Community Gatekeepers: Recruitment and Training

One of the central components of the Elderly Outreach Project (EOP), and the Outreach Service that continues as part of Elderly Services at the Abbe Center, is the use of nontraditional referral sources.

Because elderly are unlikely to present themselves to community mental health centers or other outpatient services requesting assistance, the EOP developed and implemented a training program to assist community members to identify and refer seniors who may be in need of mental health services. Our project, like others across the country, called these community members gatekeepers, because they "opened the gate" between the people needing services and sources of help in the community.

The Gatekeeper model used by the EOP was based on the highly successful program of care initiated in 1978 in Spokane, Washington. The Spokane Mental Health Center trained people who, in the course of their daily activities, came into frequent contact with elderly people. The Spokane model believed, as do we, that the people who live and work in the community are in the best position to recognize early changes in the behavior of local residents that might indicate the beginnings of mental or emotional distress.

These community members are often caring and concerned people who are already making observations about people around them, but haven't known what to do to help a person that they are concerned about. In order to enlist their assistance, and help them identify and refer elderly who seem to be having difficulties, the EOP provides Gatekeeper Training sessions.

The materials here are the result of early program development (1986) and training efforts. We hope that our model offers you assistance and guidance to develop your own model of care for older adults in your community.

The Gatekeeper Training Manuals were developed in the first 3 months of the grant. Initially, the intent was for the Outreach Nurse to recruit and train Community Gatekeepers. However, the addition of four "Outreach Specialists" provided an opportunity to free the nurse's time for assessment and treatment. The Outreach Specialists, who were actually employed by other community agencies, but funded by and responsible to, the goals and purposes of the Outreach Project, were "trained to train" community members as Gatekeepers.

None of the Outreach Specialists had previous experience in mental health or outreach models, and had not been involved in the planning or development of the Gatekeeper Training Manuals, Part I and II. As a result, the following materials were developed to supplement the face-to-face training that was provided to the four Outreach Specialists. In addition, copies of the two training manuals are included for your review.
Program Materials Related to Gatekeeping

1. Gatekeeper Training Film: "Old Friends". Suggestions for Introduction and Use (3 pages)

2. Gatekeeper Training: Part I Trainer’s Script (10 pages)

3. Questions and Answers: The Mental Health of the Rural Elderly Outreach Program and Gatekeeper Training (3 pages)

4. Gatekeeper Card

5. Gatekeeper Training Manual Part I: Introduction to the Gatekeeper Role (15 pages)

6. Gatekeeper Training Manual Part II: Specific Disorders, Signs and Symptoms (33 pages)

7. Abbe Center order form

8. Spokane Gatekeeper Video order form
The following analysis and discussion was developed to assist Gatekeeper Trainers to use the videotape, "Old Friends" as an adjunct to the Gatekeeper Training Manual, Part I, Introduction to the Gatekeeper Role. Because the Trainer may not be experienced in working with elderly, or outreach services for elderly, important points and issues are identified to facilitate their understanding and use of the film.

Gatekeeper Training Film: "Old Friends"
Suggestions for Introduction and Use

The film, "Old Friends", is a good example of how Gatekeepers can help identify elderly who are in need of assistance. We suggest showing the film whenever possible and using it as the basis for discussion, drawing out points and asking what your audience might do if they encountered a similar situation in our community. Some important points to remember are discussed below.

First, it's important to remember that the film was developed for use by the Spokane, Washington Gatekeeper Program for use in training gatekeepers. Because the film was developed for a specific program, some of the information, particularly at the end when they talk about the Senior Information and Assistance Program, is not relevant to our Outreach Program. However, the "story line", depicting the need for identification of elderly who are in distress, is a good illustration of how things can "go wrong" and can be used as the foundation for discussion.

The film portrays an "ideal" situation, emphasizing how well the system can work and how fully a person can recover. It has a "happy ending" that may not be possible in all of the real life cases that we may encounter in our community. Encourage Gatekeepers that this is just an illustration of how things can deteriorate, how identification by an "outsider" is often needed, and how much difference services and assistance can make. Remind them that this is the "ideal", and ask them to not feel discouraged if they don't see the same type of progress in cases that they refer.

