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Inside this Issue

GERIATRIC MENTAL HEALTH:

Overcoming the Obstacles Through Advocacy, Practice and Research

By Wendy Benson

On March 21, 2007, State Society on Aging united with Fordham University Graduate School of Social Service Alumni Association to host a notable conference in the field of Geriatric Mental Health. The conference was entitled, "Geriatric Mental Health: Overcoming the obstacles through Advocacy, Practice and Research". The event consisted of a morning panel discussion which included:

Michael Friedman, LMSW
-NY Geriatric Mental Health Alliance
Edwin Mendez-Santiago, LMSW
-NYC Department for the Aging
Martha Sullivan, DSW
-NYC Citywide Mental Health Coalition for the Black Elderly
Deborah Heiser, PhD
-Isabella Geriatric Center
Jeffrey Borenstein, M.D.
-Holliswood Hospital and Healthy Minds
Martha Bial, PhD
Patricia Brownell, PhD
-Fordham University

The afternoon session was filled with the excitement of participants networking with various agencies and organizations, followed by workshops conducted by professionals such as:

Gary Kennedy, M.D.
Martin Petroff, Esq.
Susan B. Somers, Esq.
Ken Onaitis LMSW
Ariela Lowenstein PhD, MPA
Barbara Draimin, DSW
Fran Louth, LMSW
John Javis, LMS
Jeffrey Borenstein, M.D.
Robert Higgins, AMSW CASAC
Sarah Cisco, MSSW
Juanita Carrillo, PhD, LMSW
Susan Wong, LMSW
Rev. Rennyson Howell, M.A., PhD
Mark Brennan, PhD

The number of participants attracted to this event was more than expected. and the planning committee received commendable feedback about the conference. This interdisciplinary conference allowed professionals in the field of Geriatric and Mental Health to unite and focus on elderly care.

This event has prompted an awareness of the topic and need to implement similar conferences within the community. Clearly, one of the goals of the planning committee was to prompt a greater awareness, understanding, and motivation for other to continue in this important work of serving the elderly. This conference was in honor of the elderly, and in that sentiment, we must continue to resound the theme of the conference throughout the year. Surely, we can expect to see similar conferences whether small or large within the community.

MEETING THE MENTAL HEALTH CALLENGES OF THE ELDER BOOM

By
Michael B. Friedman LMSW

The coming elder boom has raised alarms about the viability of the Social Security system and Medicare. It has raised alarms as well about the need for more residential alternatives to nursing homes, about the need for more social services, and about the shortage of a workforce to provide these services. But comparatively little attention has been given to the mental health needs of older adults.

Isn't this surprising? Isn't it clear that mental health is key to aging well? Old age offers many opportunities for personal fulfillment, but you can't get the most out of life if you are mentally ill. This is the most basic reason why those of us who care about the fate of older adults need to make geriatric mental health one of our major concerns and not let it remain a back burner issue.

What needs to be done to address the fundamental issues of geriatric mental health?

This is not easy to answer because older adults with mental illnesses are a diverse population. Some people develop dementia as they age—often combined with depression and/or anxiety. Some are people with lifelong, severe psychiatric disabilities who are aging in a mental health system that is not prepared to deal with their health, housing, or rehabilitation needs. Some people have severe anxiety and/or depression and are at great risk of social isolation, suicide, and removal from the community because of behaviors that service providers have not been trained to manage. Some people have comparatively minor—but still very painful—anxiety or depressive disorders. Some people abuse substances. Very few abuse illegal substances, but many abuse alcohol and/or medications. And a great many people find it difficult to make the transition from working age to old age. Retirement, diminished (but usually not lost) physical and mental skills, deaths of friends and family, and maintaining a sense of meaning in the face of our mortality define a set of critical developmental challenges.

Despite the heterogeneity of the population, there are a number of common issues.

Aging in the community: Most older adults want to live in the community not necessarily in the home they lived in most of their lives but in a place where they have freedom to shape their own day-to-day existence. Mental and behavioral problems are among the most common reasons why people are put into institutions. Community-based services could reduce unwanted institutionalizations.

Access: Fewer than half of older adults with diagnosable mental disorders get treatment at all, and of those fewer than half get services from mental health professionals. Why? In large part because there are too few services. And those that exist are often difficult to access because of location, shortage of home and community-based services, unaffordable cost, and the lack of bi-lingual providers.

