Older Adult System of Care

Lillian Schaechner, LCSW
Older Adult System of Care Director
510-567-8194
lschaechner@acbhcs.org

ALAMEDA COUNTY
Behavioral Health Care Services

Imagine a Society...

- Where we value Older Adults as diverse individuals
- Where we value Older Adults as capable of growth, change and learning
- Where we challenge assumptions about health and ability among Older Adults
- Where we value the contributions of Older Adults
- Where we treat Older Adults with respect, gratitude, and dignity
- Where we promote active lifestyles, and independence
- Where we reject stereotypes and negative attitudes regarding aging and Older Adults
- Where we plan and design our system to reflect the circumstances of all age groups

MYTH OR FACT?

Myth: Mental Health Problems Among Older Adults are Very Rare

FACT: **People with serious mental illness are more likely to die on average at age 51 from complications of unhealthy risk factors, compared with age 76 for all Americans** **(Parks, 2006)**

Myth: Depression is a normal part of aging

FACT: **Depression is not a normal part of aging. While older adults may face widowhood, loss of function, or loss of independence, persistent bereavement or serious depression is not "normal" and should be treated** **(U.S. Surgeon General, 1999)**

Myth: Older Adults Diagnosed with Mental Illnesses Never Recover

FACT: **By reducing symptoms of depression and anxiety and reducing misuse of medications or alcohol, older adults are often better able to live satisfying lives** **(SAMHSA)**

Myth: Older Adults are not Discriminated Against Because of Mental Health Problems

FACT: **Unfortunately, mental disorders among older adults are all too often neglected in our society due to the following factors: ageism, stigma, and ignorance** **(SAMHSA)**

MENTAL HEALTH & STIGMA

Most of us assume mental illness is something that only affects others and believe it won't affect our family or friends. The truth is that mental health problems are more common than heart disease, lung disease, and cancer combined. It is estimated that one in four Americans will have a diagnosable mental disorder at some point in their lives. *(National Institute of Mental Heath, 2012)*

"Mental illness is nothing to be ashamed of,
but stigma and bias shame us all"
President Bill Clinton

Older Adult Mental Health

Who Do We Serve

- Older Adult Individuals 60 years and older
- Primarily Medi-Cal beneficiaries
- Indigent individuals, to the extent resources are available
- Target population under state law are individuals experiencing a serious mental health disorder
- People experiencing a mental health crisis, who come to the attention of law enforcement or emergency rooms
- People experiencing the early signs of mental illness

Most Common Diagnosis

- Major Depression
- Anxiety Disorders, including Post-Traumatic Stress Disorder
- Bipolar Disorder
- Schizophrenia
- Major Depression and Anxiety Disorder disproportionately affect vulnerable populations (e.g. older adults)

Some MH Numbers

Nearly

20%

of Americans 55 + depression and anxiety disorders

American Association for Geriatric Psychiatry, 2008

Suicide rate is about

50%

higher among older adults compared to the nation as a whole

American Association of Suicidology 2010, Centers for Disease Control

Symptoms of Depression

- ✓ Depressed mood lasting longer than two weeks
- ✓ Loss of interest or pleasure in activities
- ✓ Disturbed Sleep
- ✓ Wait Loss or Gain
- ✓ Feelings of Worthlessness or Extreme Guilt
- ✓ Difficulties with Concentration or Decision Making
- ✓ Noticeable Restlessness or Slow Movement
- ✓ Frequent Thoughts of Death or Suicide or an attempt of suicide

