



**E4 CENTER**  
Center of Excellence for  
Behavioral Health Disparities in Aging  
AT RUSH UNIVERSITY MEDICAL CENTER



# Older Adult Mental Health 101

**March 20, 2024**

Sponsored by the Medicare Mental Health  
Workforce Coalition

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# Meeting Details

1

Closed Captioning is enabled and attendees can turn CC on or off as they desire.

2

Interpreter Phone Number: 305-224-1968    Webinar ID: 893 7134 1991    Passcode: 338133

3

Session Evaluation / [Take Our Evaluation Survey](#) ➡ (CE credit for live attendance only)

4

Webinar will be posted on NBCC website a few days following the webinar.

5

**Q&A:** Please add your questions in the Q&A box at any time during the meeting.

# Previous Webinars

- **MMHWC Webinar:**  
The Role of Medicare  
Administrative Contractors:  
Enrollment to Payment



# Previous Webinars

- **Medicare 101:**  
[An Introduction to the Medicare Program and Coverage of Counselors and MFTs](#)
- **Medicare 201:**  
[The Implementation of Medicare Part B Coverage of Counselors and MFTs](#)
- **Medicare 301:**  
[Navigating the Medicare Provider Enrollment Process and Physician Fee Schedule](#)
- **Medicare 401:**  
[Assessing the Essential Features of the 2024 Medicare Physician Fee Schedule Rule and Implications for Counselors and MFTs](#)
- **Medicare 501:**  
[New Engagement Opportunities for Community Behavioral Health Centers With Counselors and MFTs Under Medicare](#)
- **Medicare 601:**  
[The Enrollment Process for Counselors and MFTs](#)



# Medicare Mental Health Workforce Coalition Members

American Association for Marriage and Family Therapy

American Counseling Association

American Mental Health Counselors Association

Association for Behavioral Health and Wellness

California Association of Marriage and Family Therapists

Centerstone

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National Association for Rural Mental Health

National Association of Community Health Centers

National Association of County Behavioral Health  
and Developmental Disability Directors

National Board for Certified Counselors

National Council for Mental Wellbeing

National Council on Aging

Network of Jewish Human Service Agencies

The Jewish Federations of North America





# Erin Emery-Tiburcio

PhD, ABPP

Erin Emery-Tiburcio, PhD, ABPP, is a professor of psychiatry, behavioral sciences, and geriatric medicine and director of geropsychology at Rush University Medical Center. She is also codirector of the [Rush Center for Excellence in Aging](#); codirector of [CATCH-ON](#), the HRSA-funded Geriatric Workforce Enhancement Program based at Rush University Medical Center; and codirector of the [E4 Center of Excellence for Behavioral Health Disparities in Aging](#). She is past chair of the American Psychological Association Committee on Aging and past president of the Society for Clinical Geropsychology, and she currently cochairs the APA taskforce to revise the APA Guidelines for Working with Older Adults. Dr. Emery-Tiburcio was recently awarded the 2024 APA Award for Distinguished Professional Contributions to Independent Practice.



# Matthew Fullen

PhD, M.Div., LPCC (OH)

Matthew Fullen, PhD, M.Div., LPCC (OH), is an associate professor at Virginia Tech, where he teaches in the counselor education program. His research, teaching, and advocacy focus on the mental health needs of older adults with an emphasis on addressing gaps in Medicare mental health policy and developing programs to enhance resilience and wellness and prevent suicide among older adults. Dr. Fullen is the counseling profession's most active scholar on aging and mental health, with over 40 peer-reviewed publications and over 95 peer-reviewed conference presentations and keynotes. He has received research grant funding from public and private entities, including the U.S. Department of Health & Human Services and the Mather Institute, to develop programs that support older adults' mental health. More information about his work can be found at [agewellcounseling.org](https://agewellcounseling.org).



