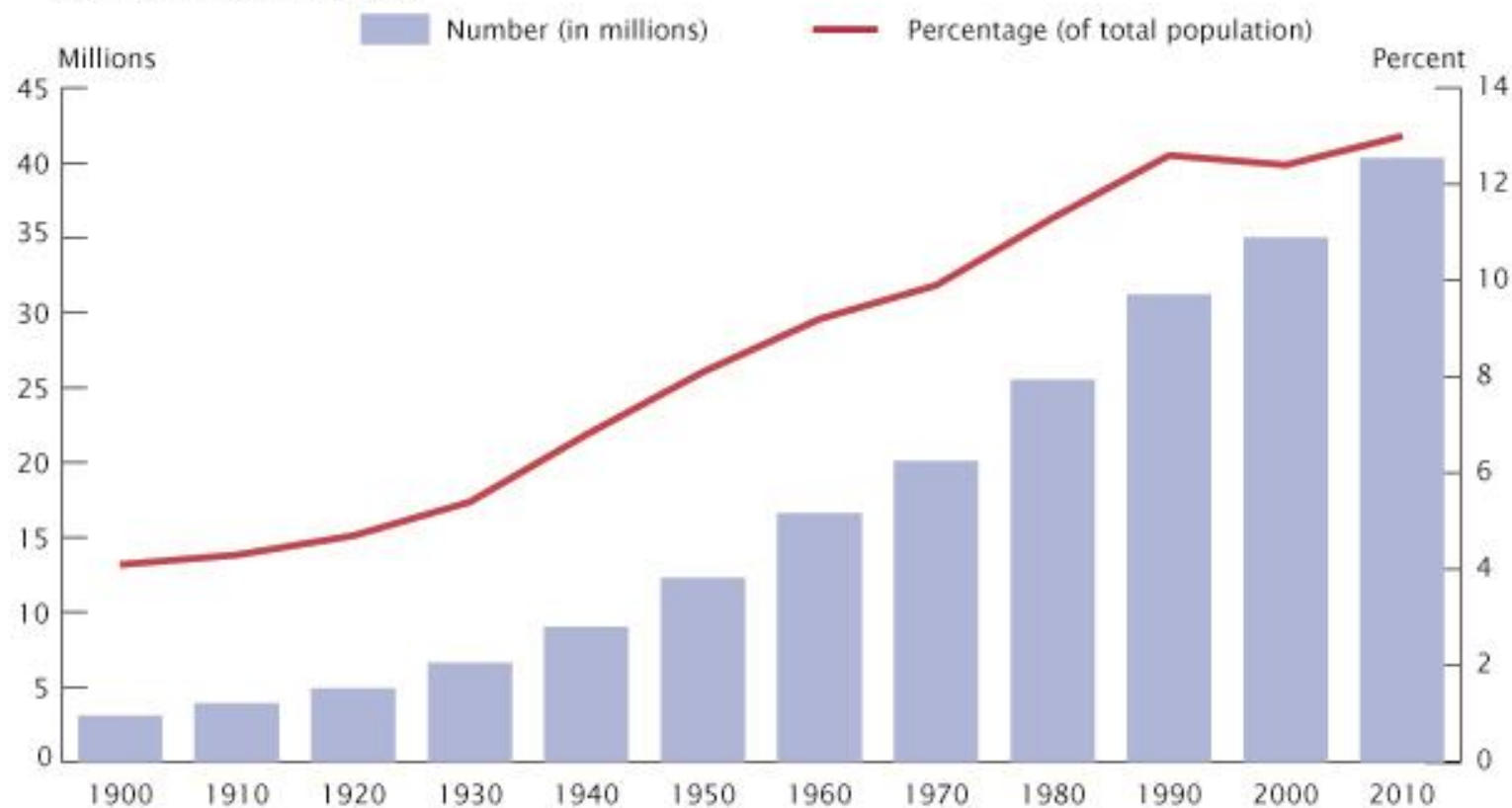


Older Adult Behavioral Health: Current State and Future Trends



Population 65 Years and Older by Size and Percent of Total Population: 1900 to 2010

(For more information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/sf1.pdf)

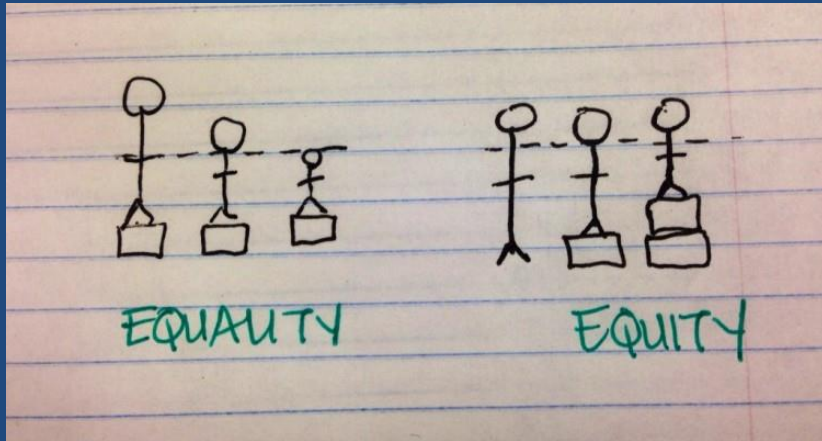


Sources: U.S. Census Bureau, decennial census of population, 1900 to 2000; 2010 Census Summary File 1.



