AGING WITH HIV/AIDS

Mental Health Services

There are a wide number of services outside of the HIV/AIDS service delivery system for people with HIV – especially those who are aging. This toolkit focuses on some mainstream resources for the aging population as well as opportunities to advocate for people aging with HIV and their mental health needs.





Legal Rights

Individuals with mental health related issues have certain rights under the Mental Health Parity Act, which is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.

The following are some rights according to the Mental Health Parity Act:

- MH/SUD benefits may not be subject to any separate cost-sharing requirements or treatment limitations that only apply to such benefits.
- If a group health plan or health insurance coverage includes medical/surgical benefits and MH/SUD benefits, and the plan or coverage provides for out-of-network medical/surgical benefits, it must provide for out-of-network MH/SUD benefits.
- Standards for medical necessity determinations and reasons for any denial of benefits relating to MH/SUD benefits must be disclosed upon request.

Advocate! Inform yourself. Overall, there is a lack of attention to the mental health issues across the country. There is a high percentage of adults who have mental health issues and are not receiving treatments. Mental Health of America has data on the states' high prevalence of mental health and lower access to care. Join MHA's Regional Policy Council

MHA's Regional Policy Council (RPC) acts as a hub of mental health policy information and activities between MHA national and the affiliate network. Through the RPC, affiliates engage with stakeholders and policymakers to initiate, advocate for, and implement policies that positively affect the lives of children, youth, and adults with mental health and substance use conditions.

Description

Adults age 50 years and older now represent the largest group of people living with HIV/AIDS, and they include long-term survivors. They may be socially isolated due to HIV/AIDS stigma and have higher rates of depression, post-traumatic stress disorder, and loneliness as they age. Older Adults and Long-Term Survivors of HIV/AIDS - GMHC

Behaviors to Be Aware of in Mental Illness Among the Older Person:

- Noticeable changes in mood, energy level, or appetite
- Feeling flat or having trouble feeling positive emotions
- Difficulty sleeping or sleeping too much
- Difficulty concentrating, feeling restless or on edge
- Increased worry or feeling stressed
- Anger, irritability or aggressiveness, ongoing headaches, digestive issues, or pain
- Engaging in high-risk activities, obsessive thinking, or compulsive behavior
- Thoughts or behaviors that interfere with work, family, or social life
- Unusual thinking or behaviors that concern other people

MENTAL HEALTH RESOURCES

HIV/Aging Support Groups

Healthy Aging Project

GMHC's Healthy Aging Project (HAP) provides men and women age 50 and older referrals to support services, such as mental health and substance use counseling. HAP also provides mutual support groups and workshops for LGBTQ+ older adults living with HIV or who are vulnerable to HIV infection. For more information, please contact Doug Hill at DouglasH@gmhc.org. Older Adults and Long-Term Survivors of HIV/AIDS - GMHC

Thriving @ 50 and Beyond Group

Thriving @ 50 and Beyond is a single-session group for individuals 50 years of age and older who are Black/African American and Latinx, of all gender identities and sexual expressions, and are living with HIV/AIDS. The group focuses on reducing social isolation, depression, and stigma. The groups also aim to increase participants' understanding of other conditions that they may experience in order to improve overall health outcomes. Through participation in this group, clients can also be connected to other supportive services at GMHC. For more information, contact Lillibeth Gonzalez by email: https://www.ulicharts.com.

The Buddy Program

The Buddy Program pairs clients living with HIV/AIDS with volunteers who provide social support and assistance with navigating services and resources. With a Buddy, clients can participate in activities such as having a cup of coffee, taking a walk in the park, or assisting with a trip to a doctor's office. This support can help break the social isolation that can be felt when living and aging with HIV/AIDS.

Advocate! Find an area support group for aging persons and/or aging persons with HIV using the Area Offices on Aging, AIDS Service Organizations, or local listservs to find support groups welcoming of those from the LGBTQI community as well as those living with chronic conditions.

AIDS Service Organization Networks

Use the <u>HealthHIV ASO/CBO National Online Directory</u> to find your local AIDS Serving Organization by city/state/zip code.

Advocate! Contact the local AIDS Service Organizations to find the range of services for aging people with HIV. Coordinate ongoing relationships to complement their services, share resources, and ensure maximum independence for aging HIV clients.

National Listing of Mental Health Facilities by State

Find <u>National Mental Health Facilities</u> by state, type of service, and contact information to benefit those who need services in your geographic area.

Advocate! A range of in-patient and out-patient services are listed for mental health compiled by the Substance Abuse and Mental Health Service Administration (SAMHSA). Utilize this list to locate local services, connect in person by sharing needs and learning about resources, and developing relationships to benefit those living with HIV.

Where do Mental Health Funds come from?

