

# BRINGING HOME MENTAL HEALTHCARE

## *In-Home Peer Counseling Benefits the Elderly*

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**E**lderly persons who live alone in rural areas often feel isolated, lonely, and depressed. Television personalities may be their only human contact for months, as friends, also aging, visit less frequently. Concerns about health, loneliness, crime, and safety can lead to emotional difficulties.

Unable to recognize that "blue" periods can result from their surroundings and physical discomfort, many elderly are unaware that counseling could bring them out of their gloom. Some elderly persons believe counseling is for "crazy" people and refuse treatment. Often the cost of counseling is prohibitive, a luxury few elderly can afford. And unfortunately, too few professionals have experience in geriatric mental healthcare. In any event, many elderly persons are homebound—unwilling or unable to leave their homes to visit a mental healthcare professional's office.

Humboldt Home Health Services (HHHS), Eureka, CA, is a community-based, not-for-profit organization sponsored by the Sisters of St.

Joseph, Orange, CA. In its service area 32 percent of the population is over age 60. Of them, 25 percent live alone and 19 percent are low income. Each year more than 91 percent of HHHS home visits are to persons over age 60. Humboldt County is known for its rugged mountain terrain and as much as 39 inches of precipitation each winter. This can lead many homebound elderly to feel isolated.

### **MENTAL HEALTHCARE COMES HOME**

A noticeable void in the mental healthcare services for the elderly in Humboldt County spurred HHHS—together with the local Area I Agency on Aging, the Retired Senior Volunteer Programs (RSVPs), and the Kings View/Humboldt County Mental Health Department—to pursue a home mental healthcare program in 1987. In that same year the county mental health department provided services to 1,700 persons; however, a mere 4 percent of those served were over age 60.

Representatives from HHHS and the mental health department attended a free, five-day peer

**Summary** Elderly persons who live alone often feel isolated and depressed, especially when they live in remote rural areas. Humboldt County, CA, is known for its rugged mountain terrain and as much as 39 inches of precipitation each winter. This can lead many homebound elderly to feel isolated. So in 1987 Humboldt Home Health Services, Eureka, CA, together with other county agencies, established a free, in-home peer counseling program for area residents over age 60.

After attending a free, five-day peer counseling session, representatives from HHHS and other county agencies discussed which agency would be responsible for certain peer counseling program tasks and began the counselor recruitment pro-

cess. In June 1989, 12 volunteers attended the first training session.

Once they complete their training, the volunteer peer counselors commit to working at least eight hours a week for one year. The eight hours are taken up by counseling sessions, travel time, meetings with supervisors, group discussion, and record keeping.

Peer counselors have been trained to listen and respond to calls for help. Unlike professional counselors, however, they do not diagnose and treat complex pathological problems. On the other hand, because they have smaller caseloads than professional counselors, peer counselors are able to spend more time with their clients.

counseling training session at the Senior Health and Peer Counseling Training Center in Santa Monica, CA. The center is a private, not-for-profit organization dedicated to enhancing the quality of life for older adults by helping to improve their mental and physical health. At the center senior citizens learn how to meet the mental healthcare needs of their peers.

On their return to

Eureka, representatives from HHHS, the county mental health department, and the RSVPs discussed which agency would be responsible for certain peer counseling program tasks. They agreed that HHHS would assume administrative responsibility for the peer counseling program, such as training, coordination, and supervision of counselors; arrangements for the training facility; and ongoing funding. RSVP would recruit and screen potential peer counselors. A volunteer psychologist would contribute staff time to supervise the counselors two hours a week.

### RECRUITMENT PROCESS

Representatives from the three agencies worked together to establish a recruitment process for the peer counseling training program. They accepted only applicants who were warm, caring, and able to work with others who had different world-views.

**Training** In June 1989, 12 volunteers, ranging in age from 57 to 80, attended the first training session. They came from a variety of backgrounds and had had many experiences. All of them committed to the 24-session training program. The 3-hour sessions were held 2 days a week for 12 weeks.

The program included both didactic material and experiential group learning. Its goals were as follows:

- Enhancing the personal qualities essential to persons working closely with older adults
- Increasing the trainees' skills for active listening and effective communication with older persons
- Promoting the trainees' comfort in dealing with death and illness issues

# Goals may include increased socialization or adjustment to loss and grief.

- Educating the trainees about health and aging

- Preparing the trainees to participate in supportive mental health counseling and health education

Funding for the training in actual dollars is virtually nonexistent; each agency involved donates staff time.

