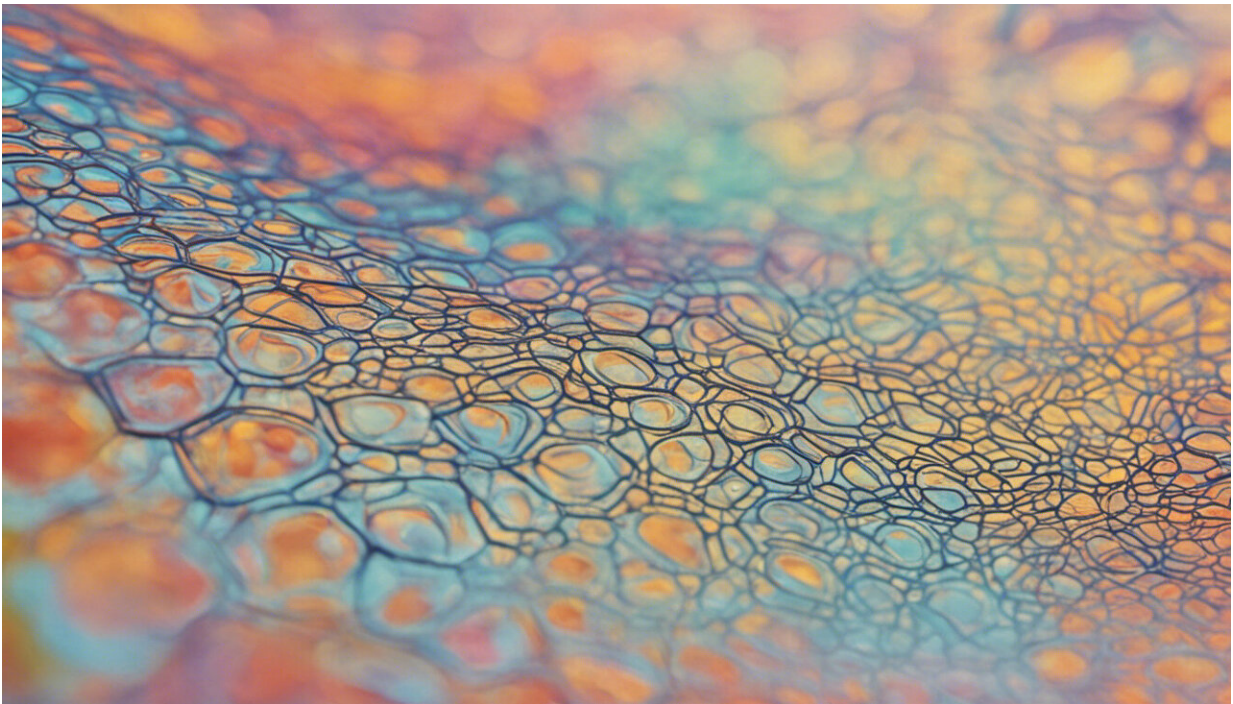


# California must build workforce to serve older adults' behavioral health needs, report says

January 16 2019, by Venetia Lai

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Credit: AI-generated image ([disclaimer](#))

By 2030, there will be 9 million adults over age 65 in California—up from 6 million now—according to an estimate by the state's department of finance. But a new study by the UCLA Center for Health Policy Research finds that California's public mental health workforce is poorly

prepared to address their mental health needs and provide treatment for substance abuse.

The report's publication coincides with a meeting this week in San Diego of the California Behavioral Planning Council, which will discuss the workforce problem and a five-year workforce education and [training plan](#). But Janet Frank, a faculty associate at the center and the study's lead author, said the council's current proposed plan does not specifically mention [older adults](#).

"Mental health professionals with geriatric training are retiring, and there is a limited number of doctors, psychiatrists and nurses with adequate geriatric training to take their place," Frank said. "The state can be proactive and plan ahead to make sure behavioral health workers are trained to serve the increasing number of older adults."

According to the study, existing research paints a stark picture of the need for behavioral health care for adults in their golden years throughout the U.S., which is mirrored in California:

- Between 8 and 16 percent of America's noninstitutionalized older adults have symptoms of depression, and the percentage is even higher for those with [medical conditions](#).
- Depression and anxiety disorders, the most common mental illnesses in late life, often go undiagnosed in older adults.
- Suicide rates for older men are four times higher than for any other age group, and suicide attempts are more often carried out among older adults than among younger adults.
- Alcohol and prescription drug misuse is one of the nation's fastest-growing health problems among adults 60 and older, and older adults with those problems are more likely to have undiagnosed psychiatric and medical problems.

A [previous study](#) by Frank and co-authors documented that the state's geriatric behavioral health workforce is deficient in knowledge, skill and numbers—particularly in rural areas. The new study compares the available workforce against the behavioral health needs of older Californians and makes recommendations on how to better prepare and build a workforce to bridge that gap.

For instance, according to the new report, the state has just 721 certified geriatricians. And that predicament reflects the national health care workforce's preparedness to treat older adults: According to literature cited in the report, only 1 percent of nurses, 4 percent of psychologists and 4 percent of social workers have training or specialize in geriatrics, and only 3 percent of medical students take geriatrics during their training.

The UCLA report recommends nearly a dozen policy strategies aimed at ensuring the state's mental health workforce is adequately staffed and trained to serve older adults. The recommendations are aimed primarily at three groups: legislators, state agencies and policymakers; universities and colleges, accreditation and licensing boards; and county mental health departments and their contractors.

Among the recommendations:

- Give stipends and other financial incentives to trainees who specialize in geriatric behavioral health services, particularly in small rural counties that will have the biggest shortages.
- California should fund behavioral health training programs that include geriatric content.
- Improve the statewide data collection system to better track the behavioral health [workforce](#) as well as activities funded through California's Mental Health Services Act of 2004, which funds state mental health intervention and services.

- Universities should include geriatrics as part of training for workers entering the mental and behavioral health professions.
- Counties should develop peer [training](#) programs in which people who have had a family member treated for behavioral health issues are made available to help older adults navigate public mental [health](#) services.

**More information:** California's Behavioral Health Services Workforce is Inadequate for Older Adults.  
[healthpolicy.ucla.edu/publications/2019-01-california-workforce-older-adults-behavioral.html](https://healthpolicy.ucla.edu/publications/2019-01-california-workforce-older-adults-behavioral.html)

Provided by University of California, Los Angeles

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