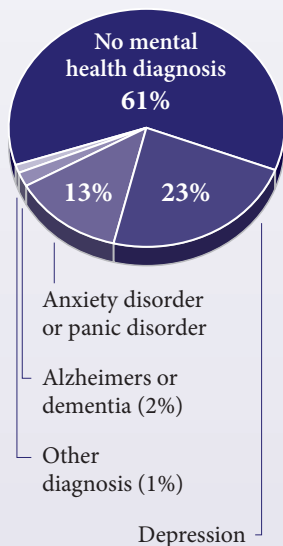


Good mental health is a critical component of healthy aging. This issue brief addresses the 2008 Aging Texas Well (ATW) Indicators Survey¹ and other important research regarding the mental health and substance abuse in older adults. Policy considerations and current initiatives present an expanded perspective of the issues associated with healthy aging. The areas of mental health and alcohol and drug use are brought together under one issue brief because of their similarities and interconnectedness. The term “behavioral health” is used to describe both mental health and substance abuse.

Figure 1:
Percentages of Mental
Health Diagnosis



Texas Department
of Aging and
Disability Services

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Findings on Mental Health

In the 2008 ATW Survey, 90 percent of respondents reported **good**, **very good**, or **excellent** overall mental health. Over 70 percent of the individuals reported **excellent** or **very good** mental health, while nine percent of the individuals reported **fair** or **poor** overall mental health.

Even though a strong majority of older Texans report good (or better) mental health, 39 percent state that they were given a mental health diagnosis by a doctor; depression (23%), anxiety disorder or panic disorder (13%), Alzheimer's or other dementia (2%), or another diagnosis (1%). From 2004 to 2008, there were statistically significant increases in depression (from 8% to 13%) and in anxiety disorders or panic disorders (from 18% to 23%).

Of those older adults with a mental health diagnosis, at least 88 percent said that they **rarely** or **never** had difficulties performing their daily duties. Eleven percent of those with a mental health diagnosis reported being **frequently** or **sometimes** unable to perform their daily activities for a period of two weeks or more due to feeling depressed, overwhelmed or emotionally unable to function.

¹ Begun in 2004 and repeated in 2008, Texas conducted a survey, developed around 16 life areas, to objectively measure indicators of successful aging. The 2008 survey, conducted by the Survey Research Center at the University of North Texas, was based on telephone interviews with over 1,000 Texans age 60 and older. When compared to the 2004 benchmark data, the 2008 survey helps to gauge whether older Texans' perceptions have changed over the intervening four years. Only statistically significant changes are reported.

Aging Texas Well Issue Brief: Mental Health & Substance Abuse



Depression in older adults is associated with low and medium levels of physical activity, mobility impairment, one or more chronic conditions, having fewer than three close friends or relatives and dissatisfaction with their friendships (Strawbridge et al., 2005). The ATW Survey addresses several of these issues. Consistent with the mental health findings, the survey also shows that 25 percent of older Texans report that loneliness is a problem. In the area of overall physical health of older adults, 88 percent have one or more chronic conditions, while more than one-third have at least three chronic conditions. Even though many older adults exercise at least three times a week, 43 percent have not exercised in the past month. Also of concern, 64 percent of older Texans are overweight or obese. The majority of older Texans did not report depression. However, of the 23 percent who did, the majority of them did not exercise. In addition, those older Texans who reported **excellent** or **very good** mental health were more likely to participate in physical activities than those who reported fair or poor mental health.

According to the Centers for Disease Control and Prevention, by 2020 depression is expected to be the second most common cause of disability and death in the United States. Although depressive symptoms tend to increase with age, depression does not need to be a normal part of growing older, as depression is treated successfully 80 percent of the time. Depression is currently an under treated condition among community-based older adults (CDC, 2009). However, detection is often complicated by its co-morbidity with other medical disorders (Mental Health: A Report of the Surgeon General, 1999).

According to Bartels, people over 65 have higher suicide rates than any other age group and suicide has been linked to depression in 50 percent of suicide cases. Among older adults, men over age 85 have the highest rate of suicide, twice the national average overall. An opportunity for prevention lies with primary care physicians, as one third of older men saw their primary care physician in the week before committing suicide; 70 percent within the month prior to suicide. Research shows that mental health treatment provides a benefit, but effective treatment is not getting to those with the greatest need. Only a third of older persons who live in the community receive the mental health services that are needed (Bartels et al., 2005).

Mental health issues can have a significant impact on the general physical health and functioning of older persons. Mental health needs are known to be associated with increased health care utilization and cost. Further, untreated mental disorders in older adults can lead to diminished functioning, substance abuse, poor quality of life, and increased mortality (Bartels et al., 2005).

