



the mental health association
of new york city, inc.



**The Center for Policy and Advocacy
of The Mental Health Associations of New York City and Westchester**

**GERIATRIC MENTAL HEALTH:
AGENDA AND ACTION
IN NEW YORK**



MENTAL HEALTH CHALLENGES OF THE ELDER BOOM

- GROWTH OF ADULTS 65+ FROM 35 MILLION TO 70 MILLION
- GROWTH OF ELDERLY WITH MENTAL DISORDERS FROM 7-14 MILLION
- AT MOST 25% GET APPROPRIATE TREATMENT
- POPULATION OF WORKING AGE ADULTS WILL DECREASE BY 5%



WHERE TO START?

- NYS OMH 5-YR. PLAN HAS FOOTNOTE ONLY
- GERIATRIC MH NOT ON RADAR SCREEN

- BUILD AWARENESS
- LAY GROUNDWORK



SHORT-TERM AND LONG-TERM GOALS

■ LONG-TERM

- Identify Best Practices and Innovative Opps.
- Identify Barriers to Good Practice and Innovation
- Develop Substantive Policy Recommendations

■ SHORT-TERM

- Radar screen of gov't, providers, advocates
- Lay groundwork, e.g. begin planning



ACTIONS TO ACHIEVE LONG-TERM GOALS

- BEST PRACTICES PRESENTATIONS
- FOCUS GROUPS
- SPECIALIZED WORKGROUPS



ACTIONS TO ACHIEVE SHORT-TERM GOALS

- LEGISLATIVE AND EXECUTIVE BRANCHES OF STATE GOVERNMENT
- LOCAL MENTAL HEALTH ORGANIZATIONS, GOV. AND NON-GOV.
- CONSCIOUSNESS RAISING WITH PROVIDERS, ADVOCATES, ETC.



ACHIEVEMENTS

- SEVERAL LOCAL INITIATIVES
- \$1 MILLION ADDED IN NYC
- OMH: PRIORITY POP., COMMIT TO PLAN
- OFA: DESIGNATED LEADERSHIP
- **THE GERIATRIC MENTAL HEALTH ACT**



TODAY'S GOALS

- DEVELOP AGENDA FOR IOWA
- DEVELOP ACTION PLAN

- PRESENT GMHA 10-POINT AGENDA
- ACTION IN NYS



10-POINT ACTION AGENDA

1. **Support to enable people to remain in, or return to, the community and avoid institutionalization**
2. **Improved access to services**
3. **Enhanced quality of care and treatment**
4. **Integration of mental health, health, and aging services**
5. **Increased capacity to serve cultural minorities**



10-POINT ACTION AGENDA

6. **Support for Family Caregivers**
7. **Public Education**
8. **Workforce Development**
9. **New Financing Models**
10. **Governmental readiness**



REGARDING THE AGENDA

- Agenda applies to various populations
 - People with severe, long-term psych. disabil.
 - People with new or exacerbated disorders
 - People reacting to developmental changes
 - Retirement
 - Deteriorating health and skills
 - Losses of friends and family
 - Facing death



REGARDING THE AGENDA (2)

- Agenda is not very detailed
 - Much work needs to be done to decide
 - Detail often leads to disagreement
 - Start with agreement and get to the “devil in the details” later.



CONSTITUENCY BUILDING

- Diverse Communities: NOT JUST MENTAL HEALTH
- Individual members rather than organizations
- Except for workgroup of state capitol advocates
- Recruitment at every opportunity
- No cost; work not required for membership
- Multiple workgroups in different locations
- Now 800 members
- 110 Organizations supported the Act



WORKGROUPS

- NYC GENERAL WORKGROUP
- TEMPORARY SUBGROUPS ON
 - ADVOCACY
 - BEST PRACTICES
- WESTCHESTER ADVISORY GROUP TO COUNTY AAA
- ALBANY-BASED ADVOCATES



COMMUNICATIONS

- BRIEFING BOOK
- ISSUES PAPER
- OP-EDS
- 1-PAGERS
- WEBSITE
- COMMUNICATIONS VIA E-MAIL
- SIGN-UP SHEET



STRATEGIES

- LOCAL AND STATE, EMPHASIZING STATE; LITTLE FEDERAL
- TARGET EXECUTIVE AND LEGISLATIVE BRANCHES
- CONSCIOUSNESS RAISING WITH GOVERNMENT, PROVIDERS, TRADE ASSOCIATIONS, AND ADVOCATES



ADVOCACY WITH PROVIDERS **AND ADVOCATES**

- Presentations to raise awareness of geriatric mental health issues among
 - Providers
 - Trade and professional associations
 - Advocates



ADVOCACY: LOCAL LEVEL

- Designated MH Committee of Westchester County Office for Aging
- Developed close ties with departments of mental health and aging in NYC
- Another MHA Organized GMH Alliance on Long Island
- Commissioner in Rockland County set up planning committee



ADVOCACY: STATE LEVEL

Executive Branch:

- Office of Mental Health: Leadership, Planning, and Training
- State Office for the Aging: Leadership and Link to OMH
- Department of Health: Link to OMH
- Commission on Quality of Care: Raise concern
- Governor's Office: Interagency Planning and Funding



ADVOCACY: STATE LEVEL

Legislative Branch

- Bicameral, Bipartisan Approach
- Work with **leadership only**: Chairs of mental health and aging in both houses
- Initially Sought Hearings and Study
- Comprehensive Geriatric Mental Health Act emerged from the legislators' great interest.



