

Baby Boomers, Mental Health and Aging: New Challenges and Opportunities

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Session Objective

- Aging, social service, and health care providers need to know how to implement and sustain evidence-based practices (EBPs) to address substance abuse and mental health problems in older adults.
- This session will describe:
 - Important principles of aging, mental health, substance abuse, and prevention and early intervention, and
 - Key elements for implementing prevention EBPs for older adults.
 - Opportunities and challenges in the context of healthcare reform

Learning Objectives

- Participants will:
 - Understand demographic trends and important issues associated with preventing mental health and substance abuse problems in older adults.
 - Learn the principles, core components and the implementation science and processes needed to successfully implement substance abuse and mental health prevention and early-intervention EBPs for older adults.

The Demographic Imperative

- 13 percent of U.S. population age 65+; expected to increase up to 20 percent by 2030
- 83 million ‘Baby Boomers’ (born from 1946-1964) in “Census 2000”
 - Second wave ‘Baby Boomers’ (now aged 35-44) contains 45 million
- Individuals aged 85 and older are the fastest growing segment of the population.

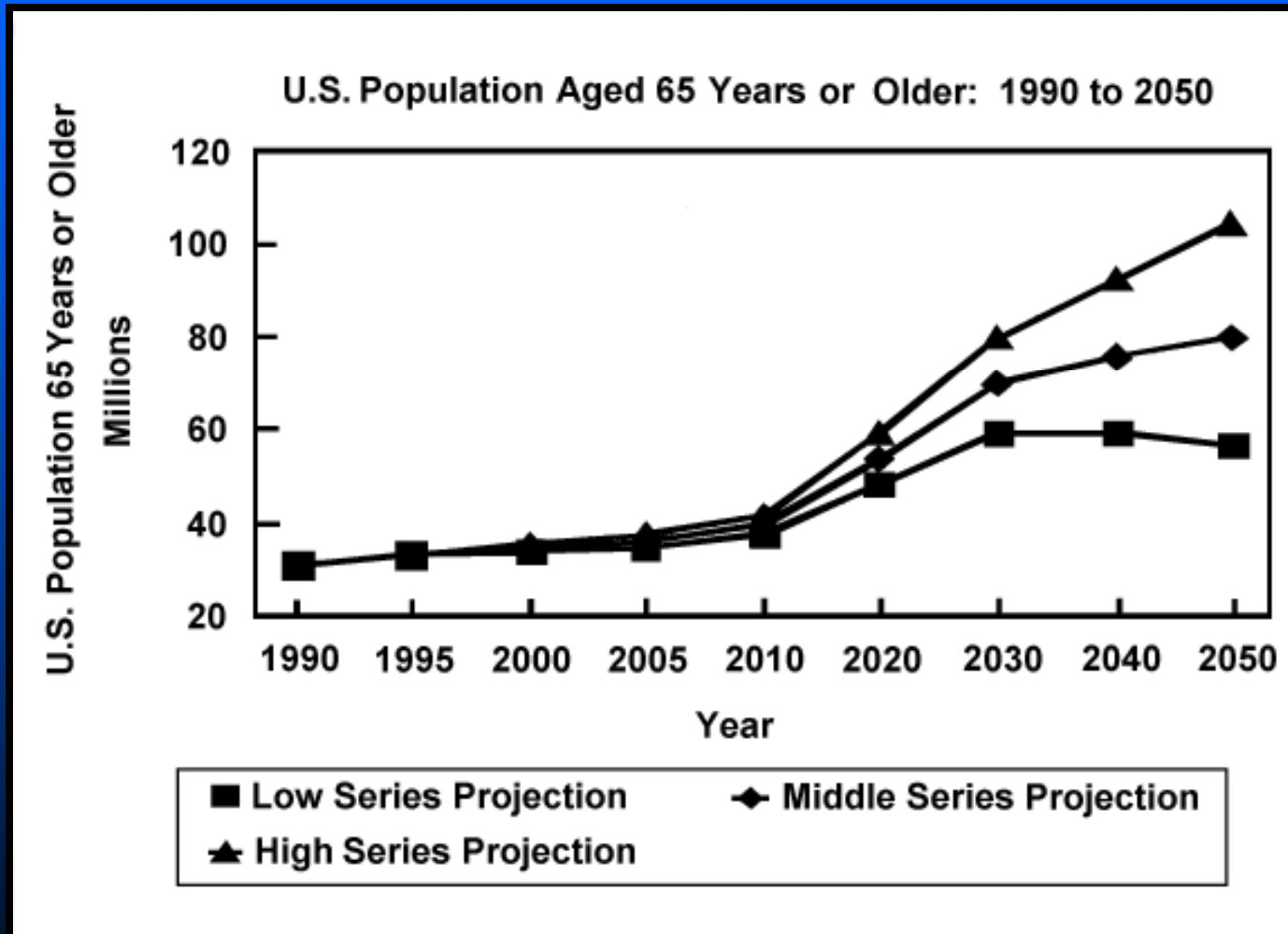


Demographic Imperative

'Baby Boomers' will start retiring in next few years

- Enormous pressure on retirement systems, health care facilities, and other services
- Major implications for substance abuse and mental health prevention and treatment

Growth of Aging Population



Ethnic Diversity

- Currently, 18% of older adults are members of racial or ethnic minority groups:
 - 8% African American, 6% Latino, 3% Asian or Pacific Islander, and <1% American Indian or Native Alaskans.
- By 2030, 26% of older Americans will be members of racial or ethnic minority groups.
- Changes in ethnic diversity will affect:
 - access and barriers to prevention and treatment,
 - older adults and care provider dynamics, and
 - the need to understand cultural differences in perception of MH/SA problems, care preferences, and response to interventions.

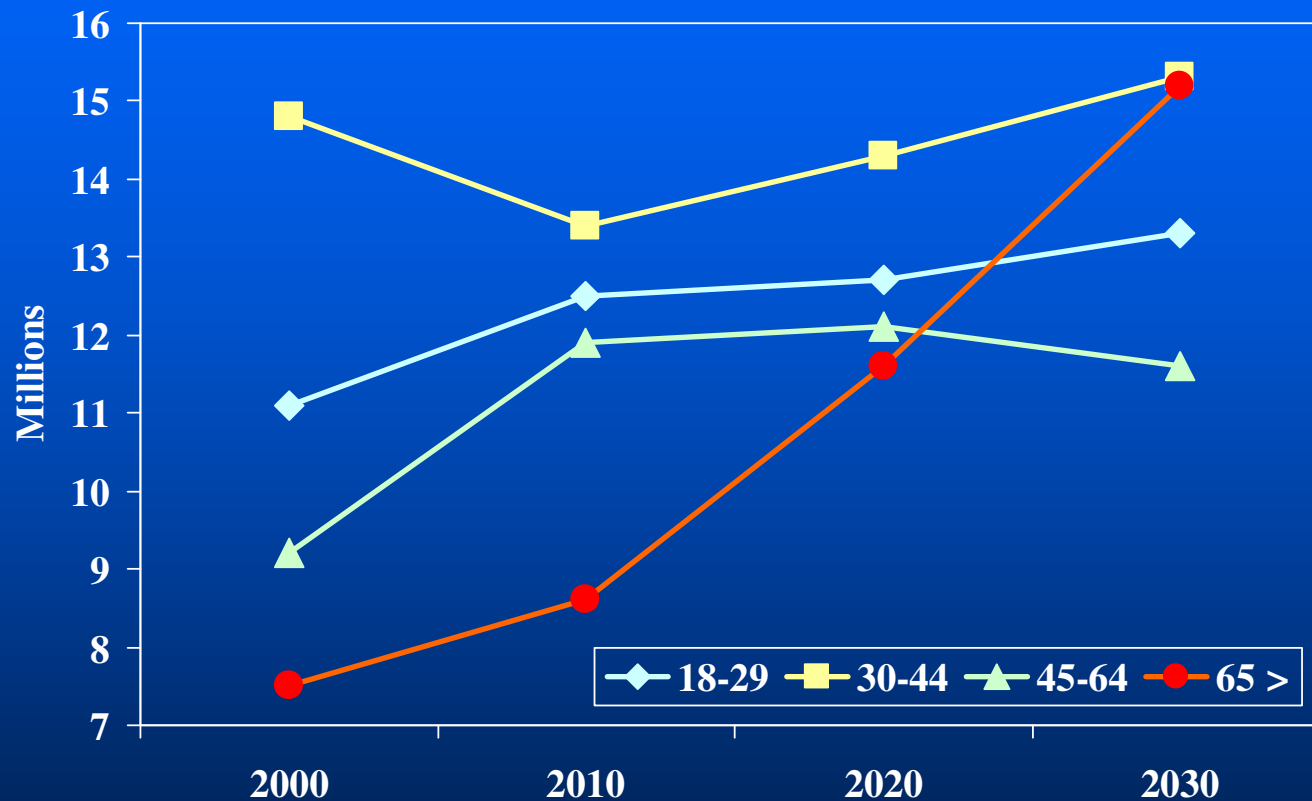
Disability and Functioning in Older Adults