Although depression is treated successfully 80 percent of the time, currently depression is an under treated condition among community-based older adults (Centers for Disease Control and Prevention, 2009)

Aging Texas Well Issue Brief: Mental Health & Substance Abuse



Findings on Alcohol and Drug Use

About one third of the ATW Indicators Survey respondents reported drinking at least one alcoholic beverage (e.g., one can of beer, glass of wine, or shot of hard liquor) in the past 30 days. Approximately 20 percent of respondents reported that they drank an alcoholic beverage more than once a week. Ten percent reported drinking four times a week or daily. Men were more likely than women to have had a drink during the previous month.

Some research suggests that older persons can experience the effects of alcohol while drinking less and that for any given level of blood alcohol, there is an intensified sensitivity in older persons (NIAAA, 1998, Schmall et al., 2009).

In an ATW Indicators Survey follow-up question, individuals were asked if their alcohol or drug use caused problems on the job, at school, or with police, family or friends. In 2008 only one participant stated that their alcohol or drug use caused them a problem. Alcohol use is not perceived as a source of problems by these older Texans, even for those who drank most frequently. The Indicators Survey does not provide enough information to determine if there is an underreporting of substance abuse in this sample. However, the research literature suggests older adults and their families are more likely to hide their substance use and less likely to seek help than younger adults. For some older adults, the symptoms of alcohol and drug abuse are often mistaken for the symptoms of dementia, depression or other problems (Benshoff, Harrawood, and Koch, 2003).

Alcohol is the most frequently reported cause for substance abuse treatment admissions for individuals aged 65 or older (The DASIS Report, 2005). According to the Aging Texas Well Indicators Survey 2008, five percent of older adults report they have attended a meeting, self-help group, treatment, or counseling related to the use of alcohol or other substance use.

Substance abuse is not often thought of as an issue of concern for older adults, yet nationally among the over 60 population as many as 17 percent misuse alcohol or medications (American Society on Aging, 2009). Further complicating this issue, health care providers tend to overlook substance abuse and misuse among older patients. This may be attributed to a lack of individual and family disclosure, a lack of diagnostic criteria specific to older adults, a lack of available providers trained in geriatric issues, and/or a lack of specific knowledge and training regarding diverse ethnic groups and the interaction between alcohol and prescription drugs (Bartels et al., 2005).

Yet another complication relates to co-occurring mental health disorders and substance abuse. According to the Substance Abuse and Mental Health Services

Aging Texas Well Issue Brief: Mental Health & Substance Abuse



Administration (SAMHSA) Technical Assistance Center, depression and alcohol use are the most commonly cited co-occurring disorders in older adults. The number of older adults with both substance abuse and mental illnesses varies by population, ranging nationally from 7% to 38% of those with psychiatric illness and from 21% to 66% of those with substance abuse problems. According to SAMHSA, successful early intervention strategies include programs that combine medication with psychotherapy for depression and integrated service delivery approaches.

As individuals grow older, major life changes and stresses that occur as part of the aging process may trigger alcohol use. To diffuse emotional and physical losses, alcohol use may become more frequent and can be difficult for health care providers to recognize. Further, future policy challenges include a baby-boom generation that is more likely than earlier generations to have been exposed to drug and alcohol use and may present greater usage after the age of 65 (Bartels et al., 2005).

