CGBHWC

The California Geriatric Behavioral Health Workforce Coalition is a coalition focused at improving older adult behavioral health care policy and practice

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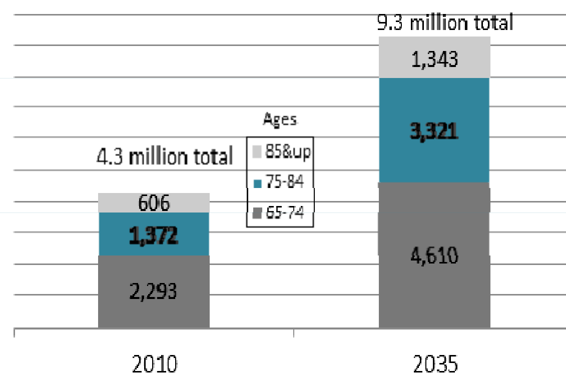
Behavioral Health Workforce Needs:

A Looming Crisis for an Aging California



Source: California Department of Finance, January 2013
http://www.dof.ca.gov/research/demographic/reports/projections/P-2/

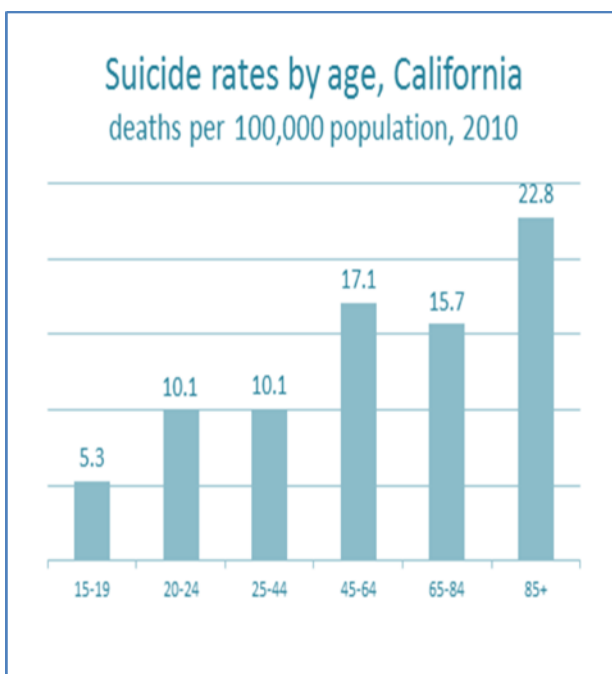
With the coming of the "silver tsunami" the population of older adults in the U.S. will increase from 1 in 8 Americans to about 1 in 5 by 2030. Currently 10,000 baby boomers turn 65 every day. California has the highest number of persons age 65 and over of any state (4.4 million) and reflects an increasingly diverse ethnic, racial, and cultural population. The total number of older Californians is projected to double by the year 2033 and increasing along with it, the need for older adult specific services and programs.[1,2] Among older adults, as many as 20% suffer from a mental health disorder, including major depression, anxiety, bipolar, and schizophrenia[7]

California has a severe shortage of competent health care professionals who are trained to work specifically with older adults. The prestigious Institute of Medicine (IOM) reported that as the population of older adults age, "they will face a health care workforce that is too small and critically unprepared to meet their health care needs."[3] This shortage will be most keenly felt among those older adults who have mental health and substance abuse needs, where the lack of behavioral health professionals is especially severe.

California's Aging Population: The Numbers

- California's population will age at a faster rate than the rest of the US[3]
- The number of older adults in California, currently 4.4 million, will more than double to 9.3 million by 2035[1]
- Older adults aged 85 and over are the fastest growing age group[1]
- By 2050, Hispanic older adults over age 65 (4.2 million) will outnumber non-Hispanic White older adults (4.0 million); older Asians will number 2 million[1]

