



MENTAL HEALTH & AGING ISSUES

Presented by Dr. Beverly Kidder
Agency on Aging of South Central Connecticut

ISSUE 1. VOLUME

Twenty percent of people over 55 suffer from a mental disorder, and 2/3rds of nursing home residents exhibit mental and behavioral problems. Yet, **less than 3%** of older adults report seeing a mental health professional for their problems.

ISSUE 2. UTILIZATION

Older Americans underutilize mental health services because of:

- inadequate funding
- lack of collaboration and coordination access barriers;
- stigma
- denial
- lack of trained professionals

ISSUE 3. IMPACT ON HEALTH

- Depressed immune and cardiac functions, susceptibility to infection, pain, asthma and recovery from surgery.
- Distressed patients utilize health care at a rate of two to three times higher than non-distressed patients
- Habits associated with depression contribute to the onset of chronic illnesses

ISSUE 4. DIVERSITY

- Older adults represent a rapidly growing and diverse subgroup of the American population.
- One-fifth of older adults are currently members of racial or ethnic minority groups (8% African American, 7% Hispanic/Latino, 3% Asian, and 1% AI/AN, Native Hawaiian, or Pacific Islander),
- It's projected that 42% of the older adult population will be members of racial or ethnic minority groups by 2050.
- Substantial work is needed to identify diverse groups of older adults and engage them in behavioral health services. It is estimated that up to one-fifth of older adults



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| | Caucasians | Latinos | Asians | African-Amer | African-Carib |
|-------------------------------|------------|---------|--------|--------------|---------------|
| Depression: Lifetime | 12.20% | 16.40% | 7.70% | 5.40% | 8.10% |
| Anxiety: Lifetime | 13.50% | 15.30% | 10.00% | 11.90% | 11.20% |
| Depression: Last 12 Months | 3.20% | 8.00% | 2.10% | 2.30% | 4.60% |
| Anxiety: Last 12 Months | 5.60% | 6.80% | 7.00% | 6.60% | 1.00% |

- Despite the need for mental health services, older African Americans and Latinos are not seeking mental health services at the same rate as their non-Latino Caucasian counterparts.
- Beliefs about the causes of mental illness and stigma associated with mental health services may explain some disparities in the rates of use of mental health services among elderly racial/ethnic minorities
- The rates of depression, suicidality, and substance misuse are higher in the older LGBT population
- LGBT have elevated risk of suicide attempts and
- Rates of heavy drinking and smoking are reported to be much higher among LGBT

ISSUE 5 DEPRESSION

- As many as 20% of older adults in the community and up to 37% of nursing home residents suffer from depression, a condition that may lead to suicide.¹
- Symptoms of depression and anxiety in older Americans are overlooked and untreated because they often coincide with other medical illnesses or life events that commonly occur as people age (e.g., loss of loved ones).³
- Even though older Americans only make up 13% of the population, they account for 20% of the people who commit suicide. In fact, **older Americans have the highest suicide rate of any age group.**
- Three-fourths of older adults who commit suicide have seen their physician in the past month.



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ISSUE 6.DEMENTIA

- Dementia, afflicts as many as **7%** of Americans over the age of 65 and **30%** over age 85. People with dementia often suffer from depression, paranoia, and anxiety.
- Alzheimer's disease affects between 2.6 to 4.5 million Americans age 65 and over.
- It is expected to increase to more than 22 million people by 2025.
- The number of Alzheimer's disease cases doubles every five years from age 65 to 85

ISSUE 7.SUBSTANCE ABUSE

- Alcohol abuse is a major problem for older Americans and is **one of the eight leading causes of death** for older persons.
- It is estimated that **17%** of older adults misuse and abuse alcohol and medications.
- Although the majority (87%) of older adults visit a physician regularly, about 40% of those who are at risk for substance abuse problems do not self-identify or seek services and are unlikely to be identified by their physicians.

The misuse and abuse of alcohol is unique. Problems go unrecognized and, undertreated. Usual diagnostic criteria are difficult to apply Prevalence of ranges from 1 % to 16 % Estimates are the highest among people seeking health care

- 14% of men and 3 percent of women older than age 65 engage in binge drinking.
- Association between depression and alcohol continues into later life.
- A number of older adults also suffer from increased anxiety.
- Depression and alcohol use are the most commonly cited co-occurring disorders in older adults.
- Drinking increases depression.

SBIRT is a comprehensive model for addressing at-risk alcohol use, problem use, and dependence in a variety of health care settings.

Screening quickly assesses the severity of substance use and identifies the appropriate level of intervention.

