

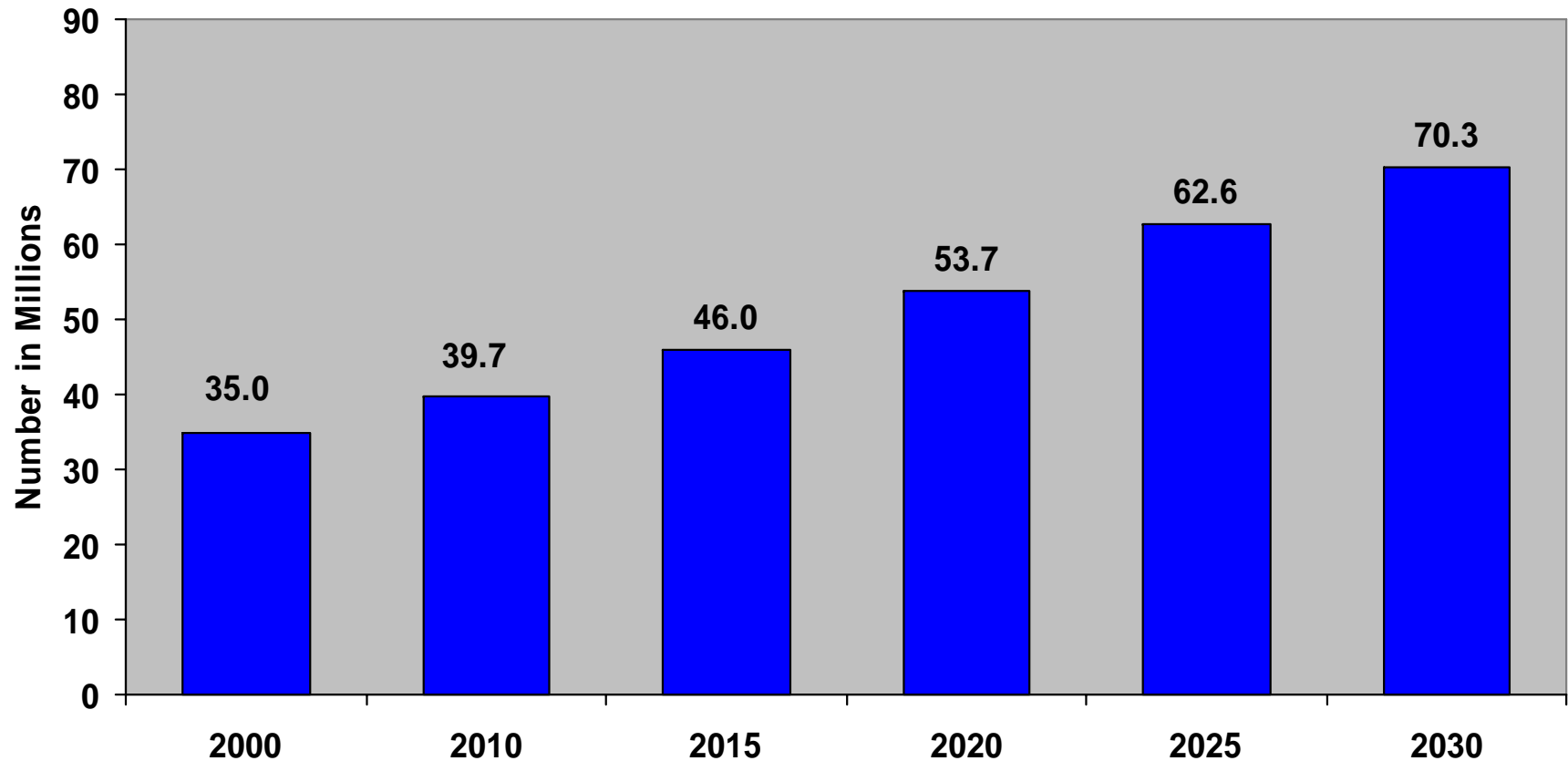
# Older Iowans with Mental Illnesses: The State of the Nation and the State

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Univ. Iowa College of Nursing**

**With Special Thanks To:  
Michael B. Friedman, Geriatric Mental  
Health Alliance of NY and  
Brian Kaskie, U of I College of Public  
Health**

# THE POPULATION OF PEOPLE 65 AND OLDER IS PROJECTED TO DOUBLE IN THIRTY YEARS, FROM 35 MILLION TO 70 MILLION

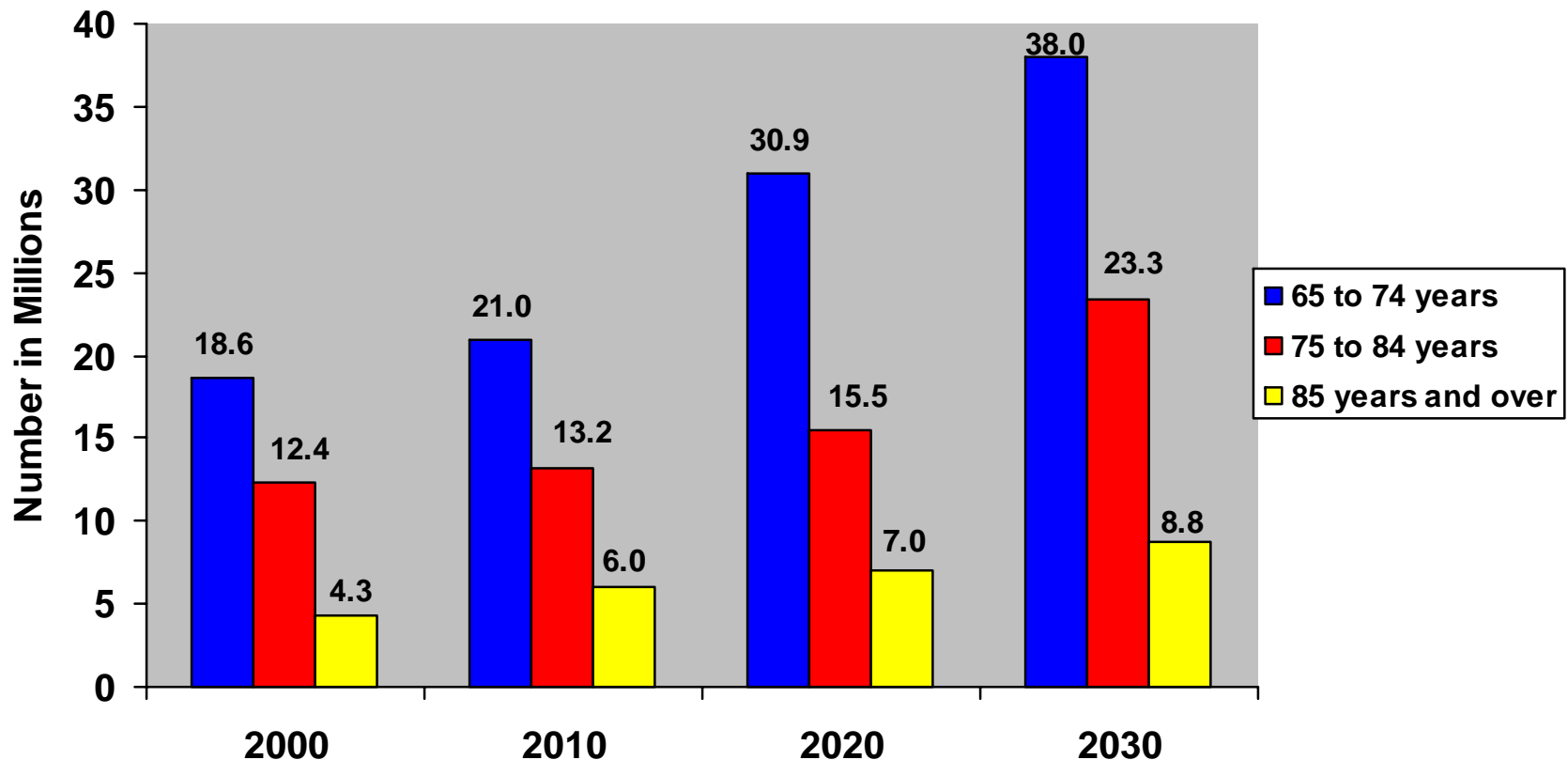
Projected Growth of 65 and Over Population: 2000 to 2030



Source: U.S. Bureau of the Census. (2000). Population projections of the United States by age, sex, race and hispanic origin: 1995-2050, *Current Population Reports*, P25-1130.

# THE VERY OLD WILL GROW FROM 4.3 TO 8.8 MILLION, BUT THOSE 65-74 WILL CONTINUE TO BE THE LARGEST PORTION OF OLDER ADULTS

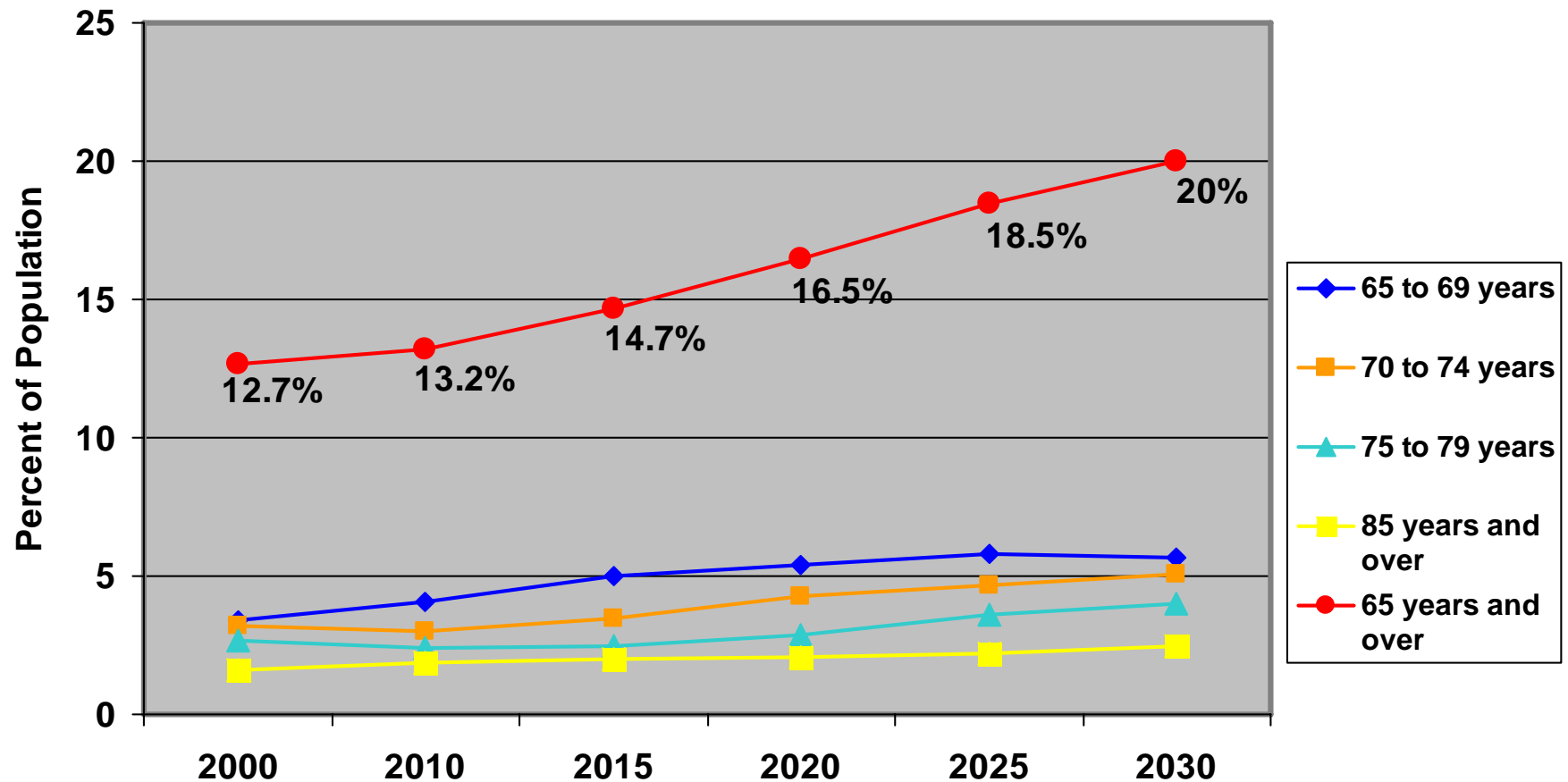
Projected Growth of Older Population by Age Cohort:  
2000 to 2050



