



Testimony

of

Myla Harrison, MD, MPH

Assistant Commissioner, Bureau of Mental Health

New York City Department of Health and Mental Hygiene

before the

**New York City Council Committee on Committee on Aging jointly with the
New York City Council Committee on Mental Health, Disabilities and Addiction**

on

Mental Wellness in Older Adults

November 19th, 2018

250 Broadway, 14th Floor Chambers

New York, NY

Good morning, Chairs Chin and Ayala, and members of the committees. I am Dr. Myla Harrison, Assistant Commissioner of the Bureau of Mental Health at the New York City Department of Health and Mental Hygiene. On behalf of Acting Commissioner Barbot, thank you for the opportunity to testify on mental health for older New Yorkers.

Older adults face unique challenges that impact their mental wellness. Physical health conditions, living on a fixed income, loss of loved ones, increased risk for social isolation, and unstable housing all impact the overall health of individuals and the ability to receive proper mental health care. Social isolation is of particular concern for older adults as it can lead to declines in physical, mental, and cognitive health.

The most common behavioral and neurological disorders among those 65 and older are depression and dementia, but anxiety, psychosis, and substance use disorder are also prevalent. In 2017, 11 percent of adults ages 45-64 and 9 percent of adults over 65 reported symptoms of depression. Depression is even more prevalent among older adults who are homebound or who have chronic physical health conditions, such as heart disease, stroke, cancer, lung disease, arthritis, dementia, and neurodegenerative disorders. Older adults also have higher rates of suicide than younger populations. In 2015, New York City suicide rates were highest among men over 65 at 15.5 per 100,000 people.

Furthermore, older adults most often seek mental health care through their primary care provider rather than mental health providers. Mental health services are often not well integrated into primary care, which leads to missed prevention and treatment opportunities.

To address this concern, the Health Department is increasing access to mental health care by reaching older adults where they access care, promoting awareness of mental health concerns in the community, and working with communities to ensure cultural and linguistic competency of the services we provide. Examples of this work include:

The Mental Health Service Corps initiative has placed early career behavioral health clinicians in 224 practices throughout the city including 134 primary care practices 90 behavioral health practices. Given the diversity of this city, we are matching bilingual clinicians to practices that request certain languages whenever possible. Since 2017, our Program to Encourage Active and Rewarding Lives for Seniors or PEARLS has worked throughout the 5 boroughs have screened 8,770 homebound older adults for depression. Of these, 638 individuals with depression have completed treatment with PEARLS.

Over 16 percent of residents in the over 8,000 Supportive Housing units that DOHMH oversees are over 65 and are aging in place. This provides an important opportunity to provide supports for individuals and families in permanent supportive housing who have a mental illness and/or substance use disorder.

To increase depression screening in primary care settings the Health Department is conducting public health detailing campaigns, comprised of one-on-one visits with more than 160 primary care practices in East and Central Harlem, North and Central Brooklyn, and the

South Bronx to help educate providers to integrate depression screening and treatment into routine primary care.

Through the City Council Geriatric Mental Health initiative we support 22 community-based organizations that serve older adults in improving their capacity to identify depression and alcohol/substance use disorders and connect those in need with support and treatment services.

For older adults with serious mental illness whose needs have not been met by traditional outpatient mental health services, the Bronx based Geriatric Assertive Community Treatment Team delivers comprehensive and flexible treatment, support, and rehabilitation services to individuals in the community.

And as always, older adults, their caregivers, and providers can contact NYC Well for connection to mental health resources and support. From the start of the program in 2016, 7.7 percent of callers identified that they were over the age of 60. NYC Well can be accessed in over 200 languages, and counselors match clients to services that meet the individual's cultural needs.

I will turn now to the bill being heard today, Intro 1180. Mental Health First Aid is an evidence-based curriculum that teaches participants how to recognize the signs and symptoms of mental illness and substance misuse. The curriculum, licensed by the National Council on Behavioral Health, also provides trainees with the skills to respond when someone close to them is experiencing a mental health or substance use crisis. The training is free for New Yorkers and is offered six days a week in all five boroughs and available in multiple languages.

As part of ThriveNYC, the Administration has committed to train 250,000 New Yorkers by 2021. This is a massive and unprecedented effort to provide New Yorkers with the skills needed to identify, understand and respond to signs of mental health challenges, including anxiety, depression, psychosis, suicidal behavior, overdose and withdrawal.

The Administration shares the Council's goal of training all front line staff to recognize mental health issues and we look forward to discussing with the Council the best ways to accomplish that goal in the long term. As part of the Administration's 2021 training goal, the Health Department has prioritized training front-line city workers and social service providers that interact with the public. Our dedicated team of 39 trainers work with 15 outreach staff to deliver over 60 all-day trainings a week. To date we have trained over 41,000 city staff and service providers in Mental Health First Aid, across 14 agencies, and are working to reach many more.

In collaboration with the Department for the Aging, we are delivering a Mental Health First Aid module that focuses on older adults. So far, we have trained over 400 staff, providers, and older adults at Department for the Aging-run senior centers, and aim to reach a total of 1,000 front-line and service provider staff. This training supplements the more intensive training in specific behavioral health issues that the Department for the Aging provides its staff and providers.

I want to thank the Mayor and First Lady for their unprecedented support for improving mental wellness in New York City. And thank you to Chairs Chin and Ayala and the members here today for your partnership and voices. We look forward to our continued collaboration as we improve the health and wellbeing of older New Yorkers.

I am happy to take your questions.