- 1 of 5: chronic disabilities that impact quality of life
- 1 of 3: mobility limitations
- 1 of 3: hearing impairments
- 1 of 5: visual impairment that can not be corrected through glasses or contact lenses alone
- Age-associated memory impairments: 7 to 38% of older adults

Social Support

- Social support is related to:
 - good physical and mental health,
 - life satisfaction,
 - cognitive functioning, and
 - reduced risk of institutionalization.
- Social support / living situations:
 - 30% of older non-institutionalized people live alone
 - 55% of older non-institutionalized people live with their spouse
 - Older men are more likely to be married than older women (Men: 72%; Women: 42%)

Estimated Prevalence of Major Psychiatric Disorders by Age Group



Jeste, et al., 1999; www.census.gov

Mental Disorders in Older Persons: The Silent Epidemic

- Alzheimer's and other Memory Disorders
- Depression, Anxiety Disorders, Serious Mental Illness, Alcohol Abuse
- Suicide: Highest Rate: Among Age 75+
- Mental Disorders: 1 in 5 age 65+

Prevalence of Mental Disorders Age 65+

- Psychiatric 16.3%
- Dementia 10%
- **Mental disorders:** 26.3%
(including dementia)
- **Psychiatric disorders** 19.8%
- (based on prevalence of 30-40% of dementia complicated by depression, psychosis, or agitation).
- *Prevalence of mental health problems is heightened in institutional settings.*

Substance Abuse Among Older Adults I

Most common addictions:

- Nicotine: ~ 18–22 percent
- Alcohol: ~ 2–18 percent
- Psychoactive Prescription Drugs: ~ 2–4 percent
- Other illegal drugs (marijuana, cocaine, narcotics): >1 percent



Substance Abuse Among Older Adults II

An estimated **one in five** older Americans (19%) may be affected by combined difficulties with alcohol and medication misuse.



Depression Associated with Poor Health Outcomes

- Worse outcomes
 - Hip fractures
 - Myocardial infarction
 - Cancer
- Increased mortality rates
 - Myocardial infarction
 - Long term care residents

Comorbidity with Mental Health Disorders

- Concurrent alcohol use and depression may be more common in late life than in younger adults
- Concurrent moderate or at-risk **use** may be a much greater problem than **dependence**
- Fragmented care common—many gaps in physical health, mental health, addictions, aging services



Alcohol Abuse: Risk Factor for Psychiatric Illness

- Older adults are **three times as likely** to develop a mental disorder with a lifetime diagnosis of alcohol abuse.
- Common “Dual Diagnoses” include:
 - Depression (20-30%)
 - Cognitive loss (10-40%)
 - Anxiety disorders (10-20%)



Suicide and the Older Patient

- Older adults: Highest risk of suicide of any age group
- 70% of older adults completing suicide have seen their primary care physician in the prior month, 40% prior week, 20% same day (Conwell et al., 1994)
- Screening all primary care patients impractical... But identification of higher risk patients important

Alcohol Use and Suicide

- Alcohol abuse more prevalent in older persons who are separated, divorced, or widowed
- Highest rates of completed suicides:
 - Older white males who are depressed, drinking heavily, and who have recently lost their wives or partners



Need for Mental Health Services

- ~ 1/3 of older people in the community who need mental health services receive them.
 - Most receive MH care from a PCP.
- < 1/3 of older nursing home residents who need mental health services receive them.
- Demand for SA/MH services is likely to increase because the baby boom cohort tends to:
 - use these services more frequently than current older adult cohort
 - be less stigmatized by seeking services.

Important Issues to Consider in Working with Older Adults

- Mental health and substance abuse problems can be prevented.
- Co-occurring physical illness is the rule.
- Cognitive impairment can be a risk factor and a symptom of depression.
- Older adults take multiple medications and their bodies handle the medications differently than younger bodies. Drug-drug interactions can cause serious medical problems.
- Small amounts of substance use can cause serious problems for older adults.

Important Issues to Consider in Working with Older Adults

(continued)

- Mental and physical functioning varies widely.
- Coordination and collaboration between mental health, aging, and general medical practitioners is essential.
- Family members and other social support are critical to successful treatment.
- Maintaining independence and aging in place are common values of older people.
- Cultural differences can affect perceptions of mental health and substance abuse problems, treatment preferences, and desired treatment outcomes.