THE COMPREHENSIVE (BUT INEXPENSIVE) **GERIATRIC MENTAL HEALTH ACT**

- Purposely broader than achievable
 - Services Demonstrations Grants to Promote Innovation
 - Public Education Initiative to Overcome Stigma, Ageism, and Ignorance
 - Workforce Development Initiative
 - Quality Improvement Initiative
 - Governmental Readiness Via Interagency Planning, Leadership, and Representation



PROCESS: LEGISLATIVE BRANCH

- Presentations to chairs of mental health and aging committees in Assembly and to 3rd ranking Senator (former mh chair)
- Presentation to Assembly mental health comm.
- Drafting of identical bills in both houses
- Roughly simultaneous introduction in both houses
- Bipartisan press conference



PROCESS: **EXECUTIVE BRANCH**

- Discussions with Executive Branch:
Commissioner of MH; Commissioner of Aging; Governor's Office
- Be clear re. their objections
- Openness to compromise
- Communication back to legislative staff



PROCESS: **BUILDING SUPPORT**

- Outreach to members of Alliance and other organizations
- Ultimately 110 organizations signed on in support



PROCESS: **BRINGING IT HOME**

- Hired lobbyists who specialize in mental health
- Made sure it was a bipartisan press conference
- Adequate press coverage (not much)
- Won support of Speaker and Majority Leader
- Created pressure on Governor to avoid veto
- Accepted Governor's compromise with a few minor modifications



THE GERIATRIC MENTAL HEALTH ACT OF NEW YORK

- Services demonstrations grants
- Interagency Geriatric Mental Health Planning Council
- Less than we asked for, but significant steps forward.



WHY IT PASSED

- Clear need
- Right issue at the right time
- Neither party wanted to cede political advantage to the other on this issue
- We avoided a high profile campaign
 - Didn't need it
 - Might have disrupted the tenuous, bi-partisan agreement
- Willingness to compromise



**INFORMATION ABOUT
THE ALLIANCE
IF REQUESTED**



Today The Alliance Has:

- 800 members including mental health, health, and aging providers; academic leaders; researchers; older adults; advocates; funders; and public officials.
- Workgroups based in:
 - New York City
 - Westchester County (This workgroup is the official mental health advisory committee to the Area Agency for the Aging.)
 - Albany: A coalition of 25 statewide advocacy groups.



Today the Alliance Provides

- Best Practices Presentations
- Qualitative Research Via Focus Groups
- Dissemination of Information
- Policy Analysis
- Local and State Advocacy



Funding

- Mental Health Associations of New York City and of Westchester
- Various Small Foundations
 - Only one small grant (\$25,000) for advocacy
 - 3 grants (\$125,000) to identify best and innovative practices, barriers to their use, and policy changes needed to overcome the barriers
- Legislative Grant



STAFFING

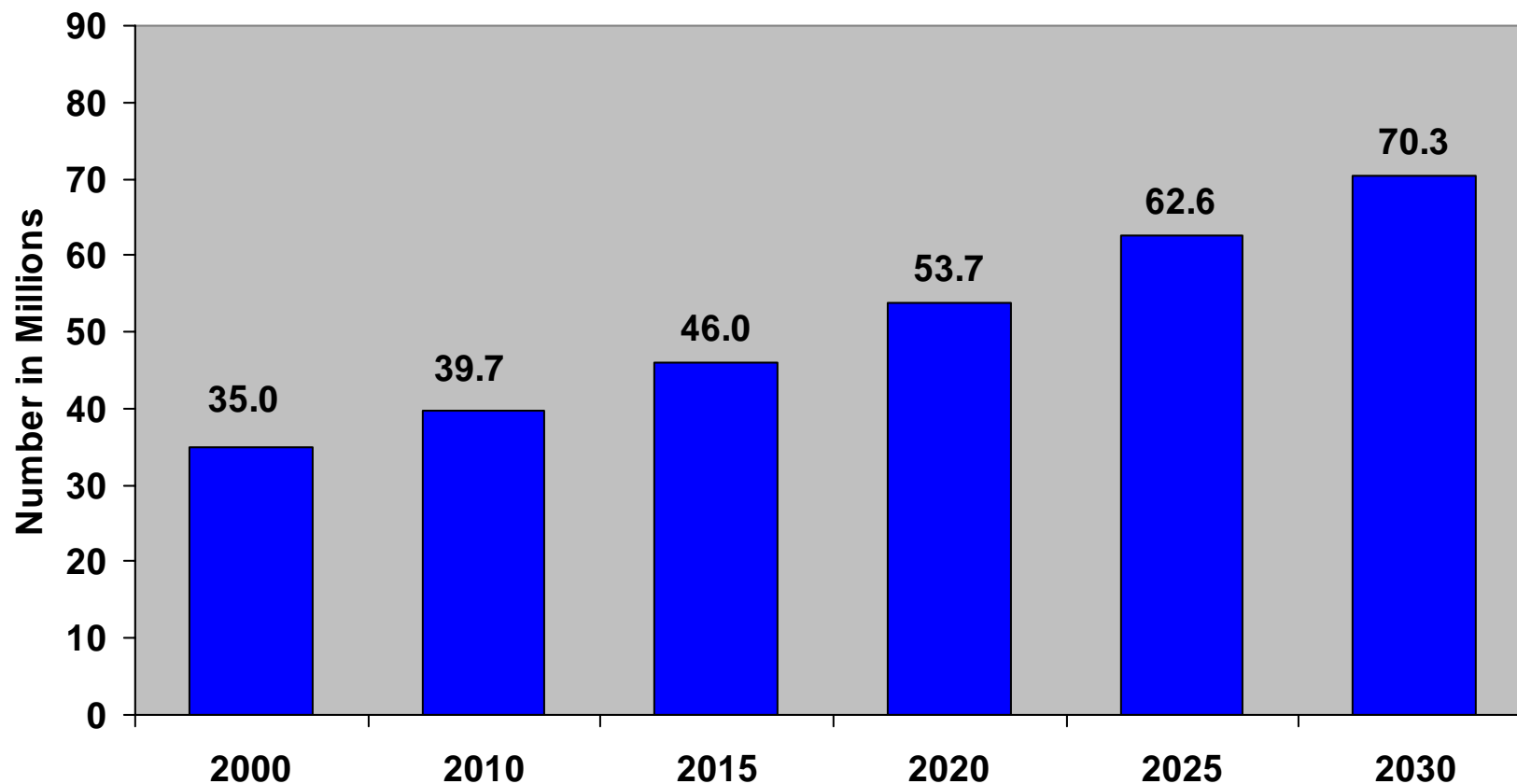
- Began with 1 p.t.
- Added intern
- Added f.t. project coordinator
- Added p.t. administrative assistant



