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INVISIBLE NO MORE:

BRINGING AWARENESS TO MENTAL HEALTH IN OLDER ADULTS
LIVING IN RURAL MINNESOTA

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EXECUTIVE SUMMARY

Approximately 8 million Americans 65 years of age and older have mental health disorders. It is estimated that these numbers could reach 14.4 million by 2030. Minnesotans turning 65 in this decade (about 285,000) will be greater than the past four decades combined (Aging: MN State Demographic Center, 2018). Anxiety and depression are two of the more common mental health disorders in older adults and are associated with severe consequences, including life dissatisfaction, illness, and mortality. With this growth comes many barriers. The rural mental health system is not equipped to address this growth. The system is underfunded, largely uncoordinated, and often unreliable, and, at times, unsafe (Helman, 2016, para. 13).



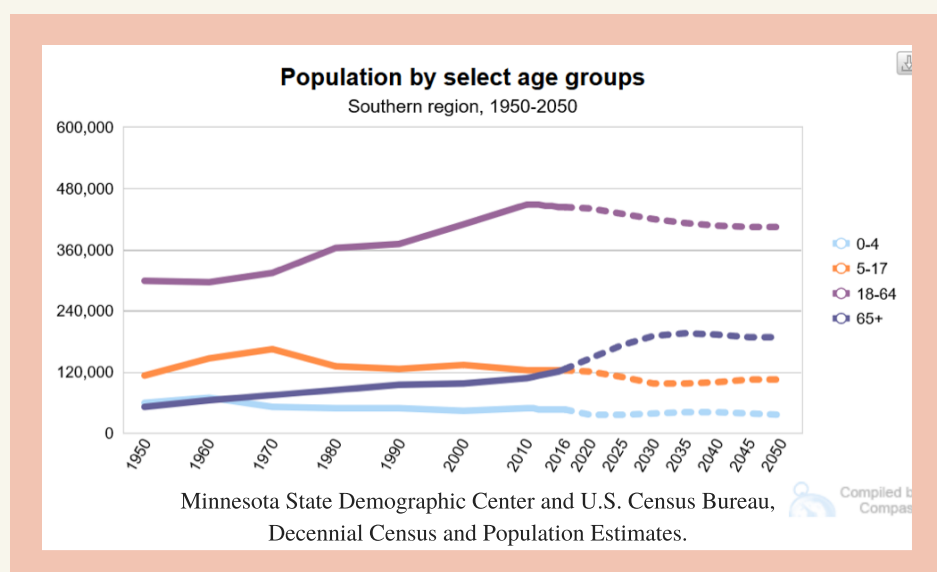
SOCIAL WORKERS
leaders. advocates. champions.

*"What mental health needs is more sunlight, more candor, more unashamed conversation about illnesses that affect not only individuals, but their families as well."
-Glenn Close*



MENTAL HEALTH ISSUES AMONG OLDER ADULTS

The older adult population is on the rise. This is correlated to the "imminent advent" of the elderly baby boom population and increases in life expectancy (Knight & Sayegh, 2011, p. 229). Due to cohort changes in the older adult population and the prevalence of mental disorders, this has influenced the number of older adults with mental disorders to increase from 4 million in 1970 to a projected 15 million in 2030 (Knight & Sayegh, 2011). The increasing older adult population will likely experience more chronic illness and disabilities than prior cohorts due to increasing life expectancy. This will result in a greater demand for more mental health services (Knight & Sayegh, 2011).



"The effects of mental disorders among older adults are both substantial and wide-reaching for both the individuals living with the disorders as well as those who provide care for them"

