



**Boston University Center for Aging and Disability Education and Research: Behavioral Health & Aging:
Enhancing Competencies for Workers in Senior Centers Evaluation Report**

BACKGROUND

Older adults with untreated behavioral health concerns are a highly vulnerable population. A recent Massachusetts study found that 29% of Massachusetts residents 65 or older have been diagnosed with depression at some point, and that in some communities the rate is closer to 40%¹. Older adults with mental health and/or substance use disorder have greater disability rates, poorer health outcomes, and hospitalization rates and emergency room usage as much as 47% to 200% higher than older adults without these disorders².

Unrecognized, undiagnosed, and untreated mental health issues are costly and even lethal. One of the greatest barriers to the provision of mental health services is the lack of a trained workforce. Health and mental health professionals often fail to receive basic training in aging, particularly training focused on geriatric mental health and substance abuse.

In 2012, Congress mandated that the Institute of Medicine form an expert national committee to assess the behavioral health needs of the older adult population and the workforce that serves it. They created the report “The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? “The breadth and magnitude of inadequate workforce training and personnel shortages have grown to such proportions”, says the committee, “that no single approach can adequately address the issue. “They suggest that overcoming these challenges will require focused action by all³.

In addition, our workforce will need to address issues of diversity, over the next 20 years, the white older adult population, while continuing to grow, will comprise a smaller proportion (roughly 78%) of the older population, while Latinos and Asian Americans are projected to see the largest proportional increase among all groups of older Americans. Should service delivery systems remain as they are, as well as the workforce needed to provide services in these systems, they will not meet the needs of the nation’s more diverse populations as they age⁴.

Given the lack of workforce preparation in the area of geriatric behavioral health, particularly with diverse populations, this training program focused on Councils on Aging (COAs), also known as Senior Centers. COAs are the community focal point for social and support services to elders, families and caregivers. Across the country there are 11,000 Senior Centers. In Massachusetts, there are 349 COAs benefitting 540,000 people annually. In many towns and municipalities, COAs are the “go to” place for assistance. For this program, CADER partnered with the Massachusetts Councils on Aging and the Executive Office of Elder Affairs to provide a competency based training program that addresses the core skills, knowledge, and values needed to effectively identify and respond to older adults with mental health and substance use concerns, increase

resilience,
and further
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The Center for Aging and Disability Education and Research (CADER), located at Boston University School of Social Work, is dedicated to workforce development in both the aging and the disability fields through educational innovation, workforce change, and research.
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prevention of suicide.

METHODOLOGY

The program utilized a blended training model, combining in-person training with CADER online courses. The in-person component consisted of two sessions, each two hours in length, led by a CADER trainer. One session took place at the start of the program and the other at the end. Learners had five months between the first and last in-person session to complete the four online courses. The in-person sessions combined with the online courses, provided 19 hours of training.

Prior to the start of the program, COA staff were surveyed to determine which of CADER's online courses should be included in the program. CADER's course catalogue includes 32 online courses, with eight focused on behavioral health and aging, and respondents were asked to rank their preferences based on relevance to their work as well as their likelihood of taking each course. The following four CADER online courses were selected for the program:

- Mental Health and Aging Issues
- Mental Wellness and Resilience among Older Immigrants and Refugees
- Suicide Prevention among Older Adults
- Substance Abuse among Older Adults

CADER programs and courses apply a competency-based approach. Participants were asked to complete a pre-course competency assessment prior to beginning the courses. After completing each of the four online courses, participants were asked to rate their skill level at each of the learning competencies by completing a post self-assessments of learning competencies.

At the end of each of the four online courses, participants were also asked to complete a course evaluation in order to gauge whether they felt that the training benefitted their practice.

RESULTS

Fifty-three participants enrolled in the program but only attended the first face to face session. Forty-four participants continued on with the training. The demographic data is representative of these 44 participants. The average age of the participants was 49. Ninety percent (40) identified as female. Ninety percent self-identified as White/Non-Hispanic, 5% as Hispanic/Latino, and 5% as "other." The majority of participants had a Bachelor's degree or higher (61.4%).

