KANSAS
AREA AGENCIES
ON AGING
ASSOCIATION

Meeting the Needs of Older Kansans

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Testimony to the House Aging & Long-Term Care Committee Regarding HB 2047 - Geriatric Mental Health

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The Kansas Area Agencies on Aging Association (K4A) represents the 11 Area Agencies on Aging (AAA) in Kansas, who collectively serve all 105 counties of Kansas. In Kansas, Area Agencies on Aging are the "single points of entry," that coordinate the delivery of publicly funded community-based services that seniors and their caregivers need. The Area Agency on Aging system is funded by federal, state and local resources, and administered locally. Service delivery decisions are made at the community level—often in the homes of the seniors who need those services. The Area Agencies on Aging carry out their federal mandate as "the Leader" on aging issues at the local level. The Kansas Area Agencies on Aging Association works to improve services and supports for all older Kansans and their caregivers.

Whether you are an older Kansan or a caregiver concerned about the well-being and independence of an older adult, Area Agencies on Aging are ready to help. Area Agencies on Aging in communities across the state, plan, coordinate and offer services that help older adults remain in their home - if that is their preference. Services such as home delivered meals and a range of in-home services make independent living a viable option. Area Agencies on Aging make a range of options available so that seniors choose the services and living arrangement that best suits them.

I appreciate the opportunity to appear before you today in support of HB 2047- geriatric mental health act. If Kansas wants to improve the quality of life for elderly Kansans and to reduce health care and the costs of premature nursing home placement, geriatric mental health is a great place to invest.

As we age, many people believe that it is normal or expected that a person should become more depressed. But that's not the case. Depression is not a normal part of aging, and studies show that most seniors feel satisfied with their lives, despite increased physical ailments. However, when older adults do have depression, it may be overlooked because seniors may show different, less obvious symptoms, and may be less inclined to experience or acknowledge feelings of sadness or grief.

According to the National Institute of Mental Health, depression often co-occurs with other serious illnesses such as heart disease, stroke, diabetes, cancer, and Parkinson's disease. Because many older adults face these illnesses as well as various social and economic difficulties, health care professionals may mistakenly conclude that depression is a normal consequence of these problems—an attitude often shared by patients themselves. These factors together contribute to the under diagnosis and under treatment of depressive disorders in older people. Depression can and should be treated when it co-occurs with other illnesses, for untreated depression can delay recovery from or worsen the outcome of these other illnesses. The relationship between depression and other illness processes in older adults is a focus of ongoing research.

Across the nation, numerous studies have concluded that our senior population has the highest rate of

depression, anxiety and suicide. The studies also indicate that they often go untreated and undetected because of views towards aging and lack of recognition by medical professionals. We must look to design mental health programs for our current senior population that meets their mental health needs. If we want to address the mental health needs of seniors, the program needs to reach seniors where they are and that means providing the services in the home, apartment, assisted living or nursing home.

Older adults with symptoms of mental illness represent a rapidly emerging group in Kansas. However, few of these older Kansans, their families, or their caregivers are knowledgeable about mental health and how to access needed services and resources. In addition, health care systems have failed to adequately identify and address the complex and challenging needs of seniors who exhibit symptoms of mental illness and physical problems commonly related to aging.

The Association and its members believe this is an important area that the State of Kansas needs to address because of the ever increasing elderly population. By not adequately identifying and providing appropriate mental health care to older adults we are greatly increasing the possibility of premature institutionalization. We need to design a geriatric mental health program that will meet the needs of Kansas seniors regardless of where they reside. Whether the senior resides in their own home, apartment, assisted living or nursing facility, we must work on outreach, education and appropriate mental health services for this population.

If we can address mental health needs of this population, we can conceivably delay the need for nursing home care for some and save the state money on health care costs on the other end. Most importantly, we improve the quality of life for the senior population of Kansas.

Thank you for listening and I ask for your support of HB 2047.

National Strategy for Suicide Prevention

A Collaborative Effort of SAMHSA, CDC, NIH, HRSA, IHS

NATIONAL STRATEGY FOR SUICIDE PREVENTION

At a Glance - Suicide Among the Elderly

- The highest suicide rates of any age group occur among persons aged 65 years and older.
- There is an average of one suicide among the elderly every 90 minutes.
- In 1998, suicide ranked as the sixteenth leading cause of death among those aged 65 years and older and accounted for 5803 deaths among this age group in the U.S..
- Suicide disproportionately impacts the elderly. In 1998, this group represented 13% of the population, but suffered 19% of all suicide deaths.
- The rate among adults aged 65-69 was 13.1 per 100,000 (all rates are per 100,000 population), the rate among those aged 70-74 was 15.2, the rate for those aged 75-79 was 17.6, among persons aged 80-84 the rate was 22.9, and among persons aged 85+ the rate was 21.0.
- Firearms (71%), overdose [liquids, pills or gas] (11%) and suffocation (11%) were the three most common methods of suicide used by persons aged 65+ years. In 1998, firearms were the most common method of suicide by both males and females, accounting for 78% of male and 35% of female suicides in that age group.
- Risk factors for suicide among older persons differ from those among the young. In addition to a higher prevalence of depression, older persons are more socially isolated and more frequently use highly lethal methods. They also make fewer attempts per completed suicide, have a higher-male-to-female ratio than other groups, have often visited a health-care provider before their suicide, and have more physical illnesses.
- It is estimated that 20% of elderly (over 65 years) persons who commit suicide visited a physician within 24 hours of their act, 41% visited within a week of their suicide and 75% have been seen by a physician within one month of their suicide.
- In 1998, men accounted for 84% of suicides among persons aged 65 years and older.
- Suicide rates among the elderly are highest for those who are divorced or widowed. In 1998, among males aged 75 years and older the rate for divorced men was 3.4 times and widowed men was 2.6 times that for married men. In the same age group, the suicide rate for divorced women was 2.8 times and widowed women was 1.9 times the rate among married women.
- Several factors relative to those over 65 years will play a role in future suicide rates among the elderly, including growth in the absolute and proportionate size of that population; health status; availability of services, and attitudes about aging and suicide.