Evidence-Based Practices

Comprehensive Change

- The mental health care field is in midst of comprehensive transformation
- Broad-based movements for restructuring with eye to quality and costs
 - Effectiveness of care
 - Efficiency of care delivery
- High quality measurement is essential for successful transformation

Bridging the Gaps: EBP Implementation

- A national imperative to implement EBPs
- **Science to service gap:** scientifically proven effective practices are not widely used
- **Implementation gap:** positive outcomes achieved by research are not replicated in the field
- **Both effective interventions and successful implementation are necessary** for positive outcomes

What are “Evidence-Based Practices”?

- Evidence-based practices are services for people with mental illness (consumers) that have demonstrated positive outcomes in multiple research studies

Traditional vs. Evidence-Based Paradigms

- *Traditional*: Individual clinical experience provides the basis for practice. Authority is in proportion to individual experience.
- *Evidence-Based*: Clinicians should guide practice on the basis of replicated studies.

JAMA 1992;268:2420-2425

Evidence Based MH Programs for Older Adults

| | Promising Practice | Evidence-based Practice (EBP) |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Substance abuse | Provider and patient education <i>Project SHARE (Senior Health and Alcohol Risk Education)</i> | Brief Alcohol Interventions [SBIRT] <i>(e.g., Project GOAL [Guiding Older Adult Lifestyles]; Motivational enhancement; Brief advice; Health Profile Project)</i> |
| Medication misuse | Effective instruction formats Calendar medication blister-packs Pharmacist interventions Prescribing guidelines Home-based medication review | Not available |

Evidence Based MH Programs for Older Adults Con't.

| | | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mental health | Targeted outreach <i>Gatekeeper Program/ PATCH</i> Interpersonal therapy (IPT) Exercise Care provider interventions | Problem-solving therapy (PST) <i>PEARLS</i> Integrated care of mental health problems in a medical care setting <i>(e.g., IMPACT)</i> |
| Suicide | Telephone-based support <i>(TeleHelp-TeleCheck)</i> | Treatment of depression <i>(PROSPECT - protocol-driven treatment of depression delivered by a care manager)</i> Placing limits on analgesic packaging |
| Co-occurring disorders | Concurrent treatment of substance abuse and mental health problems | Not available |

Hierarchy of Evidence for Effectiveness for Research Studies

- A meta-analysis or systematic review of well-designed randomized controlled trials (RCTs)
 - RCT is strongest type of experimental design
- One or more properly designed RCTs
- Studies without randomization
 - (i.e., single group pre-post, cohort, time series or matched case-control studies)
- Other quasi-experimental studies from more than one center or research group
- Expert reports and authorities' recommendations based on descriptive studies or clinical evidence

Outcomes and EBPs

- Client outcomes are the foundation of evidence-based practices
- Key component of implementation of EBP is monitoring and use of client outcome data
- Current data systems generally do not capture relevant client outcomes or are unable to produce meaningful and timely reports
- Providers must find ways to develop evidence-based practices information systems that are easy to implement and to maintain

Translating Research into Practice

- Simply disseminating guidelines or identifying evidence-based practices does not change practitioner behavior
- Conventional educational venues (like this one!) generally ineffective
- Specific mechanisms and resources are necessary to ensure implementation at the practitioner level
- Implementation is key

Supporting Practice Change and EBP Implementation

- Change is most likely to occur and be sustained if all the major stakeholders are engaged & involved
- Materials developed for each of the key stakeholder groups involved in implementation
 - consumers of mental health services
 - family members and other supporters
 - practitioners and clinical supervisors
 - program leaders of mental health programs
 - public mental health authorities
- Integrated Assessment, Service-Planning, and Outcome Evaluation Toolkits

Lessons Learned: Practitioner Requirements for Successful Outcomes Improvement Systems

- Don't add paperwork!
 - Replace existing documentation requirements
- Integrate evaluation into the clinical context of assessment and service planning
- Provide added value (e.g., toolkit with measures, practice guidelines and tips)
- Be practical, easy to use, and respect the clinician's knowledge and skills

Lessons Learned: Consumer Requirements for Successful Outcomes Improvement Systems

- Self-report measure should be 15 questions or less
 - Include option for family member or caregiver proxy
- Standardized interview instruments should be brief (fit on one page) and dichotomous questions
- Collaboration with clinician in assessing outcomes and selecting treatment targets

SAMHSA Implementation Toolkits

- Illness Management and Recovery
- Medication Management Approaches in Psychiatry
- Assertive Community Treatment
- Family Psychoeducation
- Supported Employment
- Co-occurring Disorders: Integrated Dual Diagnosis Treatment

