



**Older Adult Mental Health and Aging Week**  
**Prepared by Deborah DiGilio, Vice-Chair**  
**National Coalition on Mental Health and Aging**

This May, to celebrate Older Americans Month and Mental Health Month, the National Coalition on Mental Health and Aging (NCMHA) launched two national events to focus attention on the mental health and behavioral health needs of older adults.

**Congressional Briefing**

On May 17<sup>th</sup>, a Congressional Briefing, *Addressing the Crisis in Older Adult Mental Health*, was cosponsored by NCMHA, the National Association for Rural Mental Health, the National Association of Counties, and the National Association of County Behavioral Health and Developmental Disability Directors. Rep. Grace Napolitano (D-CA), Founder & Chair of the House Mental Health Caucus and Rep. John Katko (R-NY) Co-chair of the Congressional Mental Health Caucus were the Congressional sponsors of the briefing held in the Rayburn House Office Building.

The goal of the briefing was to encourage members of Congress to advocate for expanded mental health services and access to care for older adults through legislative and regulatory initiatives, and increased funding. The briefing commenced with Congresswoman Grace Napolitano and Congressman John Katko sharing personal stories related to mental health's impact on their families and relayed their support in addressing the mental health needs of our growing older adult population.

The briefing was moderated by **Brian Kaskie, PhD**, Associate Professor, Management and Policy, University of Iowa, who also served as one of three presenters. The first presenter, **Stephen Bartels, MD, MS**, the Herman O. West Professor of Geriatrics and Professor of Psychiatry, Community and Family Medicine, and of Health Policy at The Dartmouth Institute, spoke on ***The Extent of the Problem & How Can We Bring to Scale Evidence-based Services.***

Dr. Bartels said the aging of America's population will have a major impact on the financing and delivery of healthcare, mental health, and social services over the coming decades. Approximately 5.6 million to 8 million older adults (about one-in-five), suffer from mental illness and/or substance abuse. Mental illness in older adults is a health care problem - it increases poor outcomes and mortality for common conditions such as heart disease, cancer, and hip fractures. In addition, individuals with a serious mental illness have an 11 to 30-year reduced life expectancy, largely due to increased heart disease, cancer, and diabetes.

Older adults have among the highest rates of suicide, with older white males having the highest suicide rate of any age group. Older adults with mental illness have the highest Medicare costs, approximately two to three times the cost of other Medicare beneficiaries.

There is an increasing prevalence of substance use with the aging of the Baby Boomer population and illicit drug use and increased prevalence of opioid use by older adults with chronic pain. Unfortunately, few older adults receive evidence-based mental health services and treatments. Only 4 - 28% of older adults with mental health and substance use disorders receive mental health services. This is despite numerous treatments and services proven to be effective by research including:

- Integrating mental health care for older adults in primary care (Collaborative Care)
- Home and community-based mental health outreach services
- Dementia caregiver support
- Integrated mental and physical health self-management
- Prevention and health promotion for late-life mental health disorders
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Substance Use

**Jacqueline Gray, PhD**, Associate Director of Indigenous Programs, Center for Rural Health and Associate Professor, School of Medicine and Health Sciences' Center of Rural Health/Pathology, University of North Dakota, presented ***New Strategies & Technology to Address the Mental Health Needs of Rural and Culturally Diverse Older Adults.***

Dr. Gray began by noting that a dramatic transformation is occurring in the U.S. resulting in a more culturally diverse older adult population. The ethnic minority older adult population is projected to increase by 160% in the next two decades. The older immigrant population increased from 2.7 million to 4.6 million in the past 20 years, and there are an estimated 1.75 – 4 million LGBT older adults in the U.S.

Racial and ethnic minorities are over represented in many subgroups at high risk for the development of mental disorders, and they have less access to mental health services than Whites, are less likely to receive needed services, and often receive a lower quality of care. Racially and ethnically diverse elders are also more likely to live in poverty and to be underinsured. In addition, the problems of health disparities are present even when income and access are plentiful. She explained how there are many social factors at the root of disparities, including racism, ageism, and unconscious stereotyping.

According to AARP, 87% of people older than age 65 reported the desire to remain in their current homes and communities. However, aging in place is not a practical option for many older Americans living in rural areas because of limited access to preventive services, physical and behavioral health treatment options, and home health services. And if long-term care is required, in Indian County, there are only 17 nursing homes for 567 Federally recognized tribes. Increased support is also needed for the mental/behavioral health services that are aligned with the preferences of older adults.

