GERIATRIC MENTAL HEALTH IN RURAL AREAS

Non-Pharmacological Interventions, Rural Resources, And Practical Models That Work

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Behavioral Health Issues in Older Adults

- It is estimated that 20% of people age 65 years or older experience some type of mental health concern. The most common conditions include:
  - Anxiety
  - Mood disorders (such as depression or bipolar disorder)
  - Severe cognitive impairment
- Depression is associated with distress and can lead to impairments in physical, mental, and social functioning
- Mental health issues are often implicated as a factor in cases of suicide

HEALTHY AGING DATA PORTAL – VIRGINIA

(https://www.cdc.gov/aging/agingdata/data-portal/mental-health.html)

Lifetime diagnosis of depression

Virginia - 2016

Percentage of older adults with a lifetime diagnosis of depression

View by: Age Group

	50-54 years	55-59 years	60-64 years	65 years or older
Percentage (%)	16.4	16.9	17.8	13.2
95% CI	13.6 - 19.7	14.2 - 20.0	15.0 - 21.1	11.7 - 15.0

Healthy People 2020 Target: No target specified.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Frequent mental distress

Virginia - 2016

Percentage of older adults who are experiencing frequent mental distress

View by: Age Group

	50-54 years	55-59 years	60-64 years	65 years or older
Percentage (%)	11.3	9.0	10.5	6.0
95% CI	9.0 - 14.1	7.2 - 11.2	8.2 - 13.2	4.8 - 7.4

Healthy People 2020 Target: No target specified.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Challenges for Rural Communities

- Rural communities have a higher prevalence of chronic disease, a higher disability rate, a lower prevalence of healthy behaviors, and a widening gap in life expectancy relative to the nation as a whole. Moreover, they face additional obstacles and challenges:
  - Cash-strapped local governments.
  - Difficulty forming community partnerships because of proximity challenges.
  - Migration of younger individuals to cities for career and social opportunities, resulting in a smaller pool of potential caregivers.
  - Struggling small businesses and dwindling economic opportunities.
  - An aging housing stock that also may be unsafe (e.g., in need of repairs, containing falls risks, inaccessible for a person with mobility challenges).
  - An opioid crisis that has turned many grandparents into caregivers.
  - Inadequate resources available to meet the broad range of needs among older adults.

Challenges for older adults living in rural communities

- The primary concerns of all older Americans are access to health care and support services, nutrition, housing, and social isolation.
- There are approximately 10 million people ages 65 and older living in rural America; 1 out of every 4 older adults lives in a small town or other rural area.
- For them, these concerns are exacerbated due to having to travel greater distances to obtain services, a lack of infrastructure (transportation systems, high-speed broadband, community centers), and the scarcity of resources because of economic constraints.
- Social isolation can be an exceptionally challenging problem for rural-dwelling individuals who may also be trying to cope with food insecurity, mobility challenges and chronic health conditions.

Skoufalos et. al. (2017)

Treatment Approaches

- There are very effective treatments for mental health issues in older adults, with both medications and non-pharmacological approaches

Non-pharmacological approaches

- Psychotherapy or "talk therapy" is administered by a mental health professional
  - Takes an active, problem-solving approach that offers people the opportunity to identify the factors that contribute to their depression
  - Deals effectively with the psychological, behavioral, interpersonal, and situational causes.
- Behavioral treatment / behavioral management
- Psychosocial rehabilitation programs (Recreation, Music, Art therapies)
- Spiritual / Religious Counseling
- Grief Counseling
- Senior Activity Centers
- Financial Assistance
- Home-Health Care

Barriers to Treatment

- There is an underutilization of mental health services by older adults, despite the fact that psychological and pharmacological treatments are highly effective in treating mental health problems in older individuals.
- Barriers to mental health treatment among rural adults are particularly high and include:
  - access to affordable care,
  - availability of mental health providers in rural areas
  - transportation and long distances to providers
  - difficulty navigating the health care system
  - Stigma may also be of greater concern in rural versus urban communities

BARRIERS TO TREATMENT

PERCEPTIONS OF NEED (MACKENZIE, PAGURA, & SAREEN, 2010)

