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Aging and Long Term Care Committee

Testimony on
Mental Health Services for Seniors
H.B. 2047

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Mi. Chairman and members of the Committee, my name is Michelle Sweeney, I am the Advocacy and Member Services Coordinator with the Association of Community Mental Health Centers of Kansas, Inc.

The Association represents 27 licensed CMHCs which provide services to meet the particular needs of their local communities. The public mental health system is a partnership between State and local government. With a collective staff of over 4,000 professionals, the CMHCs provide services to Kansans of all ages with a diverse range of presenting problems. The CMHCs provide assessment, diagnosis, treatment, case management, medication management, crisis services, attendance care and respite care as well as many other services to individuals and families dealing with mental illness. In addition, the CMHCs provide screening for individuals who may need inpatient hospitalization. We serve more than 118,000 Kansans each year, and as part of licensing regulations, are required to provide services to all Kansans who present for treatment, regardless of their illness or ability to pay. In FY 2010, the CMHCs served 13,372 seniors age 55 and older.

As you are aware, many seniors in our communities have or will develop some mental illness during their golden years. As seniors face losses of health, family, friends, neighbors and even isolation as they age in place, they may develop depression or other mental health issues. Seniors deserve to maintain their mental health, and deserve to receive treatment so they can live well and age successfully.

We believe that Area Agencies on Aging (AAAs) and CMHCs can and should work in close collaboration to identify seniors who may need mental health services and then provide treatment to those individuals. This collaboration could vastly improve the quality of life for many seniors in Kansas. The creation of a program of geriatric mental health services to seniors is wholeheartedly supported by the Association. We stand ready and willing to collaborate with the Department on Aging to promote system changes to the Kansas long term care infrastructure, including streamlined access to services.

Two critical factors in accessing mental health care are provider availability and acceptability by consumers. Kansas has only five urban counties, with the rest of the state made up of frontier, rural, dense rural counties and semi-urban counties. A person living in a rural area may be Medicare eligible or have other insurance or coverage for mental illness, but if the nearest provider is hours away, their access to care becomes limited. The result is that those in rural Kansas may experience a delay in care, inconsistent care, or no care.

According to the National Rural Health Association, people from rural or frontier areas have a high percentage of seniors with Medicare coverage, are less likely to enroll in Medicaid, and have less knowledge about that and other social services. Right now, Medicare does not provide coverage for many providers of mental health care and treatment---only for a very few licensed practitioners. In addition, it only reimburses for 50 to 80 percent of the cost to provide treatment to seniors with mental illness, The passage of federal legislation that expands Medicare coverage to include all mental health clinicians who are licensed for independent practice by their state licensing boards will help to close the gap for rural Kansas seniors and those with mental illness, and allow them access to treatment by a mental health professional in their own community.

Needs of the Target Population

Limited access to mental health services for Americans age 60 and older is identified by the Surgeon General's Report on Mental Health as an increasing risk for suicide, psychiatric hospitalization, and premature placement in long-term care facilities (Department Health Human Services, 1999). Males, 85 and older, have the highest rates of suicides of any other group at 21 per 100,000 (Center for Disease Control, 1999). The majority of older adults, who commit suicide, have diagnosable depression (Conwell, 1996). The American Association for Geriatric Psychiatry testified that "there is accumulating evidence that depression can exacerbate the effects of cardiac disease, cancer, strokes, and diabetes (2005)."

The Surgeon General's Report (1999) estimates that at least 19.8 percent of older Americans (over age 55, experience mental illness. If one considers the challenges faced with aging, it becomes clear that this is not a coincidence. Declining physical health, personal losses, reduced independence, and financial burdens are just of the few issues faced by many older adults. Many people see seniors as just "slowing down" when in fact they may be exhibiting symptoms of undiagnosed and untreated depression. Misconceptions by providers, family, and seniors themselves result in failure to refer seniors for diagnosis and treatment that in turn can lead to serious consequences for seniors which can include the following:

- Increased risk of suicide
- Increased risk for both psychiatric and medical hospitalization
- Premature placement in nursing homes
- Exacerbation of physical problems
- Alcohol and/or drug abuse or dependence

The emotional and financial costs of each consequence are apparent. Both the statistics and personal observations show that many older adults are in need of mental heath or substance abuse treatment. Unfortunately only a few actually receive services. Almost two-thirds of older adults with a mental disorder do not receive needed services (Rabins, 1996). However, if diagnosed and treated 60 to 80 percent of older adults will benefit from treatment (Schneider, 1996). In rural communities, the rate of older adults accessing services on their own is particularly low due to a variety of factors including stigma and access issues.

For older Kansans, adequate services are critical to ensure safety and well-being. Though needed, such specialized geriatric mental health services are not available in many communities throughout Kansas. Kansas has some of the "grayest" counties in the country, with large number of seniors per capita.

Seniors many times will share things that are bothering them with their primary care doctors, who may or may not know how to screen for depression or other disorders. Thus, a senior suffering from depression, anxiety or other illness may not be identified. With the medications and therapies that are available today, there is no reason for one of our Kansas seniors to suffer without treatment or medication.

Community based treatment and care are a wise investment, costing only an average of $300 to $660 a month for a Medicaid consumer with chronic conditions. Nursing home placement—which may occur without community based services—costs nearly $4,000 a month in Kansas. The cost savings is one reason to expand community based services, but the other is to ensure the dignity and quality of life for our elders.

The Association supports the passage of HB 2047, and we offer our collaboration in any way possible with the Department on Aging to accomplish to goals of this bill. Thank you very much for the opportunity to present just a small view of how seniors might benefit from the passage of this bill, and the collaboration between AAAs and CMHCs.