



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

nyc.gov/health

Testimony

of

David A. Rosin, M.D.
Executive Deputy Commissioner
New York City Department of Health and Mental Hygiene

before the

New York City Council
Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and
Disability Services, and Committee on Aging

on

Implementation of the City Council Geriatric Mental Health Initiative

January 29, 2008

Council Chambers, City Hall
New York City

Good morning Chairman Koppell, Chairwoman Arroyo and members of the New York City Council Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services, and the Council's Committee on Aging. I am Dr. David Rosin, Executive Deputy Commissioner for Mental Hygiene at the Department of Health and Mental Hygiene.

The average age among New Yorkers with severe psychiatric disabilities is 55, and according to an estimate from the Geriatric Mental Health Alliance of New York and the Urban Institute for Behavioral Health of New York City, over the next 25 years, the population of older adults with long-term psychiatric disabilities will increase by 50% in New York State. However there are also many individuals who do not suffer from serious and persistent mental illness, but do experience mental disorders that are not a normal part of the aging process. This is the population that the City Council's Geriatric Mental Health Initiative addresses, and on which my testimony today will focus.

Data from the most recent New York City Community Health Survey (CHS) demonstrate that geriatric mental health is already a serious issue facing New York City. In 2006, 13.2% of seniors 65 and older reported a history of depression, 4.1% reportedly received a new diagnosis of depression in the past 12 months, and 6.7% reported that they experienced non-specific psychological distress, a composite measure of the symptoms of anxiety, depression, and other emotional problems.

Recognizing depression as a critical public health concern, the Department's Take Care New York policy agenda urges all New Yorkers to "Get Help for Depression." The Department has done extensive outreach and "public health detailing" to primary care providers to better equip them to recognize and treat depression in their patients. The Department's work in this area not only helps identify depression, but also brings it into the course of regular health care. Our goal is to de-stigmatize depression and make it a more recognized and treated condition.

At the core of the Department's outreach is dissemination of a simple depression screening tool, called the Patient Health Questionnaire 9 (PHQ-9), for use by primary care doctors in screening for depression and monitoring its treatment. The PHQ-9 is a simple set of nine questions that provides a score, or a measurement, that tells the primary care doctor whether his or her patient is likely to be depressed. The PHQ-9 has proven effective in seniors, as well as among the City's four major racial and ethnic groups: Hispanics, Asians, African-Americans, and Caucasians. This test is also particularly useful in helping to identify and treat depression among seniors, since many are more comfortable being treated by their primary care physician than by a psychiatrist or other mental health professional.

The Department is also working with the Department for the Aging (DFTA), and the Mental Health Association of New York City (MHA) to specifically target the special needs of seniors. This collaborative Geriatric Depression Education, Screening and Referral Initiative makes use of the senior center setting to educate seniors about depression, screen their risk for clinical depression, and refer seniors found to be at-risk

for further evaluation and treatment. The initiative also provides in-home screening and referral to homebound clients.

During the first two years of the project the Department provided funding and helped to ensure continuity of care for participating seniors. DOHMH provided public health detailing about depression in most of the neighborhoods where the participating senior centers are located, reaching out to approximately 191 practices in the Bronx in FY 2006, and 432 practices throughout the City in FY 2007. The Department will continue to support the initiative as it expands to additional senior centers in FY 2008, and has enhanced efforts to ensure culturally competent continuity of care by adding bilingual care management services for Spanish speaking seniors.

The City Council's Geriatric Mental Health Initiative was designed to enhance capacity and strengthen infrastructure of mental health services for seniors, and has proven to be a valuable complement to the Administration's work in this area.

In FY 2007 the Council's designated agencies focused on screening seniors in a variety of venues, i.e. senior centers, community and faith based organizations, and clinical settings. The agencies screened seniors for depression and, in most cases, for chemical dependency as well. As part of our administration of the Geriatric Mental Health Initiative, DOHMH provided consultation and support to designated agencies, including training agency staff regarding depression and co-morbidity, as well as in the use of the PHQ-9 and CAGE, an alcohol and drug use screening tool.

Implementation of the FY 2007 Geriatric Mental Health Initiative was not without its challenges. Negotiating appropriate and feasible scopes with the designated agencies took longer than expected, however the Department has been working closely with Council staff and the provider community to increase transparency and improve coordination to ensure better outcomes this year.

Despite these challenges, the majority of Council designees were very successful in implementing the FY 2007 initiative. For example, two separate agencies each individually provided more than 1,000 screenings to seniors despite the compressed contracting period.

As part of the FY2008 Initiative designated agencies have been offered three scope options: to provide depression and Chemical Dependency screenings; to provide an integrated health/mental health initiative using the Take Care New York policy agenda as a point of reference; or to propose an alternative project that results in "Positive Outcomes for our Geriatric Population." Agencies choosing the third option are proposing innovative projects such as the provision of peer and other mental health supports to gay, lesbian, bisexual and transgender elders, including those living with HIV or AIDS; the provision of psycho-educational support groups and cognitive-behavioral therapy for Latino/Latina elderly; and screening and referral for dementia among homebound seniors.

Despite significant commitments by the Administration, the Council, and the provider community to address the mental health needs of seniors, many challenges remain. Key issues include capacity, infrastructure and cultural competence. Stigma, for example, is an issue which not only prevents the elderly from seeking help, but also prevents clinicians from providing optimal care. Many primary care doctors still believe depression is an inevitable part of aging – **and it doesn't have to be**. Workforce development is another ongoing challenge in providing mental health care to this population. There is currently a cadre of licensed community mental health providers and programs that have specific expertise in serving the geriatric population, and many of these programs are recipients of the Council's Geriatric Mental Health Initiative funding. However, overall there are relatively few trained clinicians within the specialty of geriatric mental health services. Furthermore, Medicare reimbursement does not currently support the training of new staff.

It is our hope that the City's work on this issue continues to enhance capacity and strengthen the infrastructure of existing mental health services for seniors.

Thank you again for the opportunity to testify. I am happy to answer any questions you have at this time.