# Aging and Disability Resource Center Older Adult Behavioral Health Asset Mapping Supplement:

## Community Forum Results

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# Introduction

In order to reach communities around the state and give individuals the opportunity to comment on the behavioral health needs of older adults, the Older Adult Behavioral Health Workgroup requested that UConn Health's Center on Aging (UConn COA) conduct open community forums in each of the five state regions as defined by Aging and Disability Resource Center (ADRC) catchment areas. This report presents results of the regional community forums held in Groton, Hartford, Wallingford, Stamford, and Waterbury. The shared thoughts and opinions of people participating in these forums supplement findings from focus groups, provider interviews, and a statewide survey. Forum findings help identify strengths of the current behavioral health system by region and statewide and inform the state on ways to improve services to older residents with behavioral health needs.

# Methodology and Analysis

## Methodology

The methodology and analysis were similar to and consistent with the Older Adult Behavioral Health (OA BH) Asset Mapping Focus Group and Provider Interview phases of the initiative.

### *Discussion Guide*

A structured guide used by the community forum facilitator (Appendix A) was developed by UConn COA researchers in collaboration with the Older Adult Behavioral Health Workgroup and based heavily on the Focus Group and Provider Interview guides. Guiding questions focused on the following topics:

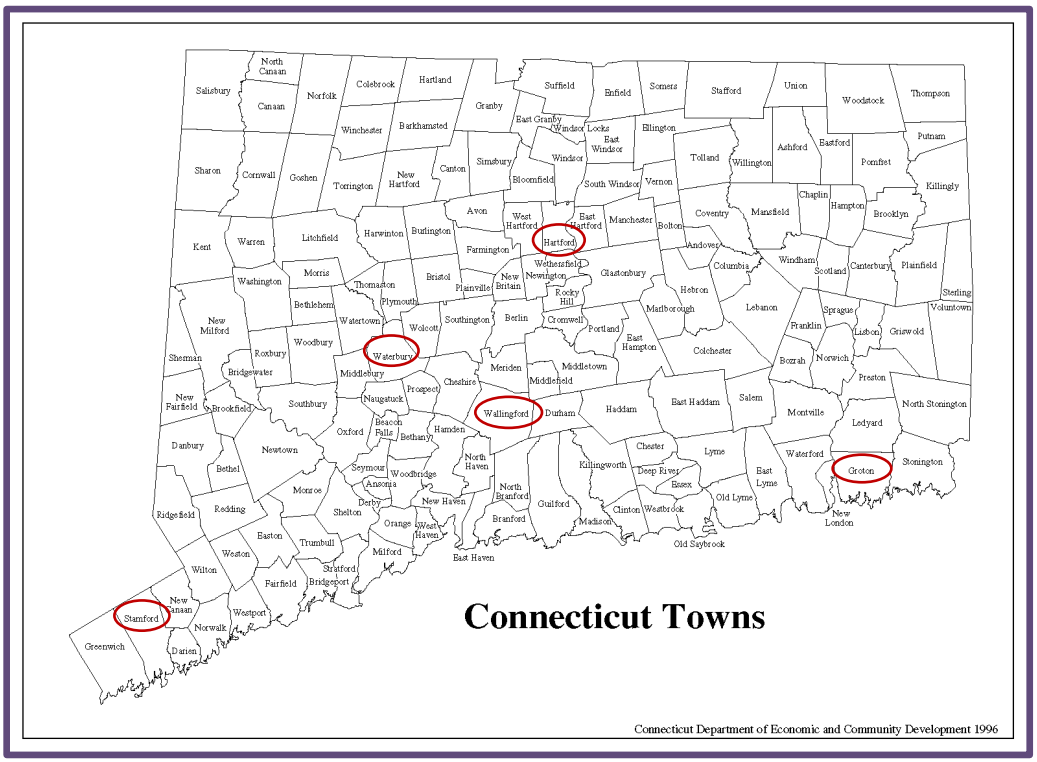
- Types of behavioral health services available in that region
- Special needs of people age 55+ who may need behavioral health services
- Most helpful services
- Suggestions for how services can be more client and family focused
- Service barriers and gaps
- Missing behavioral health services for adults 55+ in the region and statewide
- Reasons for difficulty in obtaining behavioral health services
- Help and/or support that would be useful

A handout (Appendix B) was also developed by UConn COA researchers and distributed to participants at the community forums to provide information on the forum and on selected behavioral health statistics.

## *Research Sample*

The Workgroup was primarily responsible for identifying potential locations for the community forums. One forum was held in each region, representing a broad geographic distribution, and included: Groton, Hartford, Wallingford, Stamford, and Waterbury (Figure 1).

