

US Senate Special Committee on Aging

“Mental Health Care for Older Adults: Raising Awareness, Addressing Stigma, and Providing Support”

May 19, 2022

Testimony of Kimberly Williams, President and CEO, Vibrant Emotional Health

Thank you, Chairman Casey, Ranking Member Scott, and members of the Special Committee on Aging, for the opportunity to provide testimony on this important topic of mental health care for older adults. My name is Kimberly Williams and I am the President and Chief Executive Officer of Vibrant Emotional Health (Vibrant). For 50 years, Vibrant has been at the forefront of promoting mental and emotional well-being and providing support for individuals, families, and communities through our innovative programs, advocacy, and education.

Vibrant is unwavering in our belief that everyone can achieve emotional wellness with the right care and support. This belief is at the center of our work and our aim to erase stigma around mental health. We work every single day to help save lives and help people get care anytime, anywhere and in any way that works for them. Vibrant is proud to be the founder and administrator of the Geriatric Mental Health Alliance of New York, which has the goal of developing and advocating for changes in mental health policy and practice that are essential to meet the mental health needs of older adults.

Mental Health Challenges Facing Older Adults

As the older adult population in the country continues to grow, so does the need for robust programs designed to meet and address their unique challenges. In 2019, approximately 16% of the population living in the United States, or 54.1 million individuals, were aged 65 and older.¹ The older adult population between 2009 and 2019 increased 36%, by approximately 14.4 million individuals, while the under 65 population increased by just 3% during the same time period. According to estimates from the Centers for Disease Control and Prevention (CDC), approximately 20% of adults age 55 and older have a diagnosable mental health and/or substance use disorder, including dementia.² Even more have emotional challenges that have a significant impact on quality of life. The range of mental health conditions includes anxiety and depression, which often co-occur with dementia; psychotic conditions, such as schizophrenia, bipolar disorder and severe depression; and substance use disorder.

While there has been much focus on older adult physical health and how social determinants of health can impact quality of life outcomes, there is less awareness of older adult mental health needs and how social, economic, and environmental factors impact overall mental well-being. For older adults, financial stability, food security and nutrition, accessible housing, and social supports are interconnected when viewed through the lens of effect on mental well-being. Low-income older adults are more likely to be

¹ US Department of Health and Human Services, Administration on Aging. *2020 Profile of Older Americans*. Published May 2021 <https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>

² Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. *The State of Mental Health and Aging in America Issue Brief 1: What Do the Data Tell Us?* Atlanta, GA: National Association of Chronic Disease Directors; 2008

lonely, which has been linked to depression, cognitive decline, and Alzheimer's disease, as well as a host of physical conditions.³ Raising awareness of seniors' mental health challenges and how they interact with other challenges is key to improving and maintaining the mental health of older adults.

Mental health conditions among older adults tend to be widely under-recognized and often are untreated or undertreated among older adults. Providers, caregivers, and older adults themselves tend to view symptoms of mental health conditions as a part of the life changes that may occur as we age. Stigma, ageism and lack of awareness about mental illness and the effectiveness of treatment can result in reluctance to seek or accept behavioral health services. Other barriers older adults face in accessing appropriate treatment include: Too few clinically, culturally, competent mental health professionals and paraprofessionals specializing in geriatric mental health, including peer specialists; shortage of mental health professionals who accept Medicare and limited coverage of mental health providers under Medicare; shortages of home and community-based services, despite recent tele-mental health reimbursement policy changes; over-reliance on primary health care providers without adequate expertise; and over-reliance on institutional care, largely due to inadequate support for family caregivers and a shortage of supportive housing as an alternative to institutional care. In addition, for many older adults who are low income and receive both Medicare and Medicaid, it is a challenge to understand which services may be covered and which providers are eligible by the programs to provide the services. In many cases these individuals are forced to navigate two complex insurance systems – Medicare and Medicaid- that have differing coverage and payment rules.

Untreated mental disorders and developmental challenges result in substantial human suffering. They are major contributors to premature disability and death. Untreated mental health disorders also contribute to social isolation and high rates of suicide amongst older adults, particularly men over the age of 85.⁴ Untreated or undertreated mental health conditions also drive overall healthcare system costs higher by contributing to avoidable placement in institutions and long-term care facilities instead of allowing people to age in place with the proper support. America's older adults deserve better.

Addressing Access to Care

While the challenges in reducing stigma and improving care for older adults are formidable, there are many reasons to be hopeful that progress can continue to be made in addressing older adult mental health concerns. Community based programs like Vibrant's older adult Assertive Community Treatment (ACT) team, offer an interdisciplinary, evidenced-based practice that provides treatment, rehabilitation, and support services, using a person-centered, recovery-based approach, to individuals who have been diagnosed with serious mental illness. Vibrant's ACT team is perhaps the only such team in the country that is specifically tailored toward serving the older adult population.

By helping to address difficulties an individual may be facing holistically, we are able to improve mental health outcomes and keep older individuals with serious mental illness thriving in the community.

