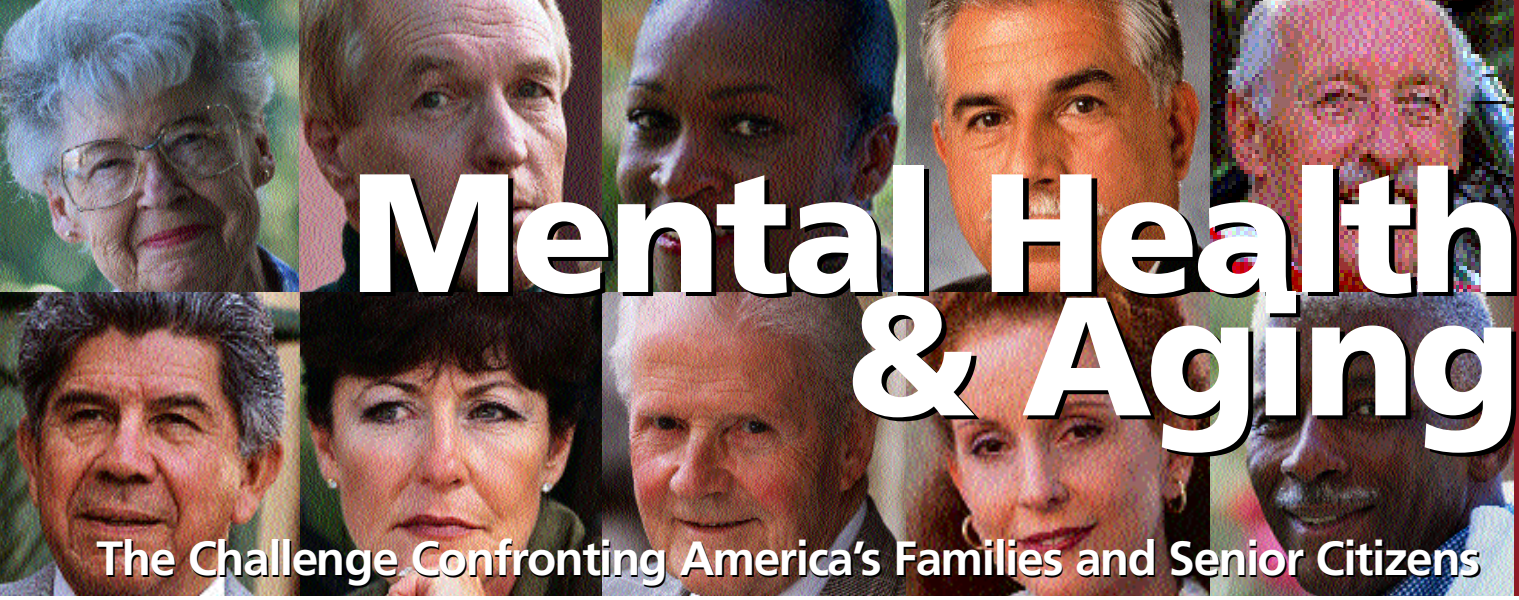


Mental Health & Aging

The Challenge Confronting America's Families and Senior Citizens

A Report on the Mental Health Needs of the Nation's Seniors, the Treatment of Mental Illnesses in Latter Years, and Policy Initiatives the Federal Government Can Take

By the National Committee to Preserve Social Security and Medicare, the SPRY Foundation, and the American Association for Geriatric Psychiatry

August 2001

National Committee to Preserve Social Security and Medicare

SPRY Foundation

AAGP American Association for Geriatric Psychiatry

This report is based upon the congressional forum, "**Mental Health and Aging: Addressing the Unmet Needs of America's Elderly,**" held on Capitol Hill on June 5, 2001, by the National Committee to Preserve Social Security and Medicare, the SPRY Foundation, and the American Association for Geriatric Psychiatry. Senators **Pete Domenici (R-NM)** and **Paul Wellstone (D-MN)**, long-time advocates of mental health for the aging population, sent a Dear Colleague letter inviting all of their Senate Colleagues and Congressional staff to attend the forum.