TESTIMONY

Presented by

**Donna M. Corrado, PhD
Commissioner**

on

**Oversight: Mental Wellness in Older Adults
Int. 1180: Mental Health First Aid Training for Senior Center Caseworkers**

before the

**New York City Council
Committee on Aging & Committee on Mental Health, Disabilities and Addiction**

on

**Monday, November 19, 2018
10:00 A.M.**

at

**Council Chambers, City Hall
New York, NY 10007**

Good morning, Chairpersons Chin, Ayala and members of the Aging and Mental Health, Disabilities and Addiction Committees. I am Donna Corrado, Commissioner of the New York City Department for the Aging (DFTA). From DFTA, I am joined by Jacquelin Berman, Deputy Assistant Commissioner for Research, and Tobi Abramson, Director of the Geriatric Mental Health Program. I am also joined by Dr. Myla Harrison, Assistant Commissioner of the Bureau of Mental Hygiene at the New York City Department of Health and Mental Hygiene (DOHMH). I would like to thank you for this opportunity to testify on the topic of mental wellness in older adults, as well as on Int. No. 1180, in relation to mental health first aid training for senior center caseworkers. DOHMH will provide testimony on Int. No. 1180.

According to the American Psychological Association, prevalence estimates suggest that approximately 20 percent of older adults throughout the U.S. meet the criteria for a mental disorder, and in New York State, that number is expected to increase by more than 50 percent by 2030. Accurate prevalence rates are difficult to determine, as many older adults are not diagnosed, are misdiagnosed or do not seek treatment. Older adults have high rates of late onset mental health disorders and low rates of identification and treatment. Mental illness and aging are often a double stigma that older adults face. There is a growing need for the provision of mental health services for older adults. Stigma surrounding mental illness, an inability to recognize mental health issues, and a lack of available services and providers continue to impede accessibility to needed mental health services for older adults.

DFTA MENTAL HEALTH INITIATIVES

In light of the demand for geriatric mental health programs, DFTA has engaged in various initiatives throughout the years focusing on education for both staff and older adults, as well as screenings and referrals for mental health services.

Education and Screening Elderly Program for Depression (EASE-D)

DFTA and DOHMH co-sponsored EASE-D. Workshops on depression were conducted within DFTA sponsored senior centers. Depression screenings and follow-up were done to assist with connections to care. To maximize sustainability, a train-the-trainer approach was developed so that staff learned how to facilitate workshops about depression on their own, and how to conduct

screenings and follow-up. In addition to senior centers, the depression workshops were facilitated over the phone for homebound older adults served through DFTA contracted case management agencies. Follow-up calls were made to the homebound clients to screen them for depression and make referrals for services.

Sandy Mobilization, Assessment, Referral, and Treatment for Mental Health (SMART-MH)

Through the SMART-MH program, approximately 2,000 older adults living in areas devastated by Hurricane Sandy were comprehensively assessed for mental health needs, including depression, suicide risk, anxiety, and alcohol misuse. Individuals in need of services received the evidence based treatment Engage from licensed counselors at senior centers, Naturally Occurring Retirement Communities (NORCs), and when necessary, seniors' homes. SMART-MH services were provided in Spanish, Russian, Mandarin, Cantonese, and English.

NORC Health Plus (NHP)

The NORC Health Plus program was created to provide older adults who are aging in place with educational interventions aimed at improving their ability to self-manage their physical and mental health needs. Four NORC programs located in the Bronx, Brooklyn, Manhattan, and Queens are participating in the initiative. The goals of the NHP program include encouraging the implementation of two evidence based programs within the NORC communities: the Chronic Disease Self-Management Program and the mental health intervention Behavioral Activation. Case assistance staff within the four NORC programs were trained to identify seniors with depression and to implement Behavioral Activation, which is a short-term technique that has shown to reduce depression among older adults.

Mental Health Services for DFTA Long-Term Care Clients

As part of the assessment process for the Case Management, Elder Abuse and Elderly Crime Victims Resource Center Programs, clients are screened for depression. Homebound older adults within the DFTA case management network in need of mental health interventions receive referrals for in-home services provided by Weill Cornell Medical Center clinicians. Services include a range of both evidence based short-term and long-term interventions. In addition, the services are available in Spanish and English. In-service trainings on mental health are provided

to case management staff through Weill Cornell Medical Center, which are tailored to meet the needs of the agencies.

Providing Options to Elderly Clients Together (PROTECT)

With 1 in 10 older adults experiencing elder abuse, rates of anxiety and depressive symptoms are high among this vulnerable population. Elder abuse victims suffering from anxiety and depression may face even more obstacles in taking necessary steps to protect themselves and obtain assistance. To address this, DFTA partnered with Weill Cornell Medical Center to develop PROTECT, a mental health program to be integrated into elder abuse service agencies. The program combines training to conduct routine screening for mental health concerns and integration of a brief psychotherapy by a mental health clinician. The Problem Solving Psychotherapy is offered in conjunction with elder abuse services. Depending on the needs of the clients, services are provided in the community, in the victim's home or in the office. Weill Cornell also provides in-service trainings on mental health to elder abuse program staff.

DFTA Mental Health Trainings

DFTA has provided various trainings on older adult mental health to hundreds of participants throughout the years. Topics include depression, alcohol abuse, anxiety, dementia, suicide prevention, and elder abuse. DFTA is also planning an upcoming training on trauma informed care for elder abuse services staff.

In partnership with DOHMH, DFTA conducts Mental Health First Aid trainings. Mental Health First Aid is an evidence based training program designed to equip non-mental health professionals with the knowledge needed to identify potential mental health issues among clients, so that they can be linked to services. DOHMH has trained four DFTA staff in this technique. In turn, the DFTA staff provide Mental Health First Aid training to case managers, senior center staff and volunteers. To date, approximately 400 individuals within the DFTA network have received Mental Health First Aid training.

THRIVENYC: DFTA INITIATIVES

In 2015, Mayor de Blasio and First Lady McCray released *ThriveNYC: A Mental Health Roadmap for All*. ThriveNYC is a plan of action to guide the City toward a more effective and holistic system to support the mental well-being of New Yorkers. Two ThriveNYC initiatives focused on geriatric mental health are led by DFTA. One initiative embeds mental health practitioners in 25 senior centers across the City, and the second initiative combats social isolation among homebound older adults.

