

# **National Coalition on Mental Health and Aging**

## ***RESOLUTION ON MENTAL HEALTH & SUBSTANCE ABUSE SERVICES AND INTERVENTIONS***

**WHEREAS** the 1999 Surgeon General's Report on Mental Health found that disability due to mental disorders, substance use or cognitive impairments in individuals aged 65 and over will become a major public health problem in the near future due to changing demographics; and

**WHEREAS** the 2003 President's New Freedom Commission on Mental Health identified as barriers to care:

- A fragmented service delivery system;
- Out of date Medicare policies;
- Stigma due to mental illness and advanced age;
- A mismatch between services that are covered and those preferred by older persons; and,
- A lack of adequate preventive interventions and programs that aid early identification of geriatric mental illness; and

**WHEREAS** the U.S. Supreme Court in the 1999 Olmstead v. L.C. decision ruled that institutionalization of persons with disabilities who, given appropriate supports, could live in the community is a form of discrimination that violates the Americans with Disabilities Act; and

**WHEREAS** almost 20% of persons age 55 and over experience specific mental and cognitive disorders that are not part of the "normal" aging process including a prevalence rate of 11.4% for anxiety disorders (DHHS, 1999); and

**WHEREAS** as many as 20% of older adults in the community and up to 37% in primary care settings experience symptoms of depression (DHHS, 1999); and

**WHEREAS** the Surgeon General's Report observed that as many as half of all people with serious mental illnesses develop alcohol or other drug abuse problems at some point in their lives and 15% of older men and 12% of older women treated in primary care clinics regularly drink in excess of limits recommended by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) (SAMHSA, CSAT Tip 26); and

**WHEREAS** older persons who are dually eligible for Medicare and Medicaid may lose access to medications that they had under their state Medicaid plan when the prescription drug benefit of the Medicare Prescription Drug Improvement and Modernization Act of 2003 takes effect on January 1, 2006; and

**WHEREAS** comorbidity of mental illness and substance abuse exacerbates symptoms and often leads to treatment noncompliance, more frequent hospitalization, greater depression and likelihood of suicide, incarceration, family friction, and higher service use and cost (DHHS, 1999); and

**WHEREAS** it is estimated that 17% of older adults misuse and abuse alcohol and medications and although the majority (87%) of older adults see a physician regularly about 40 % of those

who are at risk do not self-identify or seek services for substance abuse problems and are unlikely to be identified by their physicians (SAMHSA, CSAT Tip 26); and

**WHEREAS** older adults have the highest suicide rate of any age group with persons 85 and older having a rate almost double (21 per 100,000), and older white men having a rate almost six times (65 per 100,000) the suicide rate of general population (10.6 per 100,000) (CDC, 1999); and

**WHEREAS** there are effective interventions for most mental and substance abuse disorders experienced by older persons (Bartels, et al., 2003; DHHS, 1999; Gatz & Finkel, 1995); and

**WHEREAS** older Americans can accrue overall health benefits from successful treatment of their mental health and/or substance abuse disorder (AOA, 2001; DHHS, 1999); and

**WHEREAS** older adults and aging baby boomers present a growing and widely diverse ethnic and cultural population that will present major challenges to the nation's public and private mental health, primary care and substance abuse systems (Gerontological Association of America, 1999, 1994).

**THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:

Assure access to an affordable and comprehensive range of quality mental health and substance abuse services including:

- outreach
- home and community based care
- prevention
- intervention
- acute care
- long-term care;

Assure that these services are age appropriate, culturally competent and consumer driven;

Amend statutes that address public and private health and long-term care insurance plans to:

- guarantee parity in coverage and reimbursement for mental health, physical health, and substance abuse disorders
- eliminate exclusions based on pre-existing conditions
- ensure that benefits packages provide full access to a comprehensive range of coordinated and quality services
- ensure that older persons who are eligible for Medicare have access to a full range of medications;

Improve and effectively coordinate benefits, at all government levels, for those individuals who are dually eligible for Medicare and Medicaid coverage;

Promote the development and implementation of home and community-based care as an alternative to institutionalization through a variety of public and private funding mechanisms;

Promote older adult mental health and substance abuse services research and coordinate and finance the movement of evidence-based and emerging best practices between research and service delivery;

Support the integration of older adult mental health and substance abuse services into primary health care and community-based service systems;

Promote screening for co-occurring mental and substance use disorders by primary health care, mental health and substance abuse providers and encourage the development of integrated treatment strategies; and

Increase collaboration among aging, health, mental health and substance abuse consumer organizations, advocacy groups, professional associations, academic institutions, research entities, and all relevant government agencies to promote more effective use of resources and to reduce fragmentation of services.

***RESOLUTION ON THE EDUCATION AND DEVELOPMENT OF THE  
PROFESSIONAL MENTAL HEALTH WORKFORCE***

**WHEREAS** mental health, behavioral health and substance abuse professionals are not sufficiently trained in geriatrics, geriatric practitioners are inadequately trained in mental health, and health, social services and general practitioners are inadequately trained in either mental health or geriatrics (Alliance for Aging Research, 2002; Gatz & Finkel, 1995); and

**WHEREAS** major national studies, including the 2003 President's New Freedom Commission on Mental Health, recognize that there is a severe shortage of practitioners in the mental health, behavioral health and aging workforce to treat the mental disorders and substance abuse of older adults due to stigma and economic disincentives (Qualls, et al., 2002; Halpain, et al., 1999; Gatz & Finkel, 1995); and

**WHEREAS** as the diverse baby boom generation ages, there will be increased demand for culturally competent geriatric mental health and behavioral health practitioners (Gerontological Association of America, 1999, 1994); and