Outreach and public education: Low utilization of professional mental health services also reflects stigma, ignorance, and ageism. Outreach to engage older adults who need help and public education to encourage them to seek help are very hard to fund.

Quality: The quality of available services is very uneven. Many people with mental illness go to primary care physicians, most of whom are not trained to identify or treat mental illness. Even mental health professionals generally lack training regarding treating older adults. Most health and aging service providers in the community are not equipped to deal with mental illness. And mental health services in nursing homes and other institutional settings are of very uneven quality.

Integration of health and mental health services: Most older adults with mental illnesses also have chronic physical illnesses—in part because older adults usually have chronic illnesses and in part because of the link between mental and physical illness. There are evidence-based models of integration, but few integrated services are available.

Integration of aging and mental health services: Activity and social involvement are essential for good mental health. This is just one reason why it is critical to integrate mental health services with services provided through the "aging" system.

Cultural competence: The increase of minority older adults makes it more and more important to develop bi-lingual and culturally competent services.

Family support: Families provide 80% of the care for people with disabilities. They experience great stress and are at high risk of mental and physical illness. They need support.

Positive aging: Ageist preconceptions notwithstanding, there are great opportunities for older adults to shape satisfying, creative, productive, and useful lives. Yet little is done to promote positive aging or to prevent mental illness.

Workforce: There is a vast shortage of mental health, health, and aging services providers equipped to serve older adults with mental illness. Recruitment and retention of clinically and culturally competent personnel will become more and more difficult as the elder boom unfolds. Part of the solution will be to forge a workforce of elders to help elders.

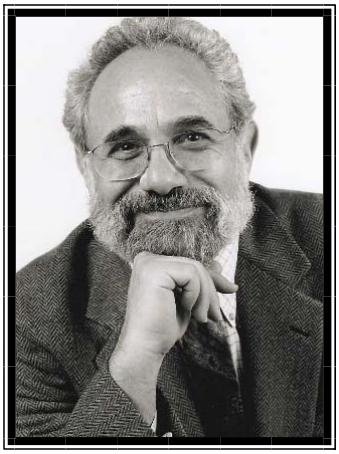
Research: To date, research has not produced ultimate insights or cures for mental illnesses among older adults. More research is critical.

Funding for mental health services is inadequate and discriminatory. For example Medicare reimburses less for mental illnesses than physical illnesses, limits access to prescription drugs, and does not cover the non-traditional services that are often critical to older adults with mental illness.

These issues define a set of challenges that will not be easy to meet.

Small, but important, steps have been taken recently. Addressing mental health issues was one of the top ten recommendations of the White House Conference on Aging, and the reauthorized Older Americans Act includes some new provisions for mental health. New York State enacted the Geriatric Mental Health Act in 2005, establishing an Interagency Geriatric Mental Health Planning Council and a services demonstrations grants program with $2 million to begin the program. Grants for nine projects were announced in April 2007. All good news!

But it is just a beginning. We have "miles to go before we sleep" to fully meet the mental health challenges of the elder boom.



Michael Friedman is the Chairperson of the Geriatric Mental Health Alliance of New York. For further information e-mail center@mhaofnyc.org or visit www.mhawestchester.org/advocates/geriatrichome.asp.

GERIATRIC MENTAL HEALTH:

Research...

Deborah Heiser, Ph.D
Isabella Geriatric Center
SSA President Elect

The health system does not serve older adults with mental health conditions adequately. Mental health is not identified properly, and many, many individuals' mental health issues go unnoticed. And, those who are identified, are not treated, or not properly treated. This is a problem, because our older adult population is growing as the boomers age. What should we do about this? Research is one area that can help by providing a better understanding of mental illnesses as they relate to and affect older adults. Through quality research, we can provide answers to clinical and applied questions. We can identify how to best treat individuals affected by mental illness, identify needs, and assess programs.

