Public Forum
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Robyn Golden
Mental Health and Aging Testimony

Mr. Beneze, Ms. Petrone, Ms. Mitzen and Mr. O'Donnell:

Depression, dementia, anxiety and substance abuse are growing problems among older adults that result in functional dependence, long-term institutional care and reduced quality of life.

Nearly 20 percent of those over age 65 experience mental illnesses that are not a part of "normal" aging, and are all too frequently undetected and untreated.

The real tragedy is that we can effectively treat many of these conditions, but in far too many instances we are not making such treatment available.

Unrecognized and untreated mental illness among older adults can be traced to gaps in training of health professionals, and in our failure to fully integrate mental health screening and treatment with other services.

Far too often physicians and other care professionals fail to recognize the signs and symptoms of mental illness – 25% of primary care geriatric patients suffer from depression.

For example, Cook County Study – The majority of older adults who committed suicide – visited their physician within one month of their death.

Depression in older adults is more insidious, and care providers often fail to recognize symptoms.

Even more troubling, knowledge about effective interventions is simply not accessible to many primary care practitioners.

- Studies indicate that 50–70% of all primary care medical visits are related to psychological factors such as anxiety, depression and stress.

- Doctors frequently treat the physical symptoms of depression without treating the depression. Unfortunately doctors rarely have the time and/or expertise to diagnose and treat these illnesses; in fact, 40–90% of mental health problems in older adults are not detected by primary care providers.

- Older adults with psychiatric illness are more likely to receive inappropriate pharmacological treatment and less likely to be treated with psychotherapeutic interventions than younger patients.

Recent studies also suggest that the integration of mental health care into primary care can be effective from both the clinical and cost perspective.

As we know treatment of mental illnesses can reduce the need for other health services and can improve health outcomes for those with chronic conditions.

These missed opportunities to diagnose and treat mental illness are taking a huge toll on older adults and increasing the burden on families, the aging network and our health care system.

Regrettably, acknowledging and seeking mental health care can be impeded by the stigma associated with mental illness – 38% of older adults do not consider depression a health problem.

We must get mental health services to community sites where primary care and other social services are provided in order to promote the integration of these services – GeroPsych Initiative, Older Adult Wrap Around, PEARLS, and Healthy Ideas.

At Rush, we have created the ***BRIGHTEN*** **Program** (Bridging Resources of an Interdisciplinary Gero-mental Health Team via Electronic Networking).

Based on evidence-based programs such as PRISM-E, PROSPECT, and IMPACT, the *BRIGHTEN* program is unique in two major respects. First, the *BRIGHTEN* team, a patient-centered interdisciplinary care team, includes disciplines not routinely involved in depression treatment programs.

Has been at Rush and now Alivio and Cook County thanks to support from RRF and SAMHSA

- Integrated care relies on a team approach to treatment. The BRIGHTEN team includes primary care physician, social workers, psychologists, psychiatrists, and takes the next step into functional living for older adults by including occupational therapists, physical therapists, dieticians, and chaplains.
- A virtual team allows for various disciplines to communicate about patient treatment plan regardless of geography, employer, etc.

- Inclusion of OT and PT addresses that social isolation and depression for older adults are often related to physical limitations and/or ADL impairments.
- Team approach improves access to mental health services and outcome for the patient. Older adults complicated health profiles and confounding psych issues require more than one health provider.

Integrated treatment lowers overall healthcare costs. (Undiagnosed depression can double cost of medical care, lead to longer and/or more frequent hospital stays).

Health care reform has and will continue to make preventative care, such as mental health screenings, possible.

We align with the vision of health care reform and are advocating for the screening of depression and anxiety in all older adults at their primary care clinic.

These screenings should take place every time an older adult visits their primary care physician, with appropriate referrals and follow-up as needed.

Clinics should seek to hire professionals, including social workers, who are able to provide the follow-up care and referrals to accommodate the needs of the older adult.

The Aging Network is where the referrals should go so we need to be ready.

Workforce

As workforce demands increase, it is essential that the workforce grows to accommodate the need for care of older adults. There is a significant need for professionals who are trained in the care of older adults. We support health care reform's efforts to expand the workforce through loan forgiveness programs and increased opportunities for training of health care professionals. We believe these, and additional efforts, will be needed to adequately serve older adults.

Medical home model/Accountable Care Organizations

We support the integration of primary care and mental health in the medical home model and accountable care organizations, as is being incentivized by health care reform. Integrating mental health and primary care also includes support of education targeted at physicians to improve their knowledge of mental health issues for older adults. Physicians need to be able to identify underlying mental health conditions that may manifest as physical ailments.

Through the usage of the medical home model, we support the increased access to specialized care, case management, and mental health treatment.

This will ensure an effective usage of available resources with the patient and his/her needs as the center of the medical home.

Critical role for Aging Network in these endeavors

At part of the aging community in Illinois, I am, as is our staff at RUMC, concerned about the needs of older adults being met.

We strongly believe that integrative and collaborative care programs need to be supported both in practice and in funding.

We encourage the growth of older adult care programs through funding sources that are designated specifically to older adults.

We also encourage the education of future geriatric professionals, as well as the continuing education of primary care doctors, mental health professionals, and other professional and direct care staff that work with older adults to have the opportunity to acquire skills related to the care of older adults.

We also support the integration of mental health into physical health care clinics, senior centers, long-term care and home and community-based services – through outreach, prevention and intervention.

And, assure that these services are age, gender and linguistically appropriate, culturally competent and consumer driven.

Increase public awareness and education campaigns to reduce stigma and underutilization of services.

This approach has the advantage of building on existing structures and programs, and "mainstreaming" mental health care for this vulnerable population.

Interdisciplinary teams of professionals relying on evidence-based intervention and treatment protocols are required to deliver these services.

This indeed could break down the barriers that have limited older adults' access to much needed mental health services.

I stand with my colleagues who have been trying to address the issues in Illinois for a very long time and know with your support could finally achieve our goals for the well being of the valued older citizens of our state.

Thank you!

The following is a transcript of the Q & A period that followed the testimony.

Question: In terms of some of the things being proposed, is there a way to achieve those by shifting to more community-based and home friendly, or will this require additional dollars?

Answer: No, it would not be a lot of additional money. Programs could be integrated. Make sure people understand screening and possibly this could become part of their existing jobs.

Regarding Evidence-Based Models – Now funded by SAMSA – to reduce anxiety problems. BRIGHTEN being provided in hospital setting only. Need to wrap-around screening and not count on primary care physicians.