Statement of Jim Klasen Certified Older Adult Peer Specialist (COAPS) Facilitator May 19, 2022

Hearing before the U.S. Senate Special Committee on Aging "Mental Health Care for Older Adults: Raising Awareness, Addressing Stigma, and Providing Support"

Good morning Chairman Casey, Ranking Member Scott and Members of the Senate Special Committee on Aging. Thank you for allowing me to testify here today on the issue of older adults and mental health. It is an honor to be here. My name is Jim Klasen. I am an older adult, 73 years old, who lives with mental and physical health challenges and a substance use disorder. I am a person in recovery or, as I prefer to say, a person in wellness. I am indeed grateful to the professional health care providers who have treated me. However, medical treatment, as necessary as it was, was not sufficient. What has sustained my recovery process has been "peer support."

By peer support, I mean the trust and care best achieved with a person who has experienced the same or similar challenges and often past trauma. In a room with others "in recovery," the immediate connection is healing. Peer support is people who have been through it helping others who are going through it.

But peer support is not where my story started. In fact, it came relatively late in the game. For many years, starting in my 20s, I sensed something was wrong. Mental health challenges like depression ran in my family with a great aunt and then my younger sister. I sought help and got some, but still, there seemed to be difficulties I couldn't quite name.

When I moved to Philadelphia, Pennsylvania in 1986, things started to blossom, both with a wonderful job opportunity and with a profound, debilitating depression. To complicate matters, I was self-medicating with drugs and alcohol in a very harmful way. So much so, that really, to the observer, the presenting issue was substance use.

I was a country kid who moved to the city determined to have the "great urban adventure." What started as partying with a new colleague blossomed in my case into full-blown addiction. And, remember, this is Philadelphia in the mid to late 80s, so we are talking about street drugs and the epidemic preceding the current opioid crisis (and crack cocaine has not gone away by any means). What followed for several very difficult years were the devastating effects of my substance use disorder on my family. I also underwent intensive treatment, several hospitalizations, therapy, and more.

We now know a more integrated approach to addressing mental health needs and substance use needs is effective at getting to both the immediate troubling behavior and the underlying causes. My challenge was that it wasn't one problem or even two. I was navigating through debilitating depression (and a diagnosis with bipolar disorder). At the time, just getting a grip on the substance use seemed to be most immediate priority for my doctors. Old school recovery meant just stop using. That wasn't enough though because I was using for a reason, although the exact underlying problem was not crystal clear and even a diagnosis does not fully explain why anyone uses drugs that dangerous and powerful. We now look to more trauma informed practices for early indicators like neglect and abuse for some of those predictors. I

am very fortunate that over time my treatment team took a more comprehensive approach to mental, behavioral, and substance use. But the story didn't stop there.

After several hospitalizations, many "Rehab after Work" programs, medications, and several therapists, I was introduced to a self-help wellness tool, the Wellness Recovery Action Plan (WRAP), that seemed to make sense for me. For me, the key to WRAP was a question asked early on in the process: "Describe what you are like when you are well." I can assure you that no one was asking me what I was like when I was well. Family, friends, counselors wanted to know what was wrong with me and why I was behaving the way I was. I was as stumped as they were, discouraged and angry. The focus on wellness was refreshing and helped to introduce an element of hope.

That was in 2011, 25 years after the start of my symptoms, and coincidentally, the summer of the WRAP Around the World Conference in Philadelphia. WRAP Around the World is a conference that empowers individuals through self-directed care to create and implement a Wellness Recovery Action Plan. At the conference, I met two people who worked at a local mental health organization and encouraged me to become a peer specialist. This led me to join the Certified Older Adults Peer Specialist (COAPS) programs here in Pennsylvania.

And for ten years now, I have been a facilitator of these and other related trainings. I estimate that I have trained more than 800 other individuals with similar mental health and substance use challenges who want to help others. What has been so liberating and healing for me is to

no longer try to manage secret lives of addiction and mental illness. I now share my experience without shame or stigma.

As an older adult myself (and a late bloomer, so to speak!) I can relate to the reluctance, embarrassment and stigma many face in dealing with and disclosing mental health and substance use challenges. We all know the population of older adults is growing. Those of us who are older come with mental health, physical health, and yes, even substance use issues. From my personal experience, the experience of thousands of my peers, and from research, we know that peer support can be beneficial and cost-effective.

I am no expert on health policy and health insurance, but I do share the concerns of other older adults for our future well-being. We need well-coordinated, comprehensive services that includes peer support. I also know that this is not just an issue for older folks alone but is a societal issue with many implications. I hope that sharing my lived experience with mental health and substance use challenges helps the policy and program conversation. And, of course, I hope to answer your questions. Thank you.