Figure 1. Geographic distribution of community forums




## *Recruitment*

Potential community forum participants included any older adult, family member, friend, neighbor, or service provider who wanted to talk about the challenges facing older adults and their families and friends who live with mental illness and/or addictions. Individual community members were not contacted directly. Rather, information about the forums was distributed widely through advertisements, emails, flyers, newsletters, postings, public service announcements, and distribution in various locations (e.g., libraries, senior centers). Advertising information included a brief description of the purpose of the forum, potential participants being invited (e.g., anyone in the public who wanted to talk about the challenges facing older adults and their families and friends who live with mental illness or addictions), location, date, and time of the forums, and who sponsored the forums (Table 1).

Table 1. Advertising distribution

| Advertising distribution | |
|---|---|
| Hartford Healthcare Behavioral Health Network Newsletter | Wallingford Public Library |
| CT National Alliance on Mental Illness | Stamford Senior Center Newsletter |
| The Hartford Public Access Television | Wallingford Public Access Association |
| Hispanic Health Council | Waterbury Public Access Television |
| Hartford Senior Centers | New Haven County Residential Care Homes |
| Financial Literacy event at the Hartford Public Library | Tolland County Residential Care Homes |
| New Britain Public Library | Hartford County Residential Care Homes |
| Waterbury Public Library | Middlesex County Residential Care Homes |
| Hartford Public Library | Litchfield County Residential Care Homes |
| Groton Public Library | Fairfield County Residential Care Homes |

All community forums were facilitated by the executive director of that region's mental health board and assisted by two UConn COA researchers. Forums were held between April 7, 2015 and May 20, 2015 and lasted on average 90 minutes (Table 2). Four of the forums were held at 6:00 p.m., and the Stamford forum was held at 3:00 p.m. Despite the widespread advertising, turnout at all forums was light, ranging from 2 to 8 members of the public, and a total of 27 at all forums.

Table 2. Community forum locations and number of participants

| Region | Community forum date | Community locations | Number of participants |
|---|---|---|---|
| Eastern | Tues., 4/7/15 | Groton Public Library | 7 |
| North Central | Mon., 4/20/15 | Hartford Public Library | 7 |
| South Central | Mon., 5/11/15 | Wallingford Public Library | 3 |
| Southwestern | Mon., 5/18/15 | Stamford Senior Center | 8 |
| Western | Wed., 5/20/15 | Silas Bronson Public Library | 2 |
| Total number of participants | | | 27 |

Forum participants were instructed not to identify themselves to promote confidentiality and encourage frank dialogue, but were asked to indicate the reason for their interest in the topic. Participants represented all regions of the state and mostly self-identified as older adults with behavioral health needs, but also as friends, family members, community service providers (e.g., librarians, community organizers, police officers), behavioral health graduate students, and a small number of behavioral health providers (e.g., residential community home employees, nursing home administrators).

## Analysis

All forums were recorded with the permission of the participants and extensive notes were taken by volunteer OA BH Workgroup members and UConn COA researchers. Recognized qualitative methods were employed in the analysis of the data (Glaser & Strauss, 1967; Hill, Knox, Thompson, Williams, & Hess, 2005; Hsieh & Shannon, 2005). Researchers analyzed and

interpreted the qualitative data from each topic, and major concepts were organized in common themes. Additional themes were included until no new topics were identified.

## Results

In most instances, discussions at the community forums were very similar to the focus groups outcomes. Community members provided detailed information on the services and gaps in services they experience. Forums participants reported similar concerns throughout the five regions. Like the focus groups, some of the themes are closely linked and overlap.

### Existing behavioral health services

Community members were first asked to speak about the behavioral health services they were aware of that exist in their region and how easy or hard it was to access those services. Services mentioned included advocacy and support, behavioral health recovery program, mental health, crisis services, trauma-related services, suicide resources, substance use, addictions, gambling, hoarding, transportation, online services, etc. Table 3 lists the regions and types of existing services with which participants were familiar.