Of course, this is easier said than done. Older adults are not a homogeneous group of individuals. Older adults live in homes, in apartments, some with caregivers or family, and some alone. Some receive long or short term home health care services in their homes. Some live in assisted living facilities, NORCS (naturally occurring retirement communities), or in nursing homes. Aside from where they live, culturally, older adults, particularly in NYC, differ. We cannot expect individuals with different backgrounds to look at mental health the same way. For some groups, a great deal of stigma is associated with mental illness. For some, language barriers hinder their ability to get care. This is also the case for caregivers caring for older adults. If the caregiver does not understand the culture of their clients, or if they have incorrect presuppositions of mental health issues, identification and treatment for many individuals receiving care in their homes or in long-term care facilities will be at risk of suffering needlessly from an undiagnosed or untreated mental illness. We cannot treat these individuals as an undifferentiated group, simply because they are in the same age group. Their needs and ability to be identified and treated are different. Research needs to focus on their similarities **and** their differences so that we can help to make strides toward better care and services.

Research can and should also focus on the many **at risk** populations to help understand how best to identify and offer services **before a full-blown problem arises**. These include those suffering from: Vision and hearing impairments, chronic illness, disability, social isolation, serious and persistent mental illnesses, dementia, substance abuse, mild and/or transient mental disorders, people who are at risk of suicide, family caregivers, people of low socio economic status, and people receiving palliative care.

Once a person has been identified as at risk or currently suffering from mental health issues, it is equally important to provide effective treatments or services for that individual – or in some cases for the family. Identification without follow through is just as bad as not identifying at all. It can actually be even worse. If a person knows they have a problem, or are at risk for a problem, and they are left feeling hopeless or helpless or confused and overwhelmed about what to do, it can have devastating effects. This is a problem, often because of limited services, which makes it overwhelming or too difficult for individuals or families to seek treatment. The lack of access is due to a variety of factors, including: Lack of transportation, inaccessibility of rural area, lack of services capable of reaching people who cannot or will not leave their homes for treatment, shortage of trained mental health professionals, culture barriers: language, alternative lifestyles, sensory impairments, and high cost.

Research can help identify new techniques and avenues of services that can help treat or get services to individuals in need; one such example is treatment via **telemedicine**.

Without research, which gives additional credence to what we know in our gut or see every day and report anecdotally, it is difficult, if not impossible, to argue for change. Disciplines need to work together to help support research and to become involved in research to help support:

- innovative practices
- proposals for policy changes
- advocacy
- public education
- treatment changes
- reducing stigma

For this to work, we need to collaborate across disciplines, and across all settings. **What we need is more collaborative research!**

HEALTHY MINDS…
TUNE IN TO SSA's DR. BORENSTEIN!!

One in ten Americans experience some disability from a diagnosable mental illness in the course of any given year– but for many families, the fear and shame associated with a diagnosis often leads to suffering without hope. *Healthy Minds* aims to remove the stigma that can prevent patients and their families from seeking help for mental disorders. Each half-hour episode humanizes a particular mental health condition through inspiring personal stories, with leading researchers and experts from institutions such as Columbia University, Rockefeller University and the Cold Spring Harbor Laboratory providing the latest information about diagnosis and treatment. Episodes cover a wide range of topics, including anxiety, stress, insomnia, chemical dependency, post-traumatic stress disorder (PTSD), attention deficit disorder, Alzheimer's Disease and schizophrenia, to bring the general public a better understanding of disorders that can affect anyone, at any age.

In the premiere episode, news veteran Mike Wallace and his wife Mary discuss how they dealt with his depression and reveal for the first time intimate details about his suicide attempt and ultimate recovery. Series guests also include Nobel Prize winning author and lecturer Eric Kandel and broadcast journalist Jane Pauley, who shares her personal struggle with bipolar disorder.

The series is hosted by Dr. Jeffrey Borenstein, CEO and Medical Director of Holliswood Hospital and Chair for the Section on Psychiatry at the New York Academy of Medicine.

As Dr. Borenstein explains, "Everyone is touched by psychiatric conditions, either themselves or a loved one. Our goal is to share cutting edge information from experts along with personal experiences from peop-le who have overcome psychiatric conditions. I want people to know that with help, there is hope.

"Healthy Minds reflects a core mission of public television, providing access to information that directly impacts the lives of families in the communities we serve," said WLIW President and General Manager Terrel Cass. "We hope this series will serve as a resource for families and healthcare providers to open lines of communication." This 13-part series continues WLIW's history of productions exploring healthcare issues.

Healthy Minds is available for viewing on the web. Go to www.wliw.org/healthyminds. The series was honored with four prestigious Telly Awards. Tellys recognize the very best local, regional and cable television programs, as well as video and film productions.