³ Mental Health Technology Transfer Center Network Region Three. Emerging Factors: Impact on an Aging Population. Published July 2019 <https://mhttcnetwork.org/sites/default/files/2019-07/Emerging%20Factors-Fact%20Sheet%20%282%29.pdf>

⁴ Substance Abuse and Mental Health Services Administration. (2022, April 28). People at Greater Risk of Suicide. <https://www.samhsa.gov/suicide/at-risk>

Program successes include a 62-year-old Caucasian woman located in Bronx, NY who was admitted into the ACT program with a serious mental illness and co-occurring chronic physical health issues. She did not have stable housing and was using psychiatric hospitals as a housing solution due to stigma and verbal abuse she experienced within shelters. The interdisciplinary team of counselors, social workers, nurses and other support specialists provided her with weekly trauma focused therapy and assistance with taking her psychiatric medications. Through these and other interventions, she was able to gain insight into her mental health condition, address her physical health conditions, and utilize coping strategies. The ACT team advocated for the client's needs during all appointments to ensure that she received appropriate treatment and resources. After a year in the ACT program, the client improved enough to transition to a lower level of care. She voluntarily provides updates on her progress to the ACT team and appears to be progressing well and incorporating many of the skills and strategies learned within the program.

Addressing substance use disorders is also crucial for older adult mental health care. The ACT team was able to support a 52-year-old African American man who came to the program with a substance use disorder in addition to other mental health concerns. The client was hospitalized on a monthly basis since admittance to the program due to non-compliance with the prescribed psychotropic medication regimen. As a result of the interventions and activities provided by the ACT team, his substance use became more sporadic over time. The ACT team diligently worked with the client on utilizing harm reduction strategies in an attempt to help him reduce his use of substances and escorted him to physical health appointments to address co-existing conditions. Eventually, the client was able to maintain abstinence from all illicit substances and able to maintain compliance with his medication regimen. The client voluntarily calls the ACT team on a monthly basis to provide an update on his sobriety. The client continues to utilize exercise as a positive coping strategy and has begun to engage with programs aimed at re-entering the workforce.

These successes illustrate the power of providing comprehensive, integrated, recovery-oriented supports that are tailored to the unique needs of the individual. Most older adults with mental health problems also have chronic physical problems. Many older adults who seek treatment for late onset mental health problems turn to their primary care physicians rather than to mental health professionals. For these reasons it is critical to build linkages between mental health and health services, indeed to design new structures of service which are inherently integrated. Similarly, many of the needs of older adults with mental health problems are addressed through the "aging" service system. This system offers potential for prevention, opportunities for identification, sites for community-based treatment, and more. Linkages and new, integrated service models between mental health and aging services are, we believe, a key to better service provision.

Dissemination of best practices for addressing older adult mental health is important in order to reach more older adults who may be facing behavioral health challenges. Vibrant, through our role convening the Geriatric Mental Health Alliance of New York, was the lead catalyst for legislation in New York State that helped to lay the groundwork for planning and innovative programming for this population. The Geriatric Mental Health Act of New York established an interagency planning council at the state level and an older adult mental health service demonstration grants program to fund innovative services. The grant program, which is a \$2M annual state investment, has been funded for over a decade with four rounds of grantmaking and has focused on a variety of innovative programming, including the integration of physical and mental health care, the community gatekeeper model, and partnership

programming between mental health, substance use and aging services. The programming has resulted in improved mental health outcomes for thousands of older adult New Yorkers and many of the programs have been sustained beyond the grant period. This state level model of planning and demonstration programming is a model that can easily be replicated in other states and supported by the federal government.

Recommendations for Raising Awareness, Reducing Stigma, and Providing Support

With the number of older adults expected to reach 80.8 million, or 21.6% of the United States' population by 2040, the work of the Special Committee on Aging to raise awareness of older adult mental health challenges is critically important.⁵ Vibrant recommends the following in order to raise awareness, reduce stigma and provide support for older adult mental health.

- *PROMOTE MENTAL HEALTH:* Federal, state, and local governments should create and pursue opportunities to promote mental health and to prevent the development or exacerbation of mental and substance use disorders in the aging population. It is particularly important to build this goal into the health care delivery system and into the efforts to modernize the aging services system and to develop "age-friendly" communities. This includes creating and expanding opportunities for older adults to have meaningful engagement in their communities as formal and informal providers of services and supports to other older adults.
- *SUPPORT AGING IN THE COMMUNITY:* Governments should create policies that support and enable older adults with mental disorders to live where they choose—usually in the community. It is particularly important to provide housing alternatives to institutions for older adults with co-occurring serious physical and mental disorders, including supportive housing and in-home care. Medicare and Medicaid incentives and reimbursements should support aging in place as much as possible.
- *SUPPORT FAMILY CAREGIVERS:* Provide support for family caregivers, including, but not limited to, those who care for aging spouses or parents with mental disorders, older adults who care for grown children with mental disabilities, and grandparents raising grandchildren. This should include, but not be limited to, tax benefits, income replacement due to lost wages and/or benefits associated with family caregiving, as well as services such as counseling, psycho-education, support groups, and respite. Ensure that older adults are able to have a role in designating their "family caregivers" by supporting those who are "chosen family," in addition to those that may be biologically or legally related to the care recipient.
- *IMPROVE ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES:* To improve access to these services, it will be necessary: to increase the amount of service available in both the public and private sectors; make services more affordable, mobile, and available in home and community settings such as senior centers, senior housing,

⁵ See 1

naturally occurring retirement communities (NORCs), and houses of worship; increase access to broadband as well as to technologies that enable older adults to receive telehealth services inclusive of tele-mental health services; and incentivize states to develop interstate licensure compacts for a wide variety of mental health providers in order for older adults to have increased choice of provider and additional provider capacity to serve the growing population.

