OLDER AMERICANS BEHAVIORAL HEALTH

Issue Brief 11: Reaching Diverse Older Adult Populations and Engaging Them in Prevention Services and Early Interventions

Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Community Living's (ACL's) Administration on Aging (AoA) recognize the value of strong partnerships for addressing behavioral health issues among older adults. This Issue Brief is part of a larger collaboration between SAMHSA and AoA to support the planning and coordination of aging and behavioral health services for older adults in states and communities. Through this collaboration, SAMHSA and AoA are providing archived Issue Briefs and Webinars, particulalry in the areas of suicide, anxiety, depression, and alcohol and prescription drug use and misuse among older adults and are partnering to get these resources into the hands of aging and behavioral health professionals.

This Issue Brief identifies strategies to reach and engage diverse older adult populations in prevention services and early interventions to address behavioral health concerns. This Issue Brief:

- Describes the prevalence of behavioral health problems in diverse groups of older adults;
- Identifies strategies for reaching and engaging older adults in behavioral health services;
- Discusses the delivery of culturally appropriate behavioral health services; and
- Offers examples of behavioral health programs that have successfully engaged diverse groups of older adults, including African American, American Indian/Alaska Native (AI/AN), Asian American, and Hispanic/Latino older adults; lesbian, gay, bisexual, and transgender (LGBT) older populations; and older adults living in rural areas.

Behavioral Health Problems in Diverse Older Adult Populations

Older adults represent a rapidly growing and diverse subgroup of the American population. Census estimates from 2010 suggest that 40.3 million older adults reside in the United States, and this number is projected to more than double to 88.5 million by 2050.[1] One-fifth of older adults are currently members of racial or ethnic minority groups (8% African American, 7% Hispanic/Latino, 3% Asian, and 1% AI/AN, Native Hawaiian, or Pacific Islander),[2] and it is projected that 42% of the older adult population will be members of racial or ethnic minority groups by 2050.[1]

Substantial work is needed to identify diverse groups of older adults and engage them in behavioral health services. It is estimated that up to one-fifth of older adults (5.6 to 8 million people) are experiencing one or more mental health or substance use conditions.[3] Older women are more likely to have a mental health disorder, and older men are more likely to have a substance misuse/abuse disorder.[3] The rate of suicide among older men surpasses the rate among older women, and the suicide rate of Caucasian men ages 85 and older is more than four times the national rate.[4]

The prevalence of behavioral health conditions differs across and within racial and ethnic groups of older adults. Differences may be explained by factors such as immigration status, gender, education and income levels, perceived financial strain, life events, and region of the country.[3] For example:

- One study found that, among Latinos and Latinas, acculturation is positively correlated with large and frequent alcohol consumption and high rates of drug abuse.[5]
- A recent secondary analysis of the National Institute of Mental Health Collaborative Psychiatric Epidemiological Studies data set compared the

Table 1. Lifetime and 12-Month Prevalence Rates of Mental Disorders Among Older Adults

	Caucasians (N = 831)	Latinos (N = 420)	Asians (N = 260)	African Americans (N = 671)	Afro Caribbeans (N = 193)
Depressive Disorder, Lifetime	12.2%	16.4%	7.7%	5.4%	8.1%
Anxiety Disorder, Lifetime	13.5%	15.3%	10.9%	11.9%	11.2%
Depressive Disorder, past 12 months	3.2%	8.0%	2.1%	2.3%	4.6%
Anxiety Disorder, past 12 months	5.6%	6.8%	7.0%	6.6%	1.a%

Source: Jimenez DE, Alegría M, et al. (2010). Prevalence of psychiatric illnesses in older ethnic minority adults. *Journal of the American Geriatrics Society*, 58, 256–264.

rates of lifetime and 12-month psychiatric disorders among several older adult populations (Table 1). The analysis found that the rates of depressive disorders are significantly higher among Latinos than the rates are among non-Latinos, attesting to the increased illness burden of common mental disorders among Latinos.[6]

