W1:a3 essay

Health & Medicine, Mental Health



W1: A3 Essay Lisa Majdecki South University Online With the population of aging Americans (65 and older) predicted to double in the decade ahead, their needs for mental and behavior health services are not now adequately met. To meet the needs of the aging population, psychologists need to increase awareness of competencies for geropsychology practice and knowledge of dementia diagnosis, screening and services. Until recently most psychologists had little involvement in geriatric care and educating other psychologists regarding aging issues. Aging is an aspect of diversity that can be integrated into psychology education. Psychologists have a lot to offer an aging society, yet the decade ahead presents challenges in health care, policy and financial issues to the aging population that cannot be ignored by psychologists. By 2020 the baby boomer generation will have reached 65 bringing with them a history of mental disorders and substance abuse from the histories of earlier cohorts. With this population growth, the number of aging adults facing Alzheimer's disease and Dementia (diseases which prevention and cure remain elusive) will reach record numbers. Finally and most importantly transforming the health care system to accommodate the needs of aging Americans and strategies for psychologists to influence practices on the coming decade that will change diagnostic criteria and the integration of geropsychology in primary settings. Method Used to Conduct the Research Besides Table 1 Found on Page 5. Most of the research was conducted through surveys and observed trends. There was one that did a comparative study 12 years apart. These are the results of the methods, * The 2008 APA Survey of Psychological Health Service Providers, provides the most recent and representative data regarding psychologists' work with

older adults (Michalski, Mulvey, & Kohout, 2010a). The survey found 39% of respondents reporting that they provided at least some services to adults over the age of 65 years during the most typical week of practice (Michalski, Mulvey & Kohout 2010b) * An average of 8. 5% of Psychologist health service provider time is being spent with adults over the age of 65. In the same survey, 265 individuals (4. 2% of respondents) geropsychology as an area of current focus and work. These geropsychologists reported working across a range of settings; the most common primary employment settings were individual private practice (35. 1%) nursing home (16. 3%) group practice practice (11, 7%) and VA medical center (7, 9%). Of note, very few geropsychologists (1. 3%) or psychology health service providers overall (o. 7%) reported working in primary care offices or community health center settings. Across settings, however, geropsychology more frequently reported a primary focus of treatment on primary physical health or medical diagnosis (53%) compared with the sample overall (33%) * Data from the Substance Abuse and Mental health Administration's 2005 and 2006 National Surveys on Drug Use and Health (Substance Abuse and Mental Health Administration, Office of Applied Studies, 2008) indicated that, for adults reporting * Serious psychological distress those 50-54 years old were more likely than those over the age of 65 to receive mental health treatment in any setting, and more likely to perceive a need for mental health services. In a follow-up to the Epidemiologic Catchment Area survey in Baltimore, original participants were interviewed again in 1993 and 2004 (Bogner et al., 2009). Adults who were 60 years of age in 2004 continued to underutilize specialty mental health services compared with adults 40-59 years old, a result similar to the

age group trends found in the 1980s and in 1993. Although the cohort of adults now turning 65 years old may be more likely to perceive a need for mental health care when experiencing symptoms of mental disorder (Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2008), they are still significantly more likely to seek and accept services in primary care versus specialty mental health settings (Bartels et al., 2004). * Systematic and Professional Contexts for Geriatric Mental Health Care Public Policy broader economic and social policy affect psychologists research and practice, including geropsychology (Bray; 2010, Hinrichsen, 2010). Two cross-currents shape contemporary policy: a. growing concern about levels of debt at the National and State levels and b. a desire to increase access to and affordability of health care. These developments will shape the practice of psychology and aging for the coming decade. The Fifth Edition of Diagnostic and Statistical Manual of Mental Disorders (DSM) * Scheduled for May 2013, will likely include a switch from the term Dementia to The term neurocognitive disorder, with neurocognitive disorder divided into three syndromes: delirium, major neurocognitive disorder, and minor neurocognitive disorder (APA 2011). Among the reasons for the change are that adults who are not old but have an acquired cognitive deficit may view the term dementia as applicable only to the elderly individuals and that dementia implies a progressive disorder when not all neurocognitive disorders are progressive. In contrast with DSM-IV, criteria for dementia, proposed DSM-5 criteria for major neurocognitive disorder do not require impairment in more than one cognitive domain, and do not require memory to be one of the affected domains. These changes

