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.

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). 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) 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). 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

called integrated care organizations, which will provide patient-centered medical homes, care coordination, and clinical care management. Patients' needs in the areas of independent living and long-term services and support (LTSS) will be overseen by LTSS coordinators employed by community-based organizations that are independent of the demonstration health plans. The 17-page policy brief (www.kff.org/medicaid/8291.cfm) summarizes terms of the Massachusetts MOU in several areas, including enrollment, care delivery model, benefits, financing, beneficiary protections and monitoring, and evaluation. A related fact sheet (www.kff.org/medicaid/upload/8395.pdf) compares the demonstration projects in the two states.

AHRQ report assesses use of Medicaid home- and community-based services: One of every 25 Medicaid recipients—about 2.2 million people, or nearly 4% of the total Medicaid population—received home health care and other community-based services in 2005, according to a report from the Agency for Healthcare Research and Quality (AHRQ). The agency was tasked by Congress to develop outcome indicators to assess the health and welfare of recipients of Medicaid home- and community-based services (HCBS) and to use these indicators to describe this population. The online report (www.ahrq.gov/research/ltc/hcbsfindings) categorizes the Medicaid HCBS population into two groups: dually eligible for Medicare and Medicaid and eligible for Medicaid only. Four clinical subpopulations are described: intellectual and developmental disabilities, serious mental illness, age 65 and older, and under age 65 with physical disabilities. The report presents the indicators by individual attributes and area characteristics. Because a primary area of HCBS policy interest is the relationship between HCBS outcomes and the HCBS environment in each state, the health of the HCBS population is also described within the context of state policies. The outcome indicators revealed substantial variation by state—up to a 17-fold difference on some measures. State policies that reflect the generosity of HCBS programs (breadth of eligibility and share of dollars spent on HCBS) exhibited a strong relationship with the outcome indicators, the report notes. More generous HCBS programs were consistently associated with lower rates of hospitalization.

NIDA's 2012 Monitoring the Future survey shows continuing decline in teen smoking: The National Institute on Drug Abuse has released 2012 results from Monitoring the Future, a national survey of 45,000 to 50,000 students in three grades (eighth, tenth, and 12th) that has been conducted every year since 1991. Data from the latest survey show a decline in teen tobacco smoking in all three grades. For the three grades combined, the proportion of students reporting past-month smoking fell from 11.7% to 10.6%—a statistically significant drop. In 1996, 49% of eighth graders reported that they had ever tried cigarettes; in 2012 only 16% reported having done so. Likewise, five-year trends indicate significant decreases in alcohol use for all grades. For example, from 2007 to 2012, current use of alcohol declined from 15.9% to 11.0% among eighth graders, from 33.4% to 27.6% among tenth graders, and from 44.4% to 41.5% among high school seniors. Five-year trends for past-month marijuana use indicate significant increases among tenth and 12th graders; daily marijuana use increased across all three grades. From 2007 to 2012, past-month use increased from 14.2% to 17.0% among tenth graders and from 18.8% to 22.9% among 12th graders. Among high school seniors past-month marijuana use was at its highest point since the late 1990s. The abuse of prescription stimulants is also a concern. The percentage of 12th graders reporting the nonmedical use of Adderall increased from 5.4% in 2009 to 7.6% in 2012. These and other findings are on the Monitoring the Future Web site (www.monitoringthefuture.org).

CSG Justice Center report lays out recommendations for New York City: The Justice Center of the Council of State Governments (CSG) has released a report, commissioned by Mayor Bloomberg, that presents results of the first-ever analysis of the mental health needs, criminogenic risk, and risk of failure to appear in court of individuals admitted to the New York City Department of Correction. Analyses of data from several agencies showed important differences in outcomes for persons with mental illnesses who enter the city's jail system. The report also offers a set of policy recommendations and strategies to determine levels of risk and needs of individuals entering the jail system; to provide appropriate pretrial, plea, and sentencing options; and to establish centralized resource hubs for coordinating assessment information and community-based supervision and treatment options. As a result of the analyses and report, Mayor Bloomberg announced that the city will create court-based intervention and resource teams (CIRTs) to serve more than 3,000 clients with mental health needs annually. In implementing the report's recommendations, New York City will serve as a national model for how a large urban area can use data to develop policies to increase public safety, reduce jail costs, and help connect individuals with mental illnesses to effective community-based services. The 16-page report, *Improving Outcomes for People With Mental Illnesses Involved With New York City's Criminal Court and Correction Systems,* was completed with support from the Bureau of Justice Assistance of the U.S. Department of Justice and the Jacob and Valeria Langeloth Foundation. It is available on the Justice Center Web site at consensusproject.org/jc_publications/improving-outcomes-nyc-criminal-justice-mental-health/FINAL_NYC_Report_12_22_2012.pdf.