**SAMPLES
FROM BRIEFING BOOK
FOLLOW**

THE POPULATION OF PEOPLE 65 AND OLDER IN THE UNITED STATES IS PROJECTED TO DOUBLE BETWEEN 2000 AND 2030, FROM 35 MILLION TO 70.3 MILLION.

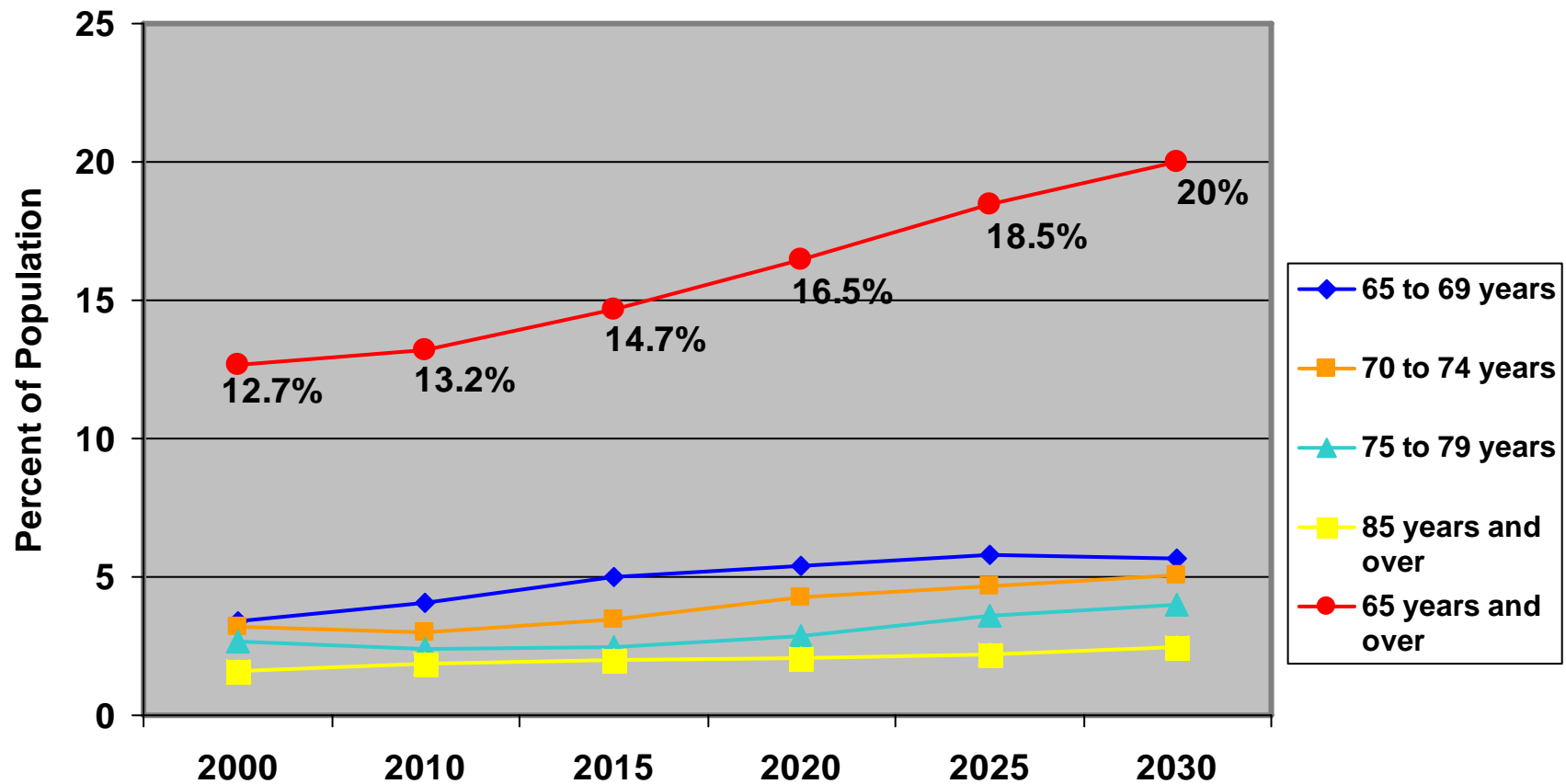
Projected Growth of 65 and Over Population: 2000 to 2030



