

Exploring Mental Health Among Older Adults in Gunnison County, Colorado Following the Covid-19 Pandemic

Community Findings Report

Research conducted in collaboration between the Gunnison Senior Center and Western Colorado University's Behavioral Science- Rural Community Health program



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This report contains the initial findings from the study titled, “Late-Pandemic Mental Health Among Older Adults in Gunnison County, Colorado”. Research methodologies were developed and administered through a collaboration between the Gunnison Senior Center and Western Colorado University’s Masters in Behavioral Science- Rural Community Health program. The overarching goal of this research has been to generate a better understanding of mental health outcomes among local adults aged 55 or older through gathering accounts of experiences and perceptions. Relevant components of the study included a survey measure, referred to hereafter as *Phase 1*, a series of key informant interviews, referred to hereafter as *Phase 2*, and an ongoing series of community feedback forums.

Primary Research Question

“Have older adults (55+) in Gunnison County, Colorado perceived changes in their mental health as a result of experiencing the Covid-19 pandemic?”

Secondary Research Question

“Are older adults in Gunnison County, Colorado likely to seek services intended to address their mental health?”

Research Phase I: Survey Measure

The survey format utilized was adapted in-part from the University of Michigan’s 13-question “National Healthy Aging Poll” within the credit requirements and restrictions of creative commons usage. Survey participants consisted of older adults residing in or near Gunnison County, Colorado for at least 9 months of the calendar year, and were recruited through a non-probability convenience sampling

technique for the first round of surveys, and a convenience sampling technique for the ongoing, targeted, round. Survey participants were required to be capable of independently filling out the paper survey form, though reasonable accommodations were offered in assisting participants who may struggle to comprehend survey items due to sight limitations. All materials were made available to Spanish-speaking older adults in Gunnison County through the assistance of a translator.

The survey itself consists of 23 questions and took the average participant less than 15 minutes to complete. It is divided into four sections; “Residence”, “Mental Health Experience”, “Mental Health Descriptions” and “Study Demographics”. The final two pages of the survey document asked respondents whether they would be interested in participating in an interview to further explain their positions and experiences on the subject. In the case that they were interested, the survey contained instructions to provide contact information and turn-in the page separate from the rest of the document to maintain anonymity.

Survey Results

I. Demographic Information

The following analysis of initial results contains data from 76 completed responses obtained by January 10th, 2024. Of these responses, 48 were received within the initial survey period, with 27 being completed on paper and 21 being returned online. An additional 28 responses were within the remediation survey period, all of which were completed on paper. Of the 76 total results, all were noted to have been completed by English-speaking participants, though a proportion declined to answer associated demographic questions.

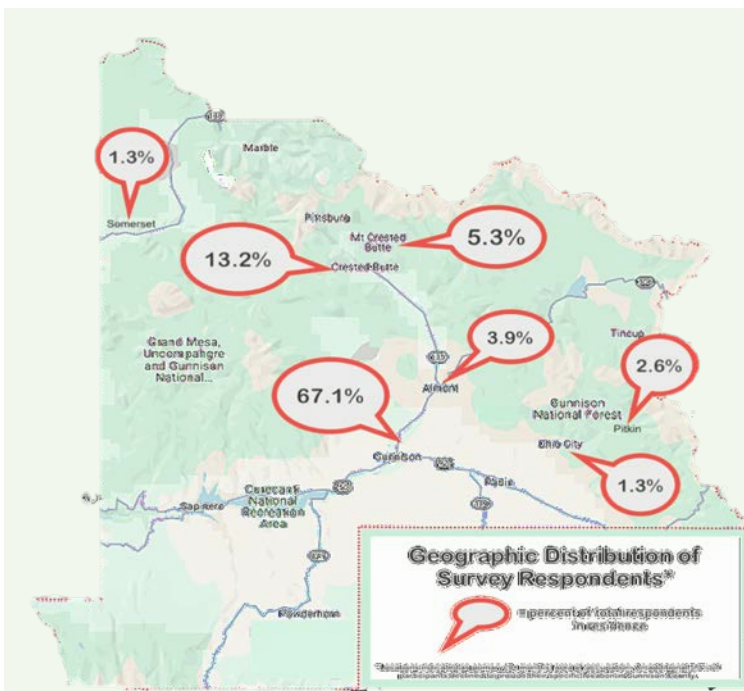


Figure 1. Geographic Distribution of Survey Respondents

The county map (right) depicts the percent of survey respondents by self-identified permanent address in Gunnison County, Colorado. The distribution is roughly similar to that of full-time residents throughout the county.

Figure 2. Respondent Length of Full-Time Residency in Gunnison County, Colorado

In correlation with community data, the majority of survey participants were long-term residents of Gunnison County. While this factor ensures sufficient familiarity with the county, it is important to note that it might overcontribute degrees of support due to presence of long-time acquaintances or relatives.