Mental Health, Substance Abuse, and Older Adults

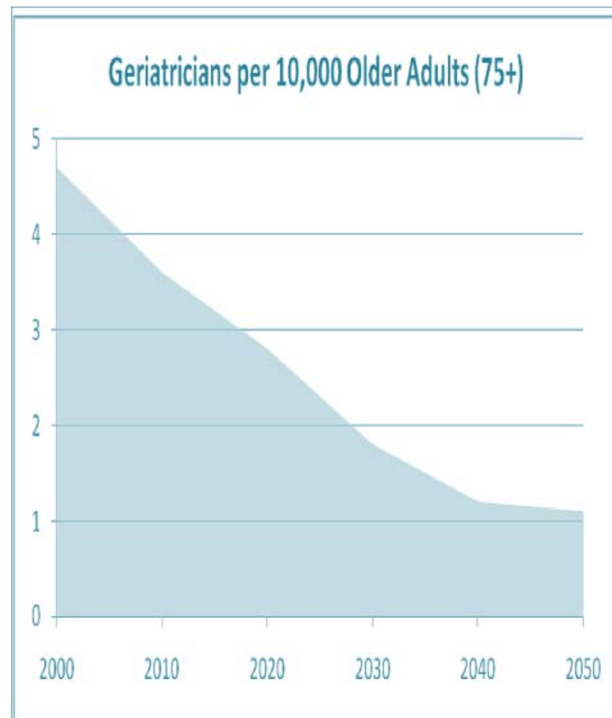


Among older adults in California who self-reported poor mental health, 27% reported 1 to 6 days per month (over 1 million persons) and 9% reported 14 or more days (approximately 387,000).[4] These numbers will increase in the next 20 years. An estimated 1 in 5 older adults in the U.S. have at least 1 mental health or substance abuse condition, the most common of which is depression. Mental health issues are an even bigger challenge if a person also has a dementia-related condition.[5] And behavioral health needs are further complicated by physical health issues. The result is a need for a workforce that is trained in mental health and substance abuse issues specific to older adults who can assess, diagnose, treat, and manage these complex conditions.

- The suicide rate is highest in the age 85 and over age group with at 22.8 deaths per 100,000 population; non-Hispanic White males have the highest overall rates[6]
- Among older adults, as many as 20% suffer from a mental health disorder, including major depression, anxiety, bipolar, and schizophrenia[7]
- Estimates of problem drinking among community dwelling older adults range from 1% to 15%[8]
- While illicit drug use tends to decline through the life cycle, research shows that the baby boom cohort has a higher drug use rate than prior generations[8]
- Approximately 6% to 10% persons aged 65 years or older have some type of dementia, Alzheimer's Disease being the most prevalent[7]
- The prevalence of dementia increases with age, rising from 1% to 2% a year among those aged 65 to 74 to 30% to up to 47% among those aged 85 or older[7]
- Clinically significant behavior and psychological symptoms occur in persons with dementia and include: minor and major depressive symptoms, 33% to 50%; anxiety 24% to 65%; delusions and hallucinations 23% to 36.5%[6]
- The cost of untreated mental illness among older Californians is estimated at $564 million a year[2]
- An estimated 720,000 older Californians suffer from depression; however, only 6% are receiving treatment[2]

- Among older Californians, 10.7% report taking prescription medication for emotional or mental health reasons.

California's Behavioral Health Workforce is Insufficient to Meet the Needs of the Older Adult Population



The current workforce that provides care to older adults varies from persons with no education in geriatrics/gerontology to professionals who have the most advanced specialized psychiatric training[6]. Specialized training in mental health and substance abuse issues among older adults is scarce; mental health professionals generally are not trained in geriatrics; those with advanced training in geriatrics receive very little mental health and substance abuse training.

Older adults tend to avoid mental health settings and visit their primary care providers for all their health care. However, primary care providers may have little training in both geriatrics and mental health/substance abuse diagnosis and treatment. An estimated 75% of older adults who successfully committed suicide had seen their primary care physician within one month before the suicide.[10]

Assessing and diagnosing mental health and substance abuse disorders in older adults may be complex and requires an adaptation of usual practices for this population. The current health care system is already overwhelmed by demands for geriatric care. Those specializing in the care of older adults cannot meet the current demand, let alone future needs.

