S.I.L.V.E.R. Ask Me Anything: “Promoting Health Access and Vibrant Aging for Older Adults with a Serious Mental Illness with guest expert Pierluigi Mancini, PhD.

*This call is being recorded.*

Lisa Krystynak:

Um, and, um, we're going to go ahead and get started, but welcome, um, if you're coming on and you hadn't already, please, uh, put who you are in the chat. Say hello to everybody. We would love to know, uh, who you are, where you, uh, are from, or anything you want us to know about you. We appreciate it. Um, but good afternoon and, uh, welcome to our As Be Anything session on supporting individuals to live as vibrant elders in recovery, or as we, uh, lovingly call it silver. And I'm one of those people now. So, <laugh>, I love the, the, the actual term vibrant, um, because I want to be that vibrant elder, uh, now that I'm in that category. So, um, we're excited about it. Uh, we're thrilled to have Dr. Mendini as our guest expert today. And my name is Lisa Krasna, and I'll be your moderator. And Amanda Lowe, uh, off, off camera will be our, uh, wonderful person handling any tech support that we need today. Today's, uh, event is funded by the National Institute on Disability Independent Living and Rehabilitation Research. This session is, uh, designed to be an interactive q and a, not a traditional presentation. So, for the next hour, uh, Dr. Mendini will answer your questions related to today's topic, which is promoting health access and vibrant aging for aging for older adults with a serious mental illness. So, after I introduce Dr. Manini, we'll have the opportunity, he'll have the opportunity to expand our topic, then we'll dive right into your questions. So, please feel free to start submitting your questions in the chat at any time. So, now we are honored to have Dr. Mancini with us. He is a true leader in the field of mental health addiction and health access. Dr. Mancini's impact extends globally. He has worked at the local, state, and federal levels and has consulted internationally. His commitment to advocacy and education has also, made waves in media with his award-winning documentaries and public service announcements, addressing Latino mental health and substance use, earning him six me award awards. Among his many accolades, Dr. Mancini was recently honored with the 2024 William F. Callahan Leadership Award from Nada, the Association for Addiction Professionals for his exceptional contributions to the field. He also, chairs Mental Health America's National Board, and serves on other influential organizations, champion greater access to mental health care. Today, Dr. Mancini will help us navigate the intersection of aging, mental health and recovery, exploring key strategies to advance health access, combat social isolation, and empower older adults to live vibrant, fulfilling lives. So, welcome, Dr. Mancini. You just take center stage and take the next 10 or 15 minutes to expound on our topic, and then I'll pop back in and assist introducing any of the questions that our folks have for you today. So, take it away.

Pierluigi Mancini:

Thank you so, much, Lisa, and good morning. Good afternoon, everyone, depending on where you are in the world. Thank you so, much for being here today, especially after reading in the chat that some of the places where you are, the weather is beautiful, and you have many other options for activities today, I'm real honored that you chose to spend this hour with us. You know, my, when I was first invited to this, I, first word that came to mind was indignity. So, aging with dignity and purpose is not only a universal aspiration, but also, a professional and a personal aspiration as I continue this journey into life. But for older adults with serious mental illness or, or substance use disorders, there are barriers that sometimes stand in the way of thriving. And, you know, my goal in life is, is to help people be able to overcome challenges so, they can thrive, they can belong, they can be part of this amazing world, this amazing life that we can have if we're given these opportunities. So, today I wanted to kind of explore that intersection of aging, mental health recovery. But mainly I developed five areas that I kind of want to center the discussion about, that I will share with you in a moment. But I wanted to address things like social isolation, advocating for equitable access, holistic healthcare, healthcare and recovery, so, we can evolve into this purposeful aging as we foster that sense of community with, uh, lifelong learning and empowerment. So, I wanted to start with the confession. You know, I, I, my mother last year moved into an independent living, and I've gotten to meet some, some beautiful, amazing women and men who are, uh, living there. And you can see some of them have this spark, and they have this, this love for life, no matter how old they are, eighties, nineties, there's also, hundreds at 101. So, I asked one of the older people, what is the secret to aging gracefully? And she told me, honey, don't look in the mirror after 60 and everything will seem fine, but, you know, and so, I laughed a little about that. I said, well, you know, that sounds kind of funny. But, uh, as I was, um, thinking more about it, it reminded me that the way we age and the way we thrive has a lot to do with perspective. And it has a lot to do with the support that we get along the way. And, and what happens today in my point of view. Um, we don't have the opportunities for to really help older individuals, older adults, with serious mental illnesses, not just to age, but to be able to age vibrantly and to be able to achieve that. Now, when I talk about vibrant aging, I'm not just talking about, you know, older folks that you see in their adidas suits or, or taking a salsa class, even though I love when they do that. And that if that's something that, that you are into or, or your, uh, clients are into, it is wonderful because I think movement is one of the biggest keys. But we're talking about living with purpose, you know, finding joy, making sure that every individual, regardless of, of their mental health journey, has that chance to thrive as they grow older. So, you know, this topic is also, very important. You know, some of you may even know that the statistics better than I do, but one statistic that has been consistent is how people with serious mental illness live 10 to 25 years less than the general population. And I know it's a dated statistic, but would continue to see that happening, um, in, in this world, in, in the, in the work that we do. And it's not because people are aging faster, is my belief, is because we have systems around them that are not designed to support that mental, physical, and social needs as, as they grow older. So, you know, aging is, is already, um, difficult. My mother reminds me all the time, aging is difficult. Aging is expensive. And when you add a mental health challenge to that, it's, it's like, it's like playing with blindfolds on or, or one hand tied behind your back. So, I really hope, and I want to invite that all of you will help me in participating in this discussion. I, I want to highlight five, um, areas that I think are, um, extremely detrimental to helping older adults with serious, serious mental illnesses. Not just survive, but thrive as vibrant elders in recovery, like a top five list. And, and of course, if you have items, then I would welcome for you to, to put those in the chat that Lisa's going to be monitoring, and we can, can discuss that. So, you know, we want to be able that, um, to walk out of here. We're saying, hey, I learned something new. There's something I can do better for myself or for the clients that I'm working with. And, you know, it's, it's, hopefully it'll be a, a lively discussion. Nobody will fall asleep. Nobody will start multitasking while we are in this virtual, uh, session. So, the first one is recovery-oriented care. So, we need to stop treating aging as the end of the road, and we need to start treating it as, as that new chapter, like when, you know, your favorite show gets renewed or you're looking forward to the next season of I'm an opera lover. So, I look forward to the next season of the, so, recovery doesn't stop at a certain age at 65 or 70. I personally am a person in long-term recovery since 1985, and I'm 62 years old. So, I always believe my life is just starting. And it is because I had opportunities to be able to learn how to thrive in recovery for all these years. Now, when we promote recovery-oriented care for older adults, we remind ourselves that this is relevant as individuals age. We need to make sure that our care emphasizes those strengths, those personal goals that change as we age. And that helps us achieve a quality of life that we want. And fostering empowerment as we get older, that there's some considerations in promoted recovery-oriented care for adults of access and fairness. We need to make sure that recovery programs address the unique challenges of aging, like mobility, limitations, chronic health conditions, changing social roles, um, loneliness or isolation with a focus on, on inclusivity and respect for, uh, cultural and personal values of that individual. The second item, I think it's important is combating isolation. So, we know isolation is not good for everyone. You know, one of the main reasons my mother took this step is because her friends lived far away. She was living by herself independently, and she didn't like to drive that far, and her friends didn't drive. So, a lot of the time there was not that, uh, connection. And in the facility that she's at now, there is connection. She met some wonderful people, so, she doesn't must struggle with that isolation. But it also, happens to us, it happens to me. I'm sure it happened to some of you who are listening. Isolation is a difficult area to, to, uh, deal with as we age. And part of that is, is more difficult for us to make new friends, to let people in, especially as we're dealing with our aging and any conditions that may come with that. So, it's not good for anyone. Um, but for older adults with this, uh, serious mental illness is like, take it away, the cell phone of your adolescent child. And, you know, that's devastating. It's, it's their whole world. So, we need to build this community. The importance of social connections, uh, is extremely crucial for maintaining good mental health or for maintaining a sense of purpose. So, older adults with, um, serious mental illnesses experience loneliness, which can undermine recovery and wellbeing, and it would lead to further isolation. And we need to consider, um, things like peer led support groups or, or mentorship programs, community-based activities that foster belonging, especially individuals from marginalized communities who may face additional barriers to social engagement. The third area that I think is extremely important is the access to holistic healthcare. Now, you are hearing a lot today, especially those of you that continue to be glued to the news, which sidebar limit your news intake if you want to have good mental health, limited to one hour a day or less, if you want to have and keep good mental health. So, access to holistic healthcare, um, you know, we should be able to get any and everything that we need. Uh, mental health, physical health, substance use, recovery, it all must come together. But some systems still operate like they're serving leftovers. They, they, they're operating with older principles, older modalities, older medications, older, older, older. So, we need to make sure that we're providing access to new ways. I, you know, I do a presentation on, on biohacking your mental health that talks about the importance of nutrition and sleeping. We need to make sure that we have this type of services. So, uh, aging adults with, uh, serious mental illness require integrated care that addresses mental health, physical health, spiritual health, financial health, all of that under one roof. And we need to make sure that we address the systemic barriers or any other kind of barriers like transportation, language, financial constraints, that can limit access to that type of comprehensive care. The fourth point that I wanted to bring up today was purposeful