Aging in Place for Older Adults with Serious Mental Illness: An Evaluation of The Bridge's Aging Services Program in the United States

Over the past fifty years, life expectancy for adults in the United States has increased from 69.9 to 78.9 years, and as a result, healthcare needs have evolved.[1] Research suggests that a combination of economic prosperity, advances in medicine, and improvements in homecare have contributed to individuals living healthier and longer lives.[2] With older adults living longer, and a subsequent increased risk of developing chronic diseases, there is a need for more comprehensive healthcare services. The National Center for Health Statistics notes that despite the population's increased risk of chronic diseases, healthcare utilization varies.[3] For example, adults age 65 and older use acute and primary care at lower rates, partially due to a shortage of physicians who specialize in geriatrics and transportation-related barriers to healthcare access.[4] However, about 30 percent of emergency department visits were by individuals between the ages of 65 and 85 who needed treatment for cognitive, functional, and sensory impairments and depression.[5] Thus, emergency and ambulatory services are commonly overused to treat non-life threatening conditions in older populations.

Aging Population & Quality of Life

Symptoms of mental health disorders often go untreated in the older population. A 2012 study conducted by Amy Byers, Patricia Arean, and Kristine Yaffe noted that there is a high level of unmet mental health needs in the older adult population in comparison to other age groups.[6] For example, in their study, 70 percent of older adults (n=348) with mood and anxiety disorders did not receive mental health treatment.[7] In addition, older adults with serious mental health issues are often isolated and benefit from increased social support to improve their quality of life. Interacting with family members and friends increases older adults' access to social networks and can increase their sense of belonging.[8] When family and friends are not present,

older adults can also benefit from making connections with trusted staff members of supportive agencies.[9] Studies have shown that when older adults have increased social support they are more likely to report better physical and mental health outcomes than their counterparts who have limited outside support.[10] Having access to resources and emotional support can also improve stress coping mechanisms and strengthen an individual's access to tangible support.[11] This vulnerable population needs comprehensive and quality care that addresses the whole person to maintain their mental and physical health.

The Bridge: Aging Services Program

The Bridge is a non-profit organization in New York City with the mission of transforming the lives of the most vulnerable, including individuals with a history of homelessness, older adults, and people with chronic mental health conditions, by offering hope, support, and opportunity.[12] The Bridge serves adults with serious and persistent mental illnesses whose lifelong conditions impact daily functioning. The Bridge uses a variety of evidence-based rehabilitative services, such as vocational training and workforce development, mental health and substance abuse treatment, healthcare, housing, education, and arts programming.[13] The Bridge strategically created the Aging Services Program to provide comprehensive whole-person care to older adults with mental health issues by reducing barriers to aging in place, maintaining quality of life, and extending community tenure in supportive housing.[14] To be enrolled in the Aging Services Program, a client must be age 55 or older, live in The Bridge's supportive housing, and face aging-related barriers to aging in place. The Aging Services Program addresses gaps in care by offering individualized support to older adults with behavioral health and physical health conditions living in Bridge supportive housing.[15]

Research Study Goal and Objectives

This study was conducted to evaluate how clients enrolled in the Aging Services Program view the support they receive and assess if changes can be made, based on client feedback, to improve service delivery. This study will highlight the barriers clients face while enrolled in the Aging Services Program, the resources that help clients maintain their health and wellbeing, and offer recommendations to better meet clients' needs. The findings will provide insight on ways to effectively design, implement, and monitor the Aging Services Program, which has future plans of replication, to improve client care while also serving as a guide for other older adult-focused services seeking to improve client experiences.

Methods

This study occurred in August 2019, and used qualitative research methods. To be eligible for this study, participants had to be enrolled in the Bridge's Aging Services Program for at least three months and be at least 55 years old (some age exceptions are made for high-risk clients). Out of the 137 clients enrolled in the Aging Services Program, 30 clients who met the eligibility criteria were randomly selected. Participants from this sample were then contacted and recruited via telephone. The sample size of this study consisted of twelve clients who were willing to participate. Due to clients having various mental and physical health conditions, interviews were conducted in clients' homes except for one client who requested that the interview be conducted in the Aging Services staff office. The research team created a semi-structured interview guide to thoroughly capture participants' personal experiences and perceptions of the Aging Services Program, while leaving questions open-ended so clients felt they had the space to share and be heard.