Source: U.S. Bureau of the Census. (2000). Population projections of the United States by age, sex, race and hispanic origin: 1995-2050, *Current Population Reports*, P25-1130.

# PEOPLE 65 AND OVER REPRESENTED 12.7% OF THE POPULATION IN THE U.S. IN 2000 BUT ARE EXPECTED TO BE 20% BY 2030

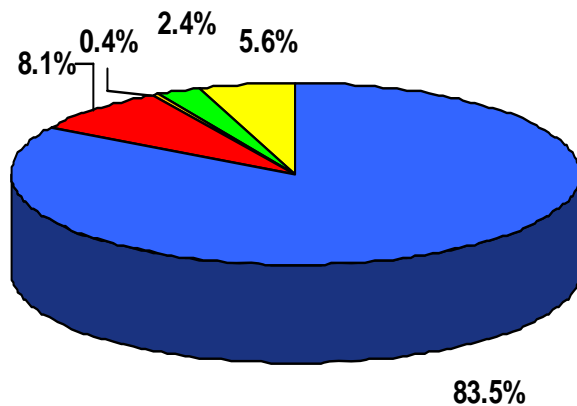
Projected Growth of Older Population by Age Cohort:  
2000 to 2030



Source: U.S. Bureau of the Census. (2000). Population projections of the United States by age, sex, race and hispanic origin: 1995-2050, *Current Population Reports*, P25-1130.

# THE MINORITY POPULATION 65 AND OVER WILL INCREASE FROM 5.7 MILLION (16.5%) TO 19.7 MILLION (25.6%) OVER THE NEXT 30 YEARS

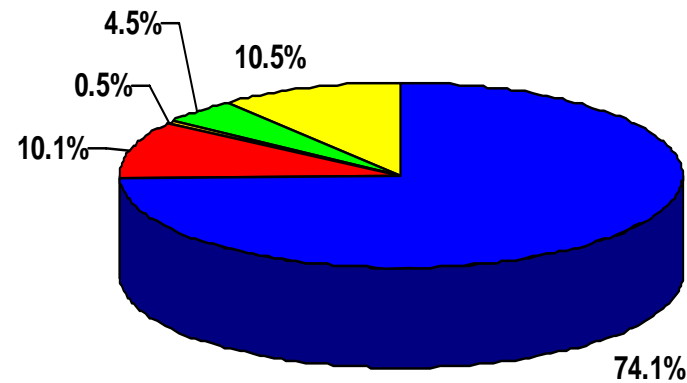
The 65 and Over Population by Race: 2000



Population (in millions)

White	29.1m
Black	2.8m
American Indian	0.2m
Asian/ Pac Islander	0.8m
Hispanic	1.9m

The 65 and Over Population by Race: 2030



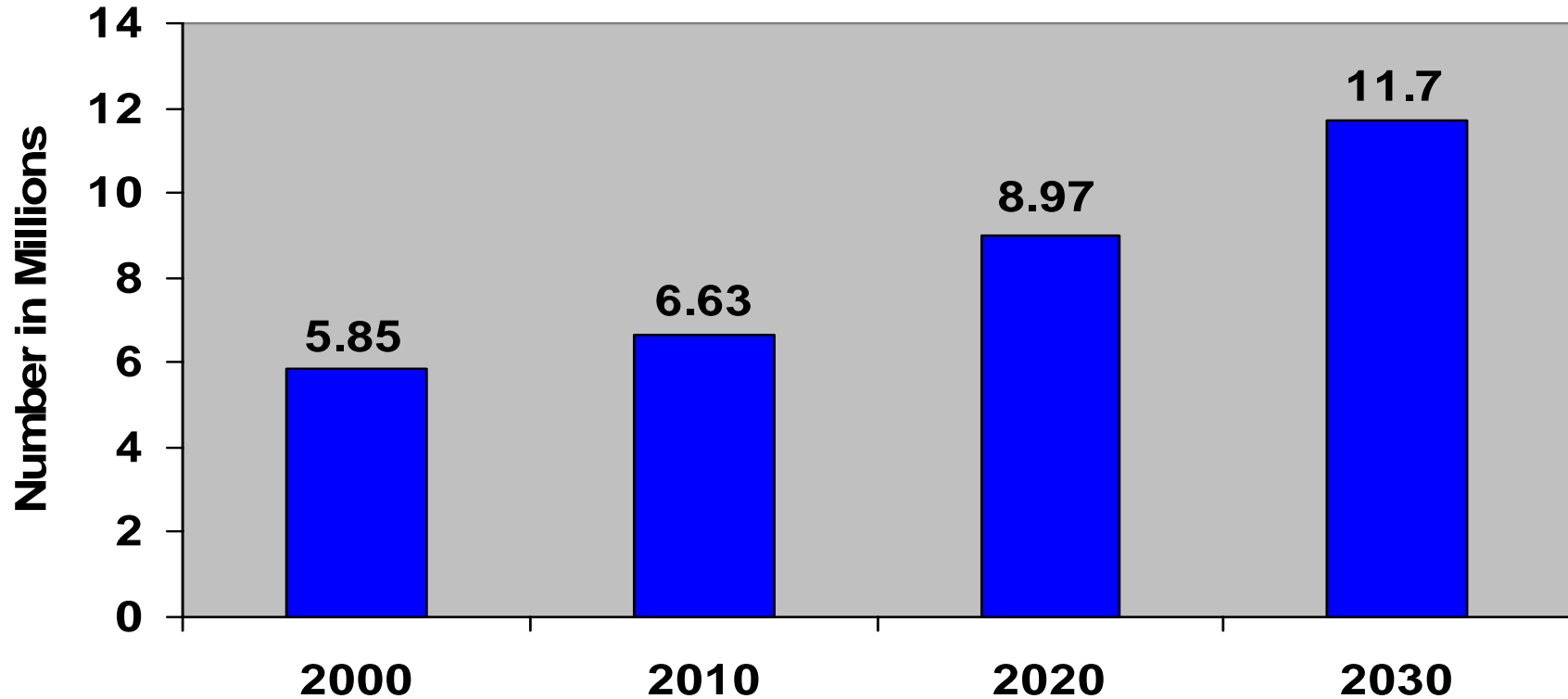
Population (in millions)

White	51.7m
Black	7.4m
American Indian	0.4m
Asian/Pac Islander	3.2m
Hispanic	7.7m