Source: 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.

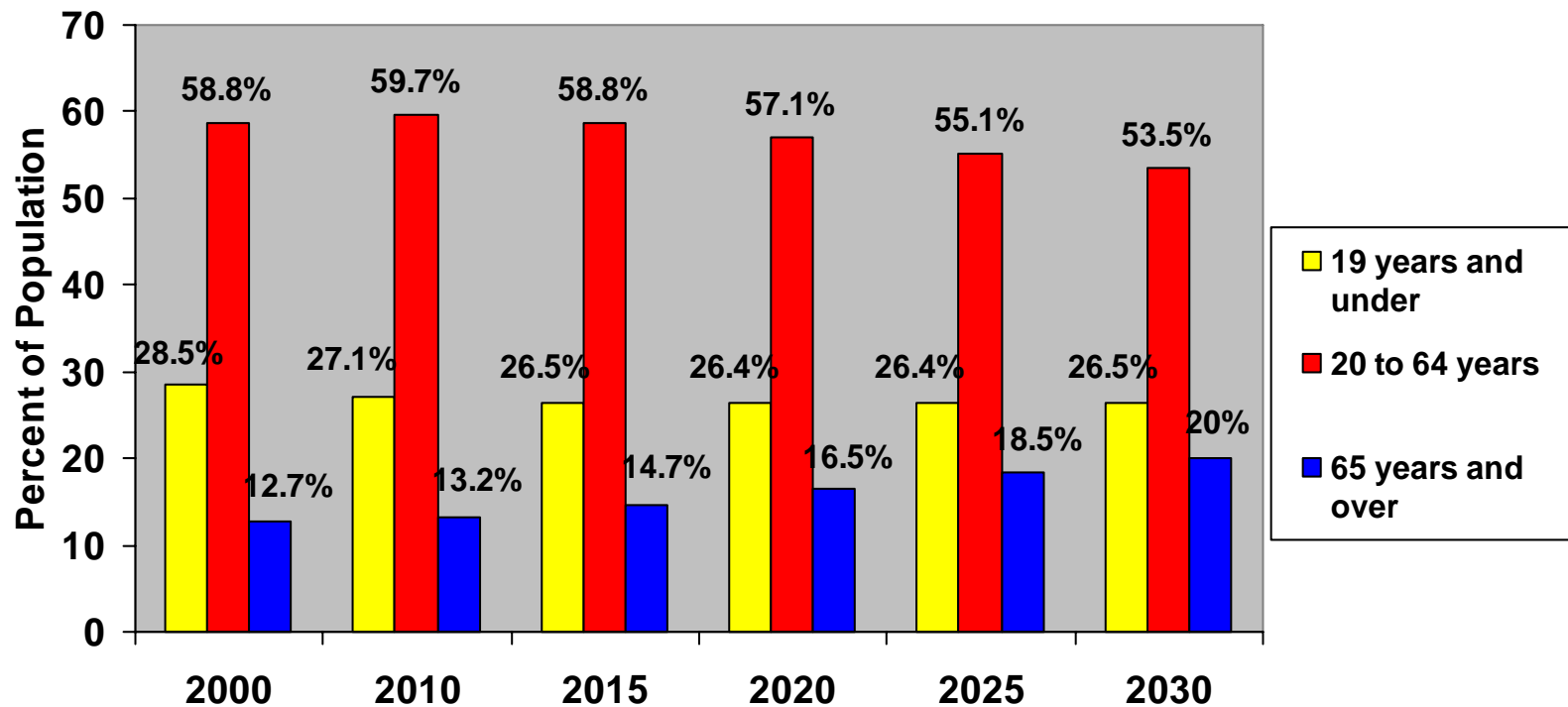
PEOPLE 65 AND OVER REPRESENTED 12.7% OF THE POPULATION IN THE U.S. IN 2000 BUT ARE EXPECTED TO BE 20% BY 2030.

Projected Growth of Older Population by Age Cohort:
2000 to 2030



IN THE UNITED STATES, THE PROPORTION OF WORKING AGE ADULTS WILL DECREASE 5%.