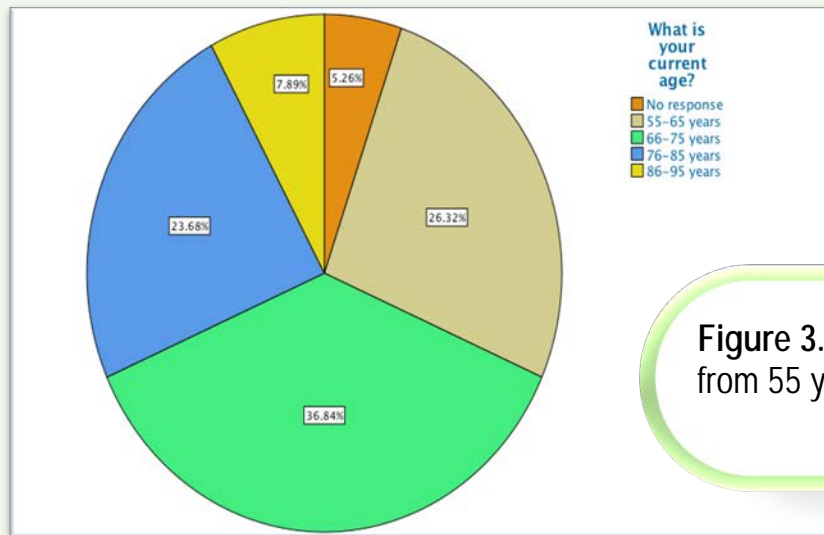
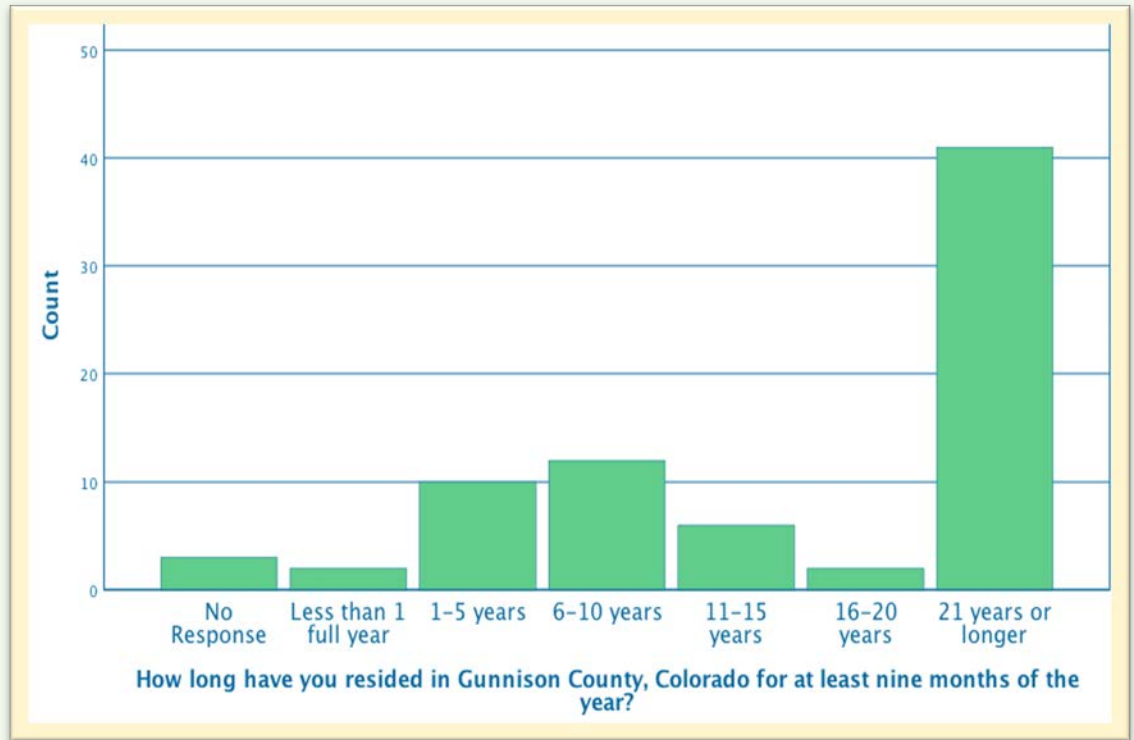
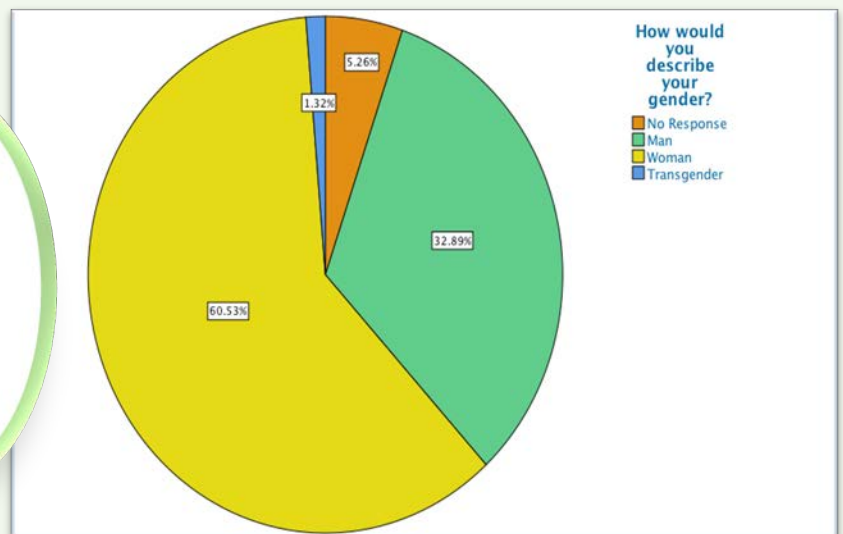


Figure 3. Respondents' Age ranging from 55 years to greater than 96 years

Figure 4. Self-identified gender distribution of respondents

Results indicate an underrepresentation of men and, possibly, non-binary identities in comparison to participants identifying as women.



II. Mental Health Experiences

The following section, Mental Health Experiences, asked participants to characterize their mental health in past and present scenarios. A key component requested ratings of comfortability in discussing matters related to mental health in clinical and social settings. A disclosure was provided beforehand, defining mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” in accordance with the World Health Organization (WHO 2022).

