Older Adult Mental Health Facts

- By 2030, the number of older adults with major psychiatric illnesses is projected to reach 15 million.
- Older adults represent nearly 13 percent of the U.S. population, yet they account for nearly 17 percent of all suicides.
- Depression, anxiety and substance misuse are not part of "normal" aging, although they may be associated with chronic physical health conditions, loss of spouse, loss of sensory and other physical abilities and independent living skills, and re-emergence of response to earlier life trauma.

Goals/Objectives of Program

The Older Adults Mental Health TCE is a three-year discretionary services and infrastructure grant program for domestic public and private nonprofit entities designed to:

- Support expanded services to meet diverse mental health needs of older persons (over the age of 60)
- Build the necessary infrastructure to support these services
- Deliver services using evidence based practices

Outcomes of Programs

- Decrease in symptoms of depression, anxiety, isolation, substance misuse
- Decrease in service utilization for physical symptoms/complaints
- Increase in engagement in meaningful activity, social connectedness and community integration
- Support for families and caregivers
- Public education delivered to reduce discrimination and to identify older persons in need of services

Impact of Program

- 30 organizations have been funded through the TCE grant program since its inception in 2002.
- In response to three grant announcements for this program (2002, 2005, 2008), over 400 applications were received - Demonstrates great need and interest in implementing evidence based care for older adults' mental health.
- Programs serve diverse groups including older adults in urban and rural areas; and Latino older adults, Vietnamese older adults, Yaqui Indian older adults, Hmong older adults, Russian older adults, Iranian older adults,
survivors of the Holocaust, Vietnamese torture survivors, GLBT older adults; and the family members/caretakers of all of these individuals.

- This is one of SAMHSA's first programs to operationalize evidence based model of integrated physical health (primary care) and mental health care.

**Key Grantee Successes**

- Since the inception of the TRAC system in June, 2007 grantees have provided direct mental health services to over 1,341 individuals
- Grantees have reached many more people through public education, outreach and training of families, caregivers, and community gatekeepers.
- For example, since 2005, the Senior Reach program in Colorado alone has trained nearly 8,000 community members as gatekeepers, i.e., monitoring and referring older adults in the community. Their Call Center received approximately 800 referrals; almost half were from "non-traditional reporters". Nearly 93% of older persons accepted services offered them based on these referrals.
- TRAC and site specific measures indicate improvement in functioning (TRAC rate of change 51.8%) and remission of mental health and physical health (e.g., diabetes) symptoms (site specific measures).

One grantee writes:

"The Sembrando Salud/Sowing Wellness Program [community garden, therapeutic activities, counseling and psychotherapy] has significantly changed this small rural area of Arizona, and there is much local support for its continuance. We have seen incredible positive mental health outcomes among our seniors, and have provided many with new meaning to their lives. New friendships and support groups have emerged, the population is exercising more, there are opportunities for lifetime learning, and seniors are eating more nutritiously from our garden produce."

**Key Grantee Challenges To Implementation and Sustainability**

- Ageism and mental health stigma, especially in culturally diverse groups
- Regulatory mechanisms (especially financial/reimbursement) preclude innovative and evidence based practices – e.g., payment for physical health and mental health service on same day, care for mental health needs in the home; also co-pays for mental health services too high for many older adults.
- Difficulty in recruitment of qualified staff – geriatric workforce issues
- Economic downturn has effected programs ability to acquire additional funding when SAMHSA grant ends
- Current financial crisis is having a greater impact on older generations. – In some cases, older adults must choose between basic necessities and health care needs such as prescription medication. Retirement funds have been significantly diminished by stock market downturn.