Implementation Kit Resources

- Set of materials—written documents, videotapes, PowerPoint presentations, and a website—that support implementation of a particular treatment practice
- Materials address three implementation stages of change:
 - engaging and motivating for change (why do it)
 - developing skills and supports to implement change (how to do it)
 - sustaining the change (how to maintain and extend the gains)
- Info: <http://www.mentalhealth.samhsa.gov/cmhs/>
- To order: 1-800-789-2647

Implementation Resource Kit: Treatment of Depression in Older Adults



Implementation Resource
Kit: Treatment of
Depression in Older
Adults

Available soon



Get Connected!

– Linking Older Adults With
Medication, Alcohol, and
Mental Health Resources

– AVAILABLE @
WWW.SAMHSA.GOV



Future EBPs and Promising Practices

- Current list of six identified practices not intended to be complete or exclusive
- Other treatment EBPs are being identified and will be promoted
- Some promising practices being researched
 - peer support programming
 - supported housing
 - trauma services
 - treatment for people with borderline personality disorder

Putting it all together

- An assessment and service planning process
 - Defining quality and outcomes
 - Intersection of outcome assessment, quality improvement, and evidence-based practices
- Toolkits can help practitioners implement evidence-based practice
- Evaluation can help practitioners document and see for themselves improvements in quality and outcomes

Accountability

- New approaches to accountability
 - Move beyond service utilization
 - More focused on demonstrating how treatment affects outcomes
 - Increased role for consumers' perspectives of functioning and well-being
 - Focus on what types of care are most effective for whom and in what settings and circumstances

How does measurement fit into all this?

- Measurement is the way we monitor effectiveness and efficiencies of care delivery
- Measurement is key in the development and implementation of evidence-based practice
 - Measurement provides the “evidence” in evidence-based practice
 - Measurement also monitors the implementation of evidence-based practices
 - Are we following the right procedures for the practice?
 - Are our clients receiving the intended practice?
 - Is the practice working?
- Measurement is evaluation...

Evaluation

- **What is it?**
 - Evaluation is the systematic collection and analysis of data (or in plain English, "information") about program results.
- **Why am I doing it?**
 - Usually, because you have to.
 - Funding sources are increasingly requiring evaluation results.
 - There are other good reasons...

What is Evaluation used for?

- **Justification**
 - Evaluation helps you justify delivery of services.
- **Documentation**
 - Evaluation helps you demonstrate that the program objectives were met.
- **Accountability**
 - Evaluation helps you show that funds are spent appropriately and efficiently. That means money is used for services and the maximum number of people is served.
- **Decision-making**
 - Evaluation helps you make informed decisions about the program's future direction.

What is Evaluation used for?

- **Helping program participants**
 - Evaluation helps you determine the effectiveness of a treatment or other therapeutic program for its participants. That means looking at whether their lives have improved as a result of the program.
- **Helping program managers**
 - Evaluation helps you ensure continuous improvement in management and service delivery.
- **Getting more money for your program**
 - Evaluation helps you gain support for your program or project funding. Besides the Federal Government, funds may be available from State and local agencies and private organizations.

What is Evaluation used for?

- **Providing information to the field**
 - Evaluation can provide new information about service delivery. This may be useful to staff and participants or others who wish to replicate your program.
- **Improving your program**
 - Seeing what worked and what didn't can help you make changes.
- **Tormenting program staff**
 - Yes, if it isn't done well, an evaluation can be as fun as starting your taxes the day before they're due.

Outcomes Evaluation:

What effect are we having?

- An **outcome evaluation** focuses on the results of the program. An outcome evaluation is typically conducted during the course of a program or service line. It assesses whether the objectives were achieved.
- These evaluations try to measure what the program achieved versus what would have occurred without the program.