Mental Health and Substance Abuse Issue Analysis

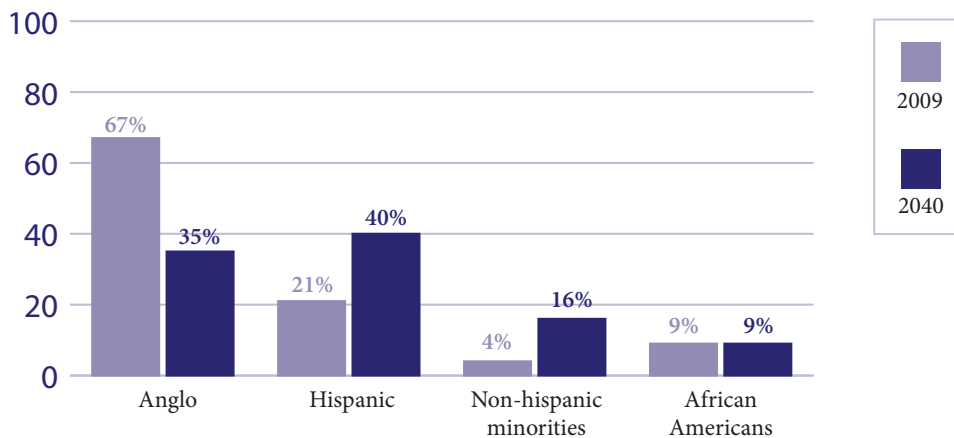
There are several barriers to service access and treatment for older adults, including individual barriers, systems and institutions, workforce capacity, and financial barriers. For the current population of older adults a significant barrier is the social stigma that remains from the years when mental illness was primarily associated with asylums and institutionalization. In the future, the demand for mental health services is likely to increase as the baby boomers tend to utilize mental health services more frequently than the current older adults (Blow et al., 2005). One systemic barrier to both mental health and substance abuse treatment is transportation to and from mental health services. Workforce capacity barriers include the need for adequately trained health care staff to address geriatric mental health along with physical health. As for financial barriers, Medicare's current lack of parity between mental health benefits and general health benefits impacts coverage for mental health screening, diagnosis, community services, and medication and often prohibits adequate prevention and treatment (American Psychological Association, 2003). Although Medicare services are not covered in the Wellstone-Domenici Mental Health Parity Act of 2008, gradual Medicare mental health and health care parity is expected through the new law, the Medicare Improvements for Patients and Providers (MIPPA) Act of 2008.

In the future, the characteristics of older adults are expected to reflect more ethnic and racial diversity than ever before. According to the Texas Health and Human Services Commission (HHSC), the demographics of Texans age 60 and above will change drastically from 2009 to 2040 (see Figure 2).

Aging Texas Well Issue Brief: Mental Health & Substance Abuse



Figure 2: Projected changes in the ethnic/racial percentages in Texans over age 60 from 2009 to 2040



HHSC projects that the Anglo population over 60 will decrease from 67% to 35%, while the Hispanic population over 60 will grow from 21% to 40%. Nationwide, the minority elderly are among the fastest growing segment of the population.

An increasing ethnic diversity in the U.S. population has implications for access to behavioral health services. For example, ethnic and racial groups may differ with regard to their psychiatric symptoms and may also respond to different types of treatments and providers. Language and cultural factors can have an impact on the accessibility and acceptance of mental health treatment and the need for a culturally competent work force (Bartels, et al., 2005).

Current Initiatives

Given the size and diversity of the current and projected future aging populations, there is increased attention being given to prevention, early intervention strategies, and evidence-based practices to meet the behavioral health needs of older Texans. Three evidence-based behavioral health programs in Texas have become models for other programs throughout the U.S. These are a Money Follows the Person Behavioral Health Pilot in Bexar County, Texas, “Healthy IDEAS: Helping Older Adults Manage Their Depression”, and access to behavioral health services through the Aging and Disability Resource Centers (ADRC) in eight locations throughout the state of Texas.

In Texas, three programs, the Money Follows the Person behavioral health pilot, the Healthy IDEAS evidence-based practice, and the Aging and Disability Resource Centers have all gained national recognition

Aging Texas Well Issue Brief: Mental Health & Substance Abuse



The Texas Money Follows the Person (MFP) demonstration has expanded to include a Behavioral Health pilot designed to assist adults with behavioral health conditions (including those over age 60) who wish to return to the community from nursing facilities. Started in 2008, the Bexar County pilot will serve 50 individuals each year. The program will focus on training for long-term service and support providers and relocation specialists. Individuals enrolled in the pilot will receive acute and long-term care services through a single state Medicaid Agency (HHSC), and will have access to psychosocial rehabilitation services administered by the DSHS system, and will also have access to new MFP Demonstration services; Cognitive Adaptation Training (CAT) and adult substance abuse treatment services.

Funding from the Administration on Aging (AoA) and the National Council on Aging (NCOA) has contributed to the improvement of mental health and reduced the risk of disease and disability among older Texans. AoA grants have extended evidence-based health promotion to help seniors across Texas. One of these programs, Healthy IDEAS, addresses depression in the aging population. Unlike other evidence-based depression programs, Healthy IDEAS integrates the treatment of depression into ongoing case management telephone calls and home visits. The Houston based Healthy IDEAS was initially developed by Baylor College of Medicine's Huffington Center on Aging as a part of the model programs project sponsored by NCOA. Care for Elders, a grant funded community partnership with over 80 members, provided the management and staff for the implementation of the demonstration phase. Using evidence-based practices to detect and address depression, this model extends the reach of current community-based aging services to minority populations and integrates depression awareness and self-management into existing case management programs. Evidence-based outcomes include: increased client awareness and knowledge regarding depression, increased recognition of symptoms, effective behavioral changes and self-care activities, effective treatment and prevention of disability, increased utilization by culturally and socio-economically diverse populations of older adults, better linkage to mental health treatment, and enhanced case management services.

