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*Cultural  
Competency  
Toolkit*

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CHAPTER **6**



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**The Mental Health/  
Aging Advocacy Project**

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## Executive Summary

Philadelphia has one of the highest percentages of older adults in major cities in the United States, yet only serves approximately two percent of the older adults who need mental health services. The Mental Health Association of Southeastern Pennsylvania (MHASP) proposed to address this great disparity by building upon its Mental Health/Aging Advocacy Project, first initiated 1998. MHASP planned first to train elderly consumer/caregiver advocates and then to approach providers and insurers to demand that appropriate services be made available for older adults.

### Project Goals

- To develop materials and train at least five older adult leaders.
- To contact senior groups and offer presentations on mental health aging and advocacy.
- To organize and conduct follow-up with small group sessions.
- To follow up with monthly contacts to these small groups.
- To advocate for accessible and appropriate mental health services.

## Introduction

More than five million Americans age 65 and older—nearly one in six—suffer from the serious, persistent symptoms of depression, while another million have major clinical depression, an immobilizing disorder that can lead to suicide. In fact, from 1980 to 1992, suicide rates rose by nine percent among all Americans 65 and older and by 35 percent among those aged 80 to 84. The suicide rate of the elderly currently stands at an alarming 21 percent, the highest rate for any age group in the United States. Every day, 17 older Americans take their own lives. Only a small percentage of those deaths are believed to indicate a well-reasoned escape from an incurable, debilitating illness.

At the same time, the number of elderly people in America is growing. In 1990, one in 25 Americans was 65 and over; by 1994, one in eight fell in this category. This is a pattern of growth that will continue well into this century.

This means that the number of older Americans who have mental illnesses will also grow. Between 18 and 25 percent of elderly persons in general—and a staggering 66 percent of nursing home inhabitants—experience some form of mental illness. These range from depression, anxiety, bereavement adjustment problems and substance abuse to schizophrenia, personality disorders, paranoia, compulsive behaviors and dementia.

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## The Mental Health/Aging Advocacy Project

However, older adults with mental illness tend to be unrecognized, undiagnosed and untreated. Elders account for only seven percent of all inpatient psychiatric services, six percent of community mental health services and nine percent of private psychiatric care. In fact, less than three percent of all Medicare reimbursement goes to psychiatric treatment.

The sad irony is that most mental illness in older adults is treatable. For instance, depression studies have shown that a combination of medication and therapy can result in significant improvement for 80 percent of older adults who receive treatment.

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Serving elderly persons with mental illness has not been a high priority for most mental health agencies.

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Serving elderly persons with mental illness has not been a high priority for most mental health agencies. Services are usually fragmented among the health, mental health, and human services agencies, resulting in problems in providing coordinated and appropriate services. In addition, very few professionals in mental health agencies are specifically trained to serve this population.

In addition, many obstacles—including physical disabilities, social isolation, lack of transportation, the stigma attached to psychiatric care, a fractured mental health system that requires a 50 percent co-pay for outpatient mental health treatment and the complex nature of mental illness in older adults—negatively impact attempts to serve elderly persons with mental illness. Older adults of minority cultures face the additional barriers of poverty, language, or racial, cultural or ethnic bias.

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A half-million plus individuals over 65 live in Southeastern Pennsylvania, 33 percent of whom represent minority populations. Of that group, almost 30,000 have incomes low enough to make them eligible for Medicaid. The 1990 census of Philadelphia showed 19 percent of the population to be over 65. Yet a recent study by the Philadelphia Office of Mental Health showed that out of 55,000 people served in 1998, only 3,000 were older adults.

## Program Plan

To help overcome these barriers, the Mental Health Association of Southeastern Pennsylvania (MHASP) saw the need for an informed and organized constituency—including older adult consumers and their caregivers and family members—to advocate for the services required. In order to advocate for appropriate and accessible services for all older adults in the area, MHASP proposed a two-pronged effort to reach out and empower older persons and their friends to educate mental health service providers through its Mental Health/Aging Advocacy Project.



First, the program would contact older adults, caregivers and advocates in order to address issues of ageism, mental health stigma, and lack of services. MHASP would teach these older adults how to get help and how to join with other people to develop a voice advocating for improved services. The project would form an active network of older consumers and caregivers to implement the new skills.

Second, the project would also collaborate with the Delaware Valley Mental Health/Aging Advocacy Committee to establish systematic contact with providers, insurers, government officials and others who serve the elderly; would raise awareness of the need to provide culturally competent services to older adults; would provide relevant information on mental health and aging; and would urge all providers to develop mental health and aging committees. Specifically, MHASP proposed to have consumers/providers make presentations to the County Offices of Mental Health in two counties and meet with at least two major insurance companies to succinctly present a program of mental health needs of the elderly.

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*Older adults Madelyn Glover and Eleanor Campbell present as part of a panel on Mental Health and Aging in June 2000.*

MHASP's Mental Health/Aging Advocacy Project was already active in the North Philadelphia region at the time of this grant proposal, and they proposed to expand their activities to a five-county region with the help of NCSTAC funding.

