



## Mental Health Services Act and Older Californians: Geriatric Leaders Identify Essential Education & Training Needs

### Executive Summary

New funding for mental health services in California under Proposition 63 includes specific funding for older adult *services*, but does not specify the content of *education and training* funds. Leaders in gerontological services and education statewide call for the adoption of specific education and training initiatives in the Statewide plan to assure that there are sufficient mental health professionals with the knowledge and skills to appropriately treat California's rapidly growing elderly population.

### The Need

#### Increasing Numbers of Older Californians

The number of older Californians is growing at a faster rate than in the United States as a whole. California's elderly population is expected to reach 12.5 million by 2040, an increase of 232 percent from 1990.<sup>1</sup> The 2005 estimate of 3.9 million elderly is projected to grow 58% by 2020<sup>2</sup> and by 113% by the year 2030<sup>3</sup>. The fastest growing group will be the age 80+ cohort<sup>4</sup> with a projected increase of 120% for those aged 85 and older by 2030.<sup>5</sup> The significance of this increase can best be compared against that of the total population, which is projected to double in size between 1990 and 2040. Conversely, the section of the population representing the oldest of the old will grow nearly 6 times from just under 300,000 to over 1.7 million persons<sup>1</sup> In this group, as many as 20% suffer from a mental health disorder, including anxiety disorders, mood disorders, and other major disorders. The assessment and diagnosis of mental disorders among the older population can be particularly challenging due to the difference in presentation between older and younger adults the presence of physical and cognitive co-morbidities, the lack of geriatric training of care providers and stereotyping of older adults<sup>6</sup>.

The California population is also one of the most culturally diverse in the nation<sup>7</sup>. Current population estimates show that racial and ethnic minorities comprise 30% of California's 65+ age group<sup>8</sup>, climbing to 39% by 2010<sup>9</sup>. Racial and ethnic minority groups of all ages comprise the majority of California's overall population<sup>10</sup>, with Latinos projected to be 50% of the state's population by 2040<sup>10</sup>. Research finds these groups have less access to mental health services because of provider and system barriers, and often receive a poorer quality of care<sup>11</sup>. This fact alone calls for preparation in both gerontology and cultural proficiency for our future mental health and social service professionals.

## The Need to Have a Prepared Workforce

The need to have a prepared workforce to provide high quality mental health care and services for today's and the future's older population is a national issue. California, as is often the case, plays a critical role in setting the standards for other states to follow. The needs of the frail elderly are complex and are best served by well-prepared health and social service professionals, yet:

- There is a shortage of health care providers with geriatric mental health expertise. Since 1990, approximately 2,500 American psychiatrists have received subspecialty certification in geriatric psychiatry; about half of the number needed to meet future national demands<sup>12</sup>. Despite the fact that California has the highest number of people aged 65 and over in the nation, there is a shortage of qualified physicians trained in geriatrics to treat them<sup>13,14</sup>. Three times the levels of the currently certified geriatricians (9,000 nationwide) will be needed to care for the projected population levels of 2030<sup>15</sup>.
- Without additional qualified faculty and other resources, California's nursing schools will be unable to educate enough additional nurses to maintain current ratios and to provide qualified nurses in response to the increased demand of aging society<sup>16</sup>. In spite of this documented need, 2004 survey results from the California Board of Registered Nurses, showed that registered nurses working in geriatrics had decreased from 10.3% in 1997 to 4.1% in 2004<sup>17</sup>.
- The number of geriatric nurse specialists is small, with only 4200 certified nationwide and a serious shortage of geriatric nursing faculty<sup>18</sup>. There continue to be few formal programs available to prepare nurses for practice in geropsychiatric nursing, despite the prevalence of depression, dementia, anxiety disorders, and substance abuse among older adults<sup>19</sup>.
- A national survey indicates that 80% of undergraduate programs and nearly 25% of all graduate schools of social work offered no gerontological course work<sup>20, 21</sup>.
- The current licensed mental and behavioral health workforce totals only 63,000, with a projected need of upwards of 80,000 by 2010, with a particular shortage in professionals who have expertise in working with older adults<sup>22</sup>.
- An estimated 720,000 older Californians suffer from depression and only 6% are receiving treatment<sup>23</sup>.
- Approximately 10% of older adults have some form of dementia, although that rate increases to almost 47% among adults age 85 and over, our fastest growing age group. Estimates indicate that one third to a half of persons with dementia also exhibit psychiatric symptoms or behavioral disturbances or disorders ranging from delusions to severe depression<sup>23</sup>.
- The suicide rate among older white men is the highest among all age groups. The elderly are twice as likely to commit suicide as teenagers<sup>23</sup>.