DFTA Geriatric Mental Health (DGMH)

Through the DFTA Geriatric Mental Health initiative, mental health services are available on-site at 25 of the largest senior centers in the agency's network. Mental health professionals assist senior center members with issues ranging from depression and anxiety to highly disruptive behaviors.

DFTA contracts with four mental health provider agencies covering all five boroughs. JASA is the provider organization for clinical services at four senior centers in the Bronx. SPOP is the provider for six Manhattan senior centers, including the Mott Street Senior Center and the Weinberg Center for Balanced Living, both located in Chairperson Chin's district. Samuel Fields-CAPE provides services at six Queens locations, including Sunnyside Community Services Senior Center in Council Member Van Bramer's district, and Peter Cardella Senior Center in Council Member Holden's district. Weill Cornell covers eight senior centers in Brooklyn and one senior center in Staten Island. Two of the Brooklyn sites are the Jay Harama Senior Center in Council Member Deutsch's district, and the Coney Island Seaside Innovative Senior Center in Council Member Treyger's district. Individuals do not need to be a senior center member, but must be 60 years of age or older to receive mental health services at these locations.

To de-stigmatize mental health among this population, clinicians conduct structured engagement activities, such as formal presentations, and unstructured activities, such as informal conversations, at each of the sites. The clinicians conduct mental health assessments, as well as provide support and ongoing individual, group, family, and couples psychotherapy to older adults and their families. Mental health services are provided by bilingual and mostly bicultural social workers

who are fluent in the major languages spoken at the senior centers. In addition to English, the languages spoken include Cantonese, Italian, Mandarin, Polish, Russian, Spanish, and Ukrainian. The clinicians work with both internal and external support services to make referrals to social services and other mental health services as needed. Through DGMH, nearly 1,500 older adults were screened for mental health needs. More than 17,500 older adults participated in structured engagement sessions, and approximately 40,000 have been in contact with on-site clinicians.

Friendly Visiting

The Friendly Visiting Program focuses on isolated, largely homebound seniors who are served through DFTA's 21 contracted case management programs, which cover all 59 Community Districts. The program was designed to connect seniors facing the negative effects of social isolation with well trained volunteers who spend time with them in order to provide social interaction. As a result, Friendly Visiting serves as a mental health intervention program. The program model expands the older adult's connection to their community and may prevent the isolated senior from declining into depression and loneliness. Additionally, all Friendly Visiting Program coordinators have received Mental Health First Aid training. These coordinators have learned how to recognize possible behavioral health issues, so that older adults in need can be immediately referred to their case manager and linked to appropriate services. The program coordinators recruit friendly visitors who are matched with a homebound older adult. Friendly visitors then visit the senior at least two times per month. Any changes in functioning, including identified mental health issues, are referred to the case management agency for appropriate referrals and follow-up. Since the program's inception, volunteers have made more than 17,170 visits to older adults in their homes, and have spent a total of 27,200 hours with seniors.

CONCLUSION

Thank you again for this opportunity to provide testimony on the various DFTA programs that address mental wellness in older adults. Following testimony from DOHMH, my colleagues and I are pleased to answer any questions you may have.



Making New York a better place to age

**New York City Council
Committee on Aging
Chair, Council Member Chin
Oversight – Mental Health and Social Isolation
November, 2018**

LiveOn NY represents 100 community-based organizations that serve over 300,000 older New Yorkers annually with community based services that allow older adults to thrive in their communities. Thank you to Council Member Chin and the Aging Committee for holding this hearing.

LiveOn NY supports continued investments in DFTA funded senior services and continued investments for older adults through THRIVE NYC. Further, LiveOnNY supports the general intent of Intro. 1180, and has several recommendations to strengthen the bill as outlined below.

The Importance of Investing in Mental Health Services for Older Adults

It is estimated that 20% of people age 55 years or older experience some type of mental health concern, one of the most prevalent being depression. Older men, particularly those over 85, have the highest suicide rate of any age group. According to the World Health Organization, the normal process of aging also brings additional risk factors that can affect mental health. As we age, in addition to the everyday stressors experienced by people of all ages, we are more likely to experience additional stressors such as loss of capacities, health concerns, reduced mobility, as well as experience life events such as bereavement or changes in economic status related to retirement. We may also become more dependent on outside care and experience a sense of loss independence. All the combined stressors can lead to additional distress and isolation. Notably, social isolation and loneliness have been shown in recent research to surpass obesity as a predictor of early death in recent research.

That is why strengthening supports targeted specifically at older adults is critical. In fact, the recent DFTA Senior Center Evaluation study reported 1/3 of senior center members who attended the center at least twice a week self- reported an improvement in their mental health after a 12-month period, and more than 66% noted that socialization and avoiding isolation was a reason for attending, which was the highest response for why they attended. Further, the study reported that self reported depression levels and anxiety decreased after one year of attending the senior center. Senior centers, as well as the entire network of DFTA services are key and need ongoing funding and support to serve the needs of older New Yorkers today and in the future.

As with all senior services, and particularly with the complexity surrounding mental health stigma and issues, it is crucial that all services must include additional funding and support for culturally competent staff, both to provide outreach as well as direct services. The lack of multilingual staff and budgets for outreach into communities is an absolute barrier to accessing services and must be addressed and funded.

LiveOn NY also recognizes the important work of THRIVE NYC, which has continued to build up geriatric mental health services in approximately 15-20 senior centers. We also recognize other city-funded programs such as Friendly Visiting and mental health services for elder abuse victims. We hope this work continues so that many more seniors can be served through multiple access points - both those active in the community as well as homebound seniors.

Intro. 1180

LiveOn NY thanks lead bill sponsor Council Member Ayala, a former senior center director herself, for introducing this bill. We believe that this training would be relevant and beneficial for the employees of senior centers. LiveOn NY supports the intent of the bill and offers the following recommendations with the goal of strengthening the proposed legislation.