**CATCH-ON**

A HRSA GERIATRIC WORKFORCE ENHANCEMENT PROGRAM



# Older Adult Mental Health 101

**Erin Emery-Tiburcio, PhD, ABPP**  
Professor, Rush University  
Director, Geropsychology  
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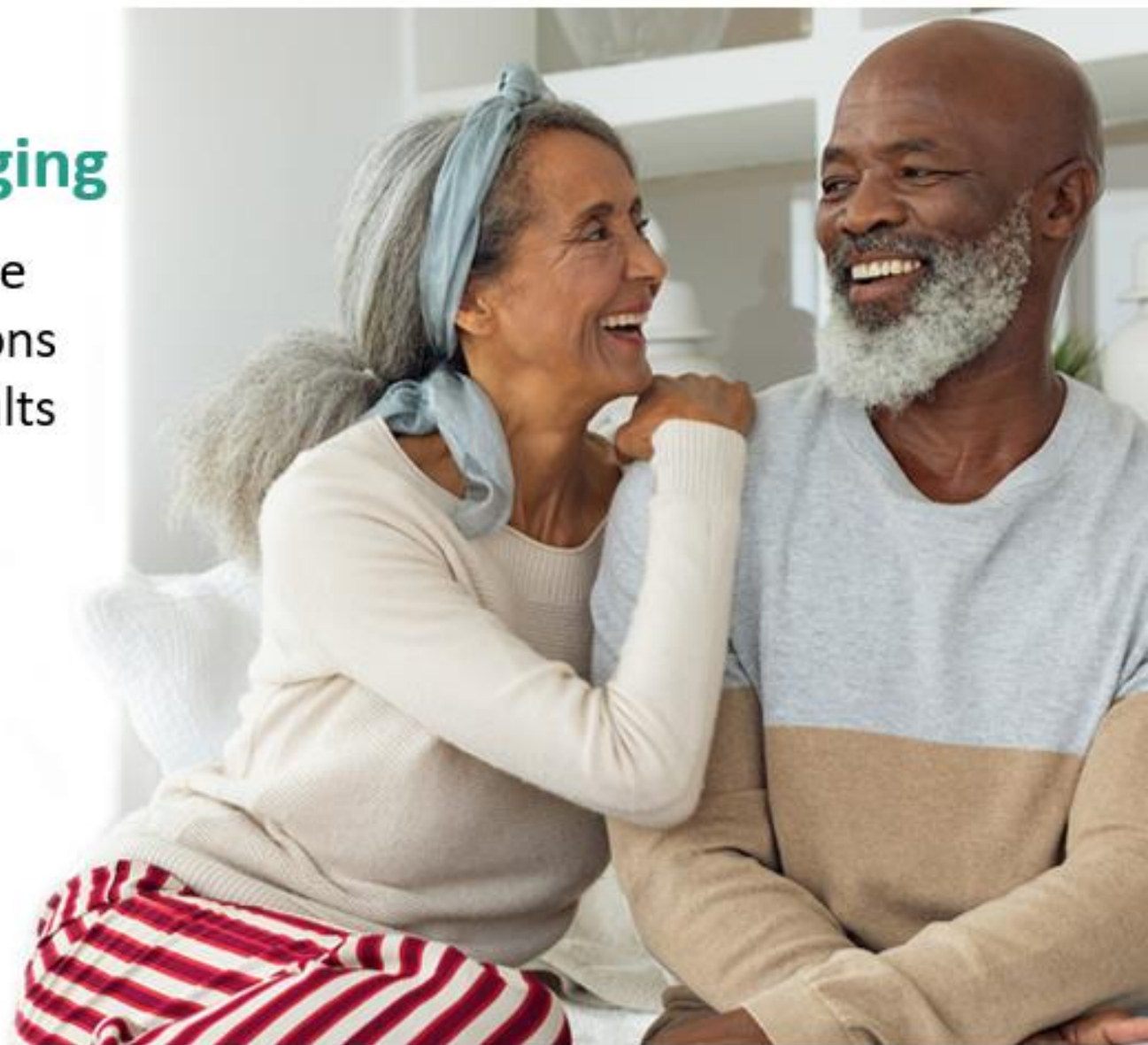
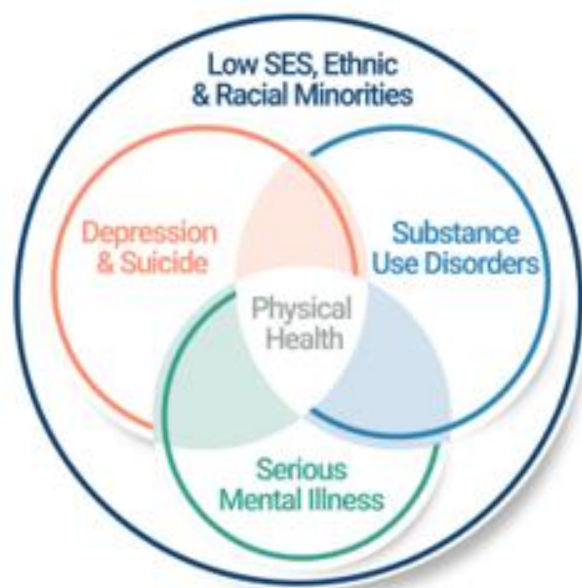
Grant#: 6H79FG000600-01M001