- If we look at the California specific data just over 11% of older Californians said they had impaired activities due to emotional problems such as depression or anxiety during the past four weeks—but this rate was 20% for Medi-Cal recipients and 22% for older adults with limited English language proficiency<sup>23</sup>.
- The cost of untreated mental illness among older Californians is estimated at \$564 million annually<sup>23</sup>.

### The Opportunity

California voters approved Proposition 63 on November 2, 2004, a measure that substantially changed mental health program funding in California. The resulting law (MHSA) gives the State authority to collect a 1% surcharge on the portion of each taxpayer's taxable income above \$1 million, which goes into a new Mental Health Services Fund. The MHSA includes mental health workforce education and training as an identified component and provides \$324 million for education and training through 2007-2008<sup>24</sup>.

### Recommendations

The California Geriatric Education Center (CGEC) hosted a statewide Leadership Academy for key stakeholders on June 13, 2005 in Sacramento. The meeting focused on the growing mental health needs of the older population in California and how geriatric education programs can address those needs. Eighty academic leaders, government representatives, and community health care providers brainstormed and established a consensus on issues of workforce preparedness to better inform the Mental Health Oversight and Accountability Commission established by Proposition 63, the Mental Health Services Act (MHSA).

As the Department of Mental Health (DMH) develops its statewide five-year plan to implement the MHSA, the stakeholders recommend that:

1. ***The needs of older adults are adequately and appropriately addressed in the MHSA planning process.*** Include programs to reduce the profound shortage of competently trained health professionals in all disciplines to care for the daunting mental health needs of California's growing older adult population. Funding for these programs will educate health-professions, students and caregivers so they, in turn, can help older people navigate complex health systems to get the resources and care they need, make sure they have the right medications, and promote function and quality of life.
2. ***Training and curriculum development projects include the priority content areas of:***
  - a) Basic knowledge
    - i. Understanding normal aging and ageism
    - ii. Cultural competency with older populations
  - b) Diagnosis
    - i. Interviewing and assessment skills with older populations
    - ii. Mental illness co-morbidities: dementia, delirium, depression
    - iii. Neglect and abuse

- iv. Issues of alcohol and substance abuse
  - v. Anxiety disorders
- c) Treatment
- i. Team training and collaborative care practice
  - ii. Treatment options and efficacy for older adults
  - iii. Community supports and care resources
  - iv. Polypharmacy
  - v. Funding/entitlements/reimbursement for older populations

**Existing care models are used** to educate primary care and other healthcare providers to increase coordination and integration of mental health and primary care (e.g. the IMPACT model<sup>25</sup>).

3. **Experienced service and education partners are used**, such as the California Geriatric Education Center, which has provided training to over 24,000 faculty and health professionals since 1987.

### Value Statement

Education and training in mental health issues of older adults should not only focus on older adults and their informal caregivers, but also include faculty and students at all levels of higher education (community college, public and private colleges and universities), in addition to in-service training programs for current care providers. Addressing California's diverse population and ensuring culturally appropriate mental health care also calls for increasing minority representation in the health workforce to ensure that the health profession workforce reflects the diversity of the population.

### Conclusion

- Older Californians have substantial mental health needs.
- MHSA provides an impetus to reexamine and redesign services for older adults and include education and training recommendations to assure a well-prepared workforce to deliver mental health care comprehensively.
- A trained workforce for new and expanded mental health services is a critical success factor for MHSA.
- Serving the mental health needs of California's older population requires a workforce with appropriate discipline-specific, aging and mental health knowledge and skills.