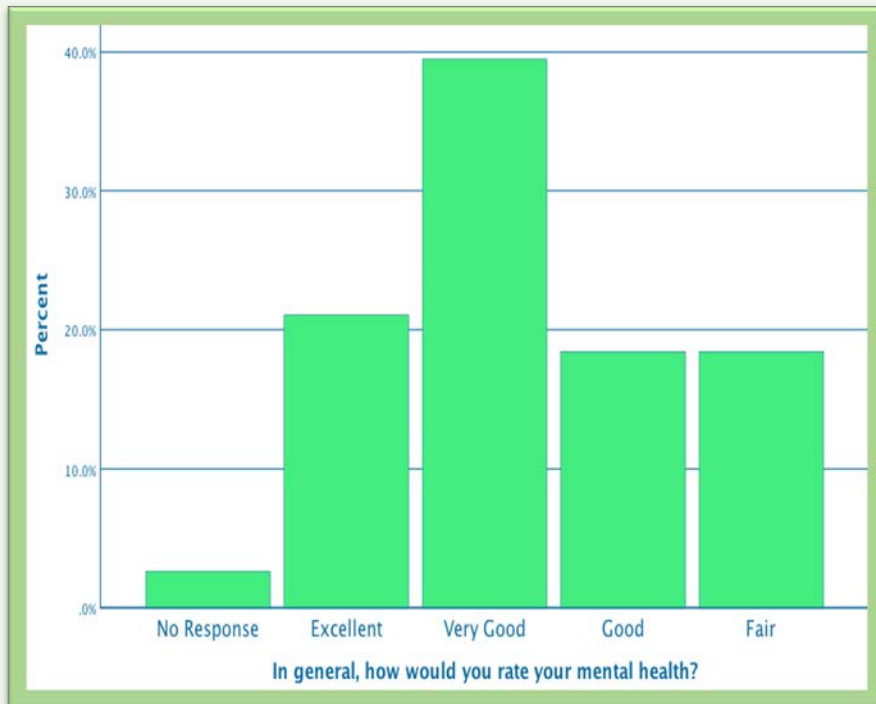
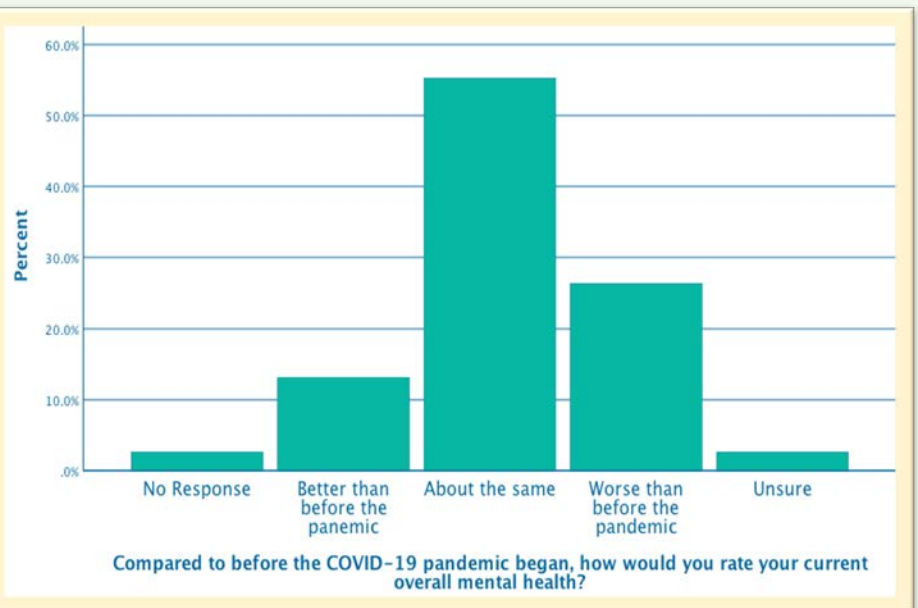


Figure 5. Scaled mental health ratings present day

A survey question exploring current mental health ratings garnered results indicating an average positive mental health among participants. Categories ranged from “Excellent” to “Poor”, the latter of which was not chosen by a single respondent. Over 60% of participants characterized their current state as “Excellent” or “Very Good”.

Figure 6. Scaled mental health ratings for present day as compared to pre-pandemic era

The large majority of respondents indicated their mental health to be “About the Same” as it was before the pandemic. This result on its own offers a question regarding pandemic after-effects as the combined impacts of the pandemic must be considered within the context of a period of aging ranging from 2-4 years dependent upon participant response time.



Though responses to the question, “How would you rate your mental health?”, [Figure 5] seem favorable at first glance, later data obtained from the Mental Health Descriptions and interview portions of the study cast question regarding the extent to which older adults see mental adversity as ordinary or tolerable [see interview results].

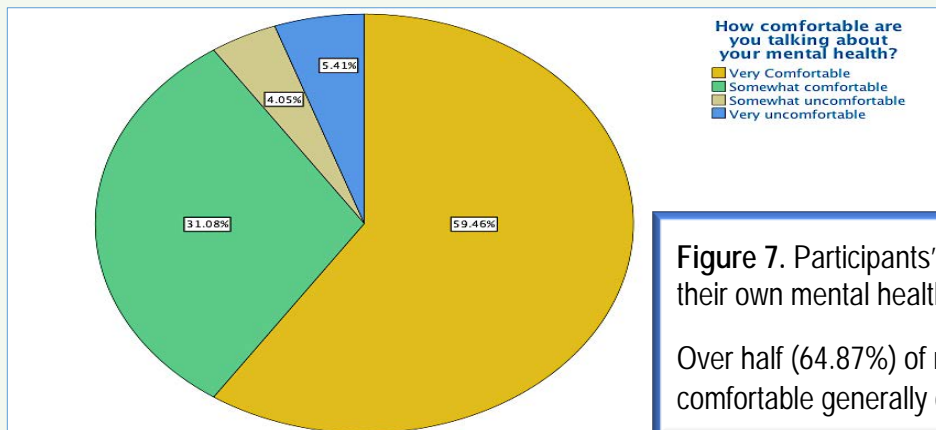


Figure 7. Participants’ reported level of comfort in talking about their own mental health

Over half (64.87%) of respondents report feeling at least somewhat comfortable generally discussing their mental health.

