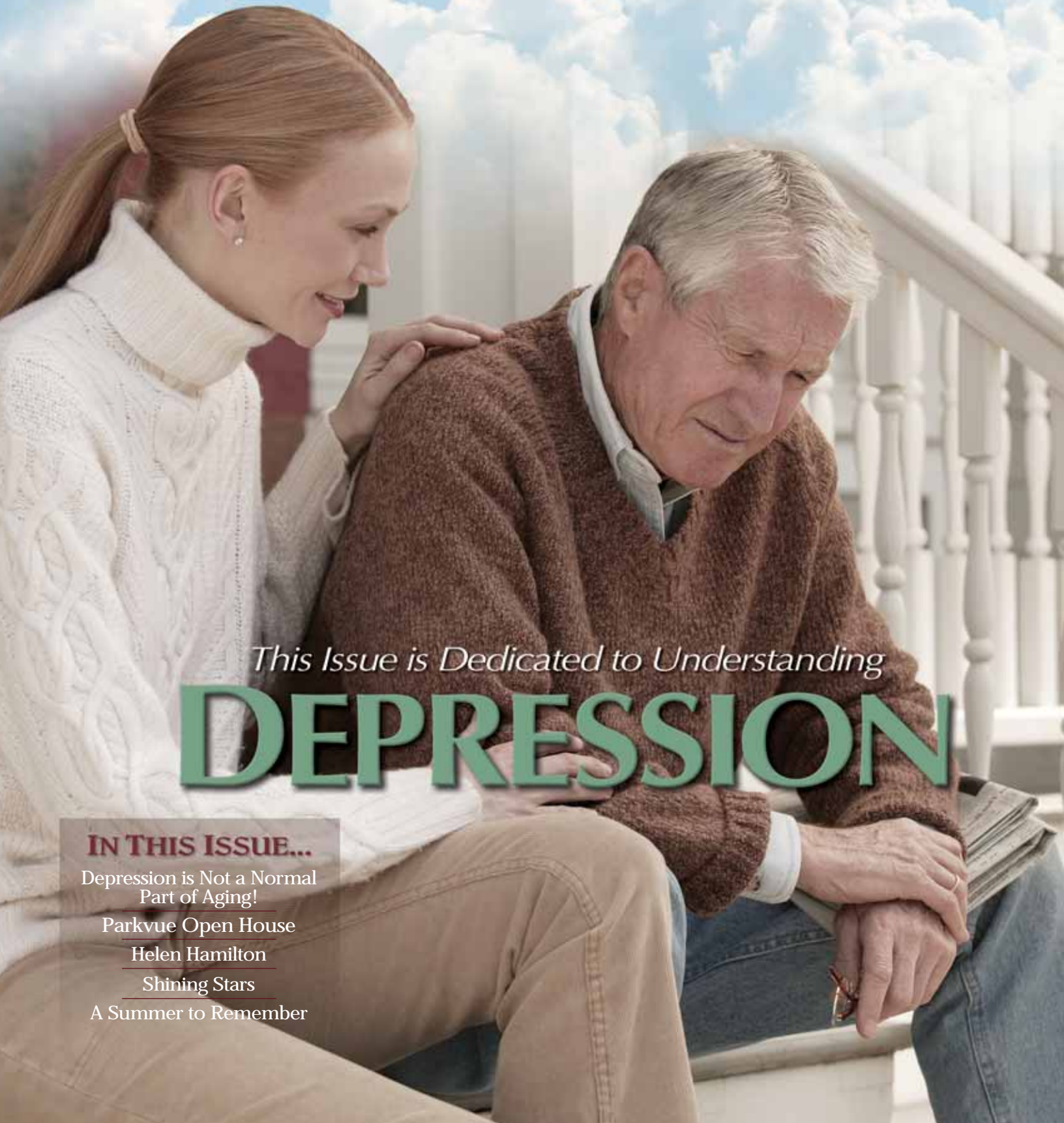


FALL 2006



SOARING

A Publication of Mennonite Home Communities



This Issue is Dedicated to Understanding

DEPRESSION

IN THIS ISSUE...

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Part of Aging!

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Depression

is Not a Normal Part of Aging!

