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MENTAL HEALTH ISSUES AMONG THE ELDERLY POPULATION

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MENTAL HEALTH ISSUES AMONG THE ELDERLY POPULATION

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

—————————————

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

—————————————

by

Katrina Johnson

Mi Young Son

May 2021

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ABSTRACT

The aging population has experienced a steady growth over the past several decades not only in the United States but also worldwide. This growth comes with increased needs for mental health services. The American Psychological Association (2019) estimated that the number of senior citizens in the United States with mental health and behavioral problems could reach 15 million in 2030. This study explored social workers' perceptions of the apparatus of mental health services that target older adults. Using a snowball sampling, this study drew nine social workers, mostly Asian-Americans (N = 9). The findings generated four major themes, which were 1) broad range of challenges, 2) re-imagination of the service delivery process, 3) good faith cooperation between the family and the agency, and 4) conflicting viewpoints of service effectiveness. Nine sub-themes supported the four major themes. These were (a) personal challenges, (b) organizational challenges, (c) structural challenges, (d) need for more resources, (e) need for more mental health awareness, (f) need for more interagency collaboration, (g) knowledge about resources, (h) no resistance to services, and (i) proper medication management. The findings in this study have major implications for theory, research, and gerontological and geriatric social work.

Keywords: older adults, mental health services, social work, gerontology, snowball sampling

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CHAPTER ONE

PROBLEM FORMULATION

Problem Formulation

The proportion of the world's elderly population is expected to rise from

12% to 22% between 2015 and 2050. That is, the population of 60 and above

could grow exponentially, from 900 million to 2 billion (World Health Organization

[WHO], 2017). Arguably, such growth is partially due to medical advancements,

and in America, to the Baby Boomer generation has entering its later years. The

American Psychological Association (2019) estimated that the number of senior

citizens in the United States with mental health and behavioral problems could

reach 15 million in 2030. According to the WHO (2017), 20 percent of adults over

60 years of age have been diagnosed with mental or neurological disorders.

These findings imply that a significant number of seniors needing assistance in

facing their physical and mental health problems during their later lives. Choi and

McDougall (2009) reported that older adults also face a deterioration in informal

support system due mainly to their friends and family members passing away or

to physical mobility issues that prevent meeting with loved ones. This decline of

support among seniors has been shown to increase their perceived unmet needs

(Choi & McDougall, 2009).

The medical/mental health needs of older adults have been diverse and

plentiful. Joubert et al.'s (2013) research findings indicated that elderly patients

admitted to a hospital emergency room suffering from mental health issues such as depression are often undiagnosed. In the absence of proper screening within a hospital emergency room and the inability to recognize and identify mental illness in the elderly, seniors go undiagnosed and continue to experience dissatisfaction with their quality of life. Without the guidance and encouragement to seek help regarding mental health issues, seniors often do not receive the proper support.

Bonifas (2011) found that approximately sixty-five percent of elderly patients who reside in a long-term care nursing home have a mental illness. These establishments often hire social service professionals without social work degrees and or employees with little knowledge and skills in the field of gerontology (Bonifas, 2011). This issue is particularly troublesome when these employees are the leading providers of mental health services for seniors with mental health disorders living in nursing, long-term care facilities. Therefore, Bonifas (2011) asserts that many senior citizens are receiving substandard care. Consequently, this is a big challenge for all who help take care of seniors and a significant problem as the senior population is quickly growing.

Dementia and depression are the leading mental and neurological disorders among adults over 60 years of age. The National Institute of Mental Health (2018) stated that depression in the elderly makes it more difficult for seniors to receive adequate treatment, such as specialized care. Various complications can occur due to depression, for example, heart disease, diabetes,

and stroke. Kracjci et al. (2019) reported that older people with mental health problems also experience pain emotionally and socially, and these factors reduce their quality of life. Their mental health problems also increase the stress rate of caregivers who care for them and increase the mortality rate and suicide risk for the elderly themselves (Kracjci et al., 2019). To worsen this problem, many seniors believe the need for seeking out treatment for their mental illness is not an option due to their long-time perceived Stigma associated with mental illness (Bor, 2015; WHO, 2017). Therefore, social workers are struggling in practice to provide help due to the elderly's lack of desire to get assistance, which is associated with their various conditions for receiving professional mental health services. Start writing your text here. First-level headings are centered and have an extra double-spaced line before them. Hit the "enter" key to create the extra space.

Purpose of the Study

This study explored social workers' perceptions of the apparatus of mental health services targeting older adults. Social workers are an essential part of medical teams working in various settings to improve and develop the mental health of older people. One important outreach is clinical social workers helping seniors who do not engage in external activities outside of their homes. The social worker's main task in supporting mental health problems for this population is to visit the home of the elderly. Social workers can provide much-needed treatment for mental health and related behavioral problems, offer case

management, personal counseling, peer counseling, and referral services (Agewise Program-Effective, 2019).

This study examined the perceived quality of care provided to seniors with mental illness. Abendstern et al. (2016) found that experienced social workers play an essential role in the treatment of mental illness within the elderly population. Social workers build a vast array of knowledge and skills throughout their careers. The ability to form trusting relationships is one of these skills that becomes highly beneficial when working with demanding clients resistant to change. By forming a relationship with the client, the social worker may positively influence their client to seek necessary treatment for their mental illness. This study raised two main questions: (1) What is a social worker's perceived understanding of how well senior citizens obtain services for mental health issues? (2) How effective are mental health services that are available to older adults?

Significance of the Project for Social Work

The information acquired in this study may contribute significantly to improve the lives of seniors suffering with mental health issues. The study's focus is on the thoughts and perceptions of social workers that are currently providing services to seniors who experience mental illness, such as depression and anxiety. The findings of this study will help address potential gaps in service delivery. The findings from this research project may contribute to both micro and

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macro social work practice. This may be achieved by potentially revealing a need to influence policy decisions on the overall quality of the mental health care received by seniors in their own homes, as well as in residential facilities.