Speakers at the forum included **Harold Pincus, M.D.**, executive vice-chairman of the Department of Psychiatry at the University of Pittsburgh School of Medicine and SPRY Foundation Board member; **Dan Blazer, M.D., Ph.D.**, professor of psychiatry and behavioral sciences at Duke University School of Medicine; **Stephen Bartels, M.D.**, president of the American Association for Geriatric Psychiatry, and associate professor of psychiatry at Dartmouth Medical School; and **Michael Schoenbaum, Ph.D.**, economist with RAND.

Also addressing the forum were **Sen. Paul Wellstone**, D-MN; **Rep. Patrick Kennedy**, D-RI; **Rep. Gene Green**, D-TX; and **Keith Famie**, an internationally recognized chef, the second runner-up on the television show, "Survivor II: The Australian Outback," and a caregiver for his father, who suffers from Alzheimer's disease.

The Mental Health and Aging Forum and this paper came as a result of a partnership between the following organizations:

The National Committee to Preserve Social Security and Medicare is a grassroots advocacy and education association, with millions of members and supporters, dedicated to protecting these entitlements earned by all Americans. Through educational activities, members learn about legislative and regulatory proposals affecting Social Security, Medicare and other issues important to the retirement of all citizens – from the "twenty-something" generation and baby boomers to the nation's 34 million seniors. From every corner of the country and all walks of life, the National Committee members express their views to lawmakers through petitions, phone calls and letters. The National Committee is a nonprofit, nonpartisan, tax-exempt organization independent of Congress or any government agency. For more information on the National Committee, please call us at (202) 216-0420 or (800) 966-1935, or visit our website at www.ncpssm.org.

SPRY (Setting Priorities for Retirement Years) Foundation is a 501(c)(3) nonprofit operating foundation with a mission to promote Successful Aging in the domains of financial security, physical health and wellness, mental health and social environment, and intellectual pursuits. While SPRY is the research and education arm of the National Committee to Preserve Social Security and Medicare, it works independently by partnering with organizations to develop and test modules, curricula, training programs, and guides that empower older adults in the four domains.

SPRY partners have included the National Institute on Aging; National Library of Medicine; National Heart, Lung, and Blood Institute; Agency for Healthcare Research and Quality; Department of Veterans' Affairs; Centers for Disease Control and Prevention; U.S. Department of Education; U.S. Administration on Aging; Center for Medicare and Medicaid Services; Penn State University; the Robert Wood Johnson Foundation; Retirement Research Foundation; AARP; Novartis Foundation for Gerontology; Pfizer; Inc.; Merck Institute of Aging & Health; Aventis Pasteur; IBM; America Online; AT&T and many others. For more information on SPRY's current projects and publications, please call (202) 216-0401 or visit www.spry.org.

The American Association for Geriatric Psychiatry is a national association representing and serving its members and the field of geriatric psychiatry. It is dedicated to promoting the mental health and well being of older people and improving the care of those with late-life mental disorders.

The AAGP's mission is to enhance the knowledge base and standard of practice in geriatric psychiatry through education and research and to advocate for meeting the mental health needs of older Americans.

For more information, visit www.aagponline.org or call (301) 654-7850.

Mental Health and Aging:

Executive Summary

Americans are living longer and enjoying better physical health in their retirement years than ever before; however, the nation is failing to address the growing mental health needs of its older citizens.

- Depression, Alzheimer's disease, dementia, anxiety and late-life schizophrenia can and do cause severe impairments in the daily routines of older citizens and even lead to death.

- Mental health conditions among the elderly are often undiagnosed, treated inappropriately or not treated at all. It is estimated that 15 out of every 100 adults aged 65 or older suffer from depression.

- The inadequacy of today's health care system in addressing the mental well-being of senior citizens threatens to become a national crisis in the years ahead as America's elderly population grows substantially with the retirement of the baby-boom generation. It is estimated that the number of people older than 65 with psychiatric disorders will reach 15 million by 2030.

- It is more economical to treat mental illnesses among the elderly when their conditions are detected and diagnosed early on rather than after they have been ignored and become severe.