Brief interventions focus on increasing insight into and awareness of substance use and motivation for behavioral change. Referral to treatment provides access to specialty substance abuse assessment and care, if needed.



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ISSUE 8. SUICIDE IN OLDER ADULTS

- An estimated 8,618 older Americans (ages 60+) died from suicide in 2010.
- Although the rate of suicide for women typically declines in older age, it increases with age among men.
- Older men die by suicide at a rate that is more than seven times higher than that of older women.
- The incidence of suicide is particularly high among older, white males (30.3 suicides per 100,000).
- Notably, the rate of suicide in the oldest group of white males (ages 85+) is over four times higher than the nation's overall rate of suicide
- Older adults are less likely to be rescued, and are more likely to die from a suicide attempt than younger adults.
- Firearms are the most common means of suicide in older adults (67%), followed by poisoning (14%) and suffocation (12%).
- Older adults are nearly twice as likely to use firearms as a means of suicide than are people under age 60.

The lethality of older adult suicide attempts suggests that interventions must be aggressive and that multiple prevention methods should be used

Prevention of suicide in older adults requires many different strategies.

Universal prevention focuses on the entire population. These strategies try to reduce risk factors for suicide and improve older adult health. They are usually done through providing information and improving the skills of older people and their caregivers.

Selective prevention targets people who are at increased-risk for suicide, but who may not display suicidal thoughts or behavior.

Because of the close association between depression and suicide, the detection and effective treatment of depression are keys to reducing suicides.

Routine screening for depression is key.



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ISSUE 9.MEDICATION MISUSE

- Older adults are among those **most vulnerable** to medication misuse and abuse
- They are likely to experience more problems with relatively small amounts of medications.
- High risk for medication misuse due to conditions like pain, sleep disorders and anxiety
- Approximately 25 percent of older adults use prescription psychoactive medications that have a potential to be misused and abused.
- Older adults are more likely to use psychoactive medications for longer periods than younger adults. Longer periods of use increases the risk of misuse and abuse.

Preventing psychoactive prescription medication misuse and abuse requires a coordinated system of care that integrates medical/ physical health, behavioral health, and the aging services networks to fully address this growing problem.

ISSUE 10 CAREGIVERS

- **Thirty-two percent** of caregivers report that they care for someone with emotional or mental health issues.
- Caregivers often have to respond to rapidly changing needs, manage symptoms, ensure adherence and serve as care coordinators and personal advocates .
- Caregivers assume supportive functions because of the scarcity of mental health services.



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KEY ACTIONS FOR THE AGING SERVICES NETWORK

- Integrate screening and brief interventions into existing programs, such as medication reviews.
- Implement depression and pain management programs, such as Healthy IDEAS, PEARLS, and the Chronic Pain Self-Management Program, to address common problems among older adults that can lead to psychoactive prescription medication misuse.
- Become familiar with and build relationships with substance abuse prevention and treatment providers in your community for cross-referrals and collaborative programs.

CHANGING HEALTH CARE LANDSCAPE

In leveraging new health care financing opportunities, the aging services and behavioral health providers can reengineer themselves to survive in a fiscally challenging environment.

Aging and behavioral health service providers can also forge a more sustainable path forward by moving away from models that rely on ever-diminishing state and federal grant funding



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ACCOUNTABLE CARE ORGANIZATIONS (ACOs)

An ACO is an association of health care providers that agrees to be accountable for the quality, cost, and overall care of a group of patients.

Many ACOs are being developed through partnerships between provider organizations and private insurers, Medicare, or Medicaid programs

Some of these partnerships integrate behavioral health services with primary health care services for older adults.

Aging service and behavioral health providers can adopt and embed scalable, practical behavioral health interventions for older adults into existing services.

Examples:

- SBIRT, a comprehensive model for addressing alcohol and psychoactive prescription misuse in a variety of health-related settings.
- IDEAS (Identifying Depression, Empowering Activities for Seniors)
- PEARLS) Program for Encouraging Active Rewarding Lives for Seniors
- IMPACT: Improving Mood, Promoting Access to Collaborative
- Treatment (Collaborative depression care management interventions)
- PST (Problem-solving therapy)
- Interpersonal therapy

Long-term services and supports are central to ACA and related community living initiatives.

Health care providers will continue to be driven toward closer collaboration to prevent hospital readmissions.

Community mental health, substance abuse, and aging providers have expertise serving these target populations in the home and community and have credibility with older adults.

Aging service providers can capitalize on new opportunities by positioning themselves as a specialty provider of long-term services and supports