Mental Health and Aging: A National Perspective on Practice, Research and Policy

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This lecture is to honor the dedication and service of Patty Black, LCSW, whose career in social work has enhanced the lives of older adults.

The Issues

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IT'S HOW MEDICINE

SHOULD BE

The Issues: Mental Health Problems in Older Adults

- Mental health needs of older adults are complicated by age associated changes in physiology, cognition, and social functioning.

- Mental health and well-being are critical to optimal functioning, physical health, and satisfying social relationships among older adults.

(WHCOA Resolution, 2005; Rowe & Kahn, 1998)

The Issues: Mental Health Problems in Older Adults

- The majority of older adults with mental health or substance abuse problems do not receive the treatment they need.

- Only 1/3 of older persons who live in the community and who need mental health services receive them.

(Bartels et al., 2005; Shapiro et al., 1986)

The Issues:

An Impending Public Health Crisis

- Current prevention services are limited.

- Older adults with mental disorders more likely than younger adults to receive inappropriate or inadequate treatments.

- The past decade has seen dramatic growth in research on the causes and treatments of the psychiatric problems of older adults.

    (Bartels et al., 2002)

The Issues:

An Impending Public Health Crisis

- **Challenges**
  – Dramatic growth in number of older adults
  – Shortage of professionals in Geriatric Mental Health Care
  – Lack of access to care
  – An under-investment in knowledge dissemination, service development, and research to meet future need
  – "Expertise gap" due to
    - Inadequate training in geriatric care
    - Failure to incorporate evidence-based practice into routine care

(Institute of Medicine, 2001; NIMH, 1999)

