The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?

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Dan Blazer, MD, PhD
Willard Mays, MA
Committee on the Mental Health Workforce for Geriatric Populations
IOM Board on Health Care Services

INSTITUTE OF MEDICINE
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Charge to the Committee

Determine the mental and behavioral healthcare needs of older Americans and then make policy and research recommendations for meeting those needs through a competent and well-trained mental health workforce.

Target Population

Mental health and substance use (MH/SU) conditions that are most prevalent among older adults and for which there are sufficient data for study.

DSM Mental Disorders (examples)

Anxiety disorders
PTSD
Bipolar disorder
Depressive disorders
Schizophrenia
Substance abuse

Other Conditions (examples)

Behavioral and psychiatric symptoms of dementia
Complicated grief
Fear of falling
Severe self-neglect
Suicidal ideation

Outside Committee's Scope

- Principal diagnoses of cognitive impairment (e.g., Alzheimer's disease and other dementias), intellectual disability, and autism spectrum disorder
- Effectiveness of individual therapeutic interventions (e.g., prescription medications, specific approaches to psychotherapy)
- Tobacco use as a substance use condition
- Workforce issues related to caregivers' needs

Who Makes Up the MH/SU Workforce?

- MH/SU specialists
- MH/SU providers with specialized training in the care of older adults
- Primary care providers
- Primary care providers with specialized training in the care of older adults
- Direct care workers
- Peer support providers
- Informal caregivers

What Makes Older Adults Different?

- The interaction of medical conditions, cognitive impairment, functional impairment, and MH/SU conditions
- Frequent use of multiple medications both for chronic medical conditions and MH/SU conditions
- Goals of care play larger role in health care decisions
- Loss and grief are common

KEY FINDINGS: Who are the older adults with MH/SU conditions?

- About 1 in 5 older Americans has a MH/SU condition
  - 8 million older adults have one or more MH/SU conditions
  - 2 million older adults have SMI
- Depressive disorders and behavioral problems secondary to dementia are most prevalent
- Older veterans are more likely to have MH/SU conditions than the general older adult population

KEY FINDINGS: Who are the older adults with MH/SU conditions? *(Cont'd)*

- Looking to the future:
  - There will be greater numbers of blacks and Hispanic/Latinos with MH/SU
  - There will be more older adults with dementia and associated behavioral and psychological symptoms
  - Use of illicit drugs is likely to increase, especially marijuana use and non-medical use of prescription drugs

KEY FINDINGS: Numbers and Training

- The workforce is not prepared—in numbers, knowledge, and skills—to care for the MH/SU needs of a rapidly aging and increasingly diverse population
- Current educational, training, certification and licensure requirements are insufficient, vague, and inconsistent
  - Trainees in MH/SU need training in geriatrics
  - Trainees in geriatrics need training in MH/SU
  - Trainees in primary care need training in geriatric MH/SU

KEY FINDINGS: Workforce Implications of Effective Delivery Models

- There is research evidence that an adequately prepared workforce can improve outcomes for MH/SU
- Models of care for depression and at-risk drinking:
  - Systematic outreach and diagnosis
  - Team-based care
  - Patient and family education and self-management
  - Provider accountability for outcomes
  - Close follow-up and monitoring to prevent relapse

Conclusions

❖ A substantial proportion of older adults have symptoms that warrant the attention of a provider skilled in geriatric MH/SU problems.

- Yet only a minority of affected individuals receive specialty care, and the primary care they receive for MH/SU conditions is often inadequate

❖ There is a conspicuous lack of attention to preparing the workforce to care for older adults who have MH/SU conditions

- The barriers to progress are fundamental and entrenched in numerous public and private systems and programs
- Federal responsibility for geriatric MH/SU is too diffuse
- Agencies' efforts are inadequate and dwindling
- The most basic workforce data are lacking
- Designating a locus of responsibility within HHS will be a critical first step to building the workforce

Conclusions (*cont'd)*

❖ There is a fundamental mismatch between older adults' need for coordinated care and fee-for-service reimbursement

- Medicare and Medicaid payment rules deter rather than facilitate access to effective and efficient MH/SU services
- Limitations on which personnel can be reimbursed prevent key providers from offering needed services
- Care managers are integral to effective management of depression, yet Medicare does not cover their services

❖ Health care delivery to older adults must be reorganized to reflect the chronic nature of MH/SU and other health conditions

Recommendation 1

Congress should direct the Secretary of HHS to designate a responsible entity for coordinating federal efforts to develop and strengthen the nation's geriatric MH/SU workforce

- Congress should fund the already authorized National Health Care Workforce Commission to serve in this capacity. In the absence of congressional action, the Secretary should designate an alternative body.

