Reaching Older Adults

Transcript of SPARK Talks

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Jo Anne Sirey: My name is Jo Anne Sirey. I am a professor at the Weil Cornell Medical College, Department of Psychiatry. And I do research and implementation projects to bring mental health services to community settings where older adults are seen.

Older adults have a higher rate of suicide than the general population. The oldest old, the 85 and older, have the highest rate of all adults. I think one of the things that's most important when we think about late-life suicide is understanding that depression is a major risk factor. And I think that's a real challenge, and it's a challenge for many different reasons. One of the primary issues is that depression is often not well-detected. It's mistaken as a natural part of aging, and depression is never a natural part of aging.

Sometimes it's hard for the older adult themselves to detect the depression. They too may attribute it to health or physical limitations. There's a tremendous cost to an older adult to seeing themselves as suffering from a mental illness or suffering from depression or something that requires treatment. If we think about it, the older adult population grew up at a time when our mental health services were quite a bit cruder than they are now. And their images of medication and psychotherapy are based on those original ideas.

Mental health services were originally designed with the idea that people would just come to a mental health provider and utilize services. That we would sit in our offices, and people would come in and ask for help. And that's really not the case, most of the time. It's certainly not the case with older adults. So, our programs really go where older adults are, and senior centers are becoming kind of the hub of nutritional life, social life, activities, education as well. We have blood pressure screenings. We're really kind of addressing many of the needs of older adults. And so integrating mental health into these settings is really kind of a natural next step.

It's interesting, mental health is rarely welcomed into non-mental health settings. It's been difficult for us to integrate mental health into primary care settings, and aging services is no exception. They really have to work with us to figure out how best to integrate this: *Where are we going to have mental health services offered? How is that going to fit with the daily programming? How is it going to address the concerns of the seniors? How are we going to make sure that we're not kind of targeting a group of seniors?*

There's a center where they were partnered with a mental health provider. And I think what had happened in that partnership was that it hadn't really been a true partnership. They had a mental health provider who sat in an office, in a senior center, waiting for people to come. Anybody talking to that mental health provider was seen as maybe in need of services. I don't know. If you ask people, they are very concerned about those kinds of views. And so in retrospect, as I heard the story, it became clear that it really wasn't a partnership. It was two entities working together. It was kind of what we would consider co-location.

So we came in and our clinicians did lectures and they helped serve meals and they went to parties and they talked to the staff and they went around the tables during lunch and talked to the older adults. And I think that they really saw that this is a different model. This is not a model where we're putting a mental health provider in an office in a senior center. It's really a model integrating mental health into aging service. And the key word in that is *integration*. So they're really working together, the mental health and the aging service providers.

When we go out to senior centers, we bring a holistic approach. Older adults understand the relationship between mind and body. Sometimes better than younger adults do. They understand how their mind is affected by their body and their body is affected by their mind. So when we go out to do health and wellness activities, in addition to being a kind of a way to introduce mental health, we also encourage older adults to take advantage of the resources out in senior centers. Senior centers are great places. You can take a yoga class; you can have lunch with somebody. And these things, like being physically active, socializing, are really important supports in later life. They can kind of ameliorate some of the risk factors of depression.

I do recognize that there are places that may not be able to have a mental health provider on site. And in those instances, I think it's good old-fashioned building a relationship, and I often go out to senior centers that don't have these programs and say, "*Do you know who your local mental health provider is? Have you talked to them?*" And that makes a lot of difference.

It's really about building relationships. Relationships with our older adults, relationships between senior centers and mental health providers, and that does take extra work. It does take initiative. Sometimes people are more reluctant. But I think it's in the interest in serving our older adult population. And I think both aging service providers and mental health providers really do want to do the best work they possibly can. So, I think the theme is really getting services where older adults are being seen and helping them utilize the services in a way that they can be effective.