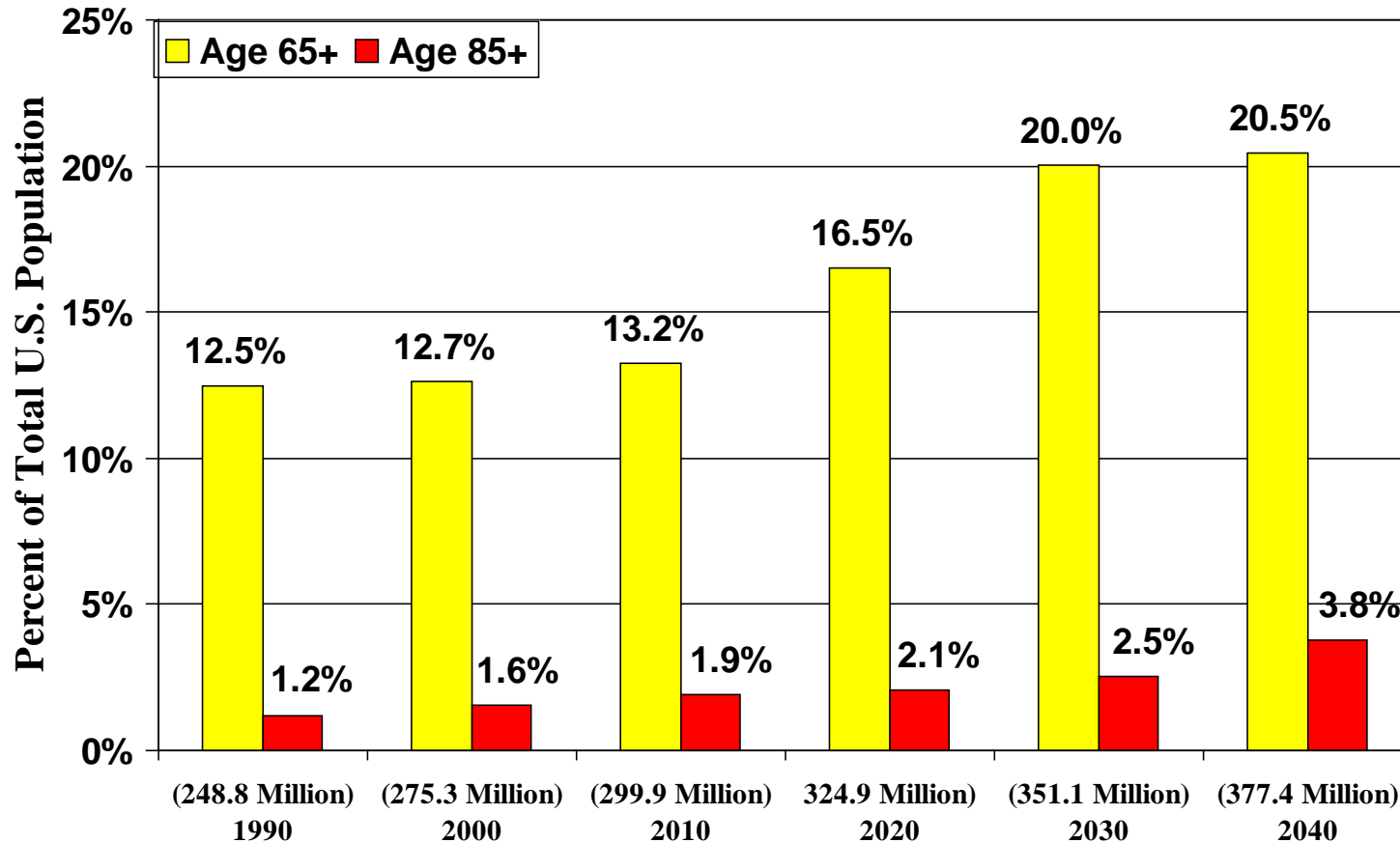# Demographics

Demographics:
Projected Growth in Older Adults

- Impact

  - Population aged 65 and older will increase from 20 million in 1970 to 69.4 million in 2030 and 88.5 million in 2050.

  - The aging percent of the "baby boom" generation will increase the proportion of persons over age 65 from 13% currently to 20% by the year 2030.

  (Jeste et al., 1999; www.census.gov; Bartels et al., 2005)

Demographics: Projected Growth in Older Adults

(www.census.gov; Bartels,1999)

Demographics:
Mental Health Problems in Older Adults

- At least 1 in 5 people over the age of 65 has a significant mental disorder, and that total number will double over the next 30 years
    - More than 16% with a primary psychiatric illness and 3% with dementia complicated by psychiatric symptoms

- 20-25% of older adults may meet criteria for some form of psychological disorder.

(Administration on Aging, 2001; Baltes & Baltes, 1990; Bartels, 2003)

Demographics:

Mental Health Problems in Older Adults

- The number of people over the age of 65 with psychiatric disorders will more than double by the year 2030, from 7 million in 2000 to 15 million.

- By 2030 the number of persons with psychiatric disorders in this older group will equal or exceed the number with such disorders in younger age groups (age 18 to 29 or age 30 to 44).

- Rate of suicide higher among older adults than any other age group.

(Administration on Aging, 2001; Baltes & Baltes, 1990;Bartels, 2003)

Demographics:
Disparities

- Most severe health problems in the United States are concentrated among minority groups and elders from disadvantaged backgrounds.

- Hispanic elders have higher levels of depression and anxiety than non-Hispanic whites[10,11], particularly immigrants and those with lower language acculturation [12].

- Research for older blacks is mixed, but SES key factor

Demographics:
The Disconnect

- An incredible chasm between the mental health system and the aging world.

- Despite the growing requirement for mental health services for older persons, a substantial unmet need exists.

- Limited access to mental health care due to:
  - **Lack of parity**-More attention is given to physical than to mental health although evidence shows that when mental health issues are addressed, physical health improves.
  - Poorly integrated systems of mental and physical health care.
  - Limited number of culturally competent mental health professionals with training in aging.

(APA, 2004; President's New Freedom Commission on Mental Health, 2002; Walkup, 2000; Bartels et al., 2002)

Barriers

Barriers

- **System Barriers:**
  - **Fragmentation**: A need for integrated mental health services in primary and long-term care.

- **Training Barriers:**
  - The limits of traditional educational approaches in changing provider behavior and ageism

- **Financial Barriers:**
  - Including a mismatch between covered services and a changing system of long-term and community-based care

- **Consumer Barriers:**
  - Stigma and education

(Bartels, 2002)

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Barriers

- ***For the Older Person***
  - Stigma—due to age, racial and ethnic background, rural communities
  - Preference for primary care
  - Tendency to focus on somatic problems
  - Hesitancy to discuss psychological issues and symptoms

Barriers

- *For the Provider*
  - Lack of knowledge on the presentation of mental health problems
  - Treatment complexities
    - (co-morbid conditions, covert medical conditions that mimic psychiatric symptoms, heightened sensitivity to medications, and reluctance to inform patients of a diagnosis)
  - The scarcity of mental health professionals who know aging and vise versa

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- *For the System*

    – Cannot depend on primary care alone to deliver optimal care

    – Financing

    – The service delivery setting—lack of access

    – Need for intra- and interagency collaborations to improve efficiency

Evidence-Based Practices

Models of Service Delivery

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Evidence-Based Practices:
Models of Service Delivery

- Emerging evidence base supports efficacy of geriatric mental health interventions.

