The Simmering Crisis in Geriatric Mental Health Care in Georgia

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Emory University
Demographics


<table>
<thead>
<tr>
<th>Year</th>
<th>Total U.S. Population</th>
<th>&gt; 85 years of age</th>
<th>&gt; 65 years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940</td>
<td>132 million</td>
<td>.3%</td>
<td>6.8%</td>
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<tr>
<td>1960</td>
<td>180 million</td>
<td>.5%</td>
<td>9.2%</td>
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<tr>
<td>1980</td>
<td>227 million</td>
<td>.97%</td>
<td>11.3%</td>
</tr>
<tr>
<td>1990</td>
<td>249 million</td>
<td>1.2%</td>
<td>12.5%</td>
</tr>
<tr>
<td>2010</td>
<td>298 million</td>
<td>1.91%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>
Georgians 60 years+ are the fastest growing age group

Source: U.S. Census Bureau Projections, 2009
Estimated Prevalence of Major Psychiatric Disorders by Age Group

Consensus Statement on the Upcoming Crisis in Geriatric Mental Health: Research Agenda for the Next 2 Decades JAMA Psychiatry 1999; Dilip V. Jeste, MD; George S. Alexopoulos, MD; Stephen J. Bartels, MD, MS; Jeffrey L. Cummings, MD; Joseph J. Gallo, MD, MPH; Gary L. Gottlieb, MD, MBA; Maureen C. Halpain, MS; Barton W. Palmer, PhD; Thomas L. Patterson, PhD; Charles F. Reynolds III, MD; Barry D. Lebowitz, PhD
Mental Disorders in Older Adults: The Silent Epidemic

- Depression, anxiety disorders, severe and persistent mental illness (e.g., schizophrenia), alcohol abuse and dementia
- Mental disorders:
  - 26.3% (including dementia)
- Psychiatric disorders:
  - 19.8% based on prevalence of 30-40% of dementia complicated by depression, psychosis, or agitation.
Georgia’s Older Adult Population

- In Georgia, this translates to 294,000 older adults with a mental illness in a one year period.

- Top mental illnesses in the elderly:
  - Alzheimer’s dementia and related psychiatric problems
  - Mood and anxiety disorders
  - Substance abuse
  - Severe and persistent mental illnesses

Elders with frequent mental distress report poor physical health

Older adults who experience recurrent depression and anxiety are more likely to report serious health problems.

Source: BRFSS, 2011
Risk for Alzheimer’s disease

- Age is most important risk factor
  - Annual incidence worldwide increases from 1% between the ages of 60 and 70 years to 6 to 8% at the age of 85 years or older
  - In countries in which survival to the age of 80 years or older is not uncommon, the proportion of persons in this age group with Alzheimer's disease now approaches 30% and is expected to continue to increase substantially

Epidemiology of Alzheimer’s disease

Projected Alzheimer’s Disease Prevalence, *
2000–2100

*PhRMA projections calculated by applying current prevalence rates to population projections.

Data sources: U.S. Census Bureau; Hebert et al.
Psychiatric and Behavioral Symptoms in AD

- Apathy (50%-70%)
- Agitation (40%-60%)
- Mood lability (40%)
- Blunted affect (40%)
- Disinhibition (30%-40%)
- Withdrawal (30%-40%)
- Delusions (20%-40%)
- Anxiety (30%-50%)
- Suspiciousness (30%)
- Dysphoria (20%-40%)
- Hostility (30%)
- Aggression (10%-20%)
- Hallucinations (5%-15%)

Depression in the elderly is associated with:

- Treatment resistance
- High rates of recurrence
- Higher suicide rates and premature mortality compared to younger adults
- Dementia

Prevalence of Late-Life Depression by Health/Independence Status

Data represent a composite of multiple studies
Completed Suicides

Age-Specific Suicide Rates by Age Group and Sex, Georgia, 2006-2009

- **Rate per 100,000 population**
- **AGE GROUP**
  - 10 to 14: 11
  - 15 to 19: 6
  - 20 to 24: 2
  - 25 to 29: 18
  - 30 to 34: 17
  - 35 to 39: 19
  - 40 to 44: 20
  - 45 to 49: 22
  - 50 to 54: 24
  - 55 to 59: 28
  - 60 to 64: 24
  - 65 to 69: 23
  - 70 to 74: 25
  - 75 to 79: 27
  - 80 to 84: 38
  - 85+: 48
  - **TOTAL**
  - **MALE**
  - **FEMALE**
Suicide by race and gender

Figure 1: Suicide Rates USA 2010 (Centers for Disease Control and Prevention, 2013)
30-Day Binge Drinking Among Older Georgians

