#### **Attendees**

Jane Armstrong, Triangle J Area Agency on Aging Alicia Blater, NC Division of Aging and Adult Services Alan Brown, NC Area Health Education Centers Program Walt Caison, NC Division of MH/DD/SAS Sally Cameron, NC Psychological Association Heather Carter, NC Division of Aging and Adult Services Carolyn Corn, FUMC-Cary Tamarra Crawford, Durham VAMC Yoko Crume, NC A&T State University Anita Davie, Region D Area Agency on Aging Angel Dennison, Chatham County Council on Aging Sarah Doughty, UNC-CH School of Nursing Audrey Edmisten, NC Division of Aging and Adult Services Mary Edwards, NC Division of Aging and Adult Services Valerie Fox, Durham VAMC Larry Freeman, NW Area Health Education Center Lisa Gwyther, Duke University Nedra Edwards-Hines, NW Area Health Education Center Robin Huffman, NC Psychiatric Association Rebecca Hunter, NC Healthy Aging Network/UNC-CH Center for Aging and Health Steve Jordan, NC Division of MH/DD/SAS Sarah Lowman, UNC-CH, Center for Aging and Health Janet McBride, FUMC-Cary Jane Miller, NC Division of Public Health Mary Lynn Piven, UNC-CH School of Nursing Gina Price, NC Division of Vocational Rehabilitation Ellen Schneider, UNC-CH Carolina Geriatric Education Center Stephania Sidberry, NC Division of Public Health Dennis Streets, NC Division of Aging and Adult Services

#### Agenda

Debbie Webster, NC Division of MH/DD/SAS

- 1:00 Welcome Dennis Streets and Mary Edwards, NC Division of Aging and Adult Services
- 1:10 Participant Introductions (name, affiliation, primary role relative to older adult mental health)
- 1:30 Impetus and Goals Rebecca Hunter, NC Healthy Aging Research Network and UNC Center for Aging and Health
- 1:45 Coalitions with Clout- What Makes for Success? Ellen Schneider, Carolina Geriatric Education Center and UNC Institute on Aging

# Focusing attention, building capacity, supporting action...

A statewide collaboration led by the NC Division of Aging and Adult Services; the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; the NC Healthy Aging Research Network; and the Carolina Geriatric Education Center

- 2:00 The Wish List (participant expectations and hopes) Walt Caison, NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services
- 2:20 Organizing for Action
  - Introduction
  - Small Group Brainstorms (choose the group of greatest interest to you)
    - Task: Choose three best ideas for moving forward
    - Groups and Facilitators
      - Dissemination, Mary Lynn Piven, UNC School of Nursing
      - Training, Larry Freeman, Northwest AHEC
      - Advocacy, Debbie Webster, NCDMH/DD/SAS
- 2:45 Next Steps Mary Edwards, NC Division of Aging and Adult Services
  - Workgroup organization
  - Potential date for next meeting September 8, 2011
- 3:00 Adjourn

#### Welcome

Mary Edwards, NC Division of Aging and Adult Service (DAAS), opened the meeting and welcomed all attendees. Dennis Streets (DAAS) provided an overview of various mental health initiatives in the US, including the CDC, Women's League, National Coalition of Mental Health and Aging, National Institute of Health, and many others. He stressed the importance of including mental health in the work that we conduct in all of our organizations and that we need to continue to bridge gaps between our organizations/systems.

Dennis also reviewed "Ten Facts about Mental Health and Aging" (from OWL):

- 1. Mental health problems are not a normal part of aging.
- 2. Mental health is as important as physical health.
- 3. Healthy older adults can continue to thrive, grow and enjoy life
- 4. Mental health problems are a risk for older adults, regardless of history.
- 5. Suicide is a risk among older adults.
- 6. These symptoms call for consultation with a healthcare professional:
  - a. Sadness that has lasted longer than two weeks.
  - b. Consistent worries about issues such as money, family, and health.
  - c. Frequent trouble remembering things or feeling confused in familiar places.
  - d. Have more than on alcoholic drink a day or take more medication than prescribed.
- 7. Older adults can be helped with the same success as younger people.
- 8. Our healthcare system is not adequately helping older adults with mental disorders.
- 9. Misdiagnosis and avoidance are common.
- 10. Older adults have specific mental health care needs.

Dennis concluded his remarks by reminding us that mental health is not just a problem for the mental health system—it must be embraced by all areas of the community.

# **Impetus and Goals**

Rebecca Hunter (NC Healthy Aging Network/UNC Center for Aging and Health) provided a brief history of mental health initiatives and reviewed some of the great mental health work going on in the state. Some may ask "Why now?" to start the NC Mental Health and Aging Coalition? The real question is, "Why not now?" Despite impressive strides we have made in the state, there is still a great deal of work to be done. Becky reiterated that it is important that we have a diverse group of people involved our Mental Health and Aging Coalition and requested that attendees let us know others who should be invited to participate in the Coalition so that we can reach out to them.

What can we do to succeed and have some impact? There are "winnable battles" that we can focus on for the coalition in advocacy, training, and dissemination. We can bring together people from various sectors to reach goals in advocacy, training, and dissemination of evidence-based practices and programs. With the "silver tsunami" coming, we need to do a better job of attracting professionals to the field of aging. Potential goals and strategies are as follows:

- Advocate Build awareness of the mental health needs of older adults.
  - Engage leaders and advocates across service sectors, such as aging, healthcare, public health, academia and faith-based organizations.
  - Articulate plans for growing numbers, growing needs.
  - Outline steps to build capacity for prevention and for care.
- Train Develop workforce capability to serve older adults.
  - o Increase the number of practicing mental health professionals who have the skills (and interest) to work with older clients.
  - o Increase the number of other professionals, for example, primary care providers, who are able to deliver excellent evidence-based care.
  - Ensure that academic programs incorporate appropriate content regarding older adult mental health prevention and treatment.
- Disseminate Promote broad adoption of evidence-based practice and programs.
  - Create action plan and strategies to disseminate Healthy IDEAS.
  - Develop priorities and strategies for dissemination of other key evidence-based practices and programs.

