



The Geriatric Mental Health Alliance of New York
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Geriatric Mental Health: Advocacy, Coalitions, Resources, and Parity

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

Thursday, February 14, 2013

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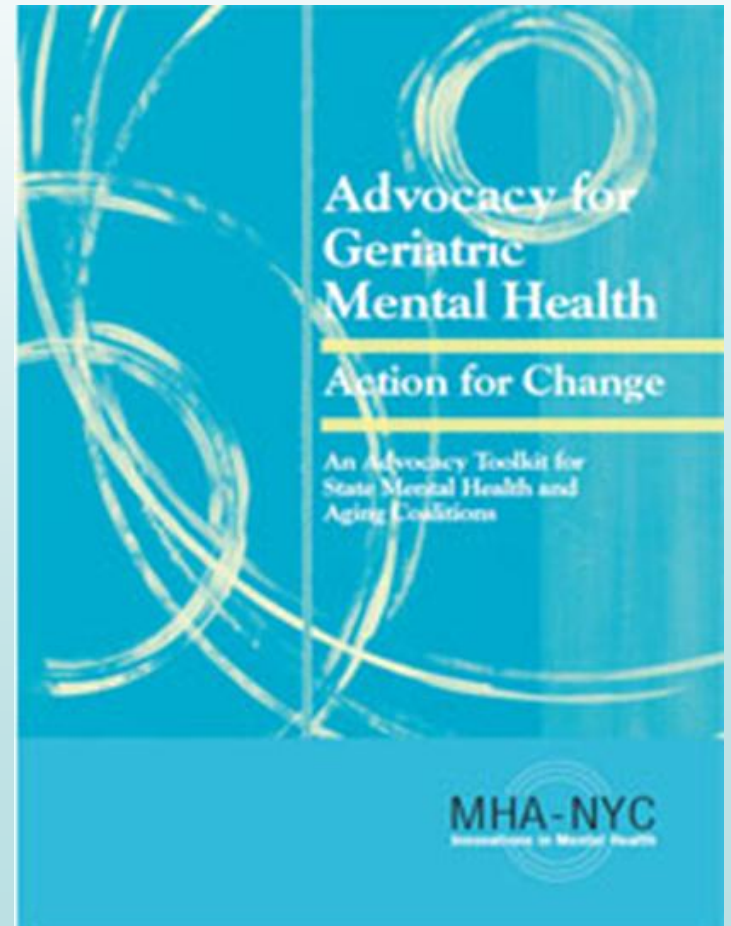
Geriatric Mental Health Alliance of New York

- 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

Presentation Overview

- Importance of advocacy, coalition building, and the consumer perspective
- Mental health system and resources
- Parity for clinical/physical health services

Why Advocacy for Geriatric Mental Health Matters





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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

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



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



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Mental Health Network of Resources and Supports

States with Mental Health and Aging Coalition

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

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

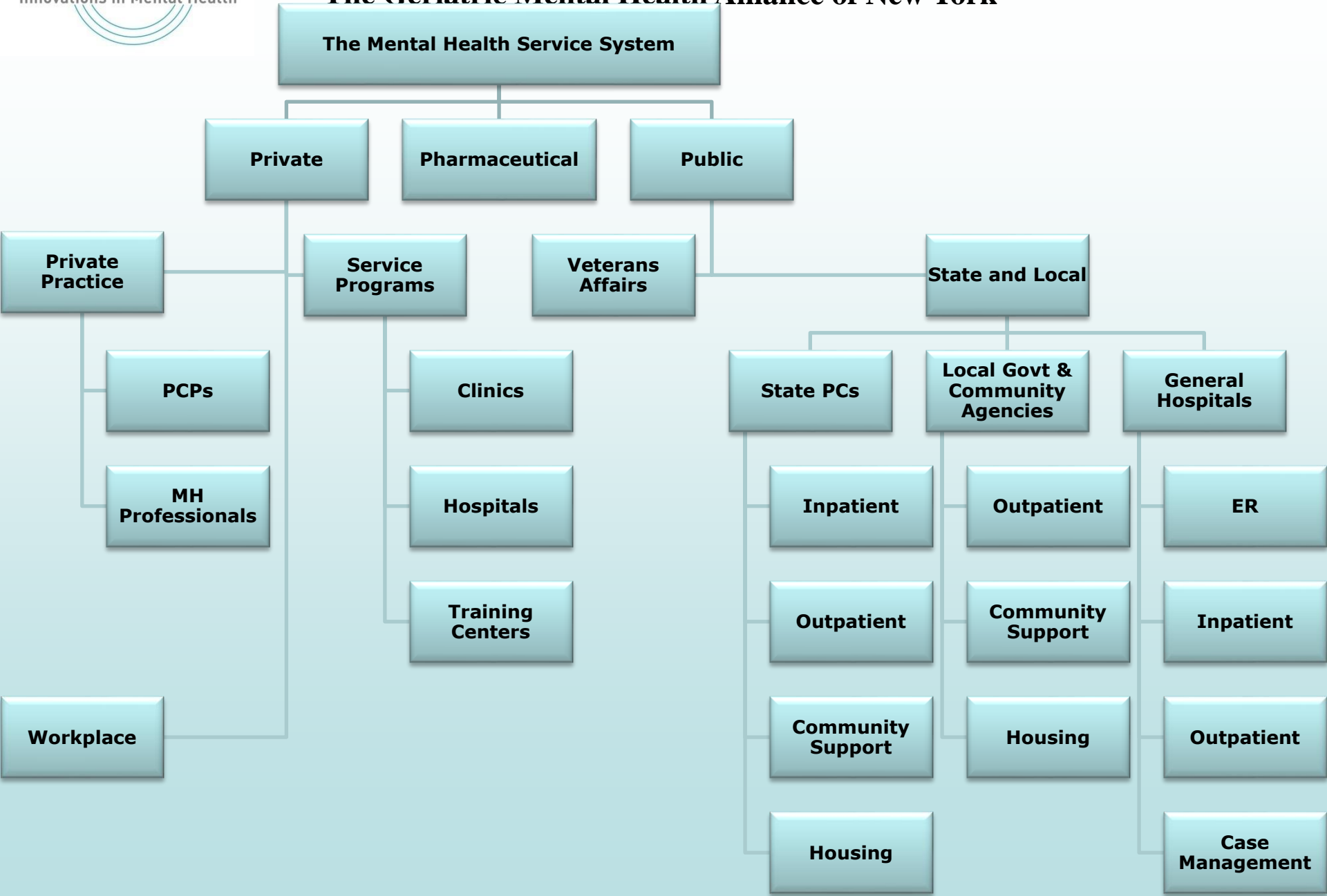
- Networking
- Education
- Training
- Advocacy
- Resource Coordination
- Policy Analysis



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The Mental Health System

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Accessing Community Mental Health Resources

- Information, referral and crisis intervention:
Lifeline – 1-800-273-Talk
- Geriatric psychiatrists: www.gmhafonline.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



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Persistence Is Key



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WANT TO KNOW MORE?

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212-614-5751

For more information, visit our website:

<http://www.mhaofnyc.org/gmha>