Regions 4 and 5 include Alabama, Florida, Georgia, Illinois, Indiana, Kentucky, Michigan, Minnesota, Mississippi, North Carolina, Ohio, South Carolina, Tennessee, and Wisconsin.
Binge drinking decreases with age

Source: BRFSS, 2011
Nationally illicit drug use has more than doubled among 50-59 year olds since 2002 (SAMHSA)

SAMHSA National Survey on Drug Use and Health (NSDUH)
(http://www.oas.samhsa.gov/2k9state/Cover.pdf)
Treatment admissions aged 50 years and older by substance used

Source: Treatment Episode Data Set (TEDS), 2010: TEDS data are collected by states that accept Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.
Drug-related ED visits involving pharmaceutical misuse by older adults

• In 2004, there were an estimated 115,803 emergency department (ED) visits involving pharmaceutical misuse and abuse by adults aged 50 or older; in 2008, there were 256,097 such visits (increase of 121%)

• One fifth of ED visits involving pharmaceutical misuse and abuse among older adults were made by persons aged 70 or older
  – pain relievers were the type of pharmaceutical most commonly involved (43.5 percent), followed by drugs used to treat anxiety or insomnia (31.8 percent) and antidepressants (8.6 percent)

2010 summary from the SAMHSA Center for Behavioral Health Statistics and Quality report from the Drug Abuse Warning Network (DAWN). DAWN comprises a nationwide network of hospital emergency rooms (ERs)
http://www.samhsa.gov/data/2k10/WebSR018Pharma50+/Pharma50+HTML.pdf
Severe and Persistent Mental Illness (SPMI)

- Increased comorbid medical problems
  - Metabolic syndrome, chronic smokers, dementia
- Community reintegration programs with nursing homes
- Lack of resources in the mental health centers
SPMI in the community

• Georgia can estimate a 6% prevalence of SPMI among older adults, about 88,700 individuals
  – 85% in the community, 12% in nursing homes and 3% in long term care in psychiatric hospitals
  – More comorbid medical problems
  – Higher rates of substance abuse
  – More neuropsychological deficits
The Food and Drug Administration has determined that the treatment of behavioral disorders in elderly patients with dementia with atypical (second generation) antipsychotic medications is associated with increased mortality.

- Of a total of seventeen placebo controlled trials performed with olanzapine (Zyprexa), aripiprazole (Abilify), risperidone (Risperdal), or quetiapine (Seroquel) in elderly demented patients with behavioral disorders, fifteen showed numerical increases in mortality in the drug-treated group compared to the placebo-treated patients.
Tardive Dyskinesia

- Movement disorder caused by medications that block the dopamine receptor
  - 15% prevalence from 1959-1979\(^2\); 24% in review from 1992\(^3\)
  - Antipsychotics (54 million prescriptions in 2011 and >3-fold increase over 10 years)\(^1\)
  - Metoclopramide (7 million prescriptions annually)

- Linear increase in TD with the duration of exposure
  - 5%/ year to 25% in five years; 49% in ten years and 68% after 25 years
  - Over age 45 years: 12-25%/ year

Psychiatrists in Georgia

• 1,054 psychiatrists in the state (10.9 psychiatrists per 100,000 people)

• Almost half of all psychiatrists in Georgia are 55 years of age or older and are reaching the age of retirement

• Almost half of Georgia’s 159 counties do not have any psychiatrists

Assessing North Georgia’s Community Psychiatric Workforce Needs, Benjamin G. Druss, MD, MPH, Elizabeth Walker, PhD, MPH, MAT; Department of Health Policy and Management Rollins School of Public Health, Emory University 2013
## Privileges by Specialty

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<tr>
<th>Profession</th>
<th>Degree</th>
<th>Prescribe</th>
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<tbody>
<tr>
<td>Psychiatrist</td>
<td>MD or DO</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Advanced Practice Nurse (CNS/ NP)</td>
<td>RN plus masters level in psychiatric care</td>
<td>Yes (under MD with psychiatric experience supervision)</td>
<td>Yes (if specialized in mental health)</td>
</tr>
<tr>
<td>Psychologist</td>
<td>PhD or PsyD</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Social Worker</td>
<td>Masters</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Licensed Professional Counselor</td>
<td>Masters level or above</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Marriage and Family Therapists</td>
<td>Masters level or above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Ranking of Behavioral Health Professionals per 100,000 in Georgia</td>
<td>Rankings per 100,000</td>
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<tr>
<td>---------------------------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Counselors</td>
<td>28&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage &amp; Family Therapists</td>
<td>31&lt;sup&gt;st&lt;/sup&gt;</td>
<td></td>
<td></td>
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<tr>
<td>Psychiatric Advance Practice RNs</td>
<td>28&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>30&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychologists</td>
<td>42&lt;sup&gt;nd&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered Nurses (RNs)</td>
<td>40&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
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<tr>
<td>Physicians</td>
<td>40&lt;sup&gt;th&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Workers</td>
<td>41&lt;sup&gt;st&lt;/sup&gt;</td>
<td></td>
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</tr>
</tbody>
</table>