Recommendation 1 *(cont'd)*

- The coordinating body should have the following priorities:
  - Methods for improving recruitment and retention of geriatric MH/SU personnel, including ways to build a workforce that reflects the increasingly diverse older adult population.
  - Wide-scale implementation of evidence-based models of geriatric MH/SU care.
  - Model curriculums in geriatric MH/SU, including training in integrated rehabilitation, health promotion, health care, and social services for older adults with serious mental illness.

Recommendation 1 *(cont'd)*

Priorities for the Coordinating Body (cont'd)

- Core competencies in geriatric MH/SU for the entire workforce spectrum, including direct care workers, peer support specialists, primary care physicians, nurses (at all levels), physician assistants, substance use counselors, social workers, psychologists, rehabilitation counselors, and marriage and family therapists.

Recommendation 2

The Secretary of HHS should ensure that its agencies—including AoA, AHRQ, CMS, HRSA, NIDA, NIMH, and SAMHSA—assume responsibility for building the capacity and facilitating the deployment of the MH/SU workforce for older Americans.

Recommendation 2 *(cont'd)*

- CMS should:
  - Evaluate methods for reimbursing care managers and the mental health specialists that supervise them.
  - Evaluate methods for deploying personnel in Community Mental Health Centers to provide older adults primary care and chronic disease self-management.
  - Explore ways to use QIOs to improve care delivery to older adults with MH/SU conditions
  - Enforce PASRR and the MDS rules for assessing nursing home residents' mental health. These assessments should inform residents' care plans and nursing home personnel should implement the care plans accordingly.

Recommendation 2 *(cont'd)*

The HRSA Administrator should ensure that:

- The National Center for Health Care Workforce Analysis devotes sufficient attention to geriatric MH/SU
- Geriatric Academic Career Awards career development grants include awards to geriatric MH/SU specialists if they commit to working with older adults who have MH/SU conditions in acute or LTC settings).
- Geriatric Education Centers and the Comprehensive Geriatric Education Program institutional awards fund programs that train individuals in geriatric MH/SU care.

Recommendation 2 *(cont'd)*

The Director of NIMH should ensure that:

- NIMH conducts research on methods for increasing the capacity of the mental health workforce to provide competent and effective care for older adults in the community, nursing homes, or other congregate residential settings.

Recommendation 2 *(cont'd)*

The SAMHSA Administrator should ensure that:

- SAMHSA devotes sufficient attention to the capacity of the behavioral health workforce to provide geriatric mental health and geriatric substance use services.
- SAMHSA restores funding of the Older Adult Mental Health Targeted Capacity Expansion Grant program.
- States that receive MH/SU block grants document and report how the funds are used to support local capacity to serve older adults

Recommendation 3

Accreditation and certification organizations and state licensing boards should:

- ❖ Modify their standards, curriculum requirements, and credentialing procedures to require professional competence in geriatric MH/SU for all levels of personnel
  - Including re-credentialing and professional development for already licensed and certified personnel.

Recommendation 4

Congress should:

- Fund training, scholarship, and loan forgiveness provisions of the ACA for individuals who work with or are preparing to work with older adults who have MH/SU conditions. Funding should target programs with curriculums in geriatric MH/SU and be directed to:
  - MH/SU specialists
  - Primary care providers, including MDs, RNs, APRNs, and Pas
  - Potential care managers including RNs, APRNs, social workers, PAs, and others.
  - Faculty in medicine, nursing, social work, psychology, substance use counseling, and other specialties.
  - Direct care workers and other front-line employees in home health agencies, nursing homes, and assisted living facilities
  - Family caregivers of older adults with MH/SU conditions.

Recommendation 5

HHS should direct the coordinating entity to develop and coordinate data collection and reporting for geriatric MH/SU workforce planning. This should include:

- Prevalence data including comorbidities, cognitive impairment, age cohort, and demographic characteristics
- Use of MH/SU services
- Information on the geriatric MH/SU workforce in enough detail to assess the workforce by race and ethnicity, linguistic skills, geography, qualifications, training and certification, areas of practice, and hours spent in the care of older adults.

Thank you

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