SAMHSA's mission is to reduce the impact of substance misuse and mental illness on America's communities.  
1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • [www.samhsa.gov](http://www.samhsa.gov)

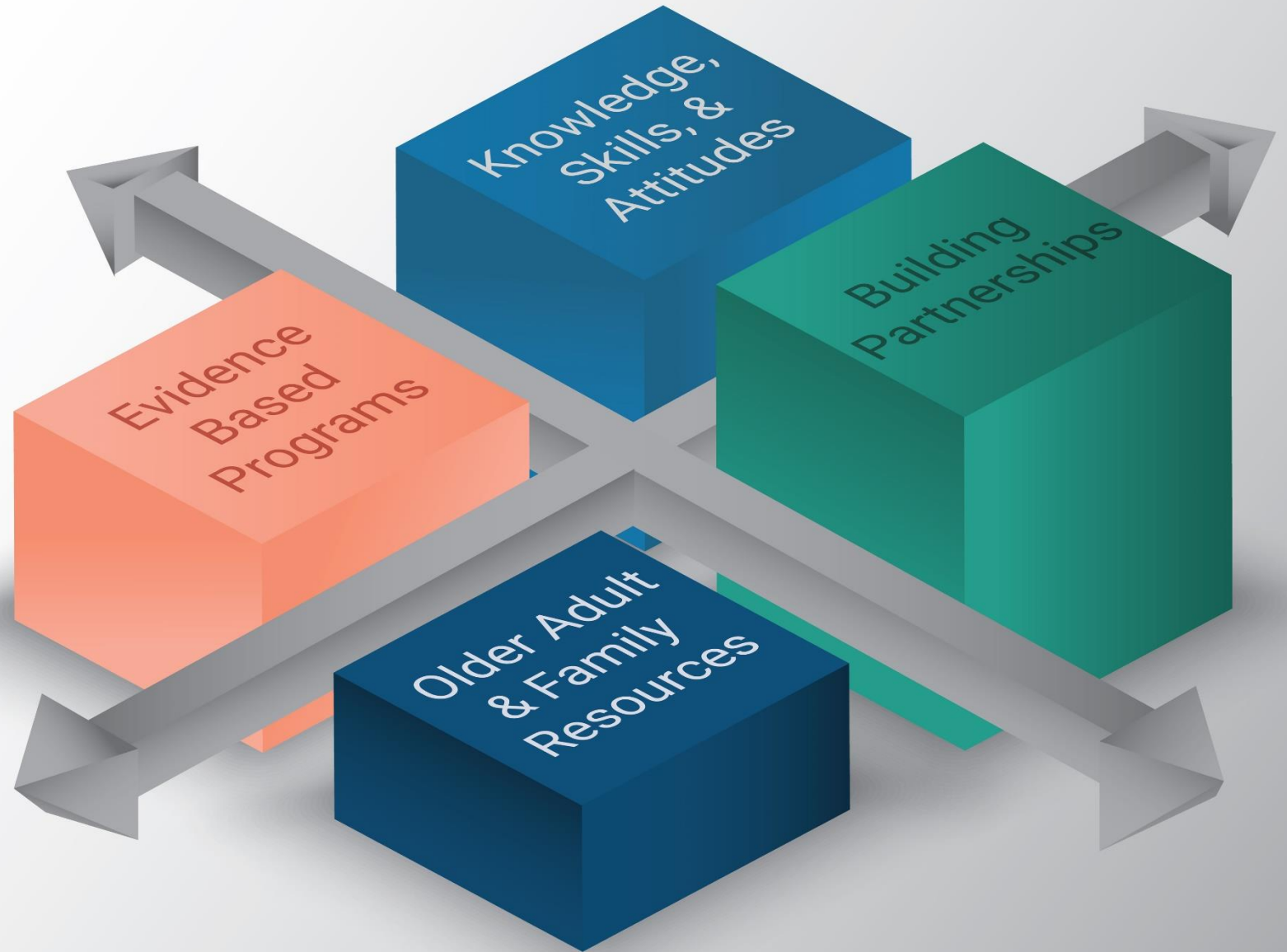


# E4 Center of Excellence for Behavioral Health Disparities in Aging

**Engage, Empower, and Educate** health care providers and community-based organizations for **Equity** in behavioral health for older adults and their families across the US.