One hundred percent (n=44) of participants completed the first online course, *Mental Health and Aging Issues*. Increases in the mean scores from pre-test to post-test were statistically significant across all of the ten learning competencies and ranged from 18% to 75% ($p < .05$). In addition, one participant commented; "This course was extremely useful in identifying mental health issues for referral. *I thought I could recognize several conditions before but did not have the confidence and now I do.*"

Ninety-three percent (n=41) of participants completed the second online course, *Mental Wellness and Resilience among Older Immigrants and Refugees*. Increases in mean scores from pre-test to post-test were statistically significant across all of the eight learning competencies and ranged from 109% to 363% ($p < .05$). One participant said, "*I enjoyed the course and believe it helped me to understand more fully the process*

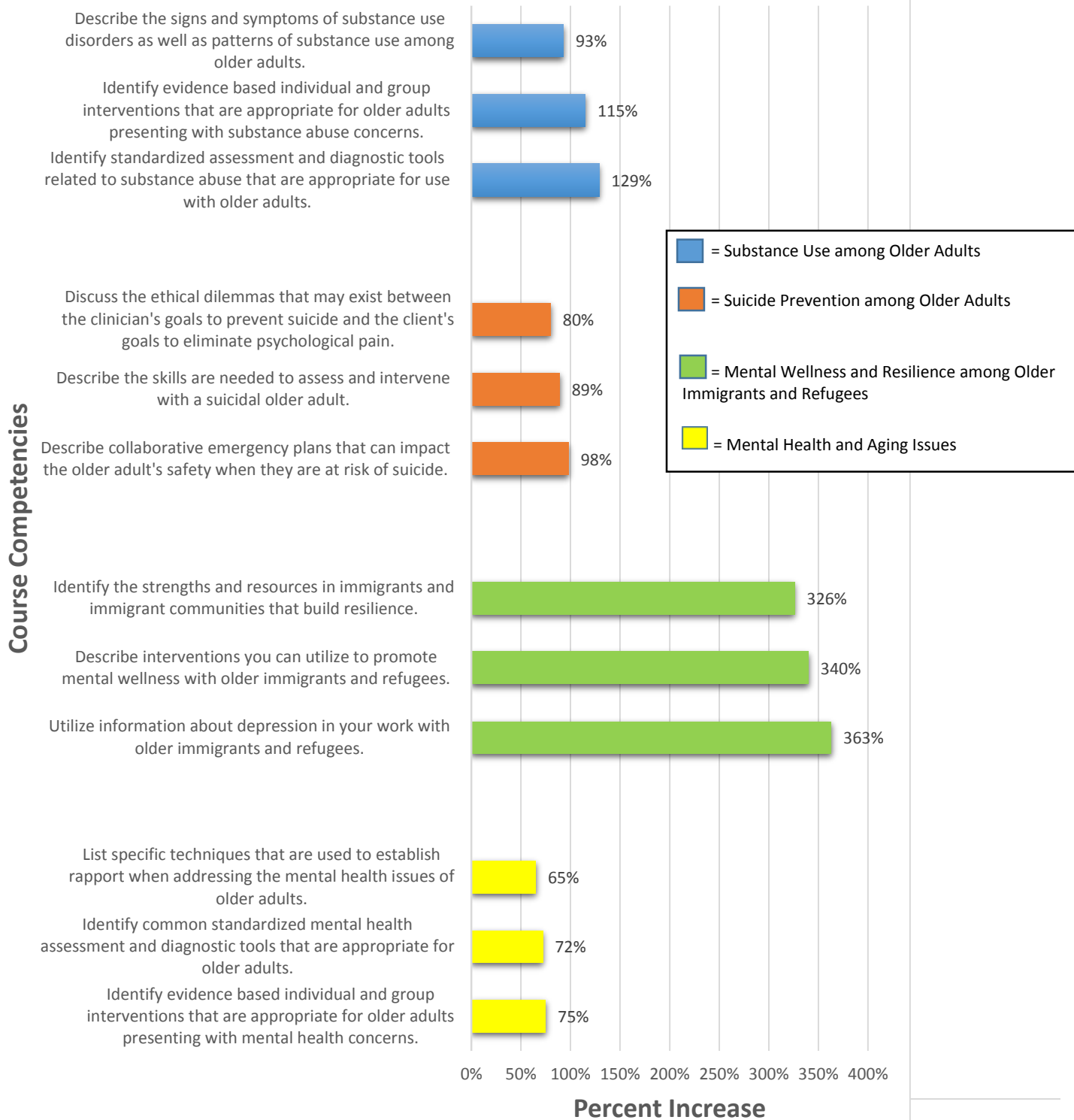


of immigration and the difficulties people face when coming to a new country. I believe the things I learned will help me to be better able to help anyone who is struggling and be more aware of what they are facing.”

