Module # 6: Geriatric Mental Health

Geriatrics, Palliative Care and Interprofessional Teamwork Curriculum

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Table of Contents

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I. Overview

There is no question that the elderly population is increasing at a rapid speed due to the aging of the baby boomers. According to the U.S. Bureau of the Census, the population of people aged 65+ in the United States will double from 35-70 million over the next 25 years. In the United States, the percentage of older adults will increase from 13-20% of the population.PP [1] Over the next quarter century, the number of older adults aged 65+ in New York State will increase over 50% from 2.4 to 3.7 million. By 2015, baby boomers will comprise of 24% of the NYS population. Among the fast growing elderly are minorities, elders living alone, those with chronic illness, and the very old (over 85). These individuals also represent the most vulnerable people in society. As the rate of elderly people continues to skyrocket throughout the country, there is also a growing demand for mental health services that are both easily accessible and culturally competent. Older adults are the most underserved age group with respect to the mental health system. One in five Americans over 65 have a mental health diagnosis, and approximately 50% of older adults with a mental disorder do not receive any treatment. [2]

While there is no formal definition of "mental health", it is often referred to as a person's individual emotional and psychological well-being. The World Health Organization (WHO) defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." There is no doubt that mental health is incorporated into this definition. [3] Untreated mental illness in older adults results in detrimental consequences including poor health outcomes, high medical co-morbidity, increased disability and mortality, poor quality of life, and higher annual health care costs. [4] Societal stigma about mental illness continues to preclude many older adults from receiving necessary treatment. Therefore, it is crucial that health care professionals educate themselves about mental illness in the elderly and serve as advocates for their patients.

II. Learning Objectives

1. Define mental health as it relates to older adults.
2. Identify prevalence of mental illnesses and substance abuse among the elderly.
3. Discuss barriers to treatment for mental health issues.
4. Identify tools and resources for health care professionals.

III. Older Adults and Mental Illness / Substance Abuse

1. **UUMental Illnesses Prevalent Among The Elderly:** There are several types of mental disorders that affect the elderly population. In a given one year period, older adults ages 55 and older suffer from the following disorders: [5]
    - 19.8% suffer from **any disorder**
    - 11.4% suffer from any **anxiety disorder**
    - 4.4% suffer from any **mood disorder** (not including minor depression)
    - 0.6% suffer from **schizophrenia**
    - 6.6% suffer from **severe cognitive impairment** (primarily dementia)
    - 25-30% have symptoms of **depression**

        A. **Common Disorders Among The Elderly:** Some common disorders found within the elderly population include depression, dementia, delirium, anxiety disorder, adjustment disorder, delusional disorder, schizophrenia, obsessive compulsive disorder, bipolar disorder, post-traumatic stress disorder, and substance abuse among others. Physiological problems such as decline in vision and hearing, memory impairment, side effects from medication, and societal factors all contribute to decreased mental health and wellness. While early treatment for such disorders are vital to ensure optimal health, older adults and their family members may be hesitant to discuss any past or present psychological problems due to generational or preconceived stigma, thus making proper diagnosis and subsequent treatment options a tremendous

challenge for health care providers. Untreated mental illness may lead to unnecessary pain, suffering, instability, and even suicide. Therefore, it is imperative that health care providers take part in regular screenings and follow-up with their patients.

B. **Anxiety Disorder:** Anxiety disorders generally involve excessive worry, fear, and apprehension. People who suffer from anxiety disorders tend to experience constant anxiety about habitual events in their daily lives. This is different from *phobias* which are fears of specific activities, situations, or objects. *Panic disorder* is a specific type of anxiety disorder whereby individuals typically experience sudden fear, shortness of breath, and rapid heartbeat.

C. **Mood Disorder:** Mood disorders are often called *affective disorders* because they are characterized by extremes of mood and/or dramatic changes of mood. Examples of mood disorders are mania, depression, and bipolar disorder. *Mania* focuses on abnormally elevated mood, decreased need for sleep, grandiosity, and impulsiveness. *Depression* may include feelings of sadness, worthlessness, hopelessness, changes in sleep patterns, and decreased appetite. *Bipolar disorder* is best described as alternating between extremes of mania and depression.

D. **Schizophrenia:** Symptoms of schizophrenia and other psychotic disorders may include hallucinations, delusions, social withdrawal, disorganized thinking, and diminished emotional responses. Since there are fives types of schizophrenia -*paranoid*, *disorganized*, *catatonic*, *undifferentiated*, and *residual*- people who suffer from this disorder may act quite differently from one another. Untreated schizophrenia may have tremendous adverse impacts on one's life because perception of reality becomes essentially warped.

E. **Cognitive Impairment:** Many people suffer from some sort of cognitive impairment as they get older. This may include *delirium* or *dementia*. Cognitive impairment involves significant loss of mental functioning. Health care providers often face challenges in treating patients with cognitive impairments, because it may be difficult to decipher normal aging with severe deficits.

F. **Depression:** Symptoms of depression are often confused with normal aging or dementia. Having a depressive disorder is actually **not** a natural part of aging. While temporary feelings of grief, sadness, and response to loss are common and expected emotions, feelings that are persistent and interfere with ability to function on a daily basis is not normal. [6] In addition, many older adults who have experienced years of depression (or any other mental illness) throughout adulthood and who have not sought treatment for their condition may appear to have dementia and are consequently misdiagnosed.

2. **Substance Abuse Among The Elderly:** Alcohol and substance abuse among the elderly population are increasingly growing problems and require close attention. When talking about substance abuse and/or misuse, this may refer to a myriad of things including mood altering drugs, drinking erratically, or unsafe use of medications among others. According to numerous reports by the *Journal of the American Medical Association (JAMA)*: about 50% of individuals with serious mental disorders are also affected by substance abuse; 37% of alcohol abusers and 53% of drug abusers have at least one serious mental illness; and 29% of individuals diagnosed with a mental illness abuse drugs or alcohol. [7] The dangers of drug and alcohol abuse in the elderly are extensive. This is due to the fact that the body changes as it ages, causing slower metabolism, decreased tolerance to alcohol and some medications, and even hypersensitivity.

