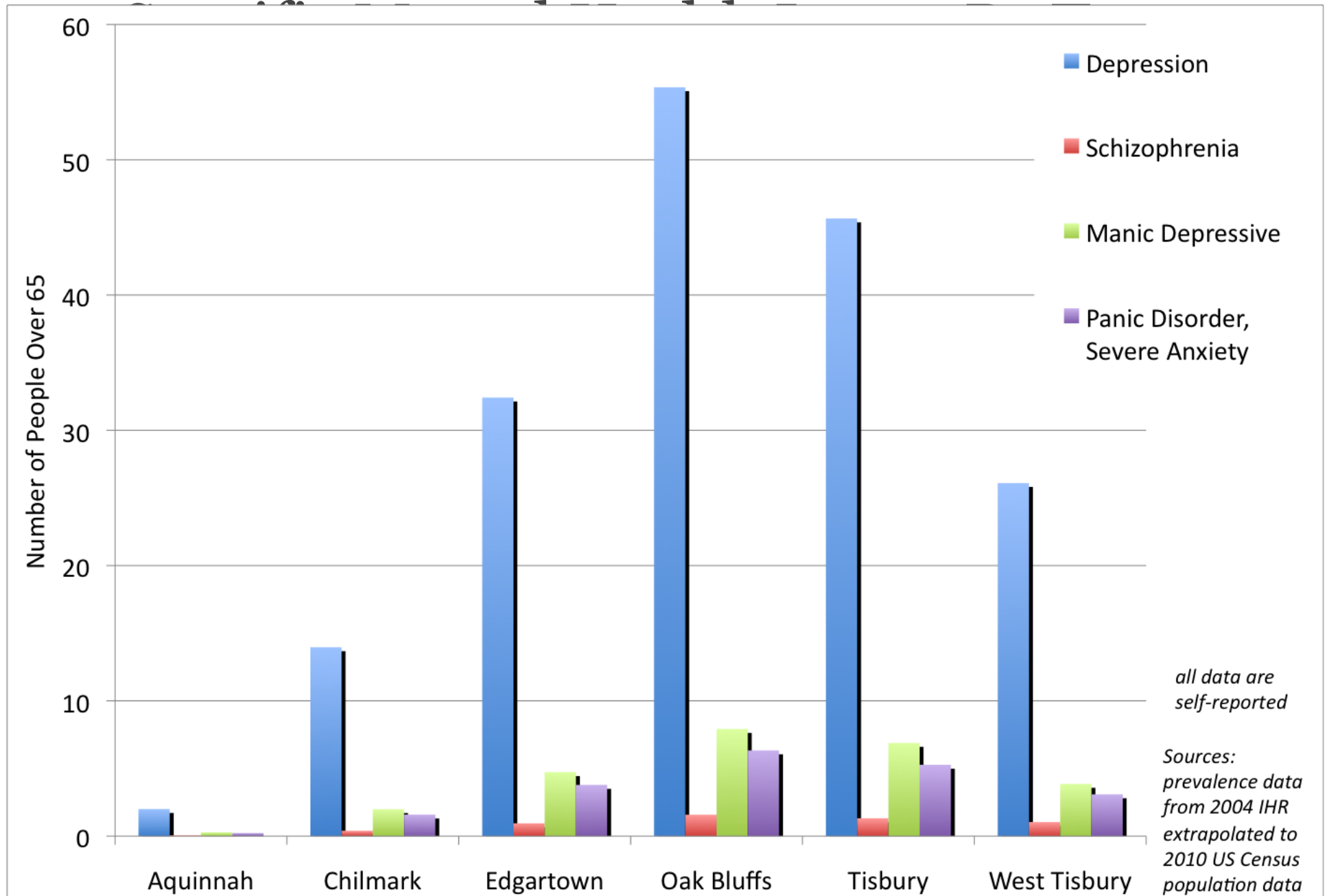
# Percent of Elderly Population in Duques County Reporting Specific Mental Health Issues in 2004



Source: Island Health Report



# Estimated Number of People Over 65 Reporting



Source: Island Health Report 2004 applied to 2010 US

# Alzheimer's Disease

- Most common form of dementia diagnosed in patients over 65 years of age.
- The prevalence increases with age, with **13% of people over 65** having the disease to over 40% of people over 85 years old (*Source: Alzheimer's Association Annual Report 2011*).
- Symptoms include confusion, irritability and aggression, mood swings, trouble with language, and long term memory loss.
- The cause is not fully understood but it is thought to be due to the large deposits of amyloid protein in the brain.
- Although there is currently no cure, supportive day programs and similar activities can enable patients to function well for a considerable time.

# Strengths of Mental Health Services on Martha's Vineyard

- **Awareness** of some mental health and substance abuse issues among elderly by community is increasing.
- **Community** support of the elderly is widespread.
- **Unmet mental health needs** for elderly in community are being identified.
- **Motivation** to modify and enhance existing systems is apparent.

