



70 West 36th Street, Fifth Floor, New York, NY 10018
tel: 212-967-0322 fax: 212-967-0792

**Testimony before the Assembly Standing Committee on Alcoholism and Drug Abuse
and the Assembly Standing Committee on Mental Health, Mental Retardation and
Developmental Disabilities**

Jeffrey Dinowitz, Chairman of the Committee on Alcoholism and Drug Abuse

**Peter Rivera, Chairman of the Committee on Mental Health, Mental Retardation and
Developmental Disabilities**

**A Public Hearing to Assess the Needs of New Yorkers Suffering From Mental Illness
and Substance Use Disorders**

October 10, 2003

Good morning, my name is Jessica Walker and I am a Policy Analyst at United Neighborhood Houses (UNH). UNH is the federation of 36 settlement houses that benefits half a million New Yorkers—from infants to adults to seniors—with educational programs, employment assistance, human services, and cultural activities at 350 locations throughout New York City. Founded in 1919 to bridge the common interests and concerns of New York's settlement houses and the communities they serve, UNH and its member agencies today comprise one of the City's largest human service systems. It is because of this historic and continued commitment to our communities that we appear before you today to speak on the needs of New Yorkers suffering from mental illness and substance abuse disorders. Thank you for giving me this opportunity.

Today, I want to focus my remarks on the mental health needs of our senior population. As you know, the past century has witnessed a remarkable lengthening of the average life span in the United States, from 47 years in 1900 to more than 75 years in the mid-1990s.¹ The entire senior population as a whole is expected to continue growing at a rate twice that of the general population between 2000 and 2010; by the year 2030, 20% of the US population will be ages 65 and older (up from 12% in 2000).² As the number of older adults grows, so will the number of older adults with significant mental health problems:

- A 1992 survey of NYC Department for the Aging (DFTA) case management agencies in New York City found that 13.5% of case management clients exhibited symptoms of mental illness, and 11.9% exhibited symptoms of dementia.³

¹ "Mental Health: A Report of the Surgeon General," Chapter 5: Older Adults and Mental Health.
www.surgeongeneral.gov/library/mentalhealth/chapter5/sec1.html

² "Project 2015: Preparing for the Impact of an Aging New York," New York State Office for the Aging, April 2, 2003. Handout for the New York State Coalition for the Aging.

³ "Annual Plan Summary: April 1, 2004-March 31, 2005," New York City Department for the Aging, Sept. 2003.

- In a 1994 Senior Center Satisfaction Survey also conducted by DFTA, three in five seniors rated having help for problems like stress, anxiety and depression available at senior centers as being important.⁴

Such population growth will have a major impact on the need for acute and long-term care and will result in a significant increase in health service utilization and costs. The substantial under-investment in research, knowledge dissemination, and services development could lead to a public health crisis. These findings highlight the need to integrate elderly mental health and protective services into an affordable and accessible continuum of community-based health and long-term care for seniors.⁵ There should be a comprehensive multi-year commitment to prepare for this predictable demographic shift in older adults with mental health problems.⁶ This multi-year commitment should provide a clear and effective system for diagnosing, creating awareness about, and treating the unique mental health and substance abuse needs of seniors.

Unrecognized or untreated in older adults, depression, Alzheimer's disease, alcohol and drug misuse and abuse, anxiety, late-life schizophrenia, and other mental health conditions can be severely impairing, even fatal.⁷ Sadly, researchers estimate that up to 63% of older adults with a mental disorder do not receive the services they need. Research further indicates that many health professionals are not adequately trained to assess and treat behaviorally based and psychosocial problems.

Symptoms of depression in older Americans can be overlooked and untreated because they often coincide with other mental illnesses of life events that occur as people age (e.g., loss of loved ones).⁸ Someone not properly attuned to the unique symptoms found among the senior population—even an accredited doctor—can easily overlook severe mental health problems. Several studies have found that many older adults who die by suicide—up to 75 percent—have actually visited a primary care physician within a month of their suicide.⁹ The need for proper screenings by professionals trained in the unique science of geriatric mental health (or other professionals and workers who have undergone specialized training in screening for these problems) is apparent and an effort to increase the number of such specialists available to the greater public in New York is crucial.

Implementing these recommendations will allow seniors to remain healthy even as they continue to grow old in their own communities with dignity. We appreciate the work of the State Assembly and look forward to working with you to bring about these necessary changes that will help protect our seniors.

Thank you.

⁴ Ibid.

⁵ Ibid.

⁶ "A Mental Health Agenda for the 21st Century," The Metropolitan Center for Mental Health Policy and Advocacy, a collaboration of the MHA of New York City and the MHA of Westchester.

⁷ "Mental Health: A Report of the Surgeon General," Chapter 5: Older Adults and Mental Health. www.surgeongeneral.gov/library/mentalhealth/chapter5/sec1.html

⁸ "Mental Health Care and Older Adults: Facts and Policy Recommendations." The American Psychological Association; The Public Policy Office. www.apa.org/ppo/issues/oldermhfact03.html

⁹ "Older Adults: Depression and Suicide Facts." U.S. Department of Health and Human Services, May 2003.