Additionally, this study's insights may benefit social workers by providing them with a better understanding of the mental health needs of elderly clients. This, in turn, may better equip social workers in advocating for seniors in receiving competent care. In using the generalist intervention model, one area of this study investigated was the assessment phase. This research project gathered relevant information to explore and identify problem areas that may be impacting seniors in receiving treatment for their mental health conditions. In addition to the assessment phase, this study also included an evaluation phase.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following chapter covered significant factors that prevent older adults from seeking various social services for their mental illness. The gaps and limitations of this study were included in the subsection. This chapter also emphasized how Andersen's Behavioral Model theory has shaped and how it effectively contributed to this research project.

Significant Factors that Prevent Older Adults from Seeking Various Social Services for Their Mental Illness

Depression is one of the leading causes of increased rates of disability and mortality among older people. As a public health concern, the severity of the issue of elderly depression is that less than 3% of the elderly population use specialized mental health services to treat depression (Conner et al., 2010a). This fact is much lower compared to adults from other age groups (Conner et al., 2010a). Similarly, Choi and McDougall (2009) identified a link between elderly depression and feelings of dissatisfaction about senior services based on personal assistance, environmental backing, and emotional support. Therefore, the research concluded that the seniors' inability to engage in specialized mental health services is expected to continue with unmet needs leading to higher rates of depression.

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According to Ward et al. (2009), among African American older women, at the level of personal and social systems, stigma is the most influential barrier in the use of mental health services. Conner et al. (2010a) also found that, despite having a similar depression rate as whites, African Americans' treatment rates are much lower than white people. Their findings indicated that the symptoms of depression are interpreted and classified differently according to their races, and cultural differences, and those factors contribute to the criteria for their choice of service (Conner et al., 2010a). Conner et al. (2010b) agreed through their research that among African American older people, especially those with depression, are more cynical and less likely to receive psychotherapy than White seniors. Conner et al. (2010b) further noted this phenomenon is attributed to African Americans' perception of stigma on their race differences so that to improve this consequence, social workers' active intervention is necessary. Jimenez, Bartels, Cardenas, and Alegría (2013) indicated that Latinos and Asian Americans were disappointed and embarrassed about having psychological illness compared with non-Latin whites. In particular, Asian Americans have had more challenges pursuing services for psychological and mental therapies than other races (Jimenez et al., 2013). Fear of the stigma of older people with mental illness can be seen not only in Americans but also in Australians. The elderly in rural Australia feared that their mental illness would be known to their neighbors in those narrow areas because, in the countryside, many generations live

together in the village (Muir-Cochrane et al., 2014). If such a mental illness stigmatizes the older adults, the seniors fear that the disgrace will remain with their descendants (Muir-Cochrane et al., 2014). Continue writing text here after using a second-level heading. Second-level headings are left justified and underlined with text beginning on the next double-spaced line. Titles longer than 5-inches will be single spaced and indented two spaces from left justification.

<u>Financial Assistance</u>

Brenes et al. (2015) analyzed that one reason why the elderly have fewer opportunities for psychotherapy is the high cost of services. Their study was explained with a total of 478 rural seniors who were selected to study the obstacles to mental health treatment (Brenes et al., 2015). Yamada et al. (2015) added that part of the cost of medical care, which must be met by the out-of-pocket costs of the elderly, is causing an imbalance in their use of health care. Recently, as medical costs have increased rapidly for a variety of reasons, older adults have been prevented from adequate medical services to solve the elderly health problems (Yamada et al., 2015). This fact showed the burden of out-of-pocket had curbed the older people's desire to use ongoing medical care (Yamada et al., 2015).

Elsewhere, Barrio et al. (2008) argued that one main economic reason why elderly Latinos have difficulty getting psychological services is no money or insurance to pay for the cost. Older people, in particular, had been unable to work in the places that provide insurance to pay for mental health services

because of their lack of the English language or work experience (Barrio et al., 2008). According to Barrion et al. research (2008), many Latino seniors prefer a part-time job to supplement their minimum living expenses and money to lend their families, but finding such jobs is difficult.

Service Availability and Access

Ward et al. (2009) found that treatment-seeking barriers for African American older women included service providers' inaccessibility, transportation problems, and lack of reasonable service availability. Barrion et al. (2008) stated that Latino seniors also pointed out that accessibility for their psychotherapy services was inconvenient due to the shortage of adequate public transportation and insufficient service information and resources. Muir-Cochrane et al. (2014) pointed out that the uncertainty of access availability to ongoing services for the elderly in rural Australia was a barrier to receiving services.

Perceptions of Mental Health

According to Barrion et al. (2008), Latino people tend to regard mental illness as a result of physical illness; for example, in particular, diabetes and hypertension were identified as severe diseases affecting their mental illness in their minds. The families of Latino older people often believed that mental health also caused problems when physical health was not met at the desired level (Barrion et al., 2008). van der Aa et al. (2015) explained that older people with severe mental disorders such as depression and anxiety lacked awareness, information, and self-reliance about the need for mental health care. The elderly

tend not to prefer psychotherapy (van der Aa et al., 2015). Muir-Cochrane et al. (2014) stated that older people in the countryside in Australia are reluctant to provide services for mental illness because there is not enough credibility between elderly patients and psychotherapists. Older people explained that mental health professionals often neglected or lightly thought about signs and concerns about patients' mental health when professionals consulted with clients and focused on their physical illnesses rather than their psychological status (Muir-Cochrane et al., 2014). Muir-Cochrane et al. (2014) added that this is because practitioners tend to interpret depression and mild mental illness in older people as a phenomenon that often occurs during the aging process or as related to dementia. Ward et al. (2009) described that older people's misconceptions about mental illness and lack of accurate information and awareness were found. Ward et al. (2009) further noted that negative perceptions of aging, misunderstandings about mental illness, and misconceptions about cultural norms in African American older women had been barriers to receiving services.