- Limited body of literature examining effectiveness of various models of service delivery.

Evidence-Based Practices:
Models of Service Delivery

- Evidence base review shows:

  - **Greatest support**
    - Community-based, multidisciplinary, geriatric mental health treatment teams.

  - Older primary care patients are more likely to accept collaborative mental health treatment within primary care than in mental health/substance abuse clinics.

  - Integrated service arrangements improve access

    to mental health and substance abuse services for older adults who under use these services.

(Bartels, et al., 2004; Draper, et al., 2000; U.S. Department of Health and Human Services, 1999)

PROGRAMS

"There's no easy way I can tell you this, so I'm sending you to someone who can."

Evidence-Based Practices:

Programs

Multidisciplinary Geriatric Mental Health Outreach Services

– designed to detect and treat mental health problems in settings where older adults live, spend time or seek services

- **PATCH--(Psychogeriatric Assessment and Treatment in City Housing) Program** (Robbins, B et al.) (Johns Hopkins)
  - "In an effort to maintain the elderly in their existing environment, PATCH attempts to improve and coordinate community services to the elderly and to educate caregivers about their special needs. "

- **PEARLS-(the Program to Encourage Active, Rewarding Lives for Seniors)** (Ciechanowski, P et al.)
  - "This is a short term, in-home treatment program designed to reduce depression in physically impaired and socially isolated seniors. PEARLS uses problem solving, social and physical activation and increased pleasant events to reduce depression."

Evidence-Based Practices:

Programs

- **Healthy IDEAS: Evidence-Based Disease Self-Management for Depression** (AOA, 2007) (Huffington Center on Aging)
  - "The goal of Healthy IDEAS is to detect and address depression through effective, evidence-based screening and health promotion education."

- **HOPES Study: Helping Older People with Severe Mental Illness Experience Success** (NIMH, 2006) (Mueser, et. al, 2010)
  - "The Helping Older People Experience Success (HOPES) program was developed to improve psychosocial functioning and reduce long-term medical burden in older people with severe mental illness (SMI) living in the community. HOPES includes 1-year intensive skills training and health management, followed by a 1-year maintenance phase. "

Evidence-Based Practices:
Programs

Collaborative and Integrated Mental Health and Physical Health Care for Older Adults

– integrate mental health and physical health care in the same setting

- **PRISM-E**--Primary Care Research in Substance Abuse and Mental health for the Elderly (Collaborative program between SAMHSA, HRSA, and the Department of Veterans Affairs)

- **PROSPECT**--Prevention of Suicide in Primary Care Elderly (Bruce et al., NIMH)

- **IMPACT**--Improving Mood: Promoting Access to Collaborative Treatment (Unützer et al., http://impact-uw.org/)

Evidence-Based Practices

- **Gatekeeper Case Identification Model**
  - Recruits community service personnel who have frequent contact with older persons (i.e., meter readers, utility workers, landlords, etc) to identify and refer at-risk older adults assessment
    (Van Citters et al., 2004, http://www.psychservices.psychiatryonline.org/cgi/content/full/55/11/1237)

- **Cognitive Behavioral Therapy for Older Adults**
  - An active, time-limited, and structured therapy that is intended to change the thinking and behaviors that cause or maintain depression, anxiety and the other.

Evidence-Based Practices

- **Problem-Solving Therapy for Older Adults**
  - is based on the theory that deficiencies in social problem-solving skills increase the risk for depressive and other psychiatric symptoms

- **Brief Psychodynamic Therapy for Older Adults**
  - designed to help persons understand and cope with unresolved issues and conflicts

"If you have built castles in the air, your work need not be lost; that is where they should be. Now put foundations under them." -Thoreau

BARRIERS TO IMPLEMENTATION

Evidence-Based Practices:
Barriers to Implementation

- Implementation of interventions are limited.

- Despite availability of evidence-based treatment for mental disorders, many patients and families do not receive effective treatment.

  (Eisenberg, 1992; Kessler et al., 2005; Wang, Demler, & Kessler, 2002; Whooley & Simon, 2000; Young et al., 2001)

- Ethnic minorities, older patients, and less educated patients are more likely to be subject to treatment disparities and to receive lower quality care than are other depressed patients.

  (Melfi et al., 2000; Miranda, 2004; U.S. Department of Health and Human Services, 1999; Young et al., 2001)

Barriers to Implementation

Barriers to Implementation

- Lack of collaboration and coordination between providers.

- Different priorities, capacities and levels of expertise between primary care, long-term care, and specialty mental health providers.

