



Mental Health Needs of NC Older Adults

Mary Lynn Piven, PhD, PMHCNS/NP-BC
Associate Professor
School of Nursing
The University of North Carolina - Chapel Hill



Words to live by...

- “Anything that’s human is mentionable, and anything that is mentionable can be more manageable. — Fred Rogers
- “Mental health is an integral part of health; indeed ...there is no health without mental health...”

--- WHO, 2014



Mental Health Capacity Survey

- NC Mental Health, Substance Use, & Aging Coalition (NC MHSUA Coalition)
- Survey 2012-2013
- 161 responded
- Mental Health; Aging Services; FQHCs; LTC, Social Services; Adult Day & others



System Barriers

(Non-Mental Health respondents)

- Lack of understanding amongst primary care physicians (i.e. “oh, they are just old”)
- Transportation, transportation, transportation
- Not enough education/resources to serve older adults
- Not our mission
- Acceptance of the need for MH services
- Lack of community infrastructure in place
- Diminished funds



System Barriers

(Mental Health respondents)

- Local LME has no aging specialist within their ranks
- Many MH providers do not have adequate training or skills to appropriately diagnose & treat older adults
- Many MH licensed practitioners either do not have the appropriate licensure for Medicare, if so, many choose not to be on a Medicare panel
- Medicare: cannot afford co-pays; lack supplemental insurance
- Not enough willing providers to provide talk therapy in conjunction with medication
- Hard to get an appointment with MH, or might take too long before being seen



System Needs

- Increased collaboration – MH, aging (services), primary care
- MH providers with greater aging expertise
- Outreach for socially isolated
- Aging/Social Services with greater MH knowledge
- Increased primary care screening
- Clear protocols & strategies for care
- Additional MH providers
- Increased emphasis on prevention
- Roll-out of evidence-based programs



Care Provider Training Needs

- Screening/screening tools
- Intro MH & Aging
- Assessing MH/SA & choosing interventions
- Building systems of care
- Evidence-based programs
- Social marketing/public awareness



Training Needs

- Coordination across local community, regions, state, involving system of providers
- Clarification of current capacity of current resources (traditional and non-traditional) of existing state resources (other states as examples)
- Training...follow-up on skills, outcomes



Optimal Conditions Care/Services

- Continuous quality improvement
- System (transitions of care)
- Driven/shaped by evidence-
base/Policy/Resources
- Outcomes: older adult; provider; system



Care/Service Array

- Driven by culture/values/consent of older adult
 - Quality of life/level of self-management
 - Multiple care providers/service providers “touching” older adults
- Primary, Secondary, Tertiary care/service
- Health Promotion, Prevention & Management



Care/Service Array

- Friendly Caller Programs
- Home Care Services
- Transportation
- Integrated MH and Medical Care
- Individual/Caregiver Counseling
- Expert Psychiatric Care/Consultation
- Emergency Care Services



Contact Information

Mary Lynn Piven, PhD, PMHCNS/NP-BC
UNC School of Nursing

piven@email.unc.edu

919-843-8585



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SCHOOL OF NURSING