- **Ensure training is offered often and is accessible citywide.** The training referenced in the bill through DOHMH is at a minimum 8 hours long and has attendee space limits. Nearly 300 staff citywide would be subject to the training requirement, and likely more if more than one staff per center is required to take the training. Senior centers are already understaffed, and it is unrealistic for every worker at a senior center to take the training on the same day, because there would be no one to run the center. **The city must ensure additional trainings are added and published on a training schedule far in advance so centers have flexibility to plan and attend. Further, the city should offer training on site at the senior center itself, or at the very least in the boroughs, and the training should be offered at many times during the year, because new staff are added periodically. Further, the bill requires staff to retake the course every three years, so adequate trainings must be offered.** LiveOn NY has also provided this training in the past and would be willing to provide
- provide additional feedback on the requirements regarding the training.
- **The training must be free of charge.** Senior centers budgets are very limited, and training must be offered free of charge, otherwise, this will be an unfunded mandate placed on the senior centers.

Thank you for the opportunity to testify today. LiveOn NY looks forward to working with DFTA, the Administration, City Council and our members to make New York a better place to age.



**Testimony of United Neighborhood Houses
Before the New York City Council
Committees on Aging and Mental Health, Disabilities and Addiction**

**Council Member Margaret Chin, Chair, Aging
Council Member Diana Ayala, Chair, Mental Health**

Oversight: Mental Wellness in Older Adults

**Presented by Tara Klein, Policy Analyst
November 19, 2018**

Thank you for convening today's hearing. My name is Tara Klein, and I am a Policy Analyst at United Neighborhood Houses (UNH). UNH is New York's association of settlement houses whose membership includes 40 New York City settlement houses and two upstate affiliate members who collectively reach more than 765,000 people across all ages at over 680 sites throughout the city. Settlement houses provide a broad range of services in a neighborhood-based, multi-generational setting ranging from early childhood education, afterschool, adult literacy, homelessness prevention, services for older adults, and mental health and substance abuse services. UNH members deliver a wide variety of services to support older adults as they age in their homes and in the community, including senior centers, Naturally Occurring Retirement Communities (NORCs), home delivered meals, and others.

We appreciate City Council Members Chin and Ayala and the City Council's attention to the mental health challenges facing the older adult population in New York City. Older adults have an escalated risk for depression and suicide, brought on in part by high levels of social isolation. With a growing older adult population in New York, it is more important than ever to focus on the mental health needs of this population.

UNH supports Intro 1180, which would require mental health first aid training for caseworkers in senior centers, and we would like to share some implementation concerns about the legislation. We also support and appreciate the Council's Geriatric Mental Health Initiative, and encourage the Council to expand the program in FY 2020 to more communities.

Intro 1180: Mental Health First Aid Training

UNH supports Intro 1180 by Council Member Ayala, which would require mental health first aid training for caseworkers working within senior centers. Many of our members' staff already receive this training from the Department of Health and Mental Hygiene (DOHMH) and speak highly of its usefulness. Refreshing the training every three years is also an important component of the bill, as the mental health field evolves quickly and staff can use a refresher.

While the bill is straightforward and positive, there are several factors that will strengthen its implementation. First, DOHMH should continue to be flexible in where and when they offer these trainings. For example, they should provide the trainings both directly at senior centers and periodically at their own centralized office space. They should also consider an option where the training, which currently lasts 8 hours, is spread out over several weeks, and at different times of the day. The trainings should continue being offered in English, Spanish, and Mandarin with options available for other languages upon request. These options will provide flexibility for staff to ensure they can easily participate in the trainings.

Additionally, the City needs to be cognizant to ensure the training does not detract from caseworkers' work responsibilities in any significant way. While a one-day training is not a major new work demand, leaving seniors unattended during the training could have consequences for them in the case of an emergency, like a deadline for a benefits application or mental health crisis. The City should work with senior centers to ensure there are no such unintended consequences or costs to the program.

Geriatric Mental Health Initiative

UNH is a long-time supporter of the Geriatric Mental Health Initiative (GMHI) and we appreciate the City Council for consistently supporting this program.

GMHI funds mental health services in community spaces where older adults gather, such as senior centers, and also supports in-home services for homebound seniors. GMHI increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in "non-clinical" settings, GMHI providers are able improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma.

Staff within these programs are often the best resource for detecting mental health issues in seniors, as they work with seniors on a regular, even daily, basis. Symptoms of depression and anxiety in older adults frequently coincide with other illnesses and life events such as mourning the loss of loved ones, or coping with the onset of disabilities, which can cause these mental health issues to go undetected.¹ Increasing awareness and access to services within the places that seniors frequently attend ensures that people are receiving depression and substance abuse screenings, and are being connected to appropriate interventions as needed.

The City Council should ensure that at a minimum, GMHI is restored at \$1.9 million in the FY2020 budget cycle to continue these services for older adults. Additionally, the Council should consider a higher investment to expand this crucial program to additional sites.

As the City Council works to support older adults with mental health challenges, it must prioritize expanding funding for successful senior programs like GMHI.

Thank you for your time. For questions, I can be contacted at 917-484-9326 or tklein@unhny.org.

¹ National Alliance on Mental Illness. *Depression in Older Persons Fact Sheet*. 2009.

New York City Council Hearing
Committee on Aging
Re: Aging Joint Committee

November 19th 2018

Sasha Greene LMSW

Good Morning Councilwoman Chin My name is Sasha Greene.

I am a Geriatric Social worker with over 30 years' experience in the field of aging. Until two years ago and for 28 years prior to that, I was the Director of Retiree Social Services for the United Federation of Teachers. I am currently working as a consultant as the Director of Social Work for United Federation of Teachers staff. I also maintain a private practice.

Over the many years I have worked in my profession I have come to understand that depression is far more common among older adults than may be understood by the general public. It's not a matter of an older adult being "difficult" which some equate (regrettably) with the coming of old age or as a natural condition of old age. Very often this is generated by the loss of spouse or family member or close friends, isolation or some form of elder abuse or serious chronic health condition which effects individual's outlook and relationship and interaction with others. This certainly affects and degrades the quality of life of this population to the point that it can lead to suicide in affected individuals. According to the Center for Disease Control & Prevention-Older Adults are at increased risk; 80% of older adults have at least one chronic health condition and 50% have two or more.