Table 3. Regions and types of services mentioned

| Region | Type of service | Region | Type of service |
|---|---|---|---|
| **Western** | Waterbury Hospital's Center for Behavioral Health | **North Central** | Alcoholics Anonymous (AA) |
| | Connecticut Alliance to Benefit Law Enforcement (CABLE's) Crisis Intervention Team (CIT) | | Blue Hills Civic Association |
| | Crisis Intervention Services (CIS) | | Connecticut Community for Addiction Recovery (CCAR) |
| | Greater Waterbury Mental Health Authority | | Church-Based Organizations |
| | Intensive Outpatient Program (IOP) | | Community Health Centers |
| | Partial Hospitalization Program | | Chrysalis Center |
| | Saint Mary's Behavioral Health | | Intercommunity |
| | Charlotte Hungerford Hospital's (CHH) Behavioral Health Center | | Institute of Living (hoarding program) |
| | The Substance Abuse and Mental Health Services Administration (SAMHSA) | | Manchester Clinic – Eastern Connecticut Health Network (ECHN) |
| | Winsted Clinic | | Medicaid search tool |
| | | | Mobile Crisis Units (suicide hotline) |
| **Southwestern** | Local Senior Center | | CT National Alliance on Mental Illness (NAMI) |
| | 2-1-1 | | Resident Services Coordinators |
| | Suicide Hotlines | | Value Options website |
| | Federally Qualified Health Centers (FQHC) (e.g., Optimus) | | |
| **South Central** | Local Senior Centers | **Eastern** | Crisis Intervention Team (CIT) |
| | Public Library | | Department of Mental Health & Addiction Services (DMHAS) |
| | Rushford Crisis Team | | Gate Keeper Program |
| | Aging Hotline | | Groton Public Library |
| | Crisis Line | | Groton Senior Center |
| | 2-1-1 | | Mental Health First Aid |
| | | | Mobile Outreach Program |

While some participants were aware of existing services for older adults in need of behavioral health, others admitted they were not aware of the range of services available. Concern was

expressed in the Eastern forum that lack of community and prevention services results in some people ending up in crisis – either in the emergency department or in homelessness. Participants emphasized that there are generally not enough emergency department providers with the proper resources necessary to identify and manage people experiencing a behavioral health crisis.

Participants in the North Central forum suggested that most behavioral health services are not specifically geared to older adults. Others in the same region mentioned that people generally have a good experience with organizations such as Community Health Services, Blue Hills Civic Association, and the Chrysalis Center, but that funding and enrolling into a program can be difficult because programs are income-based. It was mentioned that AA has support groups that are primarily for younger people, but not specifically for older adults.

A participant in the South Central forum shared that the Senior Center where she goes shares a lot of good information about health care, how to afford it, and how to get referrals to doctors, but in other settings much of the focus is on younger adults so much so that, "You feel like it's a crime to get older."

In the Southwestern region of the state, one participant shared that many people receive great behavioral health care from Optimus, a Federally Qualified Health Care Center (FQHC). This participant suggested that although Optimus offers comprehensive health care services in centers located in Bridgeport, Stratford, and Stamford, services are generally not tailored to older adults. Another participant in this group mentioned that suicide hot lines are accessible, but not support groups for older adults. While support was mentioned as available for people with severe, persistent depression, older adults experiencing "average depression" were said to have difficulty locating any type of support for their age group.

Western participants mentioned that Waterbury Hospital's Center for Behavioral Health had a crisis assessment geropsychiatry program and hospitalization program for people needing behavioral health services, but it is currently closed. Behavioral health services can be accessed at Saint Mary's and Charlotte Hungerford's Hospital Behavioral Health Center. Treatment and recovery services are also available at the main campus in Torrington and in Winsted. One of the participants, a police officer, mentioned that following the Sandy Hook Elementary School shooting that occurred in December, 2012, the Waterbury police department was among the first in Connecticut to participate in the Connecticut Alliance to Benefit Law Enforcement (CABLE's) Crisis Intervention Team (CIT). The training is an innovative police-based first responder program that enables police to refer people in psychiatric crisis to the appropriate community-based services and helps them access a system of needed services.

## Special needs of adults age 55 and older

Forum participants were also asked what they thought the special needs were of people age 55 and older who may need behavioral health services. Themes that emerged were associated with the following and listed according to frequency mentioned:

- Loss and grief
- Loneliness and isolation

- Physical decline and co-occurring illnesses
- Transportation
- Housing and homelessness
- Addiction and substance use problems

### *Loss and grief*

Participants in all regions mentioned loss and grief as a special need among older adults. There was consensus that as one ages, people sometimes experience loss upon loss. Losses mentioned included loss of family, friends, and employment. One participant in the Western region underscored that the loss of partner, friends, or physical health has the potential to lead to anxiety and depression. Similarly, another participant in the same region noted that loss of employment in the 55-66 age group and difficulty getting re-hired is especially difficult because during that time many people are at the height of both their earning power and spending, especially if they have college age children to support. As a result, unemployment between ages 55 and 66 has a greater potential for mental health issues (e.g., anxiety, depression), addiction and substance misuse, and co-occurring medical problems.