**E4 Center:  
Engage, Educate  
& Empower for  
Equity**



# Disclosures





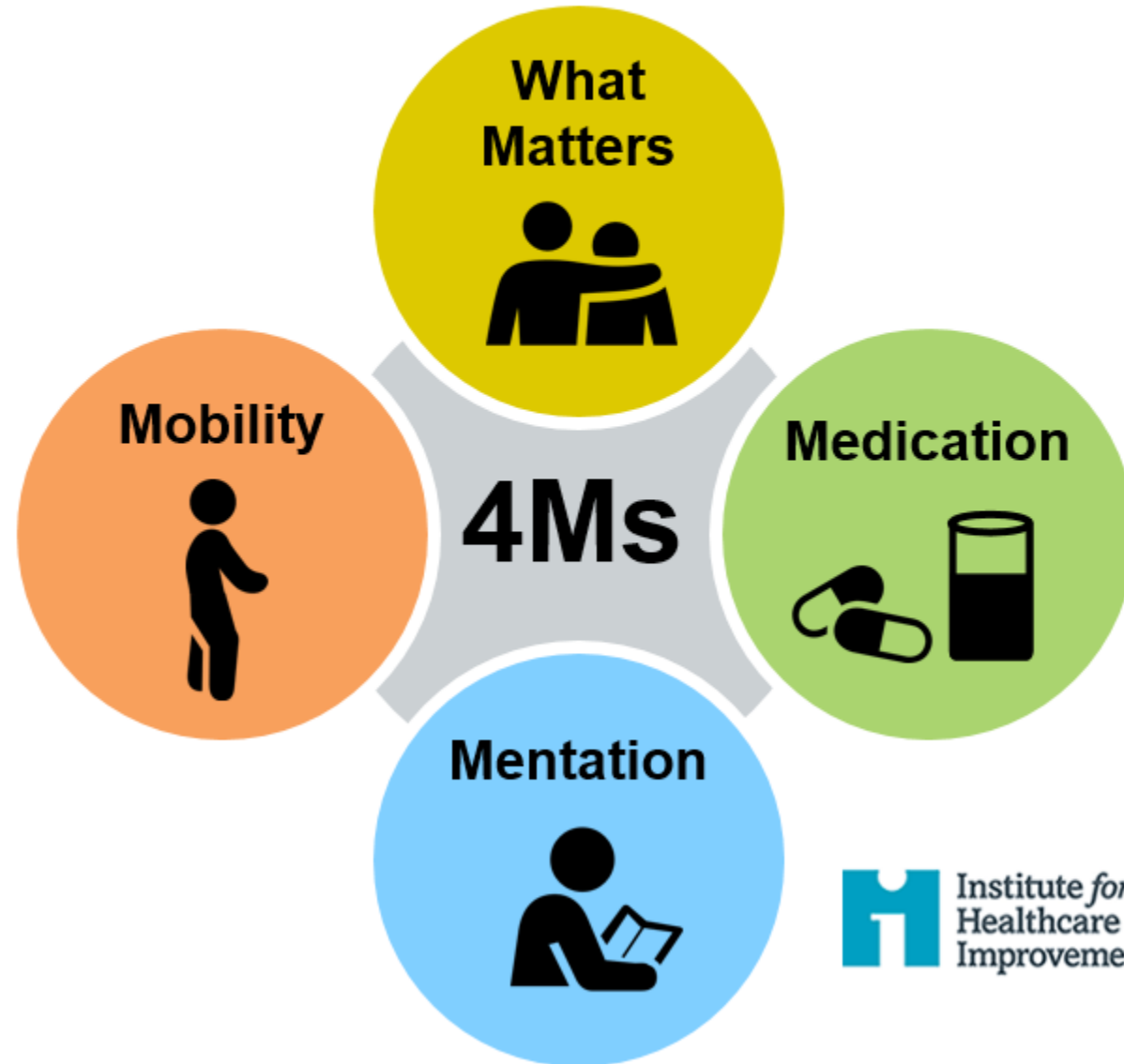