One in-person interview was conducted with each participant to evaluate four indicators, as self-reported by clients: use of emergency and hospital services; quality of life while enrolled in the program; general impressions; and overall satisfaction with the program. Scheduled interviews lasted between fifteen and thirty minutes. Interviews were conducted by a researcher who only met each client once, during the interview, and was not a service delivery provider to ensure clients felt comfortable sharing feedback. Face-to-face interviews allowed the researcher to effectively probe and capture in-depth responses to the research questions. Interviews were recorded using two mechanisms, a cell phone and handheld voice recorder. The interviewer also took handwritten notes to further capture data. The field notes and recordings were secured, transcribed, and coded in a protected file. Qualitative content analysis was used to interpret and analyze common themes in the data. Due to the iterative nature of coding, themes were created, removed, and/or combined throughout the coding and analysis process. Five major themes were identified: communication, healthcare access and utilization, quality of life, general impressions of the Aging Services Program, and recommendations for improvement.

Ethical Considerations

The Aging Service team collaborated with CUNY's Center for Innovation in Mental Health and received approval from the City University of New York's Institutional Review Board (Study ID# 2019-0666). Participants gave verbal consent before participating in this study and their participation was voluntary. Researchers assigned each participant a participant

identification number to maintain confidentiality. Transcriptions were only reviewed by the researchers and senior-level staff from the Aging Services Program.

Findings

Communication

Communication was defined as participants' ability to reach out to the appropriate person/staff member and/or receive a follow-up response. Participants had diverse perceptions about the quality and frequency of communication between them and staff members. On average, participants who stated that they frequently communicated with Aging Services Program staff members tended to have positively viewed the communication that occurred. For example, Participant #11 stated that "I've called [the director] a couple times and she always, I can always get her on the phone, so that's a good thing." When the participant was asked about their case manager, and his relationship, he stated:

> I mean it helps me, I guess you know someone to talk to, right. Due to my history, how I got involved with The Bridge was through substance abuse and I've learned in recovery that it's best to not hold stuff in and talk to anyone that listens. Or who is willing to listen with a big ear not so much for suggestions or advice, but just someone to sound stuff off with. [The registered nurse] has been great at that.

Participant #11 emphasizes that this program's staff has effectively connected and communicated with him, which helps him express his emotions and receive support. Participants #5 and #12 also noted positive levels of communication with staff. Participant #5 stated that "I know their phone number... I can reach somebody if I needed to, yes… They just come off as friendly and talk and listen." He later added that he appreciates how quickly staff respond to his inquiries.

Staff members' ability to consistently speak to participants also provides participants with social support. Some participants stated that they lacked a sense of community while living

in Bridge housing. Participant #11 did not connect with his fellow residents because he complained they were noisy. Conversing with Aging Services Staff members is often an outlet to socialize, feel supported, and connect with others. Participant #7 specifically stated that speaking to staff minimizes symptoms of depression. Previous studies highlight that having access to support systems and open communication with trusted peers helps individuals with mental health issues manage and cope with their conditions.[16] Building a connection with participants and assessing the personal and health-related challenges they face can help staff members prevent, manage, and ensure clients receive needed resources. Of course, limited staff are spread thin across a large number of clients, so the amount of time each staff member can spend with clients vary.

However, participants who were frustrated by the staff's level of contact were mostly participants who had infrequent communication with staff or did not have a way to contact staff. Participant #9 stated that she cannot reach Aging Services' staff when she needs them because she does not have their contact number. She further explained that her sister has their contact information. Participant #2 also stated that she cannot reach staff from the Aging Services Program when she needs assistance. She noted that "I don't have a number for none of [the Aging Services Program staff] except one. And after hours, I have to sit at the center and I don't know their cell number." Participant #1 commented on the staff's infrequent correspondence with him when he said:

> I'm not so sure that they understand fully. Maybe it's 'cause their response is too slow, way too slow. I need that dental care... I don't get any satisfaction from this. The thing should be done by now. None of this happened and that's all I have to say about that one. They are too slow. Their response is too slow.

Not being able to reach out to staff when needed may inconvenience participants when they require access to resources or to speak directly to a staff member. Literature suggests that social

isolation and limited communication with caregivers are risk factors for poor health outcomes in older populations.[17] When older populations do not have effective access to caregivers they may be unaware of who they should contact and/or how they can access resources to resolve their issues. Thus, maintaining communication with Aging Services clients can alleviate stress and reduce the burdens they encounter.

