



## **National Coalition on Mental Health and Aging Comments on the Draft National Plan to Address Alzheimer's Disease**

Thank you for this opportunity to comment on the Draft National Plan. These comments are being submitted by the National Coalition on Mental Health and Aging (NCMHA). NCMHA is comprised of over 80 members representing professional, consumer and government organizations with expertise in mental health and aging issues. The Coalition members represent national organizations as well as many state and local Mental Health and Aging Coalitions. The goal of the Coalition is to work together to improve the availability and quality of mental health preventive and treatment services for older Americans and their families. Information is available at [www.ncmha.org](http://www.ncmha.org).

We are delighted that attention is being paid to the significant and growing problem of Alzheimer's Disease (AD) in the United States. However, we hope that the final plan will be more cognizant of the significant mental and behavioral health issues associated with Alzheimer's Disease for which there are effective interventions and supports. Health care teams that include behavioral and mental health professionals create a more effective and comprehensive approach to AD by providing critical evidence-based behavioral health interventions and supportive services for people with AD, their families and caregivers. The inclusion of mental and behavioral health professionals as a part of an interdisciplinary approach to planning, assessment, research, service, training and education is indispensable in efforts to address AD. In that light, we recommend the following for your consideration:

### ***Strategy 1.B: Enhance Scientific Research Aimed at Preventing and Treating Alzheimer's Disease***

The draft plan emphasizes the need to expand research on molecular and cellular mechanisms and genetic research to identify risk and protective factors. However, a research agenda that includes critical behavioral and social aspects of AD would be considerably more successful and useful to families and caregivers.

### ***Strategy 1.E: Facilitate Translation of Findings into Medical Practice and Public Health Programs***

The world of AD includes much more than medical practice and public health programs. The fact that there is no current cure for AD and that AD presents a complex picture that includes the socio-emotional needs of individuals with AD, their families and caregivers, means that a broader approach should be taken to translational work. Useful findings must be translated into the practices of *many* health and mental health care providers and in a wide *variety* of settings.

### ***Strategy 2.A: Build a Workforce with the Skills to Provide High-Quality Care***

Given the complexities of AD and the need for a wide variety of service providers to meet the current needs of individuals with AD, their families and caregivers, we urge you to include mental health and behavioral health professionals who offer services for the purpose of improving an individual's psychosocial and mental health or to treat mental illness. The major initiatives to expand geriatric training opportunities at the Department of Veterans Affairs and the Health Resources and Services Administration cited in this section both include mental and behavioral health disciplines.

### ***Strategy 2.D: Identify and Implement High-Quality Dementia Care Guidelines and Measures Across Care Settings***

While we agree that guidelines for delivery of care and measures of quality are needed to ensure people with Alzheimer's disease receive high-quality, culturally-competent care in the many different settings where they are treated, we encourage a broader focus that includes behavioral and mental health considerations along with physical care.

***Strategy 2.F: Advance Coordinated and Integrated Health and Long-Term Care Services and Supports for Individuals Living with Alzheimer's Disease***

Mental and behavioral health services must be included in the wide array of needed health services available to individuals with AD. Mental and behavioral health providers should be represented on interdisciplinary health care teams that work with individuals with AD, their families and caregivers in primary care, long-term care and community and home-based settings. Cognitive impairment alone does not preclude the ability to benefit from various forms of effective behavioral and mental health interventions.

***Strategy 3.B: Enable Family Caregivers to Continue to Provide Care While Maintaining Their Own Health and Well-Being***

We agree that providing care and supports for families and caregivers can help lessen significant feelings of depression and stress that help delay nursing home placement. We do feel that beginning the description of this strategy with a statement about the eventuality of nursing home placement is not a useful introduction. There are a number of studies and evidence-based interventions that indicate the effectiveness of behavioral interventions for caregivers of individuals with dementia that can significantly delay institutional placement of the care recipient.

***Strategy 3.C: Assist Families in Planning for Future Long-Term Care Needs***

We strongly agree that educating people about their potential need for long-term services and supports and planning ahead can help ensure that individuals with AD receive care in the setting they prefer and that their dignity is maintained. To accomplish this goal, the centrality of mental health, behavioral health and social services personnel to educate, train and counsel individuals with AD, their families and caregivers is indispensable.

***Strategy 3.D: Maintain the Dignity, Safety, and Rights of People with Alzheimer's Disease***

Psychosocial interventions are important to preserve the dignity of individuals with AD and enabling family members to accept, support, and engage the person with dementia. It is also critically important that therapeutic goals be discussed directly with the individual who has dementia. In addition, professionals in the fields of mental health and behavioral health are accustomed to recognizing the vulnerability of people with AD to neglect and abuse, including financial abuse, and are able to take a proactive approach to dealing with such issues in a variety of home and community-based settings.

***Strategy 3.E: Assess and address the housing needs of people with AD***

The need for stable housing is essential to helping people with Alzheimer's disease remain in the community and is a crucial platform for delivering the necessary health and supportive services. To improve health outcomes and housing stability, the promotion of mental health, behavioral health and social work services in the settings where people with Alzheimer's disease live can positively impact services.

***Strategy 4.B: Work with state and local governments to improve coordination and identify model initiatives to advance Alzheimer's disease awareness and readiness across the government***

As stated throughout these comments, the inclusion of mental and behavioral health professionals as an integral part of an interdisciplinary approach to planning, assessment, research, service, training and education is critically important to advancing services to people with AD, their families and caregivers.