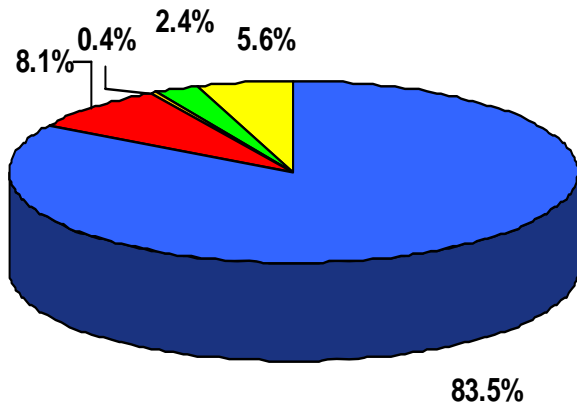
Projected Growth of Population by Age Cohort:
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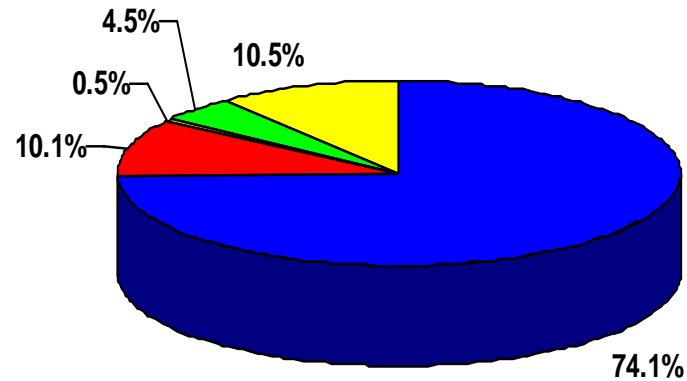
Source: U.S. Bureau of the Census. (2000). Population projections of the United States by age, sex, race and hispanic origin: 1995-2050, *Current Population Reports*, P25-1130.

THE MINORITY POPULATION 65 AND OVER WILL INCREASE FROM 5.7 MILLION (16.5%) TO 19.7 MILLION (25.6%) OVER THE NEXT 30 YEARS.

The 65 and Over Population by Race: 2000



The 65 and Over Population by Race: 2030



Population (in millions)

White	29.1m
Black	2.8m
American Indian	0.2m
Asian/ Pac Islander	0.8m
Hispanic	1.9m

Population (in millions)

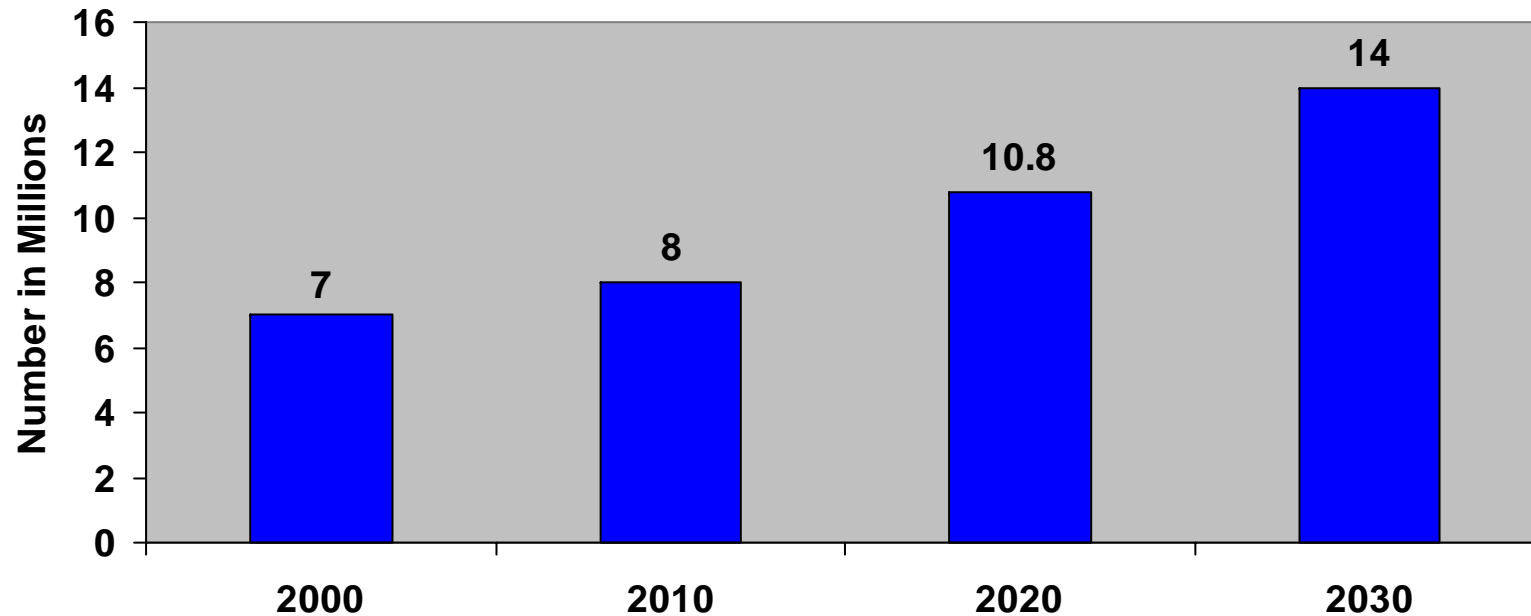
White	51.7m
Black	7.4m
American Indian	0.4m
Asian/Pac Islander	3.2m
Hispanic	7.7m



Approximately 1 in 5 older adults has a diagnosable mental disorder.

