

## **Geriatric Mental Health Alliance of New York Comments on the Draft National Plan to Address Alzheimer's Disease**

On behalf of the Geriatric Mental Health Alliance of New York, I am writing in response to the draft National Alzheimer's Plan recently released for comment by the Department of Health and Human Services. The Geriatric Mental Health Alliance of New York is a 3,000 member advocacy and education organization formed to improve policy and practice for older adults with behavioral health needs.

We are delighted that a National Alzheimer's Plan is being developed in recognition of the vast growth of the number of people who will have Alzheimer's or other dementias during the elder boom, and we appreciate the opportunity to comment on the draft plan.

However, we believe that the draft plan is inadequate in several critical ways.

**Imbalance of Use of Funding:** The draft plan does not specify how much funding will be available to deal with Alzheimer's and other dementias in the future, but 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%) 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. That's less than \$2 per person. This is simply not sufficient.

**Inadequate Attention to Research About Psychosocial Interventions:** The clear tilt of the draft plan is towards research to find a cure for Alzheimer's. It seems to focus heavily on bio-medical research and the development of effective pharmacological treatments. Prevention, cure, or effective slowing of the progression of dementia are, of course, much to be desired. But we do not believe that it is at all likely that this will be achieved by 2025—the goal of this plan—and even if it is, the millions of people who now have or will develop dementia prior to that will not be helped at all.

We know that psychosocial interventions can do much to improve the quality of life of people with dementia and their family caregivers, but we need to know more—to develop truly evidence-based practices. We strongly urge those developing the research plan to pay much more attention to research about psychosocial interventions.

**Lack of Attention to Mental Disorders Commonly Experienced by People with Dementia and their Caregivers:** 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. (See Lyketsos, et al) When this happens, those who care for people with dementia turn to mental health providers for help. Yet, the role of the mental health system is barely reflected in the draft plan.

In addition, family caregivers are at high risk for depression, anxiety, and stress related physical disorders. There are evidence-based family support interventions. (See Mittelman). The need for supports for family caregivers is noted in the plan, but briefly and with little substance.

We strongly believe that failure to address issues of mental health will result in continued failure to meet fundamental needs of people with dementia and their families.

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.

Regards,

Kimberly Williams  
Director  
Geriatric Mental Health Alliance of New York