Growth and Diversity

- ❖ **King County** - 60+ population will grow from the current 16% to nearly a quarter of county residents by 2025.
- ❖ Racial and ethnic minority groups are expected to grow from 20% of the U.S. older adult population to **42% by 2050.**



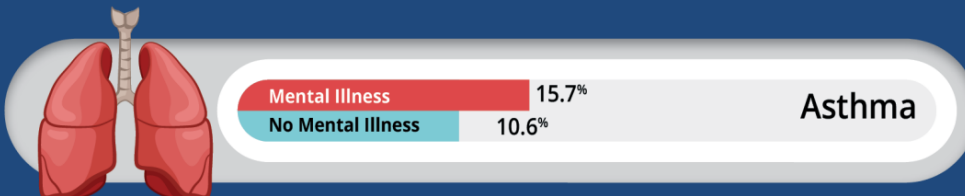
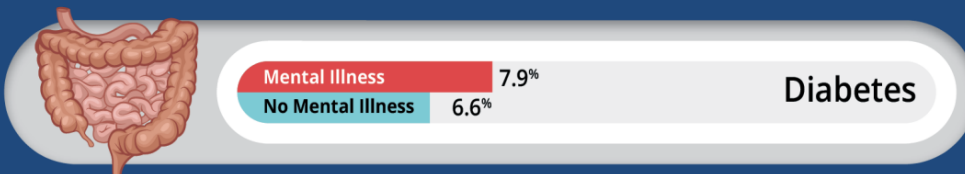
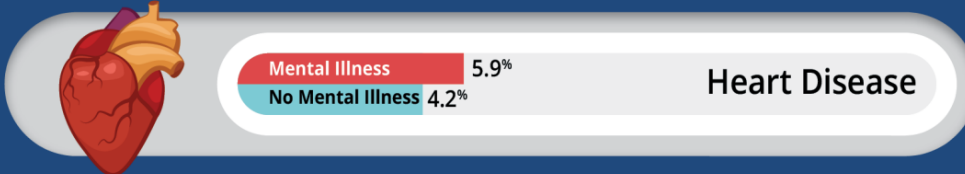
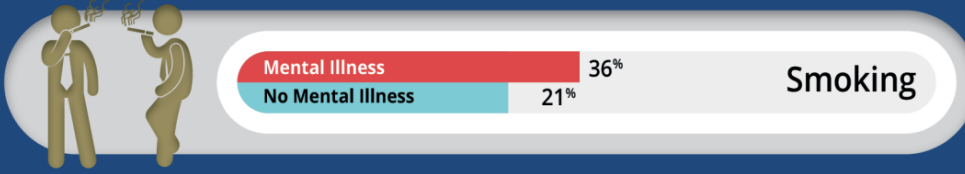
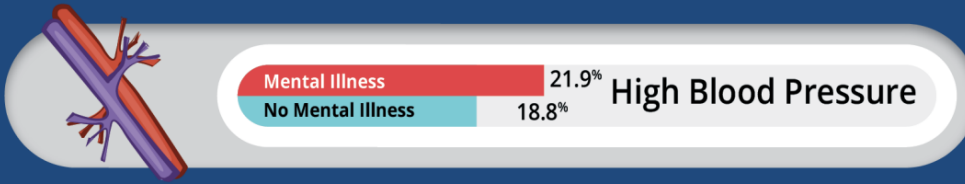
Currently about 8% of KC residents 60+ have incomes below the poverty level.

African-Americans, Native Americans, and Asian Pacific Islanders live in poverty at rates **approximately double the county average.**

Co-Morbidity



- ❖ Approximately **80%** of older Americans have at least one chronic medical condition and about **60%** suffer from two or more.
- ❖ **68%** of all adults with **mental health condition** have at least one other medical condition



Mental Disorders

- ❖ Approximately **20%** of U.S. adults 65 + meet the diagnostic criteria for a mental disorder.
- ❖ The most common mental health problems among older adults are **anxiety, depression and severe cognitive impairments**

Substance Use Disorders

- As much as **16% of the U.S. older adult** population is at-risk for or have a problem with alcohol use.
- In 2006, nearly 4% of older Americans were diagnosed with a substance use disorder*.

- The percentage of adults age 50+ admitted into substance use treatment **nearly doubled from 1992 to 2008.**
- The number of admissions that identified alcohol as the primary issue dropped by almost 25%, but the proportion that reported primary **heroin abuse** more than doubled (from 7.2 to 16%).
- The reported abuse of multiple substances **nearly tripled** during the same period



Prescription Drug Misuse

- ❖ Estimated that the number of older adults nationwide who misuse of prescription medications will **more than double** from 911,000 in 2001 to 2.7 million in 2020.
- ❖ Approximately **one in five older Americans** are affected by combined difficulties with alcohol and medication misuse, yet are rarely diagnosed and treated.