# NUMBER OF DISABLED OLDER ADULTS IN NEED OF ASSISTANCE WILL DOUBLE

**Projected Growth of 65 and Over Population with Disability Who Need Assistance: 2000 to 2030**

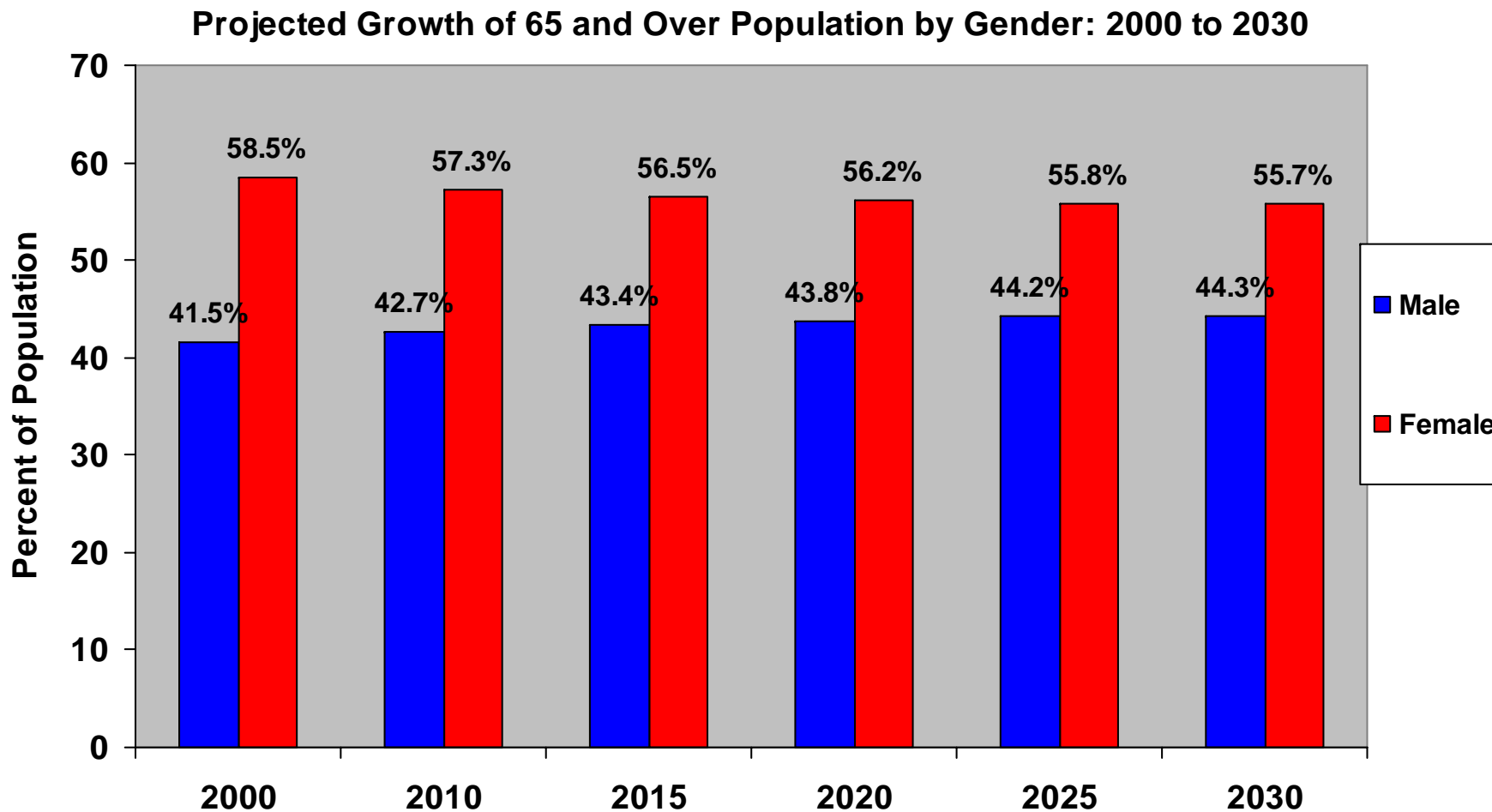


Source: U.S. Bureau of the Census. (1997). Americans with Disabilities: Household Economic Studies, *Current Population Reports*, P70-73.

Not all older adults with mental illnesses are disabled. They function at many different levels.

- ◆ Severe Psychiatric Disability: Long-Term & Recent
- ◆ Disabling dementia
- ◆ Limited self-care skills and isolated
- ◆ Limited self care skills with family/friends support
- ◆ Isolated with self care skills
- ◆ Relatively inactive and/or socially isolated but mobile
- ◆ Retired, active
- ◆ Working (the rate of employment is 26.1% for all people aged 65-69, declining to 5.1% of all people over 75)

# THE PERCENTAGE OF FEMALES IN THE 65 AND OVER POPULATION WILL CONTINUE TO BE GREATER THAN THE PERCENTAGE OF MEN OVER THE NEXT 30 YEARS



Source: U.S. Bureau of the Census. (2000). Population projections of the United States by age, sex, race and hispanic origin: 1995-2050, *Current Population Reports*, P25-1130.

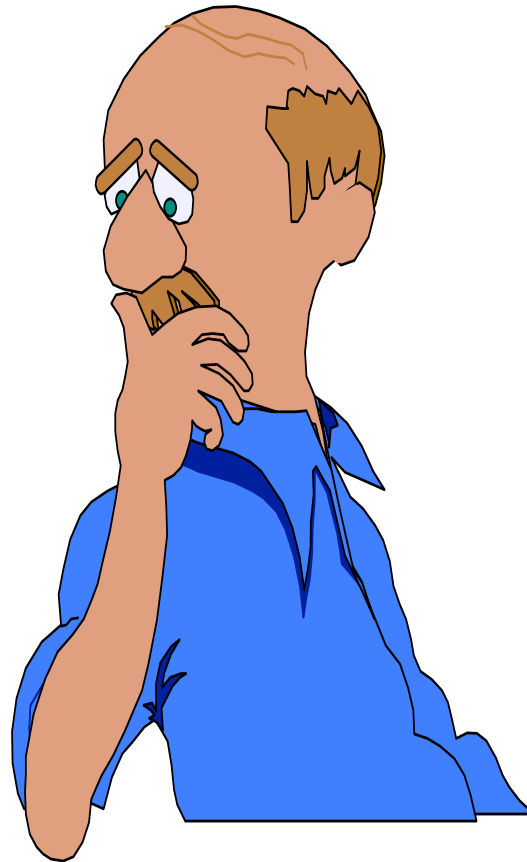
# FAMILIES ARE THE PRIMARY CAREGIVERS FOR OLDER ADULTS WITH DISABILITIES

- ◆ 30% of the American workforce has some responsibility for an elderly relative<sup>1</sup>
- ◆ 54% of Americans expect to be responsible for the care of an elderly relative in the next 10 years<sup>2</sup>
- ◆ The national economic value of informal caregiving was \$196 billion in 1997<sup>3</sup>

<sup>1,2</sup> U.S. Bureau of Labor Statistics. <http://www.bls.gov/cps/home.htm>.

<sup>3</sup> Arno, et al. (1999) The Economic Value of Informal Caregiving. *Health Affairs*.