aging. So, we're never too learn, too old to learn something new. I am so, happy that every single day I learn something new, and I hope that never stops in my life. Every day I learn something new, whether it’s painting, gardening, volunteering. We need to make sure that these individuals, older adults in recovery, deserve that opportunity to find meaning. And, you know, we all dogs can learn new tricks. And I hope that, that we understand that. So, that sense of purpose, you know, why am I getting up in the morning is extremely important. So, we need to provide those opportunities for growth that are essential for vibrant aging. Um, and for us to do that, there is communication barriers, cultural barriers for older adults, you know, aging older adults. It's its own culture. And we need to make sure that we provide the tools to contribute to their communities, ensuring or including inclusivity for those individuals that have other languages, other cultural beliefs, other socioeconomic backgrounds. And the final one, the fifth one that I wanted to bring in today is policy advocacy. Now, for us to change systems, whether it's a private system or a public system, we need to make sure that, um, we have the advocacy and the people that will help us advocate for changes when changes need to be made. Uh, we need advocacy that makes access and fairness to support services, to healthcare services for, uh, this population a reality. So, when we talk about policy changes, is, is, is something that's needed if we want to create the system that supports recovery and vibrant aging? And these are things that address issues of, of housing accessible healthcare, uh, programs tailor to the older adults with serious mental illness. Um, so, we need to learn, uh, how to advocate. We also, need to learn how to be supportive. There are people that sometimes get to a point they cannot advocate for themselves. You know, another lesson my mother taught me is, whenever you go something as simple as going to the hospital or to the doctor's office or to the emergency room, you need someone to be there with you to help you advocate for that. Because sometimes people are moving so, fast in those systems that they can ignore you and, and they can discharge you with that really, uh, giving a thorough look at what brought you there in the first place. So, we need people to help us advocate for these issues. Um, before I leave you with the, so, I don't forget, and hopefully they will come up, we do have the new 9 8 8 crisis hotline. I hope everyone is aware of that. If not, please learn about it is the 9 1 1 for mental health issues, and it's 24 7. It's free and mental health professionals answer it. So, hopefully now we can, um, talk about these issues. If you have other areas that you feel, uh, also, need to be included, I welcome them. And I think I already see a comment in the chat. Um, what are the challenges I can share about long-term care facilities and how they prioritize mental health and aging? Do I think antipsychotic drugs are overutilized and create more isolation in nursing home settings? And how do I think states should be advocating for long-term care? Thank you so, much, Lisa. These are some very, uh, heavy questions. And again, my answers, this is Pierre Luigi's opinion, not Lisa's, not Amanda's, this is my opinion. So, if somebody doesn't like him, just contact me directly. But, uh, long-term facilities, my answer is going to be, it depends. Um, it depends on the investment and the understanding of long-term, long-term facilities about mental health issues in an agent population. I have seen facilities that have a, an incredible team that are, that are aware, they walk around the place, they notice changes in the individuals. They have a, a team meeting, they discuss, they have professionals that they can call in and have interviews, formal and informal interviews with, um, with the client in order to be proactive when they notice that there are things that may not be working or there's some development to the, how the person is, is reacting to being there. Um, I've seen others that don't have that. I've seen others that pretty much just, you know, make their rounds, make sure that people come down for dinner or if they are in assisted care that, that they are fed, uh, or they have someone there for more for physical to avoid physical problems than emotional problem. So, I've seen both. What I do believe is that there needs to be a, a, a standardized, and no matter where you are or what facility you are in, we need to have these protocols that everyone that comes into those facilities is trained on, so, they can understand and they can see what it is that they need to be looking for when someone is beginning to have either a cognitive decline or, uh, developing a mental health issue. The other thing I have not seen is, you know, support groups, uh, peer led groups that I mentioned, um, you know, long-term care facilities. If, if they are receiving individuals, aging individuals, 80, 85, 90 years old, and these are individuals that, that are recovering from a mental illness, then there should be a support group. There should be a part of the program for those individuals, just like they have physical therapy for the individuals that want to make sure mobility continues, they need to have recovery groups or access to some kind of recovery programs. So, those individuals that are recovering from a mental illness can continue their recovery. Um, so, I hope that covered the first question. The second question, antipsychotic medications. Oh, boy. Okay. I hope I don't get in trouble. So, I do feel that we overmedicate people in this country. Um, you know, the reality is that there is a lot of people in this country that are taking medications that may not be taking medications for life. There is a lot of psychotropics that are supposed to be temporary six months a year while you develop skills to overcome whatever barrier you may have. Now, at the same time, there are serious mental illnesses that, um, people have that do require medications that could be for life. So, I think it goes back to, you know, where was the person diagnosed, who made the diagnosis? WA was that system set up in a way to take a, a, a look at the full picture of that individual? Or was it a system that was so, overloaded that it was the easiest decision to make just to make sure that this person was taking medications? Um, so, I do believe, uh, there are instances where medications are lifesavers. Medications is what's going to keep that person balanced so, they can develop these new skills and be able to thrive in life. But I also, believe that, um, sometimes we do over medicate. We do, um, prescribe for individuals longer than they may need to be on those medications. Again, it's a case-by-case basis, but I think it goes back to the beginning. And the beginning is when the person is, is being assessed, when the person is being diagnosed, uh, that individual needs to make sure that they have the entire picture of who is sitting in front of them for them to be able to do that. Again, if the system is not set up to provide that information, then a decision is going to be made with partial information instead of all the information that the person decides. It's kind of the same thing. It it's almost identical. The same conversation I have when we talk about children and adolescents. It's gotten to the point that we want quiet, well-behaved classrooms. Well, you know, if you're, if you're an eight or nine or 10 or 11-year-old boy or girl, you have a lot of energy, you know, and then many times the, the, the solution is let's just medicate them so, they can sit still on their desk for the school day. I think that's wrong. I think that's what we have kids that are overmedicated. Um, so, I think we must look at how that, uh, works out. And I do believe if you overmedicate someone, it creates not only more isolation, but it really prevents them, it prevents them from being or from feeling like they are contributing to life and contributing to society. So, it, it, it, it, um, contributes to that level of isolation because they are unable to participate in life if they're overly medicated. So, again, I think it's something that needs to be looked at, um, on an individual basis. But a big part of it is, I think how is the system set up to, um, meet the needs of people with serious mental illness, uh, who are living in, in these facilities. And what do I think states should be advocating for long-term care? Well, I think, you know, a couple of the points that I already made, not states are all different, as you know, and, and some states are doing wonderful work. Uh, and they, you know, they have great facilities, they pay their people well. Um, they have the right ratios. And then, you know, some states struggle because again, the system needs to be set up to take care of the population in a proper way. Not just to be an afterthought, not just to, um, fund them when there's money and cut their funding when there's no money. It needs to be something permanent. It needs to be a commitment, uh, from that, uh, facility, from that system, from that state. Thank you, Lisa.