Depression is a common condition that greatly diminishes a person's quality of life, personal joy and productivity. Depression is a medical condition, which affects the whole person; body, mind and spirit. Societal stigma and misunderstandings continually affect detection, treatment and prevention of depression. Depression can be managed and treated so that the person's quality of life, personal joy and productivity can return.

It is easy to think that feelings of depression in an older person are due to physical illness or life events, such as loss of loved ones. But "being down in the dumps" with little joy or pleasure from life is not normal. Older persons without depression are able to bounce back from adversity and maintain a zest for living; however, when people remain depressed for more than a week or two, the reason may be a treatable illness.

Depression is more than simply feeling "down in the dumps" and lethargic. Feeling sad when we lose someone we love or when other upsetting things happen is normal – even if the feelings last for weeks or months. Feeling very bad or down – almost all the time – for extended periods or when there are no obvious reasons for being sad is not normal.

It is also helpful to be aware of the range of symptoms described below and not rely on "sadness" as a measure.

Research has shown that many elderly do not think of themselves as sad, even when numerous other indicators point to a diagnosis of depression. Because an older person suffering from depressive illness may deny feeling sad or depressed, friends and family should watch for the following symptoms of depressive disorder:

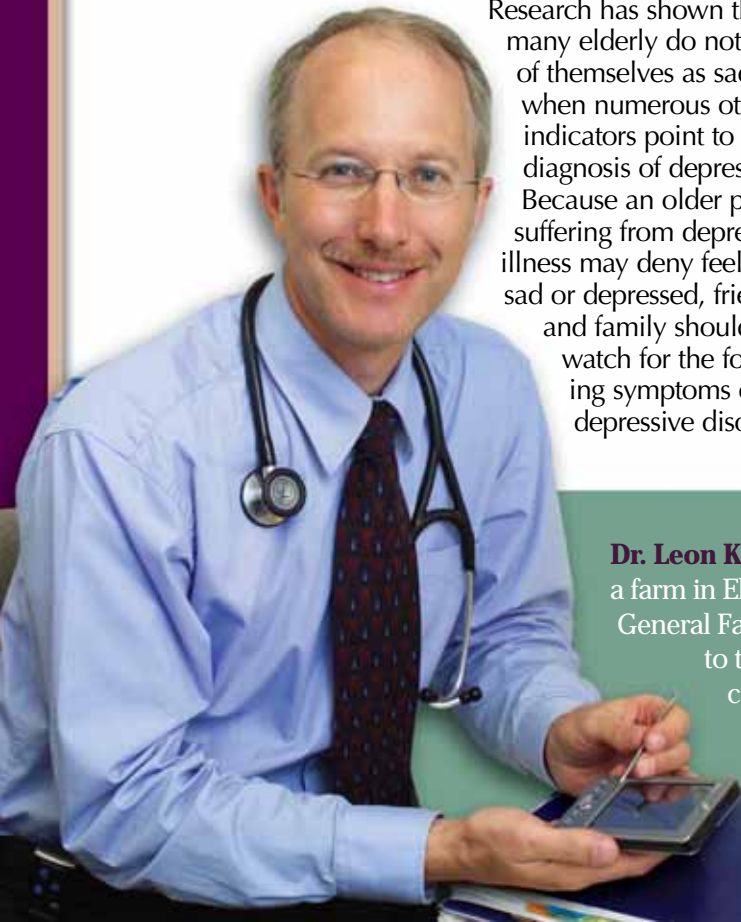
- *loss of interest in self-care and/or following medical advice*
- *little interest in social activities*
- *feeling "empty" inside*
- *trouble sleeping and/or anxiety*
- *trouble concentrating or remembering things*
- *unexplained aches and pains*
- *change in appetite and weight*
- *feeling hopeless about the future*
- *feelings of helplessness*
- *easily irritated and/or listless*
- *feeling that one is a burden*

There is no single cause of depression. Depression may be related to changes in brain chemistry that affect mood, trauma, inherited predisposition, medications, or can be the direct result of physical illnesses.

Thoughts of death are not abnormal for older people. However, people who feel hopeless, helpless, or that life is a burden, are at increased risk for suicide. Persons who have recently experienced a loss or bereavement, a new physical illness, who are living alone or are socially isolated, or who drink alcohol, may be at increased risk. Giving away possessions, or making casual comments about not being around, may indicate a need for further assessment.