- Behavioral health conditions are less prevalent among African Americans ages 55 and older who live in the South, compared with those living in other regions of the country.[7]
- Major depression is more prevalent among Cuban Americans and Puerto Ricans between ages 65 and 74 than it is among Mexican Americans in the same age group, and the rate is higher among Puerto Ricans ages 75 and older than it is for other similar-aged older Latino subgroups.[8]
- Major depression is more prevalent among Chinese Americans between ages 65 and 74 compared with Filipino and Vietnamese Americans of the same age, but it is less prevalent among Chinese Americans ages 75 and older compared with similarly aged Filipino and Vietnamese Americans.[3]
- When compared with older Caucasians, elderly AI/AN populations have higher rates of chronic diseases, such as diabetes and liver and kidney diseases, that are exacerbated with drinking.[9]
- Despite the need for mental health services, older African Americans and Latinos are not seeking mental health services at the same rate as their non-Latino Caucasian counterparts. Results of a study of disparities in mental health service use showed that treatment initiation and adequacy were lower for older Latinos and African Americans than they were for older non-Latino Caucasians. These disparities persist even after adjusting for need (mental and physical health conditions), demographic characteristics (e.g., socio-economic status, education level), and insurance coverage.[10]
- Beliefs about the causes of mental illness and stigma associated with mental health services may explain some disparities in the rates of use of mental health services among elderly racial/ethnic minorities. Analyses of baseline data collected for the Primary Care Research in Substance Abuse and Mental Health for the Elderly study indicate that African Americans view the loss of family and friends, stress over money, and general stress or worry as the primary causes of their mental disorders. Asian Americans believe that mental disorders are caused by medical illness, cultural differences, and family issues. Latinos believe that the loss of family and friends, family issues, and migration cause mental disorders.[11] In addition, a greater proportion of older Latinos expressed more shame or embarrassment for having a mental disorder than other older populations, and more Latinos felt that people would think differently of them if they sought mental health treatment than did their non-Latino Caucasian counterparts.[12]
- The rates of depression, suicidality, and substance (particularly alcohol and tobacco) misuse are higher in the older LGBT population than they are in the overall aging population.[13] Although data are limited, a large study of LGBT individuals found that 31% were depressed.[14] There appears to be an elevated risk of suicide attempts and suicidality among older gay men and lesbians and high rates of victimization.[15] Rates of heavy drinking and smoking are reported to be much higher among LGBT older adults compared with the older population as a whole.[13]
- Older adults living in rural areas have a much higher prevalence of major mental disorders, including high rates of depression, suicidality, and alcohol problems, than do other older populations. One reason for this is the difficulty of providing services in rural settings.[16]

Reaching Older Adults and Engaging Them in Prevention Services and Early Interventions

Reaching older adults and engaging them in services to prevent and address depression and substance abuse can be challenging. The high prevalence of certain mental disorders, low use of mental health services, differing beliefs about mental health issues,[11] and the stigma associated with mental illness[12] illustrate the need to create culturally appropriate interventions for older racial/ethnic minorities. To address these challenges, effective, nontraditional approaches are likely needed such as:

- Providing education on prevention of behavioral health conditions;
- Providing universal and selective screening for depression, alcohol use, and psychoactive medication use/misuse;
- Training community members to be gatekeepers who can identify and refer at-risk older adults to behavioral health providers;[17] and
- Recruiting organizations trusted by leaders of the target population to conduct outreach in partnership with aging services, primary care, and behavioral health programs.

When applied within the context of culturally appropriate language and norms, the following strategies can be effective in reducing barriers to care and increasing engagement of older adults:[18,19,20]

- Using nonjudgmental motivational approaches;
- Empowering and engaging the older adult in decision-making;
- Avoiding stigmatizing terms (e.g., alcoholic, addict);
- Working with older adults in the setting they prefer (e.g., primary care, senior center, home);
- Using an active "warm hand-off" from the primary clinician to the person addressing behavioral health concerns;
- Engaging professionals who have a trusted relationship with the older adult;
- Taking an educational prevention/intervention approach to engaging the older adult;
- Addressing physical barriers (e.g., providing assistance with transportation); and
- Tailoring approaches to cultural views while maintaining fidelity to essential components of evidence-based practices.