# Strengths of CORE

- Fills a gap in services
- Provides services at no cost
- Care provided at the location most convenient to the client -- at home, at COA, or at ICC
- Counseling and Care Management:
  - Once someone is in the program, CORE does a great job of bringing resources from different agencies together
- - Individualized care and coordination of services is available through relationships between elders and their care manager.

# Strengths of CORE

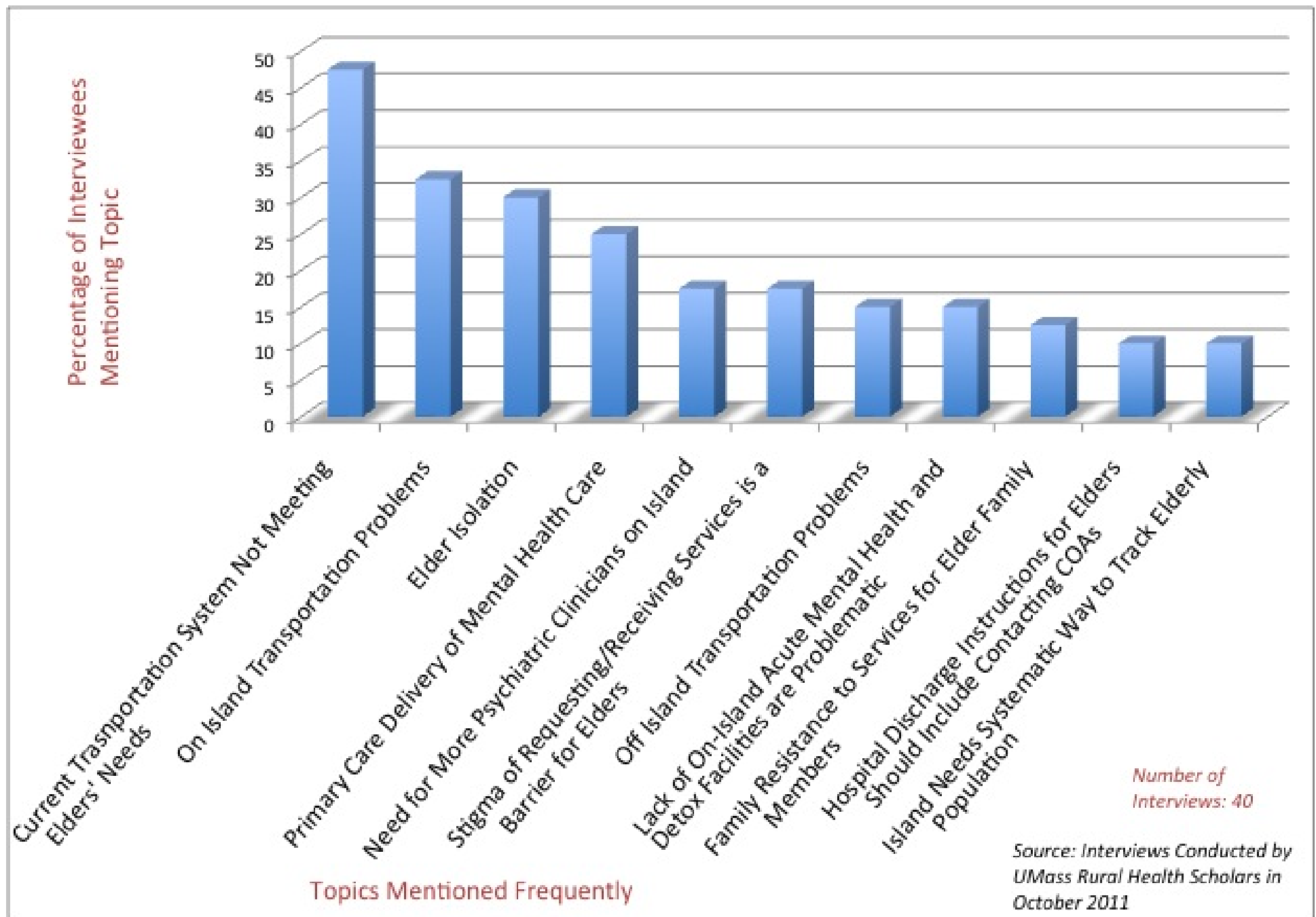
"I think they're off to a great start...It's made a tremendous difference in their [the clients I have referred] situations and their ability to navigate the things they need to. Definitely positive and long-awaited."