Lisa Krystynak:

Alright, that was great. Yes, thank you Lisa for that question. Questions <laugh>, so, keep, keep, keep them coming, keep them coming. Uh, we do have a question that, uh, that was sent before, um, which I think would be, um, on, on your, your first, um, point that you made about recovery-oriented care for us older adults. Um, Sid, what role do caregivers and family members play in supporting aging individuals in recovery?

Pierluigi Mancini:

Oh, great question. Um, so, you know, family members are, are key. And unfortunately, uh, the way society works in the United States because of school or because work we move. So, you end up having families in different states, in different parts of the country that makes it difficult to be present to visit on the weekends or to, you know, to go by and have dinner with your loved one at, at one of these, uh, long-term homes or if they're, or if they're living by themselves in another part. So, that, that is a struggle. That is something that can be very difficult. And I've met many family members that feel very guilty that they're not able to be there either for a holiday or for another celebration because, you know, travel is expensive and now the kids must pay for their own seats and all these things. So, the role of, of family members, and I'll start with that, um, is to continue to provide that emotional support, um, to make sure that we check in emotionally with our loved one, ask them questions. You know, are you taking your medication? Are you having any reactions? Is there anything that you need? Uh, are you walking? Are you getting some fresh air? Making sure that, that they are being provided the opportunity to participate in life with those very simple instruction, making sure that they have, and they understand, um, the resources that may be available in the facility or in the community that they could be taken care of. Now, of course, that's going to be different depending on the condition of your loved one. If they're, if they're overmedicated or, or if they're, um, have mobility issues, then it, it will be different for everyone. But I think family members, you know, the, the, the one item that I constantly hear from family members is, is their regret that they were not there. Now today, we can have virtual visits. So, if in another state, um, I can teach my loved one or their caretakers, how to connect them so, we can have a virtual visit and they can at least see my face and my kids' face and, and other people. Uh, so, I think we need to, as family members carve out the time and not forget about these individuals. I see people in independent living or, or long-term care, who I feel they've been completely abandoned. They, they don't hear from their family, they don't see their family, and, and that is sad. It's a very sad, uh, place to do. Now, caregivers in supporting aging, individuals in recovery, as I mentioned earlier, I think your system and your facility, if you're aware that 1% or 5% or more of your residents are in recovery from mental illness or from substance use disorders, that they have support systems inside of that facility. That they can provide a space for people in recovery to come together to talk about how they're doing, how they're feeling, any issues that they're having. Also, uh, to facilitate, whether it is, is an individual coming to the facility or have transportation for the resident to go visit their mental health provider. So, if they have a counselor, a peer, a psychiatrist, whoever it is, to make sure that that doesn't stop. So, the caregiver's job is to make sure that whatever mental health need that person has, if they're on medications, make sure they have their medication, uh, help them take the medication if they need help with that, uh, transportation for visits or the space within the facility for them to have their, um, their support groups and, uh, be able to help them improve their quality of life so, they can thrive in recovery as they age. Thank you. Good question.

