



Mental Health Services Act and Older Californians: Geriatric Leaders Identify Essential Education & Training Needs

Executive Summary

New funding for mental health services in California under Proposition 63 includes specific funding for older adult *services*, but does not specify the content of *education and training* funds. Leaders in gerontological services and education statewide call for the adoption of specific education and training initiatives in the statewide plan to assure that there are sufficient mental health professionals with the knowledge and skills to appropriately treat California's rapidly growing elderly population.

The Need

Increasing Numbers of Older Californians

The number of older Californians is growing at a faster rate than in the United States as a whole. California's elderly population is expected to reach 12.5 million by 2040, an increase of 232 percent from 1990.¹ The 2005 estimate of 3.9 million elderly is projected to grow 58% by 2020² and by 113% by the year 2030³. The fastest growing group will be the age 80+ cohort⁴ with a projected increase of 120% for those aged 85 and older by 2030.⁵ The significance of this increase can best be compared against that of the total population, which is projected to double in size between 1990 and 2040. Conversely, the section of the population representing the oldest of the old will grow nearly 6 times from just under 300,000 to over 1.7 million persons¹. In this group, as many as 20% suffer from a mental health disorder, including anxiety disorders, mood disorders, and other major disorders. The assessment and diagnosis of mental disorders among the older population can be particularly challenging due to the difference in presentation between older and younger adults, the presence of physical and cognitive co-morbidities, the lack of geriatric training of care providers and stereotyping of older adults⁶.

The California population is also one of the most culturally diverse in the nation⁷. Current population estimates show that racial and ethnic minorities comprise 30% of California's 65+ age group⁸, climbing to 39% by 2010⁹. Racial and ethnic minority groups of all ages comprise the majority of California's overall population¹⁰, with Latinos projected to be 50% of the state's population by 2040¹⁰. Research finds these groups have less access to mental health services because of provider and system barriers, and often receive a poorer quality of care¹¹. This fact alone calls for preparation in both gerontology and cultural proficiency for our future mental health and social service professionals.

The Need to Have a Prepared Workforce

The need to have a prepared workforce to provide high quality mental health care and services for today's and the future's older population is a national issue. California, as is often the case, plays a critical role in setting the standards for other states to follow. The needs of the frail elderly are complex and are best served by well-prepared health and social service professionals, yet:

- There is a shortage of health care providers with geriatric mental health expertise. Since 1990, approximately 2,500 American psychiatrists have received subspecialty certification in geriatric psychiatry, about half of the number needed to meet future national demands¹². Despite the fact that California has the highest number of people aged 65 and over in the nation, there is a shortage of qualified physicians trained in geriatrics to treat them^{13,14}. Three times the levels of the currently certified geriatricians (9,000 nationwide) will be needed to care for the projected population levels of 2030¹⁵.
- Without additional qualified faculty and other resources, California's nursing schools will be unable to educate enough additional nurses to maintain current ratios and to provide qualified nurses in response to the increased demand of aging society¹⁶. In spite of this documented need, 2004 survey results from the California Board of Registered Nurses showed that registered nurses working in geriatrics had decreased from 10.3% in 1997 to 4.1% in 2004¹⁷.
- The number of geriatric nurse specialists is small, with only 4200 certified nationwide and a serious shortage of geriatric nursing faculty¹⁸. There continue to be few formal programs available to prepare nurses for practice in geropsychiatric nursing, despite the prevalence of depression, dementia, anxiety disorders, and substance abuse among older adults¹⁹.
- A national survey indicates that 80% of undergraduate programs and nearly 25% of all graduate schools of social work offered no gerontological course work^{20, 21}.
- The current licensed mental and behavioral health workforce totals only 63,000, with a projected need of upwards of 80,000 by 2010, with a particular shortage in professionals who have expertise in working with older adults²².
- An estimated 720,000 older Californians suffer from depression and only 6% are receiving treatment²³.
- Approximately 10% of older adults have some form of dementia, although that rate increases to almost 47% among adults age 85 and over, our fastest growing age group. Estimates indicate that one third to a half of persons with dementia also exhibit psychiatric symptoms or behavioral disturbances or disorders ranging from delusions to severe depression²³.
- The suicide rate among older white men is the highest among all age groups. The elderly are twice as likely to commit suicide as teenagers²³.