Gaps and Limitations

This study contributed to mental health issues among the elderly population and examined new data and consideration for the elderly's barriers to their mental health support based on a variety of issues. More specifically, the study addressed social workers' perceived understanding of how well senior citizens are obtaining services for mental health issues and how effective those

services are. Besides, the study provided new insights into older adults'

unfulfilled mental health care needs in a rapidly changing modern society. These

facts were accomplished through the lens of social workers currently working

within the elderly population. Most studies have primarily surveyed the elderly or

their caregivers directly when exploring satisfaction with mental health services

for older adults. However, this study was unique and valuable because, unlike

other studies, this study analyzed the perspectives of social workers who are

currently directly serving older people in mental health services. This gap was

considered the most important and meaningful in this study compared to other

past studies. The reason was that social workers who directly deal with the

elderly with mental disorders and provide treatment and counseling have more

accurate insights and perspectives on whether or not the older adults are

receiving adequate services for their mental health issues. Furthermore, the

results of this research will be expected to make a new contribution and

sensation to the policy, micro, and macro practice of the social work profession

that enables older people to receive services on mental health issues effectively.

One limitation found after reviewing the literature was that this research project's

sample size was not big enough.

Theories Guiding Conceptualization

The theoretical perspective for use in this research project was the

behavioral model of health services. According to Andersen (1995), the

behavioral model was developed in the 1960s and has evolved throughout the

years. Andersen (1995) has implemented a shift in the analysis focus on the individual and notes the importance of sociologist's involvement in research about the implementation of health services. Research conducted by van der Aa et al. (2015) found the behavioral model of health services to encompass many variables such as age, gender, ethnicity, personal health practice, external environment, and health status outcomes. This framework has been applied extensively to patient utilization of health care services (Phillips et al., 1998). Andersen's (1995) behavioral model theory encompassed three main components: 1) predisposing characteristics, for example, demographic, social organization, and health beliefs; 2) enabling resources, for example, personal, family, and community; and 3) need, recognized, or assessed. The use of this theory leaded this study to examine the social workers' perception of how these components, operating within their client's lives, influence the utilization of healthcare services, besides as to how effective the client perceives the services received.

Summary

The stigma, race, financial support, service availability and access, and misunderstandings of mental health caused difficulties for seniors in finding mental health services. The solution to this problem appeared to be reasonably necessary, given the steady growth rate of the elderly population and the corresponding increase in mental illness. This study examined social workers' views and opinions about the current state and the effects of mental health

services in the elderly. The theory that was used in this study was Andersen's

behavioral model theory, which would help this population and provide an

opportunity for a better understanding of needs. This study's importance was

critical to the social work profession working with the elderly's mental health

concerns at both the micro mezzo and macro levels to understand the needed

services better.

CHAPTER THREE

METHODS

Introduction

This research attempted to identify factors that prevent mental health services from older people with mental health issues for a variety of reasons. In addition, this study aimed to examine the views and opinions of social workers who are currently dealing with the mental health of the elderly to improve mental health services and systems for older adults. This chapter covered and included details on the different ways the research proceeded. Study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis were discussed in this section.

Study Design

The purpose of this study was to provide appropriate services for the elderly with mental illness and to recognize and identify areas where their mental health needs. This study took an exploratory research design aiming at collecting social workers' perceived understanding of how well senior citizens obtaining services for mental health issues, and how effective those services are.

The research design for this study is not purely qualitative because the researchers were not able to conduct interviews with the participants due to Covid-19 restrictions and scheduling issues on the part of the participants.

However, this study reflects the qualitative paradigm though the use of open-ended questions. Such questions provide the researchers with the opportunity to capture participants' perceptions on the issue of mental health services for the elderly population.

Sampling

Participants in this study consisted of social workers who, at the time of the study, provide mental health services to older adults. The researchers used snowball and convenience sampling strategies to reach potential participants from various settings, including mental health facilities, senior centers, and behavioral health agencies located in San Bernardino and Los Angeles Counties. Originally, the researchers targeted a broad sample via purposive sampling and planned to conduct face-to-face interviews. However, the sudden arrival of the Covid-19 pandemic significantly complicated the sampling process. In effect, the researchers could only secure the commitment of nine individuals who constituted the sample in this study. The next chapter details the demographic characteristics for the study participants.

Data Collection and Instruments

To circumvent the restrictions imposed by Covid-19, the researchers developed a survey containing two parts: a section for demographics and a survey section (see Appendix B). The demographic section asked for information on key variables such as gender, age, education level, annual income, length of

time practicing in mental health, area of expertise, social work license or not, and ethnic. The survey questions pertained to the purpose of the study. Some of them are as follows: How would you describe the senior population being served in your agency? How would you describe the mental health services are available to seniors at your agency? How effective do you believe are these mental health services? How do you assess the effectiveness of these services? How would you describe challenges that your agency faces in providing mental health services to seniors? How would you describe challenges that seniors face in receiving mental health services at your agency? How can mental health services for seniors can be improved? The researchers designed the survey to be anonymously self-administered, using the English language for both questions and participants' responses. Researchers collected the data for the research project, using the California State University San Bernardino (CSUSB) Qualtrics program.

Procedures

The data gathering process for this research project started from October 2020 through December 2020. The researchers solicited the participants utilizing the CSUSB email system. Participation invitation letters were sent out to the researchers' current and previous internship placements as well as senior centers, behavioral health agencies, and hospitals throughout the United States. Researchers asked prior colleagues in the social work field to contact and

forward the email with the survey link to fellow social workers who met the criteria to participate in the research study.

The invitation letter explained the study's purpose and noted that participation was on a voluntary basis and stated the expected time to complete the survey would take approximately fifteen minutes and that the participants' insights would be greatly valued. The email invitation included a letter of consent with a link to the CSUSB Qualtrics online survey program. The Qualtrics online questionnaire consisted of eight basic demographic questions. In addition to eleven open-ended questions regarding the social workers' viewpoint on the quality of the services, seniors are receiving for their mental health care. The participants submitted their answers anonymously in an open-ended survey essay text box in the Qualtrics program.

