



Committee on Aging & Long Term Care

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Presented by:
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NAMI Kansas is a statewide grassroots membership organization dedicated to improving the lives of individuals with mental illness. Our members are individuals who are living with mental illnesses and the family members who provide care and support. NAMI Kansas provides peer support through a statewide network of local affiliates. We sponsor educational programs targeted at consumers of mental health services, their family members, and the general public. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

We stand in support of House Bill 2074 and the need to provide greater focus in the provision of mental health services to the elderly.

More than a decade ago NAMI reported that suicide rates in older persons were on the rise; yet symptoms of depression were rarely recognized and treated among the elderly. As many as 90 percent of older persons who have depression did not get treatment for this disorder. We learned that depression is not the outcome of the natural processes of aging. Among Americans 65 and older, a reported five million suffered from serious and persistent symptoms of depression. Another one million suffered from major, or clinical, depression. Current estimates suggest that by 2030, 15 million older adults will suffer from a mental illness.

From 1980 to 1992, the suicide rate among persons 65 and older increased nine percent, and most striking was a 35 percent rise in rates of suicide for men and women age 80 to 84. The suicide rate among males 85 years and older was six times the rate of the general population. All but a handful of older people who committed suicide were suffering from depression, but a prominent researcher from the National Institute of Mental Health stated that "...misunderstandings about the nature of the aging process itself may cause the individual, the family, and even the health care professional to fail to recognize the symptoms of the disorder in older persons afflicted with multiple illnesses."

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It has been well documented that older persons who were suicidal visited their primary care physician in the month before killing themselves, with nearly 40 percent making that visit in the week before committing suicide. It was concluded that doctors may not associate an older person's behavior with depression since the classic symptoms of sadness and withdrawal are frequently replaced with irritability or apathy.

Further data suggest the following relative to the need for focused mental health services for the elderly:

- Approximately 25 percent of the elderly experience significant clinical depression.
- Approximately 10 percent of the elderly suffer from dementia.
- Seniors are at the highest risk for suicide, out of all age groups in the American population.
- Primary care physicians identify mental illnesses only 50 percent of the time, although 25 percent of all patients seen in a primary care setting have a mental illness.

A 2001 report from the Administration on Aging on older adults and mental health identified an emerging "national crisis in geriatric mental health." A critical concern is the expected jump in the nation's elderly population as baby boomers begin to enter this age group. It was estimated that in less than thirty years, older adults will account for 20 percent of the population. The report noted that for the age group of 55 or older, 20 percent of Americans experienced a mental illness with some evidence showing that the occurrence of these illnesses may be under-reported. Also, suicide occurs at a higher rate in older adults than in any other age group.

The report also found that older Americans were denied access to needed treatment and services and cited several barriers to access such as a fragmented mental healthcare system, inadequate funding for treatment and services, services gaps, lack of professional training for the delivery of geriatric mental health treatment and services, and poor collaboration and coordination among providers. Stigma surrounding mental illnesses was also cited as a barrier to mental health care.

In order to meet the needs of older adults with mental illnesses, several strategies were identified in the report to ensure that appropriate and effective treatment and services will be available to the elderly. Most of these are germane to the issues anticipated in the presentation of HB 2047.

- Prevention and early intervention services
- Workforce issues: shortage of qualified providers and the need for educating providers regarding the specific needs of the elderly
- Coordinating and strengthening the financing of mental health services
- Increasing collaboration among providers and with consumer groups
- Ensuring access to affordable, comprehensive, quality mental health care
- Increasing public awareness and education
- Expanding research into aging and mental illness
- Encouraging consumer involvement
- Addressing the needs of multi-cultural populations

There has been an explosion of research into depression among the elderly which has yielded significant progress in understanding the nature, clinical course, and treatment of this serious disorder. Early recognition, diagnosis, and treatment can translate into the prevention of suffering or premature death and enhanced independence and functioning for the elderly. Social supports, especially from the family, are essential in treating an older person with depression.

A 2005 report from the Substance Abuse and Mental Health Services Administration (SAMHSA) focused on research findings on older adults and mental health with an emphasis on the stigma associated with mental illness among the elderly. One of the two strategies selected by the report as most promising to effect change was to empower and educate older adults with mental illnesses.

Another SAMHSA report from 2005 identified principal areas of focus to ensure meaningful mental health services for the elderly. These included screening and assessment by health care providers, home and community-based mental health outreach services and mental health treatment, and the integration of behavioral health care into medical settings.

It is in the context of these repeated findings over the last decade and more that we are now called on to provide some focus in the delivery of mental health services to the elderly in Kansas. NAMI Kansas urges the adoption of HB 2047 as a positive step in this direction.

Thank you for the opportunity to appear before the Committee today to address these critical issues.