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## References utilized

1. California Department on Aging. "The Aging Baby Boomers: Influence on the Growth of the Oldest Old." on the Internet at [http://www.aging.state.ca.us/html/stats/oldest\\_old\\_population.html](http://www.aging.state.ca.us/html/stats/oldest_old_population.html), sourced January 24, 2006.
2. Center for Health Workforce Studies, School of Public Health, University of Albany, State University of New York. "HRSA State Health Workforce Profiles: California. U.S." Department of Health & Human Services, HRSA, Bureau of Health Professions (BHP), National Center for Health Workforce Information & Analysis. Rockville, MD: Dec 2000.
3. US Census Bureau, "Table B1. The total population by selected age groups." On the Internet at <http://www.census.gov/population/www/projections/projectionsagesex.html>, sourced January 24<sup>th</sup>, 2006.
4. O'Hara-Devereaux M, Falcon R, Dong Xiu Li J, Kristensen H. "Fault Lines in the Shifting Landscape: The Future of Growing Older in California-2010." Institute for the Future. Report prepared for the Archstone Foundation. Menlo Park, CA: November, 1999.
5. US Census Bureau, "Table B1. The total population by selected age groups." On the Internet at <http://www.census.gov/population/www/projections/projectionsagesex.html>, sourced January 24<sup>th</sup>, 2006.
6. U.S. Department of Health and Human Services. "Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services," Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
7. Ruzek JY, Bloor LE, Anderson JL, Ngo M, Center for the Health Professions. UCSF. "The Hidden Health Care Workforce: Recognizing, Understanding and Improving the Allied and Auxiliary Workforce." San Francisco, CA: July, 1999.
8. California Department on Aging. Statistics and Demographics. "Table 83 - California Population Age 65 and Over by Race and Hispanic Origin for State, Planning and Service Areas (PSA), and Counties." on the internet at <http://www.aging.state.ca.us/html/stats/CensusTables/T83.pdf>, sourced January 24, 2006.
9. State of California, Department of Finance, "Population Projections by Race/Ethnicity, Gender and Age for California and Its Counties 2000-2050, Sacramento, California, May 2004." Available from [http://www.dof.ca.gov/HTML/DEMOGRAP/DRU\\_Publications/Projections/P-1\\_Tables.xls](http://www.dof.ca.gov/HTML/DEMOGRAP/DRU_Publications/Projections/P-1_Tables.xls), sourced January 24<sup>th</sup>, 2006.
10. State of California, Department of Finance, "California Current Population Survey Report: March 2004. Sacramento, California. May 2005." Available on the internet at: [http://www.dof.ca.gov/html/DEMOGRAP/Reports/CPS/CPS\\_Extended\\_3-04.pdf](http://www.dof.ca.gov/html/DEMOGRAP/Reports/CPS/CPS_Extended_3-04.pdf), sourced December 8<sup>th</sup>, 2005.

11. U.S. Department of Health and Human Services. "Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General." Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 2001.
12. Jeste DV et al. "Consensus Statement on the Upcoming Crisis in Geriatric Mental Health: Research Agenda for the Next 2 Decades," Archives of General Psychiatry. 56:848-853. 1999.
13. Institute of Medicine. "Strengthening Training in Geriatrics for Physicians." Washington, DC: National Academy Press, 1993.
14. Reuben DB, Bradley TB, Zwanziger J, Fink A, Vivell S, Hirsch SH, Beck JC. "The critical shortage of geriatrics faculty". JAGS. 41: 560-569, 1993.
15. Interdisciplinary Leadership Group of the American Geriatrics Society. "Project to Increase Geriatrics Expertise in Surgical and Medical Specialties. A statement of principles: toward improved care of older patients in Surgical and Medical Specialties." Journal of the American Geriatrics Society. 48:6; 699-701, 2000.
16. Coffman J, Spetz J. "Maintaining an adequate supply of RNs in California." Image: Journal of Nursing Scholarship. 31(4):389-393. Fourth Quarter 1999.
17. California Board of Registered Nursing, "Survey of Registered Nurses in California 2004". Program for Applied Research and Evaluation CSU Chico, Sacramento, November 2004. Available on the internet at: <http://www.rn.ca.gov/forms/pdf/2004rnsurvey.pdf>.
18. Kovner, C., Mezey, M., Harrington, C. "Who Cares for Older Adults? Workforce Implications of an Aging Society." Health Affairs, 21 (5): 78-89, 2002.
19. Trossman, S. "Issues update. Improving care of older Americans: Grants help nurses build educational and research programs." American Journal of Nursing, 103(6), 66–67, 69, 2003.
20. Damron-Rodriguez J, Villa V, Tseng HF, Lubben JE. "Demographic and organizational influences on the development of gerontological social work curriculum." Gerontology & Geriatrics Education. 17(3):3-19, 1997.
21. Scharlach A, Damron-Rodriguez J, Robinson R, et.al. "Educating social workers for an aging society: A vision for the 21st century." Journal of Social Work Education. 36(3): 521-538, 2000.
22. McRee T, Dower C, Briggance B, Vance J, Keane D, O'Neil E. "The Mental Health Workforce: Who's Meeting California's Needs?" San Francisco, CA: California Workforce Initiative at the UCSF Center for the Health Professions. February, 2003. Available on the internet at: [http://www.calendow.org/reference/publications/pdf/mental/TCE0220-2003\\_The\\_Mental\\_Hea.pdf](http://www.calendow.org/reference/publications/pdf/mental/TCE0220-2003_The_Mental_Hea.pdf).

23. Connolly, Lora. "Proposition 63: Introductory Comments to the Key Stakeholders Meeting," lecture presented at the CGEC Leadership Academy Key Stakeholders Meeting, Sacramento, CA, June 13<sup>th</sup>, 2005.
24. California Department of Mental Health, "Draft Discussion Paper, Mental Health Services Act Education and Training Component," June 6, 2005.
25. Unützer, et al. "Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial." *Journal of the American Medical Association*. 288:2836-2845, 2002.