



MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

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Immediately

NUMBER

OMHSAS-06-02

SUBJECT

Service Priority For: Older Adult Population

BY

A handwritten signature in cursive script, reading "Joan L. Ewing, J.D.".

Deputy Secretary for Mental Health
and Substance Abuse Services

SCOPE:

County Mental Health/Mental Retardation Programs
Mental Health Crisis Intervention Service Providers

PURPOSE:

To ensure that appropriate community based mental health services, treatments, and supports are available to meet the unique needs of the older adult population with mental illness.

BACKGROUND:

Pennsylvania ranks third only to Florida and West Virginia in the percentage of residents age 60 or older. The fastest growing segment of the population during the next two decades is expected to be in the age 85 and older group. Given the often quoted statistic that one in five Americans will experience a mental illness, and the stresses of the aging process on mobility, independence, self-sufficiency and self-determination we are facing a crisis in the provision of appropriate mental health services to the aging population.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Policy and Program Development
Office of Mental Health and Substance Abuse Services
P.O. Box 2675
Harrisburg, PA 17105
Telephone (717) 772-7900

There are perhaps three distinct groups of the elderly population that demand and deserve the attention of the system:

- Persons with a long term mental illness who are now entering the 60+ age group; this group will only increase in numbers as the “Baby Boomer” generation enters into the senior years. By the year 2020, Pennsylvania’s 60 and older population is expected to be 25% of the total population.
- Older persons who have or are developing mental illness late in life, most commonly depression. Older adults have the highest incidence of suicide of any age group, and the numbers are probably low due to some suicides or suicide attempts being identified as accidental death.
- Older persons diagnosed with dementia and having co-occurring mental health disorders, including depression, anxiety, paranoia, substance abuse, and behavioral problems.

It is ultimately our task, working with the Department of Aging and the Area Agencies on Aging, to develop services that meet the unique needs of our older citizens, and ensure appropriate community based mental health services, treatment and supports. Each county Mental Health office is required to have or develop an interagency agreement with the Area Agencies on Aging in their county in order to insure collaborative efforts occur.

Studies have shown that proper medication and treatment can alleviate, or at least lessen the severity of symptoms experienced by persons with dementia accompanied by a mental illness diagnoses.

As individuals age they become increasingly more vulnerable to mental health disorders. The loss of friends and often family supports, exacerbated by the loss of mobility due to failing agility, vision and hearing promotes isolation. Decreased self sufficiency, self-determination and isolation often result in diagnosable and treatable depression. As the data shows, a high number of older persons coping with depression and the stresses of aging choose to end their lives.

POLICY:

Please inform your local provider network of the urgency of this issue, and work with them to develop appropriate services and ensure access to those services by senior adults. **A diagnosis of dementia should never be a reason to deny mental health crisis intervention or community based treatment to a person when it is accompanied by a mental health disorder.**