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STATE HEALTH LAWMAKERS' DIGEST

POLICY, RESEARCH AND PRACTICES TO INFORM THE DECISION-MAKING PROCESS

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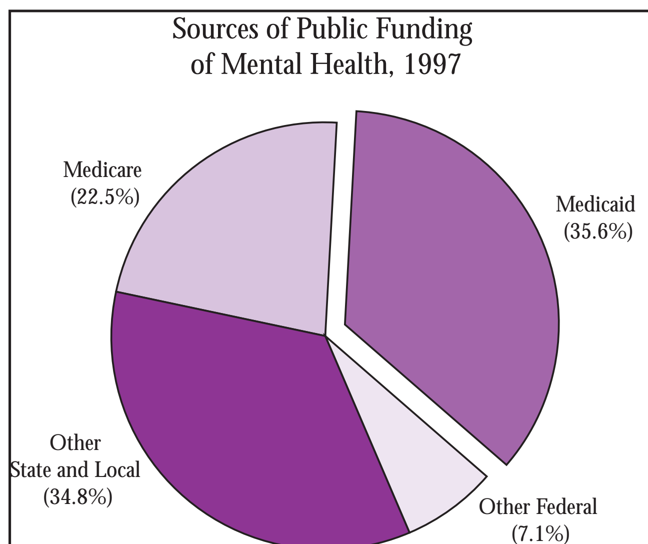
MENTAL HEALTH & AGING

Of the estimated 40 million Americans who will be 65 or older by 2010, more than 20 percent will experience some type of mental health problem, the American Association for Geriatric Psychiatry estimates. Depression is particularly prevalent. Anywhere from 8 percent to 20 percent of the elderly experience symptoms of the disorder, which may help to explain why older Americans have the highest suicide rate of any age group. For white men age 85 and older, for example, the suicide death rate in 1999 was 59 per 100,000, more than five times the national rate of 10.7 per 100,000.

Despite the breadth of the problem, however, a number of studies suggest that older adults underutilize mental health services, for a variety of reasons. Besides the stigma that still surrounds mental illness and its treatment, barriers include a fragmented service delivery system, a dearth of appropriately trained providers and a lack of funds to pay for the services.

Even in nursing homes, where teams of medical professionals monitor the health conditions of residents, mental health problems go largely undiagnosed and untreated. According to the American Psychological Association, for example, two-thirds of elderly nursing home residents exhibit mental and behavioral problems but less than 3 percent report seeing a mental health professional.



Source: Coffey, R., *et al.* (July 2000). National Estimates of Expenditures for Mental Health and Substance Abuse Treatment, 1997. Office of Organization and Financing, Substance Abuse and Mental Health Services Administration; Rockville, MD.

Older persons with serious mental health problems who require treatment fall into two distinct groups: people with a long-standing chronic mental illness and people with late-onset illnesses, typically depression or anxiety disorders. Because many of those in the first group have been disabled during their adult working years, they are more likely to qualify for Medicaid and thus are more likely to receive services than those with late-onset mental illness. Those in the second group—significantly larger in number—are less likely to receive treatment for their disorder, unless they have been formally admitted to a private or public psychiatric hospital.

Funds for mental health treatment derive from an array of sources: state and local governments, Medicaid and private insurance. In addition, states receive federal money under Mental Health Services Block Grant. (Please see chart this page for breakdown of public spending.) Medicare, which picks up the bulk of the tab for health services for the 65-and-over population, reimburses for some mental health services, but coverage is very limited—outpatient prescription drugs are excluded, for instance—and requires substantial cost sharing for many of the services that are covered. Medicare only covers 50 percent of outpatient mental health services.

Because Medicare fees are based on the amount of time involved in rendering a given service to a typical adult patient, not a geriatric patient, many mental health providers are reluctant to accept older, mentally ill patients. And because seniors with a mental illness often have chronic mental health problems, moreover, they require more coordination of care with other health professionals and family caregivers. Again, Medicare does not pay for care coordination.