Several participants in the North Central region mentioned the high rate of homicide in the inner city and that older adults there experience a great deal of trauma and loss as a result. They mentioned having to “walk through blood” in their communities and that in dealing with loss in intergenerational families, the needs of older adults are often overlooked. Several participants in this same region mentioned that older adults have grown children who are incarcerated and as grandparents they are raising another generation, but the stress of loss in their family and added responsibility of raising grandchildren often contributes to increased physical and/or behavioral health problems including substance misuse. Participants in the Eastern region mentioned that some older adults have experienced severe distress and abuse when they were younger and never told anyone or sought treatment; as they age, the effects of the trauma emerge and may add to feelings of loss and grief.

### *Loneliness and isolation*

Loneliness and isolation were the second most frequently mentioned theme and were often mentioned in association with loss and grief by participants in all regions. Some participants noted that older adults often have no close family or friends and that it takes time for older people to trust others. Others mentioned that many older adults are fearful and this a deterrent to making new friends, asking for help, or seeking services they may need. Participants in the South Central region underscored that not everyone has a network to depend on for assistance or support and referenced the snow storms this past winter noting that those who were lonely and/or isolated may have had difficulty getting out and did not have the resources necessary to do so. It was noted by another South Central participant that in some neighborhoods there are now absentee landlords and older adults do not know who to turn to when they need help. News about numerous home invasions was mentioned as another reason older adults may be more reticent to trust others or to seek help for household repairs. In the Eastern region, it was noted that older adults have trouble working in therapy groups with younger participants because they can’t relate to their comments and interests. As a result, there is greater potential for this group of older adults to become more isolated.

### *Physical decline and co-occurring illnesses*

Participants in most regions noted that physical decline or loss of health as people age can cause a great deal of stress and that stress in combination with growing older can be challenging. A participant in the Western region noted that older adults have more potential to be “medically obsessed” as they encounter loved ones or friends who may receive a diagnosis of cancer or other significant physical problems. Concern was also noted in forums about co-occurring illnesses and that some behavioral health issues may present as a psychiatric illness when in fact it is related to a physical problem.

### *Transportation*

Participants in all regional forums emphasized transportation as a special need of older adults needing behavioral health services. In the Eastern region participants mentioned that people needing rides to treatment and counseling services often experience delays and need to reschedule appointments. Participants in the Western region underscored that while there is some curb-to-curb transportation, it is more troublesome to find door-to-door transportation and that is what is needed for older adults. It was also mentioned in the Western forum that many older adults are used to walking or biking but with an increase in automobile traffic these options are unsafe.

### *Housing and homelessness*

Housing needs and homelessness were mentioned more frequently by participants in the Eastern and Western regions. A Groton participant who runs a residence for people with behavioral health issues suggested that as people with mental health issues age, they are often unable to meet their needs and need supportive housing, but there are not enough supports or residential assistance available for those who need them. In addition, it was noted that many resident services coordinators do not know how to effectively work with older adults who have behavioral health issues. In both Eastern and Western forums, homelessness was mentioned as a common problem.

### *Addiction and substance use problems*

Addictions and substance misuse was more often mentioned in the forums in association with homelessness. Participants in the Western forum reported that there are many homeless people in Waterbury with addiction and substance use problems and that it has been difficult to find ways to get them into recovery. In the same forum, discussing ways to meet this special need of older adults sparked a lively conversation that included a focus on the cultural divide or lack of cultural competence primarily between African-Americans and Caucasians and the lack of African-American professionals to conduct outreach to people needing behavioral health services.

## Suggestions to make behavioral health services more client and family focused

Community forum participants were asked to make suggestions regarding what services for older adults have been most helpful to them and their families and how services can be more client and family focused. Themes that emerged are not listed in any particular order and included:

- Increase number of behavioral health providers
- Improve health insurance
- Expand behavioral health services
- Enable faith-based organizations to broaden their services within communities
- Increase awareness of community-based organizations and their services

### *Increase number of behavioral health providers*

Forum participants in all regions suggested the need for increased number of behavioral health providers. One participant said that there is nothing more frustrating than not having enough providers to refer to and having to tell a family "I can't help." A suggestion from an Eastern region participant encouraged all regions to seek partnerships with experts in older adult behavioral health and suggested they rotate these services into rural areas and help lead teams to solve problems. For example, it was suggested that larger hospitals that have good psychiatric coverage should have some affiliation with smaller hospitals providing staff that can help a day or two a month. It was also suggested that clinics throughout regions would be beneficial since older adults often have difficulty with transportation to appointments. Another suggestion included the use of incentives for behavioral health providers to encourage them to establish practices in rural/underserved areas.

Participants suggested that a greater presence of Advanced Practice Registered Nurses (APRNs) is also needed throughout all regions and especially in rural/underserved areas. Some forum participants suggested that peer recovery support should have a more formal role in bolstering existing behavioral health services.