- 53% OF OLDER ADULTS WITH PAST-YEAR MOOD, ANXIETY, OR SUBSTANCE-RELATED DISORDERS PERCEIVED THE NEED FOR PROFESSIONAL HELP AND 41% SOUGHT IT
- HOWEVER, APPROXIMATELY HALF OF THE OLDER INDIVIDUALS WITH CLEAR INDICATORS OF NEED FOR PROFESSIONAL HELP (I.E., A PSYCHIATRIC DIAGNOSIS) DID NOT PERCEIVE IT
- THE MOST COMMON REASON FOR NOT SEEKING HELP FOLLOWING PERCEPTIONS OF NEED WAS THAT RESPONDENTS WISHED TO HANDLE THE PROBLEM THEMSELVES
- A SIGNIFICANT NUMBER OF PARTICIPANTS ENDORSED FINANCIAL CONCERNS AND KNOWLEDGE OF WHERE TO GO AND WHO TO SEE AS STRUCTURAL BARRIERS TO RECEIVING HELP

BARRIERS TO TREATMENT (BRENES ET AL., 2015)

- PRIMARY BARRIERS WERE RELATED TO PERSONAL BELIEFS ABOUT SEEKING HELP, WITH 80.1% REPORTING THAT THEY "SHOULD NOT NEED HELP."
  - MORE THAN A THIRD OF THE SAMPLE REPORTED THAT THEY MISTRUST MENTAL HEALTH PROVIDERS (41.9%)
  - DO NOT WANT TO TALK ABOUT PERSONAL MATTERS WITH A STRANGER (41.2%)
  - DO NOT THINK TREATMENT WOULD HELP (40.0%)
- PRACTICAL BARRIERS WERE ALSO REPORTED, INCLUDING COST (58.4%), NOT KNOWING WHERE TO GO (49.6%), DISTANCE FROM PROVIDER (37.0%), AND PROVIDERS NOT ACCEPTING MEDICARE (27.8%).
- OTHER FREQUENTLY ENDORSED BARRIERS WERE EMBARRASSMENT (39.8%) AND WORRY ABOUT WHAT OTHERS WOULD THINK (39.8%).
- THESE OLDER ADULTS REPORTED A NEED FOR HELP AND DISPLAYED A BASIC WILLINGNESS TO CONSIDER PSYCHOTHERAPY, YET THEY STILL ENDORSED PERSONAL BELIEFS THAT INTERFERE WITH GETTING THE CARE THEY NEED.

MODELS THAT WORK

- Older adults tend to seek mental health treatment in primary care, so finding ways to integrate primary care and behavioral health services can be an effective way to address the complex interaction between physical and behavioral health conditions
  - Physical health conditions often present as behavioral health concerns or cognitive impairments
  - Behavioral health conditions often present as physical conditions or cognitive impairments
  - Many medications have side effects that may present as symptoms of another illness
  - Depression often occurs with other physical health conditions

Models That Work

- Integrated mental health/substance abuse services in primary care settings result in substantially greater treatment engagement by older patients compared with referral to specialty mental health/substance abuse clinics.
- When specialty clinics are use, physical proximity of mental health services to primary care is an important predictor of treatment engagement. Greater distance between primary care and mental health services was associated with declining rates of engagement.
- Even when patients received enhancements to attend a specialty clinic, to include ensuring timely appointments, transportation, and payment for services, less than half (49%) of older persons engaged in services in the enhanced referral model compared with over two thirds of patients (71%) engaging in the integrated model.
- Integrated care also improves communication between providers, reduces stigma and medical expenditures, and avoids artificial separation of medical and psychiatric problems that can result in substandard care

Bartels et al., 2004

Core Competencies for Integrated Behavioral Health and Primary Care (SAMHSA, 2014)

I. Interpersonal communication
   - Actively engaging family members who are part of the patient's care
   - Accommodate for impact of dementia, hearing, and language barriers
   - Avoid medical jargon/terminology
   - Provide clear explanations, repeat when necessary, and provide in writing
   - Tap into patient's strengths
   - Recognize sensory challenges

II. Collaboration and Teamwork
   - Use an informed team approach to provide comprehensive services
   - Train non-medical staff to conduct environmental, social, and medical histories and screenings
   - Establish working relationships with internal and external members of the care team
   - Listen to patient and caregiver about their desired outcome
   - Refer to specialty behavioral health care or use telebehavioral health services

Core Competencies for Integrated Behavioral Health and Primary Care (SAMHSA, 2014)

III. Screening and Assessment
- Screen for depression, anxiety, substance abuse, chronic pain, and risk of fails
- Identify general health concerns that affect or manifest as behavioral health symptoms
- Be cognizant of gender differences in prevalence rates
- Differentiate between depression, delirium, and dementia
- Know the warning signs of elder abuse
- Monitor for suicide risk
- Have a consultation arrangement with a geriatric mental health specialist