Lisa Krystynak:

Thank you. Um, we have a, a follow-up question of that from Ver Veronica. She says, have you met family members who worsened the patient's prognosis? Family members also, suffer depressive symptoms due to a mental health condition of their loved ones.

Pierluigi Mancini:

Excellent question, Veronica. Thank you so, much. Because we do, we often forget that we are part of the equation. We are part of this equation of a loved one who now is not functioning at the same level that they were while we were growing up, especially if this was a loved one who was extremely active. I, I've seen people, even in my family, extremely intelligent, successful businesspeople. And then through aging, they develop either dementia or Alzheimer's. And it is heartbreaking for me, for us to see our loved ones begin to deteriorate that way. So, yes, family members need to understand we are part of this. Also. We need to take care of our own mental health. We need to have our own resources to be able to process what it is that our loved one is going through. How can I take care of myself? How can I be in a state of good mental health so, I can be the best son, daughter, aunt, uncle, whatever my relationship is to my loved one that, um, that I can provide. You know, I, um, when families, and, you know, there's this one person in, in where my mother is now that she doesn't have a family member there, but she has the mother of some high school friends, uh, lifelong friends. And, and she lives close to the facility, and she goes there almost every day, uh, and, and visits and, and, and keeps them ac company gives them ride rides to places. So, if we're not there close to them, maybe there's someone there that can also, help us by going by and, and checking in on them. So, but family, that family guilt or that family, uh, inability to participate can be very distress. So, I do recommend, uh, find their own resources for that. Now, back to your first question, which is, is kind of a trick, tricky question. Uh, can family members worsen the prognosis? Um, I, I think, think, I think family members can contribute to an elder person, whether they're in recovery from serious mental illness or not, I think we can worsen their isolation and loneliness. Um, I think that if we are not able to maintain social contact through a telephone call, through a video call through a text, or a personal visit, if it's possible, um, on a minimum, minimum a weekly basis, you know, preferably three times a week if we can, or daily in some cases, um, it's going to be more difficult for that individual to stay, um, balanced with their own recovery. Now, I've seen individuals where the family is not as active and sometimes it's because of, of family issues. Maybe some, some family trauma, some family, um, discussions. I, I've seen many over the last 18 months or so, families that are broken up because of politics. Uh, and sidebar, you should never let politics come between you and the love of your family. Uh, you just need to must learn not to talk about politics when you're together. But politics should never, I, I saw people cancel visits, cancel dinners, canceled celebrations. I mean, it was very, very difficult to watch. But, um, there are divided families, right? But we need to be able to support each other, uh, especially when we have someone who is, is aging and who's beginning to have some, uh, physical, emotional, spiritual challenges as they do that. So, I think that the lack of, uh, family member presence again, um, virtual telephone or in person does help deteriorate that, um, mental health for that individual. Uh, it makes it more difficult, especially if, if they're struggling and they just don't have that, that connection within the facility. Some people can build those connections within the facility and kind of, uh, helps, but there are many, uh, who don't build that connection, and they end up further isolating. Thank you.

Lisa Krystynak:

Great question. Great question. Um, you mentioned earlier, and this goes along with another question that was asked, um, and I am a person in long-term recovery myself, and I know what, um, having peer support, um, did in my own personal life. Um, so, this question is about, um, you know, your experience and your knowledge about, um, the most effective peer-led initiatives, uh, for reducing isolation among our older adults who are in recovery.

Pierluigi Mancini:

Oh, yes. And, and you know, I'm, I'm a big fan of peer, uh, peers and certified peers. And, and I, I highlight certified because today we have wonderful training programs all over the country where a person in recovery from mental illness or a person in recovery from substance use disorders receives, um, very in-depth training on how to support other peers. Now let me make a pause here, because nationally, nationally I think we're very, very, very far behind on geriatric mental health and substance use disorder treatment. There are very few people who know how to serve this population. Now, I believe that the, the certified peer movement that, you know, started here in Georgia, you know, pat on the back, um, is something that can really help us, uh, work out of that. So, you must day, uh, certified peer for adults, certified peer for youth certified peers for families. I think we need certified peers for geriatric care because, um, this population that's aging, and with all the changes that we've seen of eating healthcare and, and working out longer, we're going to have healthier older people. So, you know, we're going to be around longer than previous generations and, and we're not really equipped to handle that. But I think that the value of peers is that you have someone with the training, with the opportunity to be present, for you to be able to provide support groups in these facilities to be able to provide recovery, coaching, um, senior led wellness programs that can create opportunities for connection and reduce loneliness. Um, certified peers can, can promote activities or bring activities to the facility. They can, um, help incorporate those shared live experiences, which are so, critical because they, they, they tend to be most impactful. There's nothing better than having someone who immediately I identify with because I know they've walked part of the same path that I've walked. They may have walked it differently or got here differently, but I understand that they understand. So, I think that, uh, having certified peers, uh, for geriatric care is a movement that really needs to take off in this country. I know that clinically we don't have enough licensed therapists that, that can understand geriatric care. Don’t have enough psychiatrists. cause we don't have enough psychiatrists in general. And the same way that we don't have enough children, psychiatrists, we don't have enough geriatric psychiatrists. I call them the unicorns. And, and we need to be able to provide that support. So, I think we need to go back and, and again, part of advocacy part of systems is to be able to advocate for the workforce for older populations in recovery, for mental illness or from substance use disorders. Good question.

Lisa Krystynak:

Awesome. Thank you. Um, this question goes along with, um, your point about access to holistic care. Um, what are the biggest barriers to behavioral health access for aging pop for the aging population? Population? How can we work to overcome them?

Pierluigi Mancini:

Uh, so, you know, my, um, professional career is, is all about breaking barriers. And I think that there are so, many barriers for, um, so, so, much of the work that we do, and many of them have discovered they are, um, unconscious people don't understand that they have barriers in place for people to access their institution or their facility or, or to serve, um, an older person in recovery. And, but then there's others that have barriers, but they know the barriers are there, right? So, there are some people you can help understand and make changes, and then some other people that unfortunately we're not able to reach. But I think that the biggest barrier that we have in this country is stigma. And until we are able to normalize this conversation, unless we're able to talk about mental health disorders, substance use disorders, the same way we talk about broken bones or, or getting the flu or, or, uh, or having a headache or, or, or maybe even a serious physical illness like being diagnosed with cancer, unless we're able to do the same when we talk about people that are suffering or diagnosed with anxiety, depression, bipolar disorder, uh, even schizophrenia, um, if the barrier of stigma is going to continue to help people suffer in silence. Now, when someone gets placed or moves into an independent facility or a long-term care facility, it's always scary. I mean, you're leaving a, a place that for most people, a place they felt safe, that they had known for a very long time, and now they're moving into a new place with people they don't know, with new structures, with a different, um, bed or a different place where I'm going to sleep. Um, so, the, and depending on where the location is, you may even lose the support system that you had in place for your mental health, or your substance use disorder. Um, so, stigma, it'll be more difficult for me to move into a new facility and from the get-go, say I'm a person in recovery from a mental illness. Is anyone else here in recovery from a mental illness, right? So, again, the facility, the system needs to make sure that there is a path for people that are moving in with diagnoses or being in recovery for mental illness, substance use disorders, to connect with others, to have a safe space for their recovery. So, I think stigma becomes the biggest problem. The other one that I've seen is financial. Now as I mentioned earlier, my mother, a very wise woman, tells me aging is expensive. So, whether you're in a private facility or even a public facility, money plays a role. So, many people have financial barriers and they're not able to move into these facilities. Or if they move into the facilities, they may come a point where they can no longer afford it. So, that's another barrier for people to access. Um, care for aging populations, uh, transportation issues, you know, many people stop driving after 70 or 80, um, depending on, on the facility or depending on where you live. Now, do you have transportation for your support, for your mental health condition or your substance use disorder? And a lot of people say, oh, well we have virtual now. Well, half of this country doesn't have the bandwidth to hold the virtual session like we're holding today. I know in Georgia, uh, if, you know, Georgia, Atlanta's is like in the north, Macon is in the middle. When you go past Macon to the south, um, unless you have a certain telephone carrier, your cell phone may not work. And many people in, in rural areas in the United States do not have internet. So, they don't have the ability to access the internet or to have this kind of, uh, virtual access. So, I think, um, communication, uh, the same if, you know, if you're someone who's aging and you've been here a long time, um, but you're, you're English is still limited, we don’t have access for people that are not fluent in English in this country. And that includes deaf and hard of hearing. There are very few clinicians who know American sign language. So, we have a, a crisis there where we don't have a linguistic access for individuals that need to be, uh, served in there, um, language, or even people that, that, um, have understandings of mental health from different cultures. Not everyone believes in the westernized medicine, um, way that we treat mental illness in the United States. Some people have more holistic or more traditional eastern medicine. Uh, so, we need to learn that, and we need to see if that's something that, that we can be providing, uh, to our, um, to our community. Aging people in, in recovery. So, a, you know, I, I tell, uh, state systems, I tell private public systems, um, this type of investment needs to be a budget line item. This is not an afterthought. Oh, we have a little money left over, let's have a celebration for the people in recovery who live here. No, this needs to be purposeful. This needs to be an investment in that community that's part of, of the residence or the place where you live so, they can have the opportunity to thrive as they age in recovery. Um, so, we need to make sure that, that those efforts continue to be improvement, continue to be advocated for. Um, so, there there's things like, uh, integrated care when, you know, the same way that, that a facility looks at investment into physical care, they need to make sure that they expand that budget and they make investment for, um, mental health care. Good question.