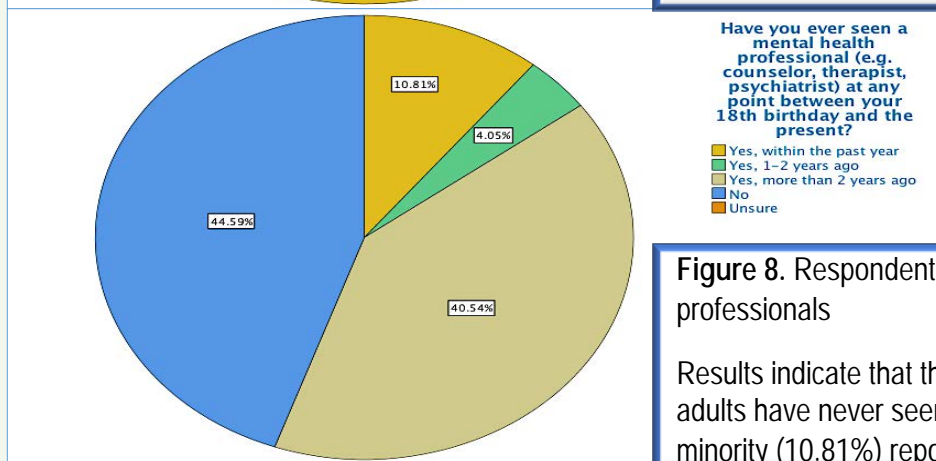


Figure 8. Respondents’ adulthood utilization of mental health professionals

Results indicate that the majority (44.59%) of respondent older adults have never seen a mental health professional in adulthood. A minority (10.81%) reports current treatment.

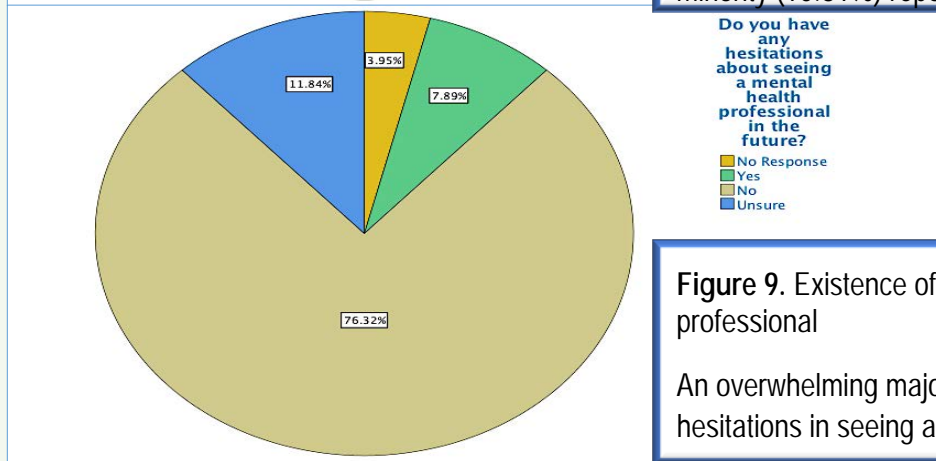


Figure 9. Existence of hesitancy in seeing a mental health professional

An overwhelming majority of older adults (76.32%) report no hesitations in seeing a mental health provider in the future.

Though most older adults indicate comfortability in discussing matters pertaining to mental health, it is notable that only a small minority have seen a mental health practitioner within the last 2 years, if ever.

Given later responses regarding [see interview results] mental health symptoms, this may indicate a lack of accessibility or general knowledge of mental health providers trained specifically to serve the needs of older adults.

III. Mental Health Descriptions

The final survey section, Mental Health Descriptions, asked participants to characterize aspects of their own wellbeing. Questions aimed to determine the presence and frequency of common disruptions to mental health, ranging from sleep quality to persistent stress. Comparative measures were included to offer insight on experiences since the beginning of the Covid-19 pandemic in March 2020.

Figure 10. Self-described severity of experiences (sleep) and symptoms (anxiety/worry and depression/sadness) associated with poor mental health outcomes

This figure presents potentially contrasting data to responses depicting average respondent mental health as being “Excellent ” or “Very Good” [figure 5] through a significant proportion of participants’ self-ratings; indicating worsening anxiety/worry (35.5%) and, most severely, depression/sadness (36.8%).

Since March 2020, how would you describe the following for yourself?

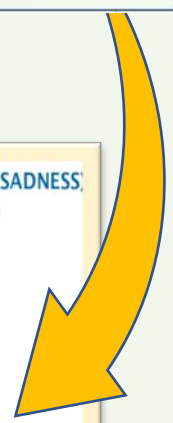
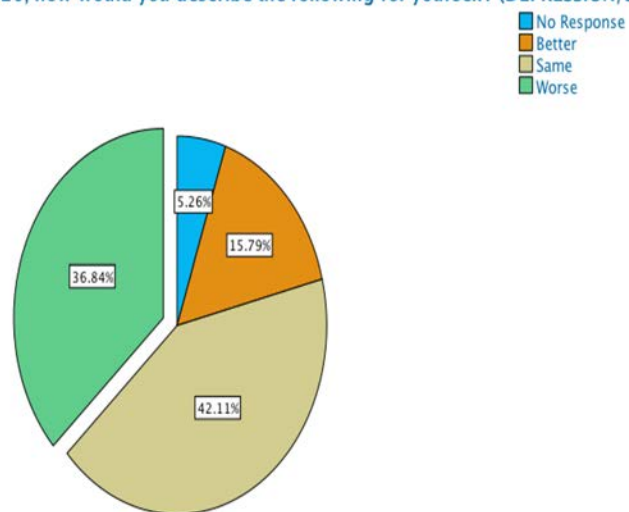
SLEEP			ANXIETY/WORRY			DEPRESSION/SADNESS		
	N	%		N	%		N	%
No Response	4	5.3%	No Response	4	5.3%	No Response	4	5.3%
Better	10	13.2%	Better	6	7.9%	Better	12	15.8%
Same	44	57.9%	Same	39	51.3%	Same	32	42.1%
Worse	18	23.7%	Worse	27	35.5%	Worse	28	36.8%

Figure 11. Data cut-out depicting further representation of reported changes in depression/sadness [figure 10] severity since March 2020

More than 1/3 (36.8%) of respondents indicated worsening anxiety and/or depression since March 2020.

