Mental Health Challenges for Older Adults

Often when people think about mental health conditions among older adults, they think only of dementia, such as Alzheimer’s disease. In fact, older adults may suffer from many different kinds of mental health conditions, including depression, anxiety, schizophrenia, bipolar disorders, and substance abuse problems. Some of these can be related to normal, age-related physical changes in the body, particularly an increased sensitivity to alcohol and a heightened response to medications.

These conditions can lead to decreased quality of life for older adults and their family members. Mental health conditions complicate physical health conditions, which can lead to increased utilization of medical services, increased health care costs, as well as higher mortality rates. Mental health conditions also can result in premature and, in some cases, unnecessary and avoidable institutionalization.

Unfortunately, many of these conditions are frequently overlooked or simply regarded as part of “getting old” while the number of older adults in Connecticut continues to rise. *CT is the 7th oldest state in the nation for median age; 10th oldest for people age 85+. One-third of CT’s population is comprised of Baby Boomers (those born between 1946 and 1964). From 2006-2030, CT’s older population is expected to increase by 64%. And in 2012, 930 people in CT lived to be age 100+; 85% female. It is estimated that by 2025, 25% of Connecticut residents will be over the age of 65.

Facts about older adults and behavioral health:
- Nearly 1 in 5 older adults has one or more mental health or substance use conditions.
- Substance use usually involves alcohol, but medication abuse is also a problem. Older adults consume 25% of the medications used in the U.S.
- Older adults have the highest completed suicide rate of any age group – especially white men who live alone, are depressed, and who are abusing substances. Guns are often used.
- The majority of older adults with behavioral problems do not receive treatment; only 33% living in the community who need services receive them. Of those who receive treatment, most see a primary care physician who often has minimal expertise in geriatric mental health.
- A major reason for nursing home placement centers on behavioral health issues that make it difficult for the individual (and particularly caregivers) to manage his/her physical well-being.

Barriers to addressing these challenges:
- Workforce shortages exist among providers with the knowledge, expertise and cultural competence to address the issues of geriatric physical and mental health. All levels of the workforce are affected, including in-home caregivers, case managers, nurses, physicians, psychologists, and social workers.
- Limited, or nonexistent, reimbursement options and a lack of resources limits access to services - especially in environments where older adults are most likely to engage in services and supports, such as home, community/senior centers, primary care offices, etc.
- Inadequate coordination, cross-training and consultation among state agencies and providers who work with older adults and those with behavioral health expertise, often related to funding mandates.
- Failure to include mental health specialists on key state aging initiatives.
CT Efforts to Address these Challenges

- **Health Care Reform Initiatives**: Connecticut’s plans for “Health Neighborhoods”, “Health Homes”, and the “State Innovation Model” initiatives could provide some of the resources to address the needs of the growing population of older adults for specialized, coordinated, and integrated care.

- **Older Adult Behavioral Health Workgroup**: Under the leadership of the Department of Mental Health and Addiction Services (DMHAS), this workgroup meets monthly with the mission of improving access and delivery of behavioral health services to the older adult population. Comprised of representatives from other State Agencies and private, non-profit organizations, the group focuses on increased communication, collaboration, and problem-solving among providers who work or have contact with older adults in a variety of settings. The group is currently involved in two major efforts: (1) Identifying older adults at risk for substance use by integrating an evidenced-based practice (Screening, Brief Intervention and Referral to Treatment, SBIRT) into assessments conducted in non-behavioral health settings; and (2) Conducting a statewide asset mapping of the strengths and needs of the behavioral health system for older adults. The first effort is in collaboration with the DMHAS SBIRT Program; the second effort, a collaboration with the University of CT Health Center, Center on Aging. Of note, the workgroup is now a member of the National Coalition on Mental Health and Aging.

- **Senior Outreach Program**: DMHAS currently funds eight substance abuse providers statewide to provide outreach and education, and when possible, treatment interventions for older adults with substance abuse problems. Outreach and education occur in a variety of settings, including home, community/senior centers, nursing facilities, and hospitals. However, treatment interventions can be limited due to policy and reimbursement barriers.

- **The Gatekeeper Program**: A nationally-known, evidenced-based practice, DMHAS currently funds four providers statewide who educate lay public about how to identify older adults at risk in the community. The program assesses individuals and facilitates appropriate referrals. The statewide Gatekeeper Program is coordinated for DMHAS by St. Luke’s Community Services in Middletown, CT.

For more information, please visit the following websites:
- [www.samhsa.gov/aging_08.aspx](http://www.samhsa.gov/aging_08.aspx) - includes list of publications available from the Substance Abuse and Mental Health Services Administration (SAMHSA) on mental health and substance issues in older adults, and includes toolkits on these topics.
- [www.nami.org/Content/ContentGroups/Helpline1/Depression_In_Older_Persons](http://www.nami.org/Content/ContentGroups/Helpline1/Depression_In_Older_Persons) - discussion on depression in older adults.
- [www.cdc.gov/aging/mentalhealth/depression.htm](http://www.cdc.gov/aging/mentalhealth/depression.htm) – more information on depression.
- [www.cdc/aging/pdf/mental_health_brief_2.pdf](http://www.cdc/aging/pdf/mental_health_brief_2.pdf) – describes urgency of national attention to address the mental health of older adults.
- National Coalition on Mental Health and Aging: [www.ncmha.org](http://www.ncmha.org) - covering policy-related issues. The DMHAS-led Older Adult Behavioral Health Workgroup is a member of the coalition.

For more information, contact Jennifer Glick, Director of Older Adult Services, Department of Mental Health and Addiction Services, (DMHAS), [Jennifer.Glick@ct.gov](mailto:Jennifer.Glick@ct.gov); or Marcia DuFore, Executive Director, North Central Regional Mental Health Board, [mdufore@ncrmhb.org](mailto:mdufore@ncrmhb.org)