### *Improve health insurance*

In many of the forums, participants reported problems with Medicaid insurance providers and not enough providers available to treat older adults with behavioral health problems, especially under Medicaid. In the Eastern region, one participant reported that there are only a few psychiatric providers who accept Medicaid, and "They're not the best ones; all you get is a 10-minute med review – no counseling or therapy."

### *Expand behavioral health services*

Participants in all the forums expressed a need for expanded behavioral health services for older adults in their areas. North Central forum participants agreed that many existing behavioral health programs are good, but service hours need to be expanded to include after

5pm and on the weekend. In addition, it was suggested that more long term support needs to be made available. Several participants suggested that individual treatment is helpful but some services need to include the family as well. One participant in the Southwestern forum expressed concern that support is needed for caregivers who have the potential to become depressed.

### *Enable faith-based organizations to broaden their services within communities*

Suggestions to enable faith-based organizations in their outreach to people with behavioral health problems came primarily from North Central forum participants. They underscored that faith-based organizations tend to be trusted within communities and have opportunities to serve older adults with behavioral health and substance use problems but need to broaden their services. This included the need for ongoing guidance and support for people in faith-based communities who want to be involved in providing outreach and support to older adults. It was suggested that the Mental Health First Aid training might be helpful for faith-based organizations seeking to support older adults with behavioral health problems.

### *Increase awareness of community-based organizations and their services*

Participants in several forums stated the importance of greater awareness by the public about who they can contact and where they can go to receive older adult behavioral health services. A South Central forum participant suggested that public TV may be able to help raise awareness about behavioral health and addictions. United Way (2-1-1) was also mentioned as another source to increase awareness. Libraries often serve people who are marginally housed and participants in several forums underscored the value of libraries as community-based organizations that could have a greater role in outreach to people seeking or needing behavioral health care.

## Behavioral health service barriers and gaps

All community forum leaders asked participants to share their experiences regarding barriers and gaps in behavioral health services. The following themes emerged and are listed in order of frequency mentioned.

- Limited geriatric provider services
- Limited insurance coverage for behavioral health
- Lack of awareness of older adult behavioral health services
- Limited integrated care
- Stigma/discrimination
- Isolation
- Addictions and substance use
- Transportation

### *Limited geriatric provider services*

Participants in all forums mentioned limited geriatric provider services and underscored that there are not enough providers with the skills to identify and effectively manage behavioral health issues in the older adult population. In the Southwestern forum a participant in frustration said, “Forget geriatric psychiatrists, there are far too few of them!” Participants in the Eastern and North Central regions noted that even when they had health coverage, the number of providers accepting new patients or accepting Medicaid/Medicare were limited. The need for providers to put more emphasis on the whole person, and awareness of co-occurring illnesses including behavioral health, was brought up in both the Western and South Central regions. Even though dementia was not a focus of the forums, many noted that older adults in the emergency room and occasionally in medical practices are often diagnosed almost immediately with dementia when they demonstrate problematic behavior, without getting a mental health evaluation. Participants mentioned that primary care physicians typically ask more about physical problems and rarely ask a person if they have any mental health concerns (e.g., depression, anxiety) or have trouble sleeping. Participants also shared a concern that lack of geriatric provider services, including prevention services, lead to a greater potential for people to end up in a crisis, either in an emergency department or homeless.

### *Limited insurance coverage for behavioral health*

In all forums, concerns were expressed about health care insurance limits. This included limited sessions available to provide effective therapy for older adults and inability to afford the fees associated with therapy. In the South Central forum, a primary concern was difficulty understanding insurance coverage (e.g., co-pays, therapy fees, prescription, etc.) for behavioral health. As mentioned above, participants in the Eastern forum commented on the paucity of psychiatric providers that accept Medicaid. A participant in the Southwestern forum mentioned the problem with insurance and that it will not pay for hospital care unless a person is suicidal.

### *Lack of awareness of older adult behavioral health services*

One of the most frequently mentioned barriers and gaps mentioned throughout the forums was lack of awareness of older adult behavioral health services. This included the need for education and training including knowing how to access or implement training, such as the Mental Health First Aid training. Many participants simply responded, “There needs to be more awareness, education and information.” Some people said they did not know where to begin to find the behavioral help they or a family member or friend needed.

### *Limited integrated care management*

Some forum participants expressed that the older adult population has been undertreated for years, and that providers prescribing medicines may be “out of their league” in managing co-occurring medical and mental health issues. Throughout the five community forums, concerns were raised about overmedication interfering with a person’s physiological and mental state. A Southwestern forum participant expressed concern that on average older adults go to five or six different doctors but care between them for the patient is not well coordinated. Participants in the North Central forum mentioned given their time limitations and priority concerns, physicians are mainly focused on patients with complex medical issues and are not sufficiently tuned into behavioral health needs.

