National Coalition on Mental Health and Aging and National Council on Aging

Present

Social Determinants of Mental Health for Older Adults:

A New Perspective

September 23, 2020











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Mission:

To provide opportunities for professional, consumer and government organizations to work together towards improving the availability and quality of mental health preventive and treatment strategies to older Americans and their families through education, research and increased public awareness.



Visit: www.ncmha.org





History, Membership and Activities:

- Formed in 1991 by a group of organizations from the aging and mental health fields
- Comprised of 100 national and state associations, state coalitions, and governmental agencies, e.g., SAMHSA and ACL.
- Co-sponsor events to highlight challenges of mental health and aging
- Identify new approaches to addressing problems.



NCOA: Who We Are

We believe every person deserves to age well

OUR VISION

A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

OUR MISSION

Improve the lives of millions of older adults, especially those who are struggling







NCOA's Center for Healthy Aging

- Goal: Increase the quality and years of healthy life for older adults and adults with disabilities
- Two national resource centers funded by the Administration for Community Living
 - Chronic Disease Self-Management Education (CDSME)
 - Falls Prevention
- Other key areas: Behavioral health, physical activity, immunizations, oral health







Webinar Series on "Addressing Disparities in Behavioral Health Care for Older Adults"

- Following the May 20th National Older Adult Mental Health Awareness Day (OAMHD) events, NCMHA developed a plan to collaborate with interested government agencies, private sector groups, and experts to maintain the momentum and recommendations generated from OAMHD.
- A series of webinars during 2020/2021 that target specific topics with a
 practical focus and accompanying tools/resources to address the needs
 of older adults with mental health conditions, as well as state/local
 efforts/best practices.
- A special feature of the webinars will be that the sessions will coincide with monthly, weekly and daily national mental health or aging observances.





Key Objectives of the Webinar Series

- Identify specific approaches that address disparities in behavioral health care for older adults
- Ensure that older adults with mental health and addiction-related conditions are integrated within all MH awareness raising, policy, programmatic and research efforts going forward.
- Raise awareness among primary care, mental health, other health service providers and the aging network about the impact of suicide, opioid use, and interrelated problems, and impact provider practice patterns for older adults.
- Identify specific tools such as geriatric assessment, questions suicide ideation, firearm presence, opioid use and other screening tools – and detailed guidance.



NCMHA

Webinar Series Roll Out – 2020-2021

- Oct. 14, 2020 Older Adult Peer Support in a Time of COVID-19
- Nov. 18 Trauma and PTSD
- December 16 Pathways to Homelessness among Older Adults with Mental Illness
- January 13, 2021 Implementing Local Coalitions
- February 17 New Approaches to Addressing Substance Use and Misuse in Older Adults
- March 17 Approaches and Treatments for Sleep Disorders in Dementia
- April 21 Wrap-Up Webinar on Potential Funding Sources for Services and Programs for Older Adults with Mental Health Conditions Recommended in the Webinar Series





Today's Webinar

"Social Determinants of Mental Health for Older Adults: A New Perspective"

Presenter: Joel E. Miller

Executive Director and CEO, American Mental Health Counselors Association and Chair of the National Coalition on Mental Health and Aging





Outline of Presentation

Overview of Social Determinants of Health

Review of Social Determinants of Mental Health for Older Adults

Review of Program and Policy Responses

Next Steps

Social Determinants of Mental Health

Those factors that impact upon health and well-being: the circumstances into which we are born, grow up, live, work, and age, including the health system.*

"Do we not always find the diseases of the populace traceable to defects in society?"

Rudolf Virchow (1821–1902)

The Causes of the Causes

The Fundamental Causes of Disease:

If risk factors are the precursors of disease, then the environmental and contextual factors that precede or shape these risk factors are the causes of the causes.

Biopsychosocial Perspective

To provide a basis for understanding the **determinants** of disease and arriving at rational treatments and patterns of health care, a medical model must also take into account **the patient**, **the social context** in which he (or she) lives and the complementary system devised by society to deal with the disruptive effects of illness, that is, the clinician role and the health care system. **This requires a biopsychosocial model.**"

George Engel

Prominent Causes of Health Disparities and Inequities

Social Determinants are major contributors to:

Health disparities: differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities

Health inequities: disparities in health that are a result of systemic, avoidable, and unjust social and economic policies and practices that create barriers to opportunity

The Social Dimensions of Mental Health

Health begins and is dependent upon where we:

- Live,
- Learn,
- Work, and
- Play

Zip code may be more predictive of one's overall health than one's **genetic code**.