Lisa Krystynak:

Alright, thank you. Um, we do have a question that just popped up, uh, from Kenneth. Um, traumatic intrusions become more immediate and intense as a normal process of aging. Recovery is different in elderly than when younger. Many people only have traumatic symptoms when older. What do you recommend for trauma? I mean, trauma symptoms when older, what do you recommend for trauma treatment for older people? Thank you, Kenneth.

Pierluigi Mancini:

Oof. Yes, thank you, Kenneth. It's, it's, again, it's a very, um, it's a very strong question in, in many levels, uh, I've seen people as they age that, uh, and this may be people that have addressed early trauma, right? So, uh, we know from many studies that many of us are affected from childhood with traumatic issues that we don't get to address, or we don't get to address all of them, or we may not even become aware of them until we're older. So, I think that that plays a role in the, um, in how we approach trauma treatment for, uh, older people. In there's also, the, the physical and the cognitive, um, state of that individual to address decision. I've seen older people that it is, it is when they get older, sometimes when they move into a facility, when they remember the trauma or begin to remember the trauma. So, will they have the resources to properly address that? Now we, if there's one thing, we've learned in the last few years is, is we have amazing modalities to treat trauma today. And, and we've seen people, and like you asking your question, younger people be able to thrive by overcoming the, um, uh, the challenges that that trauma cost in their life. So, we are seeing that, how do you transfer that to an older person that may be having some cognitive decline to an older person that now finds themselves in a different, uh, living facility that may or may not have the, the support services that they're going to need as they walk through, uh, processing this trauma to try and find recovery from it. So, I think that my recommendation for trauma treatment for, for older adults is, is for the systems to be able to be equipped with the opportunity, with the space, with the professionals and the supports for that individual to do that work as they are older now and they have many more limitations, physical limitations, uh, maybe, uh, mental limitations for them to be able to, to begin to process that. So, I think that, uh, now if the person is, is in recovery for many years from, from a mental health condition or a serious mental illness, and then they begin to remember, um, part of their trauma, I think that they're in a good position to be able to address that because they can use the strength from their own recovery that they already must be able to help them, uh, guide them through this. But if the person begins to, uh, remember trauma as an older individual and they have not had the benefit of mental health care of counseling, of, of medication, of, of structure for, for mental health conditions, then I think it may be a little more difficult for them to be able to move to that, to that next step. Um, thank you.

Lisa Krystynak:

Well, I think we have time for one more question that's popped up from Lisa. Um, what holistic rise to tests to promote mental health that are proven best practice, do you think? Is it peers, light and color therapy sounds environmental activity and people, did peers stand out in better outcomes?

Pierluigi Mancini:

Oof, another good question. Um, so, when we look at, um, holistic approaches, um, that are tested for promoting mental health, you know, peer support, environmental factors, activity-based interventions, um, there's, there's, um, sensory therapies like light color, sound. They've shown benefits, peer support stands out as one of the most effective interventions. I'm a big believer of peer support, especially in, in, um, individuals in recovery and, and older adults. Adults. So, I think that peer-led interventions improve recovery outcomes. They, they, they reduce social isolation. They give you that sense of belonging. Um, they provide that lived experience, emotional support. It's impactful for, for both mental health issues and, and substance use disorders. I also, think activity-based therapies like, uh, physical movement, yoga, tai chi, walking programs, um, there's a lot of, uh, water aerobics, which is excellent for, for older individuals. Uh, they improve mood. They also, help with cognitive function, reduce symptoms, anxiety and depression. Um, also, engagement in arts and music. You know, there are people that music, they may, they may forget your name, but they considered a piano and, and play, uh, a box symphony that they'll never forget. So, I think music is, is something that can, uh, help a lot of people and, and we need to continue to promote that. Um, also, I think environmental design, uh, nature-based therapy. So, if, if the facility or, or the community doesn't must be inside the facility, could be around the facility. If you have, uh, gardens, if you have parks, if you have fountains, you know, there, the, in mental health America, a couple of years ago we had this, um, uh, this program where we're trying to help communities understand, uh, that yes, green is good, blue is good, but if you have green and blue at the same time, it's even better. Meaning that if you're going to build a park, if you're going to build a community walking area, don't just focus on the green grass, you know, have a fountain, have a lake, have a little pond. If you have green and blue, it's going to be a lot better, uh, for, for, uh, the individual. cause it's, it's a more calming environment that's going to, um, to help that individual. So, incorporate nature into those spaces. Uh, when I was little, we grew up in our home. We had internal gardener gardens inside the home, and then my mother used to have these beautiful gardens outside the home, and there was always this sense of peace and this sense of serenity when we were in that space, in those gardens. Um, light color sound therapy, uh, exposure to natural sunlight or light therapy right here next to me, you can't see it, but I have my red light, uh, therapy that I do most days. Um, I, I, I need to do it every day is where I want to build up to, but life gets busy and, but I have it here. So, all that helps, um, to be effective for, for depression. For our, um, our arcadian rhythm, we need to also, look at technology, virtual social engagement, like I mentioned with, with this kind of, of opportunities to be online. So, peer led programs demonstrate, uh, strong outcomes. They, they combine everything that I've mentioned to give us the opportunity to be present, to be with individuals and coming from a peer, uh, we're able to, um, to have better outcomes for these individuals. Great question, Lisa. Thank you.

