

Geriatric mental health, long-term care reform must be linked

By MICHAEL B. FRIEDMAN
(Original Publication: March 20, 2005)

The rising costs of Medicaid have given fresh impetus to efforts to reduce the use of nursing homes by providing services to help older adults with disabilities to live in the community. These efforts cannot be fully effective if mental-health needs are ignored. The importance of mental health services to the effort to provide alternatives to nursing homes is often missed because the popular images of nursing home residents are of people who are demented and decrepit — of people with broken hips who never fully recover; of people with Parkinson's disease who can no longer stand, feed themselves, or control urinary or bowel functions; of people with Alzheimer's disease who can no longer recognize their own children.

These images reflect only part of the reality of nursing homes residents. They neglect the fact that mental and behavioral disorders are among the major reasons that people go to, and remain in, nursing homes.

Yes, many people in nursing homes have chronic physical illness or have failed to recover from injuries. But at least half of this population have co-occurring mental illnesses — especially depression and anxiety disorders.

Yes, many people are in nursing homes because of dementia. But sometimes what is diagnosed as dementia is actually unrecognized depression. And many people correctly diagnosed with dementia also have depression and anxiety disorders that would respond to treatment.

In addition, 10 percent to 15 percent of people are in nursing homes primarily because they have mental illnesses, cannot care for themselves, and do not have family or friends to take care of them at home.

Finally, a great many people who are in nursing homes putatively because of dementia or physical illnesses or injuries are actually there because of their behavior. Home health workers, case managers and, most important, their families could manage their physical problems in the community if it weren't for such behavioral problems as wandering, non-adherence to medical regimens, belligerence, and actions that are dangerous to themselves and to others.

The fact that these mental and behavioral disorders are among the major reasons that people are put in nursing homes has important implications for the effort to reduce nursing home utilization.

- Every task force, planning group and advisory body convened to work out the details of restructuring should include experts on geriatric mental health.

- Home health and case-management services need to be reconceptualized as services to address mental-health and behavioral problems as well as health problems.
- The health, mental-health and aging service systems need to be integrated.
- Mental-health services need to be far more accessible than they are. There need to be more services. They need to be affordable. They need to be mobile so as to reach people in their homes and community settings where older people go for help. And they need to be designed to engage cultural minorities.
- The quality of mental-health services needs to be improved. Currently, primary care physicians provide most mental-health services in the community and frequently they are unable to make accurate diagnoses or provide the best treatment. In addition, many mental-health professionals are not prepared to serve older adults.
- Because families are the primary caregivers for people with mental and physical disabilities, significant attention needs to be devoted to supporting their extraordinary efforts.
- Of course, it is not realistic to believe that all older adults can continue to live independently or solely with the support of their families or friends. But nursing homes should not be the only next step. Alternative congregate housing should be available for older adults with co-occurring mental and physical problems.
- Widespread public education is needed to help older adults, their families, their physicians and others who care for them to understand what mental illness is, that it is treatable and where to go for good treatment. Public education also needs to address stigma and ageism.
- Substantial efforts are needed to develop a work force large enough and competent enough to meet the mental-health needs of older adults.
- Finally, the delivery of mental-health services that can help reduce the need for people to go to nursing homes will require a significant redesign of financing models.

None of this will be easy, but these are the challenges that must be confronted in order to restructure long-term care in ways that help people live where most prefer to live — in their homes or home-like settings. It can't be done without addressing mental-health needs.

(Michael Friedman is Chairman of The Geriatric Mental Health Alliance of New York and Director of the Center for Policy and Advocacy of The Mental Health Associations of Westchester and New York City. He can be contacted at center@mhaofnyc.org)