Geriatric Mental Health: Advocacy, Coalitions, Resources, and Parity

A Presentation for NASUAD and the National I&R/A Support Center

Thursday, February 14, 2013
Geriatric Mental Health Alliance of New York

- Established in January 2004

- Over 3000 Members - Diverse constituency

- Policy and Advocacy
  - Advocate for improvements in public policy
  - Policy analysis and recommendations
  - Briefing material and consensus papers

- GMH Training and Technical Assistance Center
  - Lectures
  - Webinars
  - Annual conference
  - Co-sponsor conferences

- Speakers’ bureau
- Training
- Technical assistance
- Website
- E-newsletter
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Presentation Overview

- Importance of advocacy, coalition building, and the consumer perspective
- Mental health system and resources
- Parity for clinical/physical health services
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Why Advocacy for Geriatric Mental Health Matters
Mental Health is Vital to Aging Well!!!
Geriatric Mental Health Matters

- Mental and Substance Use Disorders Are Major Impediments to Living Well in Old Age
  - Loss of memory and cognitive ability
  - Profound sadness, loss of interest, anger
  - Sense of meaninglessness
  - Profound loneliness, sense of abandonment
  - Constant worry, fears, paranoid suspicions
  - Solace in alcohol and/or addiction to painkillers or other medicines
Geriatric Mental Health Matters (continue)

• Mental illness has a terrible impact on health
  – Increases risk of disability and premature death
  – Increases costs of medical care

• Depression and anxiety are major contributors to social isolation and high suicide rates

• Mental and behavioral disorders of older adults and/or family caregivers are major contributors to unnecessary placement in institutions

• Mental disorders are not normal in old age and most are treatable
Why Geriatric Mental Health Is Often Neglected

• **Ageism**
  • False belief that mental illness — especially depression — is normal in old age

• **Stigma**
  • Shame about having a mental illness

• **Lack of Knowledge**
  • About mental illness
  • About effectiveness of treatment
  • About where to get help
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The Power of Coalitions
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Key Factors for Coalition Building

- Constituency Building
- Overcoming Differences/ Building Consensus
- Structure
- Meetings
- Planning
- Communication
- Membership Participation
Constituency Building

- Constantly need to work at maintaining and growing constituency
- Reach out and engage prospective members
- Convey value of joining
- Recruit beyond natural allies
- Involve consumers!
- Use every opportunity to recruit new members
- Use education and training as constituency building opportunities
Overcoming Differences/Building Consensus

- More diverse groups have a harder time reaching consensus

- To reach consensus:
  - Foster togetherness
  - Focus on shared goals
  - Focus on group ownership
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Structure

• Decide on leadership structure
• Form sub-committees for specific tasks or projects
• Use of paid staff vs. volunteers
Meetings

- Meet on a regular basis

- Meetings should be structured with clear purpose

- Chaired by accepted leader

- Meetings should:
  - Have pre-planned agendas
  - Engage all members in discussion
  - Reach a conclusion and action steps

- Take meeting minutes

- Rotating sites vs. single site
Planning

• Important to have a plan

• Should be action oriented and assign specific tasks
Communication

- Regular, productive communication is important
- Send routine updates via email
- Schedule regular in-person meetings with conference call capacity
Membership Participation

• Members should be engaged in productive, meaningful work

• Practices that lead to better participation:
  – Focus on goals and tasks
  – Clear member and staff roles
  – Conflict resolution
  – Record-keeping
Consumer Perspective/Voice

• Actively engaging and involving consumers is fundamental to a Coalition’s work.

• Some ways to involve consumers include:
  – Developing a consumer council or inviting consumers to serve as members of a steering/leadership committee
  – Finding consumers who also work for an organization that is member of the coalition
  – Inviting consumer groups to join the coalition
  – Visiting consumer groups to recruit members and to get insight into their experiences and opinions
Mental Health Network of Resources and Supports
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States with Mental Health and Aging Coalition

California
Colorado
Florida
Georgia
Illinois
Indiana
Iowa
Kansas
Kentucky
Maryland
Massachusetts
New Hampshire
New York
Oklahoma
Pennsylvania
Rhode Island
Texas
Virginia
Diverse Membership

- Government – state and local mental health and aging authorities
- Trade associations – local government entities, aging providers, mental health providers
- Consumers and/or consumers organizations
- Advocacy organizations – mental health, aging, health
- Providers – mental health, aging, health, long-term care
- Colleges/universities
- Family members
Major Activities of Coalitions

- Networking
- Education
- Training
- Advocacy
- Resource Coordination
- Policy Analysis
The Mental Health System
Accessing Community Mental Health Resources

• Information, referral and crisis intervention: Lifeline – 1-800-273-Talk

• Geriatric psychiatrists: www.gmhfonline.org

• SAMHSA: Mental health services locator http://store.samhsa.gov/mhlocator

• State and/or local mental health authority
Parity for Clinical and Physical Health Services

- Parity in Medicare being gradually implemented; fully implemented in 2014

- Health care reform legislation carries parity forward and ends the option for employers’ not to provide behavioral health coverage.

- Federal parity requirements apply to:
  - Employers
  - Plans offered through the Exchanges
  - Those newly eligible for Medicaid
Persistence Is Key
WANT TO KNOW MORE?

JOIN THE
GERIATRIC MENTAL HEALTH ALLIANCE

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For more information, visit our website:
http://www.mhaofnyc.org/gmha