

Transforming Mental Health Care for Older Adults

Bradley Karlin, Ph.D.

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Disclaimer: The views and opinions expressed are my own and do not necessarily reflect those of any entity with which I am affiliated

“Geriatric Mental Health Care Crisis” in the U.S.

- Older adults receive MH treatment at very low rates
- Older adults have been especially unlikely to receive *specialty* MH treatment
- Profound undertreatment of mental illness in nursing homes and other LTC settings
- Homebound elders at especially high risk for MH problems, which may exacerbate medical illness and physical disability
- Prevalence of MH problems in older adults expected to increase over the coming decades

Efficacy of Psychological Treatments with Older Adults

- Psychological interventions are highly efficacious with older adults

(Bartels et al., 2004; Engels & Vermey, 1997; Scogin et al., 2005)

- Depression

(Engels & Vermey, 1997; Gerson et al., 1999; Pinquart & Sorensen, 2001)

- Anxiety

(Barrowclough et al., 2001; Stanley, Beck & Glassco, 1996; Stanley et al., 2003)

- MH conditions and problem behaviors in dementia patients

(Burgio & Fisher, 2000; Gatz et al., 1998; Teri et al., 2003)

- Late-life insomnia

(Morin, Colecchi, Stone, Sood, & Brink, 1999)



Barriers to Mental Health Care for Older Adults

- Mistaken belief that mental illness is natural part of aging
- View that older adults are less treatable clients
- Shortage of geriatric mental health professionals
- Limited physician detection, referral, and treatment of mental illness in older adults



Barriers to Mental Health Care for Older Adults

- Limited knowledge of mental health and mental health services by older adults
- Statutory Medicare law requiring higher cost-sharing requirements for mental health treatment



Recent Developments Increasing Service Access

- Increased knowledge of mental health and aging
- Expanded federal reimbursement
- Federal block grant program
- Decreased stigma toward elderly
- Development of evidence-based geropsychological txs
- Greater acceptance of MH treatment among many older adults today

The Public MH Care System

- Study of Texas public mental health care system (Karlin & Norris, 2006)
 - Profound underuse of public MH services by older adults
 - Older consumers rather healthy and independent
 - Long-term care patients highly underserved

Regulatory and Administrative Barriers

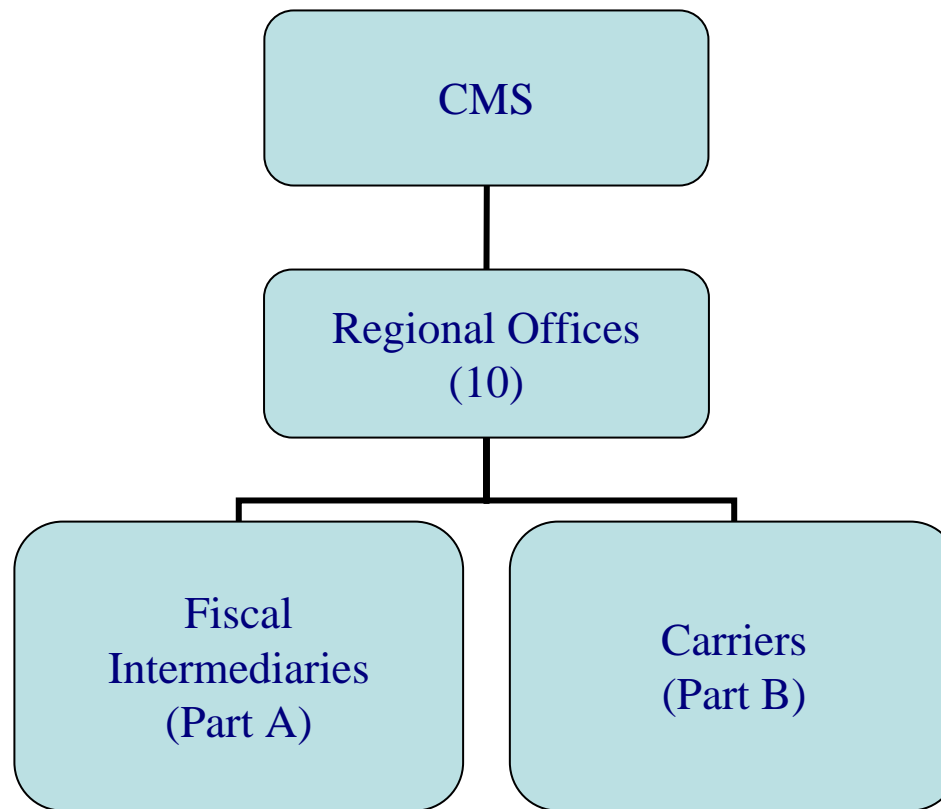
- Regulatory policies and administrative practices restrict mental health treatment for older adults (Karlin & Duffy, 2004; Karlin & Humphreys, 2007)

