Older Adult Peer Support: Risks, Resources and Rewards

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Background

- Research suggests that most older adults experience positive mental health and increased resilience, wisdom
- Despite being at greatest risk of serious illness, older adults reported lower rates of pandemic-related anxiety than other age groups.
- However, while 1 in 4 older adults experience mental health conditions, less than 33% receive treatment, the lowest rate of any age group.



Barriers to Treatment

- Lack of transportation
- Cost of co-pays
- Co-occurring cognitive conditions
- Physical impairment, difficulty leaving home
- Isolation
- Ageism among providers
- Higher rates of stigma around mental health among older adults

Untreated Behavioral Conditions among Older Adults are associated with:

- Higher rates of ED use, hospitalization and nursing home admission
- Development of preventable of health complications/higher rates of disability
- Isolation
- Caregiver stress
- Increased risk of suicide

Older Adult and Substance Use

- Distinctly higher rates of SUD among baby boomer generation
- Increased impact of alcohol in OA due to metabolic changes, drug interactions
- Losses and lifestyle changes (retirement) can lead to increased use
- Underdiagnosed and treated, lack of population specific Tx programs
- Older adults are prescribed the highest number of Rx with abuse potential



Older Adults with SMI

People with SMI die between 25 – 30 years earlier than the general population.

Not many, if any, of our public mental health system programs are focused on the aging population But, some of us are "super-agers" and live to our 70s, 80s, and 90s.

In addition, research shows that with folks with SMI, 45 is the new 70. At 45, we have more than 1 chronic health condition and other signs of aging.

SAMHSA and NIDILRR Interest

- SAMHSA has funded the E4 Center of Excellence for Behavioral Health Disparities in Aging, hosted by Rush University
- SAMHSA has published the *Psychosocial Interventions for Older Adults with SMI*
- NIDILRR sponsors SILVER, The Rehabilitation Research and Training Center on Aging Among Adults with Serious Mental Illness: Supporting Individuals to Live As Vibrant Elders in Recovery

Older Adult Peers in MA



Overview

- Decided that Certified Older Adult Peer Specialists could make a difference in outcomes with older adults.
- Collaboration between the State Unit on Aging, *Elder Affairs*, the Department of Mental Health, and our State Medicaid Authority, *Mass Health*.
- Got COAPS written into the HCB Frail Elder Waiver by MassHealth, administered by Elder Affairs.
- When COVID hit, we partnered with Dr. Karen Fortuna of Dartmouth, and developed SOAR, Serving Older Adults Remotely, ao we could continue to work with older adults.

Certified Older Adult Peer Support (COAPS)

- Must be authorized by a Home Care Agency Case Manager
- Services provided by an outside agency
- Paid for by Medicaid
- COAPS are trained by the Department of Mental Health
- Overseen by the Executive Office of Elder Affairs

SOAR – Serving Older Adults Remotely

- Designed with Dr. Karen L. Fortuna, to serve older adults during COVID
- Combines five evidence-based psychosocial interventions:

1) psychoeducation, which improves knowledge about older adult mental health and normal age-related changes and connection to age-related resources,

(2) older adult peer support, which has been shown to improve self-management of late-life mental and physical health issues, social support, and feelings of hope and optimism,

(3) tools to offset cognitive challenges; and

(4 & 5) life review and acceptance and commitment therapy, which have both been shown to promote <u>resilience in late life</u>.

Lessons Still Learning

- Reimbursement Rates matter
- Interagency Cooperation is imperative
- Allies are crucial, both within Government and within the advocacy world.
- Academic Partnerships are important
- NASMHPD is a critical partner

