



FREE WEBINAR  
August 3, 2022  
12:00 - 1:00 pm

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## Scrambling to Meet the Need: Mental Health Resources for Older Adults

with  
**Chris Westergaard,**  
Touchstone Mental Health Services

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# SCRAMBLING TO MEET THE NEED: MENTAL HEALTH NEEDS FOR OLDER ADULTS

Chris Westergaard, MSW, LICSW, CPPM  
Director, Minnehaha Commons—Touchstone Mental Health

August 2022

## OBJECTIVES

- Outline gaps in mental health services accessible to older adults
- Understand the systemic challenges and themes underlying capacity of older adult of mental health services
- Define and discuss geropsychology strategies in use to focus on unique mental health needs of the diverse population of older adults

3

## CHRIS WESTERGAARD, MSW, LICSW, CPPM

- 20 Years in Human Services/Mental Health
  - 11 years working with older adults
- MSW from University of Minnesota
- Psychotherapy focus on aging, disability and chronic pain

4

## TOUCHSTONE MENTAL HEALTH

- Touchstone Mental Health provides innovative, person-centered services that foster hope, health and well-being



5

## TOUCHSTONE MENTAL HEALTH

- Served 1520 individuals in 2020
  - Hennepin, Ramsey, Anoka, and Dakota Counties
- 100% of those served below the Federal Poverty Level of \$12,760
- Community Mental Health Services and Community Housing Services

6

## MINNEHAHA COMMONS

- **Who We Serve**

- Touchstone provides services at Minnehaha Commons for people ages 55 and older who have a history of homelessness and may experience a mental or physical health condition.

- **Program Services**

- Touchstone offers Targeted Case Management, Customized Living, Housing Support, and Housing Stabilization services with 24-hour onsite staff for individual support, assistance, and community referrals.
- Comprehensive services are voluntary, flexible, and tailored to individual needs and preferences.
- Residents may participate in structured activities, a community garden, animal therapy program, and Touchstone's Fitness Center.

7

## DEFINITIONS

- **"Older Adult"**

- Research varies in age groups
  - 55+, 60+, 65+
- Reports often focus on 55+
  - Senior housing, etc.

8

## SERIOUS MENTAL ILLNESS

- Substance Abuse and Mental Health Services Administration (SAMSHA)  
Definition of Serious Mental Illness (SMI):
  - "a mental, behavioral, or emotional disorder resulting in serious functional impairment that interferes with or limits one or more major life activities"
- Minnesota:
  - Serious Persistent Mental Illness (SPMI)
    - Major Depressive Disorder
    - Bipolar Disorder
    - Schizophrenia
    - Schizoaffective Disorder
    - Borderline Personality Disorder

9

## DEFINITIONS

- **Geropsychology**
  - APA Competencies
    - Knowledge of normal adult aging
    - Knowledge of medical illness
    - Knowledge of neurocognitive disorders
    - Knowledge of psychopathology common in late life
    - Evidence-based assessment and treatment
    - Consultation with providers and families

10

# THEMES

- Workforce Concerns
- Affordability
- Disparities
- Focus on Cognition
- Lack of Geropsychology-Focused Programming

11

# OLDER ADULT MENTAL ILLNESS

- Depression
  - Normalized experience
  - Depression IS NOT a common part of aging and is treatable
- 1.4%-4.8% of 65+ population has a serious mental illness
  - Lower than younger adults...
- Up to 15% experience clinically significant symptoms
  - Even higher in women and the oldest old

12

# WORKFORCE

- By 2030 20% of US Population will be 65+
  - Estimated that 1.2-4% of clinicians specialize in geropsychology
  - 37.2% of clinicians work with older adults frequently
  - Current workforce trends
- 14-20% of older adults experience clinical mental health disorders annually

Moye, et al (2019) & Hoge, et al (2015)