Selected Professions
(graduates per 100,000)

Source: Accreditation Council for Graduate Medical Education. (2009). “Sponsoring Institution Search by State,” [Data file]. Accessed October 7, 2009 from: http://www.acgme.org/adspublic/; American Medical Association (2000-2009). Graduate Medical Education Directory. Chicago, IL; Emory University; Georgia State University; the Integrated Postsecondary Education Data System; Medical College of Georgia; South University; the University System of Georgia; the U.S. Census Bureau Population Estimates; and Valdosta State University.
North Georgia Partnership of CSB’s (NoGAP) comprises six CSBs that serve 43 counties in north Georgia. In an analysis funded by DBHDD, Druss and Walker conducted a series of surveys and interviews conducted with NoGAP administrators to determine the gap in psychiatric coverage (personal communication)
Community Mental Health Services

• Under-serve older persons
  – 2.5 percent of the people served by the Georgia mental health system were ages 65 and older or approximately 4,040 people.
• Lack staff trained to address medical needs
• Often lack age-appropriate services
• In NoGAP 3-4% are over age 65 yrs but 1/3 are 46-64 yo
  – Care provided by primary care and long term care providers
Other mental health professionals

- Certified Peer Specialists
- Pastoral Counselors
- Masters level psychologists
- Unlicensed social workers
- Registered Nurses
- Mental Health Technicians
Building Capacity to Care for Older Adults with Behavioral Health Disorders in Georgia

• In 2012, Georgia Division of Aging and Georgia Alzheimer’s Association contracted with the Fuqua Center to make recommendations regarding what is needed to begin to build capacity to care for the growing older adult population with behavioral health disorders
Building Capacity to Care for Older Adults

- Georgia Coalition for Older Adults and Behavioral Health
  - Develop robust plan for cross training between DBHDD and DAS including leadership, staff and providers

- Collaboration between DBHDD and DAS in priority areas
  - Integrated Care Clinics
    - Ideal for older adults because of complexity of care given chronic medical illnesses
  - Money Follows the Person
  - Care Coordination Efforts
    - Aging and Disabilities Resource Centers
    - Care Transitions
    - Housing
Progress

• In 2014, Fuqua Foundation provided grant support and matching funds through DBHDD and DAS were allocated to begin work to build capacity to care for older adults
  – In collaboration with the Fuqua Center for Late-Life Depression
  – Staff members in both DBHDD and DAS have been identified to focus on this work
IMPACT
Improving Mood-Promoting Access to Collaborative Treatment

• Evidenced based stepped care using nonphysicians
  • IMPACT team care doubles the effectiveness of depression treatment
  • The average cost ~ $580 per participant.
    • IMPACT care as a benefit to an insured population of older adults is less than $1.00 per member per month (PMPM).
Acknowledgements

- Jason Bearden and Tod Citron of the North Georgia Partnership of CSB’s
- Ben Robinson, Executive Director, Center for Health Workforce Planning and Analysis at the University System of Georgia
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- Ginny Helms, Alzheimer’s Association
- Senator Renee Unterman
- James Bulot - Director of Division of Aging Services
- Judy Fitzgerald, Deputy Commissioner DBHDD
- Mark Rapaport, Ed Craighead and Eve Byrd; Emory University Dept of Psychiatry
Sources

- University System of Georgia Board of Regents — Center for Health Workforce Planning & Analysis; Research Notes; September 2010: The Workforce as a Contributor to the Problems in Georgia’s Behavioral Health Systems


- Assessing North Georgia’s Community Psychiatric Workforce Needs, Benjamin G. Druss, MD, MPH, Elizabeth Walker, PhD, MPH, MAT; Department of Health Policy and Management Rollins School of Public Health, Emory University 2013
Sources

• BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (http://www.cdc.gov/brfss/), CDC. Atlanta, Georgia: U.S. Department of Health and Human Services, 2010 and 2011. BRFSS is “the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.” BRFSS data are collected by local jurisdictions and reported to the CDC.

• Georgia Policy Academy State Profile (Dec 2012) developed by the Substance Abuse and Mental Health Services Administration in partnership with the U.S. Administration on Aging.
Additional Information on Geriatric Depression

• Fuqua Depression Information Center 1-877-498-0096
• Fuqua Center Website www.fuquacenter.org