Some points that tie into the training that we are providing include characteristics of Ellie that placed her "at risk" for developing problems, which we talk about under the category of "Identifying Potential Clients/Patients" on page 8 of the Gatekeeper Manual, Part I. For example, we may want to highlight the following characteristics, comparing them to those listed in the manual.

- hearing loss -- Ellie was hard of hearing
- visual changes -- Ellie wore glasses but lost them
- limited income -- Ellie was on a very limited budget
- lack of transportation -- increased Ellie's potential for isolation
- lack of social contacts -- the loss of one friend left her badly isolated
- "Ellie wasn't telling any one" -- she withdrew, believing that she didn't need anyone's help even though she really did

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It’s important to underscore the fact that Ellie didn’t realize that she was misinterpreting events. Likewise, no one seemed to appreciate how heavily she relied on her friend for assistance. It’s also important to call attention to the fact that is was the loss of a friend that set into motion a series of events that eventually led to Ellie having a mental/emotional disturbance.

A number of people were "in and out" of Ellie’s life, seeing that she was having problems, but not responding to her obvious distress. People who might have recognized that Ellie was having problems include:

-- the woman who delivered the groceries

-- the grocery owner, who could have recognized that this was "unusual" for Ellie

-- the bank, in response to her overdrafts and statement, "I don’t need help with any such thing"

-- the boy who mowed the lawn and was threatened when he tried to collect his fees

-- the meter-reader from the utilities company

The fact that lots of people "knew" that she was troubled, but did nothing about it, underscores the need for Gatekeeper training. We’re not saying that people are insensitive or indifferent to the plight of older adults who are in distress. In contrast, many are both alert and concerned. Their lack of action is more often the result of not knowing what to do. Some of the signals that a person trained as a Gatekeeper might have noticed include:

-- difficulty understanding what was being said or giving "inappropriate" responses to questions. E.g., not understanding what the lawn boy wanted when he expected to be paid (the result of losing her hearing aid and inability to hear accurately)

-- the condition of her yard signaled that her ability or interest in maintaining her home had changed

-- her house was a mess, suggesting that she had lost interest in keeping things up, which was "out of character"

-- problems with her checking account (being overdrawn), which was a "new" problem since she probably had enough assistance in the past to prevent this from happening

-- mood changes: being sharp and angry, impatient, threatening, suspicious, blaming, even though she tried to maintain appearances for her friend over the phone

-- she didn’t seem to "be herself": disoriented, confused, shades drawn, isolated, withdrawn

In summary, this training film includes a number of "RISK FACTORS" and CHANGES that may be used as SIGNALS that an elderly person is in distress and may benefit from various community services, including but not limited to those provided by the Mental Health Outreach Team. Refer participants to the list of changes under "Reason for Referral" on pages 9-11 of the manual for more examples and ideas.
Information on Obtaining a Copy of "Old Friends"

The videotape, "Old Friends", was developed in the 1970's with grant money from the Administration on Aging (AOA) in cooperation with Puget Sound Power and Light. Because the tape was developed with AOA funding, all State Units on Aging were provided a copy of the tape and encouraged to disseminate the video to their Area Agencies on Aging. The video is considered "public domain" and can be copied for your use.

We suggest that you contact your State Unit on Aging, or your local Agency on Aging, and inquire about securing a copy of "Old Friends" if you are interested in using it.

We also highly recommend the 40 minute videotape developed by the Spokane Mental Health Center which reviews both the need for mental health services for elderly, and offers an actual Gatekeeper training session. This tape can be purchased for $225 from the Spokane CMHC. An order form for the video is included at the back of this booklet. Contact Leisa Kosanke, Community Relations Coordinator, or Ray Raschko, Elderly Services Director, at (509) 838-4651 for more information.
The following manuscript was developed for use by Gatekeeper’s Trainers as an illustration of how to introduce and use the Part I training manual. The individuals who assumed responsibility for Gatekeeper Training in our community during the early grant period were not mental health or geriatric professionals, nor were they familiar with the outreach model proposed for use in our community. As a result, this script was developed as an adjunct to assist them in becoming comfortable with the principles and practices of our gatekeeper program.

