

# Mental Health System for Older Adults: Current and Ideal

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#### Overview

- Snapshot of mental health care for older adults in NC
- Evolution/changes in health care
- Recommendations for achieving a person-centered, responsive mental health care system in NC



#### 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?

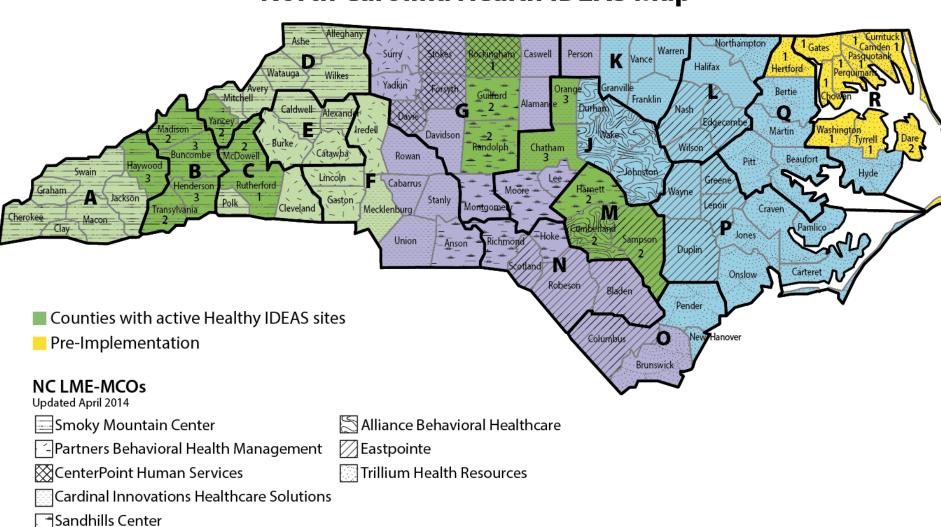


#### **Key Report:**

- 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...



#### **North Carolina Health IDEAS Map**









# **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 constraine locale		ested?	Participants	Results
Uganda (Boet al., 2003)	interpe	rsonal therapy	341 men & women	Recovery @ 6 months-65% intervention; 45% usual care (P=0.05)
Chili (Araya al., 2006)	et Collabo Care vs care		240 low income women	Recovery @ 6 months; 70% for intervention; 30% usual care (P<0.001)
India (Patel al., 2010)	counse Case	elors: ement & social	207 socially disadvantaged	46 months-63% marked improvement; 36% moderate improvement (P<0.001)



### **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



# Depressison 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 systemswhere does the buck stop?





" 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 decisionmaking/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 demongrahics
- -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







#### **Contact Information**

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References available by re



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