Protection of Human Subjects

This study protects all participants' confidentiality by means of an informed consent (see Appendix A). The researcher did not collect personally identifiable information. In agreeing to participate in this study, participants were provided a link directing them to the informed consent. This document included a brief statement of purpose of the study, its description, confidentiality agreement, risks and benefits. The informed consent also contained contact information for the research team. On Qualtrics, participants who agreed with the terms and conditions outlined in the informed consent clicked the survey link to continue with the survey.

Participants' responses were registered on Qualtrics and only the

research team had access to the completed online surveys. The researchers

downloaded participants' responses from Qualtrics and stored them on

password-protected computers. One year after the completion of this research

project, the researchers will destroy the survey information and shred all data

and notes, using a recycle trash receptacle. The CSUSB Institutional Review

Board approved this study.

Data Analysis

Due to the small sample size, the researchers analyzed the data by hand,

using the well-known technique of Thematic Analysis. First, the researchers

collected answers from the surveys and familiarized themselves with the data by

reviewing all the information multiple times. Next, the researchers organized the

data into recurring themes, language, patterns, meaningful words, opinions, and

beliefs through the form of coding. Next, the researchers categorized the data to

identify themes that corresponded with the research questions through the

coding. Finally, the research team mapped and interpreted the data. This

process is consistent with Labra et al.'s (2019) framework for thematic analysis in

social work. Via SPSS, the researchers determined the frequency distributions

of the sample concerning gender, age, race, education level, annual income,

length of time practicing in mental health, area of expertise, and social work

license or not (please see Table 1).

Summary

This chapter focused on the methods that were implemented in this study and the researchers' use of them in examining the views and opinions of social workers whose clients were of the senior population and receiving services for their mental health needs. The researchers outlined the study design and the steps involved in obtaining potential participants, how to collect qualitative data, and sample size. Besides, the protection of human subjects and data analysis were discussed.

CHAPTER FOUR

RESULTS

Introduction

This chapter was composed of two sections. The first section described the demographics of the participants in this study. The researchers utilized the thematic analysis method in examining the second section of the data. The second section provided the recurring themes identified in the study and a discussion of each theme.

Demographic Description

Shown below in Table 1 was the demographic characteristics of the nine participants who responded to this study. As exhibited in table 1, slightly under half of the participants described themselves as Asian American. One-third stated as being Korean American, while 11% reported mixed European American Latinx. Hispanic origin was reported by 11% of the participants. Regarding gender, the vast majority, slightly over three-fourths of the participants, reported as identifying as female. While just under one-fourth identified as male. In terms of the participants' education level, slightly under one-fourth reported having a bachelor's degree, while slightly over one-half had obtained a master's degree. Slightly under one-fourth had earned a doctorate. From an age perspective, one-third of the participants reported being in the highest category of ages 25-34, while three of the categories; 35-44, 45-54, and 55-64, were divided evenly

among participants. Approximately two-thirds of the participants reported their

income earned was under fifty thousand annually. In comparison, one-third of the

participants reported earning over fifty thousand annually. Regarding the area of

expertise, all the participants reported working in the field of social work. One-

third of the participants have earned their license as a clinical social worker

(LCSW), while two-thirds of the participants do not possess an LCSW.

Table 1. Participant Demographic Characteristics
(N = 9)

Race/Ethnicity	N (9)	% (100)
Korean American	3	33
Hispanic	1	11
Asian American	4	44
Mixed European American Latinx	1	11
Gender	**N (9)**	**% (100)**
Male	2	22
Female	7	78
Highest Education Level	**N (9)**	**% (100)**
Bachelor	2	22
PHD / Doctorate	2	22
Master	5	55
Age	**N (9)**	**% (100)**
25-34	3	33
35-44	2	22
45-54	2	22
55-64	2	22
Annual Income	**N (9)**	**% (100)**
Under $50,000	6	66
$50,000 or over	3	33
Area of Expertise	**N (9)**	**% (100)**
Social Work	9	100
Clinical License	**N (9)**	**% (100)**
Yes	3	33
No	6	66
Years in Practice	**N (9)**	**% (100)**
1 Year	1	11
3 Years	2	22
5 Years	4	44
10 Years	1	11
12 Years	1	11

Findings

This study raised two main questions. First, what is social workers' perceived understanding of how well senior citizens obtain services for mental health issues? Secondly, from social workers' viewpoints, how effective are mental health services available to older adults? Based on the thematic analysis of the participants' answers, four major themes emerged from the data: 1) broad range of challenges, 2) re-imagination of the service delivery process, 3) good faith cooperation between the family and the agency, and 4) conflicting viewpoints of service effectiveness. Table 2 below provided a visual representation of these themes and their derided subthemes.

Table 2. Major Study Themes and Subthemes

Themes	Description
Theme 1	Broad Range of Challenges a) Personal Challenges b) Organizational Challenges c) Structural Challenges
Theme 2	Re-imagination of Service Delivery / A New Vision of Mental Health Service Delivery a) Need for More Resources b) Need for More Mental Health Awareness c) Need for More Interagency Collaboration.
Theme 3	Good Faith Cooperation between Family and Agency a) Knowledge about Resources b) No Resistance to Services c) Proper Medication Management
Theme 4	Conflicting Viewpoints of Service Effectiveness

The first three themes—broad range of challenges, re-imagination of the service delivery process, and sincere cooperation between family and agency—addressed the research question related to social workers' understanding of how well older people receive services for mental health problems. Hence, theses three themes dealt with access to services/services delivery for mental health problems. The fourth theme— conflicting viewpoints of service effectiveness —pertained to the second research question, which relates to the effectiveness of mental health services targeting the elderly population. Each of these themes is described below.

<u>Broad Range of Challenges</u>

Participants, social workers thought that there was a broad range of challenges for seniors to obtain mental health services. The broad range of challenges was a theme that includes three sub-themes: personal challenges, organizational challenges, and structural challenges. First of all, personal challenges reflected issues such as poor medication management, technology uneasiness, language barriers, difficulty managing their medical appointments, lack of insight, and difficulty of acknowledging symptoms.