Social Determinants of Mental Health: Inseparable From the Social Determinants of Health

Ø SDMH deserves special emphasis, because:

- Mental health and substance use disorders are highly prevalent and highly disabling.
- The interdependence and mutual potentiation of these conditions with other general medical conditions is well established.
- These conditions have largely been neglected, under-resourced, and stigmatized.
- BH conditions are often expensive to treat, but much more expensive if ignored.

SDMH: Major Factors

Discrimination and Social Exclusion

No one is born hating another person because of the color of his skin, or his background, or his religion. People must learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite. **Nelson Mandela**

- Adverse Early Life Experiences
 The Child is father of the Man. William Wordsworth
- Poor Education

The school is the last expenditure upon which America should be willing to economize. Franklin D. Roosevelt

SDMH: Major Factors

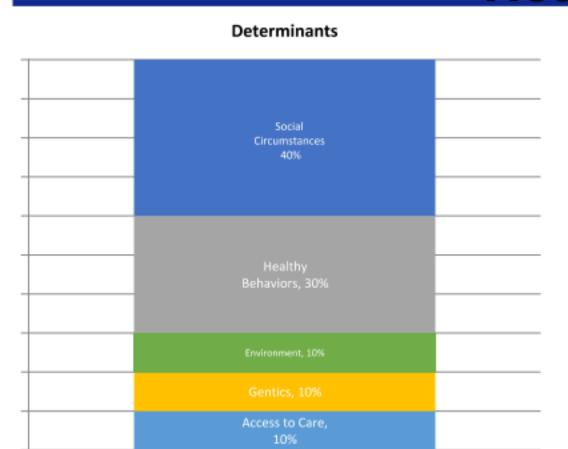
- Unemployment, Underemployment, and Job Insecurity
 If a man doesn't have a job or an income, he has neither life nor liberty nor the possibility for the pursuit of happiness. He merely exists. Martin Luther King, Jr.
- Poverty, Income Inequality, and Neighborhood Deprivation
 What a devil art thou, Poverty! How many desires—how many aspirations after
 goodness and truth—how many noble thoughts, loving wishes toward our
 fellows, beautiful imaginings thou hast crushed under thy heel, without remorse
 or pause! Walt Whitman
- Food Insecurity
 There will never cease to be ferment in the world unless people are sure of their food. Pearl Buck

SDMH: Major Factors

- Poor Housing Quality and Housing Instability
 The connection between health and the dwelling of the population is one of the most important that exists. Florence Nightingale
- Adverse Features of the Built Environment
 Where you stand depends on where you sit. Nelson Mandela
- Poor Access to Health Care
 Of all the forms of inequality, injustice in health care is the most shocking and inhumane. Martin Luther King, Jr.



Spending Mismatch: Health Care & Other Key Determinants of Health



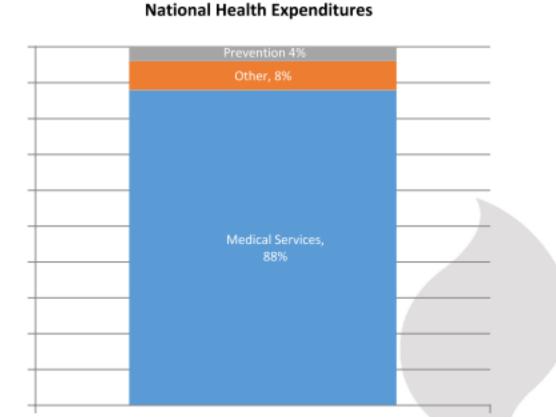
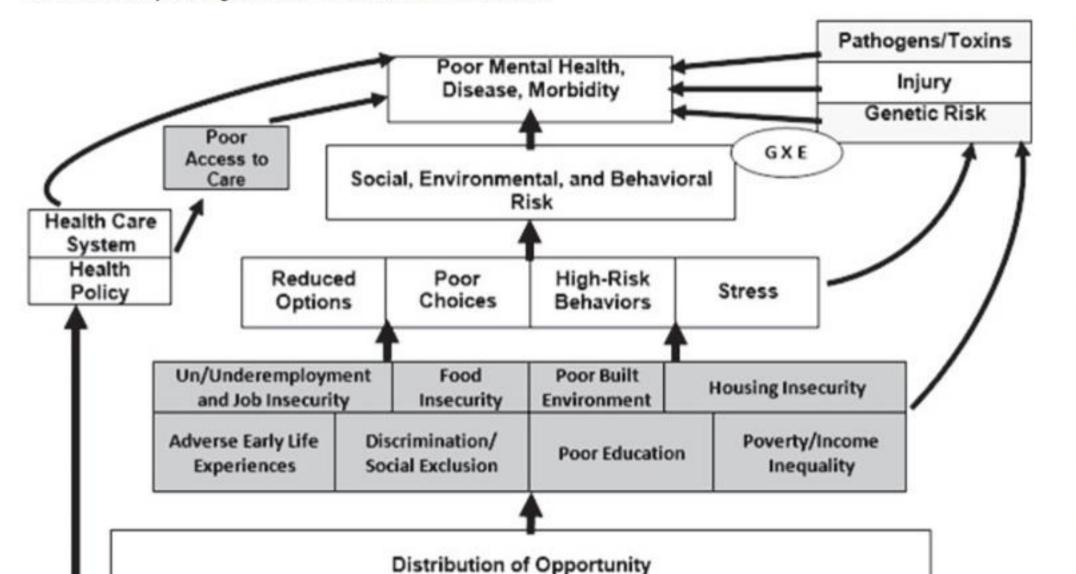