While causation for this is undetermined, it may correlate with traumatic experiences throughout the pandemic, increased national unrest or even just the process of getting older.

Since March 2020, how would you describe the following for yourself? (DEPRESSION/SADNESS)



Over the past 2 months, including today, how often have you been bothered by the following problems:

Having little interest/pleasure in doing things

	N	%
No Response	5	6.6%
Not at all	40	52.6%
Several Days	24	31.6%
More than half the days	5	6.6%
Nearly every day	2	2.6%

Feeling down, depressed or hopeless

	N	%
No Response	4	5.3%
Not at all	38	50.0%
Several Days	28	36.8%
More than half the days	5	6.6%
Nearly every day	1	1.3%

Feeling nervous, anxious or on-edge

	N	%
No Response	4	5.3%
Not at all	34	44.7%
Several days	30	39.5%
More than half the days	6	7.9%
Nearly every day	2	2.6%

Not being able to stop or control worrying

	N	%
No Response	4	5.3%
Not at all	43	56.6%
Several days	24	31.6%
More than half the days	2	2.6%
Nearly every day	3	3.9%

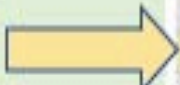
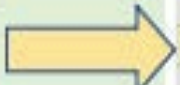
Feeling stressed

	N	%
No response	4	5.3%
Not at all	22	28.9%
Several days	41	53.9%
More than half the days	4	5.3%
Nearly every day	5	6.6%

The figure at hand presents the results of survey Question #15, a quotient intended to measure symptoms associated with clinical depression over a two month period.

In each case, over one third of participants indicated experiencing the given symptom over a minimum of several days.

This finding does not align with the results to previous questions where mental health self-ratings averaged "Very Good", and suggests discrepancy in the way older adults categorize their mental health.



Research Phase II: Key Informant Interviews

I. Interview Development

A series of key informant interviews were conducted in order to gather further context for trends observed through the survey data. Participants were recruited from the pool of survey respondents and identified by their response to a survey question asking whether they would be willing to participate in an interview at a later date. Interview inclusion was deemed to be open to any older adults meeting eligibility requirements for the survey, though selection was controlled in respect to certain known demographic characteristics that could support a representative sample. In order to ensure safety and accessibility for all parties, each interview was conducted in a private space within the Gunnison Senior Center during regular operating hours.

A total of nine participants were selected to take part in an interview. Of these nine, four self-identified as male and five as female. The primary age averaged close to 70, but varied from 65-84 years old. Length of residency within Gunnison County varied, ranging from 2 years to well over 20 years. All participants self-identified their race and ethnicity to be white/Caucasian and spoke English as their primary language.

The interview itself was designed in a loosely structured format in order to encourage conversation. The seven core questions focused upon generating qualitative data regarding participants' mental health experiences and perceptions, each concentrated into one of four key areas of investigation denoted below. Please see section #2 of the appendix to view the complete interview protocol.

Primary Section Topic

"Do perceptions and understandings of mental health tend to differ generationally?"

Conceptual understandings of mental health have evolved rapidly in light of systemic and societal changes throughout recent decades. Even in academic literature, the term mental health can hold diverse meanings, implications and origins. While there is no one correct answer in how to define the term, the feedback of our participants can help create understandings in how mental health is characterized among older adults.

Question

What does the term "mental health" mean to you?

Right: Word Cloud visual depicting frequently stated terms or phrases in participants' response to question #1



Responses to our first question fell into two distinct categories:

The first, and most common, was that mental health is a neutral term describing your state of being.

Respondents who characterized mental health in this way tended to frame discussion of mental health very similarly to physical health in that external events or diagnoses (i.e.: loss, depression, dementia, etc.) may impact overall health.

The second primary characterization of mental health came from respondents who saw mental health as an overall positive.

These participants tended to describe mental health as being mentally healthy. Multiple participants furthered this response by describing common symptoms, such as anxiety and depression, as indication of decreased mental health.

Participant Quotes

"Psychological state and how stable and happy you are with your state of being. I guess there's all types of mental illness and whether or not you have some type of mental illness. So, just overall mental well-being."

"The term just means mostly stability and peace of mind. Just being able to do daily functions without, you know, anxiety or problems...That's really all it means to me is just being feeling safe and at peace."

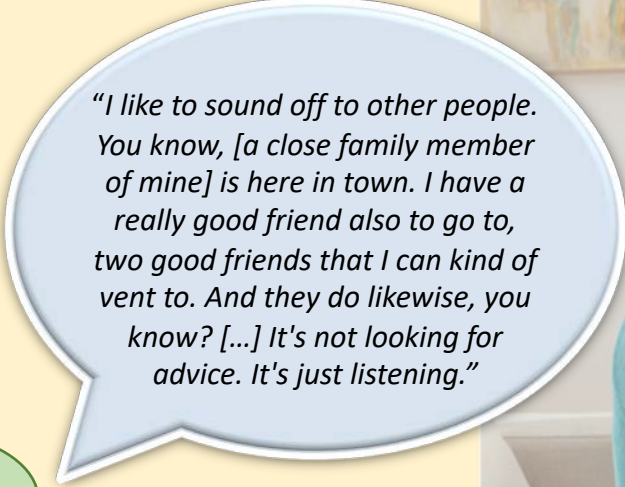
A majority of respondents in both camps noted that the term "mental health" tends to be associated with undeserved or outdated stigma among other older adults or the community in general.

Interview Section #1

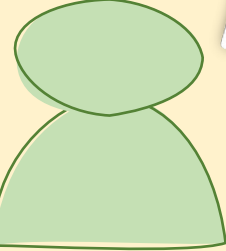
Question

Have you ever discussed your mental health with anybody?

A majority of participants recounted discussing their mental health with close friends and family regularly, identifying it as the way in which they'd most prefer to address their mental health.