- California's direct care workforce currently numbers 500,000; more than one million additional direct-care workers will be needed by 2018[11]
- There are only 7,029 certified geriatricians practicing in the U.S. -- roughly half the number currently needed, and the number is falling[12]
- Within 10 years, nearly 70,000 geriatric social workers will be needed, yet today less than 5 percent of social workers are specifically trained in gerontological social work[12]
- By 2020, the nursing workforce is expected to drop 20 percent below projected needs[12]

- Only 3 percent of practicing psychologists devote the majority of their practice to older adults and the current median age of practicing psychologists is 55[12]
- Despite numerous schools that offer specialty training in geriatric psychiatry (at least 4 in California), the number of trained geriatric psychiatrists practicing in the state has decreased from 2,600 in 2001 to 2,100 in 2005; this is less than 50% of the 5,000 needed to meet the needs of the current population[13]

California's population is also one of the most culturally diverse in the nation. Current population estimates show that racial and ethnic minorities comprise 39% of California's population aged 65 and older and 22% have limited English proficiency. In addition, diverse groups have less access to mental health services due to provider and system barriers (e.g., lack of cultural/ linguistic competence) and if they do receive care, it is of poorer quality. Health literacy and health disparities among different older adult populations are both issues that need to be addressed by competent health care professionals.[2]

Geriatric Education Content for Health Care Professionals is Insufficient

The breadth and depth of geriatrics education and training for health care professionals remain inadequate, and do not meet current health care needs that will only increase over the coming years. In order to provide quality care for older adults, health professionals need specialized education and training in geriatrics. Despite some improvements, geriatric content is insufficiently represented in health care training curricula and clinical experience with an older adult population varies and may even be absent from this training. The Eldercare Workforce Alliance[12] reports that:

- Less than 3% of students in medical schools choose to take geriatric electives
- 75% of social workers report working with older adults; only 4% report receiving geriatrics training
- Less than 1% of all registered nurses are certified as gerontological nurses
- Although 69 % of all practicing psychologists provide some services to older adults, only 3% view geriatrics as their specialty
- Only 25% of psychologists are exposed to geriatric/gerontology content in their graduate coursework.
- Less than 50% of pharmacy schools have a special course in geriatrics despite the fact that older adults use of prescription drugs is triple that of younger individuals

The Institute of Medicine[10] cites a "lack of faculty, lack of funding, lack of time in already-busy curricula, and the lack of recognition of the importance of geriatrics training" as the main barriers to appropriate levels of training.

Training Also Needed for Direct-Care Workers

Direct-care workers are those who provide hands-on assistance to older adults, including personal care workers and nurse aides. While direct-care workers are responsible for providing 70% to 80% of paid long-term care for older adults, their preparation, and training is underfunded and inconsistent. Poor training and insufficient training systems undermine worker confidence, inadequately address the behavioral health care needs of consumers, and increase turnover.[11] The Eldercare Workforce Alliance[14] notes that:

- The minimum federal requirement for certified nurse aide training is 75 hours. Although some states require additional training (California requires 160 hours), 20 states require only this number

- Training requirements also vary from state to state and often do not cover the competencies needed to meet the complex needs of today's older population
- There are limited opportunities for current direct-care workers to train at a higher level, making it difficult for them to advance to better opportunities with higher wages in the field of aging

Call for Action: Addressing Behavioral Health Workforce Needs

The California Geriatric Behavioral Health Workforce Coalition supports the following recommendations:

- Develop and implement a strategic plan for the promotion, development, and retention of a geriatric behavioral health care workforce for California (health care professionals, direct-care workers, consumers, and caregivers).
- Focus on retooling, training, retention, and appropriate compensation of health care providers serving older adults, as well as reimbursement to support their participation in interdisciplinary/interprofessional teams, as recommended by the Institute of Medicine report.
- Identify effective, and develop new, cost efficient training and workforce development models to support integrated behavioral health care initiatives that cut across physical and mental health, long-term care, social services, and community-based settings, and that are person- and family-centered.
- Direct the appropriate California agency to coordinate state and local efforts to develop and strengthen California's geriatric behavioral health workforce.
- Ensure that all state agencies - including CDA, DHCS, BHCS, DPH, OSHPD, and the California Mental Health Planning Council - assume responsibility for building the capacity and facilitating the deployment of the geriatric mental health workforce for older Californians.
- Have accreditation and certification organizations and state licensing boards modify their standards, curriculum requirements, and credentialing procedures to require professional competence in geriatric behavioral health for all levels of personnel. This includes re-credentialing and professional development for already licensed and certified personnel.

- Identify local, state and federal level funding for training, certification, scholarship, and loan forgiveness to support the effective implementation of the California Dual Eligible and Affordable Care Act initiatives. This funding must be made available to individuals who work with or are preparing to work with older adults who have behavioral health conditions. Funding should target programs with geriatric behavioral health curricula.
- Direct a coordinating entity to develop and coordinate data collection and reporting for geriatric mental health and substance abuse workforce planning.

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