Evidence-Based Practices:
Barriers to Implementation

Fragmentation of the Service Delivery System for Older Persons

- Primary care
- Specialty mental health
- Aging network services
- Home care
- Nursing Homes
- Assisted Living
- Family caregivers

Evidence-Based Practices:
Barriers to Implementation

Shortage -Professionals in Geriatric Mental Health Care

• National shortage of medical and social service professionals with training and expertise in geriatric mental health care.

• No health care profession is projected to have <u>the minimum</u> number of trained personnel to accommodate the needs of the future geriatric population.

• **Current Workforce:**
    1,751 Geriatric Psychiatrists
    200-700 Geriatric Psychologists
    1,115 Geriatric Social Workers

• **Estimated Current Need:**
    5,000 + of each specialty

(Rosen, WHCOA, 2005; Detweiler, 2004 Bartels, 2002, AGS, 2011)

Evidence-Based Practices:
Barriers to Implementation

- In summary, there is a substantial shortfall in the provision of psychiatric interventions in usual-care settings.

- Nearly half of older adults with a recognized mental disorder have unmet needs for services.

  (Bartels, et al. 2003)

P_{RIMARY} C_{ARE}

Evidence-Based Practices:

Primary Care

Primary care

- The majority of older adults receiving mental health care are treated by primary care physicians.

(Burns, et al., 1990; George, et al., 1988)

- Demands of primary care present barriers.

(US Dept of Health and Human Services, 1999)

- Barriers
  - Lack of time and documented economic benefit create difficulties for health care delivery systems to implement effective treatment strategies for growing disabilities.
  - Current care delivery models inadequate and inefficient, leading to provider and consumer exhaustion, and significant gaps in care and poor outcomes.

(SAMHSA, 2007)

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Primary Care

Primary Care

- Older persons with psychiatric illnesses more likely to receive inappropriate pharmacological treatment and less likely to be treated with psychotherapeutic interventions than younger primary care patients.

(Bartels, et al., 1997)

Evidence-Based Practices:

Primary Care

Physician Education-A Priority

- Grand rounds effective but must be complemented by additional educational interventions.

- Providing practice guidelines to clinicians without additional incentives or interventions aimed at changing practices ineffective in changing behavior.

- Effective educational interventions result in significant improvements in both quality of care and patient outcomes.

- **Recommended:**
  - Care management, collaboration between providers of specialty mental health care and primary care in a common setting.

(Callahan, et al., 2001; Grimshaw, et al., 1993)

Practice Perspective: A Local Response

The BRIGHTEN Program (Bridging the **R**esources of an **I**nterdisciplinary **G**ero-mental **H**ealth **T**eam via **E**lectronic **N**etworking)

