



Pennsylvania Behavioral Health and Aging Coalition  
Opening Doors for Older Pennsylvanians

Human Services Committee Testimony

September 11, 2012

Good afternoon Chairman DiGirolamo and members of the Human Services Committee. My name is Rebecca May-Cole and I am the Executive Director of the Pennsylvania Behavioral Health & Aging Coalition.

Thank you for your invitation to provide testimony about the important issue of mental health in Pennsylvania.

Please let me begin with a story:

Mrs. Smith is an 84 year old woman with a history of schizophrenia, residing in an assisted living facility. On a Wednesday afternoon at 4:30, Mrs. Smith became increasingly anxious, and began throwing things in the dining room. She threw a walker at another resident. The staff were unable to calm her down so they called Crisis Intervention. Crisis said they could not help her because she is an older adult and recommended calling the Area Agency on Aging. The local AAA said they could not help her because of her history of mental illness. Finally, the staff took Mrs. Smith to the Emergency Department and rather than being admitted to an inpatient psychiatric unit, she was admitted to a medical floor and was put in four point restraints. It was determined that Mrs. Smith needed nursing home placement because of some co-occurring physical issues but due to her psychiatric history, nursing facilities were unwilling to accept her.

This situation exemplifies one of the many problems older adults have in accessing appropriate mental health treatment in Pennsylvania. Many and varied systems of care exist to serve older individuals: home health care, mental health services, both private and publicly funded, area agency on aging offices, personal care homes, assisted living and nursing homes, however, older

adults continue to be underserved. How can this be? Assumptions of agencies' responsibilities and misunderstanding of specific roles contribute to problems in access and service provision.

Needless to say, the older adult gets lost in the shuffle. If agencies knew each other's responsibilities and worked jointly in situations like this, care would have been provided more quickly and inappropriate hospitalization could be avoided. The Pennsylvania Behavioral Health and Aging Coalition has worked since 1999 to bring older adults, family care givers, and service providers together to advocate for system resources and system change. We are a statewide Coalition of individuals concerned with the unmet mental health needs of older Pennsylvanians. We work together to provide education and advocacy about this very important issue.

Mental health problems can create formidable barriers that may prevent older adults from living healthy, productive, and independent lives in the community of their choice. A review of the literature indicates that depression, anxiety disorders and dementia are the most commonly diagnosed behavioral health disorders in persons over the age of 65.<sup>1</sup> According to testimony delivered by aging advocates before the U.S. Senate Special Committee on Aging in September 2006, older adults accounted for one fifth of all suicides in the United States.<sup>2</sup>

Pennsylvania's need for behavioral health services for older adults is more pressing than most states, as it ranks fourth in the country in the percentage of residents aged 62 and over. Pennsylvania has the third highest percentage of people over age 60 in the United States (only Florida and West Virginia have higher percentages), and only four states (California, Florida, New York and Texas) have a higher number of older residents than Pennsylvania.<sup>3</sup> While the national rates of utilization of behavioral health services by older adults is shockingly low, older Pennsylvanians utilize behavioral health services at nearly half the national average.<sup>4</sup> Older adults in Pennsylvania need age-appropriate mental healthcare solutions that emphasize education,

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<sup>1</sup> National Institutes of Mental Health (2001). *Older adults: Depression and suicide facts*. Bethesda, MD: NIH Publication No 99-4593.

<sup>2</sup> "Mental health crisis among aging grows: Experts tell Congress rates of illness and suicides are high in U.S." *The Baltimore Sun*, September 15, 2006.

<sup>3</sup> United States Census, 2000.

<sup>4</sup> 2006 CMHS Uniform Reporting System Output Table, Pennsylvania Behavioral Health National Outcome Measures (NOMS) - CMHS Uniform Reporting System, 2006, <http://mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2006.asp>.

outreach, accessibility, prevention, and peer-oriented services. Despite these well documented issues and the expected population growth, direct funding for older adults continues to be difficult. Issues of stigma keep many seniors from advocating for their own services. Ageism itself, lends little impetus for funding for this population.

Often times, people assume that mental health services that are available and appropriate for adults are also appropriate for individuals over age 60. Consider the needs of a 25 year old versus the needs of an 85 year old. By not providing age-specific and culturally competent mental health services for older Pennsylvanians, we are doing them a disservice. While the number of older Pennsylvanians who seek out mental health services is very low, for those who do, there are very limited age appropriate services available to them. Not only are these services not offered, mental health professionals who are familiar with and trained in the mental health needs of older adults are extremely rare.

One of the biggest challenges occurring right now is budget cuts. While we sincerely appreciate the work of the legislature in reducing the size of the cuts to mental health services from 20 percent to 10 percent in the 2012/13 state budget, we are still seeing the impact of the cuts. I have two examples of how these cuts are effecting programs used by older Pennsylvanians – one urban and one rural.

In Greene County, there is a psychosocial rehabilitation program funded through the County. Almost half of the individuals who participate in the program are older adults. The program was informed that its funding was cut by 50%, forcing them to lay off one third of their staff, cut back on hours for the rest, and the program is now only available two days a week. The program was told that the County had to put more money into other, more costly services; therefore this program received a larger cut.

In Philadelphia County, there is a program that provides psychiatric services to older adults. The program provided these services in primary care settings, with the geriatric psychiatrist working

side by side with various healthcare professionals (primary care physicians, nurse practitioners, nurses, social workers, etc.) All too often, older adults don't seek mental health treatment from "traditional" mental health providers because the stigma is so great. They are comfortable accessing these services in their primary care physician's office, but would never go to a mental health center. That is why this program has been so successful. Unfortunately, once the 10 percent cuts trickled down to them, they ended up with a 60% cut. This cut was unsustainable, therefore the program is ending unless funding can be found elsewhere.

I hope the information I shared today is helpful to you in understanding the great needs of older adults with mental health concerns. This is a problem that will only grow as baby boomers continue to age and demand services. In the past older adults have suffered in silence, afraid of the stigma of mental illness and unaware of where to turn. With organizations such as ours, and the other organizations you will hear from today, we are working to ensure that all Pennsylvanians, regardless of age, have access to and receive the care and services they so deserve. We would welcome the opportunity to talk further about how we can ensure that older Pennsylvanians receive the respect and services they deserve.

Thank you for your time.