A. **Substance Abuse Screening:** Screening for substance abuse among the elderly may be challenging for health care professionals due to the fact that many elderly individuals take

some sort of medication to help manage chronic illnesses. It is crucial that health care providers continuously monitor all medications and their dosage strengths and look for any symptoms of substance abuse. While some individuals may abuse prescribed medications, others may turn to illegal substances. The *Diagnostic and Statistical Manual (DSM-IV)* is a comprehensive manual published by the American Psychiatric Association that helps health care professionals diagnose and treat children and adults with mental health disorders. And since substance abuse and mental health often intertwine, it is vital that health care professionals properly screen for substance abuse. The DSM-IV is an excellent resource that provides specific criteria that helps assist in accurate diagnosis of substance abuse.

B. **Alcohol Abuse Screening:** Alcohol abuse in old age may result from years of drinking in earlier adulthood or may be triggered by social isolation, financial woes, bereavement, role changes, and other challenges that occur during later adulthood. There are several alcohol screening tools available to health care professionals. The *Short Michigan Alcoholism Screening Instrument (MAST-G)* was the first screening instrument developed for the elderly. It is a 24-item tool that helps detect alcohol use in the elderly (See Learning Resource A). Another instrument that is more commonly used to screen for alcohol abuse is the *CAGE Screening Questionnaire*. It is a four-question instrument that gages an individual's drinking habits. This instrument relies solely on self-report, so it is difficult to determine its validity (See Leaning Resource B).

3. **Addictive Disorders:** Addictive disorders are becoming increasing problems for older adults. These disorders are usually diagnosed as consequences of *drug abuse* or *alcohol abuse*. Typical substances that result in addiction among the elderly

include alcohol, nicotine, caffeine, amphetamines, and sedatives. As people age, most will develop at least one or more chronic illnesses that require daily management. Elderly people may turn to addictive substances as a way to help cope with their chronic conditions. For some elderly, addiction is a lifelong problem, whereas others face problems with addiction in later adulthood.

Another type of addictive disorder most notably found within the elderly population is *gambling*. Gambling appeals to many people due to its thrill of uncertainty and the possibility of tremendous financial gain. The gambling industry spends exorbitant amounts of money on marketing in attempts to lure people to casinos, sporting events, and other venues that promote such activity. It is not uncommon to find elderly people gambling with their life savings in hopes of increasing their personal wealth.

While addictive disorders are not considered mental illnesses by most mental health professionals, it is very common to find older adults with mental illnesses suffer from addictive disorders as well.

IV. Treatment For Mental Health Services

Elderly people face tremendous barriers when accessing treatment for mental health issues. The primary reason for this is that there are far too few services available. In addition, distant service locations, unaffordable costs of treatment, lack of in-home services, and insufficient bilingual providers all contribute to reasons why so many elderly fail to seek treatment. Furthermore, there is minimal outreach and public education available for elders about this topic, thus making treatment options seem unrealistic and impractical. Lastly, many elderly individuals are unaware of the specialized health care professionals who have training in Geriatrics and who are able to provide better care and treatment.

1. **Types of Health Care Professionals:** *Geriatricians* are physicians who specialize in the diagnosis and treatment of diseases and problems specific to older adults. Ideally, a geriatrician should serve as an elderly person's primary care provider. This will enable the physician to provide specific comprehensive assessments

and screenings which will help when referring patients to seek appropriate treatment for mental health services or issues of substance abuse. Although several hospital outpatient clinics have at least one geriatrician working as part of the staff, there is a significant shortage of this specialty. In addition to geriatricians, *geriatric psychiatrists* are medical doctors who have special training in the diagnosis and treatment of mental disorders that occur in older adults. Both geriatricians and geriatric psychiatrists work in a variety of settings including offices, hospitals, outpatient clinics, long-term care facilities, and independent or assisted living facilities. Also, many allied health professionals such as *social workers* and *nurses* are beginning to receive additional formal training in geriatrics and gerontology in order to better understand the needs of older patients. All health care professionals working with the elderly population should be knowledgeable about local resources available so that they may help educate patients and their families about seeking the most effective and appropriate treatments.

2. **Barriers to Access Services:** Elderly people are faced with several barriers when trying to access viable mental health services. This becomes increasingly prevalent when speaking about minority elders, particularly African Americans and Hispanic elderly. These include barriers at a systematic, agency, and individual level. [8] By examining each type of barrier, health care providers are able to better understand why so many elderly do not receive necessary treatment.
    A. **System Level Barriers:** This refers to the macro, systematic level of care. There is no question that the health care "system" is broken and has several gaps in patient care. Many elderly people and their families find it terribly difficult to navigate the health care system. This is due to lack of clarity surrounding treatment and accessibility to care. There are separate funding sources for the elderly and for mental health services which makes treatment viability rather confusing. Medicare reimbursement for mental health services are significantly lower than physical health services. Prescription drug coverage for certain

medications continues to be one of the largest problems facing Medicare beneficiaries. For elderly individuals covered under managed care plans, there may be a number of restrictions on treatments that are covered. For those individuals who have low incomes but who do not qualify for Medicaid and other income tested programs, ability to pay for necessary medications and treatments become virtually impossible.

B. **Agency Level Barriers:** Barriers at an agency level include stereotypes of older adults as poor candidates for mental health services; health care provider attitudes that depression and anxiety are simply "normal" aspects of aging; and insufficient agency resources to manage elderly patients who suffer from complex co-morbidity. The number of agencies that provide services to treat mental health issues are generally lower in rural areas than in suburban and urban areas, making it increasingly difficult for some elderly to access care. In addition, the homebound and frail elderly are far less likely to receive treatment because of their inability to travel to an outside agency. Also, there is a tremendous shortage of community-based services that offer specialized treatment for mental health issues.

C. **Individual Level Barriers:** There are several individual barriers that preclude the elderly from accessing treatment for mental health issues. Varying generational ideologies about seeking treatment for mental health issues is among the top reasons for not getting treatment. The current elderly population comes from a generation where getting treatment for such conditions is shunned and stigmatized.

