Mental Health and Aging in the 21st Century

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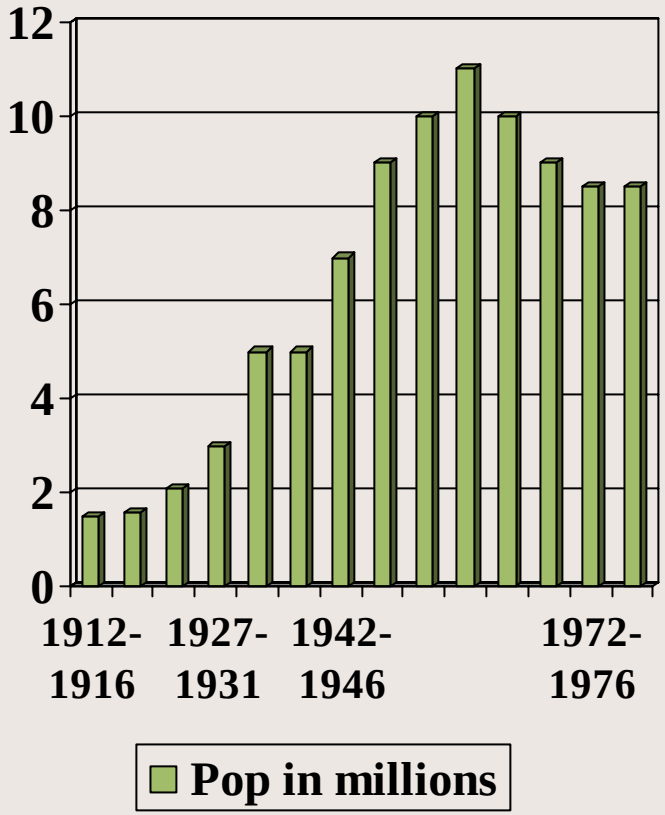
» October, 2009

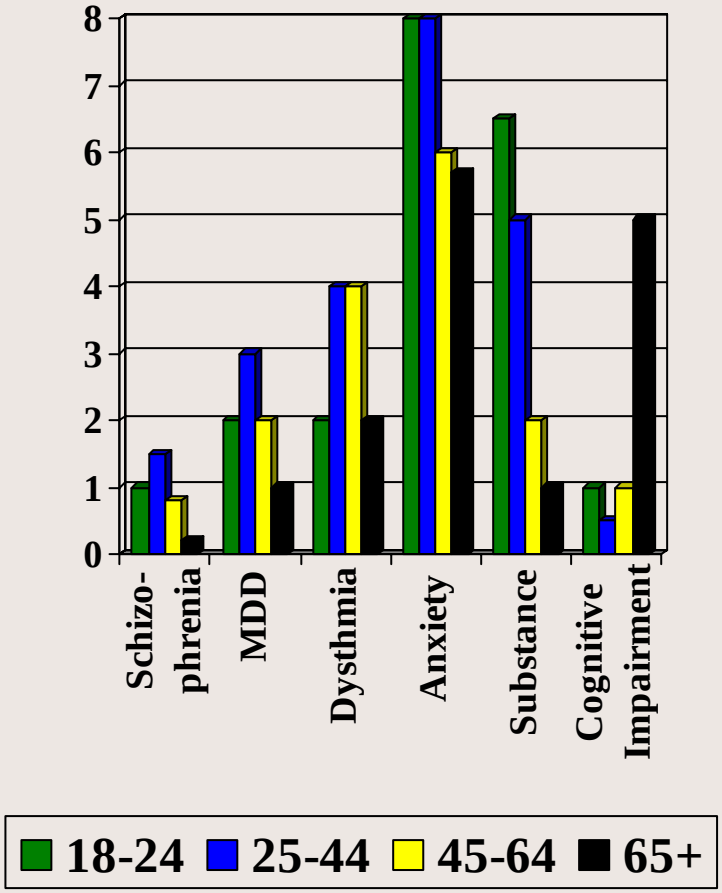
Forces for Changes in the 21st Century

- Population Aging and the Aging of the Boomers



Forces for Changes in the 21st Century

- Cohort Changes in Prevalence of Mental Disorders
- More Depression
- Higher Suicide Rates
- More Anxiety



Forces for Changes in the 21st Century

- Cohort Changes in Demand for Mental Health Services
- Cohort Changes in the Histories of the Severely Mentally Ill
- Cohort Changes in Family Structure and Caring for Frail Elderly
- Multicultural Aging
- Advances in Treatments for Dementias?