Gatekeeper Training
Mental Health Of the Rural Elderly Outreach Program
Part I: Introduction to the Gatekeeper Role

Trainer’s Script

INTRODUCTION AND OVERVIEW

I’d like to say a few words of thanks to you all for taking the time to come here this afternoon and be a part of this program. I’m very excited about being here and think that together we have the potential to bring needed services to a lot of our elderly community members. Being a gatekeeper is a partnership in many ways -- between you all, who have contact with people in the community and a team of health professionals who may be able to bring needed services to individuals, helping them to be as healthy and independent as possible for as long as possible.

Before we get started reviewing the manual, I think that it might be helpful for me to talk just a little bit about some of the words in the title of this program. Those words are:

Rural,
Mental Health, and
Elderly.

Our use of the word RURAL has kind of confused some of the folks that we’ve spoken to in the past and I’d like to just say that rural, used here, applies to the whole state of Iowa. We don’t mean that our services only go to those that actually live in the country. For this program, rural means all of the elderly who live in either Linn or Jones County.

That brings us to the word ELDERLY. Who is elderly? At what age do we magically pass over the line into being "elderly?” I’d guess that the answer to that question would probably be affected by who you ask! To some of our younger people, you become old when you turn 30; when you’re 30, old jumps back to the 50’s or 60’s; and then when we get into our 60’s we look at the folks who are in their 80’s and think "Now that’s really old!"

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So, again, for the purpose of our program we had to decide on an age to qualify as "elderly." We decided on 55 years old, even though that's pretty young when we stop to think how old we might grow! Our goal is not to insult anyone by saying that 55 is elderly but to widen the age range a bit to include people who may be approaching old age and who could benefit from services.

Finally, I'd like to say just a bit about the term "mental health." I think that the word MENTAL stirs up a lot of pictures in our minds:

-- of people who are strange and frightening to us;

-- of insane asylums and One Flew Over the Cuckoo's Nest.

We don't often think about our MENTAL HEALTH in the same way that we think about our PHYSICAL HEALTH. When we're physically ill we recognize the need to get assistance: we go to the doctor, take medicine, stay down and rest, ask for help to get through the bad times.

Even though we might need to do the same things if a mental illness occurred, there is a good chance that we wouldn't ask for help. And even if we finally recognized that we couldn't do it alone, we probably wouldn't know where to turn. We often think that if we're tough enough we can handle things on our own, and that getting help for a mental health problem is a sign of weakness. Lots of our elderly feel very strongly about this, as do lots of our other community members. There is a STIGMA attached to mental conditions of all kinds, but mental illness may be the hardest to accept. Feeling embarrassed or ashamed can get in the way sometimes.

We all face stress and strain in our daily lives. We have joy and sorrow. We face many challenges as we pass through this world -- letting go of things that we have valued and trying to discover other things that brings us happiness. As we age, we often lose things that are near to us,

-- our friends become fewer;

-- we may lose our husbands or wives to death;

-- our health may begin to fail;

-- eyes don't see as well, ears don't hear as well;

-- we may not be able to tolerate the heat of the summer and cold of the winter the way that we used to;

-- we may develop illnesses that interfere with our sense of well-being;

-- and those illnesses may get in the way of doing the things that have been important to us; and importantly,

-- our resources to handle all those changes may begin to narrow.
With less income than in our earlier years, fewer friends and family members nearby to help us, and less ability to do for ourselves because of our own changing health, we may become increasingly "at risk" for mental or emotional troubles.

Sometimes these changes lead to mental health problems, like DEPRESSION. And sometimes we get through the bad times without anyone's help, the situation passes, and we feel better. Sometimes we need assistance -- and may not even see that for ourselves. Our own pain and troubles can get in the way of getting the help that we may need: help that would move us out of the illness and back into wellness or help to cope with the illness and plan for the future.