Healthy Minds is made possible in part by NARSAD, Value Options, New York Academy of Medicine, The van Ameringen Foundation and by the New York State Office of Mental Health.

'Healthy Minds' Series Wins Four Important Television Awards - 13-part Series, Produced With NARSADs Help, Wins Three First-Place 'Tellys'

Healthy Minds, a 13-part series about Mental Health by PBS station WLIW/Channel 21 of Plainview, New York, that NARSAD helped produce, has been honored recently with four prestigious Telly Awards.

The Telly Awards honor the very best local, regional, and cable television programs, as well as video and film productions. Three episodes of "Healthy Minds" received first-place "Silver Telly" awards in the category of Health & Fitness TV Programs:

-- *Healthy Minds: Schizophrenia*
-- *Healthy Minds: Alzheimer's Disease*
-- *Healthy Minds: Depression (with Mike and Mary Wallace)*

A fourth episode of the series, *Healthy Minds: Bipolar Disorder (with Jane Pauley)* , won a second-place "Bronze Telly" award in the Health & Fitness category.

To learn more about this you can visit the website: http://www.medicalnewstoday.com/medicalnews.php?newsid=69389

The Cultural and Spiritual Aspects of Providing Geriatric Mental Health Care

By

Mark Brennan, PhD

On March 21st, I had the pleasure of presenting a workshop on cultural and spiritual issues in the provision of mental health services with older adults with Rev. Rennyson Howell from the Geriatric Program at Harlem Hospital. While Rev. Howell and I have both worked on cultural and spiritual issues with older adults, we came at it from very different perspectives; he as an ordained minister and chaplain working in clinical settings with older adults and myself as a researcher on the geriatric population. However, putting us together created a wonderful synthesis of our two points-of-view and we found that there was a great deal of common ground from which to design our workshop. We formulated a plan for the workshop that would cover basic conceptual and empirical issues on these topics, which would then be fleshed-out with case examples and clinical experiences to make the topics of greater relevance to the audience.

We started out by discussing cultural themes in working with older adults. Our initial discussion focused on what exactly constitutes culture beyond? We talked of how culture is larger than issues of race and ethnicity, and may include differences based on sexual orientation or physical abilities, an example being the strong and distinct culture of the deaf community. Related to issues of culture are immigration issues, where traditional cultural values may be at odds with our modern values and lifestyles. All of this has an effect on help-seeking behavior. To illustrate, many people from traditional cultures are loath to share interpersonal problems with those outside the family, especially if they are not in the same cultural group. Immigration status also may affect knowledge of available services and the ability to access the service system. From the standpoint of providers of mental health services, we stressed the need for cultural competence, namely, having enough contextual knowledge of a client's culture to be able to interact and serve the person in a thoughtful and caring manner.

Next, we turned to the area of spirituality, and at some length discussed differences between spirituality and religiousness, including how culture plays out in the interpretation of these words. We then discussed how spirituality could be an important personal resource for persons seeking help with mental health issues, and the mechanisms through which spirituality may affect outcomes. For example, spirituality helps one to evaluate the purpose and meaning of life events and circumstances, and may give one a sense of transcendence over ones physical and emotional problems. Another way spirituality can help is through the enhanced social support resources among persons who are affiliated with a religious congregation. We also discussed some potential problems when addressing spiritual issues with a client, such as not imposing one's own beliefs on the other person, and whether or not the provider should broach the issue of spirituality or wait for the client to introduce it during the course of services. We also noted that spirituality and religiousness do not always have a positive role in resolving problems; for example, the person who blames his or her "higher power" for the troubles they encounter, or alternately, feeling no need to take action because the problem is a result of "divine will." In conclusion, we stressed that by incorporating cultural and spiritual perspectives in the ways in which we engage clients, the result will be a more sensitive, and thus a more efficacious way of delivering mental health services to older adults.

Mark Brennan, PhD
SSANY Electronics Committee Chair
Lighthouse International

Encouraging members to take a more active role in SSANY

BY

Christine R Klotz, MHA

Several years ago I decided that it was important to become an active part of SSANY, first serving as co-chair of the Planning and Development Committee, and for the last two years serving as Secretary. Although most of the active members of SSA have academic affiliations, I come from another frame of reference. I have worked in geriatric care delivery for a number of years beginning clinically as an occupational therapist. Within a decade I shifted to program development and administration. Among other roles, I had the opportunity to be the executive of two organizations in the development of the PACE model of care, one of the most integrated models of care for frail elders.