Depression is often subtle and difficult to detect in the older population which I think makes it important that healthcare professionals become aware of this possibility in those persons with whom they work. In counseling with senior clients many were eager to discuss their feelings and their situations. Others however when asked what their day was like, were guarded and evasive and masked their responses with “I’m ok”, “everything is fine” etc. With some probing I would learn they rarely left their homes, lost interest in previous activities or hobbies, often complained of fatigue or decreased energy beyond what one would normally expect in persons of a similar age and in similar circumstances.

During counseling sessions, I would discover that some older adults are victims of Elder abuse — and here we are not referring simply to physical abuse, but also to psychological abuse (confinement, restricting outside contact, compelling control over finances etc.etc.) According to the Wright’ Center on Aging report, 1 in 6 older adults has experienced some form elder abuse. According to a report from AARP more than a third of people with Dementia suffer from sort of psychological or physical abuse at the hands of people caring for them.

Recommendations:

Health care professionals should first be aware of the possibility of depression in the persons they work with; that they are not just being “difficult” but in fact may be depressed. In this connection Health care professionals should be made aware of the broad range of resources at their disposal to deal with this issue. In the identification of depression in an elderly client I would suggest individual counseling or support group. They should understand that Interaction of any kind is important. If an older adult is unable to leave their home for medical reasons and shows signs of

depression. I would call in Medical Services that make home visits. Doctors or nurse practitioners, physical therapists, meals on wheels, occupational therapy and podiatrists for example are all covered by Medicare. Although difficult to suggest any particular modality for treatment of depression in the elderly, the PEARLS (Program to Encourage Active Rewarding Lives in over 65 Seniors). This is successful and respected program directed specifically toward dealing with the issue of elderly depression. It is a free program funded by the New York City Department of Health and Hygiene. This is a program consisting of 6 in home sessions, all free, designed to address the symptoms of depression for seniors 65 and older. This service is available for people living in Queens and Manhattan. Village visiting neighbors is another resource in lower Manhattan.

For more mobile seniors' socialization at their local senior center where trained counselors can also provide direct services should be considered.



Asian American Federation

Testimony for New York City Council Oversight Hearing on Mental Wellness in Older Adults

Submitted to the New York City Council Committee on Aging and Committee on Mental Health, Disabilities, and Addiction

November 19, 2018

Thank you, Chair Margaret Chin; Chair Diana Ayala; the Committee on Aging; and the Committee on Mental Health, Disabilities, and Addiction for convening this hearing today. I am Joo Han, Deputy Director at the Asian American Federation. The Federation's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We come to you today representing our network of over 60 member and partner agencies that support our community through their work in health & human services, education, economic development, civic participation, and social justice.

We are here today to highlight the mental health needs of our Asian seniors, who are the fastest-growing among the senior population in New York City and the state. From 2000 to 2016, the Asian senior population in the city more than doubled, growing faster than all other major racial and ethnic groups. There are now over 150,000 Asians ages 65 and older living in New York City. What is also significant is that Asian seniors had the largest increase in poverty rates from 2000 to 2016, from 23.5 percent to 24.8 percent.

After the tragic October incident in which an Asian worker at a Queens maternity center stabbed three babies and herself, the Federation worked with The New York Times and Wall Street Journal to highlight the need for mental health services in the Asian community. As the stabbing demonstrated, signs of mental illness are often overlooked by Asians, and even when needs are identified, there is a dearth of in-language and culturally competent mental health services for the Asian community. The fact that Asians are the only racial group for which suicide was consistently one of the top 10 leading causes of death in New York City from 1997 to 2015 only underscores this point. Also, among the senior population, Asian women ages 65 and older have the highest suicide rate across all racial and ethnic groups.

As the committees consider the proposed legislation, we recommend that you take into account the systemic gaps in available and accessible mental health services for Asian seniors. While mental health first aid is an important first step in identifying Asian seniors with mental health needs, there are not enough in-language, culturally competent mental health services to which to refer them.

Our October 2017 report titled *Overcoming Challenges to Mental Health Services for Asian New Yorkers* highlighted the increasing visibility of mental health needs among Asian New Yorkers and provided recommendations to address the major challenges impacting the Asian community, which includes increasing access to linguistically and culturally competent mental health services. The report was based on a year-long study of the mental health issues and service capacity challenges that 22 Asian-led and Asian-serving community-based organizations had observed among the pan-Asian communities in New York City.

In our report, we identified **four major challenges** to mental health services for Asian New Yorkers:

1. The scarcity of community education programming that is linguistically and culturally competent to build awareness and acceptance of mental health as a health concern, as mental illness is deeply stigmatized in many Asian communities and mental health care is viewed as a Western concept;
2. The shortage of linguistically and culturally competent mental health practitioners and services, which is particularly egregious in areas of specialty, such as drug or alcohol abuse, gambling addiction, domestic violence, and LGBTQ topics and concerns;
3. Access to mental health care services, as there are few entry points beyond individualized therapy and the cost of services is a deterrent for those without health insurance; and
4. The lack of research into the mental health needs of and service models that work best for the Asian community due to the absence of disaggregated data for Asian ethnicities and funders' proposal criteria that oftentimes exclude integrated or alternative service models.

To address these challenges, the Federation plans to launch a program next year to enhance mental health services in the Asian community. We will take the lead on designing and implementing programs based on our research, which will help to reduce stigma and other barriers to mental health services, increase awareness of the mental health needs of Asian American residents in New York City, and foster greater collaboration between formal service systems and community resources to reach these residents.