**NEED FOR GATEKEEPER TRAINING**

And that brings us to you -- COMMUNITY GATEKEEPERS -- who have the potential to help identify elderly in need of mental health, social, or medical services. I'd like to suggest that we open the [Part I Training Manual](#) now and turn to page 1.

Again, WELCOME!!! I am delighted to have this opportunity to talk with you all today. Your participation is critical to the success of the Mental Health of the Rural Elderly Outreach Program. *I can't over emphasize that point.* As community members you have contact with elderly individuals who may very well be overlooked by others -- and your help is very, very important in reaching those who don't have a group of close friends or family that are looking after them.

This introductory training program and manual are intended to help you recognize early changes in the activities, behavior, habits, or conversation of elderly community members that may indicate mental problems **AND** to take steps that will see that people with difficulties get help early in their disease. Today we're going to look at the gatekeeper role and talk about how and when to make a referral to the project.

Let's turn to page 2 and talk a bit about the need for community gatekeepers and how this program began. I mentioned earlier some of the many changes that can occur in old age that can cause stress and strain and yet may go unnoticed by the person who is having the troubles. *This program is built on the belief that the 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 the beginnings of mental illness.*

//Trainer: Read page 2 of the manual, "Need for Gatekeeper Training".

**POTENTIAL GATEKEEPERS AND THEIR SKILLS**

On page 3 we have listed some of the people who we believe to be in key positions to help identify elderly in need of assistance. As you can see, we would like to work with the folks who are most likely to come into contact with the community dwelling elderly -- and any assistance that you might give us in connecting with others would really be appreciated. If you have any thoughts on this, please talk to me after we finish today!!
Now, I’ve said that gatekeepers are not expected to be counselors or to change their usual activities. But there are some skills that are helpful in dealing with people that are emotionally upset. I think that it’s important for us to review these briefly.

LISTENING is probably the most useful thing that we can do when someone is upset or having a hard time. Our listening helps the person know that someone is willing to take the time to be interested and that someone cares about them. I can’t overemphasize how very important it is for us to listen to one another, but especially to listen when you have concern about the person’s emotional well-being. You may hear things that send up a "red flag" and help you see that the person is in need of help.

Other important things to do include:

-- letting the person know that you FEEL REAL CONCERN for them,

-- SHOWING KINDNESS, respect and courtesy to the person, and

-- using a CALM TONE OF VOICE and a relaxed manner are real important as well.

Think about what helps you when you’re really upset. I know that I am a lot better off when I have a calm, caring person nearby -- one that doesn't "catch" my feelings of anger, fear, or sadness. I think that’s true for lots of folks.

It’s also important to NOT PASS JUDGMENT on the person or the situation. The more that we use our heads, and think, the better prepared we are to realize that the person is not upset with us. Hopefully we can make sense out of what is going on instead of feeling hurt and "leaving the person alone" when maybe what they need most is our help.

Being SUPPORTIVE and GENTLE is also very important. Try to let the person know that you are interested in them, which we often are, and want to understand.

When you run across someone who is emotionally upset, it's important to NOT AGGRAVATE the situation. Try your best to avoid arguments and not provoke the person. Even if you know that what they’re saying is mixed up or wrong, if they are really upset, getting into a disagreement isn’t worth it.

I think that REASSURANCE is important, but we want to guard against FALSE REASSURANCE, telling them everything is going to be better when that may not be the case doesn’t help them. Telling them that you are concerned, and have hope -- even though things are really tough right now -- is probably more useful.

Let’s go on to page 5 now and talk about some of the legal aspects of being a community gatekeeper.
LEGAL & ETHICAL ASPECTS OF GATEKEEPING

//Trainer: Review the content on pages 5-6, "The Law and Gatekeepers", emphasizing the importance of the "Good Samaritan" Law. Emphasize that it is not our intent to pry into peoples business or force people to do anything that they don't want to do. Our goal is to offer an opportunity that they may not otherwise have, and to get services that will help them stay at home as long as they would like.