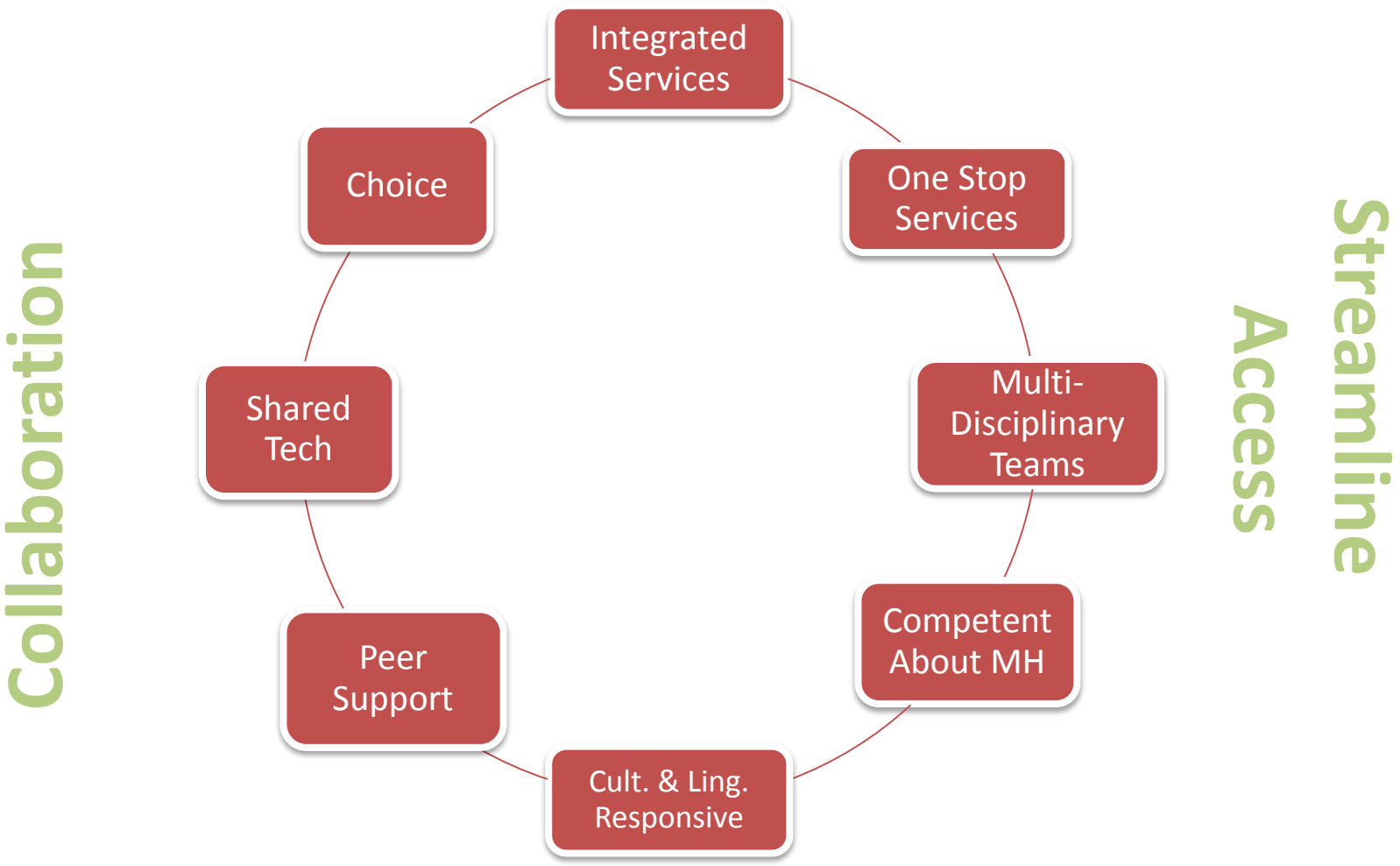
Suicide Statistics for the Elderly

- The elderly represent 16 % of all suicides in US
- Approximately 84% of the elderly suicides were male
- The greatest risk of all age/gender/race groups are white males over age 85
- Firearms were responsible for 72% of these suicide deaths
- Older adults attempt suicide less often than other age groups. However, they have a higher completion rate

What Services Do We Provide?

- Screening assessment, and diagnosis
- Counseling and Psychotherapy
- Medication Support
- Case Management
- Substance Use Support Services
- 24/7 Crisis Response and Stabilization Services
- Acute Inpatient Hospitalization
- Subacute Inpatient Hospitalization