- New breakthroughs in pharmacology and methods for detecting and diagnosing mental illnesses are increasing the ability of health care professionals to treat and control many of the mental conditions suffered by older adults.

- More public resources will have to be invested in research specifically on mental illnesses among older citizens in order to keep pace with the aging of America's population.

- Today, barely five percent of the National Institutes of Health's research dollars is spent on mental health matters and just six percent of the National Institute of Mental Health's new grants funds are awarded for geriatric health care research. We must increase federal funding for mental health aging research from its present level of six percent to 18 percent.

- More funds are also essential for training additional health care professionals with expertise in geriatric mental health and the care of older persons with mental illnesses. Today, we have 2,425 geriatric psychiatrists; however, it is estimated that we will need at least 5,000 in the next few years.

The Burden of Late-Life Depression

"Depression is a disorder of mood, so mysteriously painful and elusive in the way it becomes known to the self—to the mediating intellect—as to verge close to being beyond description. It thus remains nearly incomprehensible to those who have not experienced it in its extreme mood, although the gloom, "the blues" which people go through occasionally and associate with the general hassle of everyday existence are of such prevalence that they do give many individuals a hint of the illness in its catastrophic form."

William Styron

from Darkness Visible: A Memoir of Madness, (1992)

- The investments of public resources in mental health care have a crucial and almost instant payoff in helping family caregivers take care of a loved one and delay placement in a nursing home.

- To face today's needs and prepare for tomorrow's elderly population will require a substantially larger commitment of research dollars, a modernized Medicare program that fully covers mental disorders and prescription drugs, and a redoubled effort to train the large numbers of care providers that the future will demand.

Facing the Future: The Looming Crisis In Geriatric Mental Health

Growing older no longer has to mean steadily declining health. The miracles of modern medicine, improved diets, better conditions in America's workplaces, and a new awareness of the benefits of exercise are helping people maintain their physical health long into their later years.

But while Americans are finding ways to extend physical fitness and promote vitality, the nation is failing to address the mental health needs of its older citizens.

"It's a topic that's important whether you're a consumer of mental health services, whether you're a family member, or whether you're a community member," says Harold Pincus, M.D., executive vice chairman of the Department of Psychiatry at the University of Pittsburgh School of Medicine.

Depression, Alzheimer's disease, dementia, anxiety and late-life schizophrenia can and do disrupt the retirement years of senior citizens, cause severe impairments in their daily routines, and lead to death.

Americans age 65 and older now have the highest rate of suicide of any other population group in the United States.

Too often, however, conditions such as depression are undiagnosed, treated inappropriately or not treated at all.

Today's serious problem with the mental well-being of older citizens threatens to become tomorrow's crisis as the nation's elderly population explodes with the coming retirement of the baby-boom generation. Experts anticipate that the number of people older than 65 with psychiatric disorders will reach 15 million by 2030.

Today there are promising new medicines and therapies to treat and control mental illnesses among the elderly. New clinical approaches to detection, diagnosis and treatment are proving their effectiveness. And community-based solutions are helping seniors with mental disorders remain in their homes and with their families longer than ever before.

However, the nation's health care system continues to poorly serve too many older adults who suffer with mental illnesses. Research

Mental Illness and Suicide In Older Persons

Age 65+: highest suicide rate of any age group
Age 85+: 2X the National Average

(CDC, 1999)

Over **HALF** of older persons who commit suicide had a visit with their physician in the prior month

(Caine et al., 1996 Am J Geriatr Psychiatry; Surgeon General's Report, 1999)

Depression: Associated with Poorer Health Outcomes and Higher Health Care Costs

(Unützer et al., 1997 JAMA)

funding for effective treatments is scant; Medicare provides minimal coverage for mental health conditions; and the country is struggling with a serious shortage of health professionals who are trained in addressing geriatric mental health conditions.

Meeting today's needs and preparing for tomorrow's elderly population will require a substantially larger commitment of research dollars, a modernized Medicare program that fully covers mental disorders and prescription drugs, and a redoubled effort to train the many care providers that the future will demand.