13

# WORKFORCE

- No systematic database or measure of who provides services to older adults
  - No estimates of what numbers we even need to meet service needs
- 119 million Americans live in Health Professional Shortage Area
  - Just mental health services
  - Only accounts for psychiatrists
- Lack of focused academic coursework
- Significant lack of BIPOC clinicians
  - Providers typically white, older adults

14

## CLIENT AFFORDABILITY

- Medicare is primary insurer of older adults
- Out-of-pocket costs
  - Antidepressants and antipsychotics are protected
- Geographic Location
- Transportation Costs

Gunja, Shah, Williams (2022)

15

## PROVIDER AFFORDABILITY

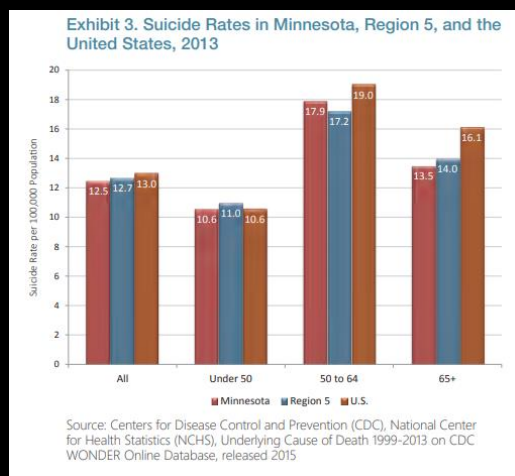
- Limited Telehealth Coverage
  - Rural areas impacted
  - Medicare requires initial meetings in-person
- Reimbursement
  - Limited professions can be credentialed
  - Much lower than commercial insurances
  - Supervision requirements in some settings

16



## DISPARITIES—SUICIDE

- Minnesota 50+ higher suicide rate than younger groups
- Below national average
- Men over 75 have the highest suicide completion rate
  - Highest in rural Minnesota
- Under-reported & passive attempts
- Lethality



SAMSHA State Technical Assistance (2016)

17

## LIFE EXPECTANCY AND COMORBIDITY

- Shorter lifespans
  - 20 year reduction in life expectancy
- Increased likelihood of chronic illness
  - Lung disease, diabetes, cardiovascular diseases
  - Disproportionate driver of costs
- 2016 National Survey of Drug Use and Health Study
  - ~863,000 older adults with illicit drug use disorder
    - Only 27% receive treatment
    - COVID-19 pandemic

Gunja, Shah, Williams (2022)

18

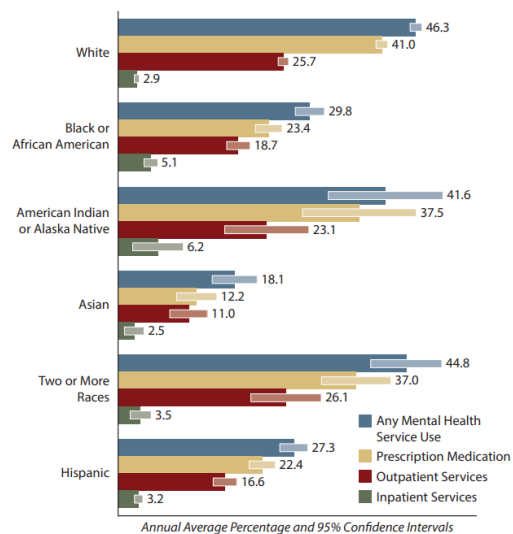
## DISPARITIES

- Lifetime caps on psychiatric hospitalization coverage
  - 190 days lifetime
- Services for older adults often focus on cognition

19

## MENTAL HEALTH SERVICE USE BY RACE

**FIGURE 4.2 Mental Health Service Use in the Past Year among Adults with Any Mental Illness, by Race/Ethnicity and Service Type, 2008-2012<sup>29</sup>**

