GATEKEEPER TRAINING MANUAL
ELDERLY OUTREACH SERVICES
ABBE CENTER FOR COMMUNITY MENTAL HEALTH

Part I
Introduction to the Gatekeeper Role
GATEKEEPER TRAINING MANUAL
Part I

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PREFACE

Welcome to the Gatekeeper Training Program! As a concerned member of the community, your participation as a gatekeeper is critical to the success of the Mental Health of the Rural Elderly Outreach project. This two-part manual was developed to assist you to identify rural elderly in need of mental health, social or medical services.

The purpose of this introductory (Part I) manual is to help gatekeepers:

1. recognize early changes in the activities, behavior, habits, and conversation of elderly community members that indicate mental problems

2. take steps to ensure that people with difficulties in mental functioning get help early in their disease.

Part I presents an overview of the gatekeeper role, including indications for referral, follow-up and feedback, and information on how to recognize symptoms of emotional disturbance in the elderly. It is intended to be used by nonmental health professionals and a wide variety of community members in conjunction with the outreach project's gatekeeper training program.

Part II provides an overview of mental illnesses commonly found among the elderly as well as definitions of terms and frequently occurring signs and symptoms. A separate training program accompanies Part II of the manual and builds upon information presented in the introductory training program.
NEED FOR GATEKEEPER TRAINING

People who live and work in a community are in the best position to recognize early changes in the behavior of local residents that might indicate beginnings of mental illness. In 1978, a mental health center in Spokane, Washington, began training people who, in the course of their daily activities, came into frequent contact with elderly community members. They called their trainees "gatekeepers," because they opened the gates between elderly people needing help and sources of help at the Community Mental Health Center. These gatekeepers eventually brought in one out of three people to the in-home care program at the Spokane Community Mental Health Center. This training manual builds upon the success of the Spokane model, and is adapted for rural settings.

The gatekeeper program enables the local community to identify its own people in need of mental health care. Gatekeepers are not asked to be counselors or to change their daily activities. They learn to identify changes that may indicate someone is ill or in trouble and then refer the client's name to the Community Mental Health Center. A mental health mobile outreach team, consisting of a psychiatrist, nurse, and social worker, then contacts the potential client to assess possible mental health, medical or social service needs.

Only about 5 percent of all persons over 65 are institutionalized. Among the remaining 95 percent in the community, many will be affected by some type of emotional or mental disturbance. Thus, the community-based identification and referral efforts of trained gatekeepers are especially important in providing help to the majority of the elderly population. The rural elderly are at high risk for mental illness, especially depression. However, only a small percentage of those in need of mental health services actually receive them. This may be due, in part, to lack of information about available help, limited income, and to transportation problems. Elderly who are without family or friends to help them are perhaps the group most in need of identification and referral by gatekeepers.

Outreach programs are clearly needed to identify and treat rural elderly with mental disorders. Gatekeepers are a vital link, bringing help to community members in need.
WHO ARE GATEKEEPERS

Many people in a rural community may be gatekeepers. The following are possible gatekeepers because of their contact with the elderly:

Family members
Mail and newspaper carriers
United Parcel workers
Grain dealers
Livestock sales personnel
Farm equipment dealers
Grocery store personnel
Home delivery personnel
Fuel distributors
Utility companies - telephone, electricity
Repair personnel - appliances, farm equipment
Plumbers and septic tank personnel
Bankers
Bar and restaurant personnel
Beauty shop operators and barbers
Property appraisers and assessors
Insurance agents
Bill collectors
Gas station attendants
Receptionists and bookkeepers for local businesses
Police and sheriffs
Health professionals such as: nurses, pharmacists, emergency medical technicians, physicians, chiropractors, podiatrists, opticians and veterinarians
Ministers
Department of Transportation employees, especially drivers license renewal personnel
Neighbors of elderly
Dairy truck drivers
Stock truck drivers
Trash or garbage collectors
Liquor store personnel
Lawyers, clerks of court
GATEKEEPER SKILLS

Specific counseling or mental health skills are not necessary for gatekeepers, since they are simply making observations about their neighbors as they go about their regular activities. However, certain skills are helpful when dealing with people who are emotionally upset. These include:

- listening
- expressing sincere concern
- demonstrating kindness
- showing respect and courtesy
- using a calm tone of voice and manner
- exhibiting non-judgmental attitudes
- being supportive and gentle
- avoiding arguments or provoking agitated or aggressive behavior
- using reassurance when appropriate but avoiding false reassurance
THE LAW AND GATEKEEPERS

Some people have expressed concern that the gatekeeper approach may invade people’s privacy and interfere with their right to not seek help. In the Mental Health of the Rural Elderly Outreach project no one is forced to accept unwanted services. The goal is simply to inform the elderly of their options. The experience of the Spokane gatekeeper program has shown that isolation and resistance are best overcome by building trust.

Three areas of the law protect both the rights of the elderly as well as community gatekeepers. They are 1) consent, 2) helping in emergencies, and 3) reporting to authorities.

