The brief history of the elderly barriers

Life

Mental ailment is a significant determinant giving rise to the disease burdens of the elderly people. While the elderly people do not seem to suffer from disproportionate share of most distinct mental ailment such asdepressionor schizophrenia they do have a much higher prevalence of dementing ailment like Alzheimer" s disease and are subjected to enhanced rates of interpersonal losses. Irrespective of substantial rates of morbidity the proportion of older people acknowledged to be incapacitated and those really receiving sufficient treatment is remarkably low than that of the younger age groups.

Deficiency in the treatment of mental illness in the elderly emerge to be a considerable factor in the enhancedsuiciderates among the elderly population along with the premature or unsuitable placement of elderly persons innursinghomes. The studies on mental ailment in the elderly people has been disregarded and deserted till very recently. Even with the attention that has been accorded to the prevalence of large number of patients with Alzheimer" s disease, funding for research in relation to the incidence and distressing nature of mental ailment in the elderly continues to be insufficient.

Considerable impediments prevail for the elderly in accessing and utilizing mentalhealthservices. Community based prevention programs for older people supported by federal and state funds are limited. This is combined with the absence of institutionalized consultancy and treatment programs including medicationgoalsset particularly for older mentally impaired people. (Mental Health Services: Reaching Out to the Elderly. Part One))

An analysis brought out in the Journal of the American Geriatrics Society reveals that while the rates of diagnosis for depression for patients at an age of 65 and older was enhanced radically during the 1990s, considerable differentiations by age, ethnicity, and supplemental insurance coverage still continues in relation to the treatment for those diagnosed patients. The elderly people also perceive themselves to be more stigmatized about having a psychiatric diagnosis and taking medication for treatment. (Books, Articles and Research)

Stereotypes related to people who belong to the elderly group and have mental illnesses may intervene with their successful health care delivery. The prospective therapies may not be organized, covered or medications supplied as a result of the prejudice that such persons cannot improve or do not have enough time left in their lives to improve. The elderly are regularly being diagnosed and provided psychoanalysis with disregard or negatively talked about when their health is narrated. Such stereotypes regularly flow into delusions about the professionals delivering their care in diagnosis or entailing medications or counseling.

Stigma and ageism are two incidents that largely influence the real assessment of people who are elderly and have mental illnesses and finally their health care. (Books, Articles and Research) The coverage under Medicare is insufficient and serves to enhance the myth that mental illness in the elderly is both to be anticipated and not reactive to the treatment. (Mental Health and the Elderly Position Statement) There exists a large differentiation in Medicare and Medicaid reimbursement between psychiatric care and medical care.

This has discouraged many prospective psychiatrists, social workers and psychologists from having acareerin geriatric mental health. (Overlooked and Underserved: Elders in Need of Mental Health Care) Another significant element in the lives of our elderly patients is that practically all of the elderly population are dealing with co-morbidities that may incorporate physical ill health along with mental illness and the settings that entail meticulous collaboration among patients, caregivers of the families and practitioners from a variety of health care disciplines.

The reimbursement for services under such settings is awkward and is sometimes an impediment to best practices. Medicare imposes a 20 percent co-insurance rate on most outpatient services except for mental health services that necessitates 50 percent co-insurance rate. (Long-Term Care Financing: Blueprints for Reform- Special Committee on Aging, United States Senate)

This unjust inclination in the system is considered to be the consequence and the cause for the persistent impediment to the stigma related to mental illness and is considered to be a major impediment for reaching care. Additionally, the distinction creates confusion and improper carrier reimbursement decisions like the continuing decisions by carriers to reimburse only 50 percent for medication management services in patients with Alzheimer" s disease and other dementias in contravention to the particular directives forwarded by the Center for Medicare and Medicaid Services.

Long-Term Care Financing: Blueprints for Reform- Special Committee on Aging, United States Senate) A number of researches have revealed that when mental health services are seriously confined, the consequence is higher costs in terms of medication and over utilization of general medical visits. Elderly adults with the mental problems regularly seek health care services in primary care environments where the detection and management of this ailment condition may be less than optimal. (Mental Health and the Elderly Position Statement)

The approach of the mental health professionals influences the service of care. Such personnel may demonstrate the same ageism and believe the same typecast about the elderly as those detected in the general population. They are inclined to misinterpret some problems as confronted by the elders in their normal course of ageing instead of the problems necessitating assistance. In addition to this younger, more articulate and more introspective clients may hold more appeal for many professionals. (Mental Health Services: Reaching Out to the Elderly. Part One))

Hence the elderly adults with mental ailments continue to be segregated in nursing homes and other separating environments even as other age groups have started to gain full membership in the community. (Books, Articles and Research) It has been visualized that in no other age group is the combination and interrelationship of physical, social and economic problems as important as that of the elderly. The elderly people continue to take for granted the ailments like sleep disturbances, changes in appetite and mood differences as physical problems.

This trend is strengthened by the physicians who sometimes take such symptoms to be the out come of the aging process. The medical practice presently does not necessarily assign time for the detailed medical and social trend that would foster a more real diagnosis. The absence of such organized and complete health care has an adverse impact on all age groups in the United States. However, for elderly adults who appear to have multiple needs, such health systems are largely divided up and become a surprising source of patient confusion.

Most elders remove from service emotions which are besieged by the long detentions and complex procedures. For administrators facing the budgetary limits, it has more often been that the elder population has been set aside on the plea that they are older enough to take advantage from the services. It would position to cause that a society that places such great significance on youth and the significance of looking young does not lend encouraging support to improve the mental health care for the geriatric population.

Overlooked and Underserved: Elders in Need of Mental Health Care) To conclude, the accessibility to the suitable mental health services is at the center of entailing secular care to elderly Americans in the way that is most preferred by patients, their families and health care practitioners. (Long-Term Care Financing: Blueprints for Reform- Special Committee on Aging, United States Senate) A promising consumer andfamilymovement through energetic advocacy are necessitated to defeat stigma and preventdiscriminationagainst elderly people with mental illness.

The reach to elderly mental health services can be developed immediately if we develop the abilities of primary care providers, public schools, the child welfare system and others to assist the elderly with mental health disorders looking for treatment. (Mental Health Gets Noticed) The prescribed drugs are necessary elements for treatment of a number of mental ailments and an outpatient prescribed drug assists along with a complete coverage of psychotropic medications and must be prioritized in the Congressional agenda.

Other variations to the Medicare strategy which would be advantageous for geriatric patients with mental health needs are that it include extensive coverage of case management and care plan oversight, which are presently confined to patients who are being delivered with home care or hospice care; complete coverage of Medicare/Medicaid cost sharing for low income patients and revisions in reimbursement policies for services offered in assisted living facilities.

Long-Term Care Financing: Blueprints for Reform- Special Committee on Aging, United States Senate) The serious confinements on Medicare reimbursement for mental health services are required to be avoided. The National Institute of Mental Health- NIMH is required to continue financial assistance at appropriate levels of devising the training programs in interdisciplinary mental health care for the elderly that incorporates the disciplines of medicine psychiatry, psychology, psychiatric nursing and clinical social work.

Training programs are required to acknowledge that most mental health care takes place in the primary careenvironment. Instant expansion of the research programs is required to be funded by the NIMH and other agencies on the etiology and treatment ofanxietyand depressive problems, paranoia, dementing problems and other behavioral problems which have profound impact on the elderly patients. (Mental Health and the Elderly Position Statement)