THE NUMBER OF OLDER ADULTS WITH MENTAL ILLNESS IN THE UNITED STATES WILL DOUBLE FROM 2000 TO 2030.

Projected Growth of 65 and Over Population with Mental Disorders:
2000 to 2030



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

HETEROGENOUS POPULATION

- PEOPLE WITH LONG-TERM PSYCHIATRIC DISABILITIES WHO ARE AGING
- PEOPLE WITH LATE ONSET MENTAL ILLNESSES
 - Dementia
 - Late onset schizophrenia
 - Severe anxiety disorders and depression (Often isolated and inactive)
 - Mild to moderate anxiety disorders and depression
- PEOPLE FACING DEVELOPMENTAL CHALLENGES
 - Role changes, e.g. retirement; grandparenting
 - Reduced (increased) social status
 - Losses of friends and relatives
 - Declining functional abilities
 - Preparing for death

THE KINDS OF MENTAL ILLNESSES EXPERIENCED BY OLDER ADULTS ARE SOMEWHAT DIFFERENT FROM THOSE EXPERIENCED BY YOUNGER ADULTS.

1-year prevalence for mental illness older adults 55+

Any Disorder	19.8%
Any Anxiety Disorder	11.4%
Any Mood Disorder	4.4%
Schizophrenia	0.6%
Dementia	6.6%

1-year prevalence for mental illness adults 18-54

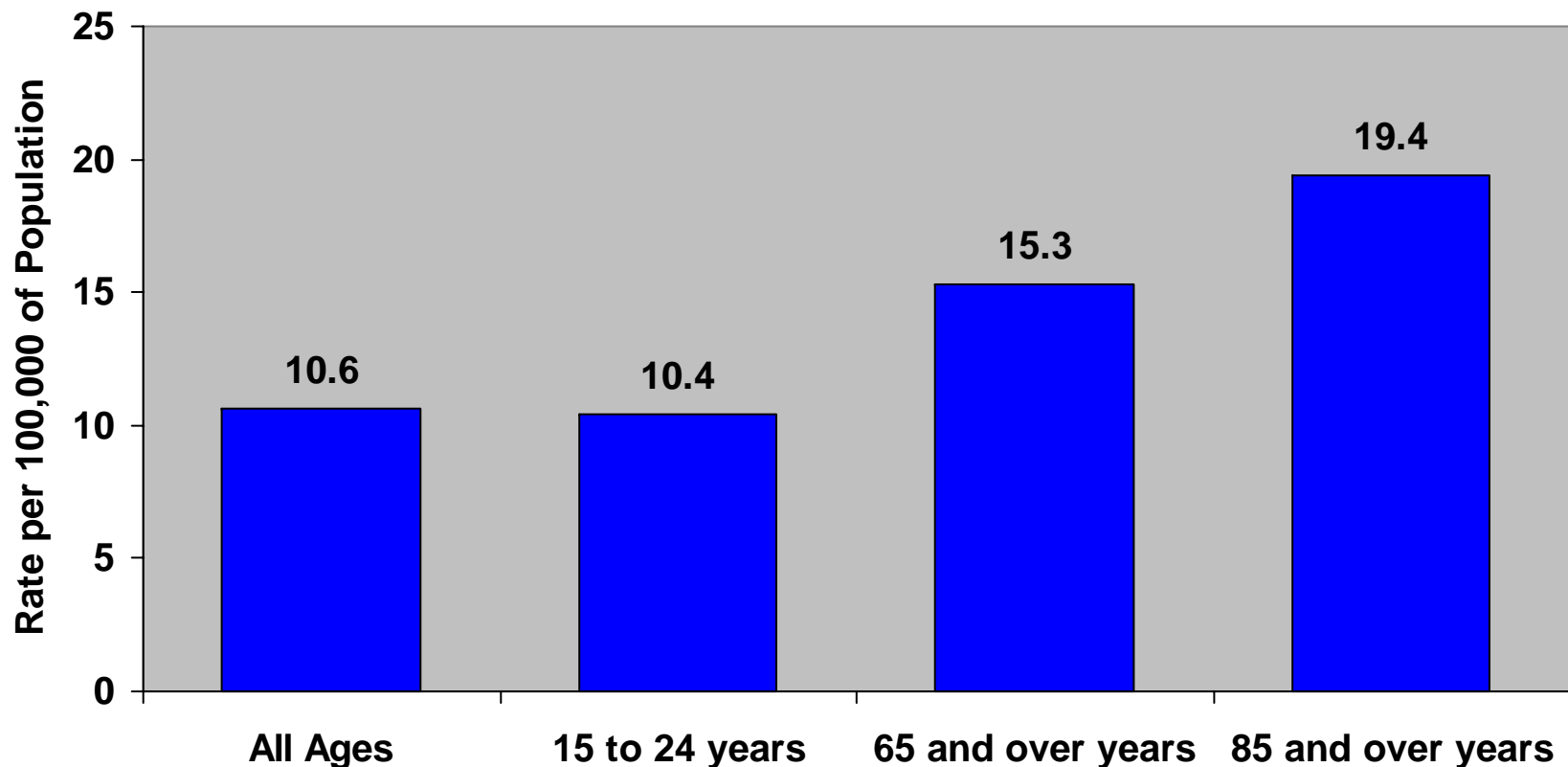
Any Disorder	21%
Any Anxiety Disorder	16.4%
Any Mood Disorder	7.1%
Schizophrenia	1.3%
Anti-social Personality	2.1%