Evidence base

- IMPACT, PRISM-E
- Virtual Integrated Practice (VIP) Model

The BRIGHTEN Virtual Team

- Patient
- Geropsychologist
- Geropsychiatrist
- Gero-Social Worker
- Physical Therapist
- Occupational Therapist
- Nutritionist
- Chaplain
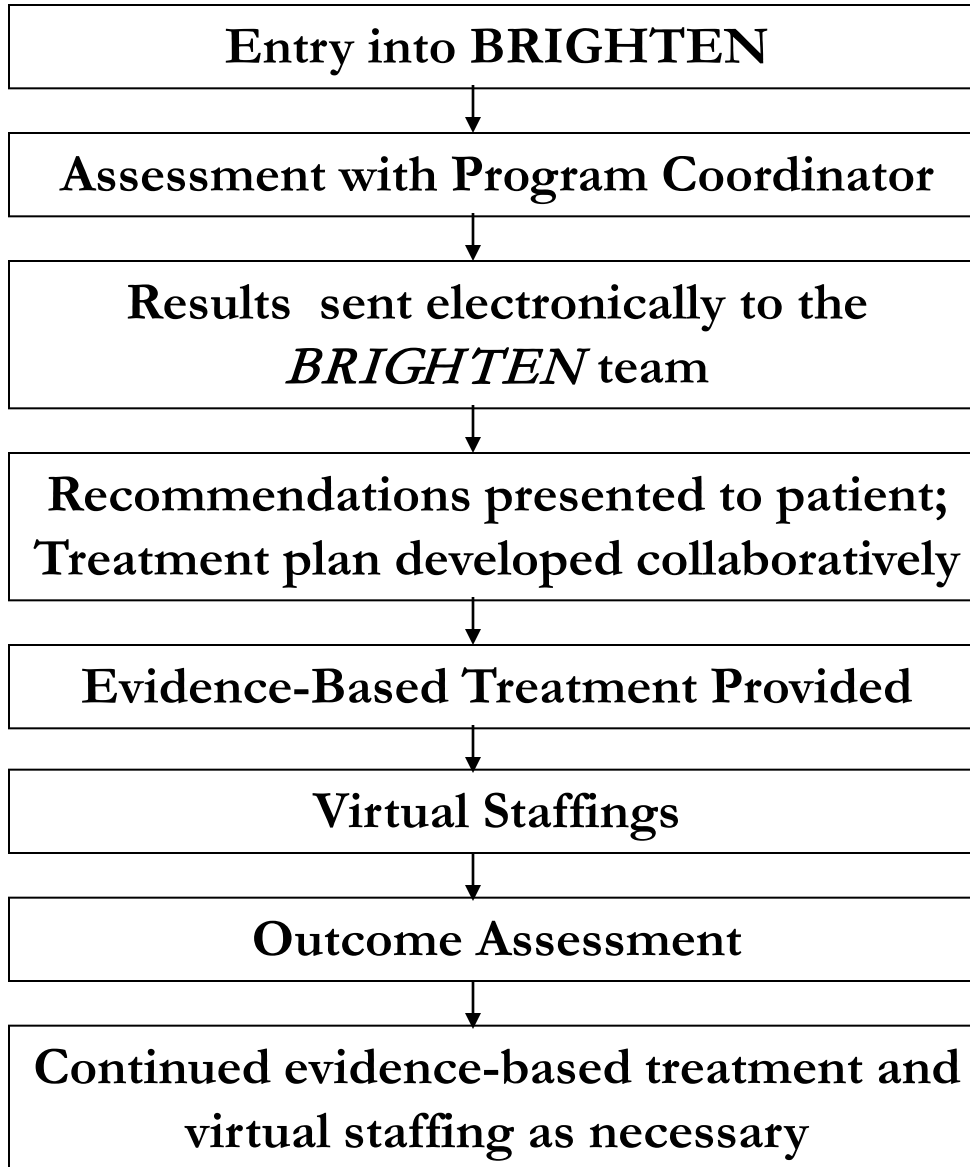- Pharmacist
- Primary Care Physician
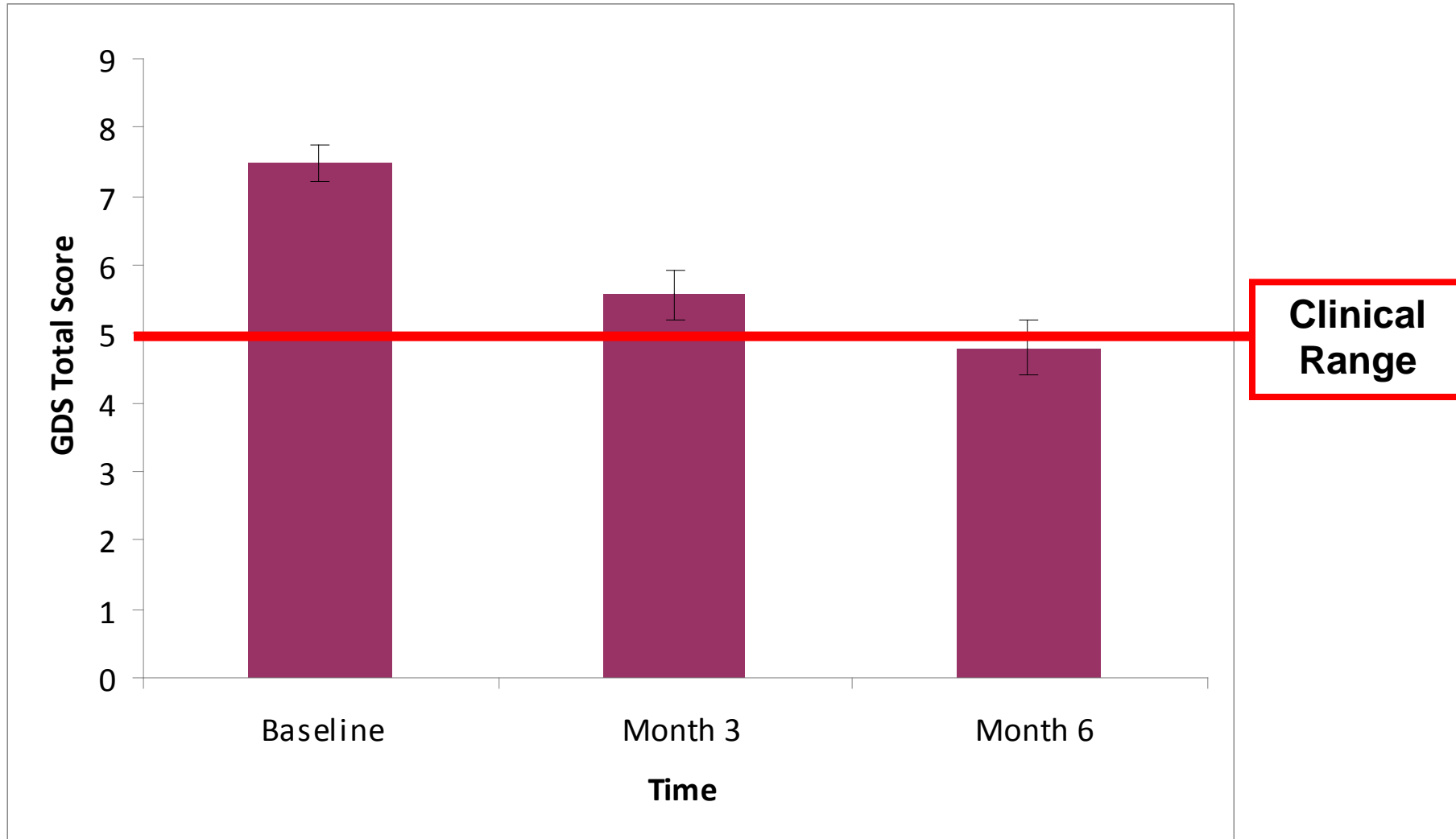
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BRIGHTEN