- If we look at the California specific data, just over 11% of older Californians said they had impaired activities due to emotional problems such as depression or anxiety during the past four weeks—but this rate was 20% for Medi-Cal recipients and 22% for older adults with limited English language proficiency²³.
- The cost of untreated mental illness among older Californians is estimated at \$564 million annually²³.

The Opportunity

California voters approved Proposition 63 on November 2, 2004, a measure that substantially changed mental health program funding in California. The resulting law (MHSA) gives the State authority to collect a 1% surcharge on the portion of each taxpayer's taxable income above \$1 million, which goes into a new Mental Health Services Fund. The MHSA includes mental health workforce education and training as an identified component and provides \$324 million for education and training through 2007-2008²⁴.

Recommendations

The California Geriatric Education Center (CGEC) hosted a statewide Leadership Academy for key stakeholders on June 13, 2005 in Sacramento. The meeting focused on the growing mental health needs of the older population in California and how geriatric education programs can address those needs. Eighty academic leaders, government representatives and community health care providers brainstormed and established a consensus on issues of workforce preparedness to better inform the Mental Health Services Oversight and Accountability Commission established by Proposition 63, the Mental Health Services Act (MHSA).

As the Department of Mental Health (DMH) develops its statewide five-year plan to implement the MHSA, the stakeholders recommend that:

1. ***The needs of older adults are adequately and appropriately addressed in the MHSA planning process.*** Include programs to reduce the profound shortage of competently trained health professionals in all disciplines to care for the daunting mental health needs of California's growing older adult population. Funding for these programs will educate health-professions, students and caregivers so they, in turn, can help older people navigate complex health systems to get the resources and care they need, make sure they have the right medications, and promote function and quality of life.
2. ***Training and curriculum development projects include the priority content areas of:***
 - a) Basic knowledge
 - i. Understanding normal aging and ageism
 - ii. Cultural competency with older populations
 - b) Diagnosis
 - i. Interviewing and assessment skills with older populations
 - ii. Mental illness co-morbidities: dementia, delirium, depression
 - iii. Neglect and abuse

- iv. Issues of alcohol and substance abuse
 - v. Anxiety disorders
- c) Treatment
- i. Team training and collaborative care practice
 - ii. Treatment options and efficacy for older adults
 - iii. Community supports and care resources
 - iv. Polypharmacy
 - v. Funding/entitlements/reimbursement for older populations
3. **Existing care models are used** to educate primary care and other healthcare providers to increase coordination and integration of mental health and primary care (e.g. the IMPACT model²⁵).
4. **Experienced service and education partners are used**, such as the California Geriatric Education Center, which has provided training to over 24,000 faculty and health professionals since 1987.

Value Statement

Education and training in mental health issues of older adults should not only focus on older adults and their informal caregivers, but also include faculty and students at all levels of higher education (community college, public and private colleges and universities), in addition to in-service training programs for current care providers. Addressing California's diverse population and ensuring culturally appropriate mental health care also calls for increasing minority representation in the health workforce to ensure that the health profession workforce reflects the diversity of the population.

Conclusion

- Older Californians have substantial mental health needs.
- MHSA provides an impetus to reexamine and redesign services for older adults and include education and training recommendations to assure a well-prepared workforce to deliver mental health care comprehensively.
- A trained workforce for new and expanded mental health services is a critical success factor for MHSA.
- Serving the mental health needs of California's older population requires a workforce with appropriate discipline-specific, aging and mental health knowledge and skills.

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