



Mental Health System for Older Adults: Current and Ideal

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Issues

- Rapidly growing older adult population that will outstrip our current system of geriatric care: How can we support staying in the community
- Shortage of mental health providers for the foreseeable future
- How can we begin to address a minimum acceptable standard of mental health care for older adults in NC?



Challenge

- What can we do differently?
- What state, regional, or local resources do we have now?
- Given any upcoming changes in the system, what is best for older adults across MH, SU and DD?



Key Report:

- The Mental Health and Substance Use for Older Adults: In Whose Hands? (IOM, 2012)
- Studied workforce needed to address growing mental health needs of exploding older adult population
- Uh, oh....we have a problem
Houston....





Depressive symptoms

- **Mild:** some difficulty in continuing with ordinary work & social activities, but will probably not cease to fx completely
- **Severe:** unlikely to continue with social, work or household activities



Resource constrained locale	What tested?	Participants	Results
Uganda (Bolton et al., 2003)	Group interpersonal psychotherapy	341 men & women	Recovery @ 6 months-65% intervention; 45% usual care (P=0.05)
Chili (Araya et al., 2006)	Collaborative Care vs usual care	240 low income women	Recovery @ 6 months; 70% for intervention; 30% usual care (P<0.001)
India (Patel et al., 2010)	Lay health counselors: Case management & psychosocial interventions	207 socially disadvantaged	46 months-63% marked improvement; 36% moderate improvement (P<0.001) (Patel, 2003)



National initiatives

Improve access to home & community services & supports

Improve access to evidence-based chronic care interventions

Emphasis on self-management



Improve access to home & community services

Improve access to evidence-based chronic care interventions

- Depression
- Substance Abuse
- Dementia





Address Workforce Training

-States are enhancing the ability of their systems to educate, identify, refer and provide appropriate services to older adults, DD and those at risk in non-expert, non-traditional workforce

- Living in Community

- Adult Care Homes

- Nursing Homes



Depression Management Programs

- PEARLS-Community Care
- IMPACT-Primary Care
- Healthy IDEAS- Community of Aging Service Providers



Healthy IDEAS for Depression

- Evidence Based Practice improves outcomes of older adults with depressive symptoms
- Appropriate for non-expert professionals and non-professionals



Alcohol Screening

- SBIRT
- BRITE



Depression protocols include these **KEY STEPS**

- Assess
- Educate
- Do something! (care standard/protocol)
- Follow-up (case management ideal)
- Re-assess-re-define problem



Features of Responsive Mental Healthy System

- Recognition that mental health is necessary for physical health
- Right care provided by appropriate staff/provider
- Patient centered care
- Accountable staff and systems-
where does the buck stop?



DAVE BRPENTER

"MISS WILCOX, SEND IN SOMEONE TO BLAME."



Short-term

- Assess existing county-wide leadership & stakeholders
- What do OUR communities NOW and in the FUTURE?
- Where do we get “help” now?
- Identify other silos with mutual problems--→solutions/goals



For consideration

- Where are there tight communication and loose/poor connections between resources/stakeholders



Workforce training

- Assess existing state-wide training resources
- How do we meet the learning needs of a wide swath of consumers and providers?
- Learners with varying needs for information; knowledge and “hands on skills”



Where rubber meets the road

- County level decision-making/needs/resources
- County, regional & state-wide: what are our service and educational training needs to improve quality of life for community-dwelling older adults.



Ideal System

- Integration of MH & Aging systems
- Record system that crosses care settings and service providers and follows individual from cradle to grave
- Adequate numbers of trained professionals and non-experts to assure a high quality of care to support a higher quality of life



Ideal System

- Accessible, collaborative
- Comprehensive, flexible with growing, changing demographics
- Articulate with existing agencies serving older adults
- State regional structure monitoring dissemination of key practices for Depression, SU and ID using experts in field and best practices





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