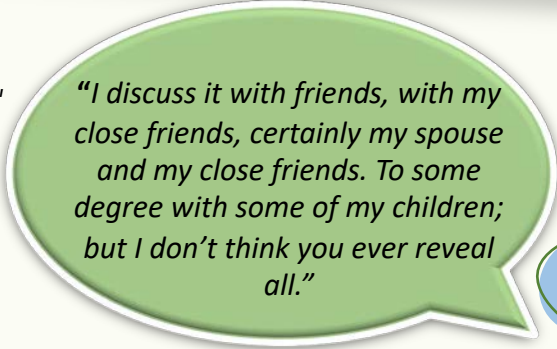


"I like to sound off to other people. You know, [a close family member of mine] is here in town. I have a really good friend also to go to, two good friends that I can kind of vent to. And they do likewise, you know? [...] It's not looking for advice. It's just listening."

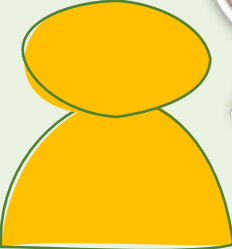


A significant portion of this group mentioned their need to withhold some information when discussing their mental health, particularly that which could cause alarm among their family members. In these cases, it was often noted that serious mental health concerns would preferably be discussed with a primary care provider.

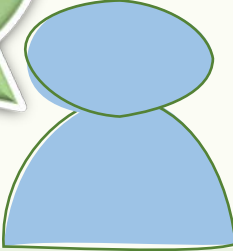
The most common demographic in this group consisted of female participants between 64-75 years of age.



"I discuss it with friends, with my close friends, certainly my spouse and my close friends. To some degree with some of my children; but I don't think you ever reveal all."



"I do know people that are professionals that I would- if I needed to- I could go too. But I'm not in any need right now where I can anticipate that".



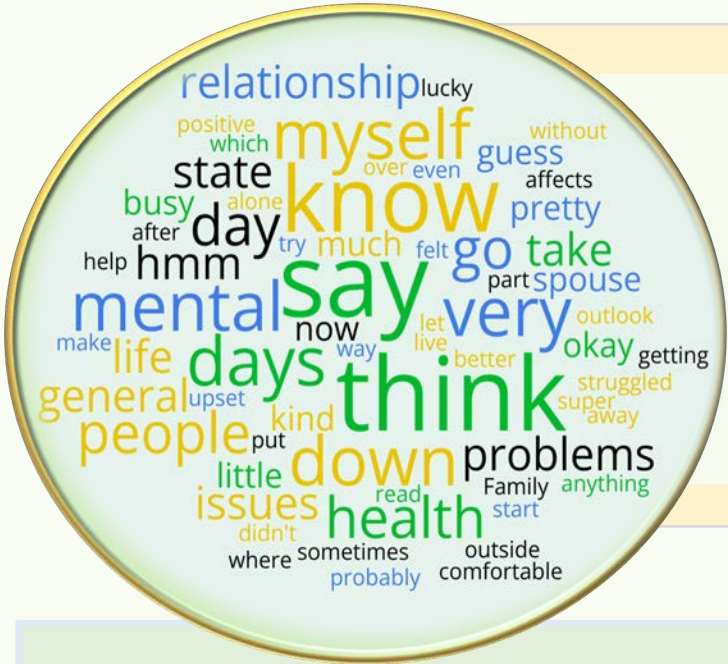
A final portion of respondents noted that they would feel most comfortable discussing mental health concerns with a medical professional, such as a counselor or primary care physician.

This group tended to be divided between participants who either had a long-standing and trusting relationship with a healthcare provider and those who described hesitancy to talk about their mental health unless they felt their experience was severe.

Primary Section Topic

"Has the Covid-19 pandemic and its after-effects created permanent impacts upon the mental health and wellbeing of older adults?"

Acting as a direct follow-up to questions posed in the survey, this query aimed to determine whether older adults are still feeling the effects of the pandemic and, if so, what outcomes may be associated.



Question

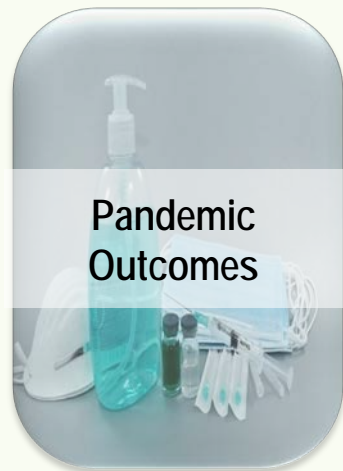
Could you describe your mental health on a typical day within the past 3 months?

Left: Word Cloud visual depicting frequently stated terms or phrases in participants' response to question #3

Findings surrounding the impact of the covid-19 pandemic seemed to indicate fewer personal long-term impacts for those interviewed.

The majority of respondents shared that high involvement in the community (both through socialization, volunteerism and/or occupation) prevented them from experiencing significant loneliness or isolation throughout the pandemic.

A common refrain involved the impact of the pandemic and related political fallout upon the community, citing increases in division locally and nationally.



Pandemic Outcomes



Mental Health Today

Both questions elicited immediate responses from all participants indicating they consider their personal mental health to be positive, (i.e.: "good" or "normal") at the present. Several participants shared that they had experienced bad days or external events, such as loss or injury, both within the last three months and throughout the Covid-19 pandemic. These events were always characterized as temporarily impactful to their mental health.

While all participants seemed genuine in describing their mental health as mostly positive, several noted being affected by anxiety or loneliness several days throughout a given month or even week. In these cases, refrains often described such lows as universal, "something everybody experiences" or echoed back to comparative statements "I have it better than a lot of people". These statements may point to a larger problem of older adults' feeling an obligation to tolerate adverse mental health symptoms, as also suggested through survey results (see page #X).

Primary Section Topic

"Primary Query: How do older adults react to their own mental health experiences?"

