PUBLIC POLICY & AGING REPORT®

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AT-A-GLANCE INSIGHTS
PUBLIC POLICY & AGING REPORT SYNOPSIS

Each quarter, the Gerontological Society of America's (GSA) *Public Policy & Aging Report* examines key policy issues affecting older people. We create a synopsis of the issue and provide key themes and answer possible policy actions that keep you informed on the evolving landscape of aging policy and discover ways to make an impact. This edition explores research on mental health policy for older adults over the past 30 years since the importance of research and practice attention to the issue was highlighted at the 1995 White House Conference on Aging (Kaskie & Lepore, 2024).

THE EVOLVING LANDSCAPE OF LIFESPAN MENTAL HEALTH

Mental and Behavioral Health: Integration into Systems and Communities

Greater implementation of The John A. Hartford Foundation and the Institute for Healthcare Improvement's Age-Friendly Health System (AFHS) framework has supported patient assessments and conversations about needed mental health care (Fleet et al., 2024), and the authors suggest greater integration. Accountable care organizations (ACOs) are effective at improving quality and lowering care costs using a population health approach; design improvements can deliver similar effects for older people with mental health needs (Maguire et al., 2024).

Policy Actions

✓ Encourage assessment of social health needs and preferences within the What Matters AFHS framework clinical conversations by incentivizing use of evidence-based social health screening tools.

✓ Create and implement a standard process for use of age-friendly Medications (those that do not interfere with Mobility, Mentation, or What Matters—the other elements of the AFHS 4Ms framework), screen for and treat substance use, and incentivize appropriate deprescribing (Fleet et al., 2024).

✓ Promote greater telemedicine use to address mental health concerns, including facilitating readiness and access by those older patients who have not had historic access to technology.

Better Mental Health Care for People with SMI Living in Nursing Homes

Nursing homes often create training, policies, and practices for dementia care while overlooking care of people with serious mental illness (SMI), which affects a reported 20% to 40% of nursing home residents. Further, 49% of residents with a dementia diagnosis have co-occurring SMI (Plys et al., 2024). Given a lack of community support, people with SMI often end up in nursing homes without adequately trained staff, thereby burdening an already stressed sector.

Policy Actions

✓ Define SMI in the State Operations Manual issued by the Centers for Medicare and Medicaid Services, update assessment tools and staff training requirements to adequately support staff in providing effective care, and add specifics to F-tags (federal regulatory deficiency) related to SMI that reflect standards of care.

✓ Increase funding for nonpharmacological interventions for nursing home residents with SMI.

✓ Convene mental health and long-term care experts to explore ways to more effectively provide best practice collaborative care to nursing home residents with SMI.

SCAN TO READ

Mental Health Policy to Improve Access

While the Congressional Consolidated Appropriations Act (2023) improved several aspects of mental health access for older people, such as Medicare coverage for services provided by mental health counselors and marriage and family therapists, greater policy efforts are needed to better align mental health needs with available and affordable services (Miller & Cameron, 2024). Twenty five percent of older people have a mental health or substance use condition but only 40% receive services.

Policy Actions

✓ Support making Medicare subject to the 2008 Mental Health Parity and Addiction Equity Act and eliminate the 190-day lifetime limit on inpatient psychiatric services and revise criteria for psychiatric hospital discharges.

✓ Further extend the availability of telehealth services beyond December 31, 2024. These services improve access to treatment for many older people residing in rural areas.

✓ Pass the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act of 2023, which will (among other things) expand incentives for attracting providers to professional shortage areas and integrating behavioral health and primary care.

✓ Update Medicare reimbursement to include peer-support workers and certified addiction counselors thus expanding available treatment options.

State Policy Academies on Mental Health, Substance Use, and Aging

The State Policy Academies on Mental Health, Substance Use, and Aging initiative and the technical assistance provided by the Substance Abuse and Mental Health Services Administration commenced in 2004 to address the lack of integration and accountability for mental health among older people.

Key Findings

✓ State policy academies require involvement from leadership of at least three key state agencies with jurisdiction over some aspect of mental health care delivery.

✓ Over the course of three sessions, policy academy participants identify unmet needs and key challenges, select short- and long-term goals and an action plan with "clearly articulated goals, objectives, activities, and timelines as well as designated leads" (Bartels et al., 2024).

✓ Results of policy academy participant surveys confirm that 70% either strongly agreed or agreed that participation was "impactful" and led to plans for implementing policy and practice change. In addition, 100% either strongly agreed or agreed that they identified short- and long-term goals.

✓ Future plans for the policy academies include systematic reviews of state plans on aging and use of large datasets to identify disparities and unmet needs.

Wrap-Up Message

Increasing numbers of older people in the community and in long-term care settings have untreated mental health conditions. Gaps in research, care, and use of best practices can be addressed with adoption of existing policy proposals and ongoing reliance on clinical, research, and policy expertise.