Under a three year grant from AoA to provide a single, coordinated system of information and access for older persons, persons with disabilities, and caregivers seeking long-term services, access to behavioral health services is offered through the Aging and Disability Resource Centers (ADRCs). These centers serve Texans with disabilities of any age, older persons and caregivers in eight locations throughout Texas. According to the Tarrant County ADRC, one out of every five referrals qualifies for behavioral health services. The ADRCs collaborate with Mental Retardation Authorities, Mental Health Authorities and the National Alliance of

Aging Texas Well Issue Brief: Mental Health & Substance Abuse



the Mentally Ill in the regions to assist individuals and their caregivers with referral and application for treatment services. Services include advanced technology for quick and comprehensive referral contacts, and coordination with local crisis hotline services for timely provision of mental health and substance abuse services. Many locations co-sponsor and present workshops and training for case managers and the community on mental health issues. These have included teaching caregivers how to assist persons with Alzheimer's disease, Asperger's syndrome, memory loss, and chemical dependency.

In the decades to come, Texas, along with other states, will face mental health challenges. The era of the "graying" of the baby boomers will bring not only a growing older population but a simultaneous challenge to address the growth in need for mental health and substance abuse services.

Aging Texas Well Issue Brief: Mental Health & Substance Abuse



References

- Aging Texas Well: Indicators Survey Overview Report.* (2009). Texas Department of Aging and Disability Services. Retrieved August 24, 2009, from http://www.dads.state.tx.us/news_info/publications/studies/ATWIndicators2009.pdf
- Aging Texas Well: Indicators Survey Results.* (2005). Texas Department of Aging and Disability Services. Retrieved August 24, 2009, from http://www.dads.state.tx.us/news_info/publications/studies/atw_results_report.pdf
- Alcohol and other Drugs: Alcohol, Medication, and Other Drugs.* (2009). American Society on Aging. Retrieved August 24, 2009, from <http://www.asaging.org/asav2/aod/facts.cfm>
- American Psychological Association. (2003). *Mental health care and older adults: facts and policy recommendations.* Washington, D.C. Retrieved August 24, 2009, from <http://www.apa.org/ppo/issues/oldermhfact03.html>
- American Psychological Association Practice Organization. (2008). *The Wellstone-Domenici Mental Health Parity Act of 2008.* Washington, D.C. Retrieved August 24, 2009, from <http://www.psychod.com/MentalHealthParityQandA.pdf>
- Bartels, S.J., Blow, F.C., Brockmann, L.M., & Van Citters, A.S. (2005). *Substance abuse and mental health among older Americans: The state of the knowledge and future directions.* Prepared by WESTAT, Rockville, Maryland for Older American Substance Abuse and Mental Health Technical Assistance Center: SAMHSA Rockville, Maryland.
- Benshoff, J.J., Harrawood, K., & Koch, D.S. (2003). Substance abuse and the elderly: unique issues and concerns. *Journal of Rehabilitation*, 69(2), 43-48.
- Blow, F.C., Bartels, S.J., Brockmann, L.M., & Van Citters, A.S. (2005). *Evidence-based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults.* Older Americans: Substance Abuse and Mental Health Technical Assistance Center.
- Centers for Disease Control and Prevention and National Association of Chronic Disease Directors. (2009). *The State of Mental Health and Aging in America, Issue Brief 2: Addressing Depression in Older Adults: Selected Evidence-Based Programs.* Atlanta, GA: National Association of Chronic Disease Directors. Retrieved August 24, 2009, from http://www.cdc.gov/Aging/pdf/mental_health_brief_2.pdf
- Office of Applied Studies (2005). *The DASIS Report: Older Adults in Substance Abuse Treatment.* Substance Abuse and Mental Health Services Administration.
- National Institute on Alcohol Abuse and Alcoholism. (1998). *Alcohol Alert*, No. 40. National Institute on Alcohol Abuse and Alcoholism.
- Schmall, V.L., Gobeli, C.D., & Stiebl, R.E. (2009). *Alcohol problems in later life.* A Pacific Northwest Extension Publication.

Aging Texas Well Issue Brief: Mental Health & Substance Abuse



Strawbridge, W.J., Deleger, S., Roberts, R.E., & Kaplan, G.A. (2002). Physical activity reduces the risk of subsequent depression for older adults. *American Journal of Epidemiology*, 1566, 328-334.

Texas Health and Human Services Commission. Strategic Decision Support, Demography-GIS Team. Received July 9, 2009, from e-mail.

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general – Executive summary*. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Rockville, MD.