Cultural Competence

The culture from which people come affects all aspects of behavioral health and illness, including the types of stresses they confront, whether they seek help, the types of help they seek, the symptoms and concerns they bring to clinical attention, and the types of coping styles and social supports they possess.[21] Culture also affects individuals' exposures to behavioral health risk factors, health status, and the quantity and quality of health care resources available to them.[22] Cultural considerations include race and ethnicity, country of origin, gender, sexual orientation, age cohort, religious affiliation, and physical and cognitive ability.

For the individual provider, cultural competence involves awareness and acceptance of difference, awareness of one's own cultural values, understanding the dynamics of difference, development of cultural knowledge, and ability to adapt practice to the cultural context of the client. For the provider organization, culturally sensitive elements include valuing diversity, conducting self-assessment, managing for the dynamics of difference, institutionalizing cultural knowledge, and adapting policies, structures, and services.[22]

Competence at addressing diverse cultures can support and strengthen behavioral health services. Older adults and their providers can build on the skills that older adults have developed over their lifetime. Many older adults have learned important ways of coping with life's stressors and have developed impressive resilience that is informed not only by their experiences but also by specific cultural beliefs and values.[22]

The extent to which an organization's behavioral health services are culturally appropriate and relevant affects its quality of care, service usage, rate of treatment dropout, and health care outcomes. "Cultural competency is one of the main ingredients in closing the disparities gap in health care."[23] Therefore, it is critical to ensure that the design, adaptation, training, and delivery of behavioral health services are culturally relevant. Many aging services, behavioral health and primary care providers, community leaders, and consumers have learned how to adapt proven outreach and engagement strategies and evidence-based behavioral health interventions to improve health outcomes with diverse groups of older adults.

Defining Cultural Terms[23]

- Culture: Integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
- Competence: Capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.
- Cultural and linguistic competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

Experience from Across the United States

Many community organizations provide culturally appropriate behavioral health services to older adults. These organizations include aging services providers, behavioral health providers, community centers, and counseling centers. Examples of strategies and adaptations that organizations have made to improve outreach to and engagement of specific groups of older adults are listed below.

Area Agency on Aging (AAA) Offers Behavioral Health Services with Cultural Adaptions

Elder Services of Merrimack Valley, Inc., in Lawrence, Massachusetts, provides culturally appropriate behavioral health and other prevention services to older adults. This AAA offers several culturally adapted prevention programs to diverse racial and ethnic groups. The depression care management program Healthy IDEAS (**I**dentifying **D**epression, **E**mpowering **A**ctivities for **S**eniors) is offered in English, Spanish, and Cambodian by a case manager trained to work with these communities, specifically through screening and behavioral activation. Healthy IDEAS and Community Care Transition program staff members include Spanish and Cambodian case managers, nurses, and mental health professionals. **http://www.esmv.org/specializedservices.asp#mentalhealthsupport**

Suicide Prevention Call Service Engages Older Men

The Elder Community Care program, delivered by a network of aging service and behavioral health agencies in Framingham, Massachusetts, includes a suicide prevention service called TeleConnect. This program serves older adults who are isolated or who are struggling with anxiety, depression, recent loss of a spouse, or other new life situation. The program is successful in engaging older men as well as women. After an initial comprehensive assessment, trained older volunteer "befrienders" call clients regularly and offer the opportunity to discuss concerns. Professional counseling and referrals are also available. **http://www.eldercommunitycare.org/index.html**

Alcohol and Drug Council Engages Older African Americans

The Council on Alcohol and Drugs Houston partners with aging and health organizations under the Wellderly Program. The program focuses on at-risk older adult populations including those in senior independent living communities and African Americans. As a behavioral health agency, the Council partners with aging services providers and senior living communities to reach older African Americans. Many clients are at risk for social isolation, depression, complex medical problems, and substance abuse. The Wellderly program offers presentations and workshops for older adults and service providers, and it uses the screening, brief intervention, and referral to treatment (SBIRT) model adapted for older adults who may be misusing or abusing alcohol, prescription medication, or other substances. **http://www.council-houston.org/family-friends/seniors-2/**

