TRAINING IN GERIATRIC MENTAL HEALTH: NEEDS AND STRATEGIES

Older Adults System of Care Meeting
May 2007
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Brief Outline

• Demographic Imperative
• The Workforce as We Know It
• Existing Training Opportunities
• Prop 63
• Plans for the Future
Percentage Increase in Age 60 and Over by Region, 2000-2050

U.N. Secretariat Report on Ageing
Aging in the U.S.

Figure 1: Number of Persons 65+, 1900 - 2030 (numbers in millions)

Year (as of July 1)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>3.1</td>
</tr>
<tr>
<td>1920</td>
<td>4.9</td>
</tr>
<tr>
<td>1940</td>
<td>9.0</td>
</tr>
<tr>
<td>1960</td>
<td>16.7</td>
</tr>
<tr>
<td>1980</td>
<td>25.7</td>
</tr>
<tr>
<td>1990</td>
<td>31.2</td>
</tr>
<tr>
<td>2000</td>
<td>35.0</td>
</tr>
<tr>
<td>2010</td>
<td>40.2</td>
</tr>
<tr>
<td>2020</td>
<td>54.6</td>
</tr>
<tr>
<td>2030</td>
<td>71.5</td>
</tr>
</tbody>
</table>
Aging in California – 1990 to 2020

• In California, the elderly population is expected to grow more than twice as fast as the total population.

• The elderly age group will increase by 112%. ½ of California’s counties will have over a 100% increase in this age group and 20% having a 150% increase.

• The oldest old will increase by 143%. 66% of counties will have growth of 150%, 45% will have increases of > 200%, and 19% will have increases > 300%.

http://www.aging.ca.gov/html/stats/fact_about_elderly.html
California’s Beaches - Past
California’s Beaches - Future
The number of minority older adults in the U.S. is expected to increase from 5.7 million in 2000 to 8.1 million in 2010 and then to 12.9 million in 2020. At least 20% of the population of older adults will be from ethnic minority groups.
Estimated Numbers of People with Psychiatric Disorders in USA

(Jeste et al., Arch Gen Psychiatry, 1999)
“The capacity of an individual with mental or behavioral problems to respond to mental health interventions knows no end-point in the life cycle.

Even serious mental disorders in later life can respond to clinical interventions and rehabilitation strategies aimed at preventing excess disability in affected individuals.”

C Everett Koop, Surgeon General’s Workshop Health Promotion and Aging, 1988
# Growing Need For Professionals In Geriatrics

<table>
<thead>
<tr>
<th>Profession</th>
<th>“Current” Supply</th>
<th>“Future” Demand (2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric Psychiatry</td>
<td>2,360</td>
<td>6,000</td>
</tr>
<tr>
<td>Geropsychology</td>
<td>700</td>
<td>14,000</td>
</tr>
<tr>
<td>Social Workers</td>
<td>6,000</td>
<td>60,000</td>
</tr>
<tr>
<td>Nurses</td>
<td>11,000</td>
<td>1.3 million</td>
</tr>
</tbody>
</table>
Figure 1.2 Distribution of Certified Geriatric Psychiatrists in the United States for populations 75 and over, 2006

The number of certified geriatric psychiatrists per state.

The national mean of geriatric psychiatrists per 10,000 population age ≥75\(^1\) is 1.1 (state ratio in parentheses).

Above national mean
Same as national mean
Below national mean

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\(^1\)American Board of Medical Specialties, 2005 Annual Report and Reference Handbook
\(^2\)Census 2005 as compiled by the Administration on Aging

Source: ISH ADGAP Status of Geriatric Workforce Study, 2007
<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Programs</th>
<th># of First Year Fellows (% slots filled)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>38</td>
<td>35</td>
</tr>
<tr>
<td>2000</td>
<td>61</td>
<td>79 (63%)</td>
</tr>
<tr>
<td>2005</td>
<td>60</td>
<td>76 (56%)</td>
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</tbody>
</table>
Nursing

- Among the current nursing workforce, less than 15,000 RNs have any specialty training in geriatrics. This translates to .005% of the workforce.

- Of the current 111,000 advanced practice nurses in the US, less than 3,500 are gerontologic nurse practitioners. This translates to about 3%.
What About the Current Workforce?

• About 25% of all current psychiatrists treat a high number of geriatric patients
• A high proportion of nurses, social workers and other allied health professionals also work with a large number of geriatric clients.
Training Goals for the Field of Geriatric Mental Health

• Increase the number of practitioners

• Develop a workforce with diversity in terms of discipline, gender, ethnicity, location

• Develop the next generation of collegial and devoted practitioners with mentoring skills for future generations
What is Out There?
High School Summer Training in Aging Research (HS STAR)

- Extending the training pipeline
- Pilot program for 12 students from the UCSD Preuss School (10 juniors, 2 seniors) during summer 2006 – to be repeated summer 2007
- 4-6 weeks of hands-on research work with mentors (faculty or fellows)
HS STAR: Activities

- Data collection
- Shadowing
- Literature searches
- Weekly “aging” film events
- Tours of library, Supercomputer Center, Keck Imaging Center, etc.
- Field trips
HS STAR - Summer 2006
Representative Students’ Comments

• “The HS STAR program helped me to follow my dream of being somebody and helping those in need, but it also gave me the experience and knowledge for my future schooling such as: research, critical thinking, and developing personal contacts.”