**WHEREAS** there are evidence-based and emerging best practices for successful treatment of mental health and behavioral health disorders (Bartels, et al., 2003; Pinguart & Soerensen, 2001; DHHS, 1999; Gatz, et al., 1998); and

**WHEREAS** undetected or inappropriately treated mental health and behavioral disorders lead to extraordinarily high rates of suicide among older adults and substantially increased risks of mortality from other diseases (Wassertheil-Smoller, et al., 2004; McGuire, et al., 2002; Pearson & Brown, 2000; CDC, 1999); and

**WHEREAS** interdisciplinary care has been shown to be the most effective approach for successful treatment of mid-life and older adults (Heinemann & Zeiss, 2002); and

**WHEREAS** it is imperative that graduate and continuing education programs train more health professionals in effective evidence-based and emerging best practices in geriatric mental health (President's New Freedom Commission, 2003; Qualls, et al., 2002, Halpain, et al., 1999; Gatz & Finkel, 1995); and

**WHEREAS** health and mental health professions often fail to provide basic curricula in geriatric mental health and substance abuse for all students (Alliance for Aging Research, 2002; Gatz & Finkel, 1995); and

**WHEREAS** the President's New Freedom Commission recognizes that a complex blend of training, professional, organizational, and regulatory issues needs a comprehensive strategic plan to improve workforce recruitment, retention, diversity, and skills training; and,

**WHEREAS** the President's New Freedom Commission on Mental Health recognizes that without a strategic plan to improve workforce recruitment, retention, diversity, and skills training, it will be difficult to achieve many of the Commission's other recommendations.

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging to:

Actively seek to attract new providers in mental health, behavioral health, and substance abuse for older adults by expanding geriatric traineeships for psychiatrists, social workers, nurses, psychologists and other health professionals such as occupational therapists, physical therapists, counselors, pharmacists, and target national financial incentives such as loan forgiveness programs and continuing education funding;

Require that professional mental health or behavioral health education programs that receive federal funding introduce geriatric course work or rotation for all students that includes promotion of evidence based and emerging best practices and skills in treating people with co-occurring mental and addictive disorders;

Require federal programs to promote interdisciplinary training and education;

Encourage states to revise licensing and continuing education requirements so that geriatric mental health, behavioral health and substance abuse is required for all licensed health, mental health and social services professionals;

Direct the Department of Health and Human Services to refine its approach to technology transfer in geriatric mental health and behavioral health evidence-based and emerging best practices to ensure that knowledge is translated more rapidly into the content of training curricula, that curricula employ teaching methods of demonstrated effectiveness, and that knowledge about effective education, recruitment, and retention strategies inform all public and private efforts to translate science to services; and

Eliminate disparities in reimbursement between geriatric mental health, behavioral health and substance abuse practice and other areas of mental health and health care practice.

**RESOLUTION ON CONSUMER AND CAREGIVER ISSUES REGARDING  
MENTAL HEALTH AND SUBSTANCE ABUSE**

**WHEREAS** the number of older adults with mental illness is expected to double to 15 million in the next 30 years (Consensus Statement of the Upcoming Crisis in Geriatric Mental Health, 1999); and

**WHEREAS** almost two thirds of older adults with a mental disorder do not receive needed services (Rabins, 1996); and

**WHEREAS** studies indicate that 50 – 70% of all primary care medical visits are related to psychological factors such as anxiety, depression, and stress (American Psychological Association, 2004); and

**WHEREAS** the 1999 Surgeon General’s report on Mental Health asserts that stigma surrounding the receipt of mental health treatment affects older people disproportionately and, as a result, older adults and their family members often do not want to be identified with the traditional mental health system therefore making stigma a major barrier to care that results in the underutilization of mental health and substance abuse services; and

**WHEREAS** as many as 17% of older adults knowingly or unknowingly engage in alcohol or medication misuse and abuse (SAMHSA, CSAT Tip 26); and

**WHEREAS** there is a paucity of research on the extent of mental health and substance abuse problems among older people, effective prevention and treatment strategies (Bartels & Unutzer, 2003; Norquist, 2003; DHHS, 2001); and

**WHEREAS** older adults have highest suicide rate of any age group (Peters, et al., 1998; Kachur, et al., 1995; Hoyert, et al., 1999); and

**WHEREAS** late-life mental disorders pose difficulties for the burgeoning numbers of family members who assist in caretaking tasks for their loved ones (Light & Lebowitz, 1991).

**THEREFORE BE IT RESOLVED** by the 2005 White House Conference on Aging that:

Recommendation 1.1 of the 2003 Presidents New Freedom Commission on Mental Health Final Report, which seeks to advance and implement a national campaign to reduce the stigma associated with mental illness include an emphasis on older adults and seeking care as well as a national strategy for suicide prevention; and

A public/private education campaign be initiated under Health and Human Services to educate consumers, family members, providers and the public on healthy aging and mental wellness and the identification and promise of effective treatments for mental health disorders in older adults incorporating consumer choice/ empowerment and involving consumers as educators; and

Older adults be identified as a priority for public mental health and substance abuse program funding; and

Research be conducted to assess the efficacy of prevention and treatment approaches for older adults (including peer support groups); and

Evidence based, emerging best practices, and value based mental health and substance abuse outreach, prevention, and treatment services for older adults be made available, accessible, and affordable and be provided by people trained and experienced working with older adults; and

Providers deliver services that are linguistically, culturally, ethnically, and age appropriate; and

The role of caregivers be recognized and supportive services be provided e.g., support groups, respite care, and counseling.