### *Stigma/discrimination*

Stigma or negative attitudes from the general population toward behavioral health combined with discrimination towards older adults are very difficult to overcome. Participants in the Eastern forum stated that older adults have trouble working in therapy groups with younger participants, not relating well to their comments and interests. Lack of cultural competence also leads to stigma and discrimination and was mentioned in several forums. In the Eastern and Southwestern forums, participants described bullying and shunning in the older adult community towards those exhibiting certain behaviors that are not the norm. In addition, it was mentioned that in families, adult children or the aging person may be in denial and no one wants to face a behavioral health issue.

### *Isolation*

Participants in all forums pointed out that older adults can easily become isolated, which in turn can lead to behavioral health issues such as depression. Retirement and other life transitions were mentioned as turning points for this population. Loss and grief were frequently mentioned in association with isolation and included loss of a partner, family, and/or friends. Some participants expressed the lack of social connectedness, including lack of family network and support. Others stated that depression was a major contributor to their isolation, and that isolation was also a contributor to depression, leading to a downward spiral with the potential of placement in a skilled nursing facility.

### *Addictions and substance use*

Some of the mentioned concerns throughout the forums where hoarding, gambling, and pain medication dependency. It was suggested that older adults who do not get out much are more often likely to participate in gambling when there's nothing to do. Participants in the North Central and Western forums in particular spoke about dealing with trauma from difficult neighborhoods including crime, homelessness, and substance use problems.

### *Transportation*

Although transportation was noted as a barrier in all regions, it was mentioned as particularly acute by participants in the Eastern forum. Transportation in rural areas where public transportation is limited or nonexistent is problematic for older people who may no longer drive or who cannot afford the transportation that is available.

## Missing behavioral health services for older adults in regions and statewide

Participants did not differentiate clearly between missing behavioral health services in regions and throughout the state. Missing services that were mentioned included some of the following and are in no particular order.

- Outreach to senior groups
- Behavioral health outpatient services

- Behavioral health education for the general public and for local officials (e.g., mayors, first selectman)
- Culturally competent counselors (e.g., Chinese and Spanish)
- Expansion of “Warmline” hours
- Funding for behavioral health programs
- Expanded behavioral health training for primary care physicians
- Behavioral health awareness training for resident services coordinators and home health aides
- Public messages to increase awareness about addiction and substance use among older adults
- Services to help older adults better understand insurance coverage
- Care management for older adults

## Reasons for difficulty in obtaining older adult behavioral health services

In some forums, time allowing, participants were asked to discuss reasons why they thought people have difficulty getting some of the behavioral health services they seek and/or need. Participants mostly reiterated responses made to the question asked about missing behavioral health services in regions and statewide. For example, the most common responses were:

- Lack of insurance coverage
- Lack of providers that specialize in older adult behavioral health
- Cultural differences including language barrier
- Discrimination (e.g., gender, age, race)
- Lack of family network and support

## Help and/or support that would be useful to meet behavioral health needs of older adults

At the end of each forum, participants were asked what help or support would be useful to them, their family, or the community to meet the behavioral health needs of older adults. Participants in all forums contributed many thoughtful suggestions, included below in no particular order.

- Awareness of existing resources, such as My Place CT (www.myplacect.org)
- Education in aging – what is normal and what is not normal in the process

- Support groups for people with common needs (e.g., grief, isolation, widows/widowers, grandparents raising grandchildren, unemployed, retirement/life transitions) with a good leader that can be effective in increasing awareness and offering help

- Funding to more broadly educate faith-based organizations, community-based groups, and community leaders to better understand and support older adult behavioral health issues

- Affordable training and ongoing support for interested groups

- Greater awareness of library programs and resources for older adults

- Peer-to-peer support and Warmlines

- Senior directory of available services for older adults including behavioral health services

- Affordable, reliable transportation to medical appointments

## Conclusions and Recommendations

### Conclusions

Community members from all five regions of the state contributed valuable information that was similar to data collected from focus group participants. Both groups noted the positives of existing services and the reality that many more such behavioral services are needed to meet the prevalence of behavioral health conditions and symptoms experienced by older adults in Connecticut. Behavioral health barriers and gaps were similar to those mentioned in the focus groups and included concerns about limited geriatric providers, limited insurance for behavioral health, lack of awareness of older adult behavioral health services, limited integrated care, stigma/discrimination, isolation, addictions and substance use, and transportation.
While many forum participants mentioned services already in place, like focus group participants, there was frustration in not having enough resources, particularly specialized resources, such as geriatricians and geropsychiatrists. In some areas of the state, certain resources are not available at all. Like focus group participants, people who participated in the forums would like to see more outreach to senior groups, more behavioral health outpatient services, behavioral health education for the general public and for local officials, the expansion of Warmline hours, more behavioral health training for physicians, and increased behavioral health awareness.