**Commitment** After completing the training, the volunteers committed to working at least

eight hours a week for one year. The eight hours would be divided as follows: counseling sessions (a suggested caseload of three sessions a week), travel time, two hours of meetings with the other counselors to discuss their patients and their progress, and record keeping. Counselors also attended a one and a half-hour in-service training session each month. For example, at one in-service an oncology nurse discussed medication; others focused on durable power of attorney for healthcare and homeopathic medicine.

The counseling sessions usually last an hour each week, every other week, or each month, depending on the patient's needs. The counselor summarizes each visit on a report form for the supervising social worker. The counselor visits the patient until he or she reaches the goals they both have set. Specific goals may include increased socialization or a more comfortable adjustment to loss and grief.

### A UNIQUE PROGRAM

Although peer counseling is available in almost every county in California, Humboldt County is unique in that its program is administered by a home health agency and the counselors visit people in their homes at no charge. Most county mental health departments establish peer counseling programs in which patients visit counselors in an office.

The HHHS peer counseling program serves people in noninstitutional settings, board-and-care homes, and skilled nursing facilities. Counselors may take people out to talk over a cup of coffee or lunch but never to an office.

In almost two years, the counselors have visited 76 people. But the number of elderly needing

counselors has increased. Thus in 1990 another 12 volunteers completed the training program, bringing the number of counselors to 17. The counselors see approximately 55 people each month. In the first quarter of 1991 the volunteers provided 1,000 hours of counseling. However, the list of persons waiting to receive counseling remains long.

Referrals to the program come from the home health agency nurses, the local senior resource center, and many community agencies. Often counselors work with other community service agencies such as those providing in-home support, home healthcare, and home-delivered meals.

The volunteers have been trained to listen and respond to calls for help. They are familiar with community resources and make appropriate referrals when necessary. Peer counselors follow the ethics of confidentiality and adhere to legal requirements.

Unlike professional therapists, however, peer counselors do not diagnose and treat complex pathological problems. On the other hand, because they have smaller caseloads than professional counselors, peer counselors are able to spend more time with their clients.

**Patients** Peer counselors have seen patients whose illnesses and circumstances run the gamut of the human condition—a man under house arrest; another in the advanced stages of multiple sclerosis, living with his mother; and one recovering from coronary bypass surgery. Some patients have had strokes, others suffer from heart or respiratory diseases, some have cancer, and others are alcoholics.

Some clients care for spouses who have

Alzheimer's disease or have spouses in nursing homes. These elderly may feel anger and fear and worry about the future. Often they are in varying stages of depression or anxiety. Others' moods vary with the day, time, or circumstances. A few talk of suicide.

Many people who would resist counseling in a professional's office respond positively to a peer counselor who drops in for a weekly visit. One significant element in the program's success is the establishment of a one-on-one relationship.

**Counselors** Because the counselors themselves are older, they have many of the same physical problems and emotional experiences as the clients they visit. One counselor, who had taken two years to recover from a severely debilitating stroke, was able to help a client come to terms with his own disability after a stroke. The counselor visited the client in an adult day healthcare facility and claims her greatest triumph occurred the day he walked across the room without assistance.

The work has had a positive effect on the counselors. Many believe they have become more patient and tolerant of the different ways other people choose to live. Peer counseling provides a fulfilling volunteer experience devoid of the busyness frequently associated with voluntarism and gives structure to the counselors' daily lives by expanding their social supports beyond dwindling family and social contacts. Many counselors have said that they receive much more than they give. Although they help others, they experience emotional growth and other positive attitudinal changes.

#### ADVANTAGES OF IN-HOME COUNSELING

Serving as positive role models, peer counselors can dispel their clients' myths and stereotypes about aging. The counselor knows firsthand the problems of growing old and is able to effectively establish a rapport with the elderly. Clients then feel secure in the knowledge that they are important enough to have someone volunteer to help them through difficult times. The counselor can visit clients for as long as necessary with no financial burden on the client.

The peer counseling program has become an integral component in HHHS's healthcare delivery system. In its mission of service to the poor and elderly, HHHS has effectively added a new service for the residents of Humboldt County that has made a positive difference in the lives of many elderly without producing an unwieldy financial burden to the agency. □

### A SUCCESS STORY

One of the peer counseling program's clients, a man in his fifties, weighed 558 pounds when he was referred to the program and was unable to get out of bed without assistance. He spent his days alone and was severely depressed and despondent.

An HHHS counselor began visiting the man twice a week. He arranged for a community service agency to build a wheelchair ramp so the client could leave his apartment. The counselor also drove the client to a weight loss clinic and recreation sites, such as a swimming pool, so he could exercise.

With the help of the emotional support he received from the counselor over the course of two years, the client lost more than 228 pounds. Today he can walk and drive his own car.