V. Tools For Health Care Professionals

With the increasing number of elderly people in need of mental health services, there is much that health care professionals can do in order to help better serve this population. Staying abreast of current research, assessment tools, and local resources are all ways in which health care professionals are able to better understand the most prevalent conditions that affect the elderly. Also, advocating for increased monetary allocations for mental health

services and education may help push city and state agencies to provide more comprehensive and easily accessible treatment options to elderly patients.

1. **Screening Tools:** There are several tools that may assist health care professionals to screen for alcohol abuse in the elderly (See Learning Resource A and B). Utilizing a valid screening tool is essential for accurate diagnosis. Tools to screen for depression and other mental health disorders are also widespread and are readily available online and within research databases. Health care professionals should follow the procedures and guidelines set forth in their respective agencies on screening for disorders among the elderly.
2. **Local Resources:** In the state of New York, there is a plethora of resources that enable health care professionals to educate themselves about topics in mental health as well as provide patients and their families with valuable information about symptoms, diagnosis, and treatment. The New York State Office of Mental Health (OMH) has compiled a comprehensive list of Geriatric Information and Resources (See Learning Resource C) that directs individuals to appropriate agencies and organizations for assistance and services.
3. **Legislation:** It is imperative that health care professionals are aware of any legislative changes made to health care services. This is especially important when funding is being cut to any major services or programs throughout a service area. In order to make effective policies about health care, policy makers must be able to truly understand the population for which it is trying to protect. Therefore, health care professionals should have knowledge of current trends and practices in place. In August of 2005, the state of New York enacted the Geriatric Mental Health Act to address the mental health needs of NY residents (See Learning Resource D). This report presents a comprehensive framework on mental health issues and is greatly beneficial for health care professionals working in the field of mental health. More recently, the federal government passed legislation in October 2008 requiring insurance companies to treat mental heath equally with physical illnesses when insurance policy coverage includes both types of benefits. This legislation came as part of the $700 billion economic bailout and is a huge triumph for mental health advocates across the country.

VI. References

[1] U.S. Bureau of the Census (2000). Population projections of the United States by age, sex, race and hispanic origin: 1995-2050. *Current Population Reports*, P25-1130.

[2] Federal Council on Aging (1995). Mental health and aging. Washington, DC: Federal Council on Aging.

[3] World Health Organization (2007). Mental health: strengthening mental health promotion. Retrieved September 26, 2008 from http://www.who.int/mediacentre/factsheets/fs220/en/print.html

[4] Van Citters, A., & Bartles, S. (2004). A systematic review of the effectiveness of community-based mental health outreach services for older adults. *Psychiatric Services*, 55, 1237-1249.

[5] U.S. Department of Health and Human Services (1999). Mental Health: A Report of the Surgeon General. Rockville, MD.

[6] National Institute of Mental Health (2008). Older Adults: Depression and Suicide Facts. Retrieved October 1, 2008 from http://www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts.shtml

[7] National Alliance on Mental Illness (2008). Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder. Retrieved October 3, 2008 from http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23049

[8] Biegal, D.E., Farkas, K.J., & Song, L.Y. (1997). Barriers to Use of Mental Health Services by African Americans and Hispanic Elderly Persons. *Journal of Gerontological Social Work, 29* (1), 23-44.

Learning Resource A

The Short Michigan Alcoholism Screening Instrument- Geriatric Version (MAST-G)

The Short Michigan Alcoholism Screening Instrument- Geriatric Version (MAST-G) was the first screening instrument developed for the elderly. It is a 24-item tool that helps detect alcohol use in the elderly.

Scoring: Five or more "yes" responses are indicative of an alcohol problem. For further information, contact Frederic C. Blow, Ph.D., at University of Michigan Alcohol Research Center, 400 E. Eisenhower Parkway, Suite A, Ann Arbor, MI 48108; (734) 998-7952. *Source:* Blow, F.C.; Brower, K.J.; Schulenberg, J.E.; Demo-Dananberg, L.M.; Young, J.P.; and Beresford, T.P. The Michigan Alcoholism Screening Test - Geriatric Version (MAST-G): A new elderly-specific screening instrument. *Alcoholism: Clinical and Experimental Research* 16:372, 1992.

Michigan Alcoholism Screening Test - Geriatric Version (MAST-G)		
1. After drinking have you ever noticed an increase in your heart rate or beating in your chest?	YES	NO
2. When talking with others, do you ever underestimate how much you actually drink?	YES	NO
3. Does alcohol make you sleepy so that you often fall asleep in your chair?	YES	NO
4. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	YES	NO
5. Does having a few drinks help decrease your shakiness or tremors?	YES	NO

6. Does alcohol sometimes make it hard for you to remember parts of the day or night?	YES	NO
7. Do you have rules for yourself that you won't drink before a certain time of the day?	YES	NO
8. Have you lost interest in hobbies or activities you used to enjoy?	YES	NO
9. When you wake up in the morning, do you ever have trouble remembering part of the night before?	YES	NO
10. Does having a drink help you sleep?	YES	NO
11. Do you hide your alcohol bottles from family members?	YES	NO
12. After a social gathering, have you ever felt embarrassed because you drank too much?	YES	NO
13. Have you ever been concerned that drinking might be harmful to your health?	YES	NO
14. Do you like to end an evening with a nightcap?	YES	NO
15. Did you find your drinking increased after someone close to you died?	YES	NO
16. In general, would you prefer to have a few drinks at home rather than go out to social events?	YES	NO

17. Are you drinking more now than in the past?	YES	NO
18. Do you usually take a drink to relax or calm your nerves?	YES	NO
19. Do you drink to take your mind off your problems?	YES	NO
20. Have you ever increased your drinking after experiencing a loss in your life?	YES	NO
21. Do you sometimes drive when you have had too much to drink?	YES	NO
22. Has a doctor or nurse ever said they were worried or concerned about your drinking?	YES	NO
23. Have you ever made rules to manage your drinking?	YES	NO
24. When you feel lonely, does having a drink help?	YES	NO

Learning Resource B

CAGE Screening Questionnaire

The CAGE Questionnaire is a commonly used four-question instrument that gages an individual's drinking habits. Since this instrument relies solely on self-report, it is difficult to determine its validity. "Yes" responses to any of the four questions should result in further evaluation.

