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

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With Special Thanks To:
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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

<table>
<thead>
<tr>
<th>Year</th>
<th>Number in Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>35.0</td>
</tr>
<tr>
<td>2010</td>
<td>39.7</td>
</tr>
<tr>
<td>2015</td>
<td>46.0</td>
</tr>
<tr>
<td>2020</td>
<td>53.7</td>
</tr>
<tr>
<td>2025</td>
<td>62.6</td>
</tr>
<tr>
<td>2030</td>
<td>70.3</td>
</tr>
</tbody>
</table>

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

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

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

Population (in millions)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>29.1m</td>
<td>51.7m</td>
</tr>
<tr>
<td>Black</td>
<td>2.8m</td>
<td>7.4m</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.2m</td>
<td>0.4m</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0.8m</td>
<td>3.2m</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.9m</td>
<td>7.7m</td>
</tr>
</tbody>
</table>

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

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

FAMILIES ARE THE PRIMARY CAREGIVERS FOR OLDER ADULTS WITH DISABILITIES

◆ 30% of the American workforce has some responsibility for an elderly relative¹

◆ 54% of Americans expect to be responsible for the care of an elderly relative in the next 10 years²

◆ The national economic value of informal caregiving was $196 billion in 1997³

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.
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

[Bar chart showing population growth from 2000 to 2020]
HETEROGENEOUS 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+  

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Disorder</td>
<td>19.8%</td>
</tr>
<tr>
<td>Any Anxiety Disorder</td>
<td>11.4%</td>
</tr>
<tr>
<td>Any Mood Disorder</td>
<td>4.4%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.6%</td>
</tr>
<tr>
<td>Dementia</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

1-year prevalence for mental illness adults 18-54

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Disorder</td>
<td>21%</td>
</tr>
<tr>
<td>Any Anxiety Disorder</td>
<td>16.4%</td>
</tr>
<tr>
<td>Any Mood Disorder</td>
<td>7.1%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1.3%</td>
</tr>
<tr>
<td>Anti-social Personality</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

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

- Any Disorder: 7.5
- Any Anxiety: 4.3
- Severe Cognitive Impairment: 2.5
- Any Mood Disorder: 1.7
- Schizophrenia: 0.2

[Graph depicting the number of adults affected by different types of mental disorders]
AMONG OLDER ADULTS 55+, ANXIETY DISORDERS—PRIMARILY PHOBIAS—ARE THE MOST COMMON MENTAL ILLNESSES

<table>
<thead>
<tr>
<th>ANY ANXIETY DISORDER</th>
<th>11.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Phobia</td>
<td>7.3%</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>1.0%</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>4.1%</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>0.5%</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

*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)

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994-1998</td>
<td>37.28</td>
<td>5.06</td>
</tr>
<tr>
<td>1999-2000</td>
<td>32.91</td>
<td>4.23</td>
</tr>
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</table>


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.

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

Prevalence of Dementia Among Older Adults by Age Cohort

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 depression¹

♦ Depression is highest among older adults with heart disease, stroke, cancer, lung disease, arthritis, dementias, and Parkinson’s²

♦ Health care costs can be double for people with mental illness³

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

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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

Source: U.S. Department of Health and Human Services, Older Adults and Mental Health: Issues and Opportunities (Rockville, MD: 2001).
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

Current Number of Geriatric Specialists and Estimated Need

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Current</th>
<th>Estimated</th>
<th>Current Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric Psychiatrists</td>
<td>2425</td>
<td>4400</td>
<td>6000</td>
</tr>
<tr>
<td>Geropsychologists</td>
<td>450</td>
<td>4400</td>
<td>6000</td>
</tr>
<tr>
<td>Geriatric Social Workers</td>
<td>6000</td>
<td>32600</td>
<td>32600</td>
</tr>
</tbody>
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Commonly identified problems with the mental health system and advocacy goals

(Adapted with permission from Geriatric Mental Health Policy for the 21st 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 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)

Quick Fixes or Structural Reform: An Evaluation of Iowa’s Public Mental Health System

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
Iowa’s Mental Health System:
Assessing Awareness, Identifying Needs, and Promoting Solutions

Iowa Mental Health Forum
Addressing the Mental Health Needs of Iowans
Organizational Chart (2000)

Funding Sources for Mental Health Programs in Iowa

FIGURE 7.2 Funding sources for mental health programs in Iowa.
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
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