Lisa Krystynak:

Just to kind of wrap up, we did, um, with one last question for a, a minute or two around one of the, the last point you made was around, uh, policy advocacy and health equity. So, how can professionals and our community, um, effectively advocate for aging friendly behavioral health practices? So, how can we get involved as a community or practitioners?

Pierluigi Mancini:

Well, you know, it's, it's, I love that question for, for many reasons. Again, we we're living on a day-to-day basis. Those of you that, that follow national politics, you know, there's the budget discussion, what, what the house put out yesterday. Many people are screaming, oh my god, um, you know, all these cuts. It's, it is difficult. These are very serious, difficult times, and we need to be able to advocate for what our community needs, what our clients need. I think that, um, the policies that will ensure that every individual has access to mental health and substance use disorder care is critical. Uh, we need to make sure that professionals are getting paid at a decent rate, at a rate that's a livable rate, not less than others. We need to make sure that we have the certified programs. And the best way, the best way that I've ever seen policy get written and put into law is by sharing personal experiences. You know, right now, or whenever your legislator comes back to your hometown and, and they're visiting or they're having their town hall meetings show up, tell your personal story whether it's you who are recovering and, and you want to make sure that the legislators understand that these services are needed so, people can, can recover. Or if, if you are a person that's trying to get help and don't have access or, or your, your program, your insurance doesn't cover it, they need to hear that as well. So, personal testimony for me has always been the best way that we can have policy become law. Uh, right now we need to make sure that, you know, many people are receiving behavioral health services through Medicaid. So, we need to make sure that if they're going to make changes to Medicaid, we need to advocate that they don't pay the price by cutting behavioral health, mental health, substance use disorder services. Um, the same thing with Medicare. You know, a lot of, a lot of providers stop taking Medicare because it doesn't pay enough, right? So, we need to advocate if many people, many of our older clients, that's, that's their insurance. That's what pays, you know, it's, it's what they paid into the system. Now to be able to get the services we need to make sure that there are behavioral health services and that those providers get paid enough so, they can accept that, that form of payment. Um, you know, unfortunately we do have two healthcare systems in this country. Uh, if you're wealthy, you, you can afford the best of the best. If you're not wealthy, then you, you, you have what we have. And, and, and that's really, it's just reality. It's neither good or bad, it's just reality. But we need to make sure that people have access. But the best way for us to advocate is go to the, to your legislators, share your personal story, uh, whether it's a positive outcome, a negative outcome, and, and make sure that, that they understand the importance of providing the services to, um, aging individuals who are in recovery from mental illness or substance use disorders.

Lisa Krystynak:

Thank you. Thank you, thank you. Well, thank you Dr. Mendini, for sharing your expertise and most importantly, your passion with us today in your heart. We appreciate everybody that came on today, all your insightful questions. Um, and just that you showed up today to engage. And we have many thank you coming up to you, Dr. Mani Simi, to, uh, show their appreciation for answering questions and just being with us today. Uh, we appreciate it. Um, you, uh, please take a moment to complete the survey. Um, your fur feedback is crucial as we continue to improve our events. Thank you all, and we look forward to seeing everybody again at our future AMAs, and I hope you'll keep coming back and sharing with us. And thank you so, much, Dr. We surely appreciate everything you've brought to us today and, uh, we look forward to collaborating with you again in the future.

Pierluigi Mancini:

Thank you so, much, Lisa. Thank you, Amanda. And thank you everyone for showing up today. I really appreciate it.