# Mental Illness Among Older Adults: Prevalence and Utilization

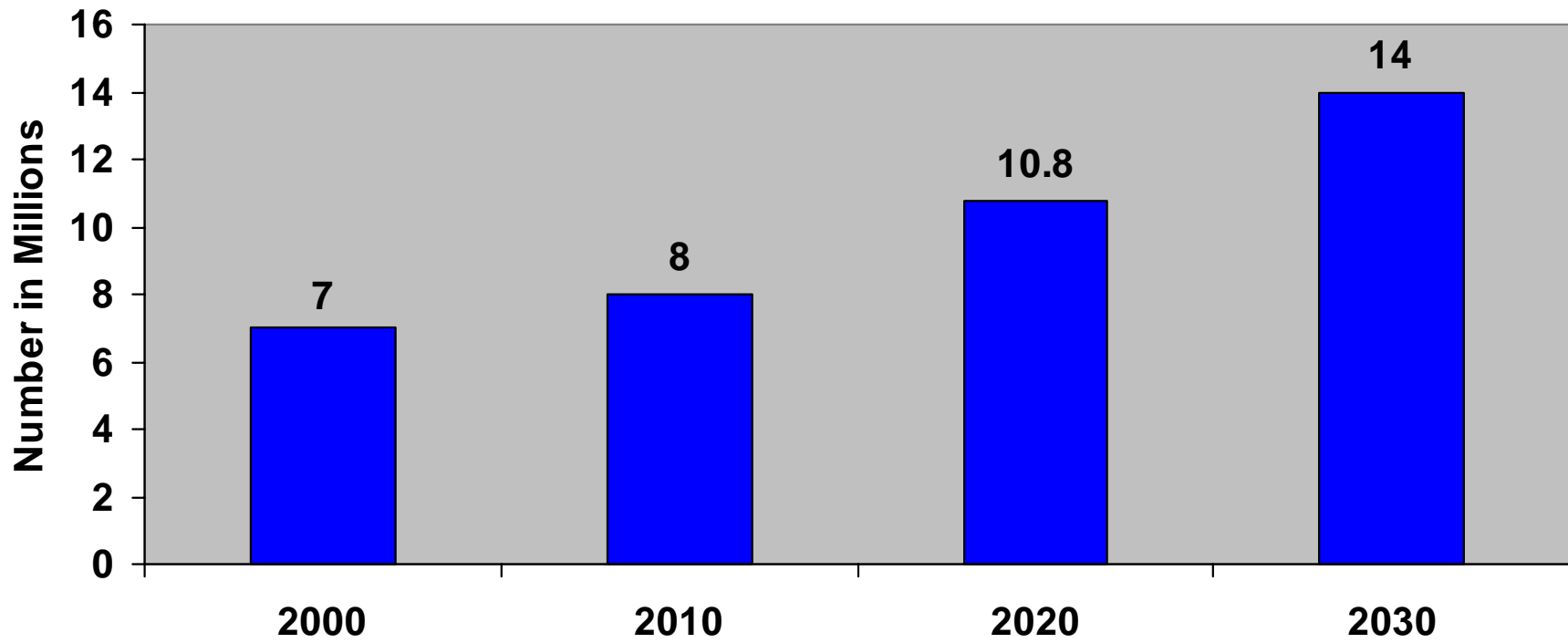


Approximately 1 in 5 older adults has a diagnosable mental disorder



# THE NUMBER OF OLDER ADULTS WITH MENTAL ILLNESS WILL DOUBLE FROM 2000 TO 2030

Projected Growth of 65 and Over Population with Mental Disorders:  
2000 to 2030

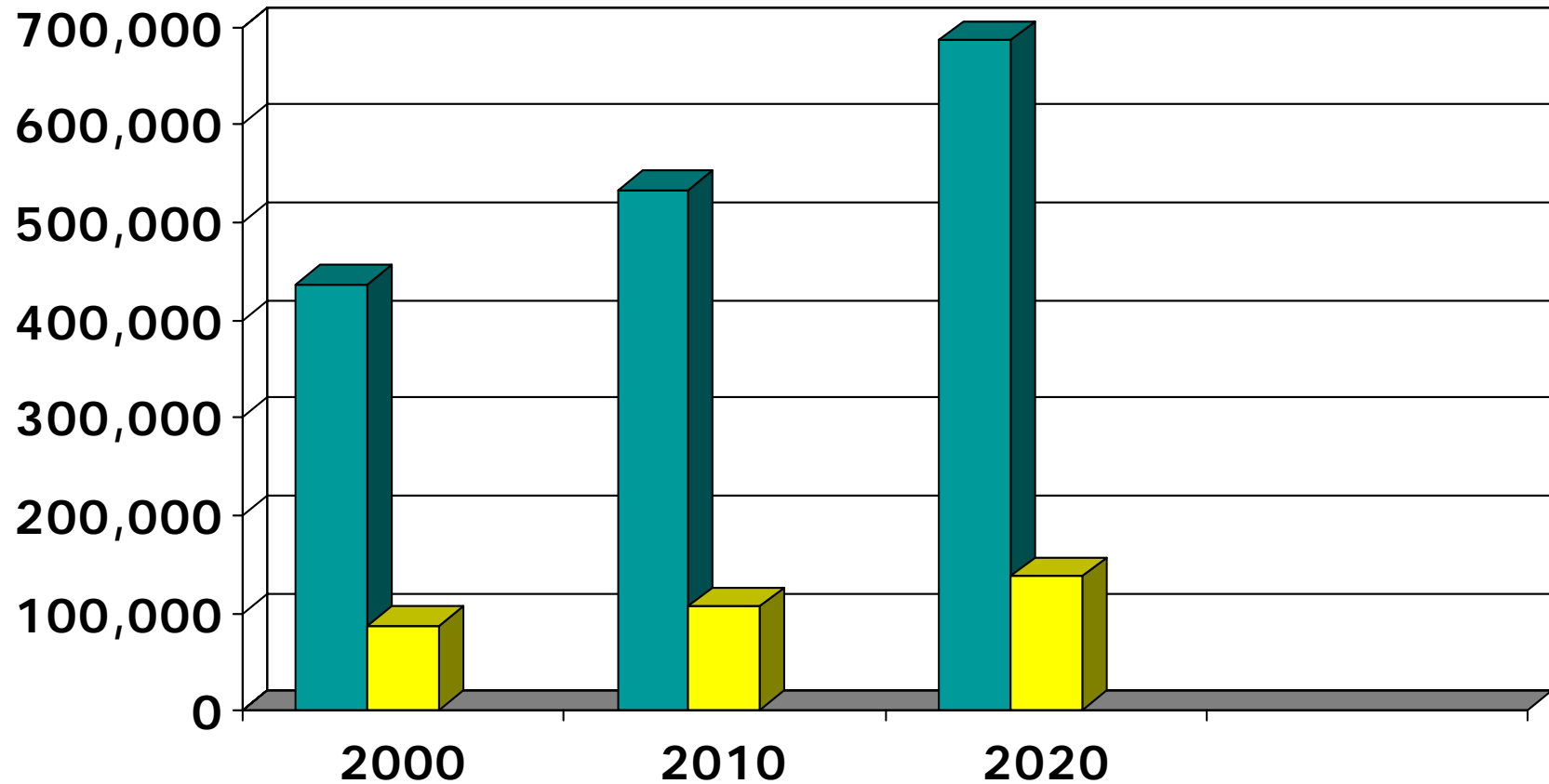


# Iowa Mirrors the Nation

- ◆ The incidence and prevalence of mental illness among older Iowans is growing
- ◆ The number of Iowans at risk for mental illness may reach 140,000 by 2020



# Aging and Mental Illness in Iowa



# HETEROGENOUS POPULATION

- ◆ PEOPLE WITH LONG-TERM PSYCHIATRIC DISABILITIES WHO ARE AGING
- ◆ PEOPLE WITH LATE ONSET MENTAL ILLNESSES
  - ★ Dementia
  - ★ Late onset schizophrenia
  - ★ Severe anxiety disorders and depression  
(Often isolated and inactive)
  - ★ Mild to moderate anxiety disorders and depression
- ◆ PEOPLE FACING DEVELOPMENTAL CHALLENGES
  - ★ Role changes, e.g. retirement; grandparenting
  - ★ Reduced (increased) social status
  - ★ Losses of friends and relatives
  - ★ Declining functional abilities
  - ★ Preparing for death

# THE KINDS OF MENTAL ILLNESSES EXPERIENCED BY OLDER ADULTS ARE SOMEWHAT DIFFERENT FROM THOSE EXPERIENCED BY YOUNGER ADULTS

1-year prevalence for mental illness older adults 55+

1-year prevalence for mental illness adults 18-54

Any Disorder	19.8%
Any Anxiety Disorder	11.4%
Any Mood Disorder	4.4%
Schizophrenia	0.6%
Dementia	6.6%

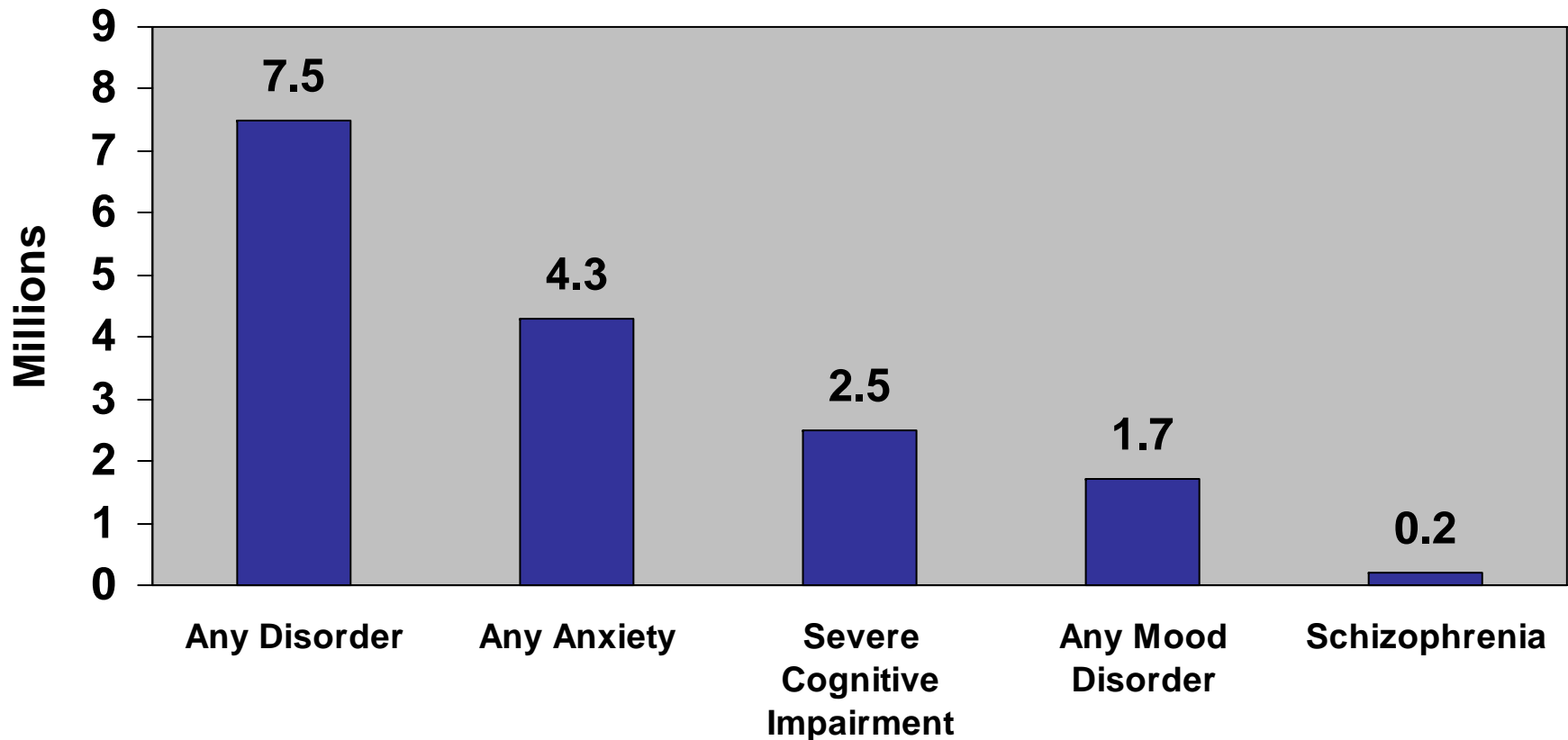
Any Disorder	21%
Any Anxiety Disorder	16.4%
Any Mood Disorder	7.1%
Schizophrenia	1.3%
Anti-social Personality	2.1%

NOTE: The percentages do not add up to 100% due to co-occurring disorders.

Source: U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).

# IN THE UNITED STATES, APPROXIMATELY 7.5 MILLION ADULTS 65 AND OLDER CURRENTLY HAVE A MENTAL ILLNESS

Estimated Number of Adults 65 and Over in the United States  
Affected by Mental Disorders by Type of Disorder - 2005



# AMONG OLDER ADULTS 55+, ANXIETY DISORDERS—PRIMARILY PHOBIAS—ARE THE MOST COMMON MENTAL ILLNESSES

ANY ANXIETY DISORDER	11.4%
Simple Phobia	7.3%
Social Phobia	1.0%
Agoraphobia	4.1%
Panic Disorder	0.5%
Obsessive-Compulsive Disorder	1.5%

- The prevalence of Post-Traumatic Stress Disorder is expected to rise as Vietnam veterans age.

Contrary to common belief, major depression appears to be less common in older adults than in younger adults.

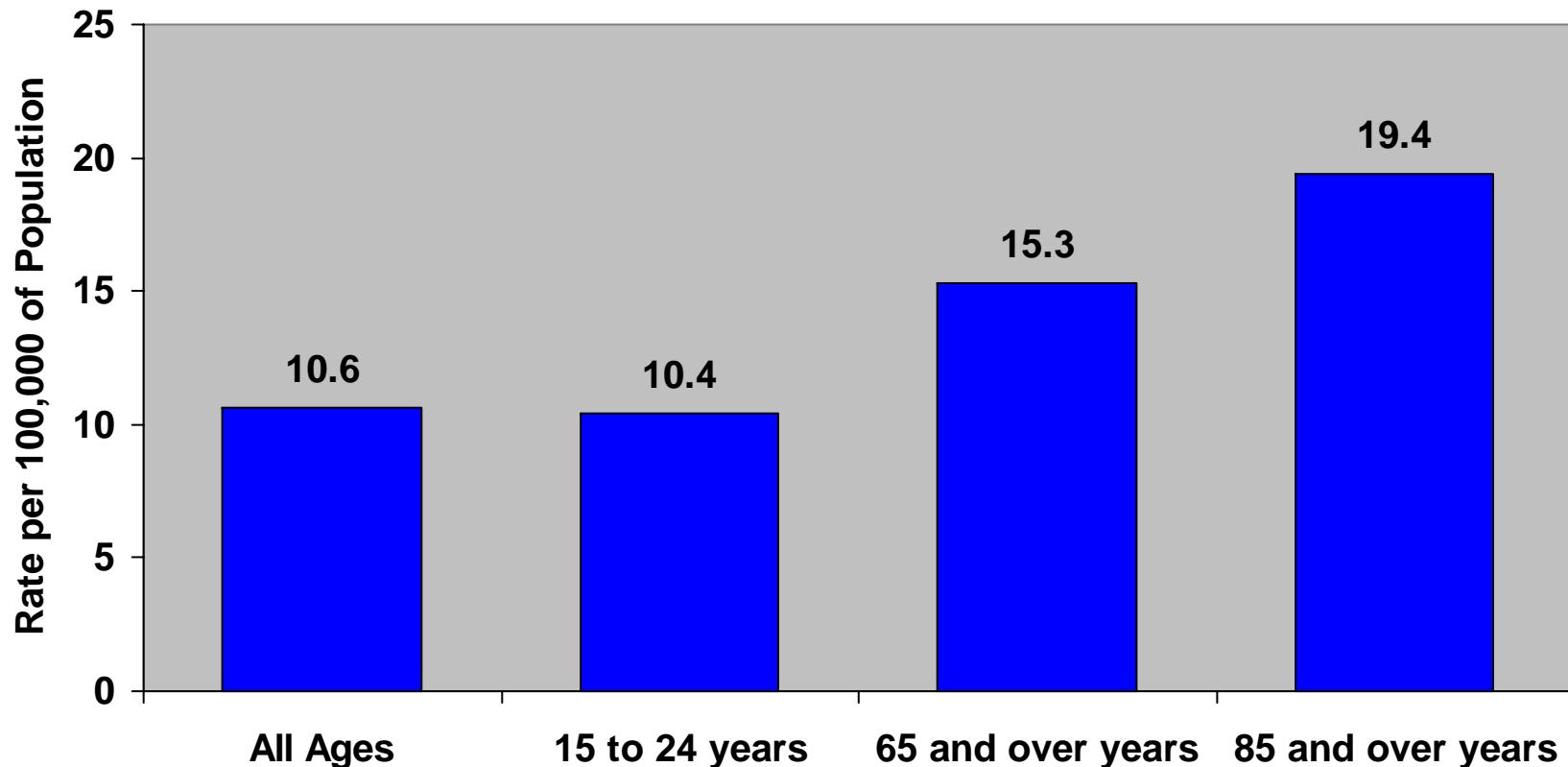
However, older adults are more likely to experience symptoms of depression, but often do not have enough symptoms to meet the criteria of a diagnosis of major depressive disorder.