FIGURE 1. Conceptualizing the Social Determinants of Mental Health^a

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Social Determinants of Mental Health for Older Adults

Stress as a SDMH

- Brief Periods of Stress vs. Long-Term Exposure to Stress
- Sources of Stress
 - Lack of Control
 - Mental Health Problems
 - Trauma
 - Financial Insecurity
 - Safety
 - Social Isolation
 - Discrimination
 - Transportation Challenges

Stress Hormones Affect Mental Health

- Adrenaline and Cortisol
- Promote Safety Short-term
- Long-Term Exposure = neuron atrophy, memory impairment, immune system suppression, repeat elevation of blood pressure, cardiovascular problems

Assessing the Effects of Chronic Stress and Discrimination

- The impact of chronic stress, including exposure to discrimination, on the development, course and treatment of poor MH and mental illnesses has been extensively documented.
- A thorough clinical assessment should include specific probing for chronic stressors and experiences of acute/major and chronic/everyday discrimination that may have contributed to the clinical presentation.
- This inquiry should include an inventory and appraisal of past and present traumatic events and major stressors in the individual's life, as well as past and current family life and history, immigration history, health history, early losses, and relationship problems.
- Cultural sensitivity skills are essential to the development of sufficient trust to elicit frank discussion of
 discriminatory experiences. Such sensitivity should extend to an understand of institutional racism because
 so much unfair treatment takes place without intention or knowledge.

Social Exclusion and Impact on Mental Health of Older Adults

What are the circumstances at play that affect a client's ability to fully participate in life? Loneliness

- 35-40 percent of older adults in U.S. report feeling lonely
- Loneliness increases risk of increasing mental health problems

Risks for Social Exclusion

Discrimination
 Stigmatization, ageism

Racism Caregiver Duties

Unemployment / Retirement Cultural and Language Barriers

Poverty Communities not Age-Friendly

Social exclusion accumulates over time and intersects with other SDMH for older adults.

Social Exclusion Impacting Mental Health of Older Adults

- Higher Rate of Social Isolation=
- Poor Social Supports=
- Higher Rate of Depression=
- Higher Rate of Health Complications=
- Vicious Cycle

African American and Latinx Older Adults

- Less Likely than Whites to Trust Providers
- More Concerned about Privacy
- Aware of Strong History of Institutional Racism and Discrimination

LGBT Older Adults

- History of Social Exclusion and Culturally Incompetent Care
- More Chronic Conditions GI problems, headaches, substance use co-occurring with mental health conditions
- Higher Prevalence and Earlier Onset of Disabilities

Social Supports for Older Adults with Mental Health Conditions

- Solid social supports, networks are protective for mental health
 - System of concrete resources that are helpful for health care utilization
 - Transportation—accompaniment to appointments
 - Help after surgery
 - Emotional support during health changes
 - Feeling supported
 - Processing new diagnosis
- This leads to improved mental health, allowing for further social engagement and network development

Representation of Social Determinants Impacting Older Adult Mental Health and Wellbeing

Social Determinants of Health

- Examples
 - Housing Stability
 - Transportation Access
 - Social Supports
 - Economic Stability
 - Health Literacy
 - Health Care Accessibility

- Examples
 - Quality of Life Measures
 - ADLs/IADLs
 - Chronic Conditions
 - Hospitalization Rates
 - Healthy days at Home vs. in SNF or Hospital
 - Social Connectivity

Health Status of Older Adults with Mental Health Conditions

- Heterogeneity of health status
- Age-related physiologic changes
- Increased incidence of comorbidity -- multiple chronic conditions
- Mental health needs often ignored
- Changes in functional ability
- Higher needs of social supports
- Different goals of therapy
- Lack of differential diagnosis with cognitive issues