Senior Center Engages Older African Americans with Depression

Older African Americans are at high risk for depression because of their elevated rates of chronic illness, disability, and socioeconomic distress.[24] In addition, many older African Americans and others fail to report depressive symptoms or receive the recommended standard of care in primary care, the principal setting for treating depression. Beat the Blues is a cost-effective, community-integrated, home-based non-pharmacological treatment for managing the depressive symptoms of African Americans. Developed and tested by researchers with Philadelphia's Center in the Park, this program adapts proven interventions of screening, needs assessment and linkage, depression education, stress reduction, and behavioral activation to set and achieve goals.[24] Outreach and engagement are enhanced through community media, faith-based efforts, and peer recruitment. Information about Beat the Blues training is available from Laura Gitlin, PhD, at Johns Hopkins University (**lgitlin1@jhu.edu**).

Community Center Addresses Depression in Older Latinos

Un Nuevo Amanecer (A New Dawn), a program offered by Centro de la Comunidad Unida/United Community Center in Milwaukee, Wisconsin and funded by SAMHSA, brought together aging and behavioral health agencies to successfully reach and engage older Latinos. The Un Nuevo Amanecer program engaged older Latinos with symptoms of depression by focusing on cultural heritage to strengthen personal development. The program overcame participants' reluctance to engage by offering group activities in the community center. These outreach activities focused on wellness—emphasizing behavioral health as a part of wellness—to overcome the stigma surrounding mental health treatment among older Latinos. By meeting participants where they spend time and highlighting emotional wellness, the Centro de la Comunidad Unida was able to circumvent stigma and address the unique needs of the population it serves. **http://www.unitedcc.org/Default/ProgramsServices/HumanServices/UnNuevoAmanecer.htm**

Senior Volunteer Ambassadors Reach Older LGBT Adults

The Montrose Center in Houston, Texas, is a behavioral health agency specializing in LGBT populations. The Seniors Preparing for Rainbow Years (SPRY) program provides behavioral health services to members of the older LGBT community. SPRY trains older LGBT volunteers to reach out to and engage their peers. Senior Ambassadors learn to convert social contacts into helping conversation, screening, and referral. Ambassadors share their experiences with being older and LGBT as well as concerns about the community norms and related risks of alcohol consumption, depression, and other behavioral health issues; serve as role models for recovery; and offer insight into the value of prevention and treatment. Trust and confidentiality are of the utmost importance. Ambassadors offer a welcoming hand to program newcomers who are grateful to see "people like me" at the Montrose offices. **http://www.montrosecounselingcenter.org/?page_id=5905**

Program Engages Depressed Older Asian Immigrants

Stigma makes it difficult to discuss depression with many older Asian and other older adults. Healthy IDEAS for Asian Immigrant Seniors has been adapted by a collaborative of Los Angeles agencies working with the developers of the original Healthy IDEAS program (**http://careforelders.org/healthyideas**). For Japanese clients, who seem particularly resistant to the word "depression," the PHQ-9 screening questions are reordered to gain acceptance of the tool. With Cambodian adults, group discussions help individuals understand mental health concepts. These and other older immigrants from Korea and China are endorsing the link between activity and mood and are shown how to take steps to decrease their depressive symptoms through behavior activation, a major component of Healthy IDEAS. The integration of Healthy IDEAS into existing care management systems makes the program a good fit for social service agencies working with Cambodian, Chinese, Japanese, and Korean communities. More information about this program is available from Amy M. Phillips, Director of Senior Services, Little Tokyo Service Center (**aphillips@ltsc.org**).

Agency Partners with American Indian Tribes

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) developed working agreements with several American Indian tribes to bring Elder Wrap Around Case Management services to their elders. Agreements differed with each tribe. With one, the SAMHSA-funded Targeted Capacity Expansion project offered wraparound planning and case management as long as tribal agencies delivered behavioral health care. By responding to immediate needs first, such as replacing broken windows, case managers gained the trust of older adults before addressing behavioral health issues. This approach helped staff address potential fear and stigma as the relationship grew. More information about this program is available from Mich Magness, Coordinator for Aging and Long Term Care, ODMHSAS (**mmagness@odmhsas.org**).