Healthcare Access and Utilization

Healthcare access and utilization are defined as seeking and using health services, such as primary care, to achieve optimal health outcomes. Participants generally experienced improved healthcare use after being enrolled in the Aging Services Program. Participants #5, #10, #11, and #12 reported that they reduced their number of trips to the ER, in comparison to before they were enrolled in the Aging Services Program. Participant #11 explained the ways that an Aging Services staff member helped him treat his health condition when he first enrolled in the program. Participant #11 stated:

> So when I moved in here because I was in a nursing home prior to moving because I broke my ankle and that's why I wear this compressive stocking because I have a plate and 9 screws and the stocking helps with the circulation in my leg, the blood circulation. So in the beginning I think because I needed some stuff and I had an ulcer on my ankles and [the nurse] brought me some stuff to treat it with like some saline solution, some gauze, some wraps so I can clean the wound and wrap it back up.

Participant #11 also noted that "I mean if I need [a registered nurse from Aging Services] I know he'll be there yeah. I know that for a fact because he was there when I needed him." Participant #11 feels comfortable relying on Aging Services staff because they comforted and helped manage his ulcer in the past. Due to the support that participants receive from staff, participants stated that they can better determine when they require emergency services and when primary care or preventative care is sufficient.

Participants also stated that they had complicated health needs. Participant #1 stated that he had poor oral health and Participant #11 had a foot fungus. Participant #1 stated that "I need that dental care. These teeth have to be pulled, these teeth are broken my teeth need to be fixed." Despite Participant #1 having apparent oral health issues, he later stated that "I see doctors about the same as usual. No more no less." Without more information, it is unclear whether several factors, such as his medical coverage or limited follow-up from staff, have contributed to this participant having poor oral health. These two participants seemed unaware of how to access the proper dental and primary care needed to address these issues. As the Aging Services Program gains more resources and expands their capacity to deliver intricate care, this program may want to explore innovative ways to holistically address clients' dental and podiatry healthcare needs. The researchers did not expect these findings as dental issues are not a primary focus of the Aging Services Program, but should be an area of consideration based on client feedback. As the Aging Services Program gains more resources and expands their capacity to connect clients with specialized care, the program may want to explore innovative ways to holistically address clients' varied healthcare needs.

Quality of Life

Participants reported having mixed feelings about their quality of life while being enrolled in the Aging Services Program. Quality of life is defined as the standard of health, comfort, happiness, life satisfaction, mobility, autonomy, and a general sense of community and well-being that participants experience.[18] Healthcare access and communication frequently impacted participants' quality of life. Participant #1's issues with his teeth and gums caused him to experience pain and frustration. He was also concerned about not feeling a sense of community in his building. Participant #1 noted that:

> I don't like these people [here]. I don't like the neighbors here. They're not, they're really my age. They don't understand they are younger than me they got too many problems. I got my own problems. I'm past that. I help them place sometimes, but I'm scared that I will stay here and die here.

With many residents younger than him and having different hobbies, this participant felt disengaged and unhappy with certain aspects of his life.

Participant #11 expressed similar feelings of dissatisfaction when stating that his life has changed for the worse in some ways after being part of this program. He stated that "I'm not aging gracefully no. I said I'm not aging gracefully no. I'm not enjoying my golden years." Participant #11 did not explicitly express how this program has affected his life. However, he did say that he did not feel a sense of community with his housing neighbors due to them making loud noises. The Aging Services Program supports clients already enrolled in Bridge housing. With such expensive and limited housing availability in New York City, many clients express dissatisfaction with their living environment. Housing is not an explicit mission of the Aging Services Program, though in these cases it seems more referrals could be made, and additional support provided, to support clients in feeling more comfortable and connected in their homes and neighborhoods.

In addition, many participants' quality of life seemed to improve after being in the Aging Services Program. Prior to being in this program, participants commonly stated that they previously overused the ER. For instance, one participant frequently utilized the ER to treat chronic health issues. However, with the support and resources provided by the Aging Services Program, this participant has home health aide services and access to the program's registered nurse. The amount of support that this client receives is directly related to their quality of life and managing their overall health. This participant suggests that they did not have access to these

resources before they enrolled in Aging Services. Therefore, being in the program improved their access and use of health services that improved their quality of life.

Maintaining good mental health and spiritual health also influences patients' quality of life. Participant #4 and Participant #2 stated that Aging Services Program staff help them combat feelings of isolation and/or manage their mental health issues. When Participant #4 was asked, "Does the staff make you feel less isolated?" She responded by stating "Yes. I enjoy them coming. When someone understands what I am talking about. You know, and they give you feedback, positive good feedback. Feedback is good." She also added that as she converses with staff and other participants she gets:

> a more up-to-date view of my circumstances... We also talk about current events. It is kind of interesting because modern stuff is different than I am used to. The people younger than me they have a different view and I appreciate that.