-Knight & Sayegh,
2011

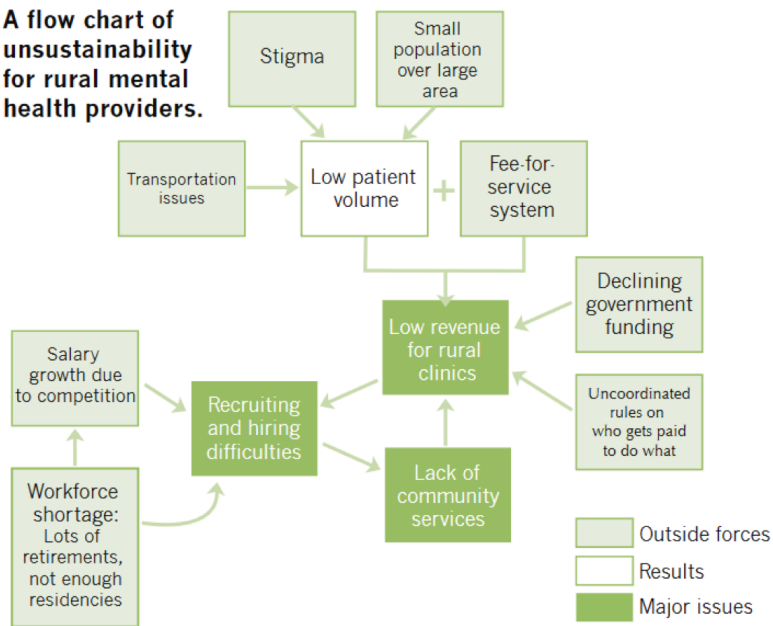
OLDER ADULTS ACCESS TO MENTAL HEALTH SERVICES IN RURAL COMMUNITIES

- Older adults in rural areas face even higher problems because of having fewer mental health facilities, and fewer professionals available (Hayslip, et al., 2010).
- The needs for mental health services in rural older adults tend to be higher in comparison to other social service needs (Hayslip, et al., 2010).
- Thirty-one percent of rural older adults indicated a high need for mental health care services, yet only 5% had ever participated in support groups or attended counseling (Hayslip, et al., 2010).
- The lack of mental health specialists in rural communities suggests that older people must rely heavily on general practitioners to deal with mental health issues, which is a challenge because mental health professionals have knowledge on unique presentations of psychiatric disorders in older adults that is not the normal process of aging (Hayslip, et al., 2010, Morris, 2001).
- The problems affecting older adults accessing mental health services in rural communities is intensified by inadequate service delivery, limited Medicare and Medicaid coverage for outpatient mental health care, and difficulty in recruiting physicians to these locations (Hayslip, et al., 2010).

AN UNSUSTAINABLE MODEL

"An effective community mental health system should be able to offer a full array of services in its region. In rural areas, though, sparse populations, stigma, long distances and resulting transportation difficulties all contribute to fewer people seeking treatment. Fewer patients means fewer services provided and therefore fewer reimbursements from insurance and Medicaid, adding up to less revenue for the provider overall. Low revenue leads to difficulty recruiting and retaining staff as salaries grow due to increased demand on a shrinking workforce" (Werner, 2017).

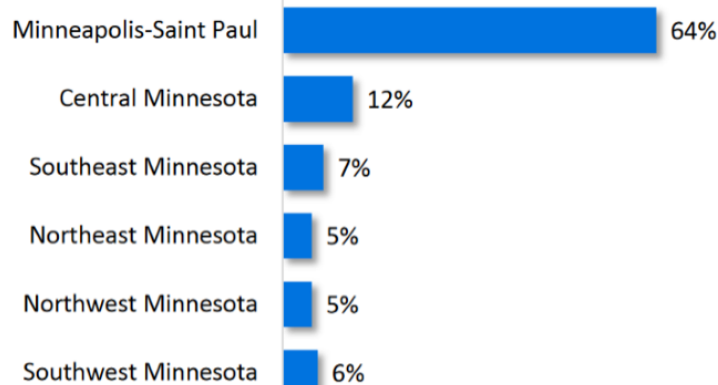
A flow chart of unsustainability for rural mental health providers.



BARRIERS TO MENTAL HEALTH SERVICE IN RURAL AREAS FOR OLDER ADULTS:

- Transportation issues (Hayslip et al., 2010; Morano & Deforge, 2004)
- Workforce shortages (Hayslip et al., 2010; Segal et al., 2005)
- Lack of education on mental health among older adults and their caregivers (Hayslip et al., 2010, White & Casey, 2017; Segal et al., 2005)
- Lack of providers trained in geriatric mental health issues (Han, et al., 2011)
- Weak integrated care with primary care physicians and mental health providers (Arean et al., 2007; Han et al., 2011; Morano & Deforge, 2004)

Mental Health Counselors by Minnesota Region



Minnesota Department of Health (MDH) geocoding and analysis of March, 2016

<http://www.health.state.mn.us/divs/orhpc/workforce/mh/2016lplpcc2.pdf>

The current U.S. system of mental health care is described as a “hodgepodge” of discrete care systems backed by private, voluntary, and public powers (Knight & Sayegh, 2011). With this “hodgepodge” of care systems comes a severe shortage in mental health services. This is especially significant in rural Minnesota as the majority of services available are primarily located in urban settings. For this reason, many people from rural areas are forced to travel long distances or choose to not access mental health services at all (Werner, 2017). In rural Minnesota, integrated care would allow older adults to access mental health services within their primary care setting. Currently, many mental health services are located in separate facilities not connected to primary care buildings. In response, primary care facilities are expected to treat mental health issues without adequate training or knowledge (Werner, 2017).