Focusing specifically on feelings associated with negative mental wellbeing, like anxiety or loneliness, this query aimed to understand how older adults describe their experiences and take action in response to them. The idea of interventions was introduced in order to determine whether participants had "go-to" actions, such as exercising, seeking support from others or utilizing substances, that aimed to address mental health struggles.

Question

We're exploring what the reactions are when older adults have negative feelings, like anxiety or loneliness. Are there things you do, every day, every week, or just occasionally, that are good for your mental wellbeing?

Below: A word art diagram reflecting words/phrases most commonly used among participants in responding to question #4



Aligning with results from the survey, the majority of participants described self-helping behaviors, such as exercising, spending time outside, reading, or reaching out to trusted confidantes in times of stress as opposed to seeking clinical help. Those participants who did note the use of a counselor or other mental health professional tended to classify such resources as a secondary action following self-help measures.

Common Interventions



Spending time with friends, family or others in the community



Spending time in nature or exercising



Reaching out to long-distance loved ones via phone call, text or email



Reading, journaling or meditating

Question

Have you used substances, including but not limited to, alcohol, unprescribed prescription medications, tobacco, marijuana or other illicit substances, to alter your mood or manage pain?



"It's rare that I drink very often. I share a beer or a glass of wine with my wife. So, no, there's not an added temptation at all."

Most participants did not describe the personal use of alcohol or medication, aside from OTC painkillers like Tylenol or Ibuprofen, as an intervention for present mental health problems. While some described drug experimentation or alcohol use in earlier life stages, each directly indicated that they did not use substances in specific attempts to alter their mood or in response to adversity in recent years. Instead, most participants who did note the use of substances, primarily being alcohol or marijuana, described their occasional use as routine and/or recreational.

Multiple participants noted the presence of substance use in the senior community outside of their immediate circles. This use seemed to center around alcohol, marijuana and prescription painkillers, all of which were described as being used responsibly, though sometimes as a response to adversity. Significant concern was communicated for those within younger generations, ranging from middle school aged-youth to young adults, who many felt faced higher risk of substance use than older adults.

"I do know quite a few seniors that smoke pot, you know, because it's kind of what they grow up with. And it's not- I don't think it's an addiction or an abuse in any way. It's just kind of a recreational thing."

"I think that some people find life challenging enough that they feel they need to check out [...] with drugs or alcohol or other things like that. And I think that's kind of related to the underlying question of mental health. How well are they dealing with the challenges of life and how much do they need to stupefy themselves with drugs or alcohol to escape from or provide some respite from those challenges? I particularly worry about the younger generation."



"I mainly practice drinking a little more than I used to. You fill out the form every time you go into the doctor. I used to say I drink maybe 2 drinks a week. I'd say since Covid, it's been basically maybe 4 or 5 drinks [per week]. But- I mean, rarely do I have more than one drink in a night. That's kind of been the main thing. Just the urge to drink tonight instead of not having a drink."



Primary Section Topic

‘What knowledge exists of local resources? Are current resources pertaining to mental health seen as sufficient in supporting the community?’

Developed in response to early feedback regarding rapid change throughout Gunnison County, this question seeks to determine whether older adults personally feel as though they have sufficient resources to support a positive mental wellbeing. Perceptions of accessibility and awareness regarding present resources offer insider insight into how current offerings are received.

Which resources did our participants most commonly name?

1. Gunnison Country Food Pantry
2. Gunnison Senior Recreation Center
3. Gunnison County Health and Human Services
4. Area Basic Needs Guide
5. Habitat for Humanity
6. Celebrate Recovery



Question

Has there been any occasion in the past 3 years in which you or someone you know was unable to access necessary resources related to mental health, substance use, housing or financial assistance?’

Below: Word Cloud visual depicting frequently stated terms or phrases in participants' response



The final guided question was presented in a way that encouraged follow-up conversation regarding knowledge of area resources. This became a heavily used component of the discussion as the majority of respondents could not point to a need which was not met in their own life, and instead shared information regarding the lives of close acquaintances or others within the general community.

Continued Feedback Regarding Local Resources

Resources on the previous page include only those mentioned by name in response to a single question.

Earlier discussion yielded frequent mention of resources available through Gunnison Valley Health, local alternative care providers and remote telehealth providers in addition to support through several unspecified religious communities.

Opinions surrounding local healthcare resources were mixed, ranging in satisfaction with the level, quality and accessibility of care available

"I really like my doctor [...] I started going to her when I first moved here, and she really gets me. And so a couple of times, not every exam or normal checkup that I have, they administer an emotional test to see, 'How are you feeling today?' [...] Several years ago, maybe it was during Covid, I don't remember precisely. It was to the point that she said, do you want to see somebody, you know, and I didn't, but she was at least there for me."

"If there's a limited number of specialists or a limited number of care providers in general, and they all stem from the same [health care system]. What do you do? You know, you don't seem to care or you seek [health care] elsewhere. And because of where we live... going elsewhere, it's hard. And I know a lot of people choose to skip care rather than seek it elsewhere. Primarily because- if you talk about the elderly, 'I don't want to drive. I don't want to drive. I'm not going to. I'll just suffer.'"

"As I mentioned, [we lack local access to] a neurologist; for understanding and treatment of senility, dementia and Alzheimer's [...] At some point we probably will need more care and more resources than what's available in Gunnison. And it's not just for families with Alzheimer's and Dementia, I think there's just a lack of resources with elder care- how severe that lack is I don't know because we didn't need it before [we moved here]."