Depression and Use of Medical Care in 2,558 Older Primary Care Patients

(Unützer, 1997)

	Depressed at baseline (n=353) **Mean (SD)**	Not depressed (n=2,165) **Mean (SD)**
Outpatient visits	9.63 (7.47)	6.59 (6.56)
Inpatient admissions	0.34 (1.01)	0.21 (0.77)
Emergency room visits	0.19 (0.74)	0.10 (0.46)
Surgical procedures	0.22 (0.69)	0.14 (0.56)
Prescriptions filled	30.6 (27.7)	20.7 (19.6)
Ancillary visits	5.72 (7.05)	4.76 (5.91)

Specialty mental health or substance abuse services accounted for less than 1% of total health care costs.

The Mounting Toll of Mental Disorders Among Seniors

America today is an aging society. Living to be 80 or even 90 years old, once almost unheard of, is commonplace nowadays.

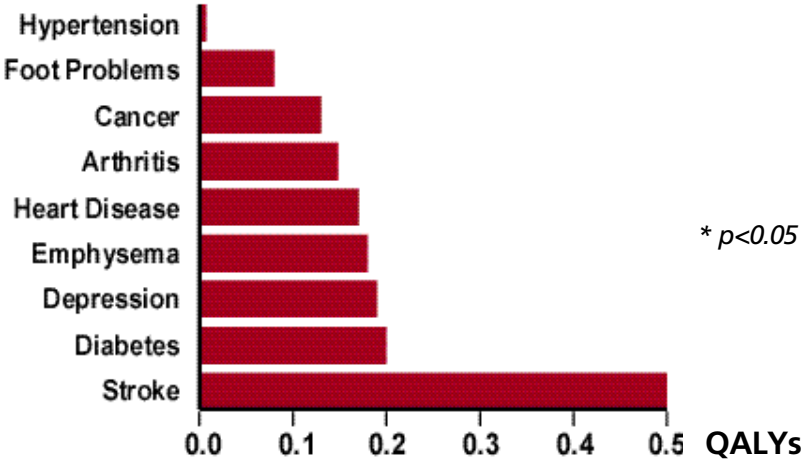
In 1900, the chances that a 60-year-old individual would have a parent still alive were just three percent. Today, the chances are 67 percent that at least one parent of a 60-year-old American will be living.

Of the nation's population today, 4.4 million Americans are age 85 or older. But by the year 2050, approximately 20 million citizens – about five percent of the population – will reach the age of 85 or older.

How rewarding those latter years will be for America's aging population will depend upon how well society tends to both the physical and mental health of its citizens.

Depression is a serious illness that affects 15 out of every 100 American adults age 65 or older, according to the American Association for Geriatric Psychiatry.

Reductions in Quality Adjusted Life Associated with Chronic Medical Disorders over 4 Years



** p<0.05*

N = 2,558. Adjusted for age, gender, and chronic medical conditions.
Unützer et al, Int Psychogeriatrics, 2000.

Costs of Depression in the Elderly

Medicare beneficiaries age 65 and older spent an average of **$2,430**, or 19 percent of their average annual income, for out-of-pocket health care costs in 1999. This excludes the costs of home care and long term nursing services.

The direct and indirect costs of depression have been estimated at **$43 billion** each year, not including pain and suffering and diminished quality of life. Late life depression is particularly costly because of the excess disability that it causes and its deleterious interaction with physical health.

The average lifetime costs per Alzheimer's disease patient is **$174,000**.

Alzheimer's disease costs the United States at least **$100 billion** per year. In addition, it is estimated that Alzheimer's disease costs U.S. businesses at least **$33 billion** per year— either through lost productivity by caregivers or related health and long term care costs.

Statistics provided by the American Association for Geriatric Psychiatry, 2001

"Of the things in late life that lead to decline in quality-adjusted years, years where you can actively continue to work and do your activities, depression is right up there near the top," says Dan Blazer, M.D., professor at Duke University School of Medicine. "Only diabetes and stroke reduce more quality years from an individual" in their older years.

"Mental disorders in late life bring a tremendous personal and economic burden upon our society but particularly on the individual who experiences these disorders," says Blazer.