In summary, there are laws that protect both the rights of the person that you have identified as needing assistance, as well as laws that protect you when you are trying to help someone. If you know of situations that may be dangerous to the person or to the community, it is important to report them to either a member of the outreach team or one of the outreach specialists that are working with the project.

The next area that we need to discuss is FOLLOW-UP and FEEDBACK. What I hope that we are able to do in this area is find a nice feeling of balance between maintaining confidentiality, and getting back to you about what happened to the person that you referred.

Even though CONFIDENTIALITY isn't a word that we may use in our everyday conversation, I think that it's something that we all understand. We all feel a need for privacy, especially with information that we wouldn't just tell anyone. When we go to our doctor, we trust that he or she won't broadcast our problems to the whole world. When we step into the office of our lawyer, we trust that he/she will respect our right to say things IN CONFIDENCE to them.

Likewise, this project intends to protect both YOU, as the person who makes the referral, AND the ELDERLY PERSON that you believe needs assistance.

//Trainer: Refer participants to page 7. Highlight the fact that they may not want their identity revealed to the person. Likewise, we are not going to tell them anything about the person's physical or mental health status without that person's written permission. But we will let them know if we are successful in making contact with the person.

At this point in time, the Outreach Team is planning to send a letter to notify you if the person agreed to be seen and if they did need services. If the person did not need help, then the members of the Outreach Team will be available to explore those observations that made you feel concerned.

IDENTIFICATION AND REFERRAL

I've mentioned some of the risk factors that we might want to consider when thinking about the elderly, but on the next page, page 8, we have listed some characteristics that seem to put elderly at high risk.

//Trainer: Review the list of characteristics.
When we think about it, it's not really surprising that the elderly are more at risk when they are alone and have few resources in terms of finances and people that they feel close to. Like people of all ages, our ability to cope and manage difficult life events is often decided by how many resources we have, both inside ourselves and in terms of outside support.

Now I'd like for us to think about the changes that you might observe that would alert you to the possibility that an elderly community member is having difficulties. As I said before, the person may complain of troublesome feelings or experiences, which we call the symptoms of illness. Or you may see changes in appearance or behavior (called signs) that cause you to feel concern for the elderly. These signs and symptoms may indicate that a referral to the Mobile Outreach Team is needed. Let's take a look at the list of clues to mental distress that you might pick up on.

//Trainer: Review the list from page 9 - 11, noting various points under each of the categories and highlighting the fact that we are looking for change in the person's behavior. Long-standing patterns of behavior that are "different" or even "bizarre" are not necessarily signals that the person is mentally or emotionally distressed. It is particularly important to emphasize changes in the person’s mental condition, as follows.

When we feel that a person is not acting quite "right", that they are not quite themselves, we may be noticing changes in behavior that are the result of a disturbance in the person's mental state. How much and how clearly a person talks, how well they are able to get their ideas across, and if they can answer questions clearly, are all indicators of their MENTAL CONDITION. Some common areas of difficulty are:

Confusion: gets mixed up about what is going on; has a hard time following the conversation or is confused about who you are and what is happening.

Disorientation: doesn’t know the day or time, who they are, or where they are. Being disoriented and confused tend to go "hand-in-hand".

Forgetful: doesn’t remember things that you would expect them to remember, like what you’ve just said or what they set out to do.

Not able to understand conversation: has a hard time "catching" what you said, no matter how simply you say things.

Inappropriate responses: gives the "wrong" answers to questions. This can be a signal that the person is having difficulty "processing" information. For example, if I asked "Do you think that [this person] was trying to hurt you on purpose?" an "inappropriate response might be, "Well, it's been a long time and now we're done."

Repetition when talking: says the same things over and over again, but doesn’t realize that they are repeating themselves.

Slow responses in conversation: takes a lot of time to give an answer or respond to something you’ve said.
Long, rambling sentences with little information: we may think that we’re missing the point of what is being said and that it’s OUR fault but often the person isn’t saying anything that is meaningful.

Difficulty with reasoning or logical thought: trouble following the flow of ideas or linking things together; difficulty "making sense" out of something that may seem quite simple and straightforward to you.