# DEPRESSION AMONG OLDER ADULTS MAY BE ON THE RISE

- ◆ Younger generations appear to have higher prevalence of depression. Therefore, as younger populations age, the prevalence of depression among older adults may rise.
- ◆ New studies show higher prevalence of depression among older adults.

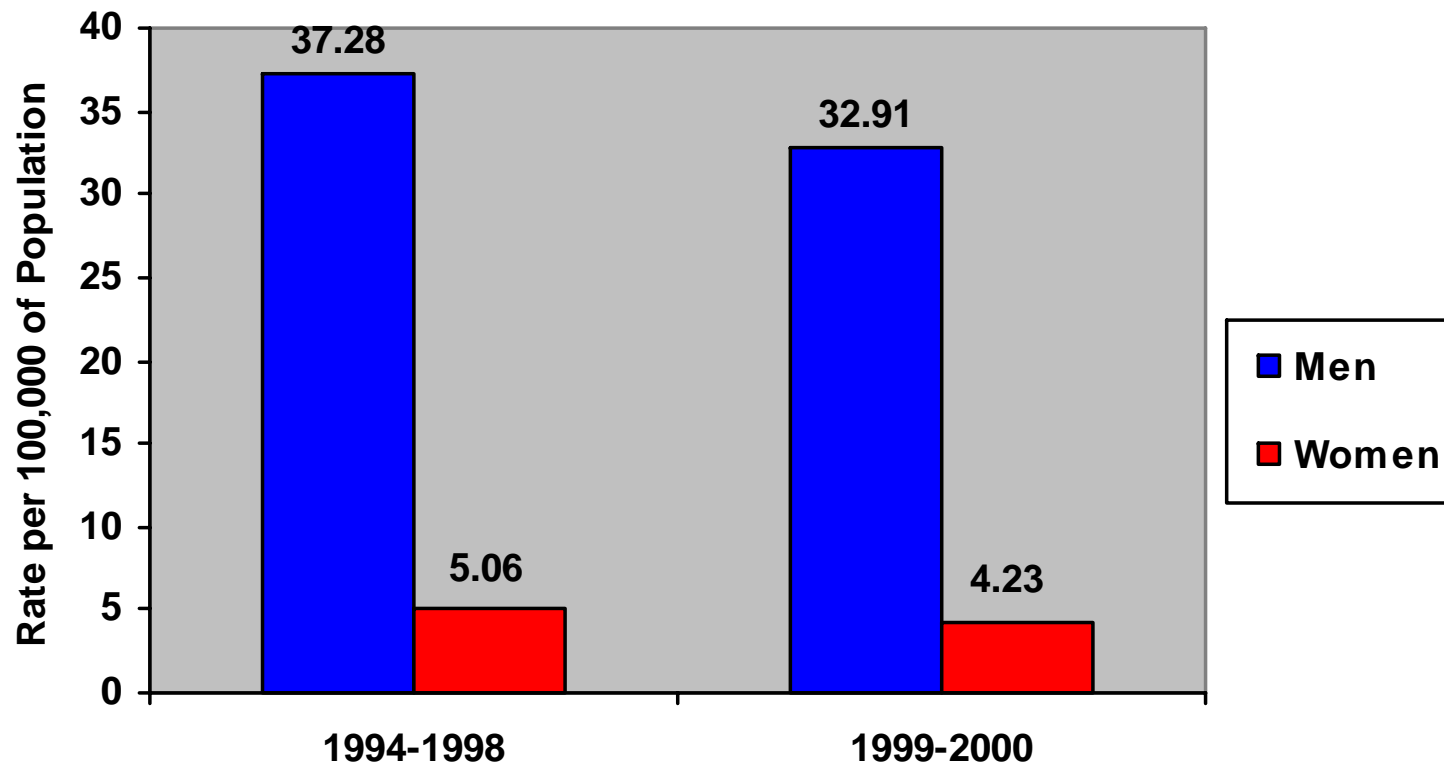
**THE SUICIDE RATE OF OLDER ADULTS IS ROUGHLY  
50% HIGHER THAN THE GENERAL POPULATION  
AND ADOLESCENTS AND YOUNG ADULTS (15-24)**

**Suicide Rates of Specific Age Cohorts per 100,000 of population  
in the year 2000**



# OLDER MEN ARE MUCH MORE LIKELY THAN WOMEN TO COMMIT SUICIDE

**Suicide Rates Among 65 and Over Population by Gender  
per 100,000 of the Population**

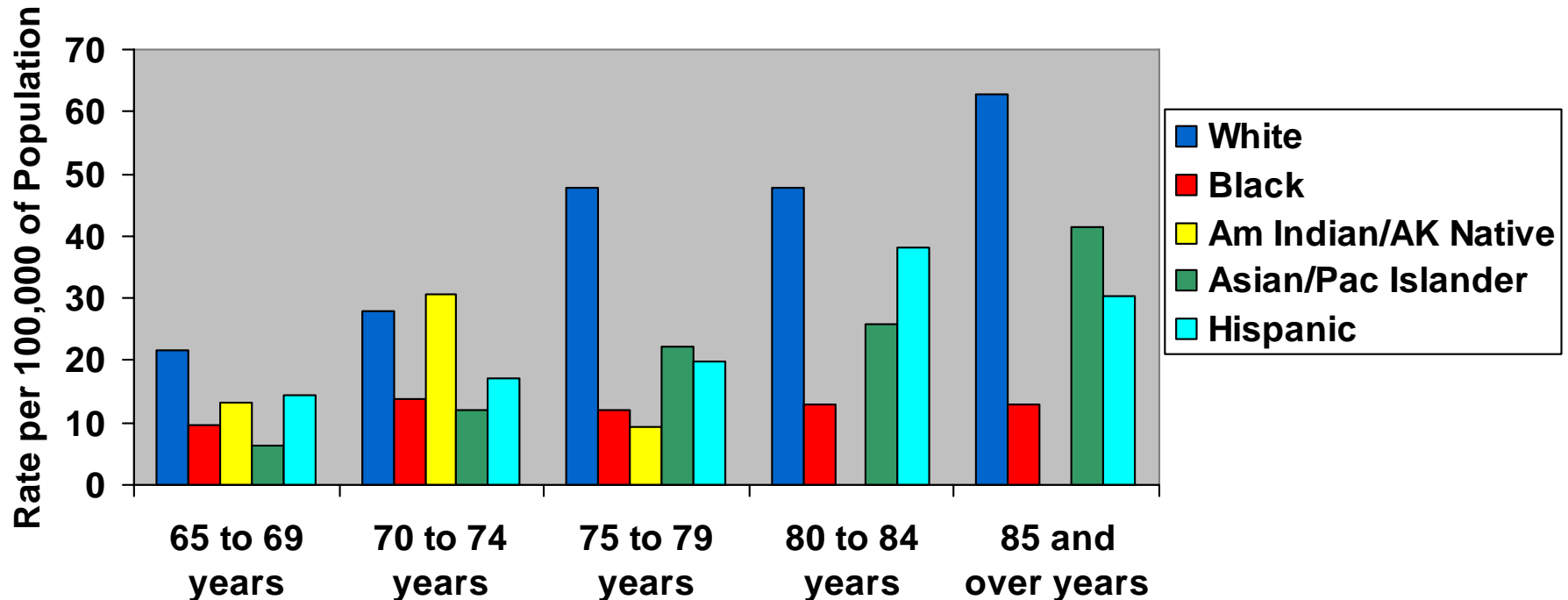


Sources: Coren, S. and Hewitt P.L. (1999). "Sex differences in elderly suicide rates: some predictive factors." *Aging and Mental Health*. 3(2): 112-118

"Mortality Reports". National Center for Injury Prevention and Control. Centers for Disease Control and Prevention. <http://www.cdc.gov/ncipc/wisqars/>

# WHITE MEN OVER 85 COMMIT SUICIDE AT SIX TIMES THE RATE OF THE GENERAL POPULATION

Suicide Rate of Older Male Population By Race per 100,000 of population in the year 2000