State Offers Older Adult Peer Support Services

The Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) offers Certified Older Adult Peer Support Services (COAPS) under the state's Medicaid program. Working with the Department of Aging and the University of Pennsylvania, OMHSAS has developed, tested, and implemented a curriculum to train peer specialists ages 50 and older to work effectively with older adults. Peer support and counseling help older adults engage in prevention and treatment because many older adults believe that similarly aged paraprofessionals understand their challenges since they share common generational experiences. The training covers topics required for competency certification, such as normal aging, co-occurring illness in older adults, and working with older adults. Enhanced training addresses depression, anxiety, substance abuse, stages of change, cognitive behavioral therapy, trauma, wellness, and cultural and ethnic perspectives as well as each area's effect on recovery. Internships are available for graduates at a variety of agencies, including behavioral health clinics, housing programs for older adults, and Federally Qualified Health Centers. The Pennsylvania Behavioral Health and Aging Coalition and the Mental Health Association of Southeast PA are approved vendors for the Older Adult Certified Peer Specialist Training (**http://www.olderpa.org/Default.aspx?pageId=1080869**). More information is available from Jake Yeager, Pennsylvania OMHSAS Peer Support Services (**jayeager@pa.gov**), and Cynthia Zubritsky, PhD, University of Pennsylvania, for training design and research (**cdz@upenn.edu**). **http://www.parecovery.org/services_peer.shtml#ps**

Challenges to Providing Behavioral Health Services to Older Adults in Rural Communities

Providers face several challenges to delivering effective behavioral health services to older adults residing in rural areas, including a shortage of geriatric behavioral health specialists, long travel distances, and social isolation.

Shortage of Geriatric Behavioral Health Specialists

The 2012 Institute of Medicine (IOM) report states: "Among the geriatric specialists that remain in this field, there is marked misdistribution, with few working in rural areas even though older adults are overrepresented in rural areas and are less healthy than their urban counterparts."[3] The IOM committee concluded that research on effective delivery of mental health and substance use care for certain older populations is urgently needed, especially for rurally isolated older adults.

Emerging literature suggests that telephone counseling and internet-based programs may help overcome some obstacles to accessing care and address the need for lower cost services in rural areas. Older people receiving such assistance need to be able to afford the service, have good connectivity and privacy, and be able to hear and otherwise use the service. Efforts to address these challenges include the following:

- The U.S. Department of Veterans Affairs offers a choice of telephone-based or face-to-face SBIRT and treatment for alcohol and drug misuse and mental health disorders in primary care. This service is available to old and young veterans in rural and urban areas. David Oslin, MD, University of Pennsylvania (**oslin@upenn.edu**), is a pioneer in this work with older adults.
- Telephone-based care management for older adults using psychotropic medications (e.g., antidepressant and antianxiety medication) is showing promise. This service is associated with improvement in depressive symptoms and overall emotional well-being and may be especially helpful to older adults in rural areas.[25]
- Clinical supervision via telephone and Skype can address specialist shortages. Some rural communities address specialist shortages, in part, through training health and social service staff to implement evidence-based prevention and early intervention programs augmented by supervision via telephone from geriatric specialists after initial in-person meetings. The PEARLS depression care program encourages replication sites to call on academic medical centers for this assistance (**http://www.pearlsprogram.org/**). Project UPLIFT, a PEARLS replication site in Butler County, Ohio, offers a good example of supervision via phone and Skype.

Long-Distance Travel

Long-distance travel can challenge organizations offering in-home behavioral health services. The costs of staff time to reach clients and the need for smaller caseloads can be a financial challenge for many organizations. Programs have done the following to solve these problems:

- In the state of Washington, Medicaid reimbursement for PEARLS program visits covers provider travel costs. However, it can be difficult to engage sufficient numbers of clients to ensure that Medicaid reimbursement covers staffing costs without supplemental funding.
- By partnering with senior community centers that provide transportation services to older adults, some behavioral health programs can provide screening and interventions to older adults without having to reimburse staff for travel expenses.

Social Isolation

Many older adults who are at risk for behavioral health conditions are socially isolated. The Gatekeeper model has been effective at identifying socially isolated older adults by training community service personnel who have regular contact with older adults (e.g., mail carriers, meter readers, law enforcement officers) to recognize the risk factors, warning signs, and protective factors for behavioral health conditions and refer individuals to behavioral health services.