Service Delivery Model



Programs

Prevention Services

- Senior Support Program of the Tri-Valley
- St. Mary's Center

Residential Rehabilitation Services

- Telecare Morton Bakar Center

Programs

Evidence-Based Treatment Models

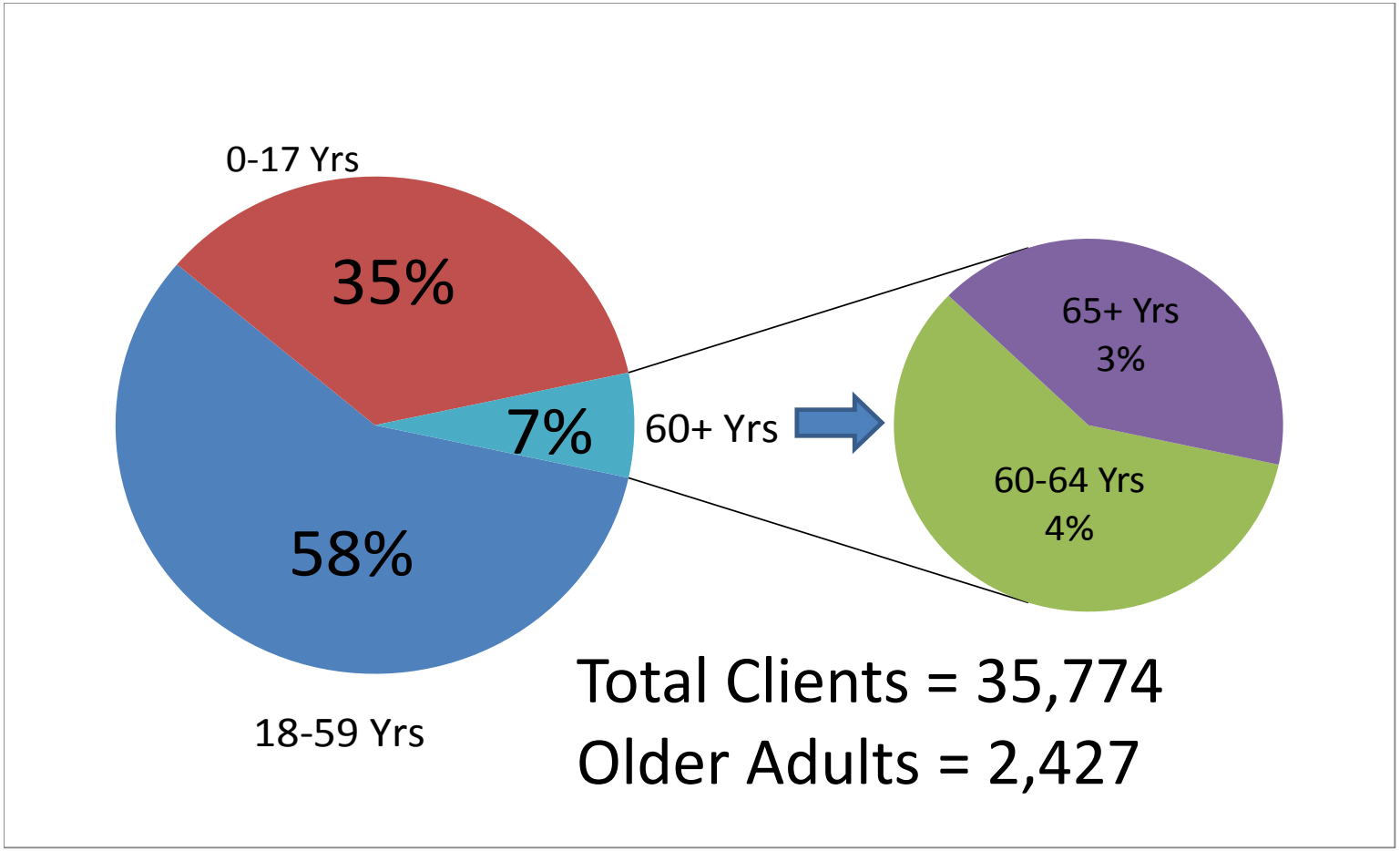
- **IMPACT Model** at Tiburcio Vasquez Health Center and Asian Health Center
- ***Get Connected!*** **Toolkit** for Community-Based Adult Services and Adult Day Care Providers
- **Lavender Seniors** research and training to improve services for the Older Adult LGBT community

Programs

Mobile Teams

- Telecare STAGES
- BACS North County Senior Homeless Program
- City of Fremont Senior Mobile Mental Health Team
- Geriatric Assessment Response Team

