Mental Health Service Needs of Vulnerable Elders
A Fact Sheet[1]

"Geriatric mental illness brings together two of the most damaging elements of discrimination in America: the stigma of advanced age and the stigma of mental illness. Worse than being invisible, an older person suffering from depression or dementia is devalued and dismissed." [2]

In November 2004, Californians passed a ballot initiative to increase funding for mental health care by imposing a 1 percent tax on personal income over $1 million. Proposition 63 (now known as the Mental Health Services Act, or MHSA) provides funding, personnel, and resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The Act addresses a broad continuum of prevention, early intervention, and service needs and the infrastructure, technology, and training elements needed to effectively support the service system. An extensive stakeholder process is being employed to inform the state and county implementation efforts.

To provide for an orderly implementation of MHSA, the Department of Mental Health has planned for sequential phases of development for each of the five components of the Act. These components include the following: 1) Community Services and Supports (CSS) including Supportive Housing, 2) Prevention and Early Intervention (PEI), 3) Workforce Education and Training (WET), 4) Innovations, and 5) Capital Facilities and Technology. Several statewide PEI Projects are relevant to older adults: 1) Suicide Prevention, 2) Stigma and Discrimination Reduction, and 3) Reducing Disparities-Racial, Ethnic, and Cultural Specific Programs. To qualify for MHSA funding, proposed programs must adhere to the policy guidelines developed for each of these funding components.

On the DMH website, you can learn more about the MHSA, its funding components, and the policy guidelines for each of these components, including a link to the full text of the Act: http://www.dmh.ca.gov/Prop_63/MHSA/default.asp.

This fact sheet was developed to help aging service providers participate in the MHSA stakeholder process so that MHSA funds can address the critical needs of elders with mental health needs, particularly those who are abused or vulnerable, and their caregivers. It describes relationships between elder abuse and mental health problems, identifies services needed by vulnerable elders, presents examples of programs that meet

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[1] This fact sheet was developed by the Elder Abuse and Neglect Initiative Advocacy Work Group, representatives of projects who receive funding as part of the Archstone Foundation's Elder Abuse and Neglect Initiative. For more information, contact the Work Group's Chair, Lisa Nerenberg, at lisa.nerenberg@sbcglobal.net

[2] Mental Health Task Team Report to the California Commission on Aging

MHSA guidelines, and offers suggestions for how advocates for the elderly can get involved.

The Link between Elder Abuse and Mental Health Problems

- Studies have identified multiple correlations between elder abuse and mental health problems, including depression and substance abuse (1-2).
- Research and practice experience suggests that self-neglect, which comprises a significant proportion of cases served by adult protective service (APS) programs, is associated with depression, dementia, and substance abuse (3-4).
- Research and practice experience suggests that compulsive hoarding (the acquisition of possessions and animals that endanger health, safety, and security) may stem from obsessive-compulsive personality disorder, impulse control disorder, or attention-deficit hyperactivity disorder. Although compulsive hoarding is a lifelong problem for some, for others, it develops later in life as a reaction to stress or loss (5).
- According to the National Institute of Mental Health, older adults are at greater risk for suicide than any other age group. Although little is known about the relationship between elder abuse and suicide, reports of victims committing suicide after losing homes and life savings are increasingly common (6). In some instances, self-neglect is believed to be a "slow form of suicide" (7). There is also an emerging body of research on suicide-homicides among elders (8).

Mental Health Services that may be Needed by Elderly Victims of Abuse and/or Vulnerable Elders

Experts note that abused and vulnerable elders may benefit from mental health services to reduce the risk of abuse, neglect, and self-neglect, and treat their effects (9). Specific examples include:

Assessment services:

- To identify elders who are at heightened risk for abuse, neglect, and self-neglect as a result of mental health problems, including depression, substance abuse, and dementia.
- To assess the presence of mental health and substance abuse problems that occur as a consequence of abuse including posttraumatic stress disorder, depression, self-neglect, and risk of suicide.
- To determine the need for services to treat mental health and substance abuse problems, including crisis and supportive counseling, psychotherapy, and family therapy.
- To assess for the need for hospitalization, conservatorship, or protective custody.
- To substantiate the presence and role of mental health problems in legal proceedings, including conservatorships, and civil and criminal suits.
- Screening for co-occurring disorders.

Services to prevent abuse, reduce risk, and treat its effects include:

- Crisis intervention services including crisis counseling, emergency shelter, or hospitalization for elders with mental health problems who are victims of abuse or neglect or at imminent risk.

- Individual, family, or group counseling to:
  - Explore dysfunctional patterns and relationships within families and caregiving relationships.
  - Address individual and interpersonal pathology and dysfunction.
  - Treat the immediate and long-term trauma associated with abuse, neglect, and exploitation.
  - Lower the risk of abuse by caregivers. It has been shown that the risk of abuse is heightened when caregivers and care receivers had poor "pre-morbid" relationships (prior to the onset of the disability) (10).
  - Help victims overcome counterproductive relationships and interdependencies with offenders, including counseling that focuses on issues of co-dependency.

Mental health services that can benefit abusers or those at risk of abusing:

- Involuntary assessment or placement of offenders who are a danger to themselves or others as a result of mental illness.
- Pharmaceutical, behavioral, or psychotherapeutic treatment for offenders who have personality disorders, mental illnesses, or other mental health problems that contribute to the likelihood that they will abuse.
- Counseling and other stress reduction strategies for caregivers when abuse is related to the stresses of caregiving.
- Programs that focus on inhibiting abusive conduct, including impulse control therapies and treatment for domestic violence and substance abuse. These services may be provided in a group or individual setting and on an inpatient or outpatient basis.

