PROS AND GERIATRIC MENTAL HEALTH
NYAPRS PROS ACADEMY

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Beginning to focus on the Geriatric Issue

- Mid-2000’s Awareness of the “graying” of the baby boom generation. (i.e. Started to stress that the baby boom generation which began in 1946 started turning 65 in 2011.)
- Advocacy of the Geriatric Mental Health Alliance
- Passage of the Geriatric Mental Health Act.
- 2006 – 2007 Focus on the Morbidity and Mortality Study – People with SPMI die on the average at age 53.
What age do we set as the “Geriatric Age”? (i.e. Many Senior Programs use 55, 60 or 65. But if consumers are dying, on the average at age 53, they may not live to make it to the “Geriatric” Age.

What does “retirement” mean for older consumers? (i.e. Must people go to day programs 5 days a week?)

How can we improve health and wellness to prevent early death?
Visits conducted to various existing programs:

- Geriatric CDT
- Geriatric Partial Hospital
- CSS Funded Geriatric Clubhouse
- OFA Day Program

NYAPRS Member Survey of consumers 55+ years of age
Survey indicated that:

- 58% no desire to return to work
- 68% no desire to pursue educational pursuits
- 100% wanted to stay at current level of housing / or wanted live more independently
- Socialization was a strong need
- Self-report that they experienced less psychiatric symptoms and were hospitalized less for psychiatric reasons as they age
Themes from Task Force

- What Age will you use to determine your services?
- Programs serving seniors tend to have higher staff : consumer ratios.
- Light Exercise / Chair exercise is important – especially in Falls Prevention
- Memory / Cognitive Exercises
- Guest Speakers: Elder Planning, Falls Prevention, Safety
Task Force Themes (Cont’d)

- Focus on Medical Issues – made recommendation for on-site medical staff (Today – Geriatric Medical Integration Grants!)
- Help older consumers determine their “meaning of life”
- Focus on Relationships
- Coordination of Care - (Today – Health Homes!)
Task Force Themes

- Staff must be competent in issues of aging
- Staff must be culturally competent. (An example was given at a Geriatric Mental Health Conference that older Russian consumers were afraid to discuss mental illness as in Russia that would have resulted in them being “picked up” by the KBG and never returned.)
Task Force Themes

- Physical Health issues
- Issues of Aging
- Aging and Depression
- Suicide among the elderly
- Substance Abuse among the elderly – including abuse of prescription medication
- Loss and Abandonment
- Lack of Family support
Senior Track at MHA Clubhouse (Pre-PROS)

- Began to “morph” program to become PROS-Like with inclusion of groups
- 2 Year Student with an interest in Geriatric Mental Health
- Set Age 50+ as the age for entry into “track”
- BP tracking with Home BP machine
- Tracking weight
- Light Exercise
- Basic Health
During the preparatory period for PROS, in Nassau County a state run CDT was closed. About a dozen older consumers 50+ were referred to the MHA Clubhouse program. Many had been in state hospitals for years. These individuals have actually formed the “core” of the PROS Program.
Concern / Confusion over the Role of Older Consumers in PROS

- “PROS is all about Employment”? (PROS is not for older consumers?)
- “Medicaid requires the consumer to be consistently showing ‘progress’”? 
- Medical Necessity?
- In some areas Seniors were “referred out” during the conversion to PROS?
1 FT staff who has a special interest / prior experience with seniors.

Staff person also coordinates the Geriatric Medical Integration Grant

PROS Classes have involved:

- Life Review, Memory / Cognitive work,
- Quality of Life, “Pet Therapy” volunteer,
- Chair Yoga
- Volunteering
To live independently (i.e. Move out of “Family Care”)

To conduct leisure activities in the community. (i.e. Individual who has not had an outside social event for 20+ years.)

To go on a “date” with a friend.

To reconnect with family.

To obtain veterans benefits for PTSD. (A Vietnam Veteran)
Discuss issues of "avoiding loss" of housing.
- Discussed issues of grief / loss.
- Discussed re-connection with adult children or their own parents if alienated.
- Grandparenting issues.
- Use of Senior Centers and other community resources.
Living Situations (Shelter and satisfactory living arrangements)
Health and Wellness (Mental, physical, personal well-being and spiritual awareness)
Learning/Educational (Including continuing education classes)
Working (Paid employment or volunteer work)
Guidance (Cont’d)

- Significant Relationships/Parenting/Grand-parenting (Improving relationships with family members or developing new friendships)

- Enhanced integration into community based opportunities such as participation in a senior center (MHA NOTE: There is a gap in that some PROS members in 50’s would like to use a senior center, but the minimum age is 60)
Focus on Health Issues

- With the geriatric population, in particular, improving general health, combating metabolic syndrome, and smoking cessation are often frequently important and “medically necessary” goal areas.
Some older adults with mental illness have difficulty expressing their goals. In these cases, PROS Services should initially focus on engagement and IRP planning as these services will assist a participant in articulating relevant goals.
Many older adults experience mental health barriers as they seek to adapt to diminished mobility, new and increasing health concerns, and the loss of loved ones and long-time friends.

PROS services: wellness self management, symptom management, basic living skills training, community living exploration, among other services.
Additionally, PROS programs can work with individuals to develop hobbies and interests that will improve quality of life and community integration.
Goals for older adults may focus on improving the quality of life, within the context of mental health as well as the realities associated with aging. PROS may be able to create the environment and support necessary for improved quality of life for older adults with mental illness.
Newsday article regarding 2 members of the MHA PROS Senior Track who re-established their Veterans role and obtained VA Benefits.