

January 2018

## California's Public Mental Health Services: How Are Older Adults Being Served?

Kathryn G. Kietzman, Danielle Dupuy, JoAnn Damron-Rodriguez, Alina Palimaru, Homero E. del Pino, and Janet C. Frank

*“Lack of data on older adults makes it difficult to determine how many are being served and what the outcomes are for those who complete treatment.”*

This fact sheet presents information from a six-county study of public mental health services for older adults funded by the Mental Health Services Act (MHSA) of 2004.<sup>1</sup> This is the first study to assess whether MHSA-funded services meet the complex needs and address the recovery goals of older adults with mental illness by supporting an Older Adult System of Care (OASOC).

### Study Findings

*There is unmet need among older adults with mental illness.*

The availability of a complete system of services for older adults with mental illness is a work in progress. While all study counties offer programs that serve older adults, there is more need for programs to engage in targeted outreach and to be specifically tailored for older adults. In addition, more counties need to include older adults in planning, which is an MHSA requirement. Some counties have developed model older adult programs that have been tested and found to be effective.<sup>2</sup> Access to care across counties varies. To the extent that our study findings generalize, a relatively small proportion of older adults are served. While many older adults who receive public mental health services have aged within the system, the pathway to care for those who first experience mental health issues as older adults is less clear. Some are accessing services through Prevention and

Early Intervention (PEI) programs<sup>3</sup> that reach older adults in familiar community settings. While these programs have promise, the extent to which county mental health departments and community-based programs are working together to assess and address unmet need among the older adult population varies greatly from one county to the next.

*More information is needed about older adults who receive public mental health services.*

Most county reports in our sample do not describe program participants by age, race/ethnicity, gender, or other defining characteristics. The absence of information by age category makes it difficult to determine how many older adults are being served, the characteristics of those who access services, and the outcomes of those who complete treatment. Counties that include older adult-specific information show a steady increase in the numbers served since passage of MHSA. Yet, most of these reports do not track how many older adults in need of services are being reached. Furthermore, few counties document the effectiveness of services provided to older adults; those that do are not always using this information for decision-making and planning.

“Co-located mental health and primary care services were highly valued by older adults, particularly those with mobility limitations and/or complex medical needs.”

***Mental health providers need more training.***

There are challenges to developing a mental health workforce that meets the special needs of older adults. While the MHSA has bolstered county capacity to support workforce training and education, training gaps remain with regard to older adults.<sup>4</sup> Older adult consumers, program administrators, and providers who participated in the study highlighted cultural responsiveness training and the recruitment of staff who speak other languages as particularly important for the effective delivery of older adult mental health services. Consumers also pointed out that providers need to be more knowledgeable about generational differences that may affect older adults' needs and preferences within the mental health delivery system.

***There are barriers to the provision of public mental health services to older adults.***

Consumer, administrator, and provider study participants independently identified many of the same barriers to care, such as unmet basic needs (e.g., food and housing), bureaucratic burdens (e.g., excessive paperwork), inadequate transportation, and the lack of programs that help consumers transition from one level of care to another. Consumer participants also brought attention to geographic disparities in the availability of services. One consumer described the consequences associated with one's place of residence: *Equity is one of the issues...{It} depends on...where you live, whether you're going to get connected with the service you need, or be on a waiting list, or really have your issues addressed in an effective way.*

***Stakeholders identified best practices for the delivery of older adult mental health care.***<sup>2</sup>

Older adult study participants emphasized the value of getting information and services from trusted sources. Peer and other social

support groups were especially important. Some older adult consumers, especially those with a history of substance use disorders, emphasized the value of incorporating family and spirituality into their recovery process. Many consumers also discussed how important it was to be engaged and to have a purpose, often through volunteer work. Other strategies to improve access to care identified by consumers and providers included home-based services, smoother referrals between services, improved transportation options, and financial supports. Study participants agreed on the value of integrated services that co-locate mental health services with primary care services and/or substance use services. These “one-stop shopping” options, where they exist, were highly valued by older adults, particularly those with mobility limitations and/or complex medical needs.

**Recommended Actions**

***Recognize older adults as a distinct mental health service population.***

In this study, counties with a formal, designated Older Adult System of Care (OASOC) offered more programming and services tailored to older adult needs than those without an OASOC. It is therefore recommended that an OASOC be designated in all counties that have the capacity to do so. Optimally, the OASOC would connect and provide MHSA programs in all geographic areas of the county, and have dedicated leadership (e.g., an OASOC coordinator) and staff (e.g., an older adult program specialist).