RECOMMENDATIONS

We ask the City Council to make an initial investment of \$1 million in pan-Asian nonprofit organizations to develop community-wide capacity in mental health services. As linguistic and cultural competency increases the utilization and effectiveness of senior services, Asian-led agencies providing services directly to Asian seniors are in the best position to use additional funding most effectively. This investment would support the following services:

- To develop a training program for Asian-led social service organizations using models of non-clinical service delivery that utilize existing services and programs.
 - Utilize models which integrate mental health concepts into existing programs or services, such as youth leadership programs, parenting skills workshops, and senior wellness activities.

- Incorporate culturally competent mental health first aid for key touch points in the Asian communities where people seek help, such as social service front-line staff, religious leaders, primary care physicians, etc.
- To create a network of non-clinical mental health service providers serving the Asian communities of New York City in order to share resources and knowledge about best practices and available services.
- To develop a shared database of mental health service providers.
- To provide cultural competency training for mainstream mental health service providers.

This comprehensive program will aim to increase access to and the capacity of mental health services for the Asian community and, concurrently, will address the needs of Asian seniors who are often the most averse to talking about mental health issues and the least likely to seek out services.

City Council Testimony 11/19/18

Needs for Mental Health for the Asian Community

Joy Luangphaxay, LMSW Assistant Executive Director of Behavioral Health

Good Morning- my name is Joy Luangphaxay. I am the Assistant Executive Director of Behavioral Health Services at Hamilton-Madison House. We are a non-profit settlement house located in the Lower East Side. We are also the largest outpatient mental health provider for Asian Americans on the East coast. Currently, we operate five mental health clinics, PROS, and a Supported Housing program for individuals with severe mental health issues in Manhattan and Queens. Our staff are all bilingual and we provide services for the Chinese, Korean, Japanese, Cambodian, and Vietnamese community.

In the last decade, Asian Americans continued to be the one of the fastest growing population in the New York metropolitan area. We at HMH have worked tirelessly to increase the capacity to this underserved population through active education, prevention projects, and providing culturally specific services. We do this because suicide is the 11th leading cause of death in the United States and 8th among Asian Americans. Elderly Japanese, Korean and Vietnamese women living in the United States have the highest incidence of suicide attempts and minority group. This is a crisis that can not be ignored.

Research shows that the majority of older Asian American seniors do not receive mental health services during the period prior to suicide or suicidal behaviors. This is due to many factors including

- 1) There is a lack of knowledge about mental health services and options due to isolation, recent immigration status and language barriers;
- 2) A cultural lack of recognition of mental health problems;
- 3) Their own attitudes regarding self-worth and that they do not want to be a burden to their families.
- 4) The feelings of stigma and fear inherent with mental illness and depression.

In New York City, there are few Asian psychiatric units in the public hospitals and fewer than a dozen mental health clinics that provide linguistically services to meet the needs of the growing Asian community. In a recent study on suicide attempters among Chinese immigrants, local PCPs were the most common providers from which the suicide attempters sought consultation for their mental health d yet most of the providers failed to provide psychoeducation and referral services.

By providing vital services for these underserved populations in the Tri-state area, Hamilton-Madison House is often looked upon as a mental health safety net for the Asian American

community. Currently, in our mental health program, the seniors are the most vulnerable – making up over 10 % of our client population but have the most severe symptoms with high risk factors, many with passive suicide ideations. The seniors are often the most difficult to engage in services due to the stigma associated with seeking help and lack of culturally competent providers. Many admit to having thoughts of suicide or have attempted suicide in the past.

In order to address these challenges and increase mental health services for the Asian community, providers like Hamilton-Madison House and the Asian American Federation makes the following recommendations to the City, State, and funders:

- Provide funding support and invest in Asian-serving organizations to hire culturally competent mental health providers and train mainstream mental health providers to develop their cultural competency.
- Support programming and collaboration that integrates mental health services through other services
- Increase funding research opportunities in obtain data and increase access for the Asian community.

The Asian population of NYC deserves better, they came to this country and specifically to this great city, seeking a better life for themselves and their families. I stand here today asking your help to ease unnecessary suffering and deaths.



**Testimony of
Chris Widelo, AARP New York**

**New York City Council
Committee on Aging and the
Committee on Mental Health,
Disabilities, and Addiction**

**Int. 1180 - Mental Health First Aid
Training for Senior Center
Caseworkers**

Monday, November 19, 2018

**City Hall
New York, NY**

Contact: Chris Widelo (212) 407-3737 | cwidelo@aarp.org

My name is Chris Widelo and I am AARP's Associate State Director for New York City. On behalf of AARP's 800,000 New York City members, I appreciate the opportunity to speak today on Int. 1180, legislation that would require senior center caseworkers to receive mental health first aid training.

New York City's population is aging. Nearly one-third of residents in the five boroughs are over the age of 50, and that group is expected to grow by nearly 20 percent between 2015 and 2030. The growth for the 65-plus age group is projected to be even more dramatic, with a whopping 46% increase in the same time frame.

We can often expect older adults to slow down as they age, but a significant drop in energy level or a marked change in mood or behavior could signal a more serious matter related to their mental health.

Depression is one example of a serious medical illness that often goes unrecognized and untreated among older adults, according to the National Institute of Mental Health. It's normal for an older person to feel sad every once in a while or frustrated by health problems or financial concerns. If it persists and interferes with daily life it could be a sign of depression. Left untreated, depression can affect one's physical health and quality of life.

The National Institute of Mental Health estimates that nearly two million Americans age 65 and older suffer from some form of depression. Furthermore,

depression in older adults is a significant predictor of suicide. Comprising only 13% of the U.S. population, individuals aged 65 and older account for 20% of all suicide deaths, with white males being particularly vulnerable. Suicide among white males aged 85 and older (65.3 deaths per 100,000 persons) is nearly six times the suicide rate (10.8 per 100,000) in the U.S.

NYC's Senior Centers are an important resource in our community to help our city's older residents age. The caseworkers at these facilities are on the front lines for recognizing mental health issues with their clients and referring them to the appropriate services. Having proper, up-to-date training, is essential to ensuring that the over 300 caseworkers in DFTA funded senior centers are prepared to recognize symptoms of mental health decline or illness.