As a graduate student at the University of Colorado I learned about systems theory from Dr. Leland Kaiser. He stressed the importance of looking at the entire process of care. Significant change comes from this broader analysis. Working within the integrated model of PACE, I saw how people benefit when the care team has the freedom and responsibility to connect all the pieces of care. I continue to believe that we each need to do whatever we can to improve integration to benefit older adults.

Of course we know that older adults have multiple medical conditions and needs that range from mundane to high tech. And we know that their health status exists within a mosaic of a social and physical environment, which creates a dynamic and complex system of interactions. As Paul Bataldin reputedly said, "Every system is perfectly designed to get the results it gets." So to build a better system, surely we can all agree that we need to do more than focus merely on changing the individual components of care.

SSANY stands out as the only professional association in NYS that focuses on learning and dialog between providers, researchers, academics, and government. Working within our own trade associations to improve working conditions in nursing homes or to get a better reimbursement rate for home care are important, but so also is the opportunity to share knowledge across boundaries.

I believe that if we want to create a better way to support the growing numbers of older adults, we need to start by sharing what we have each learned from our own point of reference. Through this dialog we can all gain a better understanding of the various perspectives so that we can then, together, figure out what we can do better. Some readers of this newsletter already know this. But we all need to more actively use the opportunities provided by SSA to help improve the system of care for older adults.

Christine Klotz, MHA
SSANY Secretary

WORKING WITH OLDER ADULTS:
CHARTING THE FUTURE OF WORKFORCE TRAINING AND EDUCATION

PRELIMINARY REPORT FROM SSA-NYSOFA's *LISTENING SESSIONS*

Beverly Horowitz

Beverly P. Horowitz, PhD, OTR/L, Stony Brook University, Patricia Brownell, PhD, Fordham University**;** Thomas Caprio, MD, University of Rochester; Deborah Heiser, PhD, Isabella Geriatric Center; Janna Heyman, PhD, Fordham University; Judith L. Howe, PhD, Mount Sinai School of Medicine; John Krout, PhD, Ithaca College Gerontology Institute; Robert Maiden, PhD, Alfred University; Joanna Mellor, DSW, Yeshiva University; Laurie Pferr, Executive Deputy Director, New York State Office for the Aging**;** Paul Roodin, PhD, SUNY Oswego; Jennifer Rosenbaum; Senior Policy Analyst, New York State Office for the Aging.

According to the 2000 Census, New York State's population age 65 years old and older ranked third in the nation- 2.8 million. It is projected that by 2025, this number will increase to 4.4 million when the baby boomers reach 60-79 years old. Given these demographics, the Presidents Circle of the State Society on Aging of New York (SSA), in collaboration with the New York State Office for the Aging (NYSOFA), co-sponsored *Listening Sessions* across the state to bring together a broad range of stakeholders to discuss strategies to best educate and train a workforce to effectively and compassionately serve diverse older New Yorkers. The first *Listening Session* was held at SSA's 2006 Annual Conference. Six subsequent sessions are being held between April and October, 2007 at Alfred University, Isabella Geriatric Center in Manhattan, Ithaca College Gerontology Institute, Fordham University Law School (focusing on urban and suburban perspectives), the University of Rochester, and SUNY Oswego.

This interactive workshop, to be held at the upcoming 2007 Conference provides an opportunity for a final summative interactive session to hear preliminary findings of the *Listening Sessions* and to participate in the crafting of final recommendations. The *Preliminary Report* will report on *Listening Session* participants input on: 1. Need for more geriatric education/training for paraprofessional and professional staff, 2. Methods to meet the educational needs of diverse organizations and staff; 3. Organizational strategies for application and utilization of new information/skills, 4. Creative strategies to recruit and retain a professional and paraprofessional workforce to compassionately address the needs of older New Yorkers, including culturally diverse elders, elders with chronic illness and /or disability, and individuals with limited social supports or resources, and 5. Common themes and recommendations for action across geographic regions of the state. A *Final Report,* including information from fall 2007, *Listening Sessions* in Rochester and Oswego, will be completed by January, 2008.

Participants will be provided with the draft version of the SSA/NYSOFA report and a *Discussion Guide* for the interactive workshop.