Another barrier to treatment is a shortage of trained providers—not just those who specialize in geriatric mental and behavioral health care but those who provide primary health care services to older adults as well. Training opportunities for those entering and currently working in the field must include multidisciplinary cross-training, experts say, if treatment of the problem is to improve.

Continued Inside

This edition of State Health Lawmakers' Digest highlights:
- research findings;
- promising practices; and
- resources for states.

Information useful to states as they consider policy changes designed to improve mental health care for older adults.

In The Abstract

Mental Health: A Report of the Surgeon General–Older Adults and Mental Health

STUDY AND RESULTS: This report is written as a companion to *Mental Health: A* Report *of the Surgeon General* (1999), which was produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Health (NIH). The report highlights major issues in the field of mental health and aging and discusses efforts to address these issues, including community-based services. It also gives an overview of the important research, barriers and policy solutions.

WHAT'S IMPORTANT: Older Americans have made very little use of mental health services, and only half of older adults who acknowledge mental health problems receive treatment from any health care provider; only a fraction of those receive specialty mental health services.

FIND THIS STUDY: U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General—Older Americans and Mental Health*. Rockville, Md.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. This report also is available online at http://www.aoa.gov/mh/report2001/default.htm.

Mental Health Services for the Elderly: Key Policy Elements

STUDY AND RESULTS: This chapter of a book examines utilization of mental health services, barriers to services, and funding and revenue sources. It lists patterns of mental health service utilization with inpatient and outpatient services for older adults. The authors found the majority of psychiatric inpatient care (64.5 percent) for those age 65 and older was provided in general hospitals. The elderly also receive disproportionately fewer outpatient services than other groups from community mental health services. The lack of funding and revenue sources for mental health services is addressed in this chapter. Federal funds— including Medicare, the federal share of Medicaid, and block grant funds—accounted for 26 percent of total funding in 1990, while state and local funds accounted for 28 percent. The remaining 46 percent of mental health funding came from out-of-pocket payments, private insurance and philanthropy (see pie chart).

WHAT'S IMPORTANT: In the absence of a comprehensive mental health policy for the elderly, older adults will continue to be overlooked in an increasingly fragmented mental health service delivery system. The unique needs of the older adults—both physical and mental—need to be addressed, and general, long-term, and mental health care systems need to work together with, not independent of, each other. It is important that policies and funding strategies at both the federal and state levels permit adequate care for physical, social and mental health needs of the elderly. Mental health systems reform is needed to ensure universal access to the comprehensive mental health benefits that older adults need.

FIND THIS STUDY: Estes, Carroll L. *Emerging Issues in Mental Health and Aging.* Washington, DC.: American Psychological Association Publishers, American Psychological Association, 1995.

Mental Health Services in Assisted Living Facilities and Nursing Homes

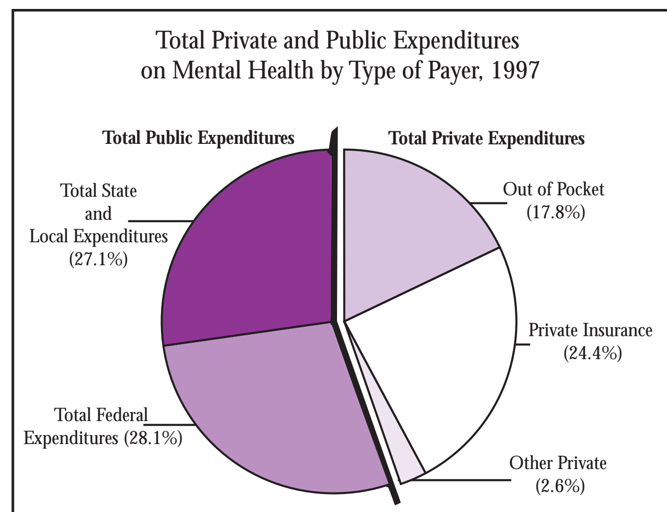
STUDY AND RESULTS: Analyzing Florida's administrative data, this article presents findings on mental health service use and cost of care for poor older people. There were 7,951 Optional State Supplementation (OSS) adults residing in assisted living facilities; 4,091 (51.4 percent) had at least one Medicaid mental health service claim during the 12-month period. This study found that the demand for assisted living facilities is high and will continue to grow with the aging population. However, to date there is insufficient information to conclude that reimbursement rates for assisted living facilities should be adjusted to account for severity of illness and resource use because many states now provide for nursing home care.

