# Building State Capacity to Address Older Adult Mental Health & Substance Use

#### Acknowledgements

- Slides developed by:
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    - NC Healthy Aging Research Network
    - Center for Health Promotion and Disease Prevention
    - University of North Carolina at Chapel Hill
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## **Objectives**

- Describe strategies, programs & policies to address older adult mental health needs.
- Review key components to viable state system of care.



#### **Assess & Plan**

 Use the planning template to analyze gaps in North Carolina.

			Name:	
Cap	acity Checklist for Older Adult Mental Health a	and Substance Use	Community or region	
	ar community (or region) <u>missing</u> core components of older ance use prevention and intervention? Please check & note			
	Components	No	otes	
	Coalition or care partnership			
	Multi-sector; broad representation			
	Coordinated planning &/or care			
	Goals & action steps defined			
	Data & data monitoring systems			
	Mental health/substance use/dementia relevant data			
$\dashv$	Programs/interventions data			
_	Community education & provider development			
_	Plan for targeted training of all providers			
$\overline{}$	Older adults & caregivers			
	The community at large			
$\dashv$	Prevention			
	"Healthy" community for older adults			
	Social engagement & meaningful roles			
	Physical activity outlets			
	Self-care & supportive resources, e.g., caregiver			
	support groups, respite care			
	Screening & evaluation			
	Health professionals			
	Mental health professionals			
	Self and others			
	Programs & interventions			
_	Self-care & supportive resources			
	Pathways to care open & clearly defined with MOUs or MOAs			
	Primary care collaboration, integration &/or co-			
_	location			
	One or more options for consultative support to front-line providers			
	One or more evidence-based depression			
	programs, i.e., Healthy IDEAS, PEARLS, IMPACT			
$\overline{}$	One or more evidence-based SU interventions			
$\dashv$	One or more evidence-based dementia care & dementia caregiver support interventions			

#### We can't look to the other guy...

- Growing numbers, growing needs, growing challenges
  - MH/SU health care delivery is inadequate and of poor quality for most older adults, p. 23
  - The geriatric MH/SU workforce: too few and not prepared, p. 6
  - The primary care workforce: poor preparation in geriatric health and MH/SU care

National Research Council. *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*. Washington, DC: The National Academies Press, 2012.

The bottom line....

We are ALL in this TOGETHER...

Let's get to work....

#### **BUILDING CAPACITY**

## **Core Components**

- Policies & prevention strategies
- Coalition &/or care partnerships
- Data & data monitoring
- Community education & provider development
- Screening & assessment for MH/SU risk & needs
- Programs & interventions

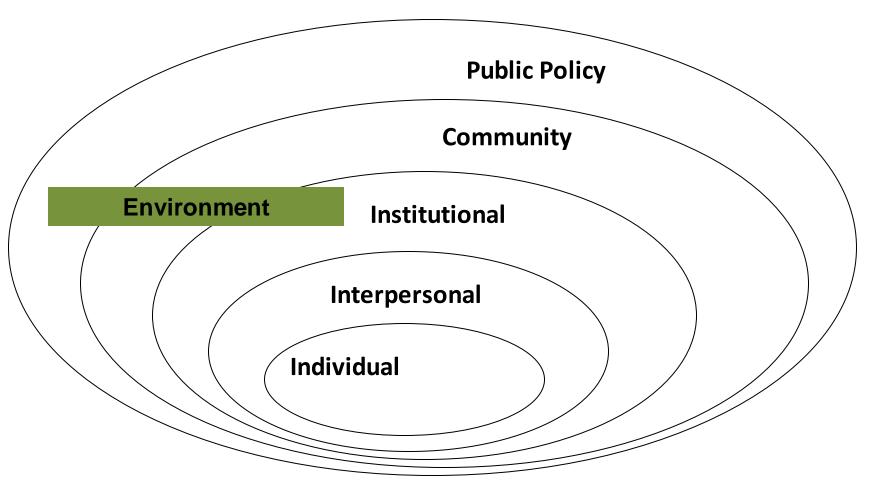
#### Mind your "Ps"....



**Capacity building....** 

#### **POLICY AND PREVENTION**

#### **Targeting Approaches**



Modified/ Sources: McLeroy et al., 1988, Health Educ Q; Sallis et al., 1998, Am J Prev Med

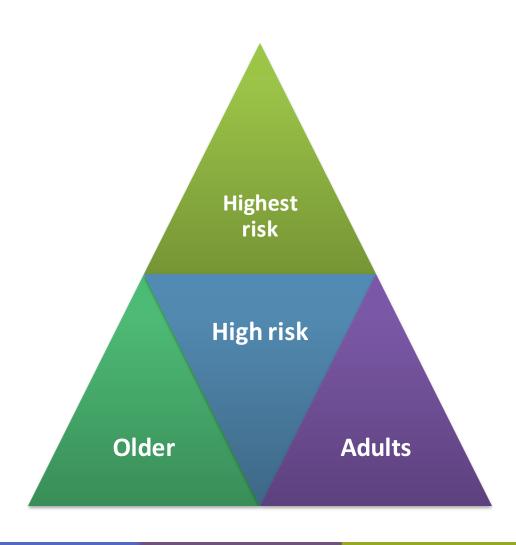
## Big "P" & Little "p" Policy

- Big "P"
  - Credentialing body requires geriatric MH/SU continuing education to maintain license
- Little "p"
  - Local organizations have MOA to share patient/client data to facilitate care coordination
  - Organizations engage older adults in positions of leadership
  - Ageism actively & strongly discouraged

