Geriatric Mental Health Interventions in the Home

By May L. Wykle, PhD

Who said if you cannot go to the mountain then the mountain should come to you? It is well known that adults over 65 do not readily seek mental health services. Particularly, the present age cohort seems reluctant to utilize mental health intervention. In a research project examining service use of 410 African Americans and white caregivers of older adults, there was a low percentage of mental health service use by both groups (Wykle, 1994). Less than 10% utilized such services, even though caregivers identified mental health problems and recognized the need for counseling. It is interesting to note that these caregivers are the decision makers when it comes to accessing mental health services for the care recipient. They seem to function under the same negative assumption that is held by older adults when it comes to seeking help for mental health concerns.

For some time community mental health centers have offered services for older adults, but the number of elders using these services have been few. Only 2% to 4% of aged persons take advantage of mental health care provided by psychiatric clinics, a lower percentage than the general population. The mental health of older adults is a particular concern, since 15% to 25% of elders have mental health problems, with 30% of this group experiencing depression. Mental health concerns presented by elders sometimes are staggering and often are due to stresses associated with losses and increased functional dependence. There is a need for both mental health treatment promotion for the older adult.

In another research study by the author, caregivers welcomed mental health graduate nurses into their homes to provide counseling for personal conflicts and help with behavioral approaches to care recipients. These caregivers took advantage of geriatric mental health nursing interventions brought into their homes, and readily formed therapeutic relationships with the visiting mental health nurses. This type of intervention is critical for older adults and their caregivers when they are not able, for a variety of reasons, to go to mental health clinics or physician's offices.

Research

There have been few outcome studies concerning in-home mental health interventions. Thus, an urgent need exists to examine not only the outcome of home mental health interventions, but also the cost effectiveness of this type of treatment. Many health professionals argue that in-home counseling by nurse specialists is too expensive, yet little research exists that examines the costs of such interventions.

Most aged persons, even when they accept the need for mental health services, do not seek help if they have problems with access. Neither are they likely to use community services that they consider embarrassing or those that they consider inequitable. In the past, psychiatric practitioners were not interested in the mental health treatment of older adults. However, more research has been done recently, demonstrating that older adults effectively respond to mental health counseling.

What is needed now is public policy that ensures easy access to competent treatment for aged persons.

One way to bridge the gap between services needed and services rendered is to provide older adults with in-home interventions by mental health professionals.

Summary

Geriatric mental health treatment should be considered an integral part of the services provided by home health care agencies or community mental health centers. Public policy is needed to cover in-home psychiatric services to caregivers and elders. This policy should include the provision for adequate numbers of geriatric mental health specialists, trained specifically for work with the aged in their homes.

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References

Wykle, M.L. Differences between African-American and White caregivers on formal services use. Paper presentation at the Gerontological Society of America meeting, November 16-22, 1994, Atlanta, Georgia.