1. Have you ever felt you should *cut down* on your drinking?

2. Have people *annoyed* you by criticizing your drinking?

3. Have you ever felt bad or *guilty* about your drinking?

4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (*eye opener*)?

Learning Resource C

New York State Office of Mental Health (OMH) Geriatric Information and Resources

***This information has been taken from the New York State Office of Mental Health website. For more information, please visit: http://www.omh.state.ny.us/omhweb/geriatric/resources.html.**

Geriatric Information and Resources

General

- Blueprint for Change: Achieving Integrated Health Care for an Aging Population - A report developed by the American Psychological Association outlines the challenges and benefits of building interdisciplinary teams to address the specific health care needs of older people.
  http://www.apa.org/pi/aging/blueprint.html
- CornellCares.com - Innovative yet sensible practice tools, information, and resources to make geriatric mental health and psychosocial assessments and interventions easier and more effective for all health care and social service practitioners.
  http://www.cornellcares.com
- Geriatric Mental Health Alliance of New York - Advocating for changes in mental health practice and policy to improve current mental health services for older adults.
  http://www.mhawestchester.org/advocates/geriatrichome.asp
- Geriatric Mental Health Foundation - Mental health information for older adults and their families; find a geriatric psychiatrist; news of Foundation programs and events.
  http://www.gmhfonline.org/gmhf
- National Council on Aging - Improving the lives of older Americans through advocacy, programs and research.
  http://www.ncoa.org

- National Institute on Aging - Leading the federal effort on research. Information on publications and clinical trials.
  http://www.nia.nih.gov
- New York City Department for the Aging - Strengthening and improving services for seniors in New York City.
  http://www.nyc.gov/html/dfta/html/home/home.shtml
- Older Americans Substance Abuse and Mental Health Technical Assistance Center - National repository to disseminate information, training, and direct assistance in the prevention and early intervention of substance abuse and mental health problems.
  http://www.samhsa.gov/olderAdultsTAC
- Surgeon General's Report on Older Adults and Mental Health
  http://www.psychosocial.com/policy/satcher.html

Caregivers

- AARP Caregiving - Provides information and supports for caregivers.
  http://www.aarp.org/family/caregiving
- Caregiver Information - Ask Medicare's information site to help caregivers navigate the Medicare system.
  http://www.medicare.gov/Caregivers
- Caregiver Stress Quiz - Quiz to determine if you're feeling stressed or strained.
  http://assets.aarp.org/external_sites/caregiving/homeCare/managing_the_stress_quiz.html
- Family Caregiver Workshops - On-going series of workshops sponsored by the NYC Chapter of the Alzheimer's Association.
  http://www.alznyc.org/meetings/familycaregiverworkshop.asp
- Family Caregivers of Vets - List and descriptions of resources and supports for veterans and their caregivers.
  http://www.aarp.org/family/caregiving/articles/iraq_vets_resources.html

Chemical Dependence

- OASAS and New York's Seniors - Presentation on Working with Aging Client Populations: Preventing, Identifying and Treating Alcohol & Substance Abuse and Supporting Recovery.
  http://www.oasas.state.ny.us/admed/documents/seniors.ppt
- OASAS Seniors and Health - Provides seniors, their families and friends, professionals, and other caregivers with information about the risks and harmful effects that older adults face regarding their use of alcohol, medications and other drugs.
  http://www.oasas.state.ny.us/prevention/senior/index.cfm
- The Elderly and Alcohol - Various articles and studies on alcohol abuse and the elderly found on About.com.
  http://alcoholism.about.com/od/elder/Elderly_and_Alcohol.htm

Community Resources

- Eldercare Locator - The first step to finding resources for older adults in any U.S. community. A public service of the U.S. Administration on Aging.
  http://www.eldercare.gov/Eldercare/Public/Home.asp
- NY Connects – Choices for Long-term Care - Provides county level, consumer-centered access points to information and assistance for all individuals in need of long term care services.
  http://www.nyconnects.org
- NYS Senior Citizen's Resource Guide - NYS Office for the Aging guide to resource topics and links of interest to seniors.
  http://www.aging.ny.gov/ResourceGuide/index.cfm

Depression

- Mental Health America's Factsheet on Depression in Older Adults
  http://www.mentalhealthamerica.net/go/information/get-info/depression/depression-in-older-adults/depression-in-older-adults

- National Institute on Aging: Age Page on Depression - Overview of depression. http://www.nia.nih.gov/NR/rdonlyres/69FCF3C9-C417-4EDB-A362-A962A30009FA/9791/DepressionpartAP.pdf
- National Institute of Mental Health's Depression Page - Information on depression: causes, symptoms and treatment. http://nihseniorhealth.gov/depression/toc.html

Long-Term Care

- Frequently Asked Questions on Long-term Care by planaheadny. http://planaheadny.com/faq.htm
- NYS Partnership for Long-term Care - A unique program combining long-term care insurance and Medicaid Extended Coverage that helps New Yorkers finance long-term care without impoverishing themselves. http://www.nyspltc.org

Mental Health Publications

- Anxiety Disorders - A booklet to help you identify symptoms and causes of anxiety disorders. It will also explain how to obtain treatment and suggest ways to make such treatment more effective. http://www.omh.state.ny.us/omhweb/booklets/AnxietyDisorders.htm
- Bipolar Disorders - A booklet that will help you identify symptoms and causes of bipolar disorder, also know as manic-depression. http://www.omh.state.ny.us/omhweb/booklets/Bipolar.htm
- Depression - A booklet that will help you identify symptoms and causes of depression. http://www.omh.state.ny.us/omhweb/booklets/depression.htm
- Grief Counseling Resource Guide - A manual developed as a guide for those who encounter individuals reacting to trauma related grief reactions in the course of their outreach work. http://www.omh.state.ny.us/omhweb/grief