Sample Prevention and Early Intervention (PEI) Programs that Meet MHSA Guidelines

PEI programs must address certain key community needs such as disparities in access to mental health services, the psycho-social impact of trauma, stigma, and discrimination, and suicide risk. They also must target priority populations such as trauma-exposed individuals and individuals experiencing the onset of serious psychiatric illness. Therefore, PEI programs for older adults can reach elders who have experienced the trauma of elder abuse and neglect and/or are experiencing the onset of depression or post-traumatic stress disorder as well as those who are at-risk for depression and suicide. Elderly white men who are depressed, isolated, lonely, and who have access to lethal weapons are at particularly high risk for suicide. PEI programs for older adults can also provide client and community education to eliminate the stigma associated with mental health problems, which can interfere with older adults seeking treatment.

For examples of PEI programs, you can view the County Mental Health Prevention and Early Intervention Plans that have been submitted to the Mental Health Services Oversight and Accountability Commission for approval. Some of these plans include older adult prevention and early intervention programs that use evidence-based program models such as the "Gatekeeper" and "Navigator" programs.
http://www.dmh.ca.gov/MHSOAC/Prevention_and_Early_Intervention.asp.

In addition, at the request of the California Department of Mental Health (DMH), the California Department of Aging developed a "Home Delivered Meals Prevention and Early Intervention Program" technical assistance document that can be used by stakeholders in the PEI stakeholder process. This program integrates several evidence-based programs including the Gatekeeper Model to reach clients of home delivered meals program who are at-risk for mental health problems including suicide, and/or who are experiencing the early onset of mental health problems. Home delivered meals program drivers serve as gatekeepers to identify these at-risk elders.
http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/HDM_1_PEI_PROGRAM_TECHNICAL_ASSISTANCE_(Form%203)_6-20-08.pdf

Description of Gatekeeper Programs

Gatekeeper programs, first developed in Spokane, Washington (11), enlist the help of meter readers, utility workers, librarians, postal carriers, and others who have contact with isolated people, to identify elders with mental health problems. Adapting the gatekeeper approach to identify elders at risk for abuse, neglect, and self neglect might have the following outcomes:

- Provide vulnerable older adults and family caregivers with information about mental health issues, including depression and suicide, and elder abuse prevention.
- Provide annual routine screening for depression and ongoing monitoring of seniors who are at high risk.
- Provide program staff, drivers, and volunteers with training to perform “mental health observation and intervention” and information about the mental health and service needs of racially, ethnically, and culturally diverse populations.
- Develop mechanisms for cross-referrals between gatekeepers and primary care physicians, mental health providers, and reporting agencies.

Description of Navigator Programs

Developed for patients with cancer, these programs pair volunteers with patients to help with such tasks as transportation to appointments, finding ways to pay for care, accessing community support services and other resources, and facilitating communication with service providers. The model could be adapted to assist and monitor older adults who are identified through Gatekeeper programs as being at risk for elder abuse. Older adults who call or are referred to Navigators might receive initial screenings and case management services (the service could be provided for up to one year under PEI guidelines.) Other services that could be offered include “problem solving therapy” and counseling aimed at preventing depression and stabilizing those who experiencing the early onset of psychiatric illnesses. Key components might include:

- Prioritizing high-risk caregivers.
- Navigators could refer elders who are at risk for depression or the early onset of psychiatric illnesses to community agencies for case management and problem solving therapy. Or, they can provide the services themselves when community services are not available.
- Navigators/case managers could administer depression screening and other recommended assessment tools.

- The Navigators/case managers could be available by phone, email, and by appointment at senior centers and other sites frequented by seniors, including forensic centers where available.
- Referral sources could include trained Gatekeepers, medical providers, forensic centers, county mental health providers, crisis lines, and elders and their families.

Workforce Development

The recently released report *Retooling for an Aging America: Building the Health Care Workforce* (12) called for fundamental reform in the way the workforce is trained and used to care for older adults. MHSA Workforce Education and Training (WET) funds could potentially be used to fund education projects such as the development of curricula for Gatekeepers to help them: 1) understand mental illness, how it manifests, and confidentiality, 2) identify the need for further assessment, 3) communicate effectively, and 4) achieve other core competency skills related to mental health and elder abuse. Targeted education strategies are needed to help identify potential Gatekeepers, including community members who are already interfacing with seniors in their homes and provide them with training and ongoing coaching. Local media could be asked to assist in recruiting volunteers and publicizing trainings, which would further serve to raise public awareness about the mental health needs of older adults.

Steps that Elder Advocates Can Take To Participate in the MHSA Stakeholder Process

- Learn more about the Mental Health Services Act and subscribe to the DMH e-mail list to be kept informed about MHSA implementation activities: http://www.dmh.ca.gov/Prop_63/MHSA/default.asp.

- Contact your county MHSA Coordinator to determine what MHSA stakeholder activities are occurring in your county: (http://www.dmh.ca.gov/Prop_63/MHSA/docs/MHSACoCoordinatorListing.pdf.

- Some counties also have a PEI Coordinator. To find yours, check: http://www.dmh.cahwnet.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/PEI_Coordinators_2008v2.pdf.

- Attend MHSA stakeholder meetings and public hearings to advocate for services and programs that address the critical needs of abused and vulnerable elders with unmet mental health needs.

- Use information provided in this Fact Sheet as well as the referenced program examples to assist you in developing proposals and advocating for vulnerable elders in the MHSA stakeholder process.

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