Older Adults are *Not* Receiving the Care They Need

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Older adults are not receiving the mental healthcare they need. Current strategies to detect need and provide quality care are underway, but there is more work to be done. A particularly promising strategy for improving the mental healthcare of older adults is to move mental healthcare from mental health clinics to "the community" to integrate services and reduce the personal and societal costs of unmet mental health needs.

The integration of mental health services into primary care is an example of the power of partnerships between mental health and non–mental health services. Over the past 15 years primary care has been transformed into the de facto mental health service for older adults[1] as a way to reduce the risk of suicide. To the benefit of older adults, we have seen depression screening implemented (and paid for by Medicare) and the development of excellent collaborative care models. We have seen the widespread prescription of antidepressants with low side-effect profiles to treat depression in later life. On the negative side, we have created new mental healthcare challenges. We have seen a number of older adults on antidepressant medications with low objective need,[2] and individuals who are "in treatment" but undertreated. Further, full integration of collaborative care strategies has been slow because of reimbursement limitations and poor staffing. Finally, as demonstrated by Pepin et al.[3] based on analysis of data from the Health and Retirement Study, a large proportion of older adults with depressive symptoms still do not receive mental health services.

One strategy for addressing these challenges and expanding the delivery of mental healthcare to the older adult population is to create and strengthen partnerships between mental health and aging services. The integration of mental healthcare into the Aging Service Network, which is composed of more than 50 state agencies on aging, more than 600 area agencies on aging, and an estimated 30,000 service providers, offers opportunities to implement routine mental health screening and care to the most vulnerable older adults. Such integration may be particularly beneficial for minority older adults who continue to report unmet need and low service utilization.[4,5]

Despite the potential benefits of integrating mental healthcare into the existing infrastructure of aging services, the work of Pepin et al.[3] indicates that we are not capitalizing on this opportunity. According to Pepin et al., older adults who received home- and community-based aging services were twice as likely to suffer from depression as the population but were not more likely to receive mental health services. This finding echoes the high rates of depression and low mental health service utilization detected in previous research among case management and home meal recipients. The findings to date suggest that at least 1 in 10 older adults receiving aging services at a senior center has clinically significant depression,[6] with rates closer to a third of individuals with high medical burden or special circumstances such as elder abuse victims. In addition to documenting need, Pepin et al.'s findings are a reminder that linking an older adult to aging support services does not translate into engagement in mental healthcare. The silos between services continue to serve as barriers to meeting older adults' mental health needs. We have work to do.

However, it is not all gloom and doom, as each new challenge brings innovation from both research and

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https://doi.org/10.1016/j.jagp.2017.09.005

service sectors. The National Institute of Mental Health has funded centers designed to create and test innovative care models in both existing and emerging service sectors (https://grants.nih.gov/grants/guide/pa-files/PAR-16-354.html). These centers are based on the premise that partnerships between mental health researchers and the community can lead to the development, implementation, and evaluation of new approaches. Our own partnerships with the Westchester County and New York City's Area Agencies on Aging have supported the development and testing of an engagement strategy to facilitate mental health referrals[7] and provision of evidence-based behavioral interventions that can be implemented in aging service settings. In additional to federal funding, New York State has provided city and state funding to implement innovative mental health delivery service programs. For example, in response to the trauma of Hurricane Sandy, New York State funded an aging services and mental health partnership that developed an innovative model for identifying older adults with mental health needs who would not access services because of stigma and language or geographic barriers. By integrating outreach into service delivery, older adults were assessed and psychotherapy was offered to those in need in multiple languages across New York City senior centers.[8] To ensure sustainability, this service delivery model was further developed by the New York City Department for the Aging into a large-scale Geriatric Mental Health program that delivers billable, multilingual mental health services in senior centers.

Successful partnerships between mental health and aging services have the potential to improve older adults' access to state of the art mental healthcare. Aging services provide an existing infrastructure that can be leveraged to identify older adults with mental needs and provide them with evidence-based services. Providing mental health services to older adults may always be challenging. However, we believe that strong partnerships have the potential to significantly improve care. Our hope is that through such partnerships the answer to Pepin et al.'s question, "are older adults receiving the care they need," will be a resounding yes.

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