IV. Care Planning and Care Coordination
- Engage paid and unpaid caregivers in care planning
- Identify peer supports
- Collaborate with pharmacists to ensure proper dosing and prescribing
- Employ hand-offs to ensure continuity of care
- Use short, time-limited interventions for addressing mental health concerns

Core Competencies for Integrated Behavioral Health and Primary Care (SAMHSA, 2014)

V. Intervention
   - Implement evidenced-based practices

VI. Cultural Competence and Adaptation
   - Ensure physical space is accessible for older adults (wider doorways, exam rooms with space for caregivers, handrails, smooth transitions at doorways, etc.)
   - Recognize and respect cultural differences
   - Accommodate generational differences in use of technology
   - Use community resources to overcome geographic and transportation barriers

VII. Systems-Oriented Practice
   - Understand and explain Medicare benefits (including Part D) to patients and caregivers
   - Coordinate benefits for dually eligible Medicaid/Medicare beneficiaries
   - Have staff who are equipped to help patients understand and use their benefits

Core Competencies for Integrated Behavioral Health and Primary Care (SAMHSA, 2014)

VIII. Practice-Based Learning and Quality Improvement

- Measure patient and caregiver satisfaction
- Provide continual training to staff to ensure best practices
- Monitor for avoidable negative health outcomes and implement quality improvement protocols

IX. Informatics

- Establish electronic health records that include multiple providers
- Use large print informational materials
- Ensure touchpad technologies have large buttons
- Address privacy concerns

Evidenced-Based Integrated Care Practices

- Evidence-based practices are a great resource for identifying clinical, organizational and systems level changes to improve care. These programs are specifically designed and tested for use with older adults and might be particularly helpful in rural communities.
  - Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) is a collaborative care approach to treat depression or dysthymia in which a trained depression care manager (DCM)—usually a nurse, social worker, or psychologist—works with the patient, the patient's primary care provider, and a psychiatrist to develop and administer a course of treatment.
  - Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is an evidence-based program that integrates depression awareness and management into existing case management services provided to older adults.
  - Program to Encourage Active, Rewarding Lives (PEARLS) is a community-based intervention for individuals with depression or dysthymia that helps reduce symptoms and suicidal ideation through problem-solving, social and physical activation and pleasant activity scheduling. It consists of in-home counseling service for community-dwelling adults, followed by a series of maintenance session contacts via telephone.

EVIDENCED-BASED INTEGRATED CARE PRACTICES

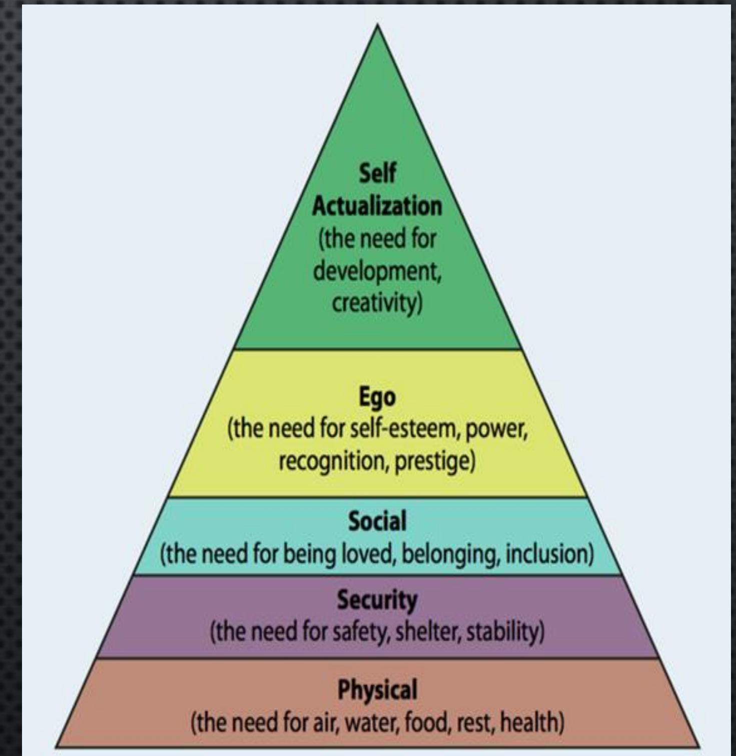
- Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) is designed for primary care physicians to recognize depression and suicidal risk and manage treatment.
- Wellness Initiative for Senior Education (WISE) is a curriculum-based health promotion program related to health behaviors, the aging process, managing care, medication management and signs of alcohol misuse and depression.
- EnhanceWellness is an outpatient intervention that helps older adults with chronic health conditions manage their illness and avoid psychiatric medications, physical inactivity, depression and social isolation.
- Senior Reach is a training designed for community partners to identify older adults experiencing mental health and related concerns and help get them into recovery-oriented behavioral health treatment.