Over the last *TWO WEEKS*, how often have you been bothered by the following problems:	Not at all	Several Days	More than half of the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

BRIGHTEN Intervention

Entry into **BRIGHTEN**

↓

Assessment with Program Coordinator

↓

Results sent electronically to the *BRIGHTEN* team

↓

Recommendations presented to patient; Treatment plan developed collaboratively

↓

Evidence-Based Treatment Provided

↓

Virtual Staffings

↓

Outcome Assessment

↓

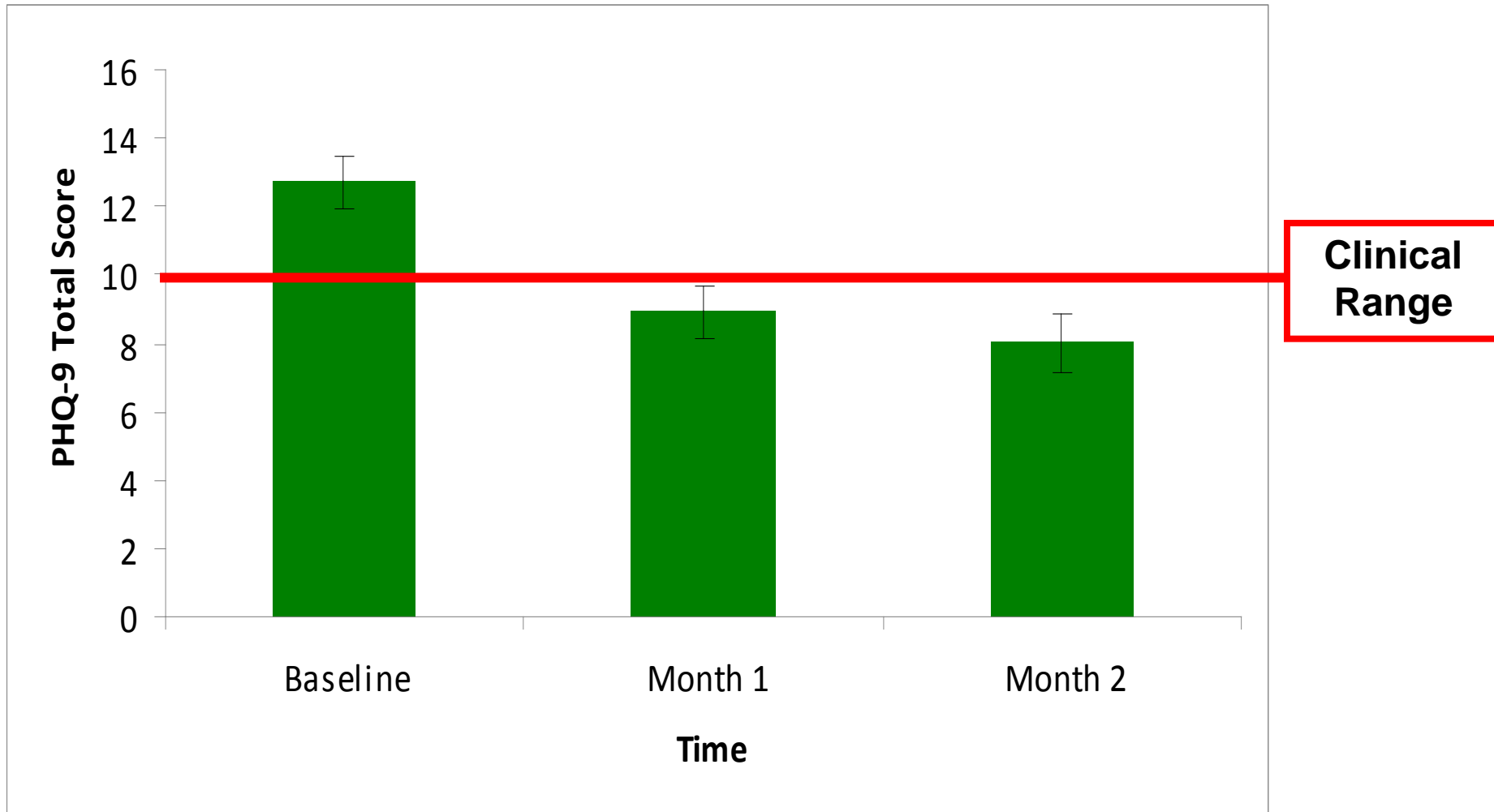| Continued evidence-based treatment and virtual staffing as necessary |
|---|

