

## Mental Health

Healthy aging means taking care of one's mental as well as physical health. Mental health has received increased attention since the last Office for Aging four year plan. However, the resources needed to address the many needs in this area are still lacking.

Local mental health services for seniors are more of a patchwork of programs than a system. This is not a problem unique to Broome County as the community's need for services reflects the national situation. Researchers estimate that two out of every three seniors needing mental health care do not receive the treatment they need.<sup>1</sup> The percentage of seniors not receiving treatment is consistent across service settings: community based services, nursing facilities, residential care settings, and in-patient hospitals.<sup>2</sup> More than half of the seniors who do receive mental health care obtain their treatment through their primary care physician. Many of these physicians lack adequate mental health and geriatric training.<sup>3</sup>

Geriatric social workers and psychiatrists are in short supply—especially in rural communities. Nationally, the number of practicing geriatric psychiatrists is decreasing. The National Institute on Aging predicts a need of 60,000 to 70,000 geriatric social workers by 2020. However, only four percent of today's social workers specialize in geriatrics. This equates to only one-third of the needed number of practitioners.<sup>4</sup>

Among MSW students in 2002, only 3.6% chose to specialize in aging. In 2004, just 5% of social workers identify aging as their primary practice.<sup>5</sup> The lack of professionals limits the options available for treating elders with mental health issues. The lack of geriatric health professionals will only grow more severe as the baby boomers age.

Besides needing more treatment professionals, service providers point to the need for long-term, geriatric case management services for seniors who have mental health issues. Most services that provide such case management require the senior to have a diagnosis. However, many seniors, fearing the stigma associated with mental health issues, do not pursue a diagnosis. Therefore, they cannot receive case management services.

These seniors end up interacting with multiple agencies with no single agency becoming responsible for their problems or helping them manage their lives. Their problems usually become crises before they obtain assistance. Ongoing case management would provide opportunities to prevent crises and comprehensively serve those lacking a diagnosis.

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<sup>1</sup> Vierck, Elizabeth, and Kris Hodges. 2003. *Aging: Demographics, Health and Health Services*. Greenwood Press: Westport.

<sup>2</sup> Kaskie, B., and Estes, C.L. 2001. Mental Health Services Policy and Aging. *Journal of Gerontological Social Work*. 36, (3/4), 99-114.

<sup>3</sup> Vierck and Hodges. Op cited.

<sup>4</sup> Institute of Medicine Committee on the Future Health Care Workforce for Older Americans. 2008. *Retooling for an Aging America: Building the Health Care Workforce*. The National Academies Press: Washington DC.

<sup>5</sup> Lennon T. 2004. *Statistics on Social Work Education in the US: 2002*: Alexandria: Council on Social Work Education. Cited in Rosen, Anita L. 2005. *The Shortage of an Adequately Trained Geriatric Mental Health Workforce*. Testimony to the Policy Committee of the White House Conference on Aging.

The issue of mental illness is exacerbated by chronic disease. The presence of a chronic condition (such as heart disease, diabetes, cancer, or chronic pain) significantly raises the chance that a senior will develop a depressive disorder.<sup>6</sup> As the severity of an older adult's chronic condition worsens, his or her likelihood of developing depression increases.<sup>7</sup>

The co-morbidity of depression and chronic illness makes the outcomes for both conditions worse.<sup>8</sup> The presence of a mental illness affects the course of a chronic illness, and the effectiveness of a mental health treatment is influenced by the presence of a chronic condition.

Co-morbidity is related to

- greater functional disability
- poor self-management
- an increase in drug interactions
- increased mortality
- a decrease in adherence to treatment regimens

Community efforts to address mental illness or chronic disease should take this linkage into effect.

During the spring of 2008, Binghamton University Master of Public Administration students conducted focus groups with seniors. In these groups, the issue of mental health was raised. Participants expressed concern over the lack of community-based mental health services for older adults. One participant stated that “Mental health services for seniors are very hard to find in this area. They just aren't available.”<sup>9</sup>

Other local mental health issues include the following:

- Human services staff are interacting with an increasing number of seniors who have mental health issues. Providers without mental health training feel ill equipped to assist these seniors.
- There are seniors taking multiple drugs from different physicians, and these elders do not know why each drug—including their psychotropic medications—was prescribed. No single physician is monitoring drug interactions or compliance.
- Many seniors face barriers in obtaining treatment for their condition. Transportation is one obstacle. Another is that there is an insufficient amount of in-home treatment services. Most mental health delivery takes place in an office setting, an environment that some seniors find intimidating. A segment of seniors with mental health problems lacks the motivation to overcome these barriers.
- Many seniors with mental health problems tend to neglect their health, do not follow treatment regimens, and often do not address minor health issues, allowing their conditions to become serious problems.

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<sup>6</sup> Baron, David, Thomas Bent, Vanessa Greenwood, and Margaret McCahill. 2008. *Depression and Chronic Disease: Understanding the Vital Link*. From Medscape Psychiatry & Mental Health. <http://cme.medscape.com/viewarticle/582598> Accessed July 30, 2009.

<sup>7</sup> National Mental Health Association Fact Sheet. 2000. Co-occurrence of Depression with Medical, Psychiatric, and Substance Abuse Disorders.

<sup>8</sup> Baron, et. al.

<sup>9</sup> Graduate Students Enrolled in PAFF 510: Logic of Inquiry, Spring 2008. 2008. “Report on Senior Citizens’ Perceptions of Broome County’s Livability.” Unpublished paper.

- Seniors with mental health issues may be at a greater risk for abuse, neglect, and exploitation. Their conditions make it easier for others to take advantage of them.
- Broome County lacks senior centered mental health treatment programs. Many local programs have strict admission requirements and seniors in need of services often do not meet those criteria. Service providers have a narrow range of options when referring seniors for services.
- Seniors could benefit if their providers adopted a treatment perspective that manages chronic disease and mental illness together.
- The set of case management services currently available in the community do not meet the mental health needs of the elder population. Service providers note the need for additional case managers to help seniors negotiate the system and function effectively in their lives.
- There are few options for mentally ill seniors who will not move to a higher level of care. Community-based service providers find it challenging to ensure these seniors' safety.
- An increasing number of caregivers need education and counseling on methods for dealing with care receivers suffering from a mental illness, particularly dementia.
- The community is facing a shortage of psychiatrists, leaving seniors to rely on their primary care physicians for their psychiatric prescriptions.
- Medical and psychiatric professionals need to approach mental and physical health as a combined entity.

Mental illnesses are treatable disorders and there is a movement to classify them as chronic conditions. Older adults with mental illnesses are no different from those suffering from any other chronic condition. Seniors suffering mental disorders need care that is coordinated and understood by all providers involved with their care. Seniors also need someone to manage their cases and ensure treatments and medications are working.

In the spring of 2008, Aging Futures formed a task force to determine the next steps the community should take to meet the mental health needs of seniors. The task force recognized that securing money for new initiatives will require local data on the incidence and prevalence of mental disorders in Broome County seniors. To address this need, the task force began collecting existing data from community agencies into a central database.

The Office for Aging will continue to collaborate with other agencies to address elderly mental health needs.

- The Office for Aging will make 225 HOME Program referrals in 2011.
- In 2011, the Office for Aging will contract with the Family and Children's Agency to provide 700 hours of mental health counseling.