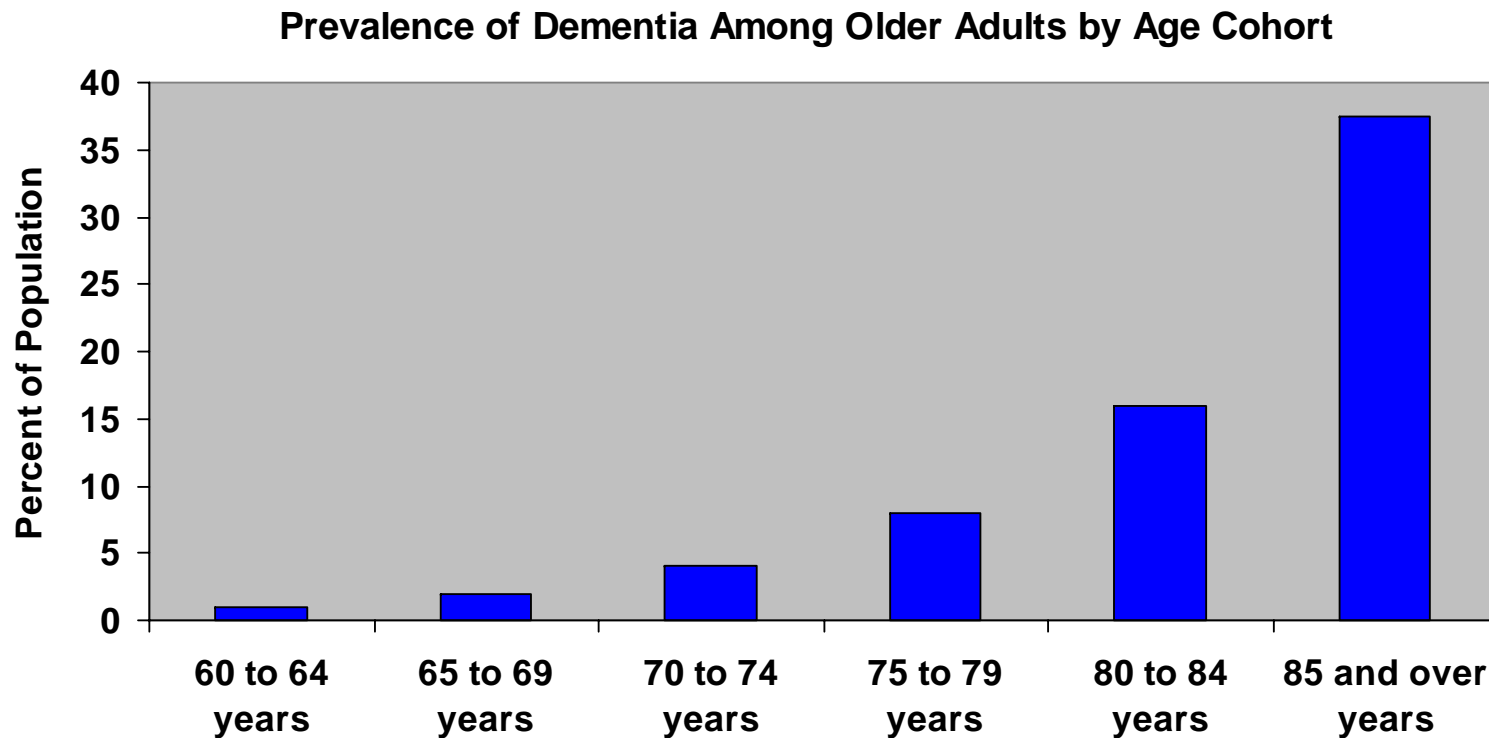
Note: Suicide among Am Indian/AK Native population at 80 years and above is virtually non-existent.

Source: "Mortality Reports." National Center for Injury Prevention and Control. Centers for Disease Control and Prevention, <http://www.cdc.gov/ncipc/wisqars/>

# MORE SERVICES WILL BE NEEDED AS PEOPLE WITH SEVERE PSYCHIATRIC DISABILITIES AGE

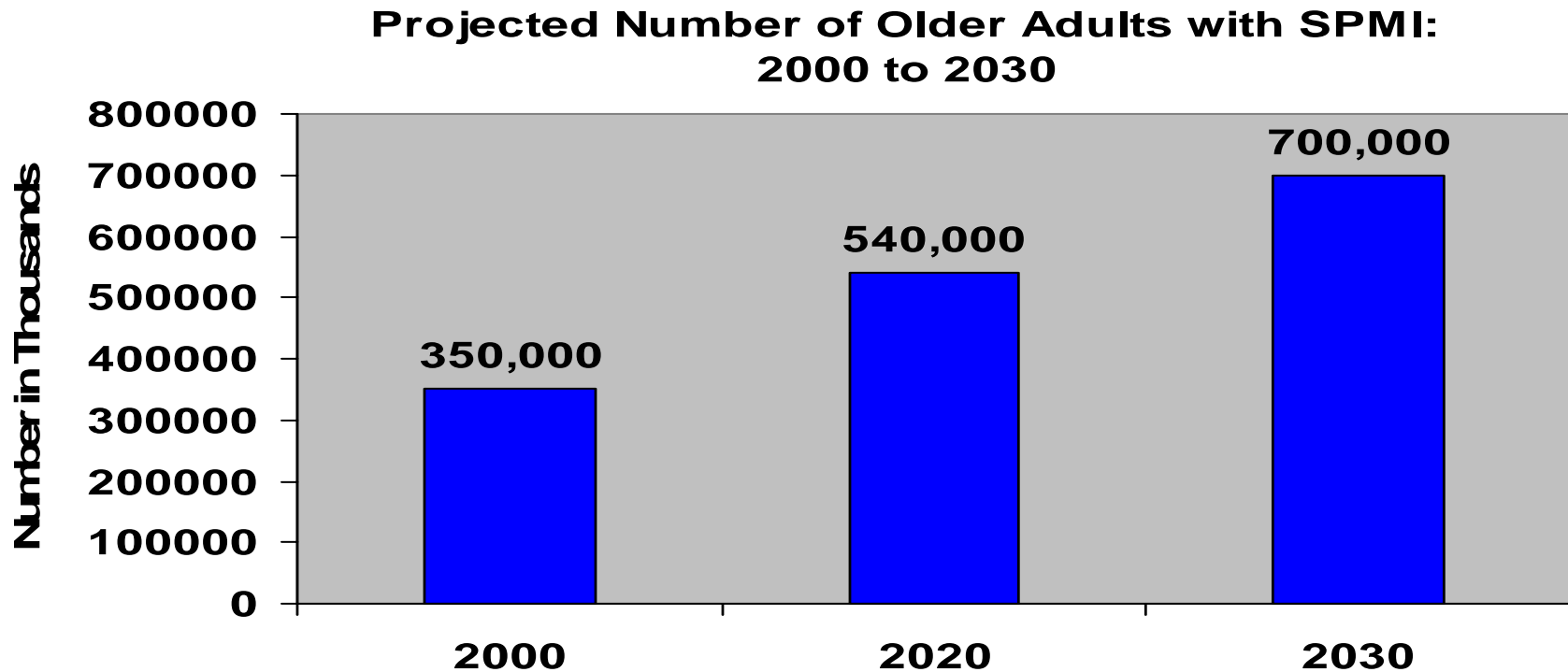
- ◆ **Number of people with psychiatric disabilities will grow**
- ◆ **Number with co-occurring disabilities will grow**
  - ★ **Dementia**
  - ★ **Chronic Physical Illness**

# THE PREVALENCE OF DEMENTIA DOUBLES EVERY FIVE YEARS AFTER THE AGE OF 60



Sources: U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).  
Cummings, Jeffrey L. and Jeste, Dilip V. (1999) Alzheimer's Disease and Its Management in the Year 2010. *Psychiatric Services*.  
50:9, 1173-1177

If 1% of older adults (vs. 1.5% of adults) have schizophrenia or other severe psychiatric disabilities, by 2020 there will be 540,000 older adults with schizophrenia, rising to 700,000 in 2030  
(N. B. Total patients in state hospitals at peak use: 550,000)



**INCREASING CO-MORBID PHYSICAL  
AND  
MENTAL ILLNESS  
+ INCREASING DISABILITY**



**NEED MORE SUPPORTS FOR ACTIVITIES OF  
DAILY LIVING**

**NEED BETTER OVERSIGHT OF MEDICATIONS**

**NEED MORE SAFE AND ACCESSIBLE HOUSING**

# CO-OCCURRING MENTAL AND PHYSICAL DISORDERS (Cont)

- ◆ 25% of older adults with chronic illness have clinically significant depression<sup>1</sup>
- ◆ Depression is highest among older adults with heart disease, stroke, cancer, lung disease, arthritis, dementias, and Parkinson's<sup>2</sup>
- ◆ Health care costs can be double for people with mental illness<sup>3</sup>

<sup>1,2</sup>U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).

<sup>3</sup> Husaini, B,A, et. Al (2000). Prevalence and cost of treating mental disorders among elderly recipients of medicare services. *Psychiatric Services*, 51, 1245-1247.

# FOR OLDER ADULTS WITH MENTAL DISORDERS CO-OCCURRING PHYSICAL DISORDERS ARE VIRTUALLY UNIVERSAL

- ◆ Like all older adults, those with mental disorders are likely to have chronic physical conditions
- ◆ People with serious mental illnesses are at high risk for obesity, hypertension, diabetes, and cardiac and respiratory problems
- ◆ Psychiatric disturbances affect as many as 90% of patients with dementias<sup>1</sup>

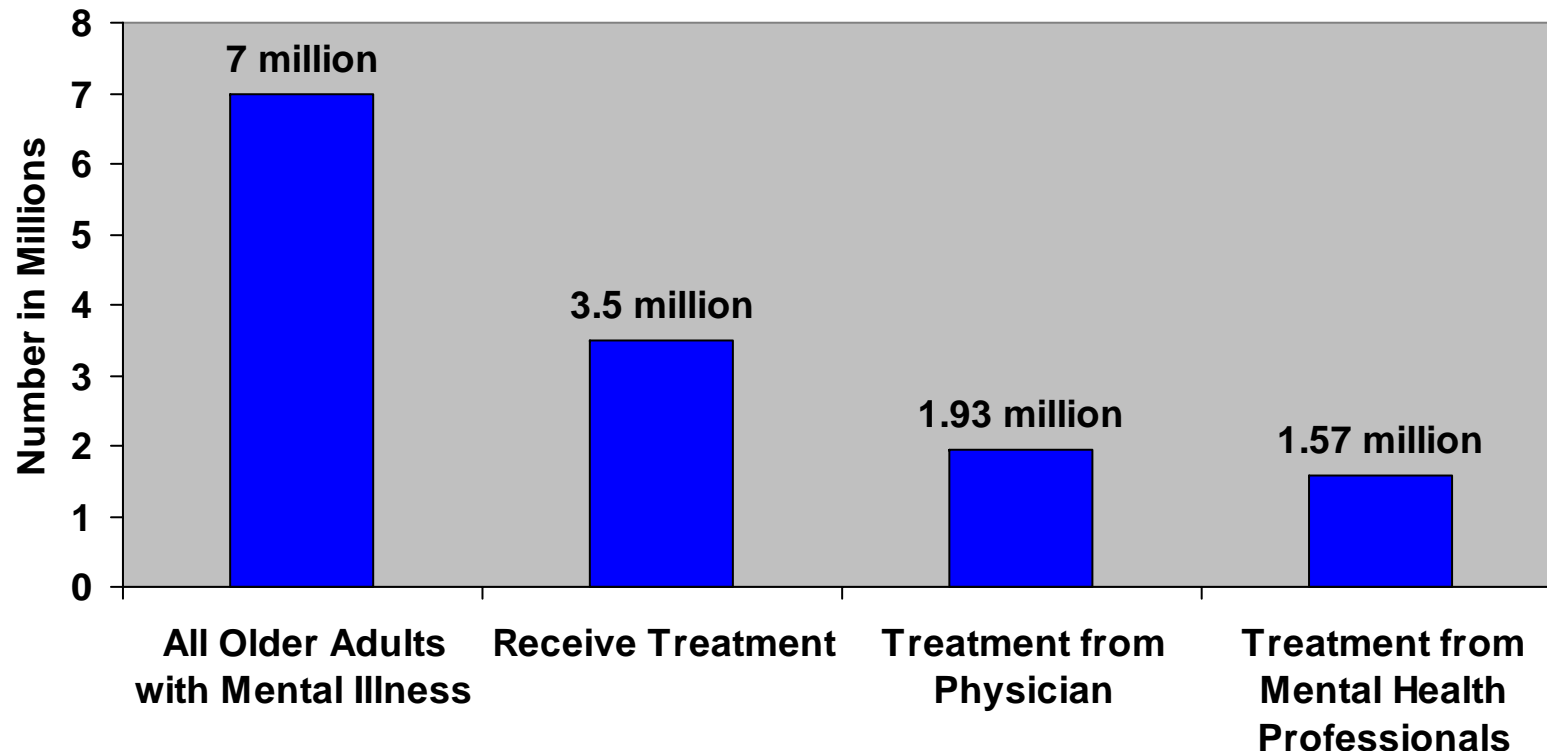
<sup>1</sup> Lyketsos, C.G. & Olin, J. (2002). Depression in Alzheimer's Disease: Overview and Treatment. *Biological Psychiatry*, 52, 243-252