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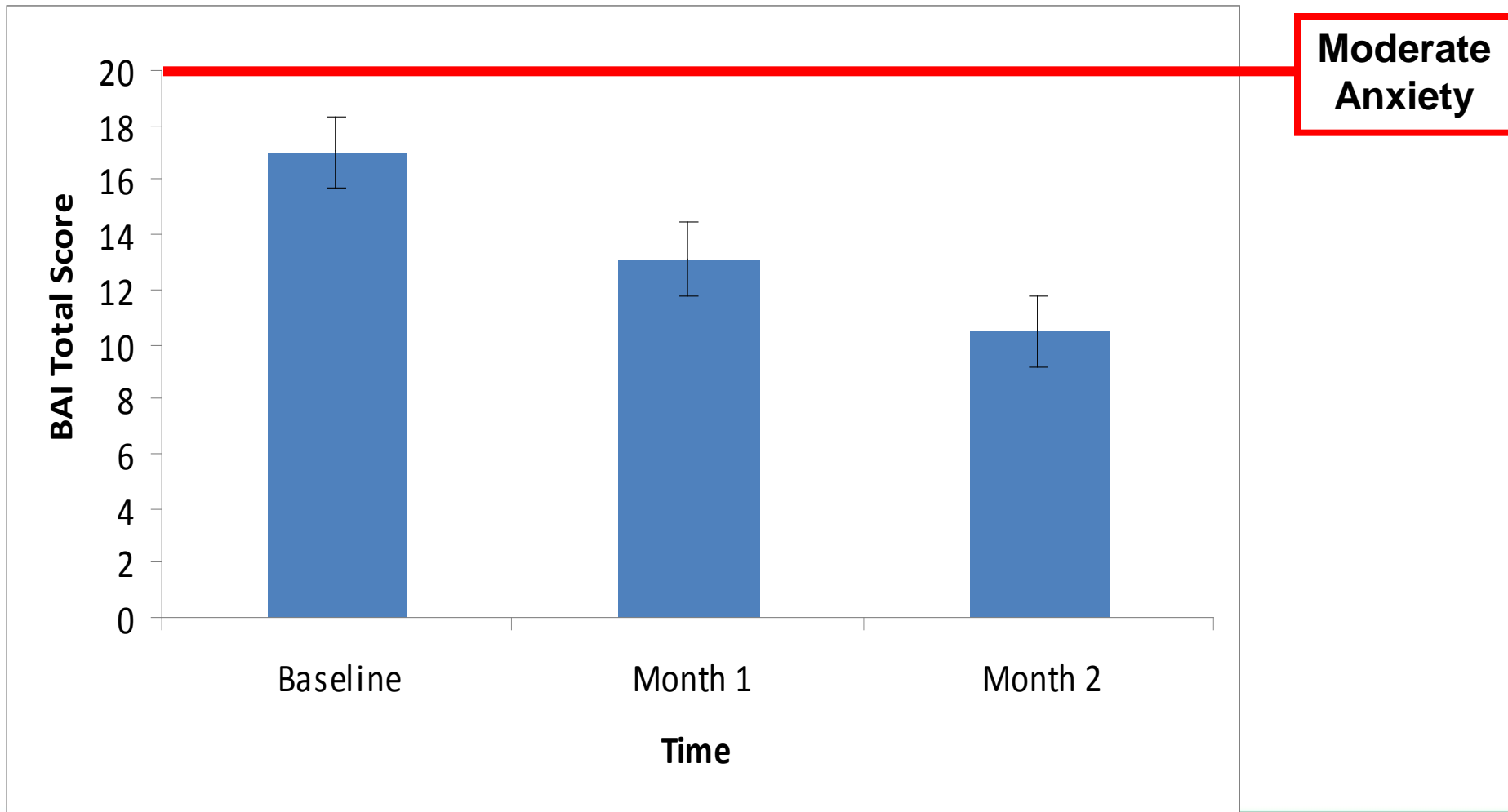# Depression Results
Psychotherapy N=84