Adapting Principles of Implementation Research for Older Adults

The National Implementation Research Network:

<http://nirn.fmhi.usf.edu/>

The National Implementation Research Network 4/29/08 8:07 AM

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 **nirn** National Implementation Research Network

Top Resources

1. [Implementation Research: A Synthesis of the Literature](#)
2. [A review of - The Fairy Godmother and Her Warts: Making the Dream of Evidence-Based Policy Come True](#)
3. [PBIS Maryland \(Positive Behavioral Interventions and Supports\)](#)
4. [The California Evidence-Based Clearinghouse for Child Welfare \(CEBC\)](#)
5. [Evidence-based education to benefit students and society](#)
6. [Access, Capacity and Implementation Strategies of Developers of Evidence-Based Programs](#)
7. [ImpleNet: E-Newsletter of the NIRN, Fall 2006](#)

[See all resources](#)

Recommended Events

- [21st Annual Research Conference: A System of Care for Children's Mental Health: Expanding the Research Base](#)
- [Blueprints Conference: Evidence-Based Programs: Research to Practice](#)
- [Society of Behavioral Medicine 29th Annual Meeting and Scientific](#)

<http://nirn.fmhi.usf.edu/> Page 1 of 3



EBP Implementation Guide: Table of Contents

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3. Summary of the State-of-the-Art of Implementation Science
4. Adaptation of Existing Implementation Materials
5. Characteristics of Older Adult Populations

PART 2: Implementation of Evidence-Based Practices for Older Adults

6. Prevention and Early Intervention Among Older Adults
7. **Adapting Implementation to Older Adult Settings and Providers**
 1. **Implementation Principles**
 2. **Core Implementation Components**
 3. **Implementation Process**
8. Training for Service Providers Working with Older Adults
9. Summary and Key Recommendations

Implementation Principles

1. Implementation strategies must adapt to the different provider and service delivery settings serving older adults
2. Organizational change must target the unique needs and financing of services for older adults
3. Implementation of evidence-based prevention practices is a process, not an event
4. Implementation is enhanced by having older adult advocates and “purveyors” of the evidence-based practice or program

Requirements for Successful Implementation

- Resources
- Time
- Organizational change
- Attend to all principles, components, and stages of implementation
- Fidelity to the model

Core Implementation Components

1. Systems Interventions
2. Staffing
3. Training/Coaching
4. Program evaluation
5. Administrative support

Summary

- Both effective programs and successful implementation are necessary for positive outcomes
- Selecting an EBP requires that you select a program that best matches your needs and characteristics and your target population
- Adaptation may be necessary. It is important to pay attention to essential core components of intervention and implementation.
- Adaptation should happen after the EBP has been implemented with fidelity and necessary adaptations have been identified and planned.
- Implementation is a process.

Health Care Reform:
Implications for Behavioral
Health for Older Adults

How proposed reforms may affect health care providers

- Reduced Medicare payments to hospitals
 - Bundling payments
 - 30 Day Readmission
- Increased payments to primary care providers
 - Concept of medical home
 - Accountable Care Organizations
- Paying for performance
 - Eliminating unnecessary costs

Current legislation

- What is the current reform being discussed surrounding older adults and mental health?
 - Positive Aging Act of 2011 (S. 525) which supports better training of primary care practitioners in identifying mental disorders in their geriatric patients
 - America's Affordable Health Choices Act of 2009
 - The Retooling the Health Care Workforce for an Aging America Act (H.R. 468)

America's Affordable Health Choices Act of 2009

- Allowing older adults more options for mental health coverage
 - Expanding professionals that are reimbursed
- End of life provisions
 - Allowing older adults access to speak with a counselor about end of life decisions
 - Paid for by Medicare

The Retooling the Health Care Workforce for an Aging America Act (H.R. 468), cont.

- Training:
 - Expand training for those professionals that are involved in the care of older adults
 - Require core competencies for those that provide services, including: home health workers and care givers.
- Analysis
 - Calls for an analysis of current treatment methods and models

The Retooling the Health Care Workforce for an Aging America Act (H.R. 468), cont.

- Comprehensive treatment and education
 - The creation of a National Resource Center for Older Adults
 - Linking educational institutions to social service agencies that serve older adult populations
- Medicare revisions
 - Requesting the inclusion of family caregivers into Medicare benefits.

Trends in legislation

- Linking PCP and mental health, care coordination
- Linking educational institutions to existing programs and agencies
- Increased opportunities for training professionals to work with older adults
- Increased opportunities for research
- Increased funding for mental health services

What else should we be discussing?

Opportunities and Challenges:

Where are mental health and aging included in health care reform and what are areas that need more attention?