The vast majority of older adults with mental illnesses do not get appropriate mental health services



IN THE U.S., ONLY 22.5% OF OLDER ADULTS WITH MENTAL ILLNESSES GET TREATMENT FROM MENTAL HEALTH PROFESSIONALS. THEY ARE MORE LIKELY TO GO TO PRIMARY CARE PHYSICIANS

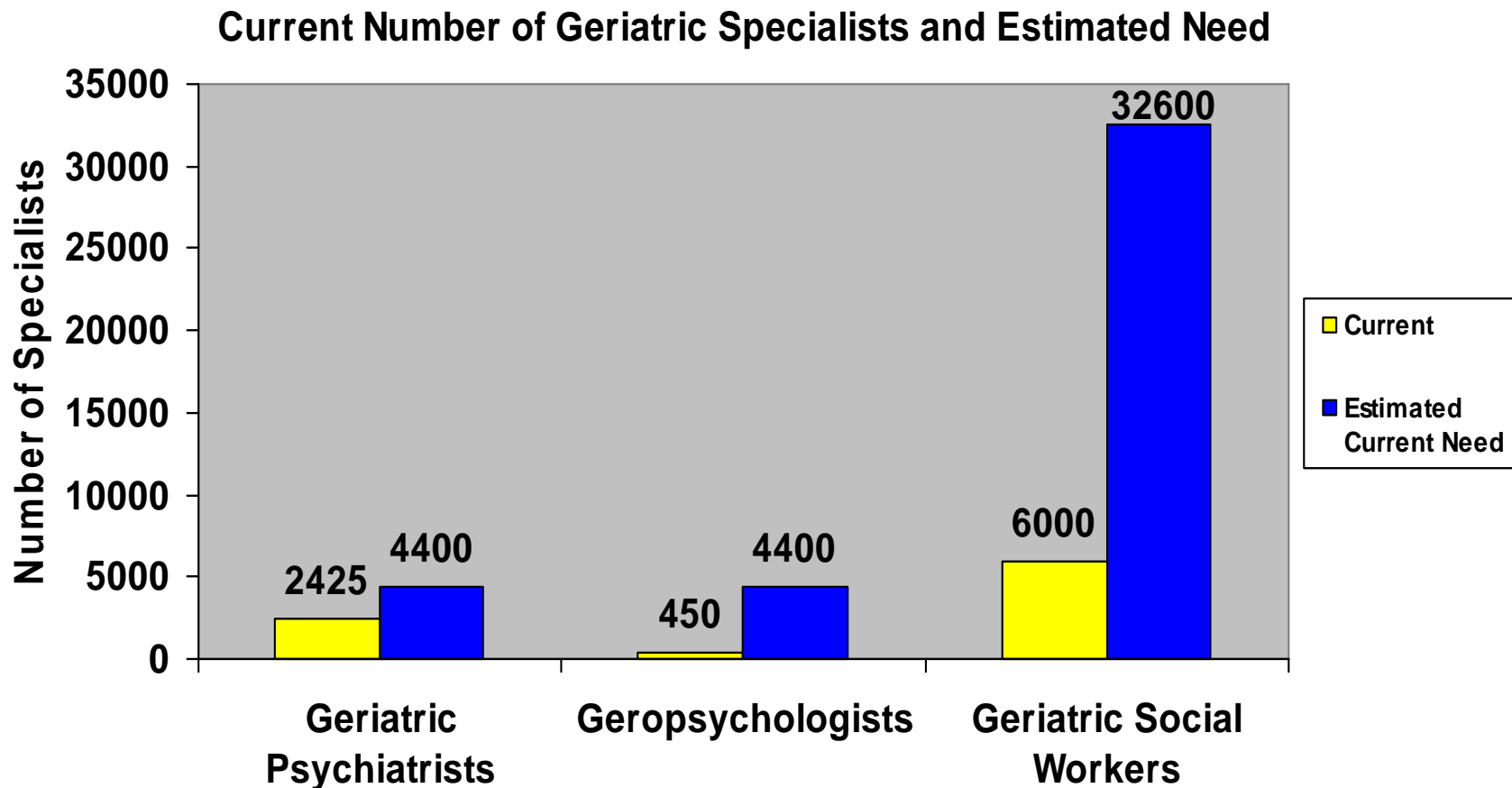
Treatment for Mental Illness Among Older Adults



# PRIMARY CARE PHYSICIANS FREQUENTLY MISDIAGNOSE AND UNDERTREAT OLDER ADULTS WITH MENTAL ILLNESS

- ◆ In one study, only 35% of physicians felt they could properly prescribe antidepressants and 45% of the physicians did not feel confident in diagnosing depression in older adults.
- ◆ In another study three quarters of physicians exhibited possible ageism; they thought depression in older adults was 'understandable' and did not provide treatment.
- ◆ Another study showed less than 25% of patients with moderate to severe dementia were identified by general practitioners as having dementia.
- ◆ In yet another study, only 11% of depressed patients in primary care received adequate antidepressant treatment while 34% received inadequate treatment and 55% received no treatment.

# THERE ARE TOO FEW GERIATRIC MENTAL HEALTH PROFESSIONALS



Sources: Halpain, Maureen C. et al. (1999). Training in Geriatric Mental Health: Needs and Strategies. *Psychiatric Services*, 50:9, 1205-1208.  
Jeste, Dilip V. et al. (1999). Consensus Statement on the Upcoming Crisis in Geriatric Mental Health. *Archives of General Psychiatry*, 56, 848-853.

# Commonly identified problems with the mental health system and advocacy goals

(Adapted with permission from Geriatric Mental Health  
Policy for the 21<sup>st</sup> Century, M. B. Friedman)

# PROBLEMS NOW AND IN THE FUTURE

- ◆ Failure to provide adequate supports to help people live in the community (“age in place”)
  - ★ Not enough home and community- based services, including crisis services
  - ★ Not enough housing suitable for older adults with disabilities
  - ★ Not enough caregiver support (both for family members taking care of older family members and vice versa)
  - ★ Failure to address reduced life expectancy of people with long-term psychiatric disabilities
  - ★ Not enough health and mental health maintenance activities and preventive interventions, including suicide prevention
- ◆ Limited access to mental health services due to
  - ★ Shortages of service
  - ★ Cost of treatment
  - ★ Shortage of mobile services and transportation
  - ★ Limited access to psychiatric medications
  - ★ Failure to reach out to and engage cultural minorities

# PROBLEMS (Cont)

- ◆ Problems of integration
  - ★ Lack of integrated identification and treatment of co-occurring mental and physical disorders
  - ★ Lack of integrated identification and treatment of co-occurring mental disorders, such as dementia and depression
  - ★ Lack of integration of health, mental health, and geriatric social services (Esp. failure to develop local service networks)
- ◆ Inadequate quality of treatment in the community
  - ★ Overuse of primary care physicians
  - ★ Lack of mental health competence of home-health providers
  - ★ Failure to translate research findings into mental health practice
  - ★ Failure to address co-occurring mental and addictive disorders
  - ★ Lack of cultural competence
- ◆ Inadequate treatment in, and poor transition from, institutional settings such as nursing homes, adult homes, hospitals, and prisons

