

Health Foundation for Western & Central New York

Environmental Scan – Services for Seniors with Anxiety and Depression in WNY

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Executive Summary

Introduction

As part of its continuing efforts to educate itself and others about the needs of elders in the community, the Health Foundation for Western & Central New York (Health Foundation) commissioned an environmental scan to identify the services available for seniors affected by depression and anxiety in the eight counties of Western New York - Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming.

The target population for the scan: ‘elders currently able to live in the community relatively independently but who are potentially vulnerable to losing their current quality of life and independence, and who are at risk of that “one episode” that would trigger their decline and require them to enter institutional living or seriously curtail their current level of independence’.

In other words, the target population for this scan is older adults who are not considered to have serious and persistent mental illness but who do struggle with depression and /or anxiety, and whose lives are negatively impacted by these conditions.

Scan Activities

Thirty-four individuals across the eight WNY counties were interviewed for this project. Interviewees included the directors of county Offices for the Aging and Offices of Mental Health; representatives from two Health Homes located within the region; executive directors and front line staff from mental health provider organizations; and other individuals who have an interest in or are associated with services for the senior population. Two focus groups were also held in Cattaraugus County, one with service providers and one with senior citizens.

In addition to the interview process, a literature review of evidence-based practices designed to treat anxiety and depression in the elderly was undertaken. The New York State Office for the Aging and Office for Mental Health websites were also reviewed for information relevant to this scan.

Background Information

In 2011, the first of the post-war ‘baby boom’ generation – those born between 1946 and 1964 – turned 65 years old, initiating an ‘elder boom’ that will double the number of older adults in the United States from 35 million in 2000 to 70 million in 2030. In New York State, the number of people aged 65 or older is expected to increase more than 50 percent, from 2.5 million to 3.9 million during the same time period. The number of older adults with mental illness in the United States will also double from 2000 to 2030, and the number of adults aged 65 or older who

have mental illness in New York State is expected to increase by 56 percent, from 495,000 in 2000 to 772,000 in 2030.¹

Scan Results

It was very difficult to focus the interviews and focus groups on the mental health services available for the target population identified by the Health Foundation as this group represents a very small segment of the community for most service providers. Interviewees from county Offices for the Aging spoke about the need for better transportation services and outreach programs to lessen feelings of isolation, a precursor to anxiety and depression, and the need for more and better education and training for individuals working with older adults. Interviewees from county Offices for Mental Health and organizations providing mental health services were often focused on services and programs for individuals with serious and persistent mental illness (SPMI), as this is where state funding dollars are targeted.

Overall, several trends emerged:

- ❖ It became apparent early in the process that few services exist specifically for older adults affected by anxiety and depression absent a SPMI diagnosis. County Offices for the Aging are focused on the needs of the senior population as a whole and do not typically target individuals with mental health issues. County Offices for Mental Health provide or fund services from early childhood through adulthood, with more and more focus on the SPMI population. No county actively sought out older adults who might be affected with anxiety or depression for linkage to appropriate services. This group of individuals is not on the radar for any county office.
- ❖ Each county is unique in how it provides or, in some cases outsources, services to the aging population and those with mental illness. Other than a somewhat standard list of services provided by county Offices for the Aging, the array of mental health service options (or lack thereof) differ greatly from county to county. In some counties, the county is the only mental health provider; in others, it is one of a few providers; while in others, the county itself does not provide direct services but funds community-based organizations to do so.
- ❖ County Offices for the Aging and Mental Health have experienced significant funding cuts over the past several years. The reduction in funding has led to a decrease in service offerings (at both county- and provider-levels) in several ways: fewer community-based programs are funded, leading to fewer services to the elderly and individuals with mental illness; county staffs have been reduced, leading to longer wait times for services and in

¹ www.omh.ny.gov/omhweb/geriatric/

some cases, outsourcing of previously provided county services (*e.g.*, in Cattaraugus County, all county therapists are contracted through Cattaraugus Community Action, Inc. and in Orleans County, administration of Lifeline [a Personal Emergency Response System] has been moved to an out-of-state company).

While questions addressing mental wellness are included on every county Office for the Aging intake assessment, no county actively seeks to identify seniors with anxiety and depression. The primary reasons stated for not doing so were lack of capacity at both the county level through its intake and assessment process, and a lack of referral sources once individuals are identified.

The reduction in funding has also had a negative impact on future planning - even though the need for mental health and other age-related services to older adults is expected to significantly increase in the near future, day-to-day activities compounded by staff shortages combine to prevent much planning at the county- and organization-level. Several county Office for the Aging directors expressed concern about this.