Tragically, the highest rate of suicide in the United States is among adults age 65 and older. The suicide rate for those 85 or older is twice the national average, according to the Centers for Disease Control and Prevention.

Yet older Americans account for only seven percent of all inpatient mental health screening services, only six percent of community-based mental health services, and just nine percent of private psychiatric care services.

Predictably, it is more economical to treat mental illnesses among the elderly if their conditions are detected and diagnosed early rather than later when they become severe.

Dan Blazer, M.D.

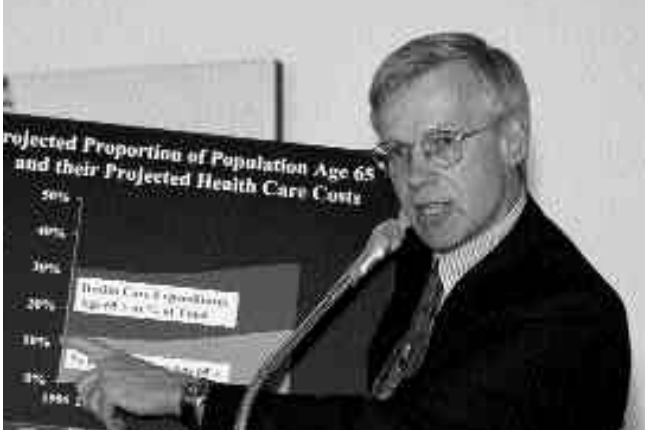
For example, the cost of health services for older persons suffering with depression more than triples if treatment is delayed by several years, according to one clinical case study.

In the case of patients with Alzheimer's disease, the annual costs of their care can range from $18,408 for those with mild symptoms to $36,132 for those with severe symptoms. However, monthly savings of $2,029 in formal services could be possible if the progression of the illness were slowed, according to the findings of one recent study of Alzheimer's treatment (Leon et al., 1998).

"We have many competing imperatives in our society, but [treating the elderly who suffer with mental illnesses] is one that should be there at the front," says Blazer.

The Challenges in Treating Mental Illnesses Among the Elderly

Recent breakthroughs in pharmacology and new methods for detecting and diagnosing mental illnesses have given modern medicine effective means for treating and controlling many of the mental conditions suffered by older adults.



Stephen J. Bartels, M.D.

Nevertheless, millions of seniors go without treatment, falling through the cracks of a health care system that is unprepared to address the mental health needs of America's elderly.

"It's a tragedy that we have effective treatments for late-life mental illnesses yet we are underdiagnosing and undertreating serious mental illnesses in our nation's aging populations," says Stephen J. Bartels, M.D., president of the American Association for Geriatric Psychiatry, and an associate professor at Dartmouth Medical School.

"We know, for example, that anti-depression medications and even psychotherapy are as effective in older adults as in younger persons," says Bartels.

Currently available medications can improve cognitive functions such as memory and reduce symptoms suffered by older persons with Alzheimer's disease. Moreover, under development now are nerve cell protective medications and vaccines that may hold promise for controlling and curing Alzheimer's disease in future years.

Senator Paul Wellstone

…on the Medicare program's higher coverage for physical ailments than for mental conditions"…That is just blatant discrimination; that's acting as if someone struggling with depression is someone who is not struggling with a medical problem, someone who is not struggling with an illness; that [mental health] is less important than diabetes or a heart condition. It makes no sense."

…equating mental illnesses with normal aging "…Quite often, what is going on right now, is there are too many people saying, 'Look, you're 72. You're not 22 and, of course, people are down and it's all part of getting old.' We are failing to provide [older adults] with the help they need that would enable them to live fuller lives with more dignity."