WHAT'S IMPORTANT: Meeting the health, mental health and residential needs of older adults presents a major challenge to all states. Assisted living policy is—and will remain—a crucial issue because of the important role assisted living facilities play in the continuum of long-term care for older individuals. Future research should explore the relationship between costs of care and case mix or severity of illness.

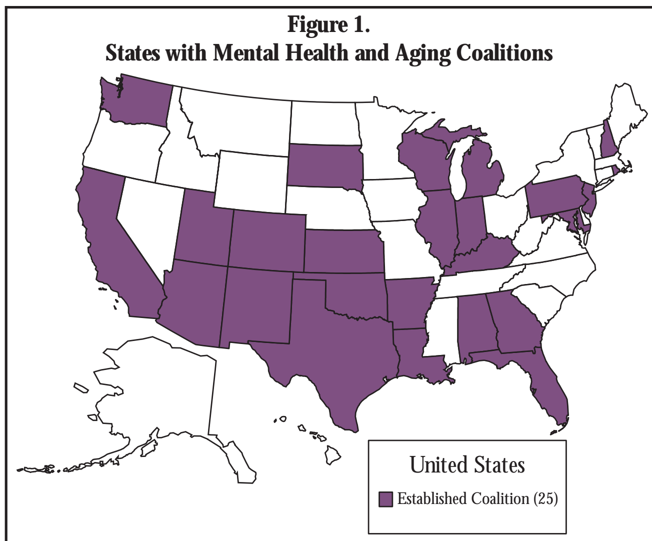
FIND THIS STUDY: Becker, Marion., Stiles, Paul., and Lawrence Schonfeld. "Mental health service use and cost of care for older adults in assisted living facilities: Implications for public policy." *Journal of Behavioral Health Services and Research,* 29, no. 1 (2002): 91-98.

Parity Coverage of Mental Health

STUDY AND RESULTS: Conducted by the Indiana Division of Mental Health and Addiction, using 1999 Indiana nursing home data, this study found that, within seven days prior to the data collection, 29.3 percent of all nursing home residents in the state had received an antidepressant, 19.8 percent had received antipsychotic medication, and 17.5 percent were given an antianxiety drug. Only 1.1 percent had received any type of psychological



Source: Coffey, R., *et al.* (July 2000). National Estimates of Expenditures for Mental Health and Substance Abuse Treatment, 1997. Office of Organization and Financing, Substance Abuse and Mental Health Services Administration; Rockville, MD.



Source: National Coalition on Mental Health and Aging. www277.pair.com/ncmha/coalitions.php3

therapy. The data indicated that only 8.2 percent of all residents had been evaluated by a mental health professional in the previous 90 days.
WHAT'S IMPORTANT: This study reports that medication is the most common treatment for nursing home residents with mental health problems, and the treatment residents receive often does not result from an evaluation by a mental health professional.
FIND THIS STUDY: "Parity Coverage of Mental Health," authored by Willard L. Mays. Published in *Aging Today* (Bimonthly newspaper of the American Society on Aging). 23, no. 3 (2002): 9-11.