Health Care Reform And Geriatric Mental Health

- The Patient Protection and Affordable Care Act (H.R. 3590) was signed into law, March 23rd, 2010
 - The bill included initiatives in four key areas which are directed at improving mental health support for older Americans
 - Workforce development; integration of mental health and health care; prevention and quality initiatives; and changes to Medicare and Medicaid

Health Care Reform And Geriatric Mental Health

- Workforce Development
 - Health care reform provides substantial appropriations for expanding and enhancing:
 - Geriatric degree programs
 - Fellowships in geriatric education
 - Loan forgiveness for those in geriatric educational programs
 - Funding for interdisciplinary training for mental health professionals

Health Care Reform And Geriatric Mental Health

- Workforce Development, cont.
 - In academic year 2009-2010, 3,751 older adults received psychiatric care through the Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professionals
 - This program supports the training of individuals in these disciplines to teach the next generation of geriatric and gerontology professionals

Health Care Reform And Geriatric Mental Health

- Integration of Mental Health and Primary Care
 - Care coordination is created through the establishment of medical homes where primary care physicians bring mental health professionals and other specialists into their practice
 - Individuals with severe mental health issues can designate a mental health agency as their medical home
 - The bill includes a \$50 million annual appropriation for the federal Substance Abuse and Mental Health Service Administration (SAMHSA) to co-locate primary care and other specialty care on-site, in community mental health centers

Health Care Reform And Geriatric Mental Health

- Prevention And Quality
 - Health Care Reform establishes the National Prevention, Health Promotion and Public Health Council within the Department of Health and Human Services
 - Calls for the establishment of a National Center for Excellence in Depression focused on improving depression treatment
 - Calls for a National Strategy for Quality Improvement in Health Care
 - Allocates funds for community based prevention programs and research, patient centered outcomes and innovative payment models research and enhanced data collection

Health Care Reform And Geriatric Mental Health

- Changes in Medicare and Medicaid
 - Calls for the creation of the Medicare and Medicaid Center for Innovation which will pilot a number of delivery models that integrate health care and mental health
 - Gradually will close the Medicare part D donut hole which could lead to greater prescription compliance for older adults on psychotropic medications
 - Calls for the waiving of cost sharing fees associated with mental health prevention efforts

Health Care Reform And Geriatric Mental Health

- Although screening tools for depression and cognitive impairments have been included as a part of the annual wellness visit (AWV) as designated by health care reform, these screens are not specifically targeted to older adults.

Opportunity

**Evidenced Based Toolkits for Mental
Health Professionals:**

**Informing policy based on outcome
studies and standardized treatment**

Opportunity

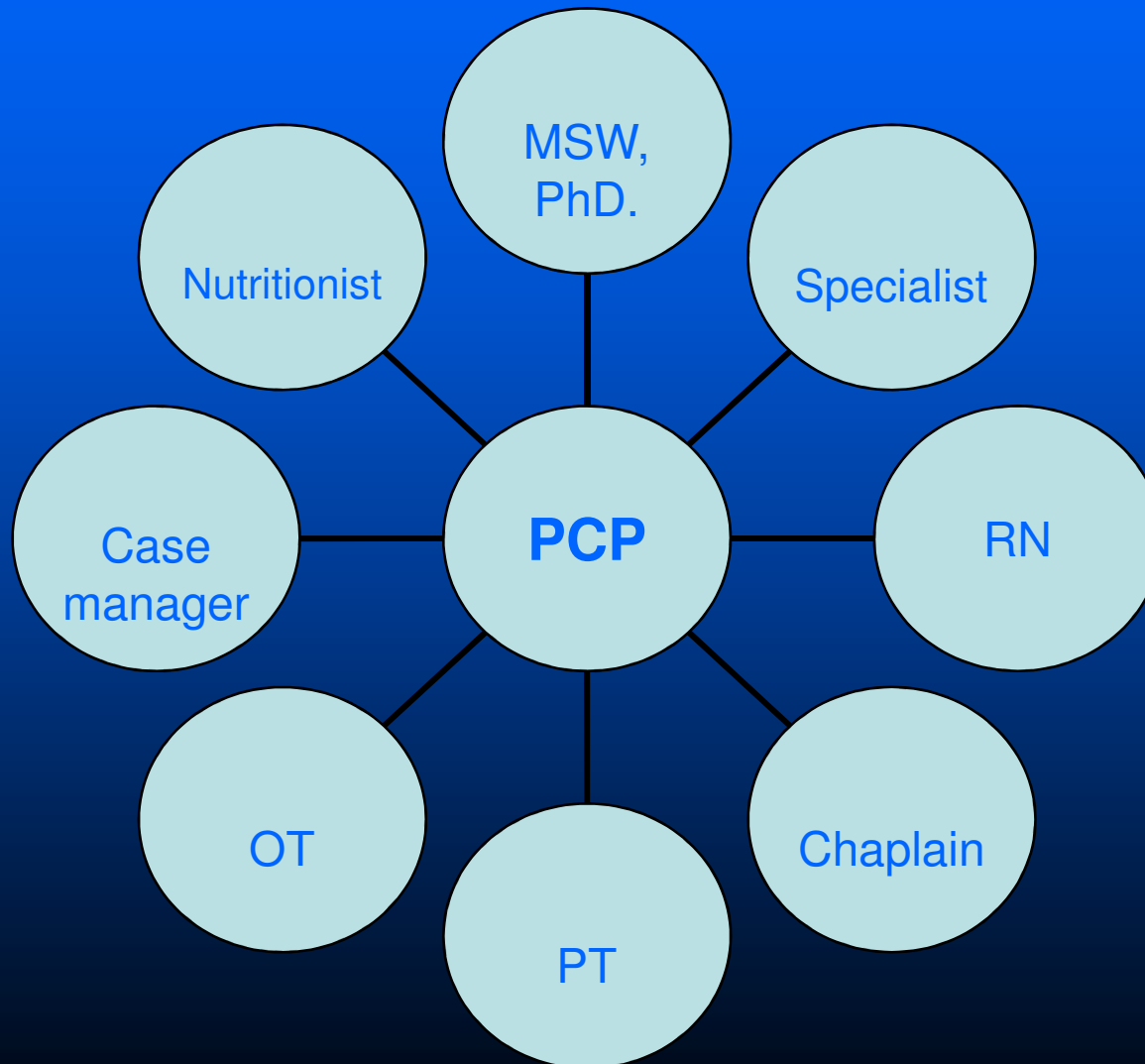
- Standardized, evidence based treatment
 - EBP toolkit from SAMHSA:
 - Detailed instructions on how to structure EBP; how to monitor for success, compliance, and eligibility.
 - Essential features: standardized assessments, trained staff, individualized treatment, supervision, monitoring program and its functioning, client choice, and outcome measures
 - Soon-to-be-released: Older adults and depression