*— **Sen. Paul Wellstone**, D-Minnesota, sponsor of S. 690, the Medicare Mental Health Modernization Act of 2001, requiring that Medicare provide the same coverage for mental conditions that it does for other medical conditions.*

"Falling Through the Cracks"

Under Identification and Undertreatment of Mental Health Problems in Older Persons

Among Older Persons in Need: Up to 4/5 in Nursing Homes and 2/3 in the Community Do Not Receive Treatment (Shea et al., 1994, Health Serv Res; Rabins et al., 1996 Am J Geriatr Psychiatry; Shapiro, et al., 1986)

Prevention and Treatment: A Gap Between "What We Know" AND "What We Do"

A Lack of Trained Providers and A Fragmented System of Mental Health Care for Older Persons

Medicare: 50% Copayment for Psychological Treatments and No Prescription Drug Benefit

However, more resources must be invested in research and more federal dollars must be devoted to research specifically on mental illnesses among the aged, according to Bartels.

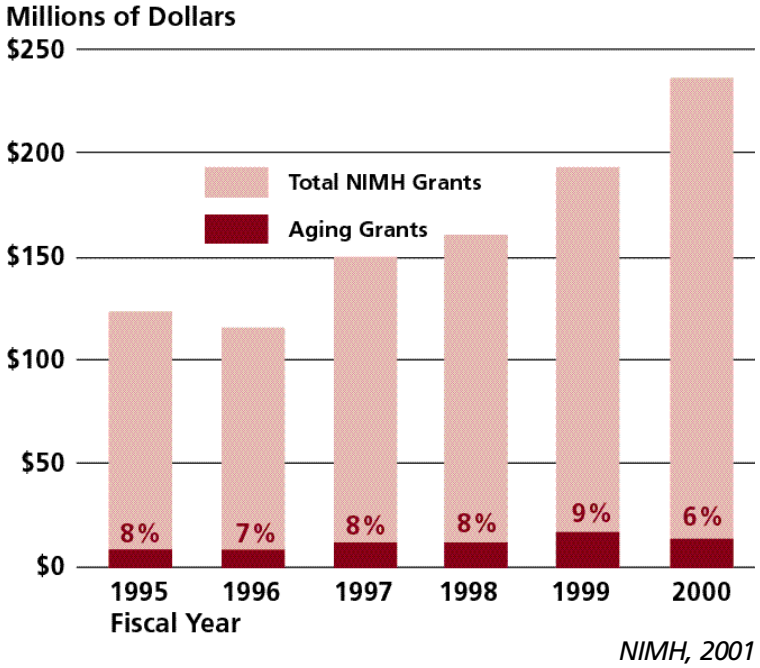
Today, for instance, barely five percent of the National Institutes of Health's research dollars is spent on mental health matters, and the National Institute of Mental Health awards just six percent of new grant funds for geriatric health care research.

More investments must also be made in training and graduating from the nation's medical schools health care professionals with expertise in geriatric mental health. Today, the nation has just 2,425 geriatric psychiatrists. To meet current national needs, at least 5,000 are necessary and many more will be required in the next few years to cope with the sharply rising number of older Americans.

Increased investments of public resources in mental health care pay off almost instantly. For example, providing basic education and support for family caregivers can make an enormous difference in their ability to care for a loved one, according to Bartels.

"When geriatric psychiatrists are called to help out in situations with family members, the complaint is not that mom is forgetting my name," Bartels explains. "Rather it's that mom is developing paranoid symptoms, is frightened, is terrified, is getting agitated, is hitting, is wandering, is screaming during the night, is severely

Expenditures on National Institute of Mental Health (NIMH) Newly Funded Grants



NIMH, 2001

depressed and wants to end her life. Those are the things that are most often likely to put people in nursing homes with Alzheimer's disease and also most likely to cause distress for health care providers," he says, and "these are the things that we can do much more with in terms of treatment than we're doing now."

Simply providing caregiver support and education to family care providers can not only decrease depression in those family members but also delay placement of their loved one in a nursing home by almost a year, according to Bartels.

Similarly, there is a pressing need to better understand how preventive approaches can be developed and then put to use in the community.

Keith Famie: Caring For A Father

"…It was really time to face the facts. Dad is facing something a lot bigger here. His explosive temper is far more than just him being angry, so we had to have him diagnosed. And I vividly remember the day when I took him to the psychiatric ward in Detroit and had to put him in the hospital. I remember going through this big plate-glass door and this feeling I had: My God, my dad is going into a psychiatric ward and they're stripping him of his clothing and putting him in a gown and taking all of his possessions away and he was saying, 'What the hell are you putting me here for? What is wrong with you people? There is nothing wrong with me.' And the reality was that there was [something wrong with dad]."