Depression in the older adult can be disabling, contributing to problems with activities of daily living and thus increasing their dependence on others and the health care system. Depression in later life has serious consequences, including increased health costs, patient and caregiver distress, greater disabilities, and increased death related to medical illness and suicide. In fact, there is evidence that depression in the elderly is strongly associated with poor cognitive function and decline.

Depression and dementia can sometimes mimic each other. It takes a medical evaluation to distinguish between depression and dementia, but in brief you can



Dr. Leon Kraybill, MD, CMD, is a native of Lancaster County, PA, growing up on a farm in Elizabethtown. He attended Temple Medical School and the Lancaster General Family Practice Residency. After 15 years of family practice, he returned to training in a geriatric fellowship with Lancaster General Hospital. He currently works as a geriatrician with Geriatric Associates, Lancaster, PA. He is medical director for Mennonite Home Communities and provides care for Mennonite Home residents. He also sees patients at the Geriatric Associates office. He serves on the board of the Pennsylvania Medical Directors Association.

think of the difference this way: a depressed person may have poor concentration and forget where she/he left the house keys, while a person with dementia does not know what they are called or perhaps cannot remember their purpose and tries to use them for something else.

Many people think that:

- *depression will go away by itself*
- *they're too old to get help*
- *getting help is a sign of weakness*

Such views are simply wrong. Depression is a treatable psychological problem. Even the most seriously depressed person who feels hopeless and helpless can be treated successfully, often in a matter of weeks, and return to a happier and more fulfilling life.

Many people can be treated by their primary care doctor. Many other people also gain benefit from a consultation with a counselor or psychiatrist. The important thing is to get started somewhere and find an approach that allows recovery.

The good news about depression is that treatment works! Counseling and medications are the primary methods of treatment. Counseling is used to counter negative thinking, solve problems, and deal with interpersonal conflicts. Medications for depression help most people who take adequate doses over a long period of time—generally, it takes several weeks for treatment to become effective. Today's medications are not addicting and have relatively few side effects.

Summary

Depression is not normal or inevitable. It can be treated.

Talk with your health care provider if you:

- *feel worthless or hopeless*
- *cry frequently*
- *have difficulty coping with stresses in your life*
- *want a referral for counseling*

If you are thinking of taking your own life:

- *call 911*
- *call the Suicide Hotline at 1-800 SUICIDE*



There are many resources on the world wide web. You can search under "depression" or go to the sites below for more information.

1) Understanding Geriatric Depression –

Provides a good overview and information on the signs and symptoms that distinguish dementia from depression, discusses treatment and side effects of medications, and suggests ways to help a depressed elderly person.

www.ec-online.net/Knowledge/SB/SBdepressionoverview.html

2) Overcoming Geriatric Depression –

Provides a discussion of the emotional needs of elders, and offers very useful suggestions for family members in dealing with oppressed elder.

www.ec-online.net/Knowledge/SB/SBdepressionovercoming.html

3) Depression in Elderly –

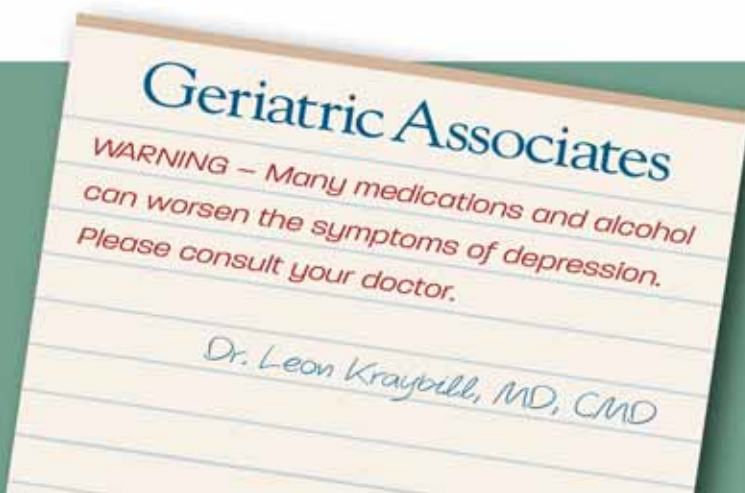
Provides useful information on risks and treatment. Includes links to articles on the effectiveness of exercise, depression in older African-Americans, coping with loss, frequently asked questions, and how family and friends can help. Also includes an online video on senior depression.

