

Connecticut Long-Term Care Needs Assessment
Focused Report II: March 2008
Identifying the Long-Term Care Needs of People with Mental Illness

Mental illness strikes all age groups, genders, nationalities, and economic backgrounds and is a serious public health issue in the United States. Mental illness refers to all diagnosable medical conditions that impair a person's thinking, mood, ability to relate to others, and daily functioning. Current estimates of prevalence suggest that 26 percent of American adults suffer from some diagnosable form of mental illness annually with about six percent who experience serious mental illness. Mental health disorders have substantial economic and social costs and also relate to chronic conditions that need long-term care.

This focused report explores the long-term care needs of people with mental illness as identified in the 2007 Connecticut Long-Term Care Needs Assessment. All Connecticut Needs Assessment reports are available online at

http://www.uconn-aging.uchc.edu/res_edu/assessment.html.

In this analysis, a subset of respondents reporting mental illness disabilities (n=542) were compared to people with other disabilities (n=1,706), and those with no disability (n=3,561). Interrelationships were examined between mental health and the following four areas:

- **Demographics**
- **Health and Functioning**
- **Long-term Care Plans, Service Use and Needs**
- **Social and Financial Support Needs**

Demographics

There were significant differences in the three disability groups in all demographic variables.

- People with mental illnesses are more likely to be male, never married or divorced
- There were higher proportions of ethnic minorities in the disability groups than the no disability group.
- People with mental illnesses are more likely to be unemployed or working part time than those with another or no disability.
- Compared to the other disability group and the no disability group, people with mental illnesses are less likely to have graduated from college.

Health and Functioning

Significant differences in health and functioning exist between the three disability groups.

- Comorbidity is high among people with mental illnesses, 64% of whom have other disabilities as well.
- People with mental illnesses and those with another disability are more likely to report only good or fair health than people with no disability.
- People with a disability other than mental illness reported a higher level of activities of daily living (ADLs) impairment, but the two disability groups have almost the same impairment level on instrumental activities of daily living (IADLs).
- People with mental illnesses reported the most impairment in managing money and taking medications correctly.

Long-Term Care Plans, Service Use and Needs

Among the three disability groups, there were significant differences in long-term care planning, service use and unmet needs.

- Compared to the other two disability groups, people with mental illnesses are less likely to have plans to pay for long-term care.
- More people with mental illnesses reported they could not afford to pay anything each year if they or a family member needed long term care for a 5-year period.
- People with mental illnesses have high rates of LTC services use and higher rates of unmet need across services than those in the other and no disability groups.
- People with mental illness disabilities reported more difficulties with transportation than people with another disability or those with no disability.

Social Support and Financial Needs

Compared to the other disability groups, people with mental illnesses reported significantly less social support and greater financial needs.

- People with a mental illness disability reported less availability of social support and emotional support than people in the other two groups.
- Compared to the other groups, people with mental illness disabilities had the most financial difficulties.

Recommendations

Based on data from this analysis, the following recommendations are offered for consideration in helping state and mental health care providers plan for the needs of people with mental illnesses and to improve the network of long-term care for this population.

- People with mental illnesses report greater need and fewer resources for long-term care. Providing access to and financing for comprehensive community-based mental health care services would help create more parity for people with mental illnesses.
- More than half of people with mental illnesses acknowledge they will need long-term care, but most have done very little planning for this type of care. People in recovery require lifelong management and would benefit from assistance with long-term care planning.
- Compared to other groups, people with mental illnesses report higher levels of need for specific services, such as care management and homemaker services. Increasing access to certain long-term care services with high rates of unmet need is needed.
- Hispanic, Black, and other non-white participants reported higher rates of mental illness than of other types of disabilities. A greater emphasis on culturally competent mental health care would help to eliminate existing ethnic, cultural, and linguistic barriers.
- Increasing and expanding educational opportunities and vocational rehabilitation are necessary to ensure success for people with mental illnesses who want to complete and continue their education and/or obtain employment.
- Transportation can be a barrier to receiving needed services. Problems related to the cost, availability and accessibility of transportation need to be addressed.
- Continued efforts to supply a broader range of affordable housing alternatives and services are needed to enable people with mental illnesses to live and participate in the community more fully.
- Compared to other groups, people with mental illnesses are less likely to receive support from family and friends. Opportunities for greater social integration are needed.