Moving Forward- Significant Areas of Need

- Access to healthcare specialists, memory respite care and affordable elder care resources
 - Regular travel assistance for older adults leaving the county for appointments
 - Affordable, in-person, mental health care options marketed and designed for senior populations
- Access to in-home caregivers, volunteers or peer supporters to support aging in place
- Outreach services for homebound, disabled and low-income older adults
 - Create accessible opportunities for connection
- Affordable rental or community housing opportunities allowing older adults to remain in-county after selling their primary home

Appendix I: Further Research Information

I. Research Timeline

As funded through the Graduate Student Assistantship, this research is intended to span approximately two academic years, from Fall 2022-Spring 2024. The intended progression of the research has been altered in response to trends in participation and resource availability. It is important to note that the preliminary survey results reported here span multiple research periods and include both online and on-paper responses. The initial survey period began on March 3, 2023 and was concluded on June 10th, 2023. Surveys were made available online and on-paper in both English and Spanish-language formats. Advertisements were given in-person and via newsletter at the Gunnison Senior Center, posted bilingually in local newspapers and distributed throughout the valley using informational flyers. A total of 48 complete responses were obtained upon conclusion of this survey period. These responses were found to overrepresent residents living within Gunnison city limits and self-identifying as female, white/caucasian and english-speaking. In light of this, a remediatory survey period was launched from October 1, 2023 through January 10th, 2024. Priorities throughout this period included working with local leaders to increase participation among male-identifying residents, spanish-speaking older adults, elders of color and seniors residing within outlying communities of Gunnison County. An additional 28 responses, primarily contributing to geographic and gender-based diversity, were obtained within the period. Please feel free to contact the research team if you have any questions, suggestions, or wish to review any of our documentation.

II. Research Motivation and Objectives

A literature review was conducted prior to the research period in order to better understand mental health trends among older adults and the manner in which such outcomes are impacted by rural lifestyles and experiences throughout the Covid-19 pandemic. Review of local statistics

revealed that Gunnison County had been identified as a “mental health services shortage area” (HRSA 2022), meaning that there are currently not enough psychiatric and/or counseling providers available to fulfill the needs of county residents. The presence of a shortage is important to consider in the context of senior populations (55+), who have been found to be at-risk of mental health disorders that stem from isolation/loneliness, such as anxiety and depression (Hussein et al. 2022). Previous researchers have found that risk for rural elders in particular was found to exceed that of urban seniors (McGovern et al. 2008). This is of significant concern in Gunnison County, an identified-rural area that was described as “steadily aging” in a local Behavioral Health Needs Assessment (BHNA 2022). The assessment indicated that residents aged 55 years or older made up 25% of the local population in 2019, up from 20% in 2010. Notably, results of the report also indicated that a greater percent of these seniors, particularly those aged 65 years or older, are living alone compared to 2010 (BHNA 2022). There is a likelihood that isolation among older adults has increased following the Covid-19 pandemic. Fatality counts for Gunnison County specifically were unavailable through the Colorado Department of Public Health (CDPHE), though statewide numbers indicate that 93.2% of the state’s 14,279 known Covid-19 related deaths since 2020 were attributed to patients 50 years of age or older (CDPHE 2022). Community conversations and national findings led us to suspect that such loss likely denoted a heavy burden on the part of surviving seniors, who may have lost friends, family or acquaintances to Covid-19. In any case, traumatic events associated with the pandemic, in conjunction with an already elevated risk of mental health disorders among rural older adults (Franklin & Henning-Smith 2020; McGovern et al. 2008) demonstrated the necessity behind evaluating current trends in mental health for local older adult populations and taking steps to implement catered interventions.

Upon conclusion of the literature review, it became clear that older adults within Gunnison County may face increased risk of experiencing adverse mental health outcomes as compared to their urban counterparts. Despite this, it appears as though little to no research had been conducted at the local or state-level to identify mental health outcomes and needs specific to rural adults over the age of fifty-five. With the help of our grantor, The Next 50 Initiative, a research team was formed to investigate outcomes at the local level.

Appendix II: Interview Protocol

The following interview protocol was utilized by staff members in key informant interviews.

Consistency was assured between participants through the required inclusion of each question. Despite this, the conversational format of each interview allowed for the reveal of unique information reflective of participant experiences, perceptions and values.

Interview Protocol

1. What does the term “mental health” mean to you?

2. Have you ever discussed your mental health with anybody?

IF YES: Who did you discuss this with?

How did it go? Are you glad that you discussed it with them? Would/will you do it again?

IF NO: Why is that?

3. Okay, now let’s talk more specifically about your mental health. I’m mainly wondering about how things have been for you during the past few months.

Could you describe your mental health on a typical day within the past 3 months?

4. Part of our research is looking into whether the Covid-19 pandemic has had long-term impact on the mental health of older adults.

Has your mental health within the last three months been different from how it was on a typical day before the start of the Covid-19 pandemic (January 2020)?

IF YES: Can you describe this difference?

5. We’re also exploring what the reactions are when older adults have negative feelings, like anxiety or loneliness.

Are there things you do, everyday, every week, or just occasionally, that are good for your mental wellbeing?

IF YES: Can you describe these actions?

IF NO: Why not?

6. Another important part of our study involves determining how substance use and abuse affects our community altogether, and whether seniors have enough resources to prevent or manage things like addiction.

Have you used substances, including but not limited to, alcohol, unprescribed prescription medications, tobacco, marijuana or other illicit substances to alter your mood or manage pain? Feel free to share as much or as little as you want in answering this question, just a reminder that any information you give us will be kept 100% confidential.

IF YES: Would you say this occurs on a regular basis?

IF YES: When was the most recent occasion this occurred

Finally, we’ve heard from many participants that the Gunnison Valley is changing rapidly, and that meeting basic needs can sometimes be difficult. Our next and final question will ask for information and perception regarding area resources...

7. Has there been an occasion in the past 3 years in which you or someone you know was unable to access necessary resources related to mental health, substance use, housing or financial assistance?

IF YES: When did this occur?

IF YES: Please describe what resources you were not able to access.

IF YES: How did this situation make you feel? |

Question #1-2:

Main Concept: Generational perceptions and understandings of mental health

Question #3-4:
Main Concept: Ongoing mental health impacts associated with the Covid-19 Pandemic

Question #5-6:

Main Concept: Reactions to mental health experiences- are interventions utilized?

Question #7-Conclusion:

Main Concept: Knowledge of local resources, experiences and opinions.

Concluding remarks:

Strengths/Weaknesses/Gaps of current programming

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