Difficulty understanding written information: doesn’t understand even though they are able to read. It’s important to remember that there are people who don’t read. But there are others who you KNOW are able to read but seem to have trouble doing so.

Avoiding new or complex tasks: stays away from situations that might throw them off balance; E.g. not willing to go someplace different or to try something new.

Not completing tasks: starts to do things, even common chores of living, but doesn’t carry through; doesn’t get things done that seem to be within their ability; has difficulty attending to the task at hand.

Delusions: maintains false ideas or beliefs even when they are clearly NOT TRUE or can be proven to be false. These false beliefs sometimes include believing that they are someone powerful or important, or that they have connections with someone of great importance such as God or the President. Other times the person may believe that they are being poisoned, threatened, followed, or harassed. Bodily delusions, such as the belief that cancer is everywhere in their body or that their guts are rotting, are also very common in the elderly.

There are many forms of false beliefs and sometimes we might wonder if what they say is true. And in some situations, it’s important to "check it out." However, strange or unusual beliefs that don’t seem to fit with the picture you’re seeing should be carefully weighed when other signals are also seen.

Hallucinations: the sensation of hearing, seeing, feeling or smelling something that doesn’t really exist or isn’t actually there at the time that the person has the sensation. Hearing voices are one very common form of hallucination. Sometimes the person will try to explain the hallucination by saying that they are hearing the voice of God or are having an extrasensory perception. While we can’t say that people don’t have religious experiences, if a person tells you that they have had "visions" or have heard voices, we also need to recognize that they may be having hallucinations.

EMOTIONAL STATES, of course, are another important area to consider when we think about the person’s mental health. While all of us may have moments of feeling depressed, anxious, or nervous, we seem to recover and get along. When the person seems to have longer periods of negative emotions, or when a pattern of feeling that is different from what the person is usually like seems to take hold, we need to consider these changes.
//Trainer: Refer to the list of emotional changes that may signal difficulties for the older adult. Review the list, offering explanations or illustrations whenever it seems that your audience may not fully understand what the term means. The following list offers examples or illustrations that you may want to use.

1. Depressed: down in the dumps, low, blue, sad, unhappy;
   Apathetic: not seeming to care about anyone or anything;
   Withdrawn: pulling away from others or from activities;
   Dependent: relies heavily on others and seems unwilling to do for themselves
   Passive: sitting by, not doing, not active;

2. Anxious: afraid when there is no clear reason to be fearful;
   Nervous: restless, unhappy, fearful;
   Fidgety: wiggling, moving, unable to sit still;

3. See manual

4. See manual

5. Suspiciousness: thinking that others want to hurt them, would wish bad things to happen to them; they may predict unhappy outcomes, or think that you or someone else might harm them;

6. Excessive jealousy: being overly afraid of losing affection or position; being very possessive or watchful;

7. Excessive emotional reactions: being more upset and having feelings that seem to be out of proportion to the situation; not being able to handle situations that you would think that they would be capable of; saying that they feel like they are being "eaten up by the feeling" or being overwhelmed;

8. See manual

9. Rapid mood changes: going from one mood to another in a way that doesn’t seem to fit; being happy one minute and crying the next.

Sometimes we aren’t able to pin down what it is that is bothering us about the person. They just seem to be different from their previous years. We feel like their PERSONALITY HAS CHANGED, and that can signal you to think about the other changes in appearance, or behavior, or emotions that may help you clarify what is happening that makes you feel concerned. Some of the most common personality changes that you might notice are listed in the manual. Let’s think about those for a moment.

//Trainer: Review the list and discuss as needed. Continue through the other categories, listing changes in behavior or status that may signal distress. Be sure to continue to emphasize the aspect of change, reminding participants that we are not as concerned about longstanding patterns of behavior, or an occasional "slip" of behavior. We are looking for clusters of problems.
SUMMARY

In summary, there are a variety of changes that you may observe that cause you to think twice, or to feel some sense of concern for the person. Although we do have passing feelings that don’t turn into real problems for people we know, an awareness of the signs and symptoms, along with risk factors that may complicate a person’s life, may help you identify an elderly person who DOES NEED ASSISTANCE and who might suffer needlessly. I’d like to emphasize two points.

