

POLICY POSITION
PENNSYLVANIA ASSOCIATION OF AREA AGENCIES
ON AGING, INC.

AAA's on Mental Health of Older People:

BACKGROUND NARRATIVE

Historically, older persons have been underserved or inappropriately served by the mental health system, not only in Pennsylvania, but nationally as well.

The Pennsylvania Department of Aging (PDA) and Department of Public Welfare's Office of Mental Health (OMH) undertook efforts in the 1980's to achieve greater cooperation and coordination. Nevertheless, by the 1990's several serious concerns came to the forefront, including a lack of emphasis on prevention, a rise in depressive disorders and a growing suicide rate, and mental health needs in nursing facilities and personal care homes.

In late 1992, PDA and OMH formed the Joint Committee on the Mental Health of Older People to identify the mental health needs of older Pennsylvanians and make recommendations to PDA and OMH concerning policy, interagency initiatives, innovative interventions, and program funding to promote the mental health of older Pennsylvanians, focusing on those older persons who are at risk of developing mental disorders.

It is estimated that between 18% and 25% of Pennsylvania's elder population are already in need of mental health services. As the older population continues to increase, so too will the number of older adults who are at risk of developing mental illness. This is why the issue of prevention is so critical.

PROBLEM STATEMENT

- Lack of Preventive Strategies** - Distribution of funding for mental health services has focused more on in-patient services and not afforded adequate flexibility in community based care. As a result, preventive services have not been adequately addressed.
- Limited Access to Diagnosis and Treatment** - There are weaknesses along the continuum of care. Some consist of gaps in service options, in both traditional and non-traditional settings. Others entail duplication or fragmentation of effort.

- ☑ **Systemic/Organization Problems** – Historical and systemic barriers inhibit the development of joint local solutions by the agencies and in both networks. These include: different funding streams, resultant differences in programmatic and fiscal policies and procedures, insufficient funding, unclear service responsibility, and difference in both program focus and geographic jurisdiction.
- ☑ **Availability and Utilization of Financial and Other Resources** – Resource needs which require attention by both PDA and OMH are waiting lists, support for personal care home operations, and action to obtain all available Federal, State and private funding.
- ☑ **Lack of Adequate Education and Training** – Action is needed in the areas of public education, professional development, and inter-agency cross-training, as well as training for family caregivers and “front-line” staff of caregiver agencies.
- ☑ **Human Resource Limitations/Common Workforce Issues** – Both systems are hampered by difficulties in employing knowledgeable aging/mental health professionals, low pay, and the inability to recruit minority staff.

GOAL:

The goal of Area Agencies on Aging (AAA’s) is to seek supportive service and expand resources for those older persons who are at risk of developing mental disorders:

- Adults 60 years and older who have illnesses or disabilities characteristic of later life.
- Older people who have psychiatric symptoms that impair function.
- Those who experience one or more of the following: bereavement and other losses; change in health status, including chronic and acute medical problems; disruption in family structure or function; functional disability; lack of adequate financial support; minority status; recent discharge from a hospital or institution; relocation; retirement; stressful living circumstances; and/or substance abuse.

Further, AAA’s shall continue to embrace both traditional and non-traditional means to provide for services.

THE POSITION

Area Agencies on Aging endorse the following set of values to underlie and guide the future development of policies and services that provide for the mental health of older people.

- **Older people** who are at risk of developing mental disorders must be considered a priority population.
- **The mental health of older people** must be included in policy, resource allocation, program development, and cost effective service delivery.

- **Policy, programs and services** to address the mental health problems of older people should foster independence – and, as appropriate, interdependence – with an emphasis on the empowerment of older people to help themselves to the maximum extent possible.
- **Services** should be inclusive and not exclusive.
- **Services** should be designed with the participation of older people so that available services are acceptable to older consumers and are responsive both to their needs and to their preferences.
- **Older people** should be treated/served in an environment that maximizes the autonomy, personal rights, dignity and uniqueness of each individual, and with sensitivity to ethnic and cultural diversity.
- **Older people** who are at risk of developing mental problems should have access to services which are well coordinated by service providers and, when appropriate, should be integrated into generic services for older people.
- **Services** for the target group should be readily accessible through adequate transportation and appropriate delivery settings - including the home, and be in proportion to their identified need.
- **The community and service providers** must have ready access to information; education and training to ensure quality care, which is responsive to the unique needs of the target group.

CONCLUSION:

The Pennsylvania Association of Area Agencies on Aging (PAAAA) advocates for action to prevent negative outcomes associated with mental illness in older people such as suicide, unnecessary hospitalization, substance abuse, poor physical health, and diminished quality of life.

PAAAA will continue to seek effective solutions for a population who does not have time to wait for attention to meet their needs for appropriate mental health services.

P4A

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