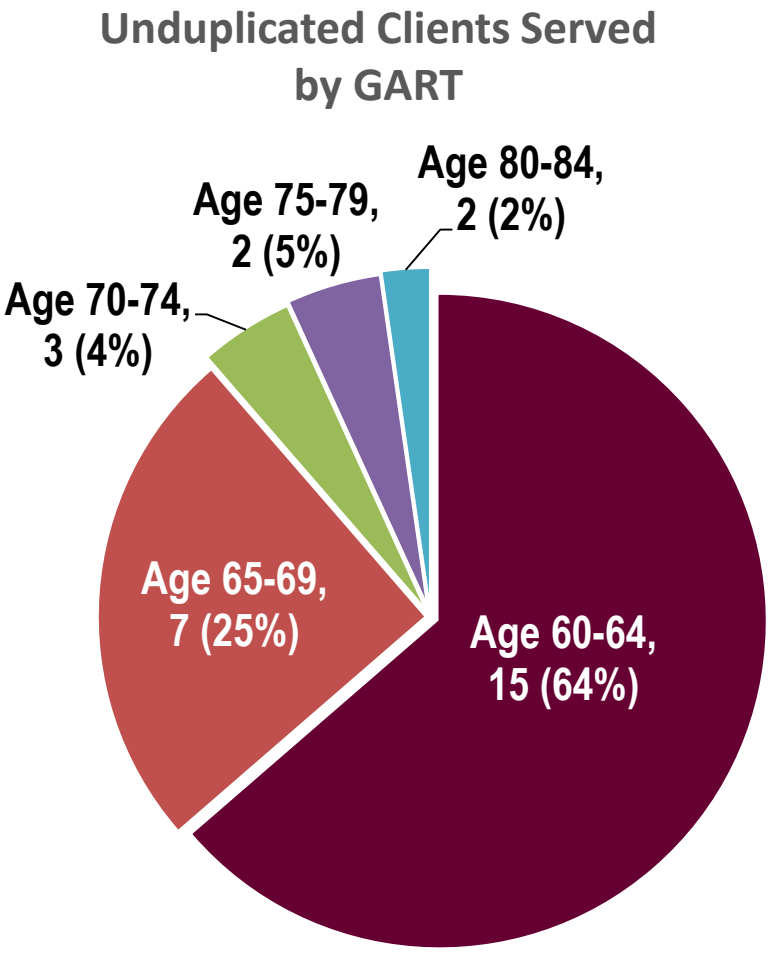
MH Clients Served FY 13-14



Geriatric Assessment and Response Team (GART)

GOAL: provide recovery strategies and alternatives to hospitalization, and enhance opportunities for independence, resiliency, wellness, and quality of life.

HOW: short-term assessments, treatment coordination, medication support, counseling, case management, and crisis support services.



Consumer Stories

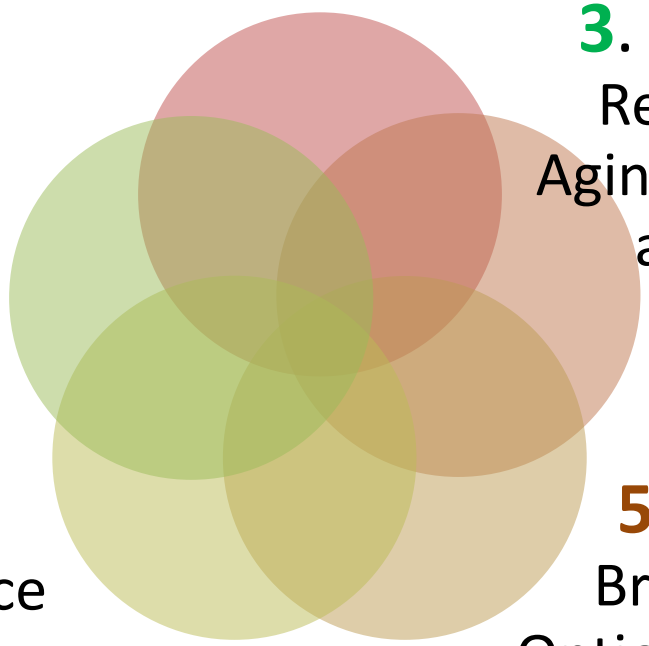
Mental Health Practitioners are in the HOPE business. Every person and every family, no matter what the age, no matter what the background, no matter what difficulties, will be recognized for having the strengths and resilience to pursue one's goals, and have the hope and promise of achieving recovery in order to have a happy and meaningful life.

Final Thoughts

1. Identify Older Adults as a Priority Population

2. Educate Ourselves on the Diversity and Severity of Behavioral Health Conditions

3. Build Collaborative Relationships across Aging, Behavioral health, and Primary Care Partners



4. Invest in Evidence Based Practices

5. Incorporate Braided Funding Options from Multiple Funding Streams

QUESTIONS

FOR MORE INFORMATION CONTACT

LILLIAN SCHAECHNER

LSchaechner@acbhcs.org

(510) 567-8194

OR

Wendy Zastawney

WZastawney@acbhcs.org

(510) 891-5642