render DSM-5 criteria for major neurocognitive disorder less strongly shaped by Alzheimer's disease then was true of DSM-IV criteria for dementia (Kurtz & Lautenschlagen, 2010). Mild neurocognitive disorder would include mild cognitive impairment, no dementia. (Elby, Hagan & Parhad, 1995) entities that was not previously included in the DSM. * Older Adults is promising. Researchers are conducting a number of projects to to examine potential of these technologies, for exam, doing neurocognitive evaluations through video consultation (Martin-Khan, Varghese, Wootton & Bray, 2007) and offering telephone and online education and support to dementia caregivers (Glueckauf, Kettersen, Loomis & Dages, 2004). What Psychologists Need To Know Implications for Researches to expand the understanding of an aging population and how The American Psychologists Association will incorporate genopsychology in the next decade to accommodate an aging population. This is a field that is relatively new and there are a lot of opportunities in this field. With all the studies and research there is many changes to be made to meet the needs of this area in psychology, Currently they are looking into facilities to accommodate mental health care. Most elderly people still go to Primary care doctors for issues on mental health getting older in America seems like a stigma and with an array of illnesses such as Alzheimer's, Dementia, Chronic diseases such as Cardiovascular and Heart disease. Not to mention depression, anxiety, and substance abuse and as we age those issues factors can worsen as you age and elderly people are being pushed aside. Researchers are working on models for medical facilities that incorporate all of their needs. The APA is working on certification for psychologists who do have clients that are older but those are usually

psychologists in private practices. There is so much information yet this area of psychology are in its infancy. On State and National levels the Presidential Task Force is working on budget cuts for the aging population as although they receive Medicaid that alone does not cover all of their medical issues especially if they suffer from a chronic mental disorder. That would mean they may need a caregiver or assisted living, which many cannot afford. For aging Americans that have suffered through a lifetime of mental health disorders there needs to be incentives in health care to get more professions involved with geriatric care. Technology is a key factor in the advancement of evidence based practice and system reform. Beyond the applications of technology on health care settings, psychologists' will have to continue to collaborate with those changing capacities of older adults. To maintain and expand psychology's role in health care of all Americans, including older Americans, psychologists' must be active and persistent advocates in the policy arena, able to argue for the value of psychologists' contributions to geriatric care. There will continue to be older individuals needing medical and behavioral health care who get none; primary health care will continue to be the first setting of care for most individuals with mental disorders and in the coming decade, psychological services for individuals with dementia and their caregivers will become a more prominent need across care settings. CONCLUSION They say they're supposed to be the golden years, I say more like copper or brass. But for Psychology this is a golden opportunity and a "hot" area to get into but with everything that starts out needs to be a lot of education and training. The elderly have enough to worry about illness, mental disorders, and they deserve the same treatment that everyone else

is entitled to. They paid their taxes and worked and now they need help, yet there is a lack of people across the board leaning towards the geriactric profession. We know that the next decade will bring the elderly as the biggest percent of the population as the baby boomers come into age so to speak there will be a demand in the area of geropsychology. There will hopefully be programs in college or for psychology students to consider this area because it will be booming. American psychologists are on the verge of a decade of demographic change in society and in their profession. A growing number of aging adults will require and can benefit from behavioral and mental services across the range of settings. Unfortunately, psychology as a field is not prepared to adequately respond to the demands of the numbers of academic geropsychologists. The gap between projected need and psychology's need for practitioners, researchers, education and those working in the midst of psychology and public policy. REFERENCES Proquest http://searchproguest.com/docvia/89462126377accounttid= 87314 Author Karel, Michael J, Gatz, Margaret, Smyer, Michael A Aging and Mental Health in The Decade Ahead: What Psychologists Need to Know H. (2011). Alzheimer's & Dementia. 2. Alexopoulos, G. S., Reynolds, C. F., Bruce, M. L., Katz, I. R., Raue, P. J., Mulsant, B. H., & Have, T. T. (2009). The American Journal of Psychiatry. 3. (2008). Alzheimer's disease genetics fact sheet. 4. (2008). Assessment of older adults with diminished capacity: A handbook for psychologists. Washington, DC: Authors. 5. (2011). Proposed draft revisions to DSM disorders and criteria: Delirium, dementia, amnestic, and other cognitive disorders. 6. (2004). American Psychologist. 7. (2009). Multicultural competency in geropsychology. Washington, DC: American Psychological

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