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Seniors

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our folks who are in recovery from mental illness are aging in place, so the senior population is more and more on our radar screen."

It's a phenomenon likely to intensify because studies show seniors, by and large, do not want to change their living arrangements as they grow older.

According to a 2014 AARP survey, 87 percent of Americans age 65 and older want to age in their current home or community.

Also, there will be a lot more seniors in the decades to come as baby boomers continue to retire.

In Morris County, the 65 and older population is projected to grow by 32.5 percent through 2020 — more than any other age group, according to the state Department of Labor and Workforce Development. It is expected to gain another 22,145 people.

Statewide, 14 percent of the population is age 65 or older, according to the Department of Labor and Workforce Development. Projections show that percentage will grow to 16.3 percent in 2020 and 20 percent in 2030.

Just because seniors find perspective and relief in the emerging world of in-home services doesn't mean they're eager to speak publicly about them. Not one approached by the Daily Record agreed to do so, but that's part of the reality of senior citizens and mental health, too.

"Because of the pervasive stigma about mental illness, most people, including seniors, underreport mental health issues," said Aruna Rao, associate director of the New Jersey chapter of the National Alliance on Mental Illness.

Andy Lapides, a Morristown-based licensed clinical social worker, has been seeing senior citizen clients in their homes and at his office, The Morris Guild of Psychotherapy, for a number of years. He is acutely aware of older generations' view of psychotherapy.

"Let's face it, psychology is a newer science. The older adults of today are just beginning to open up to it," Lapides said. The older adults that I worked with when I started in this career thought of psychiatrists, psychologists, and social workers as people who took them away and put them into mental hospitals. They didn't associate the profession with ways of getting healthy.

"But, as the boomers approach their elderly years," he added, "there's going to be a major shift."

Encouragement needed

There's another factor at work when it comes to getting psychotherapy for seniors. They don't get a lot of encouragement to seek it. Not from their families — or from their general practitioner doctors.

Frankly, Lapides said, the field of mental health has its own version of NIMBY (Not In My Back Yard). He calls it NIMF (Not In My Family).

"People don't want to know about mental illness in their family," he said. "Also, some people think of mental illness as the inability to be an adult and to be responsible. But it's not simple, because there are genetic qualities and social experiences in one's life that can really damage one's self."

Papka, the Overlook neuropsychologist, who has a doctorate, noted there are very high rates of depression in the elderly. A total of 19 percent of Americans age 65 or older suffer from depression, according to the National Alliance on Mental Illness.

Yet, according to Papka, most seniors are offered no more than an antidepressant prescription, or the option for such a prescription.

"I very rarely see elderly patients getting referred for psychotherapy unless they're being referred by a specialist," she said. "I haven't found a lot of primary care doctors doing that. Perhaps they think, 'This person is already 80 years old.' But the elderly are at a time in their life where they are very reflective, a time when psychotherapy can be a great benefit."

Even patients with cognitive impairments, including those in the less advanced stages of Alzheimer's disease, benefit from psychotherapy, according to Papka.

"You'd be amazed at what an early-stage Alzheimer's patient can say during a psychotherapy session," she said. "If they have an awareness as to what's going on, they're very worried. The diagnosis can lead to anxiety, depression, all kinds of things."

Perhaps, Papka offered, the home turf might be the best place to offer fearful or tentative seniors therapies, because home is familiar, private, comfortable.

"More home therapy is greatly needed," she said. "For some patients, the session once a week, or every other week, will be the only real human interaction they experience."

That's exactly what NewBridge@Home discovers, too, according to Michelle Borden, chief operating officer of New-Bridge Services and founder of the program, which started in 2010. NewBridge@Home of-

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