Many participants shared Participant #4's sentiments about the impact of social connectedness and quality communication on their comfortability, happiness, and participation in the program. Participant #2 also spoke to a staff member about spirituality. This participant mentioned that she often feels good when she talks about "a higher power" with a staff member. The participant was able to bond with the staff member and find comfort in spirituality.

Participants' quality of life and ability to manage stress were also impacted by the personal struggles that they faced outside of the Aging Services Program. Participant #5 stated that he was having issues co-parenting with his ex-wife and felt stressed due to the lack of connection with his children. Participants #7 and #8 also mentioned that their health conditions prevented them from maintaining employment; they viewed having a job as a source of happiness and productivity. Assisting clients with receiving parenting, legal and employment services is outside of the scope of the services that the Aging Services Program provides. However, the challenges that they face outside of the program ultimately influence their stress

levels and ability to maintain their health. Therefore, these issues should not be taken into account when gauging clients' quality of life in relation to enrollment in the program.

General Impressions

Throughout the interviews, many participants expressed generally positive impressions about the Aging Services Program. General impressions are classified as participants' perceptions of whether the Aging Services Program supports their essential needs (health, mental health, case management, referrals, etc.) and feelings of satisfaction/dissatisfaction about the program.

A number of participants stated that the staff treat them with respect and they enjoy interacting with staff. As previously stated, participants noted that staff go out of their way to connect clients to health services that promote medication adherence. When talking about an Aging Services staff member, Participant #5 stated that

"When it's medical problem [he] manages to get by here, come by here to see what's going on. [Staff] really like their jobs. They know what they are doing and it shows… They just come off as friendly and talk and listen." Participant #4 expressed that she had similar sentiments towards the Aging Services Program when she said "Peer staff, they have been great. I appreciate their sympathy. They're sympathetic and positive and helpful. I have benefitted…They're great." She also added that "She kind of was receptive of my experience and she had her own background. I appreciated that as her empathy or something like that." Participant #6, #10, #11, and #12 also stated that their lives were improved after working with the case manager and/or nurse from the Aging Services Program. Participant #10 and #12 specifically stated that they view the staff as reliable and supportive. Participant #10 specified that the staff "are excellent workers, they care for me. I love them." The personal connections between staff and participants are notable. Staff

are determined to comfort participants, including when participants experience mental health challenges and physical pain. Participant #5 stated that one staff member visited him as he moved from one building to the next. This staff member's ability to remain in contact with this participant exemplifies the support and communication needed to positively support clients.

However, a few clients noted that their interactions with staff members negatively impacted their general perceptions of the Aging Services Program staff. For example, Participant #7 stated that he does not trust a nurse in the program because this staff member stated that he may have swapped out his pain medication for "something else." Despite this, the participant stated that staff members comforted him when he felt depressed. In addition, Participant #1 consistently expressed that he does not trust the staff to effectively help him, despite the fact that he voiced his health concerns to staff members on many occasions. He specifically states that staff, such as the case manager, "don't do much," are "too slow," and "take too long" to assist him when he reaches out for help. We found participants' dissatisfaction commonly stemmed from staff lacking consistent communication and patients not being aware of the services and resources the program offers, in addition to outside frustrations or situations that impact the clients' lives.

Recommendations

Recommendations to improve the Aging Services Program include any suggestions participants expressed that would improve the services offered and care participants receive. Participants primarily recommended that the Aging Services Program should provide more services in order to keep clients engaged and address various social needs. This recommendation highlights the importance of providing clients with a diverse set of services and opportunities to increase engagement in their community and meet the high needs of this population. Participant

#7 stated that “Well, maybe like employment maybe because I would, well my health is not so well, but I would like to get a part-time job something like that. You know just something that I can participate on a regular basis.” He later added that he would like “to go out and wake up every morning and do something, but I don’t know the resources you have available in that regard so.” Participant #8 also added that he would also like to receive employment services to become more active. With more financial resources and staff support, the program may want to further improve participants’ connection to community resources which may help improve clients’ sense of productivity and connection to their surrounding community. Participants #3, #9, and #12 also requested more recreational and structured activities, such as trips to the movies and the beach. Being able to accomplish tasks and obtain employment opportunities may improve participants’ quality of life, in addition to the services that Aging Services already offers. Implementing these recommendations requires additional staff, resources, HIPAA approval and/or significant funding. Thus, it is unclear if the program will be able to expand the scope to address these recommendations.