www.healthypace.com/communities/depression/elderly.asp

4) Depression – Don't let the blues hang around

Review article especially for family members describes depression causes, symptoms to watch for, treatment options, suggestions for helping an elderly depressed person, and a list of online resources.

www.niapublications.org/engagepages/depression.asp



Depression

The Psychiatrist's Role

As a geriatric psychiatrist, Dr. Joseph Barber explains that *"sometimes depression does not respond to talk therapy alone, and medication is needed."* In these cases, a consultation with a geriatric psychiatrist may be helpful in assessing the need for an anti-depressant. Changes in the chemistry of the brain underlie depression, which is really a medical condition, no different than high blood pressure or diabetes. Anti-depressants help to correct the chemistry of the brain. They are not "happy pills," and they won't change who we are! Rather, they treat depression and restore us to a better level of functioning and an improved quality of life.

The Psychologist's Role

For almost ten years, Dr. Ken Carroll has had the privilege to serve the residents of Mennonite Home as our consulting psychologist. In that capacity, he works with other team members to identify and treat psychological problems. One of the most common and serious illness confronting seniors is depression. This can be very debilitating, leading to cognitive and physical problems, disrupting family relationships, robbing life of all joy, and even causing crises of faith. That is why identifying and treating depression is so important. If we are successful here, we can address or prevent a host of other problems.

One of Dr. Carroll's jobs is diagnosis. Depression is not always obvious, even to the sufferer, and often long and careful interviews combined with psychological testing, is needed to establish the diagnosis and clarify the picture. Depression is usually the result of a bio-chemical disturbance, and effective treatment usually requires treatment with medications. Sometimes, that is not enough. In some cases, depression can be addressed by a process called "cognitive behavior therapy," in which the patient, with the psychologist's help, examines the relationship between thoughts and feelings, and learns to identify and alter irrational thoughts that add to depression. Often treatment with medicine and therapy together produces the best result.



Physicians' Services for Mental Health

**Joseph A. Barber, MD
Psychiatrist**

Dr. Barber describes geriatric psychiatry as a "sub-specialty of general psychiatry that focuses on the mental health concerns of older people." While older people experience many of the same conditions as the young, such as depression and anxiety, older ages often bring the challenges of dementia and delirium. A geriatric psychiatrist attempts to evaluate the individual from a psychiatric perspective, taking into account the individual's medication and medical condition.

Dr. Barber received his medical degree from the Penn State University College of Medicine. He completed a psychiatry residency and geriatric psychiatry fellowship at the Hershey Medical Center where he is currently an assistant professor of psychiatry. He is board certified in psychiatry and geriatric psychiatry.

Physicians' Services for Mental Health

**Kenneth R. Carroll, Ph.D.
Psychologist**

Dr. Carroll received his bachelor's degree from the University of Chicago in 1974 and his doctorate in clinical psychology from the University of South Carolina in 1981. He came to Pennsylvania to complete his training at Norristown State Hospital. While he has worked with people of all ages, Dr. Carroll has especially enjoyed working with older people. Maybe that's because he likes history! For the last 15 years, he has worked almost exclusively in geriatrics, primarily in nursing homes.

Since 1997, Dr. Carroll has been a consulting psychologist at Mennonite Home. One of his roles is to perform psychological assessments, to help understand how people are functioning cognitively and emotionally, and to discover any problems that need to be addressed. He also provides counseling and recently started seeing patients at Woodcrest Villa.

Dr. Carroll and his wife, Nancy, have been married for 30 years and have four college-age children.



The Social Worker's Role

When one is dealing with depression, a Social Worker can be a tremendous support and resource. It is interesting that many people are not quite sure what makes up the many facets of the Social Worker's role. The actual "Webster's" definition of Social Work is, *"the promotion of the welfare of the community and the individual."* That is exactly what the Social Worker's goal is when working with one who is depressed: to promote the welfare of the individual.

The Social Worker desires for people to thrive and enjoy quality of life, not just exist. Therefore, support is provided through a variety of means. Social Workers assess a person's situation and then refer them to the appropriate specialty. They continue to support by listening and offering encouragement. They also provide education regarding the issue at hand so that the one struggling may have a greater understanding of their difficulty and the feelings and emotions that may accompany what they are experiencing.

