

March 30, 2012

Helen Lamont, Ph.D.  
Office of the Assistant Secretary for Planning and Evaluation  
Room 424E Humphrey Building  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

### **Mental Health America Comments on Draft National Alzheimer's Plan**

Dear Dr. Lamont:

As an organization concerned with all aspects of mental health, we are very pleased that the federal government is developing plans to address the needs of people with dementia and their families.

We believe, however, that the plan, as currently drafted, falls short of its goals because of three major concerns: (1) unbalanced distribution of new funding; (2) inadequate attention to research about psychosocial interventions; and 3) the failure to address the behavioral health dimensions of Alzheimer's and other dementias.

#### **Funding:**

The draft plan does not specify how much funding will be available to address Alzheimer's and other dementias in the future. It does provide some information about new federal funding that has been committed prior to the completion of the plan. \$156 million will be made available for the five major goals of the plan. Of this \$130 million (83 percent) is designated for one goal—research. \$26 million is designated for enhanced services and supports, provider education, public education, and improved data collection. Of this, \$10.7 million is designated for improved care and treatment of 5.4 million people who currently have dementia and their family caregivers. At less than \$2 per person, that is not adequate.

#### **Research About Psychosocial Interventions:**

As currently drafted, the plan is heavily tilted towards research into finding a cure for Alzheimer's. It focuses much of its attention on bio-medical research and the development of effective pharmacological treatments. We recognize that the slowing of the progression of dementia is important.

However, we believe that the research must pay much greater attention to psychosocial interventions, which can do much to improve the quality of life of people with dementia and their family caregivers. Further research in the area can help produce evidence-based practices that will more immediately benefit patients and caregivers. We strongly recommend that the research plan devote greater attention to research about psycho-social interventions.

### **Greater Attention to Behavioral Health:**

Although the plan notes that people with dementia experience “behavioral and psychiatric disorders and that family caregivers experience tremendous stress and “report symptoms of depression and anxiety and poorer health outcomes,” not enough attention is paid to these behavioral needs that are common among people with dementia and their families.

People with dementia often have co-occurring mental health conditions such as major depression, anxiety disorders, and psychosis. Almost all exhibit neuro-psychiatric symptoms such as depression, anxiety, apathy, irritability, delusions, hallucinations, agitation, aggression, and sleep disorders. When this occurs, those who care for people with dementia turn to mental health providers for help. In addition, family caregivers are at high risk for depression, anxiety, and stress related physical disorders. The plan needs to address evidence-based family support interventions that can provide critical support.

Thank you again for the opportunity to comment on the plan. We would be glad to work with HHS to provide the details that are needed to complete a National Alzheimer’s Plan that reflects the psychosocial/mental health needs of Americans with dementia and their families as well as their opportunities for improved quality of life.

Sincerely,

A handwritten signature in black ink, appearing to read 'David L. Shern', with a long horizontal flourish extending to the right.

David L. Shern, Ph.D.  
President and CEO  
Mental Health America