

## Survey Finds Shortfalls in the Quality of Mental Health Care for Older Americans

Results of a new survey of Americans age 65 and older suggest that many with depression or anxiety are not receiving treatment that meets evidence-based standards of care, such as being informed about medication side effects and receiving timely follow-up. As a result, more than half of those who obtain treatment report that they still struggle with frequent feelings of anxiety or depression.

The national survey, “Silver and Blue: The Unfinished Business of Mental Health Care for Older Adults,” which was conducted in November 2012 and released by the John A. Hartford Foundation, polled a representative sample of 1,101 adults age 65 and older. An additional 307 interviews were conducted with older adults who had a diagnosed mental disorder or had experienced feelings of depression or anxiety since age 65.

Stigma associated with having a mental disorder or obtaining care was low among the survey respondents; only 13% reported that they would not tell anyone if they were feeling depressed or anxious. Most (77%) said they would tell their primary care provider if they were feeling depressed or anxious—even if they had to raise the issue on their own without being asked. Only one in four (25%) said that their doctor had asked about their mood in the past 12 months.

About one in six respondents (16%) had received treatment for depression, anxiety, or another mental health issue since turning 65. Those who had talked to their doctor about getting treatment reported conversations that lacked components of evidenced-based standards of care. For example, 38% said that their health care provider did not tell them about possible side effects of treatment. Nearly half (46%) of those receiving treatment said that their provider did not follow up with them within a few weeks—a critical component of effective care. More than half (62%) said that their doctor should have someone on staff who can help patients with mental health issues.

African Americans (78%) and those currently being treated for a mental health problem but still struggling with symptoms (82%) were most likely to want a trained professional in their doctor’s office.

Overall, very few respondents understood the health risks of depression: only one in five (21%) had heard that depression is believed to double an individual’s risk of developing dementia, and only one in three knew that it can double the risk of heart disease (34%) or increase the risk of dying from another disease (35%). Depression is not a natural part of the aging process, but more than a quarter of respondents (27%) believed that it is.

The John A. Hartford Foundation is a private nonpartisan organization focused on improving health care for older Americans. These and other survey findings are available on the foundation’s Web site at [www.jhartfound.org/learning-center](http://www.jhartfound.org/learning-center).

### NEWS BRIEFS

#### **KCMU briefs examine CMS rules governing changes to Medicaid eligibility and enrollment:**

Two new briefs from the Kaiser Family Foundation’s Commission on Medicaid and the Uninsured (KCMU) examine changes to Medicaid eligibility and enrollment rules under the Affordable Care Act (ACA) and how such changes are expected to affect beneficiaries, including people with disabilities. An 18-page brief provides a summary of the final rule issued by the Centers for Medicare and Medicaid Services (CMS) to implement ACA provisions related to Medicaid eligibility, enrollment simplification, and coordination ([www.kff.org/medicaid/8391.cfm](http://www.kff.org/medicaid/8391.cfm)). Achieving the goals described in the rule, which becomes effective January 1, 2014, will require state Medicaid agencies to make substantial process and system changes and to work closely with the new health insurance

exchanges and other insurance affordability programs. Even with sophisticated systems in place, the authors note, the full potential of the ACA will not be realized unless agencies provide the substantial navigation assistance that many eligible individuals will need. A companion brief ([www.kff.org/medicaid/8390.cfm](http://www.kff.org/medicaid/8390.cfm)) provides a short summary of current Medicaid eligibility and benefits for people with disabilities and explains how they will be affected by the ACA in light of CMS’s new regulations. It also describes how provisions for the new health insurance exchanges affect Medicaid eligibility determinations for people with disabilities.

#### **KCMU reports detail demonstration projects in Washington and Massachusetts to align financing for “dual-eligibles”:**

Washington is the first state to sign a memorandum of understanding (MOU) with CMS to test a managed fee-for-service (FFS) financial alignment model for beneficiaries who are dually eligible for Medicare and Medicaid. In addition, Massachusetts is the first state to finalize an MOU with CMS to test CMS’s capitated alignment model for these beneficiaries. Enrollment for programs in both states begins on April 1, 2013. Washington’s managed FFS demonstration is described in a 19-page KCMU policy brief ([www.kff.org/medicaid/8394.cfm](http://www.kff.org/medicaid/8394.cfm)). The demonstration uses Medicaid home services to coordinate care for high-risk and high-cost dually eligible beneficiaries with chronic conditions. The policy brief summarizes information on key aspects of the demonstration, including the target population; enrollment; care delivery model; benefits package; continuity-of-care provisions; financing; grievance and appeals system; disability accommodations; stakeholder engagement; oversight and reporting and quality measures; governing authority and waivers; and evaluation. The CMS capitated demonstration in Massachusetts is organized around managed care entities