CREATING A HEALTHY STATE OF MIND: WHAT AAAs CAN DO TO IMPACT MENTAL HEALTH SERVICES FOR OLDER ADULTS

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OUTLINE

- History of State (Iowa) Mental Health Initiatives
- Iowa Coalition on Mental Health and Aging
- Evidence-based Programs
In 2002 the Iowa Department of Human Services, Division of Mental Health and Disability Services, funded a series of state-wide aging and mental health training programs conducted by the University of Iowa’s Center on Aging.

The funding stream was Iowa’s Community Mental Health Services Block Grant.
A wide variety of providers (including primary medical care staff), consumers, and advocates were trained in:

1. Mental health and aging issues and treatments
2. Collaborative care models/treatments
3. Mental health/aging screening protocols for primary care providers
4. Strategies for improving community-based safety net for older adults
5. Identify resources to continue training and treatment efforts
In 2004 the Iowa Department of Human Services and the University of Iowa Center on Aging created the Iowa Coalition on Mental Health and Aging.

The Coalition began with a partnership consisting of: Community Mental Health Center Providers, the Aging Network of Service Providers, the Iowa Department of Human Services, the Iowa Center on Aging of the University of Iowa, and the Iowa Department on Aging.

The funding stream was Iowa’s Community Mental Health Services Block Grant.
The Coalition was organized into three workgroups: Education and Training, Outreach and Clinical Services, and Policy and Administration.

The funding stream was Iowa’s Community Health Services Block Grant and in 2005 an award from the National Institute of Mental Health.
Coalition efforts focused on:

- Improving public education and professional training on the needs of older adults with mental illnesses
- Establishing formal, evidence-based approaches to identify and treat older persons with mental illnesses
- Establishing linkages between qualified mental health providers and agencies where older adults with mental illnesses receive care
- Enlisting public agencies, policy makers, and private organizations to support Coalition initiatives
Between 2004 and 2008 the Iowa Department of Human Services awarded three contracts to providers to:

- Develop collaborate models of mental health care for older persons in communities
- Improve community-based access and collaboration with the provider network
- Connect activities to the Olmstead Decision and the Americans with Disabilities Act
Area Agency on Aging Mental Health Initiatives

In 1985 several Iowa AAAs created mental health outreach programs for community-based older adults in senior centers and in home settings in cooperation with local community mental health staff.

The funding stream is Title IIIB Older Americans Act.

Aging Resources of Central Iowa continues this approach and is expanding offerings via evidence-based depression screening and treatment programs.
In 2005 the Iowa Geriatric Education Center, University of Iowa School of Internal Medicine, funded Aging Resources for five years to train providers in evidence-based mental health programs and to demonstrate and evaluate pilot programs in community-based settings.

The funding stream was the Health Resources and Services Administration.

Proposals to fund additional training in evidence-based mental health and aging programs are in process.
On July 1, 2010, Magellan Behavioral Health (HMO provider to DHS) started to fund mental health programs and services for those over 65 years of age on Medicaid.

The program is called SeniorConnect and supports personal recovery efforts related to mental health and substance abuse disorders. This program is working in cooperation with existing AAA case management programs.
Iowa Coalition on Mental Health & Aging
ICMHA Mission

The ICMHA exists to expand and improve mental health care for older Iowans so that they can live, learn, recreate, engage in meaningful activities and access appropriate services in the communities of their choice.
Partners

- University of Iowa Center on Aging
- Iowa Department of Human Services, Division on Mental Health & Disability Services
- Iowa Department on Aging
- Iowa’s Aging Services network – Area Agencies on Aging statewide
- Members: Providers, Consumers, Advocates, Family Members, People with interest in Long Term Care, Aging and Mental Health (over 350 members state-wide)
ICMHA Workgroups

- Outreach & Clinical Services
- Education & Training
- Policy & Administration
ICMHA Goals

1. Make mental wellness for older adults a priority
2. Promote mental wellness with emphasis on prevention, early intervention, evidenced-based treatment and recovery.
3. Increase the number of qualified providers of evidenced-based mental health services to older adults.
4. Integrate health and mental health services for older Iowans.
5. Increase the capacity of impact of the ICMHA and its efforts throughout the State of Iowa.
Iowa Coalition on Mental Health & Aging

Outreach – Training - Resources
Get the Facts!
On Older Adults and Mental Illnesses

