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The Honorable Bob Bethel, Chairman
Aging and Long-Term Care Committee

Reference - HB 2047

Good morning Chairman Bethel and Members of the House Aging and Long-Term Care Committee. My name is Ernest Kutzley and I am the Advocacy Director for AARP Kansas. AARP represents the views of our over 341,000 members in the state of Kansas. Thank you for allowing us to present our comments in support of enhanced mental health services for seniors in Kansas.

At least one in five older Americans suffers from a mental disorder. Among Medicare beneficiaries age 65 and older, the most common mental disorders, in order of prevalence, are anxiety, dementia or other cognitive impairments, and depression. By 2030 the number of older people with such disorders is expected to double, to 15 million, equaling or exceeding the number of younger people with such conditions. Moreover a substantial and growing percentage of older adults are misusing alcohol, prescription drugs, or other substances. Demand for mental health and substance abuse services is also expected to grow as the baby-boom cohort, which has tended to use such services more frequently and feel less stigmatized by seeking care, continues to age. Nevertheless there is a substantial unmet need for mental health and substance abuse services for older adults.

Older adults requiring mental health services are more likely than younger adults to receive inappropriate or inadequate treatment, due in large part to insufficient training in geriatrics among clinicians in routine settings. Most Medicare-covered mental health services are provided by primary care physicians, not specialists. General mental health clinicians may lack training in basic assessment and treatment of mental disorders connected to aging. Personal reticence by older adults to acknowledge mental health problems, as well as the perceived social stigma against those who do, further compound appropriate recognition of and treatment options for mental disorders.

In addition, there may be limited adoption of proven practices as part of usual care or little evidence of treatments' effectiveness. For example there is scant research on the effectiveness of treatments for anxiety, especially for older populations.

Also, cognitive disorders are frequently undiagnosed or are misdiagnosed in older patients. Although geriatric mental health assessment tools exist, they are often not integrated into routine practice. Further, some physicians and other providers may be less likely to diagnose alcohol and substance abuse disorders among older adults. Many older people are also reluctant to seek counseling to help them cope with the challenges of later life, such as bereavement, disability, loneliness, and isolation.

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The significance of these challenges is grimly evident in the fact that the 2005 death rate by suicide was highest for people age 80 years and older, and was over 50 percent higher than the rate for teens age 15 to 19. Further, the suicide rate for white men age 80 and older in 2005 was more than three times the rate for males age 15 to 19.

While Medicare's coverage of mental health and substance abuse services has gradually improved over the years by adding a partial hospitalization benefit and eliminating the payment limit on Part B mental health services, coverage continues to reflect restrictions that do not apply to other health service.

AARP believes that states should:

- Ensure coordination of mental health services with all appropriate health, long-term services and supports (LTSS) and aging network services—at the local level, area agencies on aging should have cooperative working agreements with community mental health centers to meet the mental health needs of older people in the community;
- Ensure that people with mental illness or retardation who are not admitted to a nursing home as the result of a Preadmission Screening and Annual Resident Review have home- and community-based services and receive appropriate treatment in the most appropriate setting.
- Establish mechanisms to ensure that LTSS agencies and mental health authorities address the mental health needs of older people who require LTSS as well as the LTSS needs of people with mental illness.
- Encourage innovative service-delivery models for mental health services, such as bringing mental health services into homes, senior centers, and residential care facilities (including board and care homes).

Therefore, AARP Kansas supports legislation such as HB 2047 that will include:

- Creation of a statewide program within KDOA to provide grants for mental health services.
- Education, outreach and services;
- Coordination through the state's area agencies on aging;
- Services to seniors wherever they reside (home, apartment, assisted living or nursing home).

We respectfully request your support for enhanced mental health services for Kansas Seniors. We appreciate the opportunity to provide this testimony.

Thank you.

Ernest Kutzley