<u>Personal Challenges</u>. A sub-theme that emerged from the data was the elderly's personal problems prevent them from actively accessing mental health services. Participants reported this idea as follows:

… Lack of insight, difficulty of acknowledging symptoms, not easy to access computer technology since COVID 19 (Participant # 2);… Seniors are struggling to maintain telehealth (phone appointments) due to various reasons

including hearing impairments, ineffective phones, pay phones, dislike of phone

calls, etc. Provide adaptive equipment or linkage to adaptive equipment to

ensure improved communication via phone or video conferencing (Participant

#5);…Patients may not have the capacity to manage their medical

appointments….Difficulty managing their medication on their own (Participant

#6);…Language barriers play a significant part for seniors to seek relevant

mental health services in the community; [another challenge is] difficulties with

access to the resources. (Participant #7)

Organizational Challenges. Another sub-theme was the organizational

challenges that agencies faced to treat mental health treatment in the elderly.

Organizational challenges had to do with factors such as lack of staff, lack of

resources, costs of services, and not trusting providers. About organization

challenges, study participants pinpointed the "Limitations of practical care, lack of

resources and staff" (Participant #3). Participants continued:

….Overall the staff who provide mental health services do not have fair

enough knowledge, skills and experiences. The management doesn't

have the commitment or willingness to support/provide mental health

services. (Participant#7)….There aren't enough resources to provide

group therapy and group therapyactivities. Also, the administers are

uneducated in the importance of provided such additional services.

(Participant #9)

Structural Challenges. This sub-theme described the reluctance of older people to access mental services due to stigma. Concerning structural challenges, participating social workers identified Stigma as the main problem to the effective service delivery process.

> *… Stigma related with receiving treatment [should be addressed] (Participant #2)… Cultural issues- receiving mental health services is consideredto be a shame among these ethnic seniors (Participant #7)…Cultural values andthe Stigma of mental health issues prevent clients from being honest about the struggles they experience with their diagnoses. (Participant #9)*

Re-Imagination of the Service Delivery Process

Re-imagination of the service delivery process implied a new vision of mental health service delivery. Social workers, participants noted the need for a newly complemented mental health delivery system to support a more active mental health approach for older adults. This theme included three sub-themes: more resources/staff, more funding, maintaining public and private insurance, and mental health awareness/education to address stigma, and interagency/ inter-professional collaboration. Following are illustrated quotes regarding the three contents of the first sub-themes.

More Resources/Staff, More Funding, Keeping Both Public and Private Insurance. Participants, social workers suggested that more resources /staff, more funding, and insurance help senior citizens obtain mental health services appropriately. Participants confided:

Overall the staff who provide mental health services do not have fair

enough knowledge, skills and experiences. The management doesn't

have the commitment or willingness to support/provide mental health

services. (Participant#7)…There aren't enough resources to provide group

therapy and group therapy activities. Also, the administers are

uneducated in the importance of provided [sic] such additional services.

(Participant #9)

Other participants made suggestions regarding ways various stakeholders

can improve the design and implementation of mental health services. These

participants said:

Being more supportive/resourceful/knowledgeable. Increasing fund to offer

mental health care. Increasing fund to offer mental health care. Some of

participants do not understand that their insurance plans offer mental

health care.Some people has insurance which treatment is not available

for them. (Participant #2)…Cost of the consultant's fee for small for profit

agency like our center and willingness of elder participants to participate

or seek assistance [should be developed]. (Participant #4)…Provide more

referral resources that seniors could get help such as aging system

resources like peer support and advanced care planning support.

(Participant #8)

Upon discharge they may not be able to continue with seeing a psychiatrist or

psychologist because their insurance does not cover the services. By

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communities I believe this includes insurances, I believe that the insurance that

is providing the services to the senior also needs to assist in providing

someone like a mental specialist that is more hands on, and provide referrals if

needed. Helping the client while in the community before they end up in the

hospital or psych facility [is important]. (Participant #6)

<u>Mental Health Awareness and Education to Address Stigma</u>. The social

workers who participated considered seniors' mental health awareness and

education to address stigma are essential in improving the accessibility of older

people to mental health. The main quotes from participants' answers that

supported this sub-theme are below:

Create a public discourse about the effectiveness of mental health

treatment for older adults to help normalize treatment and overall reduce

Stigmaof receiving mental health services. (Participant #5)

Remove the negative Stigma attached to them, having an open mind to

helping the seniors that are mentally ill. (Participant #6)

Cultural values and the Stigma of mental health issues prevent clients

from being honest about the struggles they experience with their

diagnoses. Provide education services to destigmatize mental health

services. (Participant#9)

<u>Interagency or Inter-Professional Collaboration.</u> The third sub-theme for

re-imagining the service delivery process was inter-agency or inter-professional

collaboration. Social workers who responded to the survey suggested interagency and inter-professional collaboration were essential to improve seniors' mental health services. Participants expressed this need as follows:

> *Nurses need to better communicate with social worker or psychiatrist when patient is refusing to take their psychotropic medication this way behaviorscan be prevented. (Participant #6)*

> *Community may have the services available to serve as preventions of senior mental health such as eldercare protective services, nutrition programs,senior centers, IHSS provider, and provide[sic] transportation services. Public health agencies / society could help to[sic] chronic disease prevention efforts, research to improve the mental health evidence base, develop comprehensivemental health plans and enhance coordination of care. (Participant #8)*

Cooperation Between Family and Agency

Cooperation between family and agency was a theme that includes three sub-themes. The sub-themes consisted of becoming knowledgeable about resources (knowing how to navigate the byzantine web of mental health; the labyrinth or bureaucracy of mental health), no resistance to treatment/services (having a positive view of mental health), and medication management. Through the theme of cooperation between family and agency, social workers' perceptions of how well the elderly receive mental health services emerged.