### Recommendations

Given the special needs of older adults that were mentioned in the forums (e.g., loss and grief, loneliness and isolation, physical decline), participants made suggestions to address some of the barriers and gaps including increasing the number of behavioral health providers, improving health insurance, expanding behavioral health services, enabling faith-based organizations to broaden their services within communities, and increasing awareness of existing community-based organizations and their services. Additional suggestions from forum participants included cultural competency-understanding culture and community challenges, education, improving peer-recovery support, and strengthening the social network among older adults. Making Mental

Health First Aid available was another suggestion to help sensitize providers and others who interact with older adults experiencing behavioral health issues. Some of the best suggestions were made at the end of the forums in response to the question what help and/or support would be useful to meet the behavioral health needs of older adults. These included greater awareness of existing resources, education about the aging process – what is normal and what is not, support groups for people with common needs, and peer-to-peer support.

While the behavioral health care challenges in Connecticut are daunting, it is understandable that behavioral health for a rapidly aging population is and will continue to be a significant public health challenge not only in this state but across the nation and globally. Given that aging is not only a personal experience but involves community, and that mental health is necessary to live well in older age, recommendations include developing communities that welcome older adults with behavioral health issues. One of the first ways to be welcoming is to promote awareness by providing better information, referral, and assistance with behavioral health for older adults and their families. Behavioral health education to help older adults and their families understand behavioral health disorders, what treatments are available and where to go for help are also key in providing awareness. Behavioral health promotion and illness prevention are an additional recommendation to contribute to good behavioral health. This would include addressing social isolation, caregiver stress, stigma and discrimination about behavioral health issues.

Longer-term recommendations include addressing the growing diversity of our communities by increasing cultural and linguistic competence and providing more effective outreach and engagement in an individual's primary language as well as offering services in neighborhoods where minority groups live. In addition, partnering with the behavioral health sector in order to help foster the development of programs and services to better meet the needs of older adults with behavioral health concerns has the potential to create better environments for all older adults to thrive in the communities where they choose to live.

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## Appendix A: Older Adult Behavioral Health Community Forum Guide

**Introduction:**

Facilitator – introduce him/herself and what organization he/she represents.

The forum is funded by a grant from the U.S. Administration for Community Living, and conducted by members of a research team from UConn Health Center on Aging, the Department of Mental Health and Addiction services, and the State Department of Aging Services.

On behalf of all of us involved in conducting the forum, we welcome you and would like to invite you to talk with us tonight about the challenges facing older adults and their families and friends who are living with mental illness or addictions.

Behavioral health problems affect nearly every family in our country. Millions struggle every day with behavioral health and substance abuse issues—all of which can severely affect quality of life.

[Refer to second page of handout – Healthy Aging Facts].

From the National Council on Aging, we know that:

- One in four older adults experiences some mental disorder including depression, anxiety disorders, and dementia. This number is expected to double to 15 million by 2030.

- Depression affects seven million older Americans, and many do not receive treatment.

- The number of older adults with substance abuse problems is expected to double to five million by 2020.

- Two-thirds of older adults with mental health problems do not receive the treatment they need. Current preventative services for this population are extremely limited.

We also know that people with behavioral health problems can and do recover and lead happy, productive, and full lives.

This community forum will last about 90 minutes and gives you an opportunity to share your thoughts, experiences, and ideas with us so that we can gather information to learn more about how well the State of Connecticut and your community are prepared to deal with the behavioral health and substance use needs/addictions of older adults. Hearing from you will help us learn the strengths and needs of the behavioral health system by region and statewide.

For purposes of this forum:

- The term "older adults" means individuals age 55+.
- "Behavioral health" refers to services for older adults affected by or at risk of a psychiatric disorder, mental illness, substance use disorder, and/or other addictions.
- "Behavioral health" does not include cognitive issues, such as dementia. People needing help with support for memory problems, such as dementia or Alzheimer's disease, are encouraged to call the 24/7 Alzheimer's Association Helpline at 1.800.272.3900 or visit their web page at alz.org.

All information collected during the community forum is confidential and will only be reported in such a way that no individual can be identified. For this reason, we don't want you to identify yourself by name. We would like to tape the forum to make sure we capture all the information that is shared unless you prefer that we don't do this. The report with information from all five forums will be shared with state agencies and available from researchers at UConn Health Center on Aging.

*Ground Rules*

Before we begin, we'd like to set a few ground rules that will help us have the best forum possible.

