

Notes from Quadrant meeting on July 24, 2008
Quadrant: Optimizing Physical and Mental Health and Well-Being

Present: Rhonda Racicot, Teresa De Anni, Ruth Waukau, Roz Bard, Kim Hansler, Susan Marine.

The group discussed the **goal** of the quadrant during the coming year and agreed on the following: To increase accessibility and awareness of emotional wellness resources.

Discussion focused on the following objectives:

- Identify public and private providers (including counselors, leaders of faith communities, peer counselor, support groups) ;
- Identify a continuum of needs among Seniors that includes issues that may be part of the normal aging process (depression is not) and more serious issues;
- educate providers about the unique needs of Seniors and how they may impact the delivery of care;
- Provide training resources to providers regarding affordable services (including the need to accept Medicare and/or provide a sliding fee scale);
- Promote networking to those caring for Seniors – including faith communities and peer counseling groups such as Stevens Ministry;
- * Increase community awareness about needs of Elders.

A number of related issues were discussed. Cost can be a significant barrier to obtaining care. The Medicare co-pay is now 20% for mental health services, as parity with medical care has been introduced. Unfortunately, fewer and fewer psychiatrists are accepting Medicare.

The Senior Reach Program at the Mental Health Center has found that men are more reluctant than women to seek mental health care. More education is needed about this.

Suicide was also discussed in light of the fact that males over 80 have the highest rate (of suicide). I was brought up that the overall actual rate of suicide in the county has decreased in recent years; the reasons for this are unknown (see the coroner's report for 2006).

The issue of stigma – regarding both age and mental health – was discussed. A suggestion was to interview Elders to determine what they think could be done to make mental health services more acceptable. A related issue is when to begin the designation of “Senior” - at 55, 60 or 65?

Strategy to reach the goal could be to obtain information from providers (beginning with people we know), either by phone or e-mail. A small amount of information would be requested. Possible questions could include:

- * Who do you serve? (proportion of practice over 65?)
- * What is your interest in serving Elders?
- * Fees charged – Medicare, sliding fee scale
- * Interest in education, training

Teresa and Ruth Waukau have agreed to co-chair this committee.

Next meeting at the Breadworks at 8:30 am, and the following meeting will be held in Longmont on Aug. 25th from 8:30 til 10:30.