HEALTH CARE EDUCATION MODELS THAT WORK

- Project ECHO, which originated at the University of New Mexico, is an innovative model of health care education and delivery that aims to improve the treatment of chronic and complex diseases for rural and underserved populations. It was initially designed for patients with hepatitis C, but project ECHO has has been adapted to numerous additional conditions including cancer, chronic pain, substance use, women's health, diabetes, and HIV/AIDS with impressive results
- The ECHO model uses web-based videoconferencing to create "virtual grand rounds." It connects specialists located at academic medical centers to rural primary care physicians. Through biweekly videoconferencing, didactic presentations, and case-based learning, specialists help primary care physicians develop expertise in a specific field, which they can then apply to patients at their clinic
- Efforts are underway to try and extend this model to geriatric mental health care.
    - With Project ECHO GEMH, the University of Rochester Medical Center will serve as an academic "hub" and will connect a team of its geriatric mental health specialists from medicine, nursing, social work, psychology, and pharmacy to "spokes" made up of primary care sites and individual providers.

ACCESSING COMMUNITY RESOURCES

- Caregivers, neighbors, friends and community-based organizations play a vital role in supporting older adults in rural communities.
- Your community may have the following organizations and services available to serve as partners in health promotion, to include adult protective services, nutrition programs, senior centers, and transportation services.
- There are a number of factors that are prevalent in rural communities that can contribute to poor mental health for older adults. Addressing them should be a priority.



Food Insecurity

- More than 10 million older Americans (16% of older adults) face hunger each year.
- Food insecurity is a strong predictor of chronic disease and diabetes, heart disease, stroke and lung disease. Poor nutrition can contribute to emotional distress, particularly depression.
- Food insecurity among older adults is more likely to have adverse health consequences than in other age groups. For example, food insecure older adults are 50% more likely to have diabetes; three times more likely to suffer from depression; 60% more likely to have congestive heart failure or a heart attack; 30% more likely to have at least one ADL impairment; and twice as likely to report gum disease and asthma.
- Characteristics of those at higher risk included living in the South and Southwest, racial minority, lower income, and between the ages 60 to 69.
- Financial constraints are a primary factor that limits access to food. Other factors include poor physical health, mobility limitations, lack of adequate transportation, functional limitations, cultural preferences and knowledge about appropriate food choices.
- Critical to leverage all available resources to ensure older adults have access to adequate sources of food and healthy nutrition.

https://www.mealsonwheelsamerica.org/docs/default-source/research/hungerinolderadults-fullreport-feb2017.pdf?sfvrsn=2

Social Isolation

- Social isolation, including social disconnectedness (e.g., limited contact with others) and perceived isolation (e.g., loneliness), is increasingly recognized as an important determinant of health
- Data from a Project which is funded by the National Institute on Aging found that a substantial percentage of both rural men (27%) and women (19%) reported not having socialized with others on a monthly basis. More than 3% of both older men and older women reported having no friends at all. These findings have broad implications for health, well-being, and mortality.
  - Use technology to enable social connectedness
    - Advocate with internet service providers to extend broadband capability to rural communities
    - State universities in rural areas might be helpful in recruiting younger people to connect with elders to provide support regarding technology use.
  - Leverage the Silver Sneakers model and network to increase rural engagement in group activities
  - Develop senior activity programs through community and faith-based organizations