The Senior Reach program in Colorado successfully reaches and engages isolated older adults in rural, urban, and suburban areas. The lead agency, Jefferson Center for Mental Health, partners with aging services, primary care providers, and others to reach clients and reports an engagement rate of 93%. The Resources section provides training and implementation information for the Senior Reach program, including the Gatekeeper model of outreach, care management, mental health treatment, and wellness services.

Key Actions

Lessons Learned from the Field

Key Actions for Aging and Behavioral Health Providers

- Tailor outreach and engagement strategies based on a full understanding of the target population.
- Convene focus groups of community leaders and older adult service users and non-users to learn how to attract different segments of the target population to participate in behavioral health screening, prevention, and intervention services.
- Involve peers in making contact with potential program participants.
- Review program designs with community leaders and potential users to identify areas that may need modification to be understood and accepted by the target population.
- Use marketing and program materials that are culturally sensitive to language, design, and messages.
- Survey participants when they complete programs or drop out to assess accessibility, sensitivity, and effectiveness. Analyze data by gender, race, ethnicity, religious affiliation, and physical ability.
- Encourage continuing education in cultural competence; assess staff sensitivity in working with people from diverse cultures as part of performance evaluation.
- Learn from experience when adapting effective programs for diverse populations. Contact original program developers and implementers to understand how their experience can inform adaptation with fidelity in your community.
- Share your experiences in adapting programs for diverse populations through communication with original program developers, disseminators, and national organizations.

Resources

- **AoA—*National Minority Aging* Technical Assistance Centers** http://www.aoa.gov/AoARoot/Resource_Centers/Professionals.aspx#minorityaging1
- **Center for Capacity Building for Minorities with Disabilities Research—*Overview of Cultural Competence Training and Technical Assistance*** http://www.uic.edu/orgs/empower/Center%20web%20page/ccbmdr.htm
- **FORGE: *Transgender Aging Network—Transforming Mental Health Services for Older People: Lesbian, Gay, Bisexual and Transgender Challenges and Opportunities*** http://forge-forward.org/2007/07/transforming-mental-health/
- **Gerontological Society of America—*Communicating with Older Adults: An Evidence-Based Review of What Really Works*** http://www.agingresources.com/cms/wp-content/uploads/2012/10/GSA_Communicating-with-Older-Adults-low-Final.pdf
- **IOM—T*he Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*** http://www.iom.edu/Reports/2012/The-Mental-Health-and-Substance-Use-Workforce-for-Older-Adults.aspx
- **National Association of Area Agencies on Aging (n4a)—*Diversity Advancement Toolkit: Strengthening Cultural Competence within National Aging Network, Area Agencies on Aging, Title VI Programs and Service Providers*** http://www.n4a.org/resources-publications/tool-kits/?fa=diversity-toolkit
- **National Network to Eliminate Disparities in Behavioral Health (NNED)**—Supports information sharing, training, and technical assistance among organizations dedicated to the behavioral health and well-being of diverse communities. NNED identifies and links "pockets of excellence" in reducing disparities and promoting behavioral health equity. http://nned.net/
- **Project Concept—*Peer Support Services for Older Adults in Pennsylvania*** http://www.parecovery.org/documents/TTI_Project_Concept.pdf
- **SAGE (Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders)—*Mental Health*** http://www.sageusa.org/issues/mental.cfm
- **SAMHSA—*Reference and Resource Guide for Working with Hispanic/Latino Older Adults, Based on Treatment Improvement Protocol 26: Substance Abuse Among Older Adults*** http://www.kap.samhsa.gov/products/brochures/pdfs/Reference_Resource_Guide.pdf
- **Senior Reach—*Implementation Materials and Resources*** http://www.jeffersoncentermentalhealth.org/SeniorReach/wp-content/uploads/2012/03/Senior-Reach-Booklet-FINAL.pdf
- **Stanford University, Geriatric Education Center—*Ethnogeriatric Resources*** http://sgec.stanford.edu/resources/

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