

BEHAVIORAL AND COGNITIVE HEALTH ISSUES

Understanding the Issue

- It is estimated that 20 – 25% of individuals age 65 and older have a mental health disorder
- Mental health disorders affecting older adults include:
 - Ongoing chronic psychiatric illnesses
 - Onset of illness with behavioral and/or cognitive symptoms such as dementia or stroke
 - Disorders due to age-related disability or caregiving such as depression or anxiety
- Based on 2013 Census estimates, 76,000 - 95,000 older Nevadans are affected by these disorders
- Risk factors are: diagnosis of new illness, chronic diseases, pain, disability, medication interactions, social isolation, poor nutrition, substance abuse, loss of loved one and caregiving
- Dementia affects 1 in 9 at age 65 and almost 50% of those age 85 and over

Unmet Needs

The current health care system is inadequate to effectively meet the specialized needs of older adults. This results in behavioral and cognitive health disorders going undiagnosed, underreported and untreated. Challenges to improving care include:

- Misconceptions about the normal aging process; lack of understanding of behavioral health issues experienced by older adults
- Insufficient community-based care options and inpatient facilities that specialize in care proven effective for older adults
- Training for medical professionals in diagnosis, treatment and behavior management
- Medication management of prescription and non-prescription drugs
- Education and training for caregivers including non-pharmacological behavior management
- Implementation of evidence-based models of care to address behavioral/cognitive symptoms

The implementation of specific steps to resolve these challenges will deliver more cost efficient quality care, reduce the use of emergency room services and decrease premature nursing home placements.

Current Request for Legislative Support

- 1) Identify state funding to support evidence-based community programs implemented statewide to aid caregivers caring for loved ones with behavioral and cognitive health issues. Funding would be utilized for:
 - a. Offering information and referral for all Nevada citizens
 - b. Training in selected evidence-based community programs for caregivers as well as social service providers, health care workers and family members
 - c. Creating a sliding fee scale to address affordability of mental health services
 - d. Providing a substitute caregiver to ensure safety of loved one while family attends training
 - e. Creating a sliding fee scale for respite services
- 2) Identify state funding to assist Aging and Disability Resource Centers and Nevada 2-1-1 to collaborate to create a “No Wrong Door” access to resources statewide.
- 3) Establish a higher rate of pay by Medicaid for nursing facilities prepared and trained to support individuals with behavioral health needs, allowing individuals to remain in their own communities rather than being placed in out-of-state facilities.

Sources:

Karel, Gatz & Smyer, 2012 APA, Jeste et.al., 1999 Mentally Healthy Aging