Power, A.K. United States Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2005). *Evidence-based practices: Shaping mental health services toward recovery* Washington D.C.: Retrieved from <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/>

Opportunity

Medical Home Model and
Care Coordination:
Increasing access to services
and bundling care

Medical Home Model



Opportunity

- **Medical Home Model and Care Coordination**
 - **Goals:**
 - Develop rapport with patient
 - Coordinate patient care with team
 - Monitor symptoms and maintain care plan
 - Maximize treatment plan adherence through team communication
 - Payment bundling

Mauer, B.J. (2009, April). *Behavioral health/Primary care: Integration and the person-centered healthcare home*. Retrieved from

<http://www.thenationalcouncil.org/galleries/policyfile/Integration%20and%20Healthcare%20Home.pdf>

Opportunity

- **Medical Home Model and Care Coordination**
- Outcomes thus far, motivation to continue researching:
 - Doubled the effectiveness of care for depression
 - Resulted in increased physical functioning and decreased pain
 - Lower long term healthcare costs

Mauer, B.J. (2009, April). *Behavioral health/Primary care: Integration and the person-centered healthcare home*. Retrieved from <http://www.thenationalcouncil.org/galleries/policy-file/Integration%20and%20Healthcare%20Home.pdf>

Opportunity

- **Medical Home pilot program**
 - Includes:
 - Independent/private homes
 - Community Based Medical Homes
 - Lobbyists requesting that:
 - Mental health professionals are included in program
 - Classifying these homes as “Health Care Homes” to support a holistic approach to health care

Challenges

**Care coordination between Community
Mental Health Centers and
Federally Qualified Health Centers:
Bridging the gap**

Challenges

- **Joining forces: CMHC and FQHC**
 - As the trend in reform becomes the concept of a medical home, there is an opportunity to link community mental health services with federally qualified health centers that are providing general medical care
 - How can we continue to bridge this gap?

Challenges

**The need for further research:
Outcomes for older adults to inform
policy and encourage mental health
inclusion**

Challenges

- Areas needing increased research
 - Potential to show the needs in terms of current programs: Sustainability
 - Programs reaching capacity: Demonstrating need
 - Effective and positive program outcomes: how mental health needs can affect the country and economy as a whole

Clay, R.A. (2009). Unfair access: APA works to eliminate disparities as the nation looks to reform its health-care system. *Monitor on Psychology*, 40(7): 50-51.

Issues for the Future

- Gaps in aging, mental health, and substance abuse services networks
- Time available to intervene
- Use of new technologies for screening /interventions
- Role of families in prevention and treatment
- Optimization of intervention strategies (stepwise)
- Special populations: racial/ethnic minorities, women, homebound, mentally ill

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