"…So they put my dad on some medication and they've been trying things over the years, and things have gotten better, but it's still hard. Dad's at home. They took his license away…that was a treat, going to the Michigan [Department of Motor Vehicles] with your father or mother, knowing in your heart they should not be driving an automobile and they're going to take this test and you're going to stand by them and hold their hand and say, 'You know what, dad? If it's meant to be, it's meant to be,' and have the woman come back and say, 'I'm sorry, we can't give you a license,' and he just has a fit. And you're the one to think, 'Thank God.' But that's got to hurt [him]."

"…It's now four-and-a-half years later. And he'll say 'You have a spot on your shirt' – we're having dinner – and I'll say, 'Dad, it's part of the emblem of the shirt.' Couple of minutes later, we're talking – 'You've got a spot on your shirt.' 'Dad, it's part of the shirt. It's the emblem.' Twenty minutes later, 'You've got a spot on your shirt.' In the course of the evening, having dinner, maybe 30 times, and you know the most important thing you can do is just answer the same question. Be patient. It's the most important thing for caregivers."

"…I try to explain this to my mom – my mom and dad will be having dinner and my mom will say, "I just told you that!" I think to myself, 'Mom, maybe you need medication, too. Dad [has] Alzheimer's. Come on, give him a break'."

"…I spend a lot of time with my dad, with my parents, but my mom spends ALL of her time with my dad and [she has] it tough. [Caregivers] have a really tough job and they hoe a really tough row of trying to be understanding. But she's 82 and she's trying to deal with her own things…she's trying to have as much fun with life as possible and she can't do it."

*— **Keith Famie,***
internationally acclaimed chef, producer of the "Famie's Adventures in Cooking" television show and contestant on the hit CBS "Survivor II: The Australian Outback" reality program, talking about his father who suffers from Alzheimer's disease.

Policy Changes Required to Meet the Mental Health Needs of America's Older Citizens

From depression and Alzheimer's disease to late-life schizophrenia, treating the mental illnesses suffered by America's older citizens will require the commitment of both America's attention and resources.

We are late as a nation in addressing the pressing inadequacies of our health care delivery system. Without reforms today, America will fail to meet the needs of tomorrow's record-large older population.

Changes are necessary in how research dollars are spent and how the costs are covered for treating the mental disorders of the elderly:

Require Medicare to cover mental health care to the same degree that it covers other medical care conditions.

Currently, Medicare Part B outpatient insurance forces seniors to pay 50 percent of out-of-pocket expenses for most outpatient mental health care but only 20 percent out of their own pocket for care of other medical conditions.

Overhauling Medicare's outdated reimbursement system.

"Medicare's current coverage rules for mental illness stand in the way of developing and disseminating effective treatments," says Michael Schoenbaum, Ph.D., an economist with the RAND Corporation, a non-profit research institution. "This creates a kind of two-tiered system in which Medicare has limited coverage for relatively cost-effective mental health care, such as depression treatment, and more general coverage for other kinds of medical care where the return on the dollar may be lower."

Provide Medicare coverage for the cost of prescription medications, including psychotropic drugs.

Medicare today covers few mental health drug expenses, leaving seniors who need medications for mental illnesses without coverage.

Lift the restrictions on Mental Health providers.

Medicare presently excludes certain qualified mental health providers. Mental health counselors, as well as family and marriage therapists, should be eligible for Medicare reimbursement.

Lift the restrictions on Medicare coverage for care in psychiatric facilities.

Medicare presently imposes a 190-day lifetime limit for care in psychiatric hospitals. There is no limit, however, for care in general hospitals.

Expand mental health coverage under Medigap plans.

Although some Medigap plans currently offer mental health benefits, the coverage is often very limited. Seniors would benefit if more Medigap policies provided a fuller range of benefits for mental health disorders.