Becoming Knowledgeable About Resources. Participants expressed that knowledge of senior citizens' resources through cooperation between family and agency is essential to enabling seniors to access and receive mental health services. This theme included knowing how to navigate the byzantine web of mental health and the labyrinth or bureaucracy of mental health. Participants reported:

[Social workers need to be] more supportive, resourceful, and knowledgeable… Some of them do not understand that their insurance plansoffer mental health care. (Participant #2)

Provide referral information in public areas frequented by seniors and general population to build awareness of available programs. Create a public discourse about the effectiveness of mental health treatment for older adults tohelp normalize treatment and overall reduce Stigma of receiving mental healthservices. (Participant #5)

Families need education and understanding on mental health. Families need to work/cooperate with the agency with an open mind. The community needs to actively reach out to the needy seniors who have barriers to seek therelevant mental health services due to language issues, lack of resources, andcultural differences about mental illness. Society needs to develop a policy/program delivery system in a way to prevent mental illness among the seniors rather than the post hoc ones. (Participant #7)

No Resistance to Treatment/Services. The second sub-theme was about no resistance to treatment/services. Social workers who participated in the survey indicated that collaboration between elderly families and agencies would reduce resistance to mental health treatment in the elderly and increase a positive mental health view. Participants emphasized that the client/family system needs to "answer the phone calls or keep in contact with the social workers or any other staff members" (Participant #1), "work/cooperate with the agency with an open mind" (Participant #7), and that there should be a "consistent collaborations with our agency is important to improve the elderly' mental issues" (Participant #3). In the same vein, Participant # 4 added:

> *Family/caregivers have to get involved but sadly most elderly are living ontheir own and only get a few hours of IHSS assistance so they are being isolatedand family not being proactive about seeking help for their elderly's mental condition. They have to be willing in getting involved in seeking mental health services for their parents if it is not readily available at our agency. Mostly they decline or does [sic] not want to be bothered in taking their parents somewhere. It should be easily accessible, and family has to get involved in being proactive about their elderly's mental health and not just dismissed the mood/behavioral changes thinking it is a part of getting old.*

Medication Management. The third sub-topic, drug management, was another issue that needs to be addressed to improve the mental health of the elderly. Survey participants explained that supporting older people's drug management through active partnerships between their families and institutions could provide older people with more access to mental health services. Participant # 6 best expressed this sentiment:

> *[Seniors may have] difficulties managing their medication on their own. Nurses need to better communicate with social worker or psychiatrist when patient is refusing to take their psychotropic medication this way behaviors canbe prevented.*

Conflicting Viewpoints of Service Effectiveness

The theme of conflicting viewpoints on service effectiveness answered the research question about how effective are mental health services that are available to older adults from the perspective of social workers. Social workers, survey participants had different ideas for the effectiveness of mental health services. The results showed conflicting viewpoints on service effectiveness. For example, one the positive side, participants reported that the services are: "Very effective when I see them [clients] feel satisfied and healthier through the services over time" (Participant #3); "Highly effective…Can make a significant impact in the lives of clientele" (Participant #5); and "Very helpful and effective if the patient is compliant" (Participant #6).

On the negative side, though, participants expressed the lack of
effectiveness ofmental health services to seniors as follows:

*Not very effective; [the] best thing that SW can do here for the seniors is to
provide emotional support and active listening.* (Participant #1)

*The related services [for] seniors' mental health does not meet the
expectations due to the lack of capable social workers and insufficient support
from the management.* (Participant # 7)

*Not very effective, because the Asian culture requires the client to present a
good image so "real problems" are not discussed by majority of the clients.
Once in a while, there will be 2 or 3 clients who will tell you what is "really"
going on.* (Participant #9)

Hence, as previously mentioned, apropos the effectiveness of mental
health programs designed for the elderly population, social workers hold vastly
different opinions. One participant captured this bottom line by stating, "It
depends on how the individuals are responding to their therapist and how good
the therapist is" (Participant #4).

CHAPTER FIVE

DISCUSSION

Purpose

The aging population is growing rapidly not only in the United States but also worldwide. The aging population also faces serious mental illness. Yet, there are many problems with access to mental health services for older people. This study aimed to support social work practices in elderly mental health at all micro and macro levels in need of expansion or improvement and ensure that older adults facing mental health problems can receive higher mental health care levels. This study was an exploratory research project as a qualitative survey design based on Andersen's behavioral model theory. This study used open-ended questionnaires through the Qualtrics online system to determine how well the elderly are receiving services for mental health problems and social worker perceptions of how effective these services are. The study results revealed four major themes, which were 1) broad range of challenges, 2) re-imagination of the service delivery process, 3) good faith cooperation between the family and the agency, and 4) conflicting viewpoints of service effectiveness. Nine sub-themes supported the four major themes. These were: 1) personal challenges, 2) organizational challenges, 3) structural challenges, 4) need for more resources, 5) need for more mental health awareness, 6) need for more interagency

collaboration, 7) knowledge about resources, 8) no resistance to services, and 9) proper medication management.

<div align="center">Consistency with the Previous Research</div>

The findings in this study were consistent with previous research. In particular, two major themes—broad range of challenges and re-imagination of services delivery/a new vision of mental health services—were consistent with previous studies that showed how stigma and race are essential factors preventing older people from finding various social services for mental illness (Conner et al., 2010a; Conner et al., 2010b; Jimenez et al., 2013; Muir-Cochrane et al., 2014; Ward et al., 2009). This stigma factor was related to structural challenges, which represent a subtheme of the broad range of challenges.

More specifically, Ward et al. (2009) found African American older women consider stigma to be the most significant barrier to accessing mental health services at the individual and social system level. Conner et al. (2010a) also found that mental illness symptoms such as depression are interpreted and classified differently by race and cultural differences, and their factors contribute to the criteria for choosing mental health services. Conner et al. (2010b) mentioned that older African Americans with depression are more cynical for mental illness than older Whites and are less likely to seek psychological treatment. Jimenez et al. (2013) also indicated that Latin Americans and Asian Americans were disappointed and embarrassed about possessing psychological and mental illnesses compared to whites. Muir-Cochrane et al. (2014) also

explained that older people are afraid of shame or dishonor to their descendants when older people are stigmatized for any mental illness.