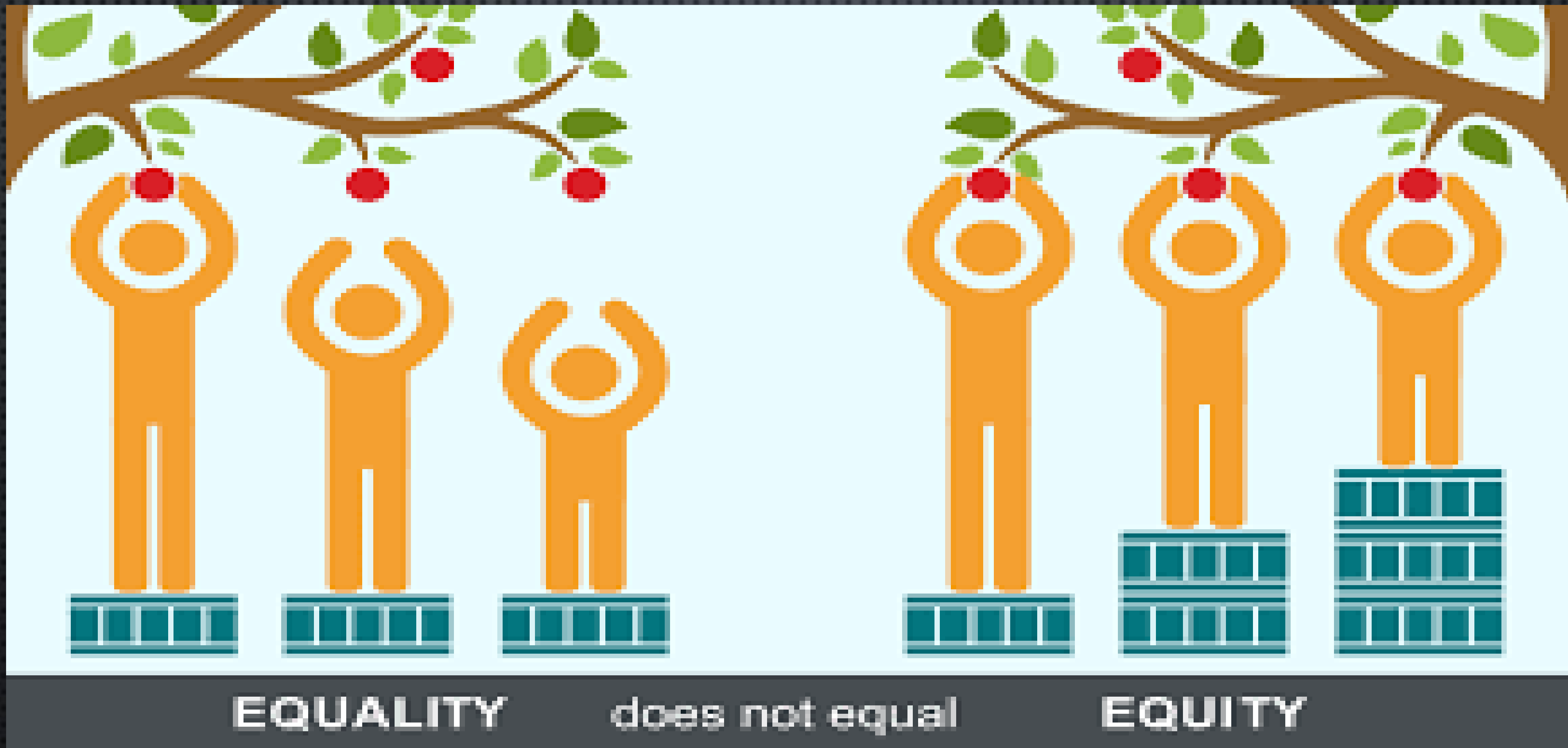
Transportation

- Transportation is a significant barrier to mental health services for older adults in rural communities
  - Volunteer organizations are often critical in helping transport older adults to their medical appointments.
    - One challenge faced by these organizations is the volunteers' unease with requirements regarding background checks, personal insurance liability coverage, and bonding. To mitigate this issue:
      - Some local governments have enabled volunteers to be covered under their umbrella liability policies
      - Some organizations/agencies are beginning to work with state governments on legislation to protect volunteer drivers with a policy.
- Ride-sharing companies such as Lyft and Uber are working with local governments and the Veterans Administration on a process to provide transportation services with billing directed to an entity other than the consumer.
- AARP Foundation described an upcoming pilot program with Lyft; payers have an incentive to support the initiative because it helps people get to their doctors.
- One caveat: Lyft may not be "rural" enough yet.

HOUSING

- Ensuring safe, quality housing options –
  - Community pride is strong in rural communities, so there is an opportunity to helping community-based organizations leverage the power of partnerships, for example:
    - partnering with Habitat for Humanity to work with volunteers on home repairs
    - partnering with the Masons to provide handyman services
    - Working with faith-based communities to identify ways they can assist older adults to stay in their homes
    - bringing older adults into preschools to foster intergenerational connections in communities
  - Developing alternative options for independent living

PROMOTE HEALTH EQUITY



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