#### **Coalitions with Clout**

To help generate focus area ideas, Ellen Schneider, Carolina Geriatric Education Center/UNC Institute on Aging, discussed coalitions that have had real impact in the aging field. She first discussed two North Carolina coalitions that have been effective: The NC Healthy Aging Coalition and the NC Falls Prevention Coalition.

The NC Healthy Aging Coalition has been instrumental in raising awareness of older adult health issues, building capacity and forming partnerships to address these issues, and promoting evidence-based health promotion programs. One major success of the coalition is that over 3,000 older adults have participated in evidence-based health promotion programs since 2007.

The NC Falls Prevention Coalition has the goal of reducing falls and fall-related injuries and deaths in NC. The coalition has also had several successes:

- Falls Prevention Awareness Week proclamations were issued by Governor in 2009, 2010; over 70 organizations participated in falls prevention events in 2010.
- Five new local/regional falls prevention coalitions were launched.
- Falls Prevention was listed as a priority objective for the first time in three major statewide plans: Healthy North
  Carolina 2020: A Better State of Health, the NC Institute of Medicine Prevention Action Plan, and the 2011-2015
  NC Aging Services Plan. All three of these plans help to set statewide policy objectives and actions to move
  forward in the identified priority areas.
- A Matter of Balance is being implemented in all 17 Area Agencies on Aging in NC.

In the area of mental health and aging, twenty states have coalitions; these states also belong to the National Mental Health and Aging Coalition (NMHAC). Ellen discussed the NMHAC's definition of a coalition: "Organizations working together in a common effort for a common purpose in order to make more effective and efficient use of resources." This definition captures the essence of the purpose of effective coalitions.

Ellen then overviewed the goals and accomplishments of several state Mental Health and Aging Coalitions, including Iowa, Oklahoma, Massachusetts, and New Jersey. The handout with this information was sent with the meeting minutes.

### The Wish List (participant expectations and hopes)

Walt Caison, NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services, led a discussion on attendees' expectations and hopes for the MH and Aging Coalition. The list included the following:

- How do we include local government in this issue, esp. in terms of training? (could be through statewide county commissioners, Institute of Government, Senior Tar Heels).
- Include STHL in advocacy efforts.
- Create a NC mental aging fact sheet, toolkit, website.
- Marketing strategy to promote working with older adults.
- Encourage professional placements, residents and internships; Office of Rural Health.
- Integration in health care—include primary care in our partnership, esp. AHECs, across all health professions. Include senior centers as we spread info and promote training.
- Presentation of state's mental health system and older adults; how do peer supports and natural supports fit in?
- Support after evidence based training.
- How do we target baby boomers?
- Fight stigma.
- Empower older adults; give purpose.

### **Organizing for Action**

Attendees broke into small groups to address three best ideas for moving forward in the areas of dissemination, training and advocacy. The groups met and reported the following focus areas:

### Dissemination (Mary Lynn Piven, UNC School of Nursing, facilitator)

- Use existing infrastructure we have in the state.
- There are a number of EB programs that are in existence; piggyback on those.
- Work with people in the community (natural helpers).
- Use programs that have worked; use that mechanism to roll out other EB programs.
- Readiness is an issue—counties might be reluctant to implement EB program.
- We're all pieces of a puzzle; we still have some steps to put together the puzzle.

# Training (Larry Freeman, Northwest AHEC, facilitator)

- Increase the number of practicing mental health professionals who have the skills to work with older clients.
- Increase the number of other professionals who are able to deliver excellent evidence-based care.
  - Assess skill levels of healthcare professionals
  - o Explore existing programs offered in community colleges/universities
  - Develop credentials/incentives for having a specialty in gerontology
  - Mentorship programs for those new in the field
  - Certification on Geri-psych specialty
- Ensure that academic programs incorporate appropriate content regarding older adult mental health prevention and treatment.
  - Inclusion of aging in content of professional programs i.e. Social Work, etc.
  - Licensure examination content
- Misc.
  - Response to Healthcare Reform Use the new Medicare annual wellness evaluation benefit as a way to assess and increase aging and mental health in content in professional training
  - o Conferences (joint workshops with state associations, interdisciplinary conferences), Webinars
    - Evidenced-based programs

- Lay professionals/Community training and empowerment
- o Multicultural competency education
- o Education on delirium/depression
- o Interdisciplinary education reinforce the importance of working in teams
- Website for resources, training and advocacy
  - List Best Practice assessment for older adults

# Advocacy (Debbie Webster, NCDMH/DD/SAS, facilitator)

- Create advocacy plan
- Write white paper, checklist, fact sheet, other resources
- Identify people who have personal story; stories we can tell
- Identify national weeks and months
- Don't forget the issue of addiction

# **Next Steps**

The NC Mental Health and Aging Coalition will meet again in September (date and location TBD). The Advocacy group will meet during prior to the September meeting to flesh out its action plan, and action steps will be taken in the areas of dissemination and training as well. The Coalition's Steering Committee will also meet during the summer to continue work on draft goals and actions for the Coalition.