- Medications - A booklet to help people with mental illness and their families understand how and why medications can be used as part of the treatment of mental health problems.
  http://www.omh.state.ny.us/omhweb/booklets/medications.htm
- Post-Traumatic Stress Disorder (PTSD) - This booklet examines the signs, symptoms and steps you can take to treat PTSD.
  http://www.omh.state.ny.us/omhweb/booklets/ptsd.htm
- Schizophrenia - A booklet that will help you identify symptoms, causes and treatment options for schizophrenia.
  http://www.omh.state.ny.us/omhweb/booklets/schizophrenia.htm
- SPEAK Kits - Suicide Prevention Education and Awareness Kits offered by the NYS Office of Mental Health.
  http://www.omh.state.ny.us/omhweb/speak/speakelderly.htm

Prescription Drug Program

- Elderly Pharmaceutical Insurance Coverage (EPIC) Program - New York State program that helps seniors pay for their prescription drugs.
  http://www.health.state.ny.us/health_care/epic/index.htm
- Health Insurance Information, Counseling & Assistance (HIICAP) - New York State program that offers assistance to seniors with regards to health insurance.
  http://hiicap.state.ny.us
- Medicare - Official U.S. Government site for people with Medicare.
  http://www.medicare.gov/default.asp
- Medicare Part D - OMH site offering a quick reference guide to Medicare Part D.
  http://www.omh.state.ny.us/omhweb/medicared

Suicide Prevention

- American Foundation for Suicide Prevention - organization providing groundbreaking research, new educational campaigns, innovative demonstration programs, and critical policy work to reduce loss of life from suicide.

http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=74295647-AAD5-B47F-340249697DAC238A

- NYS Office of Mental Health Suicide Prevention - Quick reference guide to information, trainings, and events.
  http://www.omh.state.ny.us/omhweb/suicide_prevention
- Research Article by Dr. Yeates Conwell, University of Rochester School of Medicine Center for the Study and Prevention of Suicide - Suicide and the Elderly.
  http://www.omh.state.ny.us/omhweb/savinglives/Volume2/elders.html
- SPEAK Kits - Suicide Prevention Education and Awareness Kits offered by the NYS Office of Mental Health.
  http://www.omh.state.ny.us/omhweb/speak/speakelderly.htm

Veterans

- After Deployment - A mental wellness resource for service members, veterans, and military families.
  http://www.afterdeployment.org
- Family Caregivers of Vets - List and descriptions of resources and supports for veterans and their caregivers.
  http://www.aarp.org/family/caregiving/articles/iraq_vets_resources.html
- Military Personnel & Their Families - NYS Office of Mental Health offers information and referral services for service members, their families, and veterans during deployment, reintegration, and post-deployment periods.
  http://www.omh.state.ny.us/omhweb/military
- U.S. Department of Veteran's Affairs: Office of Geriatrics and Extended Care - Advances quality care for aging and chronically ill veterans by providing policy direction for the development, coordination, and integration of geriatrics and long-term care clinical programs.
  http://www1.va.gov/geriatricsshg

Wellness

- International Longevity Center: Sleep and Healthy Aging - A Project that advances the awareness and understanding among health professionals and the public of the importance of sleep in older adults.
  http://www.ilcusa.org/pages/projects/sleep-healthy-aging.php
- NYS Adult Immunization Campaign - Locate a local flu clinic.
  http://www.flu.state.ny.us
- NYS Office for the Aging Health Index - Offers information on aging well.
  http://www.aging.ny.gov/Health/Index.cfm

Learning Resource D

New York State Office of Mental Health (OMH) 2006 Annual Report

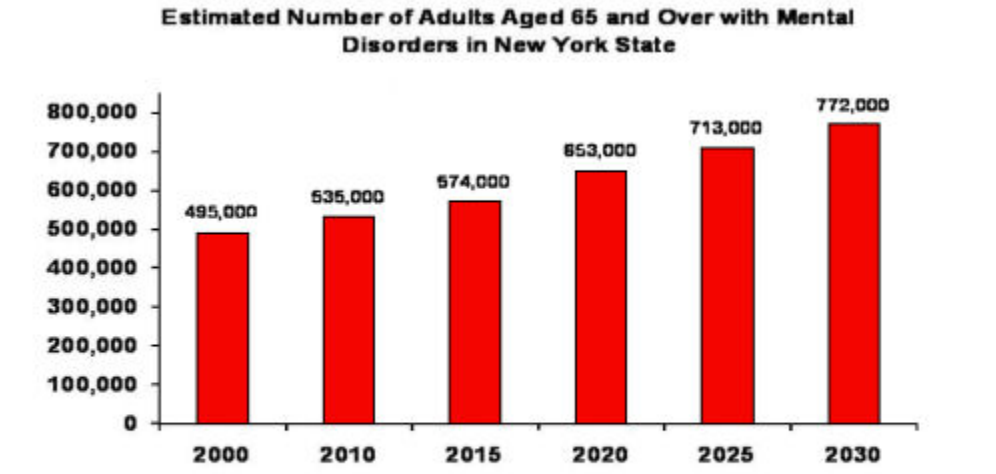
*This information has been taken from the New York State Office of Mental Health website. For more information, please visit:

http://www.omh.state.ny.us/omhweb/geriatric/report_2006.html.

2006 Annual Report

On August 23, 2005 New York State enacted the Geriatric Mental Health Act. Effective April 1, 2006, this law authorized the establishment of an Interagency Geriatric Mental Health Planning Council, a geriatric service demonstration program, and a requirement for an annual report to the Governor and the Legislature with a long-term plan regarding the geriatric mental health needs of the residents of New York. This is the initial report to the Governor and Legislature of New York State.