The need for more resources is one of the second major theme's sub-theme, re-imagination of service delivery/a new vision of mental health service. This sub-theme was consistent with previous research, financial assistance that prevents seniors from actively seeking mental health resources. In a recent study, Brenes et al. (2015) found that older people have fewer psychological treatment opportunities because mental health services costs are significantly higher for older people with limited incomes. Yamada et al. (2015) described that medical expenses had risen rapidly for various reasons, making it more difficult for older people to access mental health services. Barrio et al. (2008) also explored that previously, a significant number of seniors were unable to work in decent jobs that provided insurance to cover the costs of mental health services due to language barriers and lack of work experience.

Moreover, consistent with previous research, the need for more resources is one of the second major topic's sub-themes: service availability and access. Ward et al. (2009) found that some of the barriers to mental health services for elderly African American women are lack of access to providers, transportation problems, and lack of reasonable availability of services. Barrion et al. (2008) stated that Latino seniors noted that access to psychotherapy services was difficult due to insufficient public transport and service information and resources. Muir-Cochrane et al. (2014) addressed that older Australians living in rural areas

complained that the uncertainty in access to ongoing services adds to the discomfort of finding mental health services.

Besides, the need for more mental health awareness was one of the second main theme's sub-themes, consistent with previous research, perceptions of mental health. Barrion et al. (2008) found that families of elderly Latino people often believed that mental health also causes problems when they have physical health problems. van der Aa et al. (2015) explained that the problem of the elderly with mental issues is a lack of awareness and self-reliance on the necessity of mental health care. Muir-Cochrane et al. (2014) pointed out that elderly patients do not have sufficient credibility in psychotherapists. The elderly thought that doctors often do not consider elderly depression and minor mental illness as symptoms to receive mental health treatment but interpret them as symptoms that frequently occur in the aging process or symptoms related to dementia. Ward et al. (2009) also found that the elderly's misunderstanding of mental illness and a lack of adequate information and awareness are some of the reasons that prevent access to mental health services. Hence, in this current study, some of the findings on how well older people obtain services for mental health problems mirrored ideas from previous studies.

However, the differentiated contents of major Themes 3 and 4—sincere cooperation between the family and the agency and conflicting viewpoints of service effectiveness, respectively—are considered meaningful contributions to the existing literature. That is, these themes constitute supplementary and

additional contents that were not present in the previous research results. Indeed, Theme 3 reveals that the mental improvement of the elderly can be promoted through sincere cooperation between families and agencies. In this study, social workers pointed out that knowledge about resources, no resistance to services, and proper medication management would improve mental health access among older adults through collaboration between elderly families and agencies. Similarly, Theme 4 addressed a point not captured by previous research. In this study, social workers expressed conflicting opinions on the effectiveness of mental health services available to the elderly. This finding triggers the need for future research on improving elderly mental health services

Implications

Implications for Theory

The findings in this study have theoretical implications, mainly with regard to Andersen and Newman's (2005) Behavioral Model of Health Services. In effect, the work of Andersen and Newman (2005) revealed that societal influences play a major role in an individual's ability to seek health care services. Additionally, Andersen and Newman (2005) stated that organization and resources shape the distribution of the available health care services for everyone, and that access and structure are the main components of the organization.

Furthermore, Andersen and Newman's (2005) work demonstrated that some seniors are non-compliant with their prescribed medications. The cause for this may be for a variety of reasons such as medication affordability, vision and hearing problems, memory loss, and refusal to take medications. Because non-adherence to prescribed medications could lead to poorer mental health outcomes, it is important to prevent such situation though, for instance, a greater collaboration between nurses, social workers, and or psychiatrists regarding patients (Andersen & Newman, 2005). The findings in this current study correlates with the Behavioral Model of Health Services in that the elderly face a wide range of difficulties in obtaining mental health services, spanning from inadequate staffing and resources, language barriers, telehealth difficulties, need for better service delivery, and accessibility to mental health services.

Implication for Research

This study's findings also significantly contribute to the gerontology scholarship. This research adds more knowledge to the literature by bringing forth a growing population's concerns and needs. By examining the perceptions of the social workers whose clients are the elderly with mental health issues, this study identifies consistent themes with the previous literature along with new insights that will help social workers advocate and support this population.

This study is unique in that the study participants are social workers who are currently working with the elderly who have mental health issues. This study also has a distinct nature because most of its participants, seventy-seven

percent, were of Asian American descent. To the researchers' knowledge, in reviewing their previous literature, there were no studies mentioning the study participants employed as social workers working with the elderly population with mental health concerns, nor were there mention of the majority of study participants having Asian American backgrounds.

The findings of this study contribute significantly to the literature, with new insights that will be helpful to social workers in the areas of gerontology, geriatrics, and mental health. The study results revealed the need for better cooperation between family members and the agencies serving the elderly. This connection was not found in the previous literature. The study participants expressed the need for families to be educated on mental illness. Families of the elderly who have knowledge of the symptoms and treatments available can help their elderly relatives understand the help which is obtainable, and talking with their elderly relatives help reduce the stigma associated with mental illness. This fact, in turn, could encourage the elderly to seek help and give them a better understanding of the effectiveness pursuing mental health services can provide. In addition, study participants stated their belief that the collaboration between families and agencies would have a huge impact on the quality of life of the elderly with mental health issues.

Implication for Social Work Practice

The findings in this study expose the precarious conditions of the service delivery apparatus designed to address the mental health needs of the elderly

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population. Social workers have an ethical responsibility to advocate with and on behalf of seniors who have mental health concerns. In the case of management, social workers have an obligation to help promote the availability and effective mental health services for the elderly. Advocacy can start with social workers promoting and supporting mental health knowledge among the elderly.

By raising awareness of the mental health needs of the elderly, social workers can educate the elderly along with their families. Such micro level advocacy can encourage a more positive view of mental health care among the elderly. Advocacy at the mezzo level includes encouraging family members to collaborate with the social worker/nurses/psychiatrist to assist and intervene in their elderly relatives' lives, be it in transportation needs to and from doctor appointments or other needed interventions such as help with medication management. This study found deficiencies in the system and a need for mental health services to become a more streamlined process with enhanced accessibility for the elderly. Advocacy for the social worker at the macro level would be to support laws in policy changes to improve the accessibility and support of a smoother-running efficient health care system for the elderly.