Increase funding and research by the government and private sector to better understand behavioral factors

that would enable seniors to better confront, and if possible prevent, mental health problems.

Invest more public and private resources in collaborative care models of treatment.

Several studies have shown collaborative care, which screens for depression at regular doctor office visits and then structures a care plan when depression is detected, to be an effective and economical method of treatment.

Increase federal funding for National Institute of Mental Health aging research to 18 percent from its present six percent.

Funding for research on aging lags significantly behind the investments made in research for physical health conditions.

Increase the number of state-based demonstration projects.

In many cases, research findings in mental health treatment are collecting on library shelves instead of being tested and put to use in the field to care for those who are suffering with mental disorders.

Increase funding for training of mental health professionals.

America faces a critical shortage of health care professionals trained in the diagnosis and treatment of mental health in older adults. As the elderly population grows in the coming decades, resources must be devoted to training the additional care providers the nation will require. Policymakers should consider revamping fellowship programs to meet the need, providing incentives for individuals to choose training in geriatric mental health.

Taking action now, from investing in research and training to reforming Medicare's payment system, will ensure that America can meet the needs of today's seniors and tomorrow's aging population.

Representative Patrick Kennedy

…on achieving full Medicare coverage for mental health conditions

"…The baby-boom generation, which has always been trying to break down the barriers to their fulfillment, is going to be the generation that helps break down this notion that seniors somehow have to be relegated to the sidelines. They're going to be demanding more. And as a consumer society, we'd better be ready to deliver more. And as politicians, we'd better be able to deliver more and that means we'd better make sure that there's [mental health] parity in Medicare."

…on the level of federal funding for mental health research

"…Five of every 100 dollars that we spend on the National Institutes of Health goes to researching mental illness. That's the stigma… We should think better of our American people than to invest only five of every 100 dollars in perhaps something that is more important to their self-fulfillment than almost anything else we can invest in."

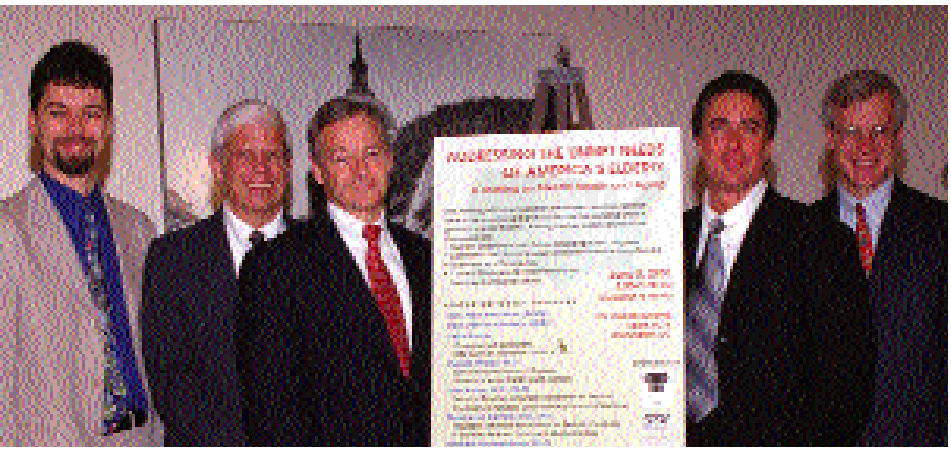
…on the importance of effective treatments for mental illnesses

"…The exciting thing is now we have the hard science — this is not soft science anymore — we know the interrelationship between mental health and overall physical health… We know that if we don't have a healthy state of mind that our physical health is likely to deteriorate rapidly."

— ***Rep. Patrick Kennedy,*** *D-Rhode Island, is a leading mental health advocate in Congress.*

Rep. Gene Green of Texas

Harold Pincus, MD



Forum speakers: left to right, Michael Schoenbaum, PhD; Dan Blazer, MD, PhD; Harold Pincus, MD; Keith Famie; Stephen Bartels, MD.

Michael Schoenbaum, PhD

Resources

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Center for Medicare and Medicaid Services
1-800-MEDICARE
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