AARP New York believes that Int. 1180 needs to be strengthened. First, it should stipulate and ensure that mental health training will be free and caseworkers will not incur any expense to complete the training. Secondly, the legislation should direct the Department of Mental Health and Hygiene to provide additional training options specifically for senior center caseworkers and to make these trainings available throughout the five boroughs to accommodate the over 300 caseworkers across the city.

AARP NY applauds the intent of this legislation to further identify mental health issues in the aging community and ensure that senior center caseworkers

receive regular training to effectively do their job. We hope that this legislation can be further strengthened to ensure these caseworkers are not potentially burdened by the requirements of this legislation.



Commitment to Improve the Quality of Life

November 19, 2018

To: New York City Council Committee on Aging, Jointly with the Committee on Mental Health Disabilities and Addiction

From: India Home, Inc.

RE: Oversight - “Mental Wellness in Older Adults”

India Home is a non-profit organization founded by community members to serve South Asian older adults. The mission of India Home is to improve the quality of life for older adults by providing quality care in a culturally appropriate environment. We serve more than 200 older adults across Queens through senior center programs, case management, community mental health programs, recreational activities, and advocacy.

100% of the seniors India Home serves are foreign born and nearly 80% of them have Limited English Proficiency (LEP), which limits their understanding of and access to traditional services. As such, the culturally appropriate services that we and other grassroots organizations provide to immigrant communities are extremely necessary. Our clients come to us from the heavily South Asian neighborhoods of Sunnyside, Jackson Heights, Briarwood, Jamaica, Richmond Hill, and Queens Village. They also live in growing communities situated in the Bronx, Brooklyn, and beyond.

India Home strives to bring holistic services to our clients. We have found that our seniors deal with mild to severe mental health stressors that consistently arise during casemanagement services. Some issues we have observed with our clients are depression, dementia, minor psychotic episodes, adjustment disorders and prolonged social isolation. Over 25% of our current client base reported experiencing some mental health issue; other research has indicated up to 50% of South Asian older adults experience mental health issues that require counseling. Recognizing the urgent need for mental health services India Home has provided opportunities to our casemanagement department to attend the Mental Health First Aid training. The general knowledge gained from the First Aid training has helped our frontline caseworkers recognize some of the onset signs and symptoms of mental health issues. Also, they expressed feeling more prepared and able to better handle clients during a crisis. Furthermore, they are able to refer out clients who require further mental health treatment to trained professionals and/or institutions. However, there still continues to be a growing need for cultural sensitive mental health services that goes beyond our services provided during intakes and casemanagement capacity.

It is known that mental health is a taboo topic for the general South Asian community and geriatric mental health is consistently neglected. Furthermore, articulating mental health issues and accessing necessary services are unknown concepts to most South Asian older adults and their caregivers. Therefore, it is crucial to educate our community about the importance of Mental Health wellbeing and seek treatment in a more culturally appropriate manner. For this reason, India Home prioritized these issues and has taken a step further. We have recently launched a pilot-Community Mental Health Program (CMHP). This initiative focuses on five integrated service areas which includes outreach and education programs, in-house counseling, supportive social services, advocacy efforts, and geriatric mental health workforce training. The CMHP is anchored and directed by a Licensed Master Social Worker with a South Asian background who is familiar with our clients' needs and speaks the language(s). She is supervised by our Executive Director who is also a practicing psychiatrist.

Since this program has started we delivered various workshops on mental health issues in Hindi/Bengali, our clients and their family members are able to access resources and counseling support from a professional staff through our program. Additionally, India Home expanded its collaborative work and networking with other organizations with similar goals.

India Home supports and hopes the proposed legislative will help enhance staff knowledge on mental health illnesses. The valuable experience will serve as guidance to deliver adequate mental health services to their clients. This training will help organizations like ours to reach out more individuals who may potentially suffer from mental health stressors.

Moving forward, we recommend the City Council take the following steps:

1. Provide adequate detailed training with a focus on each individual mental health illnesses addressed during the 8 hours workshop
2. Work with and provide funding to grassroots organizations like ours to further hire, train mental health worker in order to disseminate knowledge and cultural sensitive programming on mental health to South Asian Seniors. Also, funds to develop supportive recreational activities as part of mental health services
3. Additionally, collaborate with organizations serving minority immigrant groups to contribute/recommend programs and policies to address mental health issues

Sincerely,



Vasundhara D. Kalasapudi, M.D.

178-36 Wexford Terrace Suite 2C Jamaica, NY 11432

Phone: (917) 288 7600 ▪ Fax: (718) 425 0891 ▪ www.indiahome.org ▪ indiahomeusa@gmail.com

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Testimony: UJA-Federation of New York
New York City Council
Committee on Aging
Honorable Margaret Chin, Chair
Committee on Mental Health, Disabilities and Addiction
Honorable Diana Ayala, Chair
Oversight: Mental Wellness in Older Adults

November 19, 2018

Good afternoon Chairperson Chin and Chairperson Ayala and members of the Committee on Aging and the Committee on Mental Health, Disabilities and Addiction. On behalf of UJA, our network of nonprofit partners and their clients, thank you for the opportunity to provide testimony on Introduction 1180 and the importance of providing mental health services for older adults in New York City.

Established more than 100 years ago, UJA is one of the nation's largest local philanthropies. UJA's mission is to fight poverty; connect people to their communities and respond to crises both locally and around the world. UJA supports nearly 100 nonprofit organizations serving those that are the most vulnerable and in need of programs and services.

Mental Health and Access to Services

More than 1.1 million older adults, age 65 and older, make up more than 13% of New York City's total population, a number that is projected to increase by 20% by 2030. As this population grows, their needs will increase. The Council's investments in this population help bolster the Department for the Aging's (DFTA) core services, and through Initiatives, maintain vital programs for older adults, many of whom might otherwise not have access to or seek out these resources.

