

Peer approach to depression in older African American adults: Making change agents in the community

Change AGENTS Initiative

The John A. Hartford Foundation's Change AGENTS Initiative was a three-year effort dedicated to improving the health of older Americans, their families, and their communities through practice change. The initiative harnessed the collective strengths, resources, and expertise of the foundation's interprofessional community of scholars, clinicians, and health system leaders. The Change AGENTS Initiative was managed by The Gerontological Society of America.

The 34 projects funded through the Action Awards grants program showcased the improvements that interprofessional teams can bring to light by implementing evidence-based programs into targeted care settings in local environments.

These one-year grants for up to \$10,000 were available to interprofessional teams led by Change AGENTS for the purpose of achieving meaningful change to practice or policy that will improve the health and wellbeing of older adults and/or their families.



Growth of the African American older adult population may be surpassing that of any other minority group. Still, health disparities among African Americans hold steady while this population tends to be underrepresented in health care professions. Both older adults and African American adults are more likely to experience depression than their young or White counterparts, but few evidence-based models of culturally competent mental health care for older African Americans exist.

With these factors in mind, Juliette Shellman, PhD, sought to engage older African Americans themselves as change agents in their own communities. Recipient of a 2016 Hartford Change AGENTS Action Award, Shellman tailored a peer-led reminiscence program to the specific cultural needs of Black older adults at Northend Senior Center in Hartford, Connecticut.

The Peer Reminiscence Intervention for Minority Elders (PRIME) is a culturally tailored intervention that uses the strengths of oral traditions of older Black adults, as well as their informal support networks, to mitigate barriers associated with underutilization of mental health services and to decrease depressive symptoms and prevent major depression.

Administered by The Gerontological Society of America, the Hartford Change AGENTS Initiative accelerated sustained practice change to improve the health of older Americans, their families, and communities. The initiative harnessed the collective strengths, resources, and expertise of the John A. Hartford Foundation's interprofessional community of scholars, clinicians, and health system leaders so they could learn from and support one another while they adopted, evaluated, and sustained changes in practice and service delivery. The Change AGENTS Action Awards grants program was designed to support Change AGENTS in implementing promising ideas in practice change.

The situation

Through a post-doctoral fellowship, also provided by the Hartford Foundation, Shellman wanted to bring an established program for depression to the African American older adult community. The approach, known as integrative reminiscence, helps older adults turn around negative thinking about the past that may emerge as symptoms of depression in everyday life.

“When you reminisce with older adults, you’re able to identify coping strategies that they used in the past, their accomplishments in the past, and then you reframe negative thinking,” said Shellman. “You’re changing their thinking from a negative to a more positive view about themselves.”

The strategy, though proven beneficial in the older adult population at large, had never been tested with African Americans in particular. When Shellman started her study, however, she encountered unexpected barriers.

“What became clear in that research study was the stigma associated with depression in this population,” Shellman said. “It took about 3 to 4 years to complete the study because of problems with recruitment due to stigma and due to my being a White researcher.”

Stigma around depression and mental illness is not unique to Black culture, but Shellman found it to be more pervasive in this community than in the population at large. “It’s considered a sign of personal weakness or weak faith, so when we would try to recruit them by saying that this was a study to combat depression or lower depressive symptoms, they didn’t want to participate.”

Once Shellman had recruited enough older adults to participate in reminiscence interviews, another theme emerged. One after another, older African Americans in the study told Shellman that no one, especially not a White person, had ever asked them about their past. The older adults tended to believe that asking about their past shows care for them.

Discrimination was a common theme in the stories the older African American adults shared in their reminiscence interviews. The theme extended into stories of suboptimum health care provided by White clinicians in the past.

At the conclusion of the study, Shellman had found a population of people who felt cared for when asked about their past but who also felt deeply ashamed of seeking help for depression and deeply distrustful of White health care professionals.

“We decided that we needed a community-based participatory approach where we’re working together with the older adults to develop the intervention,” Shellman said. “We chose a peer-led intervention because it was clear from working with older Black adults, much of the support and health advice comes from peers.”

The solution

Although integrative reminiscence was helpful to the older African American adults in Shellman’s study, she knew that a clinician from outside the community was not the best person to facilitate the program. “If we could teach older Black adults to facilitate this kind of

remembrance themselves, that would be a really comfortable situation,” Shellman said. “That’s what led to the Change AGEnts project. The older adults *become* the change agents.”

Shellman collaborated with Black elders at the Northend Senior Center to create a training program in integrative reminiscence. She was assisted by the senior center director, Karen Bailey-Addison, a licensed clinical social worker, and Nayomi Walton, a graduate research assistant and PhD nursing student. Walton worked directly with the older adults and senior center nurse Cora Scuse, who collaborated on the training development.

“They’re contributing to the program,” Walton said of the participants. “They have a part, so that really empowers them and creates a good environment for them.”

In the training program, the older adults will learn to facilitate reminiscence sessions with their peers. They will learn to earn trust, to elicit stories of past experiences, to be active listeners, and to identify signs and symptoms of depression through the stories their peers share. The peer reminiscence facilitators also will learn which signs and symptoms suggest a need for more help than a peer facilitator can provide.

The goal is to provide African American elders with a comfortable environment in which to deal with feelings of depression, loneliness, and stress and to help identify symptoms that might warrant professional attention

How the grant improved outcomes

The Hartford Change AGEnts Action Award allowed Shellman, her colleagues, and a team of elders to create the peer reminiscence training program and materials. The materials consist of a reminiscence resource guide and instructional videos that Shellman and her team, including the older adults, wrote and produced. Each trainee will receive a copy of the guide. The elders received incentives for their collaboration with Shellman and her colleagues. Finally, the grant provided a stipend for Walton, Shellman’s research assistant.

“I couldn’t have done this without a research assistant,” Shellman said. “That is very clear.”

Although the program is tailored for use among African American elders, Shellman is confident that it could be adapted for use with other older adults.