



**Catalyzing Innovation  
for Healthy Aging**



**National Coalition on Mental Health & Aging  
Presentation**

**Missy Jenkins, Vice President for Public Policy  
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**UC San Diego**  
HEALTH SCIENCES



# Mental Health and Older Adults Roundtable

Co-hosted by:

Alliance for Aging Research

Sam and Rose Stein Institute for Research on Aging,  
University of California San Diego

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**Catalyzing Innovation for Healthy Aging**

**Summary white paper  
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# Goals of the Roundtable

- Promote wellness and healthy aging among people with mental health issues and substance abuse disorders
- Identify knowledge base, gaps, low-hanging fruit opportunities

# Two Faces of Aging

## 1) Common Perception

- Morbidity
- Mortality
- Decline in independence
- Decline in autonomy

# Two Faces of Aging

## 2) Less Common Perception

- Improved mental health
- Life satisfaction
- Happiness
- Wisdom



# Sam and Rose Stein Institute for Research on Aging Approach

- Prevention of mental illness through positive psychological factors
- Resilience, optimism, and social engagement
- Home and community focused
- Age- and dementia-friendly communities

# I. Mental Health Issues Accompanying Dementia

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# I. Mental Health Issues Accompanying Dementia

- Neuropsychiatric symptoms (NPS): depression, agitation, apathy, psychosis, and sleep disorders
- Increased caregiver burden, morbidity, costs, disease progression, poorer quality of life, and higher risk of institutionalization
- NPS often makes people ineligible for supported housing and other minimally restrictive housing environments
- Lack of stimulation and environmental cues in nursing homes may exacerbate cognitive and behavioral symptoms
- Cognitive decline increases vulnerability to fraud

# I. Mental Health Issues Accompanying Dementia: Progress

## VA Models

- Integrated care (primary care to sub-specialties)
- STAR-VA, patterned after Teri's STAR (Staff Training in Assisted Living Residences) Program
- Interdisciplinary behavioral approach to managing dementia-related behaviors
- Efforts to reduce fraud

## CMS

- 2012 National Partnership to Improve Dementia Care in Nursing Homes
- New reimbursement codes to improve diagnosis and coordination
- 30-day medication review to reduce overmedication and Rx's that exacerbate NPS
- Working groups for nursing home and caregiver training
- Local and community services

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# I. Mental Health Issues Accompanying Dementia: Progress

## NIH

- 2014, MIND (Maximizing INDependence) at Home program at Johns Hopkins to delay/prevent nursing home admission
- Cost of about \$3,000 per family per year
- NIH Toolkit to accelerate clinical research to lower subject burden and compare meaningful outcomes of interventions in different populations

# I. Mental Health Issues Accompanying Dementia: Gaps

- Clinicians and nursing home staff receive little formal education about caring for individuals with NPS
- May not be aware that older Americans with dementia frequently become victims of fraud
- Clinicians lack reliable tools to manage NPS
- Often non-pharmacological treatments are not reimbursable
- Payment incentives for home, outpatient, and institutional settings are not aligned with best practices for managing these complex patients

# I. Mental Health Issues Accompanying Dementia: Recommendations

- Train array of health professionals to enable home based care
- Raise standards and training for nursing home care
- Dementia training certification
- Establish incentives (salaries, promotions) to reduce staff turnovers and burnout in nursing homes
- Develop rigorous program evaluation systems on quality and cost
- Make use of virtual care and telemedicine

# I. Mental Health Issues Accompanying Dementia: Recommendations

- Work with stakeholders to educate against fraud
- Develop tools for financial literacy and fraud prevention
- Models for caregivers' mental health
- Healthy lifestyles at a younger age
- Focus on research on sleep disorders
- Prioritize research into understanding underlying NPS mechanisms
- Embrace technology for dosing and adherence issues

## II. Depression and Suicide

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Chief Medical Officer  
American Foundation for Suicide  
Prevention

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UPMC Endowed Professor in Geriatric  
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## II. Depression and Suicide