- Listen with respect.
- Each person who wants to talk gets a chance to do so.
- One person talks at a time. Please don't cut people off.
- When sharing, speak about yourself and your personal experiences.
- It's OK to disagree with someone else—in fact, it can be helpful—but personal attacks are never appropriate.
- Help the facilitator keep things on track.
- After this event is over, it is OK to share the main ideas discussed in the Forum but not OK to link specific comments to specific people ("He said … and she answered …").

**Guiding Questions:**

To make progress on behavioral health issues, we'd like to begin by asking you to think about the behavioral health services that exist and how easy or hard it is to access or get these services.

1. What types of behavioral health services are you aware of in your region for older adults and what have been your experiences in accessing these services?

   *Probes:* Advocacy and support, behavioral health recovery program (BHRP), mental health, crisis services, trauma-related services, suicide resources, substance use, addictions, gambling, hoarding, transportation, online services, other.

2. What do you see as some of the special needs of people age 55+ who may need behavioral health services?

   *Probes:* Co-occurring illness, physical disability, discrimination, reluctance to accept treatment, medication adherence, transportation?

3. What services for older adults (age 55+) do you or your family need or what services have been the most helpful to you and your family? (In your response, please define these services broadly including mental health, substance use, addictions, etc.)

   *Probes:* Do they typically seek medication, counseling or both?

4. What suggestions do you have for how behavioral health services can be more client and family focused?

   *Probes:* DMHAS – specific regions, local mental health authorities (LMHAs); expanded crisis psychiatric services; more psychiatrists, psychologists, psychiatric mental health nurses or practitioners, licensed clinical social workers, licensed professional counselors, peer specialists, online resources, primary healthcare providers

5. In your experience, what are the barriers for helping people who seek/need behavioral health services in accessing such services?

   *Probes:* Not enough doctors, transportation

6. What do you see as some of the missing behavioral health services for older adults both in your region and statewide?

   *Probes:* Education, referrals, expertise of providers, geography, transportation.

7. Within the older adult population, are you aware of any reasons why people have difficulty getting behavioral health services?

   a. If yes, what are some of the reasons for these difficulties?

      *Probes:* Age, diagnosis, income levels, insured status, rural/urban

8. What help or support would be useful to you, your family, or the community to meet the needs of older people with behavioral health needs?

   *Probes:* Education, community support, etc.

## Appendix B: Older Adult Behavioral Health Community Forum Handout

# Older Adult Behavioral Health Community Forum

This community forum will last about 90 minutes and is intended to gather information to learn more about how well the State of Connecticut and your community are prepared to deal with the behavioral health and substance use needs/addictions of older adults.

Your thoughts, experiences and ideas will help inform the state on ways to better improve services to our residents with behavioral health needs and will identify the strengths and needs of the behavioral health system by region and statewide.

For purposes of this forum:

- The term "older adults" means individuals age 55+.
- "Behavioral health" refers to services for older adults affected by or at risk of a psychiatric disorder, mental illness, substance use disorder, and/or other addictions.
- "Behavioral health" does not include cognitive issues, such as dementia. People needing help with support for memory problems, such as dementia or Alzheimer's Disease, are encouraged to call the 24/7 Alzheimer's Association Helpline at 1.800.272.3900 or visit their web page at alz.org.

All information collected during the community forum will be reported in such a way that no individual can be identified. The report will be shared with state agencies and available from the team administering the survey.

The forum is funded by a grant from the U.S. Administration for Community Living, and conducted by members of a research team from UConn Health Center on Aging on behalf of the State of Connecticut Department on Aging and Department of Mental Health and Addiction Services.

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## Behavioral Health & Substance Abuse Facts

For most older adults, good health helps people to be independent, secure, and productive as they age. Yet millions struggle every day with health and safety challenges, such as behavioral health and substance use needs—all of which can severely affect quality of life.

- One in four older adults experiences some mental disorder including depression, anxiety disorders, and dementia. This number is expected to double to 15 million by 2030.

- Depression affects seven million older Americans, and many do not receive treatment.

- The number of older adults with substance abuse problems is expected to double to five million by 2020.

- Two-thirds of older adults with mental health problems do not receive the treatment they need. Current preventative services for this population are extremely limited.

- Untreated substance abuse and mental health problems among older adults are associated with poor health outcomes, higher health care utilization, increased complexity of the course and prognosis of many illnesses, increased disability and impairment, compromised quality of life, increased caregiver stress, increased mortality, and higher risk of suicide.

- People aged 85+ have the highest suicide rate of any age group. Older white men have a suicide rate almost six times that of the general population.

National Council on Aging: Healthy Aging Fact Sheet
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