• “I think that’s it’s great how we’re finding out about the elders at a young age, it gives all of the students a head start to look forward into helping this project, and find ourselves the true fountain of youth.”
Early Pipeline Training

• NIMH-sponsored Career Opportunities in Research (COR) Program
  – 17 grantees across the US focusing on a variety of mental health topics (none geriatric)
Technical and Paraprofessional Training

• There clearly need to be efforts to increase the training of technical and paraprofessional staff to work with older adults. Few programs exist to date.
Undergraduate, Graduate and Medical Students

- Minority Access to Research Careers (MARC)
- Career Opportunities in Research (COR)
- Institutional/Individual National Research Service Awards (T32s and F32s)
- NIA/AFAR/Hartford Foundation (e.g., SMART Program)
- START-MH
NIA/Hartford/AFAR Medical Student Program (MSTAR)

- Seven sites nationally
- Centralized competitive application process
- Summer research experience along with didactic and clinical education
- Presentations at American Geriatrics Society
- UCSD experience - > 75% from minority racial/ethnic groups; 73% women
START-MH

- National program to provide 10 weeks of research training in geriatric mental health to 30 individuals with little or no exposure to the field from across the country
- >50% of trainees have been from under-represented ethnic minority groups and approximately 75% have been women
Postdoctoral Training

- Clinical Fellowships
- Institutional/Individual National Research Service Awards (T32s/F32s)
- VA Associate Investigator Awards
- IRMA
- John A. Hartford Foundation Centers of Excellence in Geriatric Psychiatry
- Summer Research Institute in Geriatric Psychiatry
Clinical Fellowships

- Geriatric psychiatry
- Geriatric psychology
Postdoctoral Training

• T32s
  – 5/147 NIMH T32s have a geriatric mental health focus
  – 8/70 NIA T32s have a mental health/cognitive focus

• VA Associate Investigator Awards
Institute for Research Minority Training in Mental Health and Aging

- NIA-funded T32
- Designed to enhance the number of minority scientists trained to conduct research in mental health.
- Traditional postdoctoral training plus enhanced mentoring plus masters in clinical investigation
- Use of advantage of innovative web-based and teleconferencing technologies.
John A. Hartford Foundation Centers of Excellence in Geriatric Psychiatry

- Two sites in US (Pittsburgh and San Diego)
- First funded in 2005
- Two tracks
  - Physician Scientist
  - Physician Educator
- Salary support, pilot funding, educational activity support, curriculum development support
Summer Research Institute (SRI) in Geriatric Psychiatry

- Designed to provide short-term research training in geriatric psychiatry to strengthen and diversify the scientific enterprise in this field.

- 25-30 participants/year

- Rotating sites – stable core faculty

The Summer Research Institute in Geriatric Psychiatry (1995-2006)

- Trained more than 300 individuals
- 51% Women
- 53% MD; 39% PhD
- 23% from ethnic minority groups
- Nearly equal numbers of fellows and junior faculty members
SRI Topics

- Academic career, Choosing mentor/s
- Grant Writing
- Publication Strategies
- Balancing Life and Work
- Bioethics & Professional Integrity
- Scientific Autobiographies
- One-On-One Sessions with Sr. Faculty
SRI Alumni: Outcomes*

- 52% have 1 federal or other national peer-reviewed grant as PI (184 grants)
- 28% had some other grant (industry, private, etc)
- > 90% had peer-reviewed publications
- Large proportion have received academic promotions and many serve as “leaders” in the field of geriatric mental health

*Unpublished data
Junior Faculty Development and Beyond

- Advanced Research Institute in Geriatric Mental Health
- MedEdMentoring Program
Advanced Research Institute in Geriatric Mental Health

• NIMH-sponsored program that provides mentoring and support aimed at helping junior investigators transition to independent (i.e. R01-level) scientist in the field of geriatric mental health.

• Outstanding early track record

• Mentor and mentoring development
MedEdMentoring (mededmentoring.org)

- Funded by NIMH: mentoring education and reference resource
- Steered by a nationally recognized advisory board
- Tools to support mentoring and career development needs
- Provides assistance to launch and maintain a research career
- Innovative training approaches for a new generation of investigators
Features

• Online and offline educational activities
• Mentoring and career related presentations
• Career autobiographies
• Downloadable slide library
• Mentoring Q&A
• Resources
• Events calendar
Where Do We Go From Here?
MHSA Opportunities
The pessimist sees difficulty in every opportunity. The optimist sees the opportunity in every difficulty.

Sir Winston Churchill
The Mental Health Services Act Presents Unique Opportunities to Thought Leaders in California
Required Elements of the Act

- Expand postsecondary education capacity
- Expand loan forgiveness, scholarship programs
- Create stipend programs
- Promote employment of consumers and family members
- Develop curricula per MHSA values
- Include cultural competency in all training
- Establish regional partnerships
- Increase MH career development opportunities
- Promote meaningful inclusion of consumers, family members in all training and education
Funding Boundaries

• For workforce development programs – restricted to addressing identified occupational shortages and diversity needs of persons working in public mental health system

• For education and training – restricted to education and training embodying MHSA essential elements and fundamental concepts

• For workforce staffing support – restricted to positions specifically identified to support workforce development programs and education and training
Select Identified Priority Areas

- Social work
- Clinical psychology
- Psychiatric nurse practitioners
- Marriage and family therapy
- Physicians assistants
- Psychiatrists (geriatric and public mental health)
Careful Planning is Required
Concepts to Consider

• Loan forgiveness and scholarships
• Training “in place” and “train the trainers” model
• Built-in incentives for additional education – promotion opportunities, financial incentives
• Flex time jobs – move away from the traditional 40 hour work week
Concepts to Consider

- Clear policies regarding benefits to encourage consumer interest in employment
- Tap into the “wave” of individuals approaching retirement age as potential employees
- Regional partnerships – the whole is greater than the sum of the parts
- Translation of training and teaching in languages other than English
Working in partnership, we can accomplish great things to better serve older adults with mental illness locally, nationally and internationally.