1. Consent law protects people from intentional touching or interference without the person’s consent. There are basically two types of consent:
   - actual consent — knowing or informed consent. A person must understand the nature and extent of what will take place and have sufficient mental and physical ability to make a judgment.
   - implied consent — The law assumes that in certain situations a person would consent to care by another individual. For example, in an emergency situation when death or permanent injury is possible.

Before any services are rendered by the Mobile Outreach Team, informed consent will be obtained from all elderly clients. A person who is mentally incompetent may not be able to give consent. In these situations guardians or relatives may need to give consent. Usually a person is assumed to be mentally competent unless declared incompetent by a judge.

2. Helping in Emergencies: According to the “Good Samaritan” Law, lay people (non-medically trained) have no legal responsibility when attempting to help their friends, neighbors, or acquaintances in the community. In other words, a gatekeeper acting in good faith would not be held liable.
3. **Reporting Recommendations**: Certain situations that may be encountered during the course of this project should be reported because they may result in harm to individuals or society. These are:

- elder abuse - physical, psychological, financial and/or sexual violation
- attempted suicide
- injury that happens during a criminal act, gunshot wound, knife wound, poisoning, deliberate drug overdose

Gatekeepers who suspect any of the above situations should report their concerns to the professionals on the outreach team.
FOLLOW-UP AND FEEDBACK FOR GATEKEEPERS

Maintaining Confidentiality: Confidentiality may be important to the gatekeeper who makes the referral as well as to the elderly person. Simply defined, confidentiality is a person's right to privacy when information is shared "in confidence" with another person. This protective mechanism may be important to gatekeepers when they do not want the elderly person to know they made the referral for fear it may interfere with future business or social exchanges. Likewise, the elderly person who is referred and accepts help is entitled to privacy. Many elderly feel stigmatized (ashamed or embarrassed) about emotional problems.

While confidentiality is critical to the success of this program, it is also important for gatekeepers to have feedback on the appropriateness of their referrals. However, providing exact diagnoses and treatment plans for persons they have referred would be a violation of the patient’s right to confidentiality. Gatekeepers will not be given information from a patient's health records, although they will be told if each person they referred was in need of help. If the person did not need help, members of the Outreach Team will explore with the referring gatekeepers those observations that prompted the referral. The goal of this review session is to assist the gatekeeper with future referrals. The overall philosophy of the gatekeeper program, however, is "when in doubt - make a referral!"

Gatekeepers should not feel discouraged if they do not see improvement in the person they referred. Depending on the cause of the elderly person's problems, improvement may be very slow or simply not possible.
IDENTIFYING POTENTIAL CLIENTS/PATIENTS

Certain elderly members of the community are more at risk for developing mental illness and are therefore particularly in need of alert observations by gatekeepers. This high risk category includes those elderly who:

- live alone
- are poor
- have no relatives or friends nearby
- have recently experienced losses such as death of family members or pets, loss of a job or income source
- have recently been ill or who have a progressive, chronic illness
- have experienced head injury severe enough to cause loss of consciousness
REASONS FOR REFERRAL

Gatekeepers may observe a number of changes that alert them to the possibility that an elderly community member is having difficulties. The person may complain of troublesome feelings or experiences (symptoms). Likewise, gatekeepers may see changes in appearance or behavior (signs) that cause them to feel concern for the elder. These signs and symptoms may indicate that a referral to the Mobile Outreach Team is needed. Some main areas of concern, as well as important clues to watch and listen for, are listed below.

Physical Appearance

The elderly person may show a general neglect of personal appearance and hygiene, or dress in strange or unusual ways. Some important changes in appearance include:

1. dirty clothing or skin
2. body odors
3. uncombed or dirty hair
4. unshaven
5. inappropriate clothing for weather or situation
6. underclothing worn over outer clothes

Mental Condition

Gatekeepers may notice changes in behavior, including how much and how clearly a person talks, that indicate disturbance in the individual’s mental state. The following list highlights common areas of difficulty:

1. confusion
2. disoriented - doesn’t know day, time, person, place
3. forgetful
4. not able to understand conversation
5. inappropriate responses
6. repetition when talking
7. slow responses in conversation
8. long, rambling sentences with little information
9. difficulty with reasoning or logical thought
10. difficulty understanding written information though able to read
11. avoiding new and/or complex situations
12. not completing tasks
13. delusions or hallucinations (see Glossary, Part II)
Emotional States

A variety of emotions provide important clues to the mental health status of elderly people. Any one or a combination of emotional changes may indicate some type of mental health problem. The person may:

1. appear depressed, apathetic, withdrawn, dependent, passive
2. appear anxious, nervous or fidgety
3. appear angry, hostile, or irritable with themselves, you, or others
4. appear stubborn, refuse to cooperate, demanding
5. exhibit lack of trust, suspiciousness, blame others
6. show excessive jealousy
7. exhibit excessive emotional reaction to stressors, major (death) or minor (accomplishing a task)
8. may state, “No one cares,” “I don’t care anymore,” “I’m all alone,” etc.
9. have rapid mood changes