For example, approximately 50% of older adults state a preference for counseling services over medication management; with older African Americans particularly inclined toward counseling services. She stated that health care providers should view cultural difference and diversity as a strength, and they should build upon the skills an older adult has developed over a lifetime of experience in coping and building support networks. Technology also holds promise for addressing the mental health needs of rural older Americans.

However, there is uneven access to technology for some members of the older population, including those aged 75+ and those of lower socio-economic status. These groups are also less likely to have Broadband access or use smart phone technology.

**Brian Kaskie, PhD**, Associate Professor, Management and Policy, University of Iowa, offered concluding remarks and recommendations of the panel including:

- Allocate funding from all existing federally-funded mental and behavioral health programs to older adults in an amount proportionate to their share of the U.S. population.
- Designate a responsible entity for coordinating federal efforts to develop and strengthen the nations' geriatric mental health and substance use workforce as recommended in the 2012 Institute of Medicine Report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*
- Mandate all federal agencies to address the remaining recommendations of the 2012 report.
- Build a culturally competent geriatric mental health workforce.
- Restore funding for the SAMHSA Older American' Mental Health and Substance Abuse Technical Assistance Center and National Evidence Based Practice Grant Program to support the implementation of behavioral health evidence-based practices.
- Restructure Medicare and Medicaid financing mechanisms to support the integration of older adult behavioral health and primary care and to support interdisciplinary care coordination and treatment teams.
- Expand the federally mandated Pre-Admission Screening and Resident Review Program (PASRR) to include all individuals with serious mental illnesses, intellectual/developmental disabilities, and/or related conditions applying for federally funded long-term care services and supports.
- Provide funding to support research and development of prevention programs to address older adult suicide.
- Increase funding for elder abuse initiatives.
- Increase rural broadband access for telehealth services.

### **National Older Adult Mental Health Awareness Day**

The FIRST Older Adult Mental Health and Aging Awareness Day was held the day following the briefing, on Friday, May 18<sup>th</sup>. The National Coalition on Mental Health and Aging (NCMHA), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Community Living (ACL) co-sponsored the first time ever event. In addition to a full house at SAMHSA, approximately 1,000 individuals registered for the webcast. This event was designed to raise public awareness, promote evidence-based interventions, and increase collaboration between the mental health and aging networks to address the mental health needs of older adults.

**Paolo Del Vecchio, MSW**, Director for the Center for Mental Health Services, provided a welcome and introduction. He stated that Children's Mental Health Awareness Day has been underway for over a decade, and that it's about time, an event is focused on older adults (See Mr. del Vecchio's blog about the event [here](#) .

**Mr. Arne Owens**, Principal Deputy Assistant Secretary for Mental Health and Substance Use and **Mr. Lance Robertson**, Assistant Secretary for Aging and Administrator for the Administration for Community Living then provided remarks surveying the scope and level of current federal, state, local and community response to supporting the needs of older adults with mental illness and substance use disorders.

They were followed by two distinguished panels that included: **Jaqueline Gray, PhD** (University of North Dakota), **Steven Bartels, MD** (The Dartmouth Institute), **Shahla Bahlou, MD** (Icahn School of Medicine, Mt. Sinai), **Mike O'Donnell** (Illinois Community Health and Aging Collaborative), **Kathleen Cameron** (National Council on Aging), **Brie Riemann** (SMAHSA Center for Integrated Health Solutions), and **Gilberto Romero** (Mental Health Advocate, University of New Mexico).

The panelists focused on:

- The current behavioral health profile of older Americans (including serious mental illness and opioid abuse);
- Several current best practices including integrated care models and innovative provider models;
- The Importance of person-centered treatment and family caregiving; and
- A look into the future.

A new report from SAMHSA on “Older Adults Living with Serious Mental Illness: The State of the Behavioral Health Workforce” issued on May 16<sup>th</sup>, highlights that the complexity of what an older adult client experiences is not recognized in evidence-based practice (EBP) models. While some EBPs exist for older adults with SMI, there are few mental health providers that are trained in how to implement those models.

The report states that, “Many of the effective practice models rely on interdisciplinary teams of providers that work together to meet the diverse needs of older adults with SMI. Unfortunately, working on an interdisciplinary team is not a standard that is taught in many health care training programs.”

The report recommends the creation of more integrated care models and multi-disciplinary teams of providers that collaborate to address the behavioral health and physical health care needs of individuals with SMI. New funding and policies should be should be implemented to support integrated care approaches.

For more info:

- National Coalition on Mental Health and Aging website – [www.ncmha.org](http://www.ncmha.org)
- [Older Adult Mental Health Resources](#) - National Coalition of Mental Health and Aging
- [The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?](#) - Institute of Medicine/National Academy of Sciences (2012)