- Iowa leads the nation in the proportion of older residents
- By the year 2030 persons over 65 may represent as many as 1 out of 4 persons in Iowa
- Each year about 1 in 8 older Iowans experiences a diagnosable mental illness such as anxiety, delirium, dementia, depression, psychoses, schizophrenia, or substance abuse
- As Iowa’s aging population continues to grow, the number of older adults with mental illnesses will increase as well
- Even though there are effective ways to treat mental illnesses, less than 20% of older adults with mental illnesses receive any special care

Mental Illness Estimates in Iowa

<table>
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<tr>
<th>Percent of persons 65+</th>
<th>State of Iowa</th>
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<tbody>
<tr>
<td>Any Mental Health Disorder</td>
<td>20.0%</td>
</tr>
<tr>
<td>Depression</td>
<td>4.7%</td>
</tr>
<tr>
<td>Dementia</td>
<td>5.5%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.5%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7.9%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>2.6%</td>
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</tbody>
</table>

Population Projections for Older Iowans (65+)

% Change from 2000 Census

<table>
<thead>
<tr>
<th>Year</th>
<th>2020</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>419,887</td>
<td>550,540</td>
</tr>
<tr>
<td>2020</td>
<td>550,540</td>
<td>663,186</td>
</tr>
</tbody>
</table>
Conferences & Continuing Education

- Annual Mental Health Conferences and Meetings (19 since 2004, some CEUs). Latest ICN conference 6/22/10, over 600 registrants, 24 sites state-wide
- Iowa Psychological Association, Family Practice Association, Nurses Association, Social Workers Association, Long-Term Care Association, Governor’s Conference on Aging
- Graduate Education and On-Line, Web-Based Continuing Education – Iowa Geriatric Education Center, University of Iowa
Co-Location of Service Model Projects

- Placing a mental health specialist within an established primary care facility
- Mental health specialist helps staff identify older adults with mental health needs, complete a diagnostic assessment, and develop a treatment plan inclusive of prescribed medications, problem-solving therapy, and case management services
- Model Projects: Clarinda, Des Moines, Harlan, Manchester, Spencer, Waverly
ICMHA Regional “Road Shows”

- **September 2007**: Waterloo, Dubuque, Council Bluffs and Sioux City
- **July 2008**: Ottumwa, Creston, Spencer, Mason City
- **July 2009**: Decorah, Cedar Rapids, Burlington, Davenport

Bringing together aging, mental health, community stakeholders, legislators, and others to dialogue
Legislative Breakfast -- Policy

- January 31, 2007
- January 31, 2008
- February 22, 2009
- February 18, 2010

- Present Coalition Policy goals to legislators
- Distribute and explain regional mental health data/fact sheets
- Request support for Coalition policy initiatives (e.g. mental health parity legislation)
EVIDENCE-BASED PROGRAMS

Aging Resources of Central Iowa, funded by the Iowa Geriatric Education Center, initiated two depression screening and treatment programs for older adults, beginning in 2007.

Aging Resources partnered with a community mental health center which has expertise in mental health and aging.

Currently all Aging Resources’ case managers are trained in one model (Healthy IDEAS) and are pilot testing with an initial 80 case managed clients. (700 contacted, 80 screened into program).
The University of Washington, developers of the PEARLS program, has granted Aging Resources permission to utilize the group counseling method for this evidence-based program. Initial outcomes in several senior centers are significant. Program participants report positive behavioral change:

- reduction of depressive symptoms
- the ability to make decisions and move on with life
- reengagement with the community
- the creation of new friendships and social supports at the senior center level.
Data management is conducted via the Iowa Geriatric Education Center and the Iowa Center on Aging at the University of Iowa.

Pending further funding by the Iowa Geriatric Education Center, both evidence-based programs will be demonstrated at AAAs state-wide during the next five years. Staff training will add needed capacity to the provider community locally and regionally.
University of Washington

Evidence-based Depression Care Model

http://depts.washington.edu/pear/spr
What is PEARLS?

- Program to Encourage Active, Rewarding Living for Seniors

- Patient-centered and patient-directed approach to depression care.

- Built on a Medical/ Psychiatric Foundation- using a team approach to addressing issues /chronic care model.
What does it Address?

- ADDRESSES: **Minor Depression and Dysthymia**
- Purpose – That there IS a direct connection between Unsolved Problems and Depression.
- Solving problems = Decreases depressive symptoms.
- Unresolved problems = Increased depression.
- Solving problems = Decreases depressive symptoms.
PHQ-9

- **PHQ-9** (Patient Health Questionnaire - 9 questions) is a screening tool used at each session to measure changes in behavior.