Suicide

- ❖ The national suicide rate for Americans age 65+ **decreased by nearly a third** since its peak in 1987.
- ❖ From 2005 – 2009, King County adults 60+ (15% of county residents) committed 20% of reported suicides.
- ❖ **Older men are especially vulnerable** – suicide rate 7X higher than that of older women.
- ❖ White males age 85+ are at the greatest risk of all age-gender-race groups, with a rate that is over **4X higher than the nation's overall rate of suicide**

Washington State Department of Social and Health Services declares, “Older adults remain the most under-served and inappropriately served population in mental health services”

Comprising 13% of the U.S. population, they receive only 6% of community mental health services. Furthermore, it is estimated that between one and 12% of older adults needing treatment for a substance use disorder receive the necessary services.

50% - 70% of older adults with mental disorder do not receive needed services

- **Fear of stigma and discrimination associated with mental illness or substance use disorder**
- **Denial of problems by older adult and family**
- **Insufficient number of trained professionals**
- **Limited mobility and isolation**
- **Poverty**
- **Fragmented service system**
- **Gaps between research and practice**
- **Misdiagnose or under diagnose**

Expand Service Capacity

A system-wide expansion of service capacity for older adult behavioral health services in prevention, wellness, crisis intervention, outpatient clinical treatment, caregiver support, residential services and inpatient treatment.

Consider the anticipated increase in racial and ethnic diversity, as well as the needs of specialized populations (i.e., LGBTQ individuals and age-related subgroups) within the older adult cohort.

Community-Based Services

- ❖ **Mobile service teams** that provide in-home care such as King County's EvergreenHealth's In-Home project.
- ❖ **Benson Heights Rehabilitation Center** and MH services attached to nursing facilities.
- ❖ **MIDD Strategy: IMPACT model** - mental health professional within primary care setting to develop and administer treatment for depression

Prevention, Screening and Early Intervention Strategies

Universal Prevention

Educating the general population about the causes, symptoms and prevalence of behavioral health conditions as well as their related treatments can help reduce the stigma associated with mental health and substance abuse disorders; heighten awareness of potential warning signs; and offer the hope of relief.

Health promotion and education programs targeting older adults. As an example, the **Wellness Initiative for Senior Education (WISE)** is a curriculum-based health promotion program that aims to help older adults increase their knowledge and awareness of issues related to health and the aging process

Selective Prevention

Programs focus on older adults who do not yet display signs of substance abuse, suicidality, or mental illness but are at risk for developing these problems.

- ✓ Peer led support groups
- ✓ Illness management and education curriculums
- ✓ Outreach services to homebound individuals
- ✓ **Gatekeepers model** - trains community members, such as postal workers, bank tellers, and other professionals that come into contact with older adults to identify vulnerable individuals and refer them to relevant services.

Indicated Prevention

Focus on older adults with detectable symptoms and/or primary risk factors for behavioral health conditions. An older adult referred to substance abuse treatment-based upon an emergency room visit for an alcohol related incident is one such example.

PROSPECT (Prevention of Suicide in Primary Care Elderly) Primary care physicians are trained to recognize the symptoms of depression, design the appropriate treatment approach and work with health care professionals to monitor treatment.

Project GOAL (Guiding Older Adult Lifestyles) provides brief physician counseling sessions for older adults that demonstrate signs of elevated alcohol consumption.



Coordinated & Integrated Care

2SSB 6312 – System Integration

Healthier Washington Project - \$65 million dollar grant from CMMI (Center of Medicaid and Medicare Innovation) based on Washington State Health Care Innovation Plan

King County Transformation Project

Increase Workforce Capacity

- ❖ **Certified Geriatric Psychiatrists** – 6,000 needed by 2020
- ❖ **Social Workers** - A 2006 survey found that 9% identified aging as primary field of practice even though nearly 75% reportedly worked in some capacity with older adults.
- ❖ **Psychologists** – 2008 survey revealed 4.2% identified geropsychology as area of focus and most were in private or group practice

Evidence-Supported Services



- ❖ **Applying the best available research results (evidence) when making decisions about treatment**
- ❖ **Research evidence along with clinical expertise and patient preferences**

National Registry of Evidence-based Programs and Practices (NREPP)

<http://www.nrepp.samhsa.gov/Index.aspx>

Network partnerships guide developed by SAMHSA and National Council on the Aging (NCOA)

http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/PromoteOAHealth_SAMHSA.pdf

NCOA listing of highest-level-criteria evidence-based disease prevention and health promotion programs

<http://www.ncoa.org/improve-health/center-for-healthy-aging/where-to-find-evidence-based.html>

MIDD Strategy: Geriatric Regional Assessment Team (GRAT) – Evergreen Health

Program to Encourage Active Rewarding Lives for Seniors (PEARLS) - A series of sessions with trained service worker in the home targeting depression

Brief Intervention & Treatment for Elders (BRITE) – Substance screening and intervention consisting of: 1) screening; 2) brief intervention; 3) 1-7 sessions of solution focused and goal oriented; 4) referral to specialized treatment.



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