**Capacity building....** 

#### **PEOPLE AND PROGRAMS**

#### Resources at All Levels



### Partnerships & Coalitions

- State/community/regional partnerships
  - Multi-discipline/multi-sector
  - Public & private sector
- Functions
  - Planning & monitoring
  - Service coordination
- Characteristics
  - Shared mission
  - Well-defined & coordinated roles
  - Clear communication



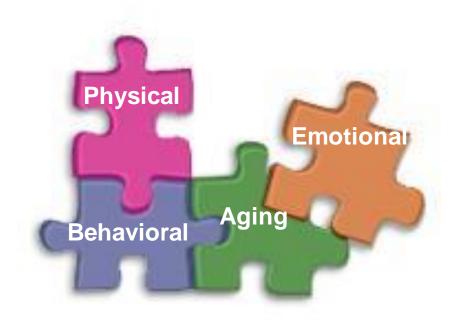
#### Data

- Relevant data regarding...
  - MH/SU incidence/characteristics
  - Available interventions
  - Outcomes
- Answers three key questions
  - Where are we?
  - Where do we need to go?
  - What have we accomplished?



## **Provider Development**

- Address knowledge & practice gaps
  - Health providers
  - MH/SU providers
  - Aging services
  - Public health
  - Recreation & more
- Let's put the puzzle together!



## **Community Education**

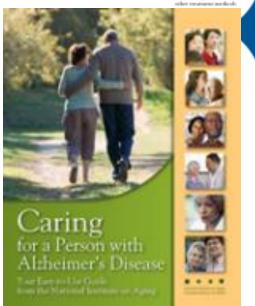
- Older adults & caregivers
  - Healthy, not at risk
  - At risk for MH/SU issues
  - Already with problems
- The community as a whole
  - Public & private sector
  - Citizens
  - Champions



Depression

Decryone fieth libre new and them. It's part of life. But, if you us bugger empty activities that you mostly life, you may have a most serious publicus, things depressed, without longs, can change the way you think and live!. However, all his "whind themseine."

Design Stem in the design of the Design Stems in the design of our a period of time is not a normal por of getting older. But, it is a common problem, and modified help may be needed. For most people, depending will get better with treatment. "Diff. therepy," medicine, or

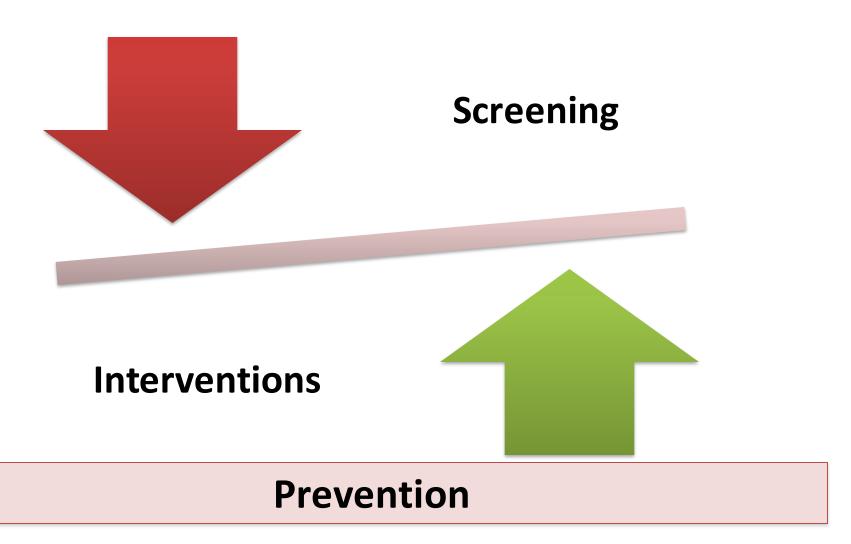


### **Educational Tools/Strategies**

- Systematically disseminate information
  - Older adults & caregivers in various settings
    - Low literacy
    - Foreign-born
- Directly address stigma & disabling norms
- Promote engagement & action
- Use available resources



## **Ensuring Balance**



## **Screening & Evaluation**

- Routine screening for MH/SU risk?
  - Healthy lifestyles/behaviors
  - Medical issues that increase risk or cause problems
  - Medication review
  - Screening for depression, dementia, substance use
- Screening by primary care, MH/SU, aging services, older adults, others?



## **Screening & Evaluation**

- Pathways for evaluation when indicated?
- Pathways to appropriate programs or interventions?
- Pathways not only exist, but are formalized with clear algorithms



#### **Core Programs & Interventions**

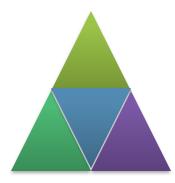
- Health promotion, e.g.,
  - Physical activity
  - Social engagement
  - Self-care, e.g., CDSMP
- Risk reduction, e.g.,
  - Grief support groups
  - Peer support
  - Respite care
  - Other support services





#### **Core Programs & Interventions**

- Programs integrated into other services
  - Aging services
    - Healthy IDEAS
    - PEARLS
  - Primary care
    - IMPACT
    - Telehealth
    - SBIRT
- Co-located services or coordinated, collaborative care



#### **Core Programs & Interventions**

- High risk/severe conditions
  - Clear pathways to care
  - Coordinated, integrated health & mental health intervention





Let's get busy...

## TOGETHER WE CAN MAKE IT HAPPEN!



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