Karlin, B. E., & Duffy, M. (2004). Geriatric mental health policy: Impact on service delivery and directions for effecting change. *Professional Psychology: Research and Practice*, 35, 509-519.

Karlin, B. E., & Humphreys, K. (2007). Improving Medicare coverage of psychological services for older Americans. *American Psychologist*, 62, 637-649.

Regulatory & Administrative Barriers

- Local Coverage Determinations (Karlin & Duffy, 2004)



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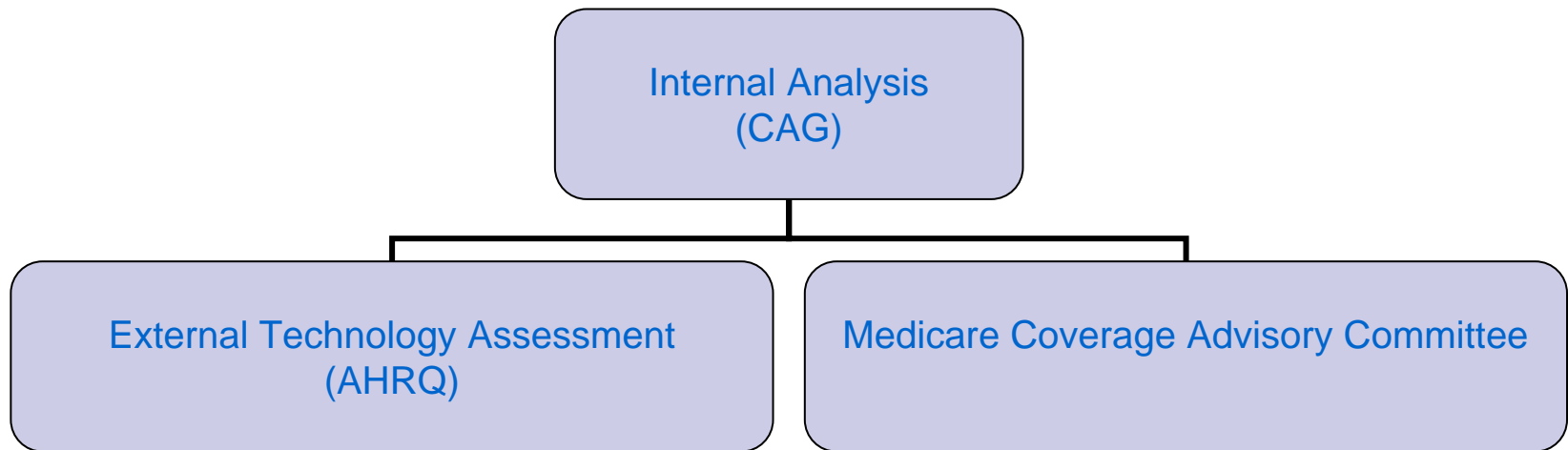


Regulatory & Administrative Barriers

- Nursing Home Quality Indicator exclusion of psychotherapy

Regulatory & Administrative Barriers

- National Coverage Determinations (Karlin & Humphreys, 2007)



Karlin, B. E., & Humphreys, K. (2007). Improving Medicare coverage of psychological services for older Americans. *American Psychologist*, 62, 637-649.