A Tribute to Walter M. Beattie

By Judith L. Howe, Ph.D

Walter was a nationally and internationally known gerontologist but, importantly, he moved aging studies, advocacy and practice forward. While the Director of the All-University Gerontology Center at Syracuse University, Walter founded the New York State Society on Aging thus providing a statewide forum for professionals in the field of Aging. I was a graduate student of his during this time and he is without a doubt one of the most influential faculty members in my formative years in gerontology.

Walter was a leader in many organizations, including the Association for Gerontology in Higher Education, of which he was the 1st President. But his legacy to us is our vital organization, SSA.

Honoring Our Elders

We must honor and protect
Our elders with the utmost respect
Encouraging them to live life fully
According to their fullest capacity
Because of their efforts and
Human existence
We have a better world today
We must use our resources to
Connect rather than disconnect
From those who have paved
The way for us to have a today
And If by grace we live
One day
We too will look in the mirror
And see an elder's image
Staring us in the face!

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ANNOUNCEMENTS

Join The New SSANY Listserve!

Introducing a new email list serve group for the New York State Society on Aging. The Yahoo group is called: "State Society on Aging." The SSANY Yahoo group has been established to maintain contact with and facilitate dialogue between members of SSANY. Discussion of topics associated with SSANY or related to SSANY's mission are strongly encouraged.

Instructions on how to join:
To join the SSANY Yahoo list serve, you must click the above link to the web page. When you arrive at the web page there will be a big blue button on the right hand side that says "Join this group." Click that blue button with your mouse. You will be asked to sign in with your Yahoo ID. If you don't have a Yahoo ID, you can sign up for one by clicking the blue "sign up" label on the screen that will appear after you have clicked on the "join this group" button on the previous screen.

Kapena Kanguatjivi of the SSANY Electronics Committee maintains this group. If you have any additional problems please contact Kapena. She can be reached via email at kapenahelen@yahoo.com

CALL FOR PAPERS !!

DUE JUNE 30th

For details please visit the SSANY website at www.ssany.org

State Society on Aging of New York

Founded in 1972 as the New York State Association of Gerontological Educators (NYSAGE)

www.ssany.org

Patricia Brownell, PhD, LMSW	President
Deborah Heiser, PhD	President-Elect
Christine R. Klotz, MHA	Secretary
Carmen Morano, PhD	Treasurer

Executive Committee

***Please contact committee chairs if you are interested in joining any of the following committees.**

Contact information is on the SSA website:

www.ssany.org

Susan B. Somers, Esq.	Committees and Standards
Mark Brennan, PhD	Electronic Communications
Christeen Liang, RN, MS, GNP Martha Bial, PhD, LSCW	Students
Robert Maiden, PhD	Budget and Finance
James O'Neal, MA Patricia Maiden, PhD	Planning and Development
Cheryl Boyson, RN, MS	2007 Conference Program
Louis M. Vasquez, MSW Jacquelin Berman, PhD, LMSW	Membership
K.Della Ferguson, Ph.D	Education
Ann Brownhill Gubernick, LMSW Thomas Caprio, MD	Social Policy
Deborah Heiser, PhD	Publications
Janna Heymann, PhD	Awards
Judith L. Howe, PhD	Education President's Circle
Beverly Horowitz, PhD, OTR/L, LMSW	Immediate Past-President Nominating
Logan Jamison	Student Representative
Carol Hunt, MUP	Special Advisor

SAVE THE DATE!

What: 2007 Annual SSANY Conference

When: October 17-19th

Where:

Marriott ALBANY

DETAILS POSTED ON
www.ssany.org

To become a member of the SSANY visit our official website www.ssany.org/Home.asp to fill out an application

or

Send in the attached Membership Application Form to:

Carmen Morano, PhD, LCSW
Brookdale Center for Healthy Aging and Longevity
425 East 25th Street, 13th Floor North
New York, New York 10010

***Please make all checks payable to:**
New York State Society on Aging

Be on the Look Out!

Preliminary Program for the upcoming conference will be available on www.SSANY.org and will be mailed out over the summer.

WANT TO BE IN THE NEXT SSANY NEWSLETTER???

Please send any articles/updates/news releases about yourself or issues you would like to see featured to Deborah Heiser or Meredith Morris of the Publications Committee:

Deborah Heiser: Editor
dheiser@isabella.org

Meredith Morris: Co-Editor
mmorris@isabella.org

Meredith Morris
Co-Editor