At Mennonite Home Communities, the Social Workers are committed to offering compassion, kindness, gentleness, patience, education, direction for treatment and ongoing support to those who are struggling with the darkness of depression.



Mindy Hash, Social Worker
Jane Manley, Resident

I've learned that people will forget what you said,
People will forget what you did, But people will never
forget how you made them feel.

(Author Unknown)

Therapeutic Recreation's Role

When residents move into Mennonite Home, some fear the unknown; *"I won't know anyone," "I won't know where to go"* and so on. It is the responsibility of the Therapeutic Recreation (TR) staff to visit with new residents and to encourage their involvement in their new community. It is important for the TR staff to introduce the new resident to other residents so friendships can be forged, as well as provide mentors to our new resident. TR staff also encourage participation in various activities and promote involvement with new hobbies. It is important for all residents to become active members of their community.

Included in the responsibilities of the TR staff is the phrase *"Know Your Residents."* Not simply the name of a person, but who they are, what they like and what they don't like. When someone is experiencing the devastating effects of depression, one of the first things you begin to see is their loss of interest in activities they once enjoyed. Often we see a change in the quality and quantity of their participation in activities. A once vocal resident suddenly becomes silent. A resident who enjoyed a certain activity is now refusing to participate.

As we see these changes begin to take place, the TR staff immediately alert staff in other departments such as Nursing and Social Work. This insures that the rest of the team is aware of subtle changes as they begin to occur. TR staff also provide extra support, encouragement, individualized attention and adaptations to activities as needed so the resident suffering depression will feel supported on their journey back to a more fulfilling life.



Phyllis Lefever,
Resident

THE VOLUNTEER CONNECTION

June Fest '06

I would personally like to thank each and every one of you who generously gave of your time to help make June Fest such an overwhelming success. We could not have been successful without the generous help of so many businesses, friends, church members, our auxiliary, residents and staff. The food was delicious, the auction items were wonderful, and all the events that occurred throughout the day were simply fantastic! It is such a privilege to work with such an incredible team. Because of your assistance, we sold approximately 1,800 pork meals and realized a total profit of \$16,214.

Thank you from the bottom of my heart! God Bless each and every one of you.

-Kathy Maule,
Volunteer Coordinator

Our Special Volunteer Wish List:

We are in need of volunteers who would enjoy transporting wheelchair residents to our Sunday morning chapel services, or in-house appointments at physical therapy or the beauty shop. This would require a time commitment of 2-3 hours, once or twice a month. If you would like to make a difference in someone's life, please contact Kathy Maule at 390-7971.

Mennonite Home Communities is very fortunate to have many giving and compassionate residents. They realize that each of us can contribute our time in various ways to assist others in need and improve the life of our community.