## PROBLEMS (Cont)

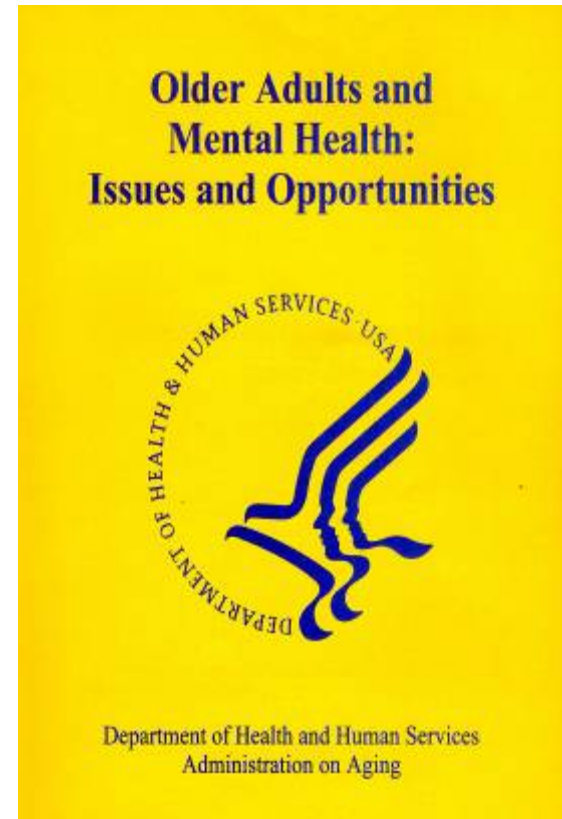
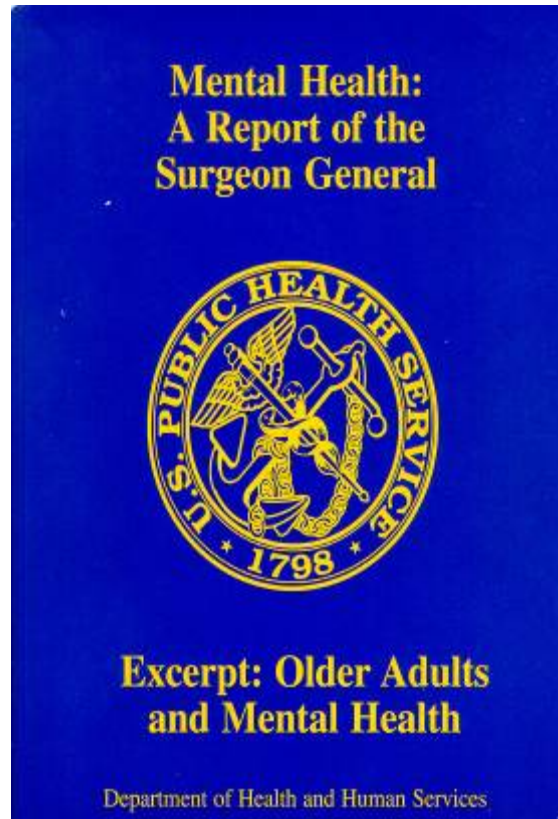
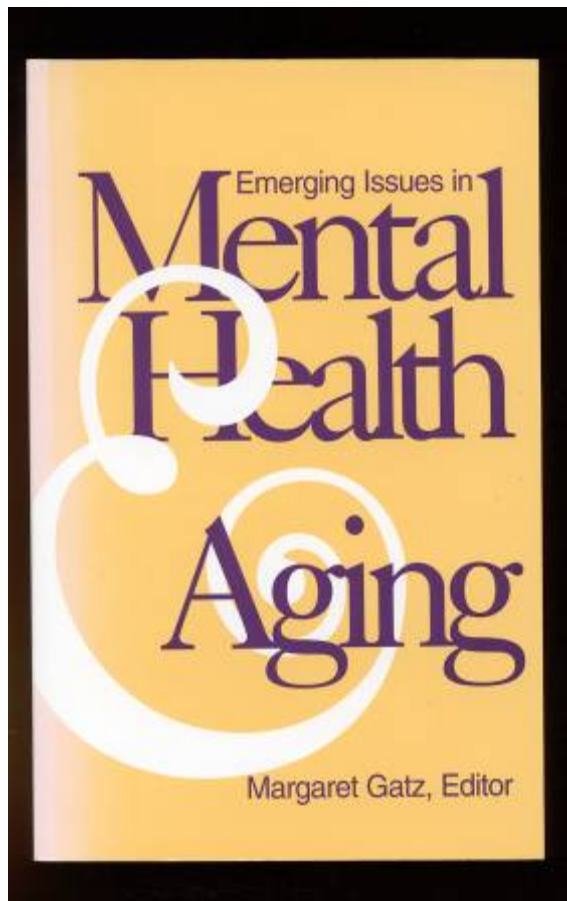
- Ignorance about mental health
  - Lack of knowledge about effectiveness of treatment and where to get it
  - Stigma
  - Ageism
- Workforce limitations: too few mental health, health, and social services professionals with up-to-date knowledge of geriatric mental health and with cultural competence
- Not enough research
- Inadequate funding: both structure and amount
- Lack of planning at federal and state levels
- Lack of political interest and will

# Despite these pervasive problems, there is HOPE!

- ◆ Public support and awareness is growing nationally and here in Iowa
- ◆ Effective programs have been established
- ◆ We have treatments that work



# Treatments Work



# THE STATE OF IOWA

- ◆ Mental Health Fora

- ◆ Targeted Programs & Activities

# IOWA MENTAL HEALTH FORA

- ◆ Quick Fixes (1998)
- ◆ Iowa Mental Health Forum (2000)
- ◆ Mental Health System (2001)

# Quick Fixes (1998)



Technical Assistance Collaborative, Inc.

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## **Quick Fixes or Structural Reform: An Evaluation of Iowa's Public Mental Health System**

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Final Report

*Volume I: Narrative and Exhibits*

# Findings

- ◆ Public mental health system is in transition.....
- ◆ Increased use of managed behavioral healthcare to administer services.....
- ◆ Iowa performed comparatively well on LOS and re-admission rates

# Problems

- ◆ Older adults are not involved in managed behavioral healthcare...
- ◆ Comprehensive data is difficult to obtain...
- ◆ Performance measures are limited...

# Recommendations

- ◆ More state money and support
- ◆ Expand community based care
- ◆ Expand residential care.
- ◆ Increase outreach and access

# Mental Health Forum (2001)

## **Iowa's Mental Health System:**

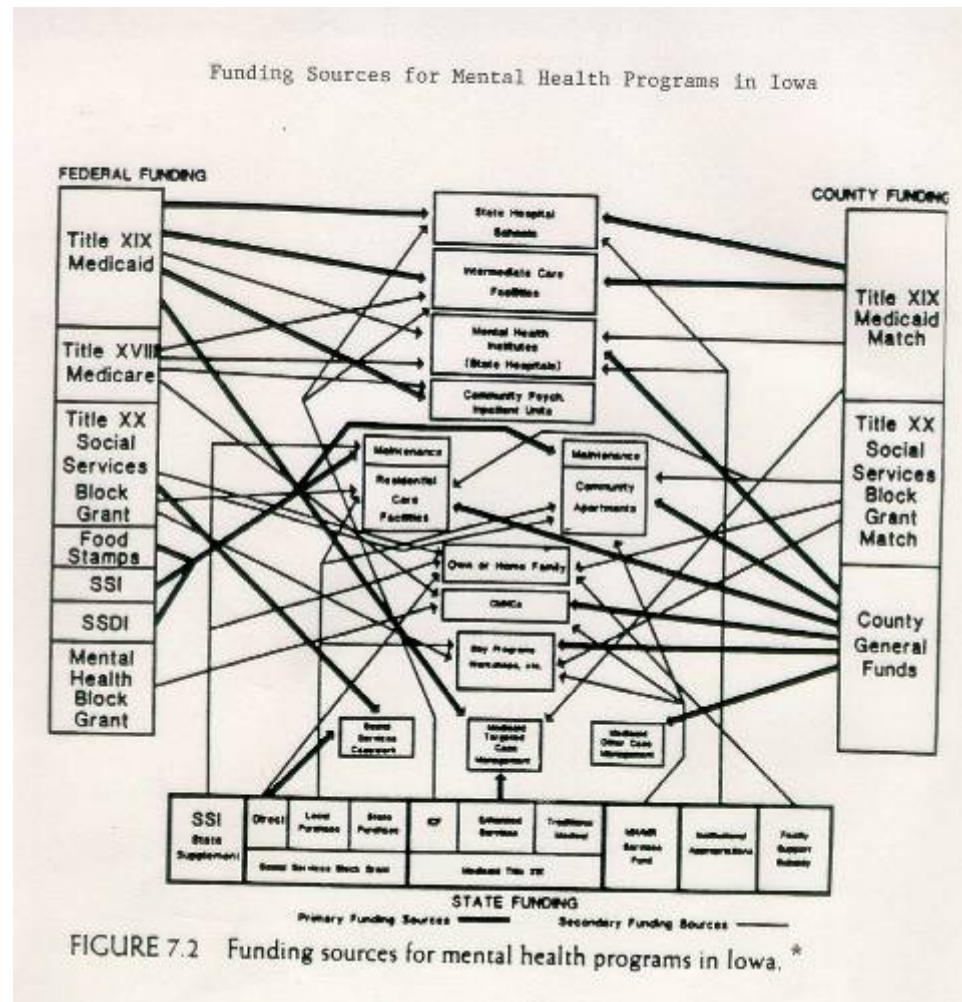
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Assessing Awareness, Identifying  
Needs, and Promoting Solutions

**Iowa Mental  
Health Forum**

*Addressing the Mental  
Health Needs of Iowans*

# Organizational Chart (2000)



# FUNDING PROBLEMS

Current funding models frequently do not support the use of best practices and innovative services and do not promote integrated service delivery. Problems include:

- **MEDICARE**

- Lack of parity
- Limited access to medication; diminished access for dual-eligibles
- Psychiatrists can, and do, opt out
- Inadequate coverage for case management
- Limited in-home mental health service
- No coverage for wrap-around, outreach, and other non-traditional services
- Limited coverage for transportation
- Lifetime cap
- Limited mental health coverage under Medicare managed care and Medigap

# Public Mental Health Effort

- ◆ Enhance Medicaid services
- ◆ HCB and MR/DD Waivers
- ◆ Other aging organizations

# Older Adults Roundtable

- ◆ Many persons over the age of 65 did not know where to seek help for a mental illness.
- ◆ Include and distinguish dementia
- ◆ Implement multi-disciplinary treatment approaches

# TARGETED PROGRAMS IN IOWA

- ◆ Public
- ◆ Private
- ◆ Other

# Public Programs

✧ Eyerly-Ball Outreach Project

✧ Clarinda Hospital

✧ Individual counties

# Private Market

- ◆ Geri-Psych Hospitals
- ◆ Mental health professional
- ◆ Dementia care facilities

# Other Program Efforts

- ◆ Aging Network
- ◆ Alzheimer's Association

# MENTAL HEALTH ADVOCACY GOALS

- ◆ We need your advice and engagement to make this happen—invited to this inaugural meeting of the Iowa Coalition of Mental Health and Aging. We ask for your input and support in the advocacy for the following goals and access to evidence-based mental health service for older Iowans.

# MENTAL HEALTH ADVOCACY GOALS (Cont)

- Governmental readiness for the mental health challenges of the elder boom including leadership in OMH and SOFA, interdepartmental structures, and planning
- Support to enable people to remain in, or return to, the community and avoid institutionalization in adult and nursing homes
- Integration of mental health, health, and aging services
- Increasing access to services through service expansion, increased mobile and community and home-based services, enhanced cultural competence, and increased affordability
- Enhancing quality of care and treatment in the community and in long-term care facilities through training, dissemination of information about best practices, the development of regulations relevant to older adults, health and mental health maintenance, suicide prevention, and increased research.

# MENTAL HEALTH ADVOCACY GOALS (Cont)

- Increasing the capacity of the system to serve cultural minorities through outreach and enhanced cultural competence
- Support for family caregivers of older adults, for older family members caring for adult children with psychiatric disabilities, and for grandparents raising grandchildren
- Public education to address issues of stigma, ageism, and ignorance about mental health and to reach out to people who would benefit from mental health services
- Workforce development to increase the supply and quality of mental health, health, and aging service providers
- Designing finance models that (a) will support best practices and innovative services that are responsive to the unique mental health needs of older adults, (b) promote integrated service delivery, (c) provide parity, and (d) create incentives to enhance the workforce.

# Key Points

- Growing public health problem
- Treatments and programs work
- Iowa is failing older adults

# Emerging Issues

- Diversity and disparity
- Managed behavioral healthcare
- Evidenced Based Practice

# Conclusions

- Establish treatment models
- Expand state programs and policies
- Collect data and monitor progress