Mental Health Services for the Elderly in Maine: A Status Report

STUDY AND RESULTS: The Joint Advisory Committee on Select Services for Older Persons submitted this report, issued in January 2000, which addresses the mental health service needs of the elderly in Maine; the extent to which services are available and unavailable; and any information on disparities in unmet need by geographic region, service setting or residential setting. The state of Maine conducted research for this Joint Advisory Committee that included analyses of existing data, which resulted in a list of recommendations to better address the issues of mental health services and the elderly.
WHAT'S IMPORTANT: Several pieces of legislation have been introduced as a result of this report, but none have been enacted due to lack of funding in the state's budget. However, this Joint Advisory Committee document can serve as a model for other states that wish to assess their mental health services for older adults and make policy recommendations.
FIND THIS STUDY: Duby, Lynn F., and Kevin Concannon. *Mental Health Services for the Elderly in Maine: A Status Report.* Report by the Joint Advisory Committee on Select Services for Older Persons. Augusta, ME.: Department of Mental Health, Mental Retardation and Substance Abuse Services, January 2000.

Cover Story, Continued

In an effort to shed light on the problem, the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services developed a strategic plan in 2001, titled "Substance Abuse and Mental Health Issues Facing Older Adults 2001-2006." The plan lists eight goals to improve the quality of service for older adults. They are: 1) develop a higher level of core competence in working with older adults; 2) instill greater sensitivity among providers, caregivers and the public on issues of diversity and the aging process; 3) improve access to appropriate services; 4) improve screening, assessment and diagnosis; 5) achieve broad dissemination of evidence-based practices; 6) foster a full knowledge, development and application (KDA) cycle for aging initiatives within SAMHSA; 7) devise new approaches to financing substance abuse, mental health and aging services, and 8) develop policy through strong agency coordination.

What Works, Continued

The Bridge Program, founded in 1995, partners with public and private hospitals, local medical associations, private physicians, faculty at medical and nursing schools and various foundations to connect elderly Asian Americans with mental health services. The program has three main objectives: 1) to increase patient access to mental health services by integrating primary care and mental health services on site; 2) to upgrade the skills of primary care providers in the community and at program sites; and 3) to raise community awareness of mental health and reduce the stigma of mental health disorders.

The Bridge Program serves individuals who are registered patients at the Chinatown Health Clinic and the Flushing Primary Care Program. Primary care physicians, trained to provide both mental health assessment and culturally appropriate services, care for patients at the clinics. According to Theresa Jung, program coordinator, "most of our patients are in house, so they see an internist who uses a mental health assessment survey and then refers the patient to our mental health team."

To date, the program has trained 75 physicians and has increased the number of mental health encounters by clinic patients by 300 percent. The program also has succeeded in referring 66 percent of those with mental health needs to outside mental health services for long-term therapy.

The program serves as a model for other community health centers. The South Cove Community Health Center in Boston, **Massachusetts**, already has received funding from the Pfizer Foundation to replicate the program.

Who Knows

An interview with **Linda Powell**, executive director of the Older Adult Consumer Mental Health Alliance, housed at the Bazelon Center for Mental Health Law; **Paula Hartman-Stein**, a clinical geropsychologist, who is president-elect for the American Psychological Association's Division of Clinical Geropsychology; and **Eileen Elias**, special expert in the Office of Planning, Policy and Budget at the Substance Abuse and Mental Health Services Administration (SAMHSA). An edited transcript from these consumer, provider and government representatives follows.

What are your biggest concerns about the mental health of senior citizens?

LP: My concerns are these: During the past 10 years, mental health advocates have been very successful in ensuring that more people have access to the new generation of new psychiatric medications. I see these consumers as a volcano, which will bulge higher and higher as these baby boomers begin to reach age 65. Medicare does not pay for these medications, so either there will be an "eruption" that will fall to the states to handle or many people will be without their medications.