At least one in five New York City adults is likely to experience a mental health disorder in any given year. Researchers estimate that up to 63% of older adults with a mental health disorder do not receive the services they need.¹ The impact of depression on the health of older adults can also be severe; it is reported that depression is associated with declining health such as people with heart disease, diabetes, or strokes. Depression can complicate the treatment of these

¹ Life Senior Services. *10 Facts About Mental Health and Aging*.
http://www.lifeseiorservices.org/seniorline/10_Facts_About_Mental_Health_and_Aging.asp

conditions, and make it more difficult for someone to care for themselves and to seek treatment when needed.²

Senior centers are recognized by the Older Americans Act as a community focal point and have become one of the most widely used services among America's older adults. They serve as an access point to critical services that can help seniors stay healthy and independent, allowing older adults to access multiple services in one place. Programming includes meal and nutrition programs, health and wellness programs, employment assistance, case management services, among others.³

Mental Health First Aid training helps a person assist someone experiencing a mental health crisis. Mental Health First Aiders learn strategies to assess risk and support the individual in crisis through identifying appropriate professional help and other supports. Participants are also taught about risk factors and warning signs to look for that may signal mental health or substance use problems. Because of the unique role that senior centers play in caring for older adults, we believe that requiring mental health first aid training for caseworkers would go a long way towards helping seniors access the mental health services they may need.

UJA-Federation is supportive of Introduction 1180 but has some concerns regarding implementation. As it currently stands, this bill would create an unfunded mandate. The ability of our partners to provide the services required by their contracts is already challenged by inadequate and delayed funding, which does not cover the full cost of service provision. UJA recommends that training be offered at no cost to the case workers or the nonprofit provider. Training schedules should also be offered to best support workers and providers; this includes holding trainings on-site at senior centers and/or throughout the five boroughs to accommodate schedules. Trainings should also be offered in multiple languages, with the opportunity to access additional languages as needed.

Geriatric Mental Health Initiative (GMHI):

UJA-Federation thanks the Council for their continued support of the Geriatric Mental Health Initiative. Mental Health Services are critical for the vulnerable populations with which UJA-Federation's partner agencies work, such as Holocaust survivors. The GMHI supports organizations to provide individual and group counseling to older adults in non-clinical settings such as senior centers, Naturally Occurring Retirement Communities, and food pantries, while also supporting in-home services for homebound elderly. By offering these services in a non-clinical setting, providers are able to adapt services to the needs of their communities without stigma.

One of UJA's nonprofit partners uses GMHI funding to provide outreach services for homebound elderly, operate an outpatient mental health clinic, offer social work and psychiatric services at satellite clinics throughout Queens and provide transportation for those unable to take public transportation. This multi-faceted approach to mental healthcare allows our nonprofit

² National Institute of Mental Health. *Older Adults and Mental Health*. <https://www.nimh.nih.gov/health/topics/older-adults-and-mental-health/index.shtml>

³ National Council on Aging. *Senior Center Facts*. <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-center-facts/>

partner to connect older adults to mental health services and treatments they may have not been exposed to if this program did not exist.

Two of our nonprofit partners receive funds through the GMHI and were grateful for its restoration in FY 19. UJA-Federation asks that this funding be restored or expanded in the FY20 budget. Additional funding for this program would allow our nonprofit partners to connect an increased number of older adults with the mental health services they need to live fulfilling lives in the community.

Thank you for the opportunity to testify. UJA-Federation of New York looks forward to working with the Council to help increase access to the mental health services for older adults.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. 1180 Res. No. _____
 in favor in opposition

Date: _____

Name: Chris White (PLEASE PRINT)

Address: _____

I represent: AARP

Address: 750 3rd Ave Manhattan

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 11/19/2018

Name: PO - Ling Ng (PLEASE PRINT)

Address: 168 GRAND STREET, N.Y. NY 10013

I represent: CHINESE-AMERICAN PLANNING COUNCIL

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

Name: Molly Krakowski (PLEASE PRINT)

Address: _____

I represent: JASA

Address: _____

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I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Celerino Bernardo

Address: 3026 86th St Apt 4F

I represent: TMODA Yellow Cab supporter

Address: _____

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THE CITY OF NEW YORK**

Aging

Appearance Card

I intend to appear and speak on Int. No. 1180 Res. No. _____

in favor in opposition

Int. 1180

Date: _____

(PLEASE PRINT)

Name: Juliana Leach

Address: Live On NY

I represent: _____

Address: _____

**THE COUNCIL
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Need to be out by 1:30

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: NOV 19-2018

(PLEASE PRINT)

Name: Sasha GREENG

Address: 9 St. Lukes Place

I represent: myself - Aging Mental Health

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Joo Han

Address: 120 Wall Street, 9th Floor, NY, NY 10005

I represent: Asian American Federation

Address: 120 Wall St, 9th Fl, NY, NY 10005

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jay Luangphaxy

Address: 253 South St

I represent: Hamilton-Madison House Inc

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/19

(PLEASE PRINT)

Name: COMMISSIONER DONNA CORRAD

Address: 2 LAFAYETTE ST.

I represent: DFTA

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/19

(PLEASE PRINT)

Name: DEPUTY ASSISTANT COMMISSIONER JACKIE BERMAN

Address: 2 LAFAYETTE ST.

I represent: DFTA

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/19

(PLEASE PRINT)

Name: TOBI ABRAMSON

Address: 2 LAFAYETTE ST

I represent: DFTA

Address: _____

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 1188 Res. No. _____

in favor in opposition

Date: 11/19/2007

(PLEASE PRINT)

Name: Samuel Malik

Address: 900 Main St. Apt 411

I represent: NYC Veterans Alliance

Address: 118 22nd St 12 floor

Please complete this card and return to the Sergeant-at-Arms

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Myla Harrison

Address: Assistant Commissioner

I represent: POHMH

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Margaret Lan

Address: 46 East Broadway, N.Y. NY 10002

I represent: Lower Eastside Senior Center

Address: Same as above

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Tara Klein

Address: _____

I represent: United Neighborhood Houses

Address: 45 Broadway