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In Touch Program Empowers Senior Centers to Support Positive Mental Health

The American Society on Aging honored the In Touch: Mind, Body & Spirit Program with a 2009 NOMA Award for Excellence in Multicultural Aging. The award was presented in March 2009 at the annual ASA-NCOA Aging in America Conference in Las Vegas, Nev. For information on the NOMA award and all ASA award programs, visit www.asaging.org/asav2/awards.

By **LAURA N. GITLIN and LYNN FIELDS HARRIS**

Late-life depression is a significant public health concern and the most prevalent mental health condition among older adults. Older African Americans are particularly at risk due to high rates of chronic illness, functional disability and exposure to jeopardizing social scenarios such as low income and poor neighborhood quality.

Although older African Americans have similar depression rates as do whites overall, prevalence is higher for homebound and urban dwellers. Additionally, in primary care (the principal setting for depression treatment), providers are less likely to spend time on mental health concerns, identify symptoms or offer treatment options for African Americans as opposed to whites. Thus, this group remains underdiagnosed and underserved.

The crisis in mental health service delivery for African American elders raises critical questions: What are public health options to prevent late-life depression? What are new models for supporting positive mental health?

A NEW ROLE FOR SENIOR CENTERS

Senior centers can be part of the new mental health care models that serve minority elders. Senior centers are community-based; routinely assess older adults for service needs and health status; and can involve large numbers in supportive mental health programming. They provide a safety net that offers meals, health checks, care management and referral services.

Individuals who are reluctant to consult primary care physicians or mental health specialists may be more comfortable disclosing depression symptoms to skilled senior center staff. Building senior center capacity is an important strategy for optimizing mental health programming for underserved elders and reducing disparities.

We developed the In Touch: Mind, Body & Spirit Program to support positive mental health in older African Americans. Funded by a five-year grant from the National Institute of Mental Health, the program, now in its fifth year, is a partnership between an academic research center, Jefferson Center for Applied Research on Aging and Health (CARAH) of Philadelphia's Thomas Jefferson University (TJU), and a senior center, Center in the Park (CIP) in Philadelphia, Pa.

The CARAH has funded research programs on depression, quality of life, dementia care and family caregiving, while CIP, a nationally accredited nonprofit community-based senior center, offers programs, services and activities to approximately 6,000 members ranging in age from 55 to 98 years, with one-third age 75 or older. Most members live in urban neighborhoods and are African American (90%), female (83%) and of low socio-economic status.

This collaboration builds capacity in CIP, enhancing its infrastructure in order to provide evidence-based programs that support positive mental health among its African American members. Specific objectives include enabling CIP to survey its membership to identify risk areas for late-life depression and target programs; evaluating program impact; conducting research to better understand mental health needs and preferred delivery options; and assisting with cultural competency training for students training in the health professions.

AN INTEGRATED PERSPECTIVE

With an integrative perspective that reflects the cultural paradigm of the target group, In Touch supports mental health with programs that address the whole person: Programs build on skills and positive coping strategies, and consider interrelated factors that shape mental health (history, social constraints, health concerns and psychosocial status).

A guiding framework, substantiated through research, pinpoints four broad risk areas for depression (demographic characteristics, social determinants, physical health and function and psychosocial status). Within each area, In Touch identifies specific factors that are modifiable (social isolation) or which inform programming (gender). The framework provides a conceptual model for categorizing CIP offerings by risk area. As well, this structure helps to identify unaddressed areas of risk for which evidence-based programs could be introduced.

POSITIVE OUTCOMES, GREAT POTENTIAL

The In Touch program has stimulated new CIP programs, enhanced existing programs, infused intake assessments with depression screening tools and educated staff about late-life depression.

Participation is high in programs that target depression risk areas. Over the past four years, exemplar programs have included Harvest Health, Stanford's chronic disease self-management program to reduce illness intrusion (602 participants); Healthy Steps to reduce falls (1,681 participants); Brain Health workshops (227 participants), and recreational programming, such as line dancing and the creative arts, to reduce social isolation and enhance creative expression (7,261 participants). Additionally, 50 TJU health professions students participated in cultural training, and more than 300 African Americans at CIP participated in partnership-identified research on depression.

Assessing and preventing depression in high-risk groups are crucial strategies for reducing depression's societal and personal costs. Our integrated perspective resonates with older African Americans' cultural preferences for non-pharmacologic approaches—ones that consider mind, body and spirit—for responding to distress or minor depression.

Senior centers, often the first point of contact in a continuum of aging services, have great potential to decrease mental health disparities. They need financial support and staff training in order to be major players within emerging new care models. Academic partners can provide intellectual resources, although investment in buttressing and supporting the role of senior centers must occur at a policy level: Senior centers must reach out to local elected officials and policymakers; build coalitions with other aging services providers; and forge innovative collaborations, such as we did with In Touch. ❖

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