

# GOVERNOR'S MENTAL HEALTH SERVICES PLANNING COUNCIL

## AGING SUBCOMMITTEE REPORT

Report presented to:  
Governor's Mental Health Services Planning  
Council and  
SRS Acting Secretary Gary Daniels

November 2004

Prepared by:

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**GOVERNOR'S MENTAL HEALTH SERVICES PLANNING  
COUNCIL  
AGING SUBCOMMITTEE**

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Aging Subcommittee  
Overview Report to:  
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**Introduction:**

The newly formed Governor's Mental Health Services Planning Council (GMHSPC) Aging subcommittee was formed in August 2004 to address the mental health service delivery issues for older Kansans. These issues have been the focus of a number of studies on the national, state and local levels. The findings are in concurrence with the initial efforts of this committee. Copies of documents reflecting those studies are available in this packet and are worth review. They stress the complex concerns of medical/mental health co-morbidity, the high risk for completed suicides especially in older males, the need for creative and comprehensive community-based mental health care, and the need for the State mental health authority to not only address the current unmet mental health needs of our older Kansans but to prepare for the older "Baby-Boomer" generation, now becoming known as "Elder Boomers".

It is obvious that the traditional mental health service delivery system, as provided by the majority of our mental health centers, does not adequately meet the complex needs of our older Kansans. The system must address a number of concerns including the following: (1) adequate evaluation of the health/mental health co-morbidity; (2) recognition of the need to coordinate care between the primary care physicians and

agencies providing health care, mental health care, aging service, and social service; (3) specialized health and mental health education for service providers so that early detection and appropriate treatment is provided; (4) education of potential consumers and families of potential consumers regarding mental health issues so that older Kansans are more comfortable with accessing services; (5) reimbursement for mental health care in parity with reimbursement for health care with added funding for intensive case management for those who do not meet SPMI criteria and who do not qualify for Medicaid funded services.

Based on these concerns, the Aging Subcommittee makes the following recommendations:

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- All older adults in Kansas with mental health problems must have equal access to treatment regardless of age, diagnosis, chronicity, or severity of age at onset of the illness;
- Comprehensive, recovery-focused community services must be provided for older adults and be available in mental health, substance abuse and primary care and aging service systems including prevention, targeted outreach, early intervention, in-home treatment, recovery and aftercare services, with transportation services available if needed;
- All older adults in Kansas should have access to needed mental health services to remain in their own homes and communities, maintain relationships with families, friends, peers and community supports and to include family caregivers in the decision-making process, when appropriate;
- An individualized, holistic care service delivery system must be developed to meet the diverse needs of older adults. It must be non-fragmented, timely, culturally, ethnically and age-appropriate. The planning process should involve SRS, KDOA, representation from the Area Agencies on Aging and Adult Protective Services.□

- Special emphasis must be given to implementing an improved, coordinated and easily accessible system in rural areas of Kansas to meet the total health needs of older adults who have mental illness
- The Kansas mental health system must prepare for the “elder boom” which will begin in 2006. The impact of this “boom” will be huge and will demand extensive restructuring in the mental health system to meet the needs of this population;
- Advocacy organizations need to establish local peer support groups for older adults. Ideally there should be at least one older adult peer support group in each CMHC catchment area;
- CMHCs must expand the array of services to provide adequate preventative interventions and programs that aid early identification of geriatric mental illness. CMHCs need to have a designated aging specialist and/or aging specialist team. Funding needs to be made available to support this;

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- The myth that older adults cannot afford mental health services must be dispelled. Older adults often have access to Medicare, Medicaid, private insurance, or personal funds. CMHCs need to increase outreach efforts to older adults.
- SRS/Mental Health, Kansas Department on Aging, SRS Adult Protective Service, CMHCs, local Area Agencies on Aging and advocacy organizations, i.e., NAMI, Alzheimer’s Association, must collaborate to provide superior public education to counter misinformation and stigma;
- Elderly males over 65 have the highest rate of suicide. Therefore, there is a need for a program of education and intervention to reduce the suicide rate for older adults in Kansas;
- Efforts must be strengthened to eliminate the disparity between urban and rural residents in accessing appropriate mental health services.

## SUMMARY:

The GMHSPC Aging Subcommittee will continue to meet on a regular basis with emphasis on continuing to identify the needs of aging persons with mental illness in Kansas and strategies to ensure that resources are available, accessible and affordable. The committee membership will be expanded to include additional consumers and/or family members. The committee is committed to making recommendations to improve the mental health service delivery system to meet the complex needs of older Kansans.

CJ