National Patterns and Predictors of MH Service Use

- National study of mental health need, service use, and subjective treatment outcomes (Karlin, Duffy, & Gleaves, in press)

Study Goals

- Examine current outpatient MH care use by older (65+) and younger (18-64) community-dwelling adults throughout U.S.
- Examine prevalence of mental health need, including serious mental illness, among older and younger adults
- ID predictors of MH need and service use by older vs. younger adults
- Examine relationship between age and subjective treatment outcome

Data Source

- 2001 National Survey on Drug Use and Health
- Nationally representative independent multistage sample for each of the 50 states and Washington, DC



Results

Older Adults Received MH Treatment at Very Low Rates

- Older adults 3 times less likely than younger adults to receive any outpatient MH treatment in past year
 - Older adults: 2.5%
 - Younger adults: 7.0%
- OR* = 2.88, 95% CI (2.06-4.01)

One-Year Prevalence Estimates of Serious Mental Illness (SMI) and Specific Mental Health Syndromes and Substance Use Disorders by Older and Younger Age Cohorts

Variable (%)	Older	Younger	χ^2	<i>df</i>	<i>p</i>
SMI	3.4	8.1	86.2	1	< .0001
At Least 1 MH Syndrome	7.9	15.3	92.3	1	< .0001
Substance Abuse or Dependence	1.5	8.2	292.8	1	< .0001

Note. Statistical comparisons are chi-square (SUDAAN CHISQ) tests, analogous to the Pearson chi-square for nonsurvey data. All percentages reflect weighted data.

Older Adults in Great Need of Care Infrequently Received Treatment

- Older adults: 9% with SMI and 10% with at least one MH syndrome received mental health care, versus 3% without SMI and 2% not having MH syndrome
- Younger adults: 32% with SMI and 25% with at least one MH syndrome received mental health care, versus 5% without SMI and 4% not having MH syndrome
- Younger adults were much more likely than older adults to identify having unmet mental health need [$OR = 7.33$, 95% CI (4.19-12.80)]
 - Older adults: 0.7%
 - Younger adults: 4.8%

Predictors of Any MH Service Use

- Older Adults:
 - MH syndrome
 - Poor self-assessed health

- Younger adults:
 - MH syndrome
 - Having Medicaid
 - Caucasian ethnicity
 - Poor self-assessed health
 - Being female

Karlin, B. E., Duffy, M., & Gleaves, D. H. (in press). Patterns and predictors of mental health service use and mental illness among older and younger adults in the United States. *Psychological Services*.

Predictors of Increased MH Service Use

- Older adults:
 - Having Medicaid
 - Living in MSA > 1M
 - Substance use disorder
 - MH syndrome

- Younger adults:
 - > H.S. education
 - MH syndrome
 - Having Medicaid
 - Unemployed
 - Living in MSA > 1M
 - Non-married

Karlin, B. E., Duffy, M., & Gleaves, D. H. (in press). Patterns and predictors of mental health service use and mental illness among older and younger adults in the United States. *Psychological Services*.

Subjective Treatment Outcomes

- Older adults reported, on average, benefiting from MH treatment between “a lot” and “a great deal”
 - benefit at least as good as all other age groups
- “Young-young” (18-25) reported benefiting less older adults and other age groups

Older Adults That Receive MH Care Tend to Remain in Treatment

- Similar level of service use across age groups ($t(900) = 1.82, p = .18$)
 - Older adults: $M = 6.9, SE = 1.27$
 - Younger adults $M = 7.8, SE = .25$

Conclusions

- Older adults continue to use mental health services at very low rates
- Many older adults appear to not use services in part because they have limited *perceived* need
- Limited service awareness and lack of affordability are barriers to service use among those with perceived need
- Older adults that make it into services typically benefit considerably from treatment
- Older adults in mental health treatment tend to remain in treatment

Bridging the Gap

- Changes in how we conceptualize and treat mental illness in older adults is critical
- Change must occur on multiple levels:
 - **Policy level**
 - **Systems level**
 - **Individual level**



Policy Level

- Medicare reform mental health parity
- Clear, consistent, and scientifically valid LCDs
- Mechanisms for staff/team interventions
- Psychological prevention

(Karlin & Humphreys, 2007)

Systems Level

- Mental health care must be:

- Interdisciplinary

- American Psychological Association Task Force 2008 Report

- Integrated/Collaborative

- Evidence-based

- Patient** and **family**-centered

- Innovative!

- Nontraditional approaches, technologies, and populations



Individual Level

- Individual level
 - Increase “psychological access” and reduce stigma
 - public and professional education
 - reconceptualize mental illness in late life

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