The projected growth of the older adult population in New York State will increase the number of adults 65 and older who have mental disorders by 56 percent in 2030 (see Table 1). This dramatic increase raises concerns about the ability of health, mental health, and aging services to provide adequate access to services that respond to the unique needs of older adults in a coordinated way. The projected growth of cultural minorities in the older adult population, the projected decrease in the proportion of working age adults, and the fact that fewer than 25 percent of older adults with mental disorders currently receive treatment from mental health professionals, present additional challenges.



Sources: U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).

Interim State Projections of Population by Single Year of Age: July 1, 2004 to 2030. U.S.Census Bureau, Population Division, Interim State Population Projections, 2005. http://www.census.gov/population/projections/DownldFile3.xls

TABLE 1

As part of the growing attention and interest at all levels of government to advance geriatric mental health care, New York State enacted the Geriatric Mental Health Act on August 23, 2005. The law, which took effect on April 1, 2006, authorized the establishment of (1) an Interagency Geriatric Mental Health Planning Council, (2) a geriatric service demonstration program, and (3) a requirement for an annual report to the Governor and the Legislature.

Interagency Geriatric Mental Health Planning Council

Description

The Interagency Geriatric Mental Health Planning Council consists of 15 members, as follows:

- The Commissioner of Mental Health, co-chair of the Council;
- The Director of the State Office for the Aging, co-chair of the Council;
- One member representing the Office of Alcoholism and Substance Abuse Services;
- One member representing the Office of Mental Retardation and Developmental Disabilities;
- One member representing the Commission on Quality of Care and Advocacy for Persons with Disabilities;
- One member representing the Department of Health;
- One member representing the Education Department and the Board of Regents;
- One member representing the Office of Children and Family Services;
- One member representing the Office of Temporary and Disability Assistance;
- Two members appointed by the Governor;
- Two members appointed by the Temporary President of the Senate; and
- Two members appointed by the Speaker of the Assembly.

The Council is to meet at least four times per calendar year to develop recommendations to be submitted to the Commissioner of the Office of Mental Health (OMH) and the Director of the State Office for the Aging (NYSOFA) regarding geriatric mental health needs.

Work Completed in 2006

- Fourteen members of the Council were appointed prior to its first meeting. The final appointment was still pending clearance.
- The Council met four times during 2006.
- To make recommendations regarding priority areas to be addressed in the context of the demonstration projects, the Council formed three workgroups: (1) Integration, which focused on community integration and integration of services; (2) Screening, Assessment, and Treatment; and (3) Workforce Development, Staff Training, and Information Clearinghouse. Workgroup reports were presented to the Commissioner of OMH and the Director of NYSOFA at the Council's September 29, 2006 meeting.

Geriatric Service Demonstration Program

Description

To support the provision of mental health services to the elderly, the Geriatric Mental Health Act called for OMH to establish a geriatric service demonstration program to provide grants, within appropriations, to providers of mental health care to the elderly. The program is administered by OMH in cooperation with NYSOFA.

Grants may be awarded for purposes which may include one or more of the following:

- *Community integration* - programs which enable older adults with mental disabilities to age in the community and prevent the unnecessary use of institutional care;
- *Improved quality of treatment* - programs for older adults which improve the quality of mental health care in the community;
- *Integration of services* - programs which integrate mental health and aging services with alcohol, drug, health and other support services;
- *Workforce* - programs which make more efficient use of mental health and health professionals by developing alternative service roles for paraprofessionals and volunteers, including peers, and programs that are more effective in recruitment and retention of bi-lingual, bi-cultural or culturally competent staff;
- *Family support* - programs which provide support for family caregivers, to include the provision of care to older adults by younger family members and by older adults to younger family members;
- *Finance* - programs which have developed and implemented innovative financing methodologies to support the delivery of best practices;
- *Specialized populations* - programs which concentrate on outreach to, engagement of, and effective treatment of cultural minorities;

- *Information clearinghouse* - programs which compile, distribute and make available information on clinical developments, program innovations and policy developments which improve the care to older adults with mental disabilities; and
- *Staff training* - programs which offer on-going training initiatives including improved clinical and cultural skills, evidence-based geriatric mental health skills, and the identification and management of mental, behavioral and substance abuse disorders among older adults.

Work Completed in 2006

- Recommendations developed by three Council workgroups regarding priority areas to be addressed in the context of the demonstration projects were utilized in developing two Requests for Proposals (RFPs) to invite eligible applicants to submit proposals for establishing demonstration projects.
- The RFPs, one to establish a Gatekeeper Program and the other to establish a Physical Health – Mental Health Integration Program, were developed by OMH in consultation with NYSOFA and released on December 11, 2006. The target population is older adults 65 years old and older whose independence, tenure, or survival in the community is in jeopardy because of a behavioral health problem. A joint review process by OMH and NYSOFA will be used to select successful grant recipients, with contracts expected to be awarded in early 2007.

Recommendations to Improve Mental Health Services for Older Adults

Description

The Commissioner of OMH and the Director of NYSOFA are to jointly report to the Governor, the Temporary President of the Senate, and the Speaker of the Assembly no later than March 1, 2007, and annually thereafter, with a long-term plan regarding the geriatric mental health needs of the residents of the State and recommendations to address those needs. Recommendations may include those of the Interagency Geriatric Mental Health Planning Council.

Improving Services for Older Adults

In keeping with OMH's *Statewide Comprehensive Plan for Mental Health Services 2006-2010*, the overall planning goal is to improve services for older adults, identifying needs and formulating recommendations to address those needs. The focus of this first annual report is on services/programs that enable older adults with behavioral health problems to age in the community and prevent the unnecessary use of institutional care. The recommendations below are based on the work of the Council's three workgroups, and were later endorsed by the Council. It is recognized that its recommendation are extensive, and many are of a complex nature, therefore, as part of the council's ongoing efforts, these recommendation will be discussed in greater detail, with the goal of identifying short term versus long term recommendations, and prioritizing items within those categories.

Improving the Availability and Quality of Mental Health Treatment

To address the need to improve the quality of mental health treatment available for older adults, priorities include the early identification of mental health issues, screening, assessment, and – acknowledging the importance of research and translating research into practice – the application of evidence-based and promising practices through interdisciplinary team work.