First, we are most concerned about CHANGES in the person’s usual patterns of living or getting along with others. Sometimes these changes are so slow that we have a hard time recognizing that a person who used to be very careful and particular about their appearance is now sloppy or poorly groomed. We may think that being "old and sad" is to be expected or that a person’s failure to remember things is just "old age." And yet if we think about it, we may realize that there have been many changes in the person’s abilities, or know of events in their life that may be causing extra stress.

That brings me to the second point, the need to keep the "BIG PICTURE" in mind. That is, ONE OR TWO of these signs or symptoms may not mean much all by themselves, but they might. For example, we may really worry when we see a lady who is known for maintaining absolute perfect order in house just let things go. That alone would cause us distress. People are so very unique and different from one another, and mental illnesses can take so many different forms, that we may have a hard time deciding if we have "seen enough" to make a referral.

I don’t have an answer for the question, "How many things do I need to see before I feel concerned?" I’d guess that YOU WILL FEEL CONCERN FIRST, and then I hope that you’ll pause to think about what it is that you are seeing.

And as always, WHEN IN DOUBT, MAKE THE REFERRAL. Contact the Outreach Team (or one of the four agency outreach specialists) and ask what THEY think.

Again, you are NOT being asked to change your usual patterns of activity. We just ask that you BE MORE AWARE of mental health problems, AND that you take a moment to think about the troubles that may affect the elderly and use your observations to help older folks get the help that they may need.

The last area that we need to talk about is how to actually make a referral. The process is described on page 12 of your manual and we have tried to diagram how the information gets from you to the Outreach Team member that will contact the person to see if they would be willing to have the Team visit them.

//Trainer: Review and discuss the referral process.
SUMMARY AND CONCLUSIONS

Again, I'd like to thank all of you for being willing to participate in this exciting new program. With your help, and with the help of other people like you in our community, we hope to be able to identify and assist elderly folks who may have difficulties maintaining themselves at home. Our goal is to improve their quality of life and help them stay "at home" -- whether that's in their own home or apartment, or the home they share with friends or family -- as long as possible.

/ / Trainer: Answer any questions and hand out gatekeeper cards to all participants.
The following list of questions and answers was developed to help gatekeeper trainers answer questions about the activities of the project that might be posed while conducting Gatekeeper Training, using Part I, Introduction to the Gatekeeper Role.

Questions and Answers: The Mental Health of the Rural Elderly Outreach Program and Gatekeeper Training

Q: What do you mean when you say "The Outreach Team?"

A: The term "Team" or "Outreach Team" refers to

-- the two nurses (Pat Kudart, geriatric nurse practitioner, and Marianne Smith, psychiatric mental health clinical nurse specialist),

-- the social worker/Project Coordinator (Teri Schafer-Nelson, psychiatric social worker), and

-- the two physicians/psychiatrists (Kurt Klauburg and Judith Crosset)

who conduct in-home assessments of the elderly identified by Gatekeepers and other referral sources. (E.g. community agencies, screening sites at congregate meals, well-elderly clinics, and/or concerned citizens who are aware of this program of care.)

Q: What are Outreach Specialists?

A: Outreach Specialists are individuals who are funded by the Mental Health of the Rural Elderly Outreach Program but who are employed by various community agencies to help the Team perform the following duties.

-- identify elderly in need of assistance;

-- provide guidance, consultation and education to the employees of that agency;

-- conduct Gatekeeper Training to both employees and community members;

-- conduct "information-gathering" visits when there is uncertainty about whether or not the person needs an assessment by the Team;

-- visit with elderly people who may not need the services of the Team at the time of the referral but who are "at risk" and need some extra help or attention;

-- attend congregate meal sites, well-elderly clinics, or other gatherings where elderly may be screened for problems;

-- share information about the program with community members to build trust and further the goals of this service program.