Personality Change

The person’s usual character or personality may seem different than earlier years. The alert gatekeeper may notice:

1. any change noticeably different from previous functioning
2. decreased social contacts
3. excessive orderliness in attempt to cover memory loss
4. sloppy appearance
5. lack of eye contact or excessive, intent staring
6. preoccupation with physical health

Physical Losses or Changes

The physical changes that often go along with aging may complicate life and cause emotional problems. Both short- and long-term illnesses are important for the gatekeeper to observe, as well as “normal” physical changes. It is often unclear whether these changes and behaviors are a cause or effect of emotional problems. Regardless, gatekeepers should note:

1. sensory changes such as loss of sight, or hearing
2. decreased ability to talk, change positions, control body parts to do work
3. slowed body movement
4. loss of ability to control urine and bowel movements
5. muscle spasms or twitching
6. pacing, rocking
7. recent illness or chronic illness, especially if progressive, or head injury
8. many medicine bottles

**Economic or Social Conditions**

As a group, the elderly are often considered “at risk” because of social or financial changes and losses. These risk factors include:

1. poor (low income)
2. loss of job or means of support
3. confused about handling money
4. no means of transportation
5. live alone
6. lack of social contacts
7. lack of relatives or friends
8. death of family members, friends, pets
9. homebound

**Living Conditions**

Another very important area for gatekeepers to observe is the appearance, both outside and inside, of the elderly person’s home. Changes in this area may indicate that the person has lost interest (e.g. depression) or is unable to care for themselves (e.g. dementia). Clues to difficulties include:

1. walks unshoveled
2. garden or flowers neglected
3. garbage or litter
4. neglect of pets or farm animals
5. shades drawn
6. strong odors
7. many pets
8. little or no food
9. old newspapers lying around
10. dirty dishes, counters, table, etc.
11. calendar on wrong month or year
HOW TO MAKE A REFERRAL

The Mobile Outreach Team is based at the Community Mental Health Center (CMHC) of Linn County (398-3562). When making a routine referral to the Outreach Team, gatekeepers are asked to follow the guidelines listed below:

1. State that you are a community gatekeeper and would like to make a referral to the Outreach Team.
2. Be prepared to provide:
   a. the elderly person's name
   b. the address or directions to their home
   c. a brief description of the problem or situation
   d. your own name and phone number
3. Referrals should be made only during regular business hours. The Community Mental Health Center is open Monday-Friday 8:00-5:30 p.m., as well as Wednesday and Thursday evenings until 9:00 p.m. When gatekeepers call the Community Mental Health Center during these regular business hours the receptionist will:
   a. refer your call to an Outreach Team member if one is available to speak to you, or
   b. take down the information noted above and have an Outreach Team member call you back.
4. Remember that the Outreach Team is not able to respond to crisis situations (e.g. suicide). Emergency situations can be discussed with regular Community Mental Health Center staff both during regular business hours and at night and on weekends.
   a. During regular business hours: emergency calls are screened by a therapist. The caller may (1) discuss the situation with the staff member, (2) make an appointment at the Community Mental Health Center, or (3) an in-home evaluation may be arranged in special and clearly dangerous situations.
   b. After regular business hours: an answering service takes Community Mental Health Center calls and connects the call to an available staff person. The staff member can discuss the crisis and make suggestions to the gatekeeper but no emergency home visits are provided after hours.

The following flow charts illustrate this referral process for routine and emergency situations.
ROUTINE REFERRAL PROCESS

Gatekeeper calls
Community Mental Health Center
398-3562

Gatekeeper identifies self and tells receptionist
purpose of the call is to make a referral to
the Outreach Team

Receptionist will

Refer call to
Outreach Team
Member

Have an
Outreach Team
Member call back

Gatekeeper will

1. provide person's name, address,
directions to residence
2. describe problem/situation
3. give name and phone number
EMERGENCY REFERRAL PROCESS

Gatekeeper calls
Community Mental Health Center
398-3562

During Business Hours

Gatekeeper identifies self
and tells receptionist
there is an emergency
gatekeeper situation

Receptionist transfers
call to therapist

CMHC staff member
discusses situation

After Business Hours

Answering Service

Connects call to staff
person who discusses
problem or situation

Schedules an
appointment at CMHC

Arranges an in-home
evaluation
SUMMARY

Mental illness in later life can cause problems with thoughts, feelings, and behavior. Many elderly persons residing in the community suffer needlessly from physical illnesses and emotional problems for which help is available, but first they must be identified and referred for evaluation and treatment to a team of health professionals. The gatekeeper training program and introductory manual were developed to assist in this identification and referral effort. The mental health outreach program is based on the philosophy that care of the elderly is everyone's responsibility and that better functioning elderly contribute to a better society. Elderly persons who are unable to care for themselves for a variety of reasons may be prematurely institutionalized unless their need for help is recognized early and needed services provided to maintain them in their own homes. Gatekeepers serve an important partnership function in bringing those elderly in need of services to the attention of those who can best provide them.