Recommendations:

- Detect mental disorders and intervene with services before mental health problems become severe and jeopardize community tenure.
- Establish community gatekeeper programs to proactively identify at-risk older adults in the community who are not connected to the service delivery system. (Gatekeepers are non-traditional referral sources who come into contact with older adults through their everyday work activities.)
- Utilize the PHQ-9 screening tool for depression. With items that follow the DSM-IV depression category, this tool includes nine criteria assessing clinical depression and has been used in multiple community settings, though most commonly in primary care. Advantages include rapid administration and easy scoring algorithm. It can be administered by a health or mental health professional and by other non-medical personnel with some training.
- Identify and utilize screening tools for other mental health conditions.
- Provide or make available a more detailed assessment of late life depression and intervention plans for older individuals who are screened for mental health needs.
- Utilize interdisciplinary team work for effective mental health care management and service delivery in settings where older adults reside (i.e., community urban-rural healthcare settings such as home care and primary care, senior housing, nursing homes, assisted living, and retirement communities).
- Utilize effective evidence-based interventions for late life psychiatric illnesses, such as major depression, minor depression, sub-threshold depression, and generalized anxiety disorders. Evidence-based interventions may include medication or psychosocial interventions or their combination, such as antidepressant medication (SSRIs, SNRIs), problem solving therapy, cognitive behavioral therapy, and interpersonal therapy.
- Though further evaluation of their effectiveness is needed, consider promising interventions for late life depression for their potential innovation, feasibility, and ability to replicate. Promising interventions include friendly visiting such as might be provided in a naturally occurring retirement community, telephone support, physical activity/exercise, and supportive psychotherapy.

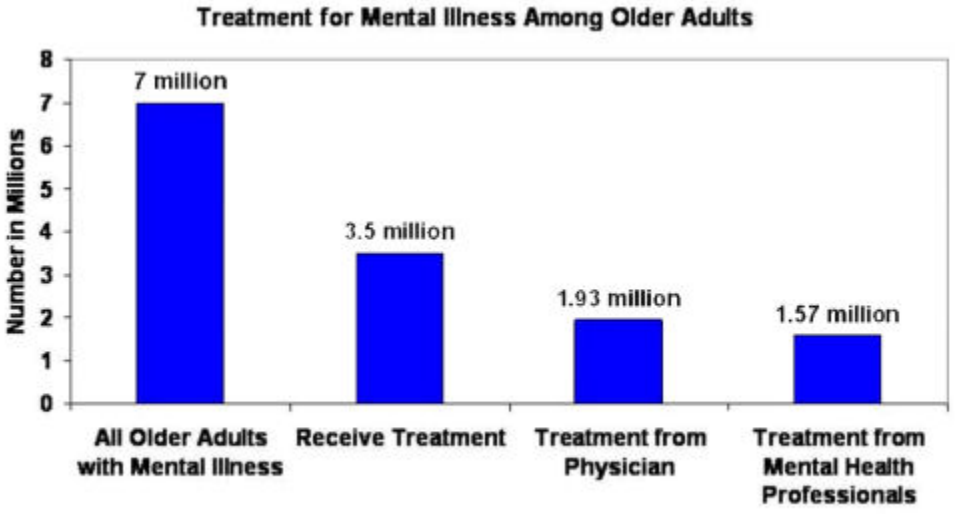
Services Integration

More than half of older adults who receive mental health care receive such services from their primary care physician (see Table 2), the advantages of primary care for older adults

including convenience and coordination of mental and medical disorders. However, no one service system is equipped to address all of the needs of older adults with mental illness. Improving services coordination and collaboration between and among mental health and physical health providers is a priority.

Recommendations:

- Integrate mental health screening and assessment with physical health care, i.e., primary, specialty, and home health care.
- Screening and referral for assessment, treatment, and support services should be available in locations such as senior apartments, assisted living, retirement communities, naturally occurring retirement communities (vertical or horizontal) and meals on wheels.
- Examine models of integrated physical and mental health care for opportunities to improve care. Models of integrated physical and mental health care are varied and include co-located primary and mental health care, integrated teams of primary and mental health professionals, care management (including peer medical care management), training for primary care providers, and telepsychiatric support for primary care providers and specialists.



Source: U.S. Department of Health and Human Services, *Older Adults and Mental Health: Issues and Opportunities* (Rockville, MD: 2001).
TABLE 2

Integrated physical and mental health care is all the more important given a 2006 technical report from the National Association of State Mental Health Program Directors that concluded that people with serious mental illness served by public mental health systems died, on average, 25 years earlier than the general population.

- Address the mental health needs of older adults with chronic disease. The unmet mental health needs of this population is a complicating factor in chronic disease management.

- Integrate services for older adults with co-occurring mental health, substance abuse, and chronic illness.
- Integrate mental health and aging services to expand mental health education, on-site screening, referral, and on-site treatment. Aging services programs which offer such opportunities include case management (such as expanded in-home services for the elderly), senior centers, naturally occurring retirement community – supportive service programs (NORC-SSPs), and social adult day care.
- Connect older adults diagnosed with serious mental illness with day programs that integrate health and mental health services using various models, such as wellness programs; primary health care in psychiatric rehabilitation, personalized recovery-oriented services programs, and continuing day treatment programs; adult medical day care and social adult day care adapted to meet mental or behavioral needs; and new models integrating psychiatric rehabilitation approaches with adult medical day care.
- Support recipient wellness self-management practices that help individuals with mental illness cope more effectively and manage their symptoms, prevent relapse, reduce stress, strengthen social relationships, and support their own recovery.
- Include the mental health needs of older adults in discussions of long-term care reform, such as mega waiver, nursing home diversion and transition waiver, and single point of entry for long-term care services.

Community Integration

Reflecting the focus of this annual report, the need to create services that assist older adults lead lives of dignity in the community in both rural and urban settings is a major priority. The importance of services and programs enabling older adults with behavioral health problems to age in their communities and prevent the unnecessary use of institutional care must be considered.