***Identify and improve outreach to older adults who need mental health services.***

Counties need to improve efforts to document and understand unmet need among older adults with mental illness, including those who present symptoms

*“The complex needs of older adults with mental health problems require special training for mental health care providers.”*

later in life. Outreach strategies should be specific to older adults, take into account where and how best to identify those in need, and reach out to locations in the community where older adults are more likely to gather. County needs assessments should include age categories across the life course. All planning efforts should ensure that older adult representation reflects the diversity of the local community.

***Collect better information about how older adults are being served.***

To better understand how older adults fare within the public mental health delivery system, it is essential for counties to systematically measure and monitor their progress. Current county-level data reporting is insufficient and needs to be strengthened. Many older adults who need services have not been identified.

***Provide training in mental health and aging.***

The complex needs of older adults with mental health problems require special training for mental health care providers. Professional providers (e.g., psychiatrists, psychologists, social workers, nurses) require in-depth training on evidence-based practices for older adults and assessment of older adult outcomes. Workforce training also needs to take into account the rich cultural differences that exist across the aging population, including the diversity represented by generational cohort, race/ethnicity, gender identification, sexual orientation, and culturally held beliefs about mental illness.

***Provide more “one-stop shopping” services.***

State and county agencies (e.g., California’s departments of Health Care Services, Aging, and Managed Health Care, and county mental health departments and

Area Agencies on Aging) should work together to integrate medical, behavioral health, aging, and substance use treatment services. At the point of service delivery, the integration of these systems would support more opportunities for physical co-location (e.g., embedding mental health services in aging services locations) and the use of interdisciplinary teams (e.g., nurses, social workers, and psychiatrists) to better address the needs of older adults.

**Funder Information**

Funding for this work and brief was provided by the California Mental Health Services Oversight and Accountability Commission.

**Author Information**

Kathryn G. Kietzman, PhD, MSW, is a research scientist at the UCLA Center for Health Policy Research and an assistant researcher at the UCLA Fielding School of Public Health, Department of Community Health Sciences. Danielle Dupuy, MPH, is a doctoral candidate at the UCLA Fielding School of Public Health, Department of Community Health Sciences, and co-founder of the Justice Work Group. JoAnn Damron-Rodriguez, LCSW, PhD, is an adjunct professor at the UCLA Luskin School of Public Affairs, Department of Social Welfare. Alina Palimaru, MPP, is a doctoral candidate at the UCLA Fielding School of Public Health, Department of Health Policy and Management. Homero E. del Pino, PhD, MS, is an assistant professor at the UCLA David Geffen School of Medicine, Department of Psychiatry and Biobehavioral Sciences. Janet C. Frank, MS in gerontology, DrPH, is an adjunct associate professor at the UCLA Fielding School of Public Health and a faculty associate at the UCLA Center for Health Policy Research.

**Acknowledgments**

We are deeply grateful for all of the study participants who made this work possible. We are further indebted to the members of the California Mental Health and Older Adults Project Advisory Committee, who provided invaluable guidance all along the way.

## Suggested Citation

Kietzman KG, Dupuy D, Damron-Rodriguez J, Palimaru A, del Pino HE, and Frank JC. 2018. *California's Public Mental Health Services: How Are Older Adults Being Served?* Los Angeles, CA: UCLA Center for Health Policy Research.

## Endnotes

- 1 San Diego, Los Angeles, Tulare, Monterey, Alameda, and Siskiyou counties were selected to represent the geographic, economic, and racial/ethnic diversity of California. The research team conducted 72 interviews with consumers, family members, program administrators, providers, and clinicians, as well as 6 focus groups whose members included 33 consumers and 11 family members. In addition, the team reviewed 100+ publications and evaluation reports that included both statewide and individual county-level information.
- 2 Promising Older Adult Mental Health Programs. <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1712>
- 3 The goal of PEI is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs. While the Mental Health Services Oversight and Accountability Commission (MHSOAC) has the authority to write regulations for the PEI component of the MHSA, all funding decisions within PEI are determined locally. Only the Department of Health Care Services (DHCS) has the authority to enforce those regulations, through its performance contracts and audit functions. <http://www.mhsoac.ca.gov/components>
- 4 California Mental Health Older Adult System of Care Project, Deliverable 3 Report: Secondary Data Analyses and Key Informant Interviews. <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1651>. Deliverable 4 Report: Focus Groups: <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1714>

### MHSA Evaluation:

This policy brief is part of a six-county study of public mental health services for older adults funded by the MHSA. For more information on this evaluation, and to see all related publications, please visit: <http://www.healthpolicy.ucla.edu/Older-Adult-Mental-Health>

### For a detailed examination of these findings, visit:

<http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1708>



Read this publication  
online

FS2018-1