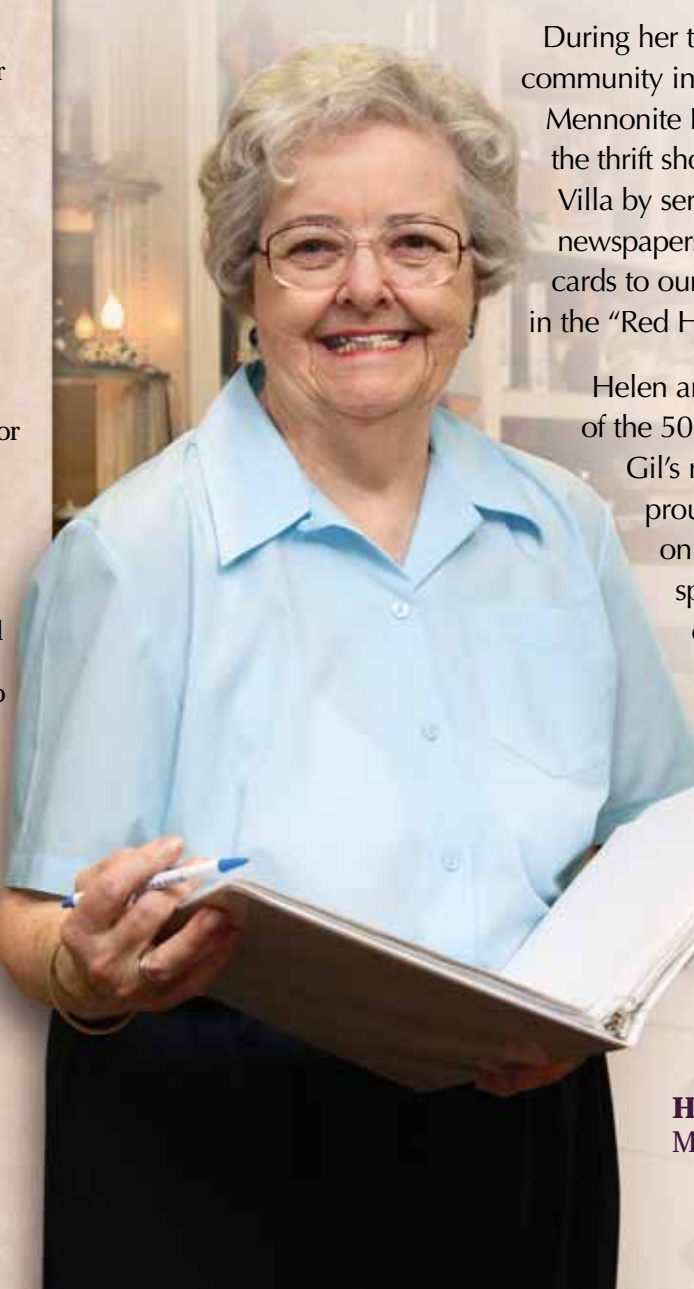
Helen Hamilton, a four year resident of Woodcrest Villa, is one such person. Happily married for 57 years, Helen has been helping her communities in many ways since her teenage years. She has always been active in her churches. In 1973, Helen and another woman organized and implemented Meals on Wheels for Mount Joy, Elizabethtown, Marietta, Bainbridge, and Mastersonville areas. In her 15 years of service with Meals on Wheels, Helen oversaw this group's growth to 30 people who prepare, serve and deliver food to those who depend on their daily dedication. She was recognized as "Woman of the Year," received a pewter plate for her service and participated in a Memorial Day parade to honor the group.

During her time at Woodcrest Villa, Helen has helped our community in various capacities. She volunteers her time at Mennonite Home in our new "Country Store" as well as the thrift shop. Helen also provides her time to Woodcrest Villa by serving as a fill-in receptionist, delivering newspapers in her apartment wing and selling greeting cards to our residents. She is also an active participant in the "Red Hatters" of Woodcrest Villa.

Helen and her husband, Gil, enjoyed traveling to 48 of the 50 states in their RV over an 11 year period after Gil's retirement. For 10 years, she was also the proud owner of her own antique store located on the property of her Mount Joy home. Helen split her time between her business and her extended family who lived with her and Gil, including her parents, Gil's mother and his grandmother.

We appreciate everything our residents do on an individual basis and wanted to recognize Helen for her continued dedication, her ready smile, and her caring nature.
Thank you, Helen!

Helen Hamilton
MHC Volunteer





Shining Stars

Recognizing employees for the dedication and hard work that is done each and every day to make Mennonite Home and Woodcrest Villa a wonderful place for residents to live.

April



Dot Hess
WCV Receptionist



Kathy Maule
Volunteer Coordinator



Jean Snavely
Secretary/Receptionist

May



Tammy Hughes
Nursing Assistant



Valerie Galler
Nursing Assistant/Mentor

June



Ron Young
Skilled Maintenance



Dan Hambleton
Electrician

Mennonite Home Communities

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*Mennonite Home Communities Marketing Department,
2001 Harrisburg Pike, Lancaster, PA 17601.*

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From the quilt auction to the petting zoo to the food, **JuneFest** was a huge success and raised \$16,214 for medical equipment.



A Summer to REMEMBER



On May 24th, police, fire, EMT, security and 911 personnel joined residents at our first annual **Thank You Day** to answer questions and share a picnic.



A foursome from Woodcrest cheers Jean Bursa as she sinks a putt at the **MHC Golf Tournament**.



Staff, residents and family members found time to relax amidst the summer season at the **Walk of Ages**.



Police, firemen and EMT's explain how they interact during an emergency.



Emergency responders and residents enjoy a picnic and chance to chat.