- Depression is under-recognized and under-treated in older adults
- Older adults have unique depression risk factors
- Relationship between biological aging and depression is not well understood
- Older adults are at a high risk of suicide
- Pharmacologic treatments are effective in treating 60-80 percent of major depression in older adults but have side-effects
- A combination of psychotherapy and antidepressant use has shown to reduce depression
- Non-pharmacologic interventions can be effective



## II. Depression and Suicide: Progress

### Community-Based Programs

- STAR program
- Increased public awareness and education
- Non-traditional partnerships

### Federal Initiatives

- NIMH's RDoC Program
- 21<sup>st</sup> Century Cures grant program
- CMS Payment Codes and Annual Wellness Visit
- SAMSHA grants and educational materials
- HHS Strategic Plan Draft (2018-2022)

### Philanthropy

- AFSP funded research

## II. Depression & Suicide: Gaps

- Lack of access to behavioral care services
- Inhibitive Federal Privacy Laws
- No rapidly acting drugs for suicidal ideation
- Little is known on preventing suicidal ideation in older adults without depressive disorder
- Healthcare workers failing to identify older adults at high suicide risk

## II. Depression & Suicide: Recommendations

- Consider healthcare system solutions
- Pursue a public health approach for suicide awareness
- Reform privacy and security protections
- Scale evidence-based depression management programs e.g. PEARLS and HealthyIDEAS
- Improve training and care deployment
- Develop models for screening and intervention in various health care settings
- Reimburse for evidence-based suicide prevention programs
- Prioritize research on prevention
- Partner with stakeholders outside of the healthcare system e.g. Meals on Wheels
- Improve awareness of firearm access as a risk factor
- Develop safe and effective treatments for depressed geriatric populations

# III. Serious Mental Illness and Substance Use Disorders

Jeff Borenstein, MD  
President and CEO  
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Andrew Sperling  
Director of the Federal Legislative Advocacy  
Program  
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### **III. Serious Mental Illness and Substance Use Disorders**

- **Older adults with serious mental illness have not benefited from the population's gain in longevity**
- **Individuals with serious mental illness are burdened by social factors sometimes resulting in incompetency**
- **Alcohol and substance abuse disorders are a growing problem among older adults and are under-recognized and under-treated**

## III. Serious Mental Illness and Substance Use Disorders: Progress

### Nonpharmacologic Interventions

- CBSST and similar therapies
- Supported Decision Making (SDM)

### Private Study Grants

- NARSAD

### Internet-Based Tools

- NIAAA and SAMHSA treatment navigator

## III. Serious Mental Illness and Substance Use Disorders: Gaps

- Inadequate treatment alternatives
- Lack of large population studies in diverse populations
- Lack of providers trained to care for older adults with these illnesses and disorders
- Lack of research
- Limited follow-up care for older adults

## III. Serious Mental Illness and Substance Use Disorders: Recommendations

- Test effectiveness of community-based interventions to identify and treat older persons with co-occurring serious mental illness and substance use disorders
- Create evidence-based treatment plan models which begin with psychosocial or behavioral interventions, alongside FDA approved medications (if needed)
- Support research studies on appropriate use of pain medications, safe storage, and disposal
- Develop methods to train front-line staff on simple interventions to minimize risk factors Identify multidisciplinary treatment algorithms for alternatives to opioids for pain
- Develop rehabilitation programs for older adults



### III. Serious Mental Illness and Substance Use Disorders: Recommendations

- Promote programs offering minimally restrictive alternative living environments and SDM
- Develop utility of decision support tools
- Train clinicians to prescribe opioid analgesics with less frequency and lower doses
- Create models for transitioning patients from inpatient to less restrictive settings

# What's Next?

- Summer Hill event to discuss summary results and recommendations
- Proposed panel discussion at Healthy Aging Summit 2018
- Additional work with roundtable organizations/ participants to push for recommendations in policy, research, and health education



"Well, that was fun. But we really should get back down to business."