PHS: The lack of integration between physical and psychological needs of patients is my biggest concern. The norm is that the primary care provider has the role of gatekeeper; if he/she thinks that a mental health specialist is needed, then a referral is made. The integrated system of care has a good chance of working if the behavioral and medical practitioners share the same office suite, but this is unrealistic in terms of widespread applicability at present. One solution is to have greater communication between practitioners via email and phone. Another major concern is that older Americans often need behavioral services but do not receive them. Both depression and dementia often are missed in older adults.

EE: Government agencies—federal, state, regional and local—and public and private mental health and substance abuse providers need to understand the issues of aging. At this time the focus is primarily on addressing the mental health service needs of older adults.

What are the most pressing issues regarding the funding of mental health services?

PHS: Parity with medical treatment. Currently, Medicare pays for 80 percent of medical treatments and visits and only 50 percent for mental health treatment. This especially affects the indigent elderly because state Medicaid money often covers a paltry sum of the balance of the mental health care costs after the Medicare share is paid. Consequently, many practitioners do not accept Medicaid patients.

EE: All levels of government are inconsistently prioritizing the mental health needs of older adults. There is a lack of mental health service capacity. Mental health for older adults needs to be prioritized at the same level as for children and adults.

What are the three biggest policy recommendations that you would make to state legislators?

LP: One, provide funding for better training for professionals—a specific line item for geropsychiatry and certified nurse assistants. The lack of training among health and geriatric professionals, at all levels, is an issue that needs to be addressed to prevent future problems with providing services to older adults. Second, upgrade mental health screenings in nursing home admissions. Third, provide specific funding for medications for older adults.

PHS: States should look at innovative preventive programs that, in the long run, can reduce costs. Demonstration projects using focused group psychotherapy for lonely, depressed older adults or those with chronic health problems should be encouraged. Data suggests such programs can reduce—not increase— health care costs.

EE: 1) The development of a comprehensive systems initiative needs to be implemented. It should include at least primary health care, senior social services, and substance abuse and mental health services. These services need to be coordinated, and providers need to work collaboratively to meet the biopsychosocial needs of older adults. SAMHSA has included this objective as part of its Comprehensive Aging Action Plan and intends to work with its…partners [including NCSL]…in planning how this systems recommendation can occur. 2) Enhancement of training for all health care and social service professionals on the mental health and substance abuse service issues and needs of older adults. 3) Enhancement of research and evaluation studies, emphasizing science to practice.

There have been many debates at both the state and federal levels over prescription drug coverage. How do you think this will affect older adults with mental illness?

LP: The two groups that need to be addressed are those individuals who have had a mental illness in life and are now getting older, and those older adults who suffer from a late onset mental illness. In addition to these two groups, there are also those individuals with a mental illness who are functional with their medications and support but, once they reach age 65, they lose that support and no longer are functional. These individuals switch from employee based insurance to Medicare; they will face problems because Medicare does not fully pay for medications and treatment. This will become a significant problem because those individuals have come to expect a certain level of care that they no longer will receive.

EE: Many states are experiencing serious budget reductions, which can adversely affect Medicaid and Medicare services. Many individuals on Medicare are paying for their medications, which include psychotropic medications. They may not be able to afford the newer medications; thus, they are taking older medications that may have serious side effects and interactions. The resulting cost offset, i.e., hospitalizations and/or inappropriate use of emergency room care, can be prevented.

What Works

Integrating Mental Health and Substance Abuse Services with Primary Health Care

With less than 3 percent of older adults reporting that they are being treated by a mental health professional, the majority of older adults who seek mental health services do so through their primary health care provider. The problem of relying on primary caregivers to provide mental health services is that most are not adequately trained in diagnosing and treating mental health problems. Primary care physicians often equate mental health problems with the process of aging or other physical problems and may mis-prescribe psychotropic medications. Older adults are less likely to receive mental health referrals than younger patients. Many physicians have stated that they do not feel comfortable diagnosing depression. A 1992 Indiana University survey of primary care physicians found that only 35 percent felt confident in prescribing antidepressant medications to older adults. The Over 60 Health Center in **California** and the Mental Health Bridge Program in **New York** are addressing the problems of under diagnosing mental health problems and the underuse of mental health services in the elderly population by integrating mental health services into primary care settings.

