

ISMICC May Blog

SAMHSA hit the ground running in 2018, with a series of expert panels on topics relevant to ISMICC recommendations. Expert panels are meetings of 30 or fewer individuals with subject matter expertise on a particular topic or issue.

To enhance our ability to implement the recommendations and advance the vision of ISMICC, we have organized many expert panel meetings between March and September. For each meeting, we have invited two ISMICC members with subject matter expertise to participate.

1. Departments of Psychiatry: Meeting the Needs of Patients with SMI and SED. March 12, 2018
2. Psychiatric Advanced Directives: Identifying Opportunities to Increase Utilization. March 13, 2018
3. Civil Commitment: Policy & Practice. March 14, 2018
4. Workforce to Serve Older Adults with Serious Mental Illness. May 16, 2018
5. Implementing Screening and Early Identification of SED. June 25 & 26, 2018
6. Comprehensive Crisis Services: Structure and Standards. July 9 and July 10, 2018
7. Developing a Priority Research Agenda for SED/SMI Prevention, Diagnosis, Treatment and Recovery. July 23 and 24, 2018
8. Working with Faith-Based Communities. September 12, 2018

In honor of Older Adults Month, which was May, this newsletter will focus on our mid-May expert panel to enhance the workforce that serve older adults with serious mental illness. The term “older adults” refers to people 65 and older. ISMICC recommendation 2.8 encourages federal agencies to find ways to increase the capacity of the behavioral health workforce. ISMICC members Clayton Chau, M.D., Ph.D., Regional Executive Medical Director of the Institute for Mental Health and Wellness at St. Joseph-Hoag Health, and Paul Emrich, Ph.D., Under Secretary of Family and Mental Health, Chickasaw Nation, attended the meeting.

SAMHSA convened experts from different behavioral health perspectives – including psychiatry, occupational therapy, peer support, nursing, and social work – as well as representatives from several federal agencies to address behavioral health workforce issues for older adults living with serious mental illness. The event opened with remarks from Center for Mental Health Services Director Paolo del Vecchio; there also was an afternoon presentation from the Chief Medical Officer, Dr. Anita Everett. Dr. David Morrisette attended and much of the meeting was planned and coordinated by Dr. Justine Larson and Eric Weakly from the CMHS State Grants Western Branch Chief.

An issue brief, *Older Adults Living with Serious Mental Illness (SMI)*, was prepared and distributed to participants to provide background information to help frame the discussions. SAMHSA and the invited federal agencies were interested in identifying important workforce issues for this population such as the training of general and geriatric psychiatrists, co-occurring

substance use disorders for older adults with SMI, potential use of the peer workforce, and financing models to address workforce shortages.

Participants reviewed pre-existing recommendations and priorities established in earlier gatherings on this issue, including the National Academy of Sciences 2012 report *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?* (http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2012/The-Mental-Health-and-Substance-Use-Workforce-for-Older-Adults/MHSU_olderadults_RB_FINAL.pdf). This seminal report provided key recommendations for addressing the shortage of providers serving older adults with behavioral health conditions.

Panelists noted, unfortunately, that workforce conditions have not changed significantly and in fact, may have

grown more concerning. In addition, panelists noted that few of the report recommendations were implemented by Congress. As one attendee pointed out, “we [as a nation] fund what is ineffective because



it is inexpensive rather than do things that have a larger and longer-term payoff.” Two ideas discussed that would contribute to reducing the gap were: 1) Providing a differential reimbursement for geriatric psychiatry that involves more complicated and expensive care; and, 2) developing and supporting demonstration projects that target workforce development.

Approaches outside the federal effort also were discussed. Improving the licensure requirements for professionals to include geriatric behavioral health issues and further developing curricula for both geriatric professionals, as well as for generalists, were among the ideas explored. It was acknowledged that not only is there a need for more geriatric specialists, but general providers such as primary care providers also need additional training on older adult behavioral health needs.

Many participants noted the value of connecting to the existing network of community support for older Americans. Senior centers were cited as untapped resources to build relationships to educate consumers and staff about suicide prevention, mental health, substance use and co-occurring disorders, and to address the impact of suicide on surviving friends and family (post-vention).