It should also be noted that while all of the county Offices for the Aging and Mental Health have good working relationships with each other, for the most part, they provide services to seniors within their own systems without much regard to the other. The county offices work more like co-referring agencies than true collaborative partners. Concern was expressed by providers of older adult mental health services several times throughout the interview process about the lack of awareness on the behalf of county Office for the Aging staffs of the resources available within in the community. Another example - during an interview with a mental health provider front line staff, frustration was expressed about referrals to program operated by the county Office for the Aging being declined. It turned out that the person making the referrals did not know the eligibility criteria for enrollment in the program and was referring individuals who did not meet them.

Only one example of a true collaboration between the county Office for the Aging and Office of Mental Health was identified: ‘Second Act – Improving the Quality of Life for Older Adults in Buffalo and Erie County’, an initiative of the Erie County Department of Mental Health, Erie County Department of Senior Services, and the United Way of Buffalo & Erie County. Second Act works to further four community results for Erie County’s older adult population: maximizing independence for the frail and disabled; optimizing physical and mental health and well-being; addressing basic needs; and promoting social and civic engagement. The three entities work with their funded partners (Catholic Charities; Compeer; Hearts & Hands: Faith in Action; Matt Urban Center; and Meals on Wheels) to develop performance measures of their programs in

order to more effectively monitor how, and to what extent, their programs impact on the four goals.

- ❖ NYS focuses the majority of its mental health funding to services for individuals considered seriously and persistently mentally ill. Over the past several years, funding for programs and services has shifted to this population. One example: The transition of day programs to PROS (Personal Recovery Oriented Services) has gradually but greatly reduced the numbers of seniors receiving services as many do not meet the eligibility criteria for PROS or physically age-out. [PROS programs provide a comprehensive, recovery-oriented program for individuals with serious and persistent mental health conditions. The goals are to improve functioning, increase employment, attain higher levels of education, and secure preferred housing.]

Health Homes, though not funded through the NYS Office of Mental Health, will also target their mental health services to the SPMI population.

Several interviewees noted that the shift of state funding to the SPMI population has left fewer dollars for programs serving the less seriously ill and has led to a gap in services for these folks. This latter group includes seniors diagnosed with depression and anxiety.

- ❖ Geriatric mental health services are available in only four counties: Allegany; Cattaraugus; Erie; and Niagara. As might be expected, the broadest array of services for seniors with mental illness is in Erie County. These services, however, are mostly concentrated in and around the Buffalo area.
- ❖ PEARLS (Program to Encourage Active Rewarding Lives for Seniors) was the only evidence-based intervention specifically designed to treat older adults with minor depression and anxiety mentioned during the scan. Cattaraugus County offers this program, which is funded through the Cattaraugus Office for the Aging, to its residents. Allegany County offers a modified version which is funded through its Office for Community Services (Office for Mental Health). The Erie County Department of Senior Services terminated its PEARLS program in 2011 due to state funding cuts.
- ❖ No ethnic- or culturally-based mental health service treatment was mentioned by any of the interviewees.
- ❖ Four counties, Chautauqua, Genesee, Orleans, and Wyoming do not have any geriatric-specific mental health services. The county is the only provider of mental health services in Genesee and Orleans Counties. Wyoming County outsources all of its mental health services.

- ❖ County Office for the Aging and Mental Health staffs cited a desire for better education and training about mental health issues in the elderly.
- ❖ Other barriers to receiving services identified by interviewees include:
 - Most interviewees felt that primary care physicians do a poor job of assessing for depression, anxiety, and other mental health issues. The reasons varied: lack of knowledge and skills in treating geriatric patients; lack of appropriate service referral sources; assuming additional risk; competing demands for time; bias against old age and mental illness.
 - The onset of depression and/or anxiety in older adults is often considered part of the aging process as individuals experience the loss of loved ones, friends, independence and health. As a result, service providers often do not diagnosis these conditions properly or offer treatment options.
 - Compounding the above, many seniors do not readily self-identify with mental health problems and family members often do not notice an on-going, slow decline in function and mood.
 - Some seniors are reluctant to share feelings of depression and anxiety with adult children for fear of worrying them or feeling dismissed or misunderstood.
 - Mental health services are not always welcomed or wanted by older adults. Stigma is still an issue for some.
- ❖ For-profit organizations that provide ‘care management/coordination’ for seniors are becoming more common, especially in urban areas. A number of these organizations are located in the Buffalo-Niagara area, and services from the Rochester area are marketed in Genesee County. A care manager conducts an assessment and develops a personalized plan for each consumer. The care manager may also link the consumer and/or family members to service providers (profit and non-profit), including mental health services, as needed to implement the care plan. Depending on the background of the care manager, counseling services are also sometimes provided.

Services are generally targeted toward adult children, many of whom live outside the geographic area. Fees vary depending on the services purchased. Generally there is a charge for the initial intake and development of a personalized plan; with additional charges for implementing or overseeing the implementation of the plan.