

MENTAL HEALTH NEWSTM

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THE PROMISE OF GERIATRIC MENTAL HEALTH IN NEW YORK STATE

By Michael B. Friedman

New York State has taken major steps to confront the mental health challenges of the elder boom. In 2004 The Office of Mental Health (OMH) and The Office for the Aging (SOFA) have made geriatric mental health a priority. (Thank you Commissioner Sharon Carpinello and Director Neal Lane.) In 2005 The NYS Legislature passed The Geriatric Mental Health Act nearly unanimously. (Thank you Senator Nick Spano, Assemblyman Peter Rivera, Senator Thomas Morahan, Assemblymen Steven Englebright, and Senator Marty Golden.) The Governor signed the Act into law and included \$2 million in his budget request for 2006-7 to implement the Act. (Thank you Governor George Pataki.)

The proposed funding for geriatric mental health is designated for the start-up of services demonstrations programs. This is exciting because it is so clear that meeting the mental health needs of older adults will require substantial innovation as well as increased service capacity. And there is an abundance of wonderful ideas for new service approaches. \$2 million won't fund them all, but there will be some great proposals to choose from.

The legislation calls for demonstrations in 9 areas: (1) community integration, (2) improved quality of treatment in the community, (3) integration of services, (4) workforce, (5) family support, (6) finance, (7) cultural minorities, (8) information clearinghouse, and (9) staff training.

Here are just a few of the possibilities in each category.

Community Integration

- ❑ Projects that prevent the need for placement in institutions or facilitate transition to the community.
- ❑ Projects using innovative approaches to manage behavioral problems—such as self-neglect, rejection of care, and hoarding—that frequently result in institutionalization.
- ❑ Projects that improve mental health treatment and rehabilitation in nursing and adult homes.
- ❑ Projects using housing models for older adults with psychiatric disabilities that are designed to provide access for those with physical disabilities, to prevent injuries due to falls and other accidents, to provide assistance with activities of daily living, and to provide care for the lifetime of the older adult— including end-of-life care.

Improved Quality of Treatment in the Community

- ❑ Projects that use evidence-based and other state-of-the art practices.
- ❑ Projects designed to prevent suicide among older adults.
- ❑ Projects that provide mobile mental health services both in the home and in community settings such as senior centers and naturally occurring retirement communities (NORCs).
- ❑ Projects that promote increased life expectancy among people with serious mental illnesses through improved health care and health promotion.

- ❑ Projects that adapt models of recovery and rehabilitation to meet the developmental needs of older adults with psychiatric disabilities.
- ❑ Projects adapting social and medical adult day care to the needs of people with psychiatric disabilities
- ❑ Projects that provide innovative ways to manage psychiatric crises.
- ❑ Projects that address problems of addiction, especially alcohol and prescription drug abuse.
- ❑ Projects that educate the public about mental illness, addictive disorders, and treatment.

Integration of Services

- ❑ Projects that provide screening for mental health problems in health and aging programs.
- ❑ Projects integrating mental health with primary, specialty, and/or home health services.
- ❑ Projects co-locating mental health services in community settings such as NORCs, senior centers, and supportive housing sites.
- ❑ Projects offering “one-stop shopping.”
- ❑ Projects that establish local networks integrating mental health, health, and aging services.
- ❑ Projects that link response to mental health and spiritual concerns.

Workforce

- ❑ Projects to entice people to careers serving older adults with mental health problems.
- ❑ Projects to improve education about geriatric mental health in social work, medical, nursing, and psychology programs.
- ❑ Projects reflecting effective recruitment and retention of bi-lingual, bi-cultural, or culturally competent staff.
- ❑ Projects developing service roles for paraprofessionals and volunteers, including peers and family members, under professional supervision.

Family Support

- ❑ Projects providing support groups, counseling, affordable treatment, respite, and support in times of crisis for:
 - ❑ Family members who care for older adults with physical and mental disabilities
 - ❑ Older parents providing care for their adult children with psychiatric disabilities
 - ❑ Grandparents raising grandchildren.
- ❑ Projects in which family support organizations reach out to older adults in need of support.

Specialized Populations

- ❑ Projects designed to reach out to, provide mental health education for, engage, and provide effective treatment for cultural minorities including, racial and ethnic groups, the hearing or visually impaired, and the lesbian, gay, bi-sexual, and transgender (LGBT) community.
- ❑ Projects that establish innovative services in minority neighborhoods.

Finance

- ❑ Projects using new financing models to support state-of-the art and innovative practices.
- ❑ Projects that pool funding from the mental health, health, and aging systems.
- ❑ Projects that maximize Medicare income.

Information Clearinghouse

- ❑ A project to compile and disseminate information on service innovations and policy developments to improve the care to older adults with mental disabilities.

Staff Training

- ❑ Training in evidence-based and other state-of-the-art geriatric mental health practices.
- ❑ Training to enhance cultural competence.
- ❑ Training of health, mental health, and aging personnel in the identification of risk of suicide and in prevention strategies.
- ❑ Training of health, mental health, and aging personnel in the identification of mental illness, appropriate intervention, and resources in the community.
- ❑ Training of long-term care health providers regarding the treatment and management of behavioral problems that make it difficult for older adults to live in the community.
- ❑ Training regarding financing opportunities.

This is quite a laundry list of possibilities, and I'm sure I have overlooked some very good additional ideas. It reflects the challenge that The Office of Mental Health and other state agencies will have to confront to identify the priorities for the first round of grants. But this is the kind of problem one wants to have—too much to choose from rather than too little. And it means that once state officials select their priorities, New York State will be well on the way to modeling excellence in geriatric mental health for the rest of the nation.

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