The Aging Services Program does not manage housing issues unless they are related to higher levels of care. However, when participants were asked to state ways that this program can improve they commonly mentioned challenges that they were facing in their apartment buildings and housing units. Participants stated that loud noise levels and unsafe home conditions were common problems that they suggested Aging Services fix. These issues disrupt participants’ sense of community with their neighbors, their ability to properly adjust to their home environment, and maintain their health. This recommendation is difficult for the Aging Services Program to implement because this program, although a part of The Bridge’s residential team, does not provide housing services. Instead, Aging Services staff work to improve communication

with The Bridge housing staff to suggest ways to better manage housing conditions. There are already a number of supportive housing requirements in place, which include regular building inspections and other required practices.

Participants also recommended that the Aging Services Program hire more staff to improve the effectiveness of this program. Participant #5 was satisfied with the services that he received, but he also mentioned that he would like staff to initiate more visits. More staff, including counselors, interns, and other personnel, would allow the program to better identify participants' needs through regular check-ins and provide additional individualized support. Most clients have complex physical and mental needs. Vulnerable clients require increased staff to provide support when individuals experience physical and mental health issues. Employing more staff would also be valuable because clients find comfort in connecting with staff. However, it is understood that funding is required to hire additional staff. Currently, the Aging Services Program is almost entirely grant funded. Without further external funding, The Bridge cannot add staff to the Aging Services Program. Some clients' dissatisfaction with staff's communication and being unaware of ways to contact staff was also a significant complaint. Thus, creating a contact list that is given to clients at enrollment, and annually provided to active clients, would ensure clients can stay connected and know how to contact Aging Services staff.

Discussion

This research study assesses participants' barriers to engaging in care and highlights participants' overall satisfaction with the Aging Services Program. Through analyzing the research findings and analysis section of this paper, staff members from the Aging Services Program can continue to strategize on ways to better assess and meet clients' needs. Recommendations to improve clients' healthcare utilization, quality of life, and overall

satisfaction with the program include: helping clients connect with their community; bolstering communication between clients and staff; and disseminating a formal contact list to clients. This program evaluation ultimately helped clients voice their concerns and general perceptions of the program to provide staff with more information on how they can better deliver services.

Strengths & Limitations

There are several strengths and limitations of this study. It is important to note that follow-up interviews were not conducted to verify the accounts that participants described. Due to patients being asked to remember past experiences and openly critique the Aging Services Program, recall bias and social desirability bias may have impacted the results of this study. Also, due to time constraints and several clients refusing participate, the research team was unable to secure a larger population of participants and did not reach data saturation. The interviewer met each client only once and was not a part of the care team. This was intentional, to ensure clients felt comfortable sharing their frank perspectives as they were not speaking to a direct care provider. However, the drawback was the interviewer was less familiar with staff and programs, and therefore often unable to redirect clients to ensure their comments focused solely on the Aging Services Program. As the Aging Services Program is a part of a suite of other services provided by The Bridge, some clients mistakenly grouped Aging Services Programs and/or staff with unrelated departments. Due to the qualitative and exploratory nature of this study, even a small sample size allows the research team to gain preliminary data about clients' concerns, quality of life, and overall impressions of the program. This study aims to inform other social service and supportive programs about effective ways to engage and support older adults as they age to improve their health and wellbeing.

The Bridge's Aging Services Program is committed to meeting clients' needs and improving their quality of life. Staff from the program will strategize and appropriately implement the recommendations from this study to further expand and strengthen services. In addition to this study, the Aging Services Program is implementing an agency-developed intervention to better engage and serve clients. Since this research has been conducted, the program has developed the MAGIC model to mitigate areas of risk and maintain community tenure. MAGIC stands for: Medical needs not met, Activities of daily living/instrumental Activities of daily living (ADL/IADL), Gait disturbance, Isolation, and possible Cognitive impairment. During intake, staff will assess clients' needs using evidence-based assessments. If a client is impacted by one or more MAGIC barriers their individualized service plan will address this need and any other noted challenges, ensuring clients have space to articulate their goals in their own words. At discharge, staff will evaluate whether the Aging Services Program mitigated and stabilized the identified barriers and met the goals expressed by the client to ensure person-centered treatment. The Aging Services Program will continue to expand and strengthen assessment and engagement strategies to improve clients' quality of life and support clients to remain in the community to age in place. With an aging population that continues to increase, it is crucial to create open channels of communication that allow older adults to voice their health-related needs, partner with care providers, and create innovative ways to deliver care.

ENDNOTES

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