NOTE: The percentages do not add up to 100% due to co-occurring disorders.

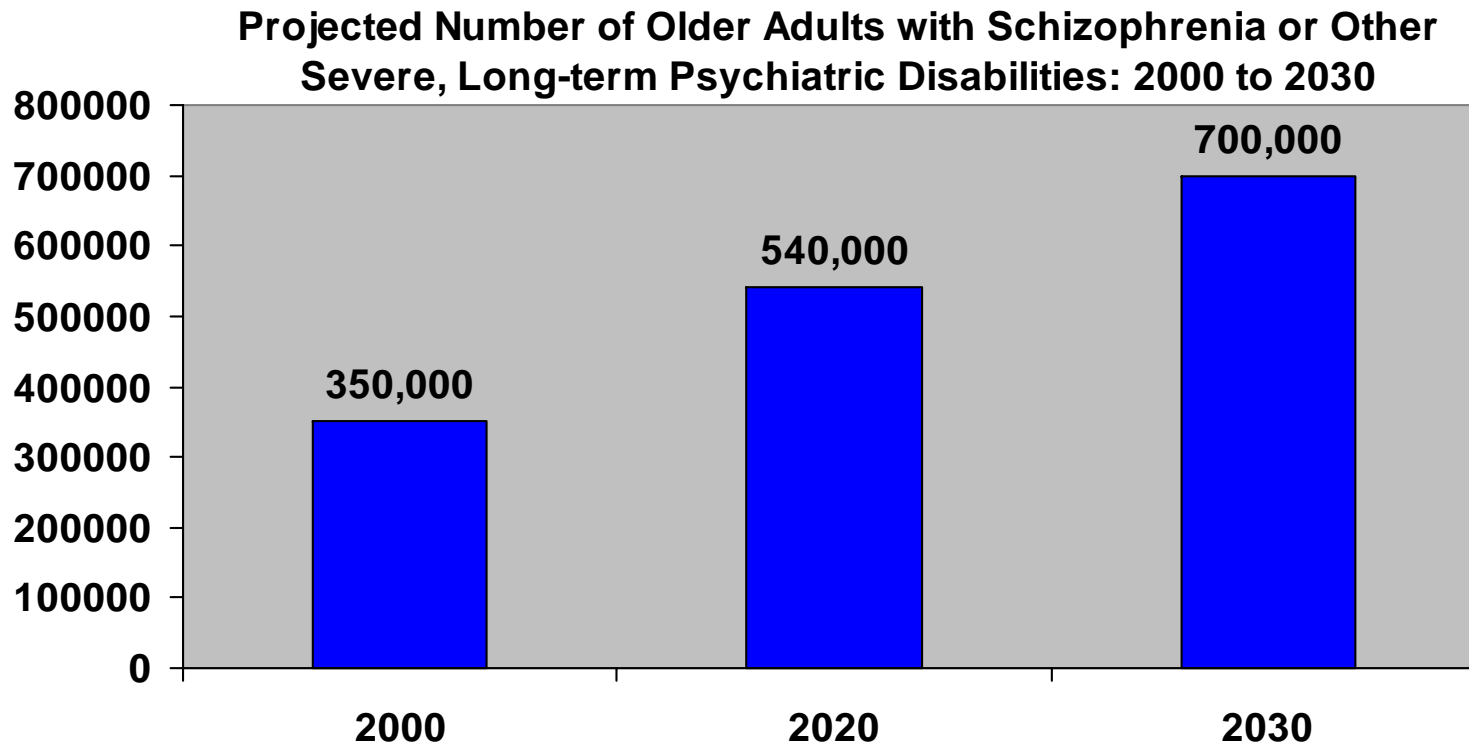
Source: U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).

THE SUICIDE RATE OF OLDER ADULTS IS ROUGHLY 50% HIGHER THAN THE GENERAL POPULATION AND ADOLESCENTS AND YOUNG ADULTS (15-24).

Suicide Rates of Specific Age Cohorts per 100,000 of population in the year 2000



THE NUMBER OF OLDER ADULTS WITH SCHIZOPHRENIA OR OTHER SEVERE, LONG-TERM PSYCHIATRIC DISABILITIES WILL INCREASE FROM 350,000 TO 700,000 BY 2030.
(N.B. Total patients in state hospitals at peak use: 550,000)



*Assumes 1% prevalence of schizophrenia and other serious psychiatric disabilities in older adults.