Depression Results Psychotherapy N=44

Anxiety Results
Psychotherapy N=44

Policy and Advocacy

Policy

- The 1999 *Surgeon General's Report* and the *2001 Administration on Aging Report* emphasized necessity to plan for the provision of services for growth of older adults with major mental disorders.

- The 2002 *President's New Freedom Commission on Mental Health* includes concerns about mental health services for older adults provides recommendations to improve current delivery of care,
  - Including greater attention to mental health concerns in the primary care setting.

- In December, 2005, 929 of the 1,200 national delegates at the **White House Conference on Aging** (WHCoA) voted to improve "recognition, assessment and treatment of mental illness and depression among older Americans."

(US Dept. of Health and Human Services, 1999; President's New Freedom Commission on Mental Health, 2002; WHCOA website, 2007)

- **Older Americans Act 2006**
  - Passed Oct 17, 2006
  - Have amended several areas which will expand public awareness as well as the screening and delivery of mental health services.
  - Greater focus on prevention and treatment of mental disorders
  - Enhanced coordination of programs that protect elders from abuse, neglect and exploitation

(AOA Website 2007, http://www.aoa.gov/OAA2006/Main_Site/index.aspx, www.govtrack.us/congress, 2011)

- **Positive Aging Act 2011**
  - Aims to increase older adults' access to quality mental health screening and treatment in community-based care settings.
  - Would authorize SAMHSA to fund projects to support integration of mental health services in primary care settings.
  - Would mandate the designation of a Deputy Director for Older Adult Mental Health Services in the Centers for Medicare and Medicaid Services (CMS), and include representatives of older Americans and geriatric mental health professionals on the Advisory Council for the Center for Mental Health Services.
  - Endorsed by a broad coalition of mental health and senior organizations, including the Alzheimer's Association, the American Psychiatric Association, the American Psychological Association, the American Association for Geriatric Psychiatry, and the National Council on Aging.

Strategies:
NCMHA

National Coalition on Mental Health and Aging (NCMHA)

- Working to promote excellence in Mental Health, Substance Abuse and Primary Care Services to Older Adults Across the Country

- **Mission:**

  "NCMHA is comprised of over 80 members representing professional, consumer and government organizations with expertise in mental health and aging issues. Its goal is to work together towards improving the availability and quality of mental health preventive and treatment services to older Americans and their families."

  (NCMHA Website, 2011, www.ncmha.org)

Strategies:
ASA-MHAN

American Society on Aging- Mental Health and Aging Network

- ASA constituent group dedicated to improving supportive interventions for older adults with mental health problems and for their caregivers.

- **Objectives:**
  - Create cadre of professionals with expertise in geriatric mental health issues.
  - Improve systems of care for older adults with mental health problems or dementia.
  - Provide voice for these underserved or inappropriately served populations.
  - Advocate services and programs that enhance positive mental health for older adults.

(ASA Website, 2011, http://www.asaging.org/networks/MHAN/about.cfm)

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Conclusion

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Goals of Mental Health Intervention

- Bridge mental health and aging services
- Focus on decreasing stigma of mental health problems
- Increase understanding of depression and anxiety in older adults
- Social marketing campaign
- Policy changes

Conclusion

Vision and Values

- Systematic screening to identify mental health problems

- Replication of effective services

- Culturally sensitive and relevant services to reduce disparity

- Integration of medical, mental health, social and long-term care services

- More investment in training

"One thing is sure. We have to do something. We have to do the best we know how at the moment...; If it doesn't turn out right, we can modify it as we go along."

--Franklin D. Roosevelt