



MHSA INNOVATION CONCEPT #4 Draft Version 2/12/10

Merging the Old with the New

This program tries out new approaches to identify (case-finding), engage and provide strength-based early interventions to underserved older adults with emerging mental health symptoms related to lifestyle changes, decreased independence, deteriorating physical health or isolation. Specifically, older adults will be engaged in storytelling and other culturally-based models to place them in the traditional roles of transmitting cultural values and knowledge to younger generations within their families and in the community.

This project determines whether new case-finding approaches and alternative culturally-based therapeutic techniques improve engagement, access, and quality of life for underserved older adults with emerging mental health symptoms.

1. Problem

Individuals over 60 years of age who are isolated are at-risk for developing mental health symptoms, such as anxiety and depression which can lead to serious mental illness and suicide. Many older adults do not have family members actively participating in care-giving. They may have a formal caregiver or neighbors and others who assist them informally.

Underserved older adults from ethnic communities are especially susceptible to isolation due to cultural and language barriers that inhibit their ability to engage in meaningful activities and interaction within their extended families. Adult child caregivers can become so focused on attending to the physical health and activities of daily living of their elderly parents, that they miss out on opportunities for meaningful interactions capitalizing on the older adults strengths.

Language and cultural differences between recently immigrated grandparents and more acculturated children and grandchildren result in further disintegration of family relationships. Older adults experience the loss of a traditional function for elders in many ethnic populations of transmitting cultural knowledge and values to the young. Youth experience a loss of cultural identity and meaning resulting in them being susceptible to at-risk behaviors.

Elders from ethnic communities may encounter traditional Western mental health approaches, such as medication therapy and individual counseling, as ineffectual or insufficient.

2. Barriers

Older adults from underserved communities have historically experienced difficulty accessing formal mental health services due to immigrant/refugee status and language and cultural barriers. The Santa Clara county mental health system of care currently offers very few alternative culturally-based therapeutic models to address the problem.

Older adults who live alone with little or no family nearby and very few social connections in their community have difficulty locating and accessing services due to isolation, stigma associated with mental illness and other barriers such as mobility.

Transportation is a key barrier for many older adults in accessing services and supports.

3. Purpose

This innovation project aims to inform current and future practices/approaches in communities by introducing a new prevention/early intervention mental health practice that increases access to mental health services for underserved groups.

4. Description of Project

The project will develop a program to provide strengths-based services using storytelling and other culturally-based therapeutic models to treat older adults from underserved communities with emergent mental health symptoms. Program staff will work directly with older adults and caregivers or volunteers to teach and facilitate the model and implement the project.

The therapeutic approach involves re-engaging the older adult in the traditional role of transmitting cultural values and knowledge to younger generations within their families and in the community. An increase in meaningful activity and strengthened interpersonal relationships engendered by the therapy will ameliorate emergent mental health symptoms and prevent further deterioration of the older adult's emotional well-being.

Family and formal caregivers as well as younger generations within the family or volunteers will be actively engaged participants in the approach and are expected to benefit from an increased sense of connectedness with the older adult.

Methods used to identify older adults to be served by the project could include referrals from providers who serve elders such as community-based agencies, Adult Protective Services, and other non-traditional sources. Depending on the needs and preferences of

the older adult consumer, these alternative services could be provided either in lieu of or in conjunction with medication therapy and counseling.

5. Contribution to Learning

The key learning from the project will be to gain insight into whether providing a new, alternative culturally-based therapeutic model to older adults with emergent mental health symptoms increases access and improves outcomes for members of underserved communities.

6. Expected Outcomes and Project Measurement

Learning Outcomes

This piloting of this approach will allow the County to gain insight into the question of whether an alternative culturally-based therapeutic technique provided either in lieu of or coupled with psychiatric services enhances engagement, access, and improved quality of life for older adults from underserved communities.

Service Outcomes

Following is a partial list of expected outcomes:

- An increased number of older adults from underserved communities in Santa Clara County suffering from emergent mental health symptoms will be engaged in program services piloted by the project.
- Older adults will experience a decrease in negative symptoms and an increase in levels of self-esteem and self-efficacy.
- Younger adult family members and other caregivers involved in the program will experience reduced stress and other positive effects.

Project measurement will be conducted throughout all stages of project implementation using one or more of the following measures:

- Consumer, family and service provider pre and post surveys
- Data collection
- Project team meetings to evaluate progress and problem solve
- Quantitative and qualitative analysis
- Reports to stakeholders

7. Project Duration and Estimated Cost

\$300,000 per year for 2 years