Recommendations:

- Adapt mental health service delivery strategies to accommodate the unique challenges of providing such services to older adults in rural and urban settings. In a rural environment, resource options are limited and individuals are more self-reliant and less likely to seek help, except perhaps from their primary care physician. In urban areas, more options are available although there may not be the sense of community otherwise found in rural areas.
- Address the need for accessible transportation.
- Utilize new models such as telehealth and in-home screening, assessment, and treatment to increase the individual attention to personal health, mental health, and medication that is so important for service delivery to older adults. These models exist in New York State, particularly in home health care, naturally occurring retirement communities, and meals on wheels programs.
- Develop housing options that are accessible to people with mental and/or physical disabilities – "smart home" technology, for example, and other state of the art

options that provide "falls prevention" construction, and ADL and other supports, but also allow independence.
- Adapt community-based psychiatric rehabilitation models for individuals with serious and persistent mental illness to the developmental needs of older adults.
- Make available legal services in order to prevent eviction, obtain government entitlements, obtain home health services, and provide assistance with financial management.
- Make available the humane, end-of-life care needed to make continuing contact with community-based caregivers possible.
- Develop a public awareness and education initiative addressing stigma.

Family Support

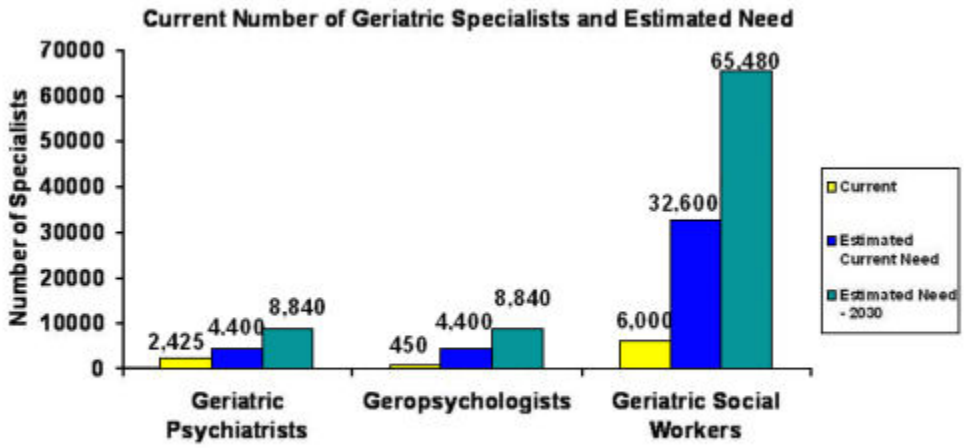
Family caregiving is a critical ingredient of community integration that itself requires care and support. The importance of providing respite and culturally competent psychoeducation and support for family caregivers in a variety of roles needs to be addressed.

Recommendations:

- Provide family support for aging family members caring for younger family members with mental disabilities, for younger family members caring for older adults with physical and/or mental disorders, and for spouses, siblings, and children of older adults with mental disorders.
- Provide culturally competent family support for minority communities. This is particularly important because many of these communities rarely place family members in institutions.
- Assess caregiver needs during home visits. Caregivers typically have psychoeducation needs and might benefit from educational offerings regarding older adults similar to those designed for providers. Local Area Agencies on Aging operate caregiver resource centers across the State.
- Address the need for respite care to benefit both caregivers and those they care for.

Staff/Caregiver Training and Workforce Development

An investment in staff/caregiver training and workforce development (see Table 3) related to helping individuals with geriatric mental health needs is required to implement the priorities included in this report. These recommendations include providing staff/caregiver education on basic skills and evidence-based practices for older adults with mental illness, assessing training needs, incorporating cultural competency, and providing competency-based skills training for identified staff and non-staff caregivers.



Sources: Halpain, Maureen C.et al. (1999). Training in Geriatric Mental Health: Needs and Strategies. *Psychiatric Services*. 50:9, 1205-1208.
Jeste, Dilip V. et al. (1999). Consensus Statement on the Upcoming Crisis in Geriatric Mental Health. *Archives of General Psychiatry*, 56, 848-853.
TABLE 3

Recommendations:

- Address provider need for education related to screening, making referrals, and otherwise assisting or treating the target populations in health (e.g., primary care, home healthcare, community healthcare), general mental health, and social services (e.g., senior services), settings.
- Provide training in late life depression management for those who administer depression screening instruments to older adults. This is very important as the manner and methods employed to administer an instrument have significance on the validity of the screening results.
- Assist primary care physicians increase their knowledge of geriatric mental health.
- Support the effective integration of mental health and aging services by providing adequate training regarding mental health for aging services providers.
- Provide ongoing training and supervision for community agencies on the implementation of specific evidence-based interventions and practices.
- Incorporate cultural competency, awareness, and sensitivity for a diverse and often specialized aging population in developing training or workforce development initiatives.
- Conduct a geriatric mental health training needs assessment for identified staff and non-staff caregivers (such as family members, friends, clergy, and volunteers) in identified treatment, residential, or other settings. Starting with basics, access and/or develop competency-based core training materials on geriatric mental health skills that can be tailored to the training needs of identified staff and non-staff caregivers.
- Work with professional education programs on curricula development related to geriatric mental health.
- Create incentives, such as loan forgiveness programs, for people to enter the workforce to help individuals with geriatric mental health needs.
- Develop new workforce roles for paraprofessionals and peers, especially older adults.
- Recruit and retain bilingual, bicultural providers and professional interpreters.

Finance

Ongoing financial support and the development of fiscally viable program models is a critical ingredient in the creation of both core and innovative geriatric mental health services and programs that enable older adults with behavioral health problems to age in the community.

Recommendations:

- The financing mechanisms and fiscal viability of services and programs developed for older adults must be considered so that models can be replicated and sustained either by existing systems and resources, or through innovative financing models.
- Develop a cross-agency study group to explore financing models that support evidence-based practices, best practices, and innovation; promote integration; provide parity; and/or create incentives to enhance the workforce.