



States' Community Long-Term Care (CLTC) Response to Mental Disorder

Public community long-term care (CLTC) is a rapidly growing service sector, given population aging and the societal value of maintaining independent living while aging. Unlike in nursing homes, where researchers have long studied mental disorders, very little research has been conducted on the mental health needs of CLTC clients. One study of Missouri's public CLTC system found that one in four older adults entering CLTC experienced significant depression. Though rates of depression may be high, the ways in which states address depression among CLTC clients has not been systematically studied. This project aims to increase understanding of how the US states' public CLTC systems respond to depression among their clients.

The study will determine, for each of the fifty United States:

- which state-level public agency or organization is responsible for mental health care for older adults
- how departments or units in the state interface around mental health
- whether the state systematically assesses for depression in CLTC clients and, if so, with what measures
- if and how the state Unit on Aging addresses the problem of depression in CLTC clients
- which barriers Units on Aging face in providing mental health services to CLTC clients
- which mental health services Units on Aging think are most effective or would be most effective for CLTC clients.

Data will be gathered through semi-structured interviews with Unit on Aging leadership and collection of CLTC assessment tools from all fifty states.

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About the Center for Mental Health Services Research

The Center for Mental Health Services Research (CMHSR) at the George Warren Brown School of Social Work at Washington University in St. Louis works to improve mental health care in social service settings. The CMHSR is the nation's first NIMH-funded Advanced Center for Interventions and Services Research (ACISR) within a school of social work. The CMHSR pioneers quality-of-care studies at the intersection where mental health and social services meet, aiming to improve treatment options and delivery systems. The CMHSR addresses the most pressing issues in current health care policy: quality of mental health care, access of vulnerable populations, and quality improvements in settings with the highest potential to reduce racial and ethnic disparities.



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Preliminary Findings

- Mental health is seldom an issue of top priority among State Units on Aging.
- There is a great deal of variation among states in terms of mental health activities and collaboration with other state agencies.
- Within states, there is variation in barriers faced: from geography and lack of professionals, to stigma and reluctance to seek treatment.
- An additional barrier is lack of legislative support in recognizing mental health as a health issue.

Implications

- Overview of how CLTC systems assess for depression and other mental disorders
- Assessment of the nation's CLTC system response to depression in older adults
- Identification of barriers to mental health care common across the country
- Documentation of program and partnership successes
- Description of state-specific innovations that can be shared across states to address common problems