GERIATRIC MENTAL HEALTH AND
THE CONCEPT OF IN HOME PSYCHOTHERAPY

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Presented at:
NACSW Convention 2007
March 2007
Dallas, TX

The need & Aging Trends

To fully comprehend the need for in-home geriatric psychotherapy, one must first understand the presenting dilemma. There are seniors in the community with mental health problems. Some have had these issues for many years and have been able to successfully mask it, while there are seniors who due to life events and or the co-morbidity of illnesses have decompensate mentally. The aging process brings along with it a plethora of losses and changes, as a result, seniors often times may encounter difficulty with coming to terms with these inevitable life changes. These changes can result in seniors confronting their own mortality which can become quite depressing. (Depression is only one of many mental health issues that individuals sixty five and older face).
The concept of providing services to individuals in their homes is by no means a novel one. “America’s first relatively large scale experience with home visiting occurred in the late nineteenth century when private charity organizations dispatched friendly visitors to the homes of the urban poor.....” (Weiss, 1993)

Historically, there has been the provision of services to children with developmental delays, nursing mothers & pediatric care. Service providers in the home have ranged from the visiting nurses, physical therapists, home health aids to social workers.

However, there seem to be little emphasis placed on much needed services of providing on going in-home psychotherapeutic interventions to individuals sixty-five and older.

It is no secret that individuals sixty five and older are living longer, the senior population is the fastest growing in the Untied States. This is evidenced by recent data which revealed, the population of individuals sixty five and older is growing rapidly. Over the 20th century, the older population grew from 3 million to 35 million (www.agingstats.gov) According to the 2000 U.S. Census bureau, there are 35.0 million people 65 years of age and older. This represents a 12.0 percent increase since 1990. (National Bureau of Vital Statistics 2001). Implicit in the rapid growth of individuals sixty five and older is the growing number of individuals who would require on going psychotherapeutic services to address issues surrounding aging, loss of autonomous functioning, relationships with children and bereavement issues just to mention a few.
The Benefits of in-home geriatric Psychotherapy:

Much of the literature reviewed, made mention to in-home care to the elderly, making mention of physical services, financial counseling, housekeeping, case management and even meal services; yet there is a gap in services when it comes to the psychological need of seniors. The incorporation of counseling service into any treatment plan would address the completion of needs, physical, financial and emotional.

Bringing psychotherapeutic interventions into the homes of seniors can be beneficial on many levels. The service in the home would minimize the stigma associated with “attending the clinic.” The service would be brought to the senior’s home thus reducing feeling of anxiety and shame which may accompany Treatment for mental health issues. The feelings of anxiety and shame is quite prevalent in those individuals who have not had a history of receiving mental health services and find themselves being recipients or a candidate for the services in late life.

The feasibility of leaving ones home as a result of declining physical health is also a justification for taking the services to the homes of seniors. Since seniors may experience some type of physical ailment, the likelihood of commuting to a clinic or office setting can become difficult. Obtaining transportation for seniors can present a challenge. This dilemma is (contrary to popular belief) not specific to rural dwellers. Seniors who reside in large cities and metropolitan areas also grapple with not only obtaining transportation, but the reliability of the service provided. Inclement and extreme weather conditions
also make it less than possible for seniors to leave the comforts of their homes to seek any type of counseling services. Bringing the service into the homes of seniors would address the problem of commuting to a facility to receive clinical treatment. Individuals whose physical health has been compromised would welcome the visit by the psychotherapist, especially since many of whom may have had the experience of professionals, like the visiting nurse and physical therapist coming to the home. The provision of psychotherapeutic intervention in this particular instance would enhance the continuum of care. Especially since according to Blazer in his book entitled, Depression in Late –Life “the chief complaint made by the depressed older person may not immediately signal depression to the clinician. The complaint may reflect concerns about physical health…….” (Blazer, 1993) providing in home psychotherapy to the senior with physical complaints can be pivotal in addressing underlying mental health issues.

The article entitled **Profession Practice APNs in Home Care** by Cheryl L. Pierson poignantly stated one way of effecting change in the health and well being of seniors is by providing in home services she stated, in home interventions allows the professional to “provide comprehensive assessment, working diagnosis and practical interventions based on real problems rather than misperceptions (a patient with dementia is not a “feisty old coot,” as one physician said).”

Services in the home, even though therapeutic in nature can definitely minimize feelings of isolation, these feelings are prevalent with the home bound elderly who spend many hours confined to their home due medical and physical
limitations. Even though the following quote appeared in the American Journal of Nursing almost thirty years ago, the sentiments are relevant today. The article entitled Home Visits to the Elderly stated, “…the elderly, like everyone, need friendship, understanding and opportunity for social interaction and activity. Without these things, life lacks meaning.” (American Journal of Nursing, 1974, vol.74, number 5)

Yet another positive aspect to providing in-home psychotherapy, is the benefit of obtaining a clear picture of environmental conditions, as well as family functioning within the home. Even though the primary role of the in-home psychotherapist will not be to provide continued or initiate case management services at least the need for the services can be identified and the appropriate referrals made. Many times the environment has a critical role to play in the mental health functioning of seniors. This mode of treatment also lends itself to the incorporation of family members and caregivers in the therapeutic process. Many individuals sixty-five and older are receiving some type of care from a caregiver. There are times when both the caregiver and care recipient can benefit from the interventive process to ensure the enhancing of the quality of life for the senior. A study conducted in 2004 by the National Alliance for Caregiving and AARP revealed “21% of the U.S. population provides unpaid care for friends and family age 18 and older. This translates into 44.4 million caregivers in the U.S today.” (AARP public policy institute, 2005)

It is also important to note, this service can function as catalysis to unearthing instances of elder abuse. Elder abuse can range from physical/sexual

**Barriers to providing the much needed Service**

As with any treatment modality there are barriers to services, and providing in-home psychotherapy is no exception. The most glaring barrier to services is funding. A recent article published in the *Geriatric Mental Health Alliance News* stated, “Overall Gov. Spitzer’s (of New York) first budget requested for mental health is very good, though not for geriatric mental health. His budget provides for 2,000 new housing units…………..but it provides no increase for geriatric mental health beyond the $2 million for services demonstrations grants that were added to the budget last year.” (Source, GMHA weekly e-mail brief)

There is also the issue of the seniors being able to provide an environment conducive to privacy. There may be instances where the senior receiving services reside in close quarters to adult children or other family members, the senior may feel uncomfortable with addressing issues in their
loved one presence with fear of repercussions when the therapist leaves the home

However, if the above mentioned barriers were affectively addressed, the implementation of on going services to provide in home psychotherapy to seniors sixty five and older would be an excellent service. It is time that as professionals a holistic approach is taken as it pertains to the complete needs of senior.
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