Limitations

As with everything in life, this study has some limitations. First, the sample size was small, with only nine participants. Nevertheless, considering the sudden Covid19 pandemic, collecting the opinions of nine respondents is meritorious. Second, on the surface the study lacks diversity, with most of the respondents

identifying themselves as Asian Americans. However, this limitation could also be a plus, given that most studies in the literature relate to different ethnic groups. Third, the data in this study came from social workers in only one area: Southern California. Perhaps this explains the demographics of the sample, as Southern California is a place cherished by people with Asian backgrounds. In other words, having a study with more Asian-Americans should therefore not be a surprise. Next, there may be room for biases with a qualitative research design, especially regarding confirmation biases and desirability biases. These biases are more likely to reflect questions about the degree of effectiveness for mental health services. Finally, the study's scope of applicability will be limited because the study results reflected only the participant's views. In other words, the findings cannot be generalized to different settings or the entire Asian-American racial group.

Recommendations

Future research should address the limitations spotted here, using more robust strategies such as recruiting 20-30 participants from diverse backgrounds, including African Americans and Caucasian Americans, and Asian Americans. Besides, survey samples should be collected from various geographic areas to earn a variety of professional opinions to reduce any biases or stereotypes that may be associated with the findings in this study. Furthermore, in order to reduce subjectivity inherent to qualitative research, additional consideration is required in developing qualitative questions. Using different methods to collect the same

information can augment the robustness of qualitative data, and this should be a

priory for future research.

APPENDIX A

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine how well seniors are obtaining services for mental health as well as the effectiveness of the mental health services provided to the elderly. The study is being conducted by Katrina Johnson and Mi Young Son, both graduate students, under the supervision of Dr. Rigaud Joseph, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of the study is to identify any areas where the mental health needs of seniors can be improved.

DESCRIPTION: Participants will be asked to complete an open-ended questionnaire about their perceived understanding of the quality of mental health services seniors receive. The researchers will also collect demographic information about the applicants.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and all data will be anonymous.

DURATION: It is expected that the questionnaire will take approximately fifteen minutes to complete.

RISKS: There will be no foreseeable immediate or long term risks to participants who participate in the study.

BENEFITS: There will not be any direct benefits to the participants, but the results of the study will increase insight on mental health services for the elderly population .

RESULTS: Results of the study will be published at the California State University of San Bernardino Scholarworks website. In addition, the research will be displayed at the School of Social Work research symposium at the end of the academic year June 2021.

****

This is to certify that I read the above and I am 18 years or older.

_____   _____
Place an X mark here   Date

APPENDIX B

SURVEY INSTRUMENT

Part 1: Demographics

1. What race/ethnicity best describes you?

    _____

2. To which gender identity do you most identify?

o   Male

o   Female

o   Transgender Male

o   Transgender Female

o   Gender Variant/Non-Conforming

o   Prefer not to answer

3. What is the highest level of education completed?

    _____

4.   What is your age range?

o   under 25

o   25-34

o   35-44

o   45-54

o   55-64

o   65 or more

5. What is your annual income level?

a) Under $50,000 per year

b) $50,000 or more per year

6. What is your area of expertise? (social work, education, psychology)

    _____

7. Do you have a clinical license in the counseling field? (LCSW, LMFC, LMHC,etc)?

o   Yes

o   No

8.   How long have you provided mental health services to seniors?

    _____

Part 2: Survey Questions

1. How would you describe the senior population being served in your agency?

2. What are the most common mental health illnesses that the seniors in your agency are diagnosed with?

3. What mental health services are available to seniors at your agency?

4. How effective do you believe these mental health services are?

5. How do you assess the effectiveness of these services?

6. What are some of the challenges that your agency faces in providing mental health services to seniors?

7. What are some of the challenges that seniors face in receiving mental health services at your agency?

8. What can your agency do to improve mental health services to its senior population?

9. What can families do to help their senior members who need mental health services at your agency?

10. What can communities do to help their senior population who need mental health services?

11. What can society as a whole do to help their senior members who need mental health services?

    Demographics and survey questions were developed by Katrina Johnson, Mi Young Son and Dr. Rigaud Joseph.

APPENDIX C

INSTITUTIONAL REVIEW BOARD

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination Status: Determined ExemptIRB-

FY2020-215

Katrina Johnson, Rigaud Joseph, Mi Young Son CSBS - Social Work

California State University, San Bernardino 5500 University ParkwaySan

Bernardino, California 92407

Dear Katrina Johnson, Rigaud Joseph, Mi Young Son

Your application to use human subjects, titled "MENTAL HEALTH ISSUES AMONG THE

ELDERLY POPULATION" has been reviewed and approved by the Chair of the Institutional Review

Board (IRB) of CSU, San Bernardino has determined your application meets the federal requirements for

exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit,

except to weigh the risk and benefits of the study to ensure the protection of human participants. The

exempt determination does not replace any departmental or additional approvals which may be required.

You are required to notify the IRB of the following as mandated by the Office of Human Research

Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification,

renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRBSystem with instructions

provided on the IRB Applications, Forms, and Submission webpage.

Failure to notify the IRB of the following requirements may result in disciplinary action.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the

Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537- 7588, by fax at

(909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-

FY2020-215 in all correspondence. Any complaints you receivefrom participants and/or others related to

your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely, Donna Garcia

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ASSIGNED RESPONSIBILITIES

All chapters in this study are being researched and conducted in a balanced manner with Katrina Johnson and Mi Young Son. In addition, Katrina focused explicitly on human subject's applications, and Mi Young concentrated on the entire paper composition and content. Both researchers solicited the survey at each of their internship location, as well as outside agencies connected to senior mental health services. Researchers used a snowball sampling asking social workers to pass on the email to possible qualified study participants. Researchers collaboratively used thematic analysis and worked together to complete this project. To be efficient in organizing this research, both researchers frequently communicated with each other and the research director, Dr. Rigaud Joseph.