

Resolution on the 2005 White House Conference on Aging

Adopted by the APA Council of Representatives on August 2005

Whereas the decennial White House Conferences on Aging (WHCoA) has been an important forum for aging policy recommendations to the President and Congress and for assisting the public and private sector in the promotion of dignity, health, independence and economic security of the current and future generations of older persons (White House Conference on Aging, 2004); and,

Whereas the first group of the 78 million persons which constitutes the demographic phenomenon called the “baby boomers” will turn 65 years of age in 2011 and that 20% of the population will be 65 years or older by the year 2030 (Federal Interagency Forum on Aging-Related Statistics, 2000); and,

Whereas psychological research provides a solid empirical foundation for understanding and ameliorating late life mental and behavioral health problems, expands knowledge of the normal aging process, tests the efficacy of psychological interventions, and provides clues to the risks and protective factors for mental disorders across the life span (APA, 2004b; Duffy, 1999; National Institute of Mental Health, 2004; Qualls & Abeles, 2000); and,

Whereas it is well-established that mental health and well-being are critical to optimal functioning, physical health, and satisfying social relationships among older adults (Rowe & Kahn, 1998); and,

Whereas the report of the President’s New Freedom Commission on Mental Health included clear concerns about mental health services for older adults and various recommendations for improving the current delivery of care, including greater attention to mental health concerns in the primary care setting (President’s New Freedom Commission on Mental Health, 2003); and,

Whereas the 1999 Surgeon General’s Report on Mental Health found that disability due to mental disorders, substance use or cognitive impairments in individuals aged 65 years and older will become a major public health problem in the near future due to aging of the population (Department of Health and Human Services, 1999); and,

Whereas 20-25% of older adults may meet criteria for some form of psychological disorder despite the widely recognized adaptive resilience of the aged (Administration on Aging, 2001; Baltes & Baltes, 1990); and,

Whereas assessment and interventions for mental and behavioral health in older adults ameliorate these problems, improve quality of life, enhance physical health, improve the quality of relationships of family and friends, and reduce burden on family caregivers of older adults (Gatz, et al., 1998; Scogin & McElreath, 1994; Whitbourne, 2000); and,

Whereas the following sites may be appropriate for assessment and treatment of older adult mental health and behavioral health problems: home and community; healthcare settings, particularly primary care; mental health clinics; and assisted living and nursing homes (Administration on Aging, 2001); and,

Whereas significant progress has been made in identifying individual and family adaptive mechanisms that promote resilience (Administration on Aging, 2001; Baltes & Baltes, 1990; Pearlin & Skaff, 1995); and,

Whereas research on the aging family has shown that it is often the family of the aging person that is essential to the aging individual’s mental and physical health (Bengtson & Lowenstein, 2003; Bengtson, et al., 1996; Stephens, et al., 1990); and,

Whereas families provide nearly two-thirds of all home and community based-care in the United States (Liu, Manton & Aragon, 2000) and three-quarters of informal caregivers are women (Administration on Aging, 2000); and,

Whereas many older adults - particularly those who are ethnic minority, sexual minority, rural-residing, disabled, and economically disadvantaged -- have problems accessing mental health care because of lack of parity between reimbursement for mental and physical health problems, poorly integrated systems of mental and physical health care, and a limited number of culturally competent mental health professionals with training in aging (APA, 2004b; President's New Freedom Commission on Mental Health, 2003; Walkup, 2000); and,

Whereas women's longevity is greater than that of men, among Americans age 65 years of age and older, three out of five are women, and after age 80, women outnumber men by almost 3 to 1, and that older women often face different late life issues than older men (Administration on Aging, 2000; APA Working Group on the Older Adult Brochure, 1998); and,

Whereas one out of six of older women is a member of a minority group, older women spend more years and a greater proportion of their lives with disabilities, older women are nearly twice as likely as men to live in poverty, and issues faced by older lesbians differ from those of older gay men (Administration on Aging, Department of Health and Human Services, 2000; APA, 2004a; Grossman et al., 2000; Kimmel et al., in press).

THEREFORE BE IT RESOLVED that the American Psychological Association:

Affirms the importance of the White House Conference on Aging as a vital forum for the discussion of issues of aging particularly as American society anticipates an unprecedented number and percentage of citizens who will be 65 years of age and older; and,

Encourages the 2005 White House Conference on Aging to review the current status of mental and behavioral health research and practice and to offer recommendations to the public and private sectors that will promote access to quality mental and behavioral health services for all older Americans, including special attention to the needs of women and subgroups of older Americans such as ethnic minorities, low-income individuals, individuals with disabilities, and lesbians, gay men, and bisexual individuals; and,
Submits nominations of geropsychologists as delegates to the White House Conference on Aging, including a geropsychologist with knowledge and expertise on issues unique to older ethnic minority persons; and,

Recommends that the 2005 White House Conference on Aging support policies that: assure access to an affordable and comprehensive range of quality mental health and substance abuse services to older Americans, including outreach, home and community based care, prevention, intervention, acute care, and long-term care; and, assure that these services are age appropriate and culturally competent; and,

Advocates for endorsement of full parity in mental health coverage equal to that provided for medical and surgical care in both Medicare and private insurance plans.

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