## Organizational Overview

**M**HASP is an advocacy, service and education association founded in 1951 to help improve the lives of people with mental illnesses. Its president and chief executive officer, Joseph A. Rogers, is nationally recognized as a leader in the consumer movement.

MHASP employs more than 250 people, many of whom are consumers of mental health services. It has been actively involved in providing community-based support programs and services for people with mental illnesses since 1984 and today operates more than 30 such programs in Philadelphia and its surrounding counties.

MHASP is an affiliate of the National Mental Health Association, and supports its activities on behalf of people with mental illnesses. MHASP is also a member agency of United Way of Southeastern Pennsylvania.



## Implementation

The Mental Health/Aging Advocacy Project's efforts were prodigious in this grant cycle. Altogether, MHASP trained seven older adults to be mental health advocates, and four of these individuals were themselves consumers.

Further, MHASP met with eight senior center coordinators in the Philadelphia area and in Delaware County. They developed training materials, gathered information on continuum

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of care, set up trainings for drop-in center staff, and also developed a legislative action page on their website at [www.mhaging.org](http://www.mhaging.org). They offered two day-long trainings, and they visited three senior centers and offered large group presentations. MHASP also arranged monthly gatherings of seniors and senior leaders.

MHASP further implemented two sets of five-day advocacy trainings at senior centers, with some

commendable outcomes: On the fifth day of these trainings, participants were asked to write an advocacy letter. Locally, one of the hot issues at the time of the trainings was the need to establish a geriatric specialist for district clinics. Participants wrote on this subject to the local commissioner of health, who later moved to establish just such a position.

MHASP's senior leaders moved quickly into the role of public advocacy. Three older adults trained by MHASP testified at the Office of Mental Health yearly public hearing in Philadelphia, while another project participant spoke out at a similar meeting in Delaware.

## Discussion

Primarily, Tom Volkert, the project director, reported two types of barriers in his attempts to recruit and educate senior leaders. The first were some of the typical effects of aging, "such as difficulty in hearing, writing, and reading, which made it difficult to engage older people in advocacy work." Secondly, Volkert also found that his presentations had to compete with other senior center activities, such as bingo, and it was not always easy to persuade people to give up their favorite pastimes in order to attend a presentation on mental illness.

### Six Mental Health Problems of Older Adults

1. Depression—occurs in 5-30 % of older adults
2. Suicide—17 older adults take their lives each day
3. Anxiety—occurs in 10-20% of older adults
4. Dementia—10% of older adults have dementia
5. Alcoholism—occurs in 5-10% of older adults
6. Misuse of medication—thought to be common



The main trick to overcoming the first of these barriers, said Volkert, was “being persistent—reading materials to people, moving away from written materials, (or engaging in) role playing.” According to Volkert, “these strategies seem to work.” He also found it worthwhile to try “to make ‘mental health jargon’ more simple, understandable and clear.”

Similarly, attrition was a challenge Volkert faced as some senior leaders had to step back from their advocacy roles due to health problems. Consequently, the Mental Health/Aging Advocacy Project had to be adept at working with changeover in leadership.

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In order to pique seniors’ interest in learning about mental health, Volkert chose to focus on topics that were of particular interest to all seniors—not just those with mental health problems. For example, said Volkert, “the topic of prescription meds has been a hot topic, and people have become very engaged in that issue.”

In sum, Volkert learned to “adapt the mental health message to older adults and work on their time-line.”

## Conclusion

Many mental health needs of the elderly continue to go unmet, and MHASP’s Mental Health/Aging Advocacy Project will persevere in addressing these problems. In the future, Volkert plans to visit HMO’s together with senior leaders to discuss some of the inequities in mental health provisions for elderly patients. He anticipates that this initiative will be “confrontational and difficult,” but he is prepared to take the step nonetheless.



*A delegation of consumers and advocates meet with State Senator Tilghman to discuss mental health and aging issues.*



## Additional Resources

### Publications

Fogel, Barry S., Furino, Antonio and Gottlieb, Gary L. *Mental Health Policy for Older Americans: Protecting Minds at Risk*. Washington, D.C.: American Psychiatric Press. 1990.

Gatz, Margaret (editor). *Emerging Issues in Mental Health and Aging*. Washington, D.C.: American Psychological Association. 1995.

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Smyer, Michael A. and Qualls, Sara H. *Aging and Mental Health (Understanding Aging)*. Malden, Massachusetts: Blackwell Publishers. 1998.

Tice, Carolyn J. and Perkins, Kathleen R. *Mental Health Issues and Aging: Building on the Strengths of Older Persons*. Pacific Grove, California: Brooks/Cole. 1996.

Zarit, Steven H. and Zarit, Judy M. *Mental Disorders in Older Adults: Fundamentals of Assessment and Treatment*. New York: Guilford Press. 1998.

### Organizations

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Website: [www.unitedseniorshealth.org](http://www.unitedseniorshealth.org)

### Internet Resources

*Medicare: The Official U.S. Government Site for Medicare Information.* [www.medicare.gov/](http://www.medicare.gov/)

*Mental Health Association of Southeastern Pennsylvania: Mental Health and Aging.*  
[www.mhaging.org](http://www.mhaging.org)