Abbe Center for Community Mental Health -- Elderly Outreach
Q: What else does the Team do?

A: One of the various members of the Team (usually one of the nurses or the social worker) contact the person who is believed to be experiencing problems that need professional mental health assessment (evaluation). This assessment is geared toward uncovering whether or not the person has a mental illness and what help might be offered if they do. The Team also makes referrals to other agencies, to help the person stay as healthy and independent as possible. Often our mental health is affected by stress, and by relieving some of the person's concerns about "just getting along in life" they are able to promote wellness.

Q: Do the Team and the Outreach Specialists work together?

A: While there are differences between the roles of the Team and of the Outreach Specialists, they do work very closely together. The Team provides consultation to the Outreach Specialists, as well as supervision about individuals who are at risk but may not have been seen by the Team yet. The Outreach Specialists focus on identifying cases and bringing them to the attention of the mental health Team. The goals of both groups are to enhance service delivery to the needy elderly, even though the exact way that they go about it is different.

Q: What happens to the person after I make a referral?

A: After the referral is made to the Team, one member calls the person by phone to try to explain the project and make an appointment to come visit the person in their home or some other site that is both convenient and acceptable to them. The Team members try to encourage the person to allow a visit, but respect their right to refuse services. Often elderly people are suspicious and think this may be another "insurance sales pitch", so every effort is made to help the person feel comfortable.

If the person agrees to allow the visit, the Team member that phoned goes to visit the elderly person and makes an initial assessment of the situation and of the person's needs. Several things can happen. For example,

-- another visit by the same Team member to build trust and gather more information;

-- an agreement is reached that the person is willing to have another Team member come visit;

-- the person may be referred to an Outreach Specialist for a follow-up visit when there isn't clear evidence of an immediate problem;

-- the person may be referred to any number of community service agencies such as chore service, mobile meals, homemaker services, or visiting nurses.
Q: Why does more than one Team member go out to visit the person?

A: Because nurses, social workers, and psychiatrists each specialize within the field of mental health, each is able to make a unique contribution to understanding the person’s problems. This helps to provide a wider and more accurate picture of the person’s difficulties and promotes the best possible service delivery views the difficulties.

Q: What if the person ASKS who sent them?

A: The answer that is given depends on the wishes of the person who makes the referral. Gatekeepers who do NOT want to be identified will not be named. The person is simply told "Your name was given to me by someone who is concerned about how you are getting along, and adjusting to the many changes that often come with growing older." If the Gatekeeper is willing to be identified, the Team member will say who that "concerned person" is. And in some instances, the Gatekeeper and the Team member may even visit the person together. But it all depends on the individual circumstances.

Q: Do the Team members really get in the door?

A: So far the Team has had great success in meeting and talking with individuals who have been referred to the project. However, most of the referrals have come from other community agencies and so often there was another person to help gain trust.

The project is continually being revised to try to provide the best and most efficient services possible. So what I tell you today is what is currently being done, although that may change over time. If we find that there are better ways to reach the elderly who might benefit from these services, then the way things are handled might change. That’s part of what is very exciting about this project—we have the flexibility to change!!

Abbe Center for Community Mental Health -- Elderly Outreach
Community Gatekeeper Card

This is an example of the Community Gatekeeper Card that was given to the Gatekeeper upon their completion of the training program.

Community Gatekeeper

This certifies that

__________________________

has completed the Gatekeeper Training Program offered by the Mental Health of the Rural Elderly Outreach Project.

Date ____________  Trainer ________________

A Program of The Abbe Center for Community Mental Health

CONCERNED ABOUT AN OLDER PERSON?
How to make a referral to the Abbe Center for Community Mental Health:

1. Call 398-3562 and say you would like to make a Gatekeeper referral to the Outreach Team.

2. Be prepared to provide:
   a) the elderly person’s name, address, and telephone.
   b) a brief description of the problem that concerns you.
   c) your name and telephone, and whether you want to be identified as the Gatekeeper.

After regular working hours, leave information with the answering service.

In case of emergency call the Linn County Sheriff.