California

At the Over 60 Health Center, elderly patients have been receiving primary care and mental health services since the mid-1980s. Interdisciplinary teams comprised of a clinical psychologist, a clinical social worker, a primary care physician and a nurse work together to coordinate care for older adults with mental health needs. The Over 60 Health Center, founded as a community-based alternative to nursing home care, is the first community-based geriatric health care center in the country; it relies on patient referrals from community organizations and private physicians.

The center offers a variety of mental health services, including assessment, individual and group counseling, medication management, Alzheimer's disease diagnoses and behavioral health services. The physicians at the Over 60 Health Center have received training in mental health assessment, and strong emphasis is placed on continuous education of staff who work with older adults. During patient visits, the physicians conduct informal assessments and make referrals to mental health staff. The physicians work with psychologists and social workers on site to assess treatment options and plan for on-site or outside care. The Over 60 Health Center also collaborates with other community-based programs for older adults to improve service delivery.

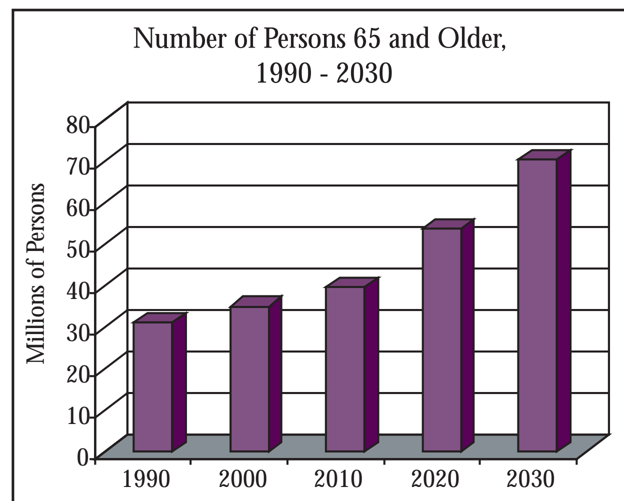
The majority of patients at the Over 60 Health Center have incomes below 200 percent of the federal poverty level, and the primary sources of the program's funding are Medicaid and Medicare. The Center also receives funds from grants, demonstration projects, indigent care funds and the area agency on aging.

"We see 4,500 people per year at all three sites," reported Marty Lynch, chief executive officer of Lifelong Medical Care, which operates the clinics. "The users average between seven to eight visits per year, and 15 percent of the users have mental health issues where they are receiving services," he said.

As part of the Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISMe) Study, patient outcomes from the center will be compared to a private practice that employs a more traditional, referral approach to care. "We've successfully been able to integrate care coordination," said Lynch. "Some of the preliminary research from PRISMe is showing that more seniors are getting mental health services than they would otherwise, and consumers are telling us that it's easier for them to access services," he added.

New York

In the Asian American elderly population, there is a stigma relating to mental health problems that stops many members of the community from seeking mental health care. According to a 1994 study on Asian and Pacific Island Elders published in *Social Work*, the Chinese American elderly are 10 times more likely than white American elderly to commit suicide. Recognizing that Asian Americans have the lowest mental health service utilization rates of any ethnic group and rely almost exclusively on primary care providers for their health care needs, the Chinatown Health Clinic and the Flushing Primary Care Center in New York City developed the Asian American Primary Care and Mental Health "Bridge Program" to help integrate mental health services into primary care settings.