Ninety-one percent (n=40) of participants completed the third online course, *Suicide Prevention among Older Adults*. Increases in mean scores from pre-test to post-test were statistically significant across all of the eight learning competencies and ranged from 26% to 98% (p<.05). A participant reported, “*I learned a great deal of new information which will be most helpful to me in my professional work with older adults.*”

Ninety-one percent (n=40) of participants completed the fourth online course, *Substance Abuse among Older Adults*. Increases in mean scores from pre-test to post-test were statistically significant across all of the seven learning competencies and ranged from 52% to 129% (p<.05). A participant said, “[*t*]he course was very informative. Made me realize substance dependence has a rippling effect.” The competencies with the three greatest increases pre-test to post-test in each of the four courses are illustrated in the chart below.

Greatest Competency Increase by Course





Participants in this training program appreciated the CADER online courses and reported that they learned a great deal of relevant information that they will use in their work with aging and disability populations. An average of ninety-nine percent (99%) of participants agreed or strongly agreed that the training expanded their knowledge and understanding of the topic area. Furthermore, an average of ninety-six percent (96%) of participants agreed or strongly agreed that the training will help them in their work with older adults and/or people with disabilities, and that the training will help them apply practice skills in the topic area.

IMPLICATIONS

With the growing number of older adults with behavioral health needs, workforce training is vital. A key recommendation in the IOM Report, “The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?” was that “training in essential competencies for the care of older adults with mental illness and substance use disorders must be provided across the workforce if it is to meet the challenges it faces and will face in the future⁵”.

In response to this need, CADER designed and delivered a program that was built around key competencies in the area of behavioral health. Our evaluation speaks to the benefit learners found in this training, with results showing statistically significant increases across all competencies in all four courses.

As previously mentioned, the lack of workforce training for those at the front lines of services can lead to problems in identifying and subsequently intervening with older adults with mental health and substance use concerns. The program saw large increases in knowledge and skills related to learners’ ability to identify and intervene as well as a greater understanding of evidence based individual and group interventions. The training results speak to the need for this type of training and the role COA staff can have in responding to the needs of the older adult population.

Another evaluation result that is noteworthy is the impact of the course on Mental Wellness and Resilience among Older Immigrants and Refugees. Our country is growing more diverse yet there is little attention, including research, being paid to older immigrants and refugees. In light of this, CADER developed this online course and learners found it exceedingly helpful. This course had the greatest competency gains. With the changing nature of our communities, it is important for COAs to continue to be trained in this area. Across the US is a movement to create “age friendly communities.” This training can enable the staff to be more responsive to the changing demographics around them and can help guide their programming to be welcoming of diverse populations.

One of the strongest IOM recommendations was that both Congress and the Health and Human Services Secretary act to increase the investment in the geriatric mental health and substance abuse workforce⁶. Until there is an increase in federal funding, states, municipalities, and towns should consider funding this type of training. Good training can lead to earlier identification of mental health and substance use issues, which can mean less cost to communities and less distress to older adults and their families.



CONCLUSIONS

This program brought a university based training program to Councils on Aging in Massachusetts, providing 19 hours of training to a workforce on the frontline of communities. The program uses an online curriculum that is standardized and can be provided to any of the 11,000 Councils on Aging across the country. It is a cost effective and efficient way to provide this much needed training, and can be a great step forward in addressing this workforce and population need.

ACKNOWLEDGMENTS

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END NOTES

¹ Dugan, E., Porell, F., Silverstein, N., Palombo, R., & Mann, S. (2014). Massachusetts Healthy Aging Data Report: Community Profiles.

² Massachusetts Executive Office of Elder Affairs, Massachusetts Department of Mental Health, Massachusetts Department of Public Health, & Massachusetts Association of Older Americans. (2015). *Massachusetts Older Adult Behavioral Health Summit*.

³ Eden, J., Maslow, K., Le, M., & Blazer, D. (Eds.). (2012). *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? Introduction to the Report*. National Academies Press.

⁴ Boston Partnership for Older Adults. (2008). *Hidden Issues: A Boston Perspective on Mental Health and Cognitive Health and Substance Abuse Among Older Adults*.

⁵ Eden, et al. (2012), Preface, p.x.

⁶ Eden, et al. (2012)