Accurate Assessment and Diagnosis is a Major Issue

- Older adults have higher prevalence of dementias
- Older adults are very likely to have co-morbid medical disorders
- Side effects of medication and medication interactions create diagnostic complexities
- Older adults in public system often have co-existing social services needs

Effectiveness of Psychological Therapy with Older Adults

- Psychological interventions for depression in older adults (mean d = .78, Scogin & McElreath, 1994)
- Medications for depression in older adults (mean d = .57, Schneider, 1994)
- Psychological interventions with younger adults or mixed age samples (range of mean d values: .65 to 2.15, Lambert & Bergin, 1994)

Evidence-based Treatments for Older Adults

- Behavioral problem solving therapies (ABC analysis and increase pleasant events) and individualized approaches that progressively lower stress levels through problem solving and environmental modification for dementia patients
- Cognitive behavioral, behavioral, cognitive bibliotherapy, problem solving therapy, reminiscence therapy and psychodynamic therapies for clinical depression
- Relaxation training, cognitive behavioral therapy, (less evidence for cognitive therapy, and supportive therapy) for anxiety
- Sleep restriction/Sleep compression therapy and Multi-component cognitive-behavioral treatment for insomnia
- Psychoeducational, psychotherapy, and multi-component interventions for caregivers of frail older adults

Taken from March, 2007, special issue of Psychology and Aging; depression from Scogin et al. (2005) Clinical Psychology: Science and Practice.

Factors that Influence Outcomes with Older Adults

- Psychotherapy versus psychosocial interventions
- Clients depressed vs. “at risk” before therapy started
- Number of sessions (> 9)
- Qualifications of therapist
- Young-old participants (<77)*
- Nursing home resident *

* effect reversed for measures of subjective well being

Taken from Pinquart & Sorenson (2001) J of Mental Health and Aging

Older Adult Populations in Need of Mental Health Services

- Severely mentally ill older adults
- Acutely distressed older adults
- Older adults with dementia
- Older adults with substance abuse

Older Clients Are Often Embedded in Multiple Systems of Care

- Mental Health System
- Acute Medical Care System
- Long Term Care System
- Aging Network of Services
- Dementia Care Network

Separate Systems Rather than One System with “Cracks”

- At best, these are multiple systems. Some components may contain multiple subsystems
- Different histories and cultures
- Different rules for how patients/clients move through each system
- In the cost-cutting political climate, often in direct conflict with one another

Key Features of Model Programs in Community-based Services for Older Adults

- Interdisciplinary teams
- Focus on active treatment
- Home-based service delivery
- Active case-finding methods
- Community education
- Interagency collaboration

From Knight, Rickards, Rabins, Buckwalter & Smith, 1995

Aspects of Service Delivery

- Mobile services: in home, in community settings, in primary care medical settings, in long term care: “follow the patient”
- Crisis service capability
- Community education to enhance services for older clients
- Bilingual/bicultural: Spanish, others?

Service Delivery (con't)

- Expert assessment and diagnosis
- Active treatment: medication and psychological interventions
- Medication consultations from psychiatrist or pharmacologist

Professional Responses

- Greater Specialization
- Improving Assessment of Problems of Elderly
- Changes in Treatment?
- Recognition of the Medicare Market

Health and Mental Health System Responses

- Mental Health and Long Term Care for Elderly
- Mental Health and Prison Populations
- Substance Abuse Services for Older Adults
- Despecialization of Care
- Mental Health Care in Medical Care Settings
- Mental Health Care in Community Settings
- Mental Health Care in Religious Settings

Realistic Collaboration

- Best models of collaboration are often informal
- Think in terms of “loosely coupled systems”
- Client-centered, case-focused solutions
- Try to avoid spinning your wheels tackling abstract organizational dilemmas