- *IMPROVE QUALITY*: The quality of mental health and substance abuse services for older adults needs vast improvement across care settings and in both the public and the private sectors. This must include improved identification and treatment of mental health and substance use challenges by health and aging services providers as well as mental health and substance abuse providers. Mental health conditions are not a part of the normal aging process. These conditions can and should be properly treated and managed to allow older adults increased quality of life and improved health outcomes.
- *INTEGRATE MENTAL HEALTH, PHYSICAL HEALTH, AND AGING SERVICES*: Integrating screening for and treatment of mental and substance use disorders into primary and specialty health care is vital as these disorders are likely to also have chronic physical health conditions and older adults may be reluctant to go to specialty behavioral health settings. It is particularly important to improve identification and treatment of mental, substance use, and behavioral disorders in long-term care settings, i.e., in home health care, adult medical day care, assisted living, and nursing homes. Aging services settings such as senior centers, senior housing, NORCs, meals-on-wheels and similar services should routinely engage in screening for and treatment of mental and substance use disorders in partnership with mental health, substance abuse, or health care organizations. Reducing Medicare and Medicaid coverage and cost-sharing disparities and streamlining program information would allow older adults to feel empowered to make informed choices about their care.
- *PROMOTE CULTURAL COMPETENCE*: Racial and ethnic minority populations within the older adult population increased from 7.8 million in 2009, approximately 20% of older Americans, to 12.9 million in 2019, approximately 24% of older Americans, and are projected to increase to 27.7 million in 2040, representing an estimated 34% of older adults.⁶ Services need to be responsive to cultural differences and sensitivities. It is particularly important for services to be provided in the older adult's preferred language and method of communication.
- *PROVIDE PUBLIC EDUCATION*: Additional extensive educational efforts are needed to combat stigma, which causes reluctance to acknowledge or get help with mental or substance use disorders. Education is also needed about mental illness, the effectiveness of treatment, and where treatment is available. Expanded information and referral services specifically related to older adults would be of great value. Combating

⁶ See 1

ageism is key in addition to stigma, which results in the expectation that depression and other mental disorders are unavoidable among older adults. Ignorance about mental illness and its treatment can lead to under or no treatment for older adults, increasing suffering and contributing to suicidal ideation.

- *ADDRESS DETERMINANTS OF HEALTH:* A “whole person” approach to health care must also consider the social determinants of health, which have been shown to be real factors in an individual’s well-being. Older adults with mental or substance use disorders often face social and economic problems such as social isolation, inadequate income, and poor housing. It is important to help them address these kinds of problems as well as to provide treatment for their mental and physical disorders. Federal, state, and local governments can and should pursue policies that address the determinants of health and encourage positive outcomes.
- *WORKFORCE DEVELOPMENT:* The current shortage of clinically and culturally competent providers will almost certainly get worse as the elder boom continues to take place. There are two distinct issues to address: size and quality. In order to have the needed workforce, new incentives to recruit and retain workers is paramount. There should also be more initiatives to develop both paid and volunteer helping roles for older adults themselves. Enhancing professional and paraprofessional education and training are also critical to building the workforce of the future. Additionally, direct support of mental health and substance abuse providers to work with older adults through programs such as loan forgiveness and other relevant incentives can help build a robust workforce
- *DESIGN NEW FINANCE MODELS:* Additional coordination between Medicare and Medicaid would increase efficiencies and reduce costs while meeting the needs of older adults. Currently there is not enough funding for geriatric mental health services in both the public and the private sectors. While Vibrant and other organizations have been able to advocate for innovative funding models in order to ensure resources are being used most effectively, more funding and resources are needed. In addition, financing models and reimbursement incentives need to be restructured so as to support services provided in home and community settings; support integrated service delivery; encourage the use of state-of-the-art practices and service innovation; expand beyond the medical model; broaden Medicare coverage to include essential services such as case management; expand the providers eligible for Medicare reimbursement; and to facilitate pooling funding across service systems.
- *PROMOTE PUBLIC AND PRIVATE SECTOR READINESS:* Governmental entities need to prepare for the mental health and substance abuse challenges of the growing older adult population. Planning and the clarification of responsibility for developing needed services should happen immediately, and include opportunities for stakeholders to provide meaningful input. Employers can also promote readiness by making programs

that promote mental well-being among older workers and supportive policies for workers that are caregivers available.

Vibrant remains ready to partner with Members of the Committee, older adults with lived experience and other stakeholders to implement these recommendations and improve mental health outcomes. Thank you again for your time and consideration of this very important topic.