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

PEOPLE WITH SCHIZOPHRENIA AND
OTHER SEVERE LONG-TERM
PSYCHIATRIC DISABILITIES HAVE A
10-YEAR LOWER LIFE EXPECTANCY
THAN THE GENERAL POPULATION.

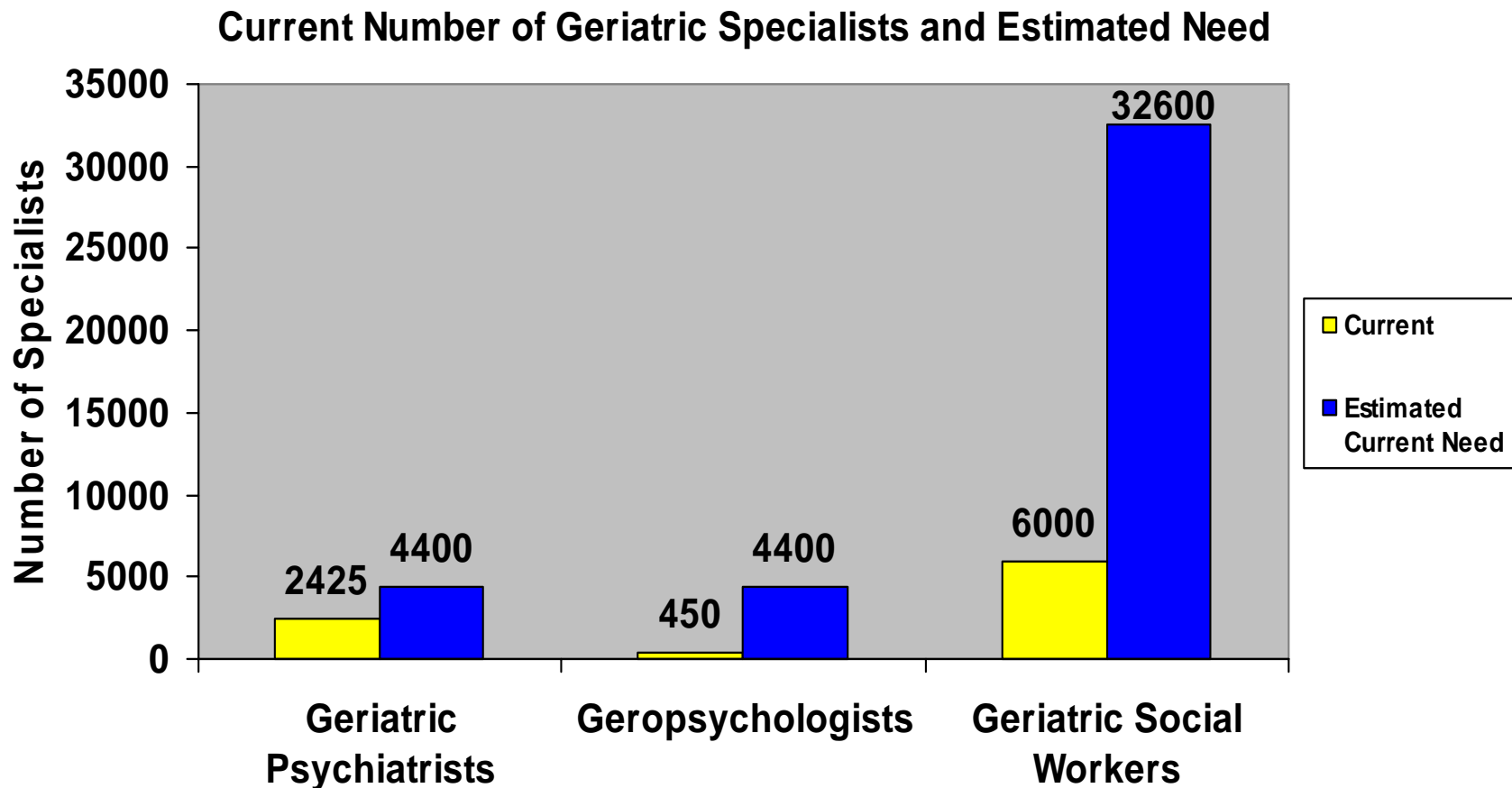
Reasons:

- Smoking, Obesity, Hypertension, Diabetes, Heart Disease, Pulmonary Disease
- Limited Access to Quality Health Care
- Suicide
- Accidents and Injuries

FOR OLDER ADULTS WITH MENTAL DISORDERS CO-OCCURRING PHYSICAL DISORDERS ARE VIRTUALLY UNIVERSAL

- Like all older adults, those with mental disorders are likely to have chronic physical conditions.
- People with serious mental illnesses are at high risk for obesity, hypertension, diabetes, and cardiac and respiratory problems.
- Psychiatric disturbances affect as many as 90% of patients with dementias.¹

THERE ARE TOO FEW GERIATRIC MENTAL HEALTH PROFESSIONALS.



IN THE U.S., ONLY 22.5% OF OLDER ADULTS WITH MENTAL ILLNESSES GET TREATMENT FROM MENTAL HEALTH PROFESSIONALS. THEY ARE MORE LIKELY TO GO TO PRIMARY CARE PHYSICIANS.