- Community Provider during interview

# Analysis of Interviews and Recommendations

- 40 Formal Interviews + many informal conversations
- Many recurring topics came up with interviewees
- Our recommendations are directly pulled from these common themes

# Frequently Mentioned Topics in Interviews



# Short-Term Recommendations:

- Improve multidisciplinary communication
  - More networking among mental health providers
  - Create Website with list of resources for elderly
  - Improve outreach to assure community understanding of mental health programs
- Present the CORE program at Martha's Vineyard Hospital Grand Rounds, open to health professionals and community members
- More rigorous follow up with referral sources to inform them about progress of CORE counseling and case management, with client consent
- Initiate waiver/consent process to allow the hospital to contact the appropriate Council on Aging when an elder in need of services is discharged



# Improve Multidisciplinary Communication

- Contact VNA, Hospice, primary care providers (community and hospital), COA, Elder Services, MVCS, pharmacists, clergy, first responders
- Invite community care providers to general meetings in order to facilitate open communication and foster more collaboration in caring for the elderly
- Broaden perspective of elder care team to include ALL community providers and support systems

# Networking among Island Mental Health Providers

An expansive pool of elder health resources exists

- Unfortunately, many services are unknown or overlooked
- Create a website with services and contact information

## Martha's Vineyard Mental Health Conference

- Biannual meeting of any and all providers
- Allow providers to learn about the presently-available resources for elder care on the island
- Regular updates on the changes and advances within established programs
- Encourage collaborative and efficient problem solving

# Community CORE presentations

"For people to receive services, they have to first know about them."

-Quote from Interviewee

- Extend outreach further into the community in order to expand community awareness of CORE.
  - Initiate formal presentations by CORE staff members
    - at town hall meetings
    - at COA events
    - at Elderly Housing Development meetings
  - Have outreach worker available at blood pressure screenings, flu clinics, etc. to engage participants in individualized conversation

# CORE Advertisement Recommendations

## **Bulletin board postings:**

- Post office
- Stop & Shop
- Police stations
- Town halls
- Pharmacies

## **Brochures distribution:**

- Churches
- Libraries
- Councils on Aging

## **Community wide presentations from CORE members at:**

- Physician's offices
- Congregations
- Town Meetings
- COA programs

## **Mail Services:**

- Newspapers
- Newsletters

# Standardized Follow Up Paperwork

- Primary care providers and COA members feel that there is a disconnect between referrals made to CORE and communication about coordination of patient care.

Goal: To develop a process that allows clients to determine which of their providers are able to access information about their progress within CORE, while simultaneously maintaining communication with elders' extended care networks

- Confirmation of receipt of referral from CORE to referring party (two types)
  - medical providers (medications, ongoing clinical information)
  - other organizations (confirmation that client is being cared for - minimal information needed)

# Long-term Recommendations:

- Expand mental health services for the elderly
  - Increase affordable outpatient psychiatric services to augment private providers who do not accept most insurance reimbursement
- Include island clergy in MVH Grand Rounds
- Implement routine public health screening for mental illness and substance abuse
- Design a systematic approach to checking in with isolated elders to make sure they're okay.
- Increase awareness of mental health issues among elderly to reduce stigma of applying for help

# Implement Routine Mental & Addiction Public Health Screenings

**Goal:** To identify mental health and addiction issues at earlier stages

## **Methods:**

- At provider's office:
  - mini mental exam
  - depression screening
  - CAGE questionnaire
- Within the community:
  - VNA blood pressure screenings

# Ideas to Systematically Track Elderly Population

Annual visits beginning at 70th birthday year to each elder citizen

- Would serve as a "check in" to evaluate
  - whether individual has been to a PCP
  - discuss any difficulties with ambulation/transportation
- Administer a mental health screening tool

Create a comprehensive list of the elder population for:

- Friendly check-in calls
- Reassurance visits/calls
  - i.e. pre- or post storm, incident, etc

Train Meals on Wheels employees to administer weekly check-in with all clients



# Educate Elderly About Mental Health and Reduce Stigma of Seeking Care

- Give community presentations on mental health and the available resources
- Integrate mental health screening into annual physical examinations
- Emphasize solutions to isolation
- Explain that there are other resources than medication to improve quality of life
- Normalize mental health care

# Island-Wide Recommendations

- Improve communication among island services
- Increase number of affordable psychiatrists
- Improve access for door-to-door island transportation for elders
- Create elder yearly check-in program
- Create website with all community organizations, contact info and services

# Island-Wide Recommendations cont.

- Provide educational programs on mental health to public
- Initiate a training program to develop skilled screeners to provide mental health and substance abuse screening at public places
- Incorporate Monday morning memos into provider offices to enhance communication between services

# THANK YOU!

- Paddy Moore
- Joy and Alan Ganapol
- Nancy Langman
- Island Rural Health Clinic: Nancy Phillips and Staff
- Patsy McCornack
- Suzanne Cashman
- ALL of our interviewees!

# Peace Out



# REFERENCES

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