- Used as a teaching tool for each session – client self reports changes
PHQ-9: PEARLS Sessions

Client’s name: _____________________________  Today’s date: _____________________________

Address: _____________________________  Phone: _____________________________

Case Manager’s name: _____________________________  DOB: _____________________________

1. Ask the client: “Over the last two weeks, how often have you been bothered by any of the following?” (Record the following in the appropriate place in each row, depending on their answer: “0” if “not at all”, “1” if “several days”, “2” if “more than half the days”; and “3” if “nearly every day.” Add column sub-totals, then add all points for a total score.

<table>
<thead>
<tr>
<th>SCORE</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Little interest or pleasure in doing things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Feeling down, sad, or hopeless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Trouble falling asleep, staying asleep, or sleeping too much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Feeling tired or having little energy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>Poor appetite or overeating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6.</td>
<td>Feeling bad about yourself – or that you are a failure or have let yourself or your family down.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7.</td>
<td>Trouble concentrating on things, such as reading the newspaper or watching television.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8.</td>
<td>Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9.</td>
<td>Thoughts that you would be better off dead or of hurting yourself in some way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Add columns=

TOTAL=

Minor depression – Two to four symptoms with a score of 2 or 3 (shaded areas), with at least one of the symptoms being a cardinal (“hallmark”) symptom (Question 1 or 2)

Major depression – Five or more symptoms with a score of 2 or 3 (shaded areas), with at least one of the symptoms being a cardinal (“hallmark”) symptom (Question 1 or 2)
Seven stages (steps) of Problem Solving Therapy (PST)

1. Clarify and define the problem
2. Establish objective, achievable goals
3. Brainstorm possible solutions
4. Evaluate the brainstormed solutions: advantage/disadvantages
5. Choose the preferred solution(s)
6. Implement the solution(s)
7. Evaluate the outcome
PEARLS Worksheet

Progress Review from Last Session:
(use additional sheet if needed)

Participant Name:
Date:
Visit #:

1. Problem:

2. Goal:

---------------------|---------------------
                      | **Advantages**      | **Disadvantages**  |
| a.                  | a.                  | a.                  |
| b.                  | b.                  | b.                  |
| c.                  | c.                  | c.                  |
| d.                  | d.                  | d.                  |

5. Solution Choice:

6. Steps to Achieve Solution:
   I. 
   II. 
   III. 
   IV. 
   V. 
   VI. 

Activity Planning

Pleasant: Physical: Social:

B4
Outcomes

- Improved Overall Functioning. At each session, revisit prior issues briefly, then focus on new problem(s).
- Autonomy – can resolve own issues, need encouragement and support to do so.
- Improved Emotional Well-being
- Skill building – sense of empowerment
- Choice driven- clients may participate in one or all three components (PST /Physical + Social / Pleasant Events).
- Cost effective = $630 per client average for 8 sessions over 19 week period, with phone follow-up.
An evidence-based community depression program designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations through existing community-based case management services.
Program Design

- Embedded in **case management** programs.
- Conducted **in the client’s home** on a **one-to-one** basis by **case managers** over a 3-6 month period.
- Utilizes existing staff with established relationships with targeted participants.
- A **manual** outlines the steps and includes written worksheets, client handouts, and forms to support and document the process and client outcomes.
- **Partner** with health/mental health care providers to facilitate referral and uses community **partnership** approach for training, evaluation & fidelity.
Client Impact

- Reduction in depression severity
- Reduction of self-reported pain
- Increased knowledge of how to get help for depression
- Increased level of activity
- Knowledge of how to manage depressive symptoms
AAA ROLE IN MENTAL HEALTH AND AGING

AAAs can provide grass roots support, expertise, legislative advocacy, and engagement in evidence-based mental health programs for older adults.

The process of creating a successful coalition on mental health and aging takes patience and persistence over many years to achieve results.
Iowa is fortunate to have a committed Department of Human Services, the interest and resources of the University of Iowa, expertise in mental health and aging at the AAA level, and a variety of funding streams to provide the initiative and sustain the service effort.

Hopefully the blending of experiences from Kansas, Illinois and Iowa will contain elements that may prove useful to your state’s strategy to develop programs and services designed to address the mental health and aging needs of your older adult population.