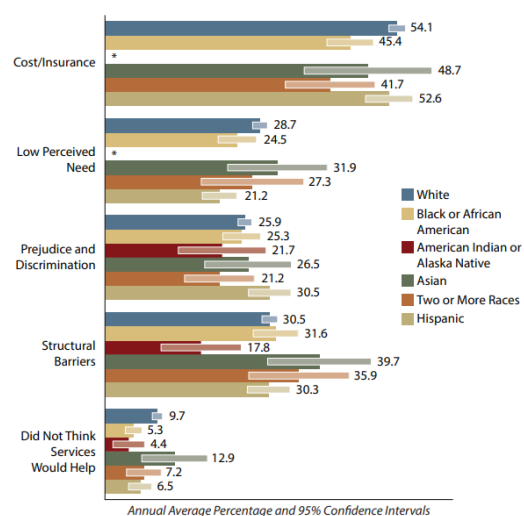


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2012 (2008-2010 Data – Revised March 2012).

20

# REASONS FOR NOT USING MENTAL HEALTH SERVICES BY RACE

**FIGURE 3.6** Reasons for Not Using Mental Health Services among Adults Who Had an Unmet Need for Services in the Past Year, by Race/Ethnicity, 2008-2012<sup>29</sup>



\* Low precision; no estimate reported.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2012 (2008-2010 Data - Revised March 2012).

21

## LACK OF GEROPSYCHOLOGY-FOCUSED PROGRAMMING

- Numerous service gaps in mental health services
  - "The mental health system isn't broken – it was never fully built." -Sue Abderholden, NAMI-MN
- Wide array of services in Minnesota
  - Adult-Targeted Behavioral Case Management
  - Intensive Residential Treatment
  - Partial-hospitalization
  - Inpatient
  - Assisted Living
- Few focus on older adults
- Lack of funding for integrated, multi-service options to support healthy aging

22

## WAIVERED SERVICES IN MINNESOTA

- CADI & BI Waivers v. Elderly Waiver Rates
- County inconsistencies
- How mental health is accounted for in Customized Living Services
  - Focus on memory care v. Serious Mental Illness
- Requirements for 65+ for Elderly Waiver

23

## EVIDENCE BASED PRACTICES FOR TREATING OLDER ADULT MENTAL ILLNESS

24

## DEPRESSION INTERVENTIONS

- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

25

## PSYCHOSIS AND SERIOUS MENTAL ILLNESS INTERVENTIONS

Helping Older People  
Experience Success (HOPES)

Functional Adaptation Skills  
Training (FAST)

Cognitive Behavioral Social  
Skills Training (CBSST)

26

## CHRONIC ILLNESS

Health and  
Recovery Peer  
(HARP)

Targeted  
Training in Illness  
Management  
(TTIM)

Integrated Illness  
Management  
and Recovery (I-  
IMR)

27

## INTERVENTIONS FOCUSED ON BIPOC OLDER ADULTS

- Scalable Interventions
  - Culturally adapted
  - Briefer in nature
  - More likely to be used by BIPOC individuals compared to psychotherapy
  - What are scalable interventions?
  - Additional focused research needed

28

## SO WHAT DO WE DO?

- National Council on Aging Recommendations
  - Increase funding for Older Americans Act
  - Incentive and loan repayment
  - Expand required training in allied professions
  - Increase training for clinicians including career pathways and course offerings

29

- May is Older Adult Mental Health Awareness month
- July is BIPOC Mental Health Awareness Month

30



## RESOURCES

- <https://afsp.org/mental-health-resources-for-underrepresented-communities>
- <https://www.onlinemswprograms.com/resources/social-issues/mental-health-resources-racial-ethnic-groups/>

31



## QUESTIONS?

32



# REFERENCES

33



Questions or comments?  
 Contact [info@mngero.org](mailto:info@mngero.org)

Next Webinar Tuesday Sep 13 12N-1PM

## LGBTQ Aging: Exploring the 2022 Needs Assessment and Applying it to Your Work

with  
**Rajean P. Moone, PhD, LNHA/LALD, FGSA**

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34