Inefficient and Ineffective Care Determinants

Acute, Episode-Based Care

- Less Predictability with Care Team
- More Stressful Setting
 - Less Familiarity with Providers
 - Exacerbation of MH Conditions
 - Increased Risk of Falls
 - Loss of Functioning
- Less Opportunity to Provide Education
- Follow-Up is Often "Lost in Translation"

The 15-Minute Visit

- Short, Time Pressured Visits in PC Setting
- Clinical Inertia, MD-Centered Communication
- Diminished Quality
 - Little Time to Address Functional, Cognitive Abilities & Changes
 - Little Time for Building Up Health Literacy
 - Few Geriatric Providers
- Provider Biases and Less Time for Discussion to Correct Them

Health System Redesign to Promote Access to Mental Health Care

- Changes in the fundamental nature of delivery of mental health care in the form of primary care access in close coordination with primary care (i.e., integrated care approaches) are demonstrating promise for improving access to care.
- Collaborative care models, which range from collocated care to fully integrated physical
 and behavioral health services, are effective in increasing access to mental health care
 by adopting a "no wrong door" approach to BH care. A portion of the population will not
 seek mental health treatment in mental health clinics or similar settings.
- Integrated & collaborative care may encourage individuals to access services they would not otherwise seek in settings viewed as less stigmatizing and more acceptable (i.e., PC settings). These well-studied models have been shown to be cost-effective as well as clinically efficacious for a wide variety of mental illnesses, especially depression.

Challenges Ahead

Health considerations for older adults

- Multiple chronic conditions, increased difficulty with daily activities
- High rates of MH issues, loneliness, and support needs

Over reliance on – and lack of support for – family caregivers

- Fewer family caregivers will be available in the future for Boomers
- ... and what about the future economic security of current caregivers?

Prevalence of economic security for older adults and families

Serious implications on access to quality food, housing, transportation

Challenges faced by Medicare and Medicaid

- Increasing per-bene Medicare costs coupled with decreasing number of workers paying into the Medicare trusts
- Reliance on Medicaid for long-term care

So... What Does it Take

- Person- and family centered services
- Prevention and Wellness Strategies
- More Providers with skills and knowledge in aging
- Collaborative team-based care
- Community engagement and partnerships

Moving Beyond Current Thinking

- Social determinants increasingly embraced by public and private health insurers
- Aging networks can help with assessments and with implementation to meet needs
- Growing the evidence base for addressing social factors
- Focus on integrated care and developing community connections
- Quality measure development to better capture impact and quality of home and community based services

Examples of Initiatives that Mitigate Social Factors Impact on Mental Health

Care Coordination
Health Education
Paratransit Services
Home Modification Services

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Structural Determinants of Mental Health Examples of Policies that Lead to: Economic inequality Racism, ageism No investment in LTC 2-tiered medical system

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Examples that mitigate societal factors' impact on social determinants and outcomes:

Caregiver tax credits
Political movements, organizing
Age-friendly community development
Affordable housing development
Public campaigns to combat ageism
Advocacy for improved quality measures

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Policy Interventions

Public Policies

- Shift the concept of mental illnesses for older adults from an individual patient approach to a public health, population-based approach.
- Advocate for policies/laws that decrease food insecurity, end discrimination, improve housing standards, etc.
- Offer your expertise to your elected officials (individually, or through professional organizations).
- Cross-sector collaborations are key.

A Final Word on Systemic Racism

- As we work to reduce health inequalities in our country, it is important to remember that while linguistic and cultural competence are crucial for working with older adults, broader societal patterns that disadvantage elders of color and those with low incomes, create conditions that make it difficult for them to enjoy a healthy old age.
- To reduce health inequities among older adults we need to create supportive institutions and laws that create healthy environments for older adults, and make the healthy choice the easy choice for health behaviors.
- From a life-course perspective, diverse elders will be emotionally and physically healthier when they and their families make a living wage, have decent and affordable housing, and reside in safe and health-promoting neighborhoods in a society that values diversity.

Community Interventions

Cultural Norms

- Educate your communities
 - About the importance of culture
 - About the negative impact of stigma
- Use laws to change norms
 - Create a culture of tolerance and acceptance
 - Speak up when this culture is not respected

Conclusions

- Addressing the social determinants of mental health for older adults Co-ordinated multi-sectoral policy - deliver on improved mental health at a population level
- Engaging the political will to promote mental health at a policy level
- Mobilizing a public demand for a mentally healthy society
 - Concern with emotional and social wellbeing, social values, culture, economic and social policies

Thank You and Questions

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