Many states are moving towards a more integrative approach as an attempt to address the mental health needs of older adults (National Institute of Mental Health, 2017). Integrative care is important as it focuses on the whole person understanding that his or her physical and behavioral health is essential for positive health outcomes and cost-effective care (NIMH, 2017). Providing integrated care blends the expertise of mental health, substance use, and primary care clinicians, with feedback from patients and their caregivers (NIMH, 2017). This creates a team-based approach where mental health care and general medical care are offered in the same setting. Coordinating primary care and mental health care in this way can help address the physical health problems of people with serious mental illnesses. (NIMH 2017).

POLICY RECOMMENDATIONS

- Increased screening of older adults for common mental illness such as depression and anxiety (Morano & Deforge, 2004; Arean et al., 2007; Han et al., 2011)
- Promote well-being through activities and supportive services for older adults, such as senior center usage (Morano & Deforge, 2004,)
- Expand integrative care among mental health professionals and primary care (Morano & Deforge, 2004; Arean et al., 2007; Han et al., 2011; Segal et al., 2005)
- Enhance education for primary care physicians on addressing mental health with older adults (Morano & Deforge, 2004; White & Casey, 2017)
- Increase education for older adults, family members, and caregivers about mental illness and services available (Han et al., 2011; Segal et al., 2005; White & Casey, 2017)
- Increase access to transportation services in rural areas, mobile health teams, and telehealth communications
- Expand loan forgiveness programs for mental health workers in rural MN

REFERENCES

- Aging: MN State Demographic Center (2018). Retrieved from <https://mn.gov/admin/demography/data-by-topic/aging/>
- Arean, P. A., Gum, A. M., Tang, L., & Unutzer, J. (2007). Service use and outcomes among elderly persons with low incomes being treated for depression. *Psychiatric Services*, 58(8), 1057-1063.
- Gilmer, T. P., Ojeda, V. D., Fuentes, D., Criado, V., & Garcia, P. (2009). Access to public mental health services among older adults with severe mental illness. *International Journal of Geriatric Psychiatry*, 24, 313-318.
- Hayslip, B., Maiden, R., Thomison, N., Temple, J. (2010). Mental health attitudes among rural and urban older adults. *Clinical Gerontologist*, (33rd ed.), 316-331.
- Han, B., Gfroerer, J. C., Colpe, L. J., Barker, P. R., & Colliver, J. D. (2011). Serious psychological distress and mental health service use among community-dwelling older U.S. adults. *Psychiatric Services*, 62(3), 291-298.
- Helman, S. (2016). State mental hospitals were closed to give people with mental illness greater freedom but it increased the risk they'd get no care at all. Retrieved from <https://apps.bostonglobe.com/spotlight/the-desperate-and-the-dead/series/community-care>
- Knight, B., & Sayegh, P. (2011). Mental health and aging in the 21st century. *Journal of Aging & Social Policy*, 23 (3), 228-243.
- Minnesota Department of Health (MDH) geocoding and analysis of March, 2016 <http://www.health.state.mn.us/divs/orhpc/workforce/mh/2016lpcpc2.pdf>
- Morris, D. (2001). Geriatric mental health: An overview. *Journal of the American Psychiatric Nurses Association*, 7 (6).
- National Institute of Mental Health (2017). Integrated care. Retrieved from <https://www.nimh.nih.gov/health/topics/integrated-care/index.shtml>
- Morano, C. L., & DeForge, B. R. (2004). The views of older community residents toward mental health problems. *Journal of Mental Health and Aging*, 10(1), 45-61.
- Segal, D. L., Coolidge, F. L., Mincic, M. S., & O'Riley, A. (2005). Beliefs about mental illness and willingness to seek help: A cross-sectional study. *Aging & Mental Health*, 9 (4), 363-367.
- Werner, M. (2017). Mental health services in Greater Minnesota. Center for rural policy and development. Retrieved February 25, 2018, from <https://www.ruralmn.org/mental-health-services-in-greater-minnesota/>
- White, M. & Casey, L. (2017). Helping older adults to help themselves: The role of mental health literacy in family members. *Aging and Mental Health*, 21(11), 1129-1137.