Mental health block grants that go to every state flow to existing nonprofits who deliver a range of services that could benefit those aging with HIV.

- Mandated by Congress, SAMHSA's block grants are noncompetitive grants that provide funding for substance abuse and mental health services. The <u>MHBG</u> program provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions. Grantees use the funds to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system.
- <u>Substance Abuse and Mental Health Block Grants | SAMHSA</u>
- Advocate! Apply for these grants and focus your services on those aging with HIV to provide better community health resources for PLWH over the age of 50. Find out where the money flows to and introduce yourself to those who have received funding and determine referral options for funded programs.

Ryan White HIV/AIDS Programs

The Ryan White Program flows to large cities (Part A); States (Part B); and clinics throughout the Country (Part C); and Pediatric medical care (Part D). Other services include some dental services. Of the funds that flow to States and large Cities (Part A and Part B), local planning councils base spending patterns on the needs expressed by those living with HIV. Aging and Mental Health needs fully expressed can mean funds go for mental health services of the aging and in need of mental health services. <u>Contact</u> your Planning Council in one of the 52 Cities that receive funds and/or your State or Territory for the state planning networks.

Advocate! Attend your local Large City planning Council meetings or statewide planning meetings, become acquainted with funded partners of Ryan White Funds in Mental Health, ensure that the data used to determine needs includes the aging with mental health needs, and document needs both with data and with anecdotes of how mental health services help medication adherence and overall health

State HIV/AIDS Hotlines

Every State has a hotline detailing both services available and to report concerns and issues about serving those with HIV.

Advocate! Contact your <u>state's hotline</u> to advocate for more money to be allocated towards mental health using the data and documented mental health needs of those you serve.

988 and 211

In 2020 the United States launched 988, a national mental health and suicide line that is staffed by mental health professionals and is available to any individual in need of services. This line has helped those with mental illness or mental health issues contextualize their crisis and mitigate negative self-harm or actions.

The local 211 helpline lists a range of available services for each community. The depth and support of 211s varies across the country. It is important to make contact locally to ensure referrals of those living with HIV and aging are going to existing services and that the eligibility criteria and pertinent issues are understood by the 211 operators to aid in accessing services.

Advocate! Promote 988 among all those being served with any mental health issues and explain and normalize this service when in crisis. Contact the local 211 helpline and ensure the referrals for those aging with HIV and in need of mental health services have appropriate and accurate referral sources. Stay in contact with 211 and inquire about the range of calls and types of needs exhibited by callers – this can help document the mental health needs of those aging with HIV.

National Alliance of Mental Illness

The National Alliance of Mental Illness (NAMI) connects people with mental illness with support systems in the community. These can be Serious Mental Illnesses (SMIs), behavior issues, personality disorders, or other organic and developmental issues. They can be a vital local resource in making connections work across multiple systems and have the voice of experience of patients who are navigating the various systems.

Advocate! Contact the National Alliance of Mental Illness and find your local support groups <u>here</u>. Make contact with the group leaders and determine the locations/times/sessions that may work best for those aging with a chronic illness and co-conditions of mental health. Make connections for long-term relationships.

Faith-Based Opportunities

Some faith-based groups provide socialization for those with illnesses that come with isolation and low socialization opportunities. Many faith-based programs offer services to those who are aging – and many with

co-conditions. It is worthwhile to determine if local faith-based groups offer socialization services and visits to those who are isolated.

Advocate! Find and/or ask about local faith-based efforts that focus on those aging who are living with HIV. The opportunities to coordinate good-will and faith efforts with the mainstream community often need a professional social worker to make those connections happen. As you seek solutions to client needs, consider outreach to the faith-based communities as an alternative – aging is often one of the top priorities. Isolation as a major issue can be solved by linking with faith-based volunteers and programs.

Mental Health Providers

There are more people living with mental health issues than there are mental health providers. Some mental health providers do not take Medicaid or Medicare because the payout amount is not sufficient nor beneficial to them.

Advocate! Work with providers to provide an alternative solution to taking Medicaid and Medicare, or even take supplemental pay.

Mental Health for Aging With HIV/AIDS Toolkit

Overall, resources exist for mental health needs; however, further advocacy is important. As social workers who see the full person-in-environment, we are uniquely situated to help find solutions and advocate. Aging with HIV often produces more mental health needs than one may otherwise experience.

About PASWHA: PASWHA is the leading organization that supports the professional growth and development of HIV social workers and allied professionals, promotes evidence-informed practice, and advances equitable and just policies to end the HIV & AIDS epidemic. We use research, policy, and advocacy to advance the field and educate the field on issues plaguing the HIV/AIDS community. BE PART OF SOMETHING PASSING Professional Association of Social Workers in HIV & AIDS

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