Source: Administration on Aging, A Profile of Older Americans: 2001, http://www.aoa.gov/aoa/STATS/profile/2001/2.html

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On The Horizon

Primary Care Research in Substance Abuse and Mental Health

The importance of mental health in older populations often has been overlooked. Current estimates suggest that two-thirds of older adults who need mental health services do not get the help they need. Older adults are less likely to seek, or to be referred by physicians to, mental health services through specialty providers than their younger counterparts. The majority of older Americans receive mental health care from their primary care physicians, who may not have received sufficient training in geriatric mental health assessment or care. Although it is clear that integrating mental health assessment and services into primary care settings is necessary, it is less clear what is the most effective way to deliver services to older patients with mental health problems. A new initiative launched by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Veterans Affairs (VA) and the Health Resources and Services Administration (HRSA) hopes to examine mental health service models and provide information on best practices for addressing mental health in the primary care setting.

The Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISMe) Study, a multi-million dollar collaborative grant program, is looking at two mental health/substance abuse models that provide treatment to older adults with behavioral problems. The project will compare clinical and cost outcomes between models that refer consumers to specialty mental health and substance abuse services outside the primary care setting and those that integrate such services into the primary care setting. Researchers plan to look at variables such as engagement, participation in care, clinical outcomes, prevention, satisfaction, stigma, cultural sensitivity, provider attitudes and cost outcomes. In addition to comparing delivery models, the study will measure the effectiveness of these models on service utilization and identify the best screening and assessment methods used in primary care settings. Recruitment for the project began in March 2000.

The PRISMe project, expected to last six years, has involved 2,271 patients over age 65 with mental health or substance abuse problems. The Harvard Geriatric Education Center (HGEC) in Boston, **Massachusetts,** is coordinating the study. SAMHSA funded six different sites for the study, and the VA funded an additional five sites. The participating sites include community health clinics, federally qualified health centers (FQHC), managed care organizations, university-supported health centers and group practice providers. The coordinating center will standardize data collection procedures to enable cross-comparison of the different study sites. Project site locations include Little Rock, **Arkansas**; San Francisco, **California**; Miami, **Florida**; Chicago, **Illinois**; Brooklyn, **New York**; New York, **New York**; Rochester, **New York**; White River Junction, **Vermont**; Philadelphia, **Pennsylvania**; and Madison, **Wisconsin**.

Each study site is required to seek consumer input through a consumer review group comprised of adults who meet the minimum age requirement of 65. Although the focus is on individuals with mental health and substance abuse problems, family members, community advocates and caregivers also are encouraged to participate.

The PRISMe study will not be completed until 2003, but the Center for Mental Health Services at SAMHSA has already begun looking for ways to use the lessons learned from the study. SAMHSA has included funds in its 2002 budget for nine targeted capacity expansion grants to states and communities and a National Technical Assistance Center for State Mental Health Planning to disseminate information to providers on evidence-based practices. The Technical Assistance Center will promote practices based on a variety of research, including the PRISMe study.

Digging Deeper

American Association for Geriatric Psychiatry (www.aagpgpa.org) provides news, facts, tools and expert information for adults coping with mental health issues & aging, materials for the medical community and other professionals with an interest in geriatric mental health.

American Psychological Association's Office on Aging (www.apa.org/pi/aging) serves as an information and referral source on mental health and aging issues for policy makers, professionals and the public.

Bazelon Center for Mental Health Law (www.bazelon.org) offers information on various topics about mental health law, related advocacy information links, and publications on mental health care.

Mental Health Institute at the University of Southern Florida's Department of Mental Health and Aging (www.fmhi.usf.edu/amh/statement.html) provides research, program evaluation, training, publications, education and consultation, and links to sites which address mental health and support system needs of older adults.

Mental Health and Aging (www.mhaging.org) web site assists in obtaining mental health services specific to the needs of older adults. It also provides information on advocacy, legislative alerts and publications.

National Coalition of Mental Health and Aging (www.ncmha.org) addresses mental health and/or substance abuse issues affecting older adults.

Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov) provides information on grant and contract opportunities, legislative and policy issue updates, statistics and data, and information resources and publications. Of special interest is SAMHSA's Mental Health Information Center (www.mentalhealth.org).