OLDER AMERICANS BEHAVIORAL HEALTH
Issue Brief: Series Overview

The Issue Brief Series

The Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Aging (AoA) partnered to develop this series of Issue Briefs to address behavioral health issues that are important to older Americans. Behavioral health refers to a state of mental/emotional health and/or choices and actions that affect wellness. Behavioral health includes issues of mental health and substance abuse. This Issue Brief series focuses on issues of suicide, anxiety and depression, prescription drug misuse and abuse, and alcohol abuse. The target audiences for these Issue Briefs are the local and State Aging Services Network, behavioral health community, and substance abuse providers. The Issue Brief series will identify key information and opportunities for action that can improve the lives of older Americans. It emphasizes the importance of using partnerships to implement and sustain effective services. This series will be available on the SAMHSA, AoA, National Council on Aging (NCOA), National Association of State Mental Health Program Directors (NASMHPD), National Association of States United for Aging and Disabilities (NASUAD) and JBS International, Inc. (JBS) web sites.

Issue Briefs to Highlight Knowledge and Practice

- Aging Services Network as a Partner in Behavioral Health and Health Care Reform
- Prescription Medication Misuse Prevention
- Suicide Prevention
- Alcohol Misuse and Abuse Prevention
- Screening and Brief Intervention for Alcohol and Psychoactive Medication Misuse and Abuse
- Screening, Prevention and Brief Intervention for Depression and Anxiety
- Service Implementation using the RE-AIM Framework of Reach, Effectiveness, Adoption, Implementation, and Maintenance
- Opportunities to Improve Older Adult Behavioral Health through Health Care Reform
- Sustaining and Financing Services
- Reaching and Engaging Older Adults in Behavioral Health Services
- Behavioral Health for Family Caregivers
- Integration of Behavioral Health and Physical Health Care
- Special Older Adult Behavioral Health Topics: Rural; Lesbian, Gay, Bi-Sexual and Transgender (LGBT); and Cultural Issues

Case for Addressing Behavioral Health Needs of Older Adults

One in four persons aged 55 and over experiences behavioral health disorders that are not part of the normal aging process.[1] Older adults are significantly less likely to receive any mental health treatment when compared to younger adults.

Despite the availability of proven interventions for mental health and substance use problems, the majority of older adults with these behavioral health issues do not receive the treatments they need.[2] Older adults often do not know they may benefit from prevention and treatment because they are neither screened nor referred for diagnosis and care. Many older adults do not seek treatment because of stigma.

Behavioral health problems—such as depression, anxiety, and medication and alcohol misuse—are associated with higher health care use; lower quality of life; and increased complexity of illnesses, disability and impairment, caregiver stress, mortality, and risk of suicide. Although they comprise only 12 percent of the U.S. population, people age 65 and older accounted for 16 percent of suicide deaths in 2004.[3]

SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. In keeping with a recovery-oriented approach to behavioral health issues in older adulthood, it is important that older adults achieve and maintain optimal behavioral health to manage their lives and pursue their interests. By reducing symptoms of depression and anxiety and reducing misuse of medications or alcohol, older adults are often better able to address other problems and live satisfying lives.

The Aging Services Network is in an ideal position to partner with behavioral health and primary care to secure training to educate consumers, and to offer screening, prevention, early interventions and referral to specialists.

Facts about Older Adult Behavioral Health

Depression, Anxiety and Other Conditions

- Depression and anxiety disorders are among the most common mental health problems in older persons. The conditions affect approximately 3-7 percent and 11 percent of the general older adult population, respectively. Symptoms of these disorders are much more prevalent.[1]
- Prevalence of other mental health disorders such as schizophrenia and bipolar disorder is much lower (less than 1%), although these disorders impart significant functional impairments in older persons.[4]
- Older adults comprise approximately 12 percent of the U.S. population, but account for almost 16 percent of all suicides. Once past mid-life, the risk of suicide increases significantly with age, especially among white men. Men accounted for 84% of suicides among people aged 65 years and older in 2000.[5]
- In 2007, the rate of suicide among older adults was approximately 14.3 per 100,000.
- Older adults die by suicide at a higher rate than the national average; these rates increase after age 64, primarily among white men.[3,6]

Alcohol and Medication Misuse and Abuse

- Problems with drinking alcohol and psychoactive medication misuse are the most common types of substance use problems seen in older adults.
- The National Survey on Drug Use and Health (NSDUH) (2002–2003) found that, for individuals age 50+, 12.2 percent were heavy drinkers, 3.2 percent were binge drinkers, and 1.8 percent used illicit drugs.[7,8]
- An estimated 25 percent of older adults use prescription psychoactive medications that have abuse potential.[9]
- Medication misuse can cause serious adverse drug events including falls, confusion, and delirium that is associated with a high rate of emergency hospitalizations and mortality.
- An estimated 1 in 5 older adults may be adversely affected by combination of alcohol and medication misuse.[10, 11]

Aging Services Network In Partnership with Behavioral Health

The Aging Services Network refers to the US Administration on Aging, State Units on Aging, local/regional Area Agencies on Aging (AAA), Aging and Disability Resource Centers (ADRCs), and contracted service providers that offer programs to help older people maintain maximum independence and to promote a continuum of care for the vulnerable elderly. The AAAs and ADRCs are entities that facilitate and support the development of programs in a defined geographic region. There are AAAs/ADRCs serving all local and regional areas throughout the country. There are more than 29,000 service providers reaching more than 10 million older adults each year engaged with this network.

The Aging Services Network offers tremendous reach, a trusted relationship and extensive knowledge about older people and delivering services, and engaging seniors in community service. Aging services offers consumer courses in chronic disease self-management appropriate for populations with, or at risk for, behavioral health problems. Some agencies offer depression care management in partnership with behavioral health. Many agencies are Medicaid providers.

Behavioral health has comparable networks of agencies including the federal agency, SAMHSA, plus State Mental Health Authorities and Single State Agencies (addressing substance abuse) in every state, community mental health centers, and prevention networks (addressing substance abuse). These agencies are linked with thousands of additional behavioral health service provider organizations.

Behavioral health services offer expertise in mental health and substance abuse prevention, effective screening, prevention and early intervention, and treatment. They have strong linkages with specialists and behavioral health resources. Many have extensive experience in peer support. Some are Medicaid and Medicare providers.

Key Actions: Lessons Learned from the Field

Aging, behavioral health, and primary health care providers and administrators can take important steps to improve the health and functioning of older adults. In addition to the specific actions shown below, these stakeholder groups can discuss opportunities for how to improve their collaboration and partnership with each other.

Key Actions for Aging Services Network

- State Unit on Aging staff are encouraged to become familiar with the services funded by the State Mental Health Authority, meet Older Persons lead, and meet staff and become familiar with operations of the Single State Agency.

Key Actions for Behavioral Health Services

- State Mental Health Authority and Single State Agency staff are encouraged to meet State Unit on Aging staff, especially the Healthy Aging or Wellness leads and those responsible for home and community-based services/long-term services and supports. They are encouraged to become familiar with services supported by the agency.

Key Actions for Physical Health Services

- Health systems, community health centers, public health and clinicians are encouraged to review websites of the State and local agencies on aging, mental health centers, and substance abuse agencies and Prevention Networks in the State.
- Health services are encouraged to identify and review efforts to integrate primary care with behavioral health and link to aging services.

Evidence-based Programs and Practices

SAMHSA and AoA have identified evidence-based and evidence-informed programs and practices for older adult behavioral health. These programs have been scientifically studied and have been shown to improve the health and functioning of older adults.

- SAMHSA offers full reviews of programs, scientific evidence, and dissemination resources on its National Registry of Evidence-Based Programs and Practices (NREPP). Learn about programs for people across the lifespan on NREPP section of the SAMHSA website: **http://nrepp.samhsa.gov/**.
- AoA identifies programs as part of its Health, Prevention and Wellness Program. The Behavioral Health section of the AoA website offers program descriptions and links to program websites: **http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Behavioral/index.aspx**.

Here are a few programs and practices described on these sites.

Brief Intervention and Treatment for Elders (BRITE) is a project to help people ages 55 years and older to identify non-dependent substance use or prescription medication issues and to provide effective service strategies that can prevent substance abuse. Find the program on the AoA website and learn about it through the program website: **http://brite.fmhi.usf.edu/BRITE.htm**.

Program for Encouraging Active Rewarding Lives for Seniors (PEARLS) uses behavioral techniques to empower older adults to actively manage depressive symptoms and improve their quality of life. Learn about this program through the SAMHSA NREPP review and the program website: **www.pearlsprogram.org**.

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) integrates depression awareness and management into existing case management services provided to older adults. Find the program on the AoA website and learn about it through the program website: **http://www.careforelders.org/healthyideas**.

IMPACT (Improving Mood—Promoting Access to Collaborative Treatment) is a program that integrates a depression care manager into the primary care setting. See the NREPP review on the SAMHSA website and full details on the program website: **http://impact-uw.org/**.

Financing Services

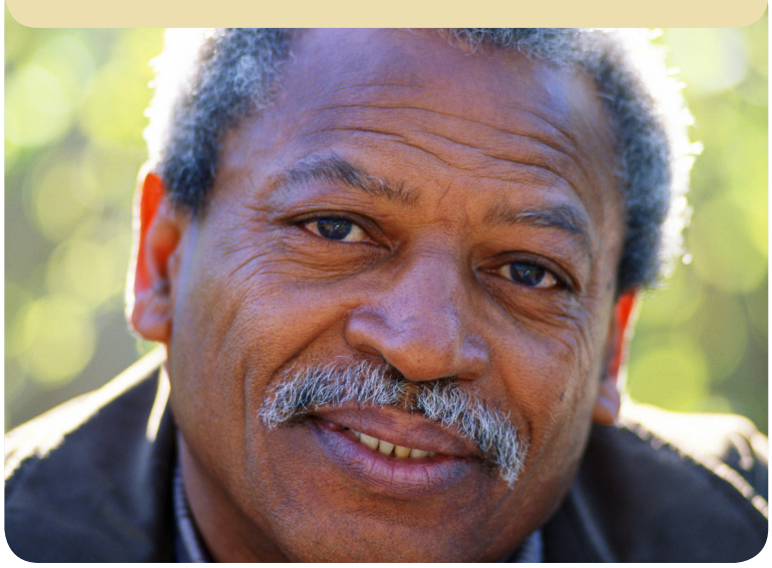
Many public and private sources support behavioral health services for older adults. The National Council on Aging (NCOA), in partnership with SAMHSA, developed a Financial Resource Guide titled, *Lessons Learned on Sustainability of Older Adult Community Behavioral Health Services*. This draft publication is available on **www.ncoa.org** and reviews financing strategies used by behavioral health agencies after funding from demonstration grants ended. Funding sources include: Medicaid, Medicare, Older American Act, SAMHSA block grants and others.

Agencies are finding new opportunities to finance behavioral health services under health care reform in efforts such as care transitions, Accountable Care Organizations, Patient Centered Medical Homes, the Comprehensive Primary Care initiative of the Centers for Medicare and Medicaid Services (CMS), and CMS Innovations demonstrations.

Resources

LOOKING FOR POTENTIAL PARTNERS AND BACKGROUND INFORMATION?

- SAMHSA website provides extensive information and materials; search on older adults, state offices and much more: **www.samhsa.gov**.
- AoA's website pages on Health, Prevention and Wellness Program, Behavioral Health, offers program descriptions and links to program websites. AoA website Elders & Families identifies State Units on Aging, Area Agencies on Aging and key services; search by community: **www.aoa.gov**.
- National Association of State Mental Health Program Directors (NASMHPD) website discusses the Older Persons Division, identifies members by state, and offers publications: **http://www.nasmhpd.org/**.
- National Association of States United for Aging and Disabilities (NASUAD) represents the nation's state and territorial agencies on aging and disabilities. Search for state contacts and the work of state agencies: **http://www.nasuad.org**.
- Center for Healthy Aging at the National Council on Aging offers information on behavioral health programs, publications and some state and local program contacts: **www.ncoa.org**.
- Aging and Disability Resource Center Technical Assistance Exchange (ADRC-TAE) provides information and resources for several AoA grant programs: **http://www.adrc-tae.org/tiki-index.php?page=HomePage**.



Integration of Physical, Mental and Behavioral Health

Primary care is the most common provider of behavioral health care for older adults. Important efforts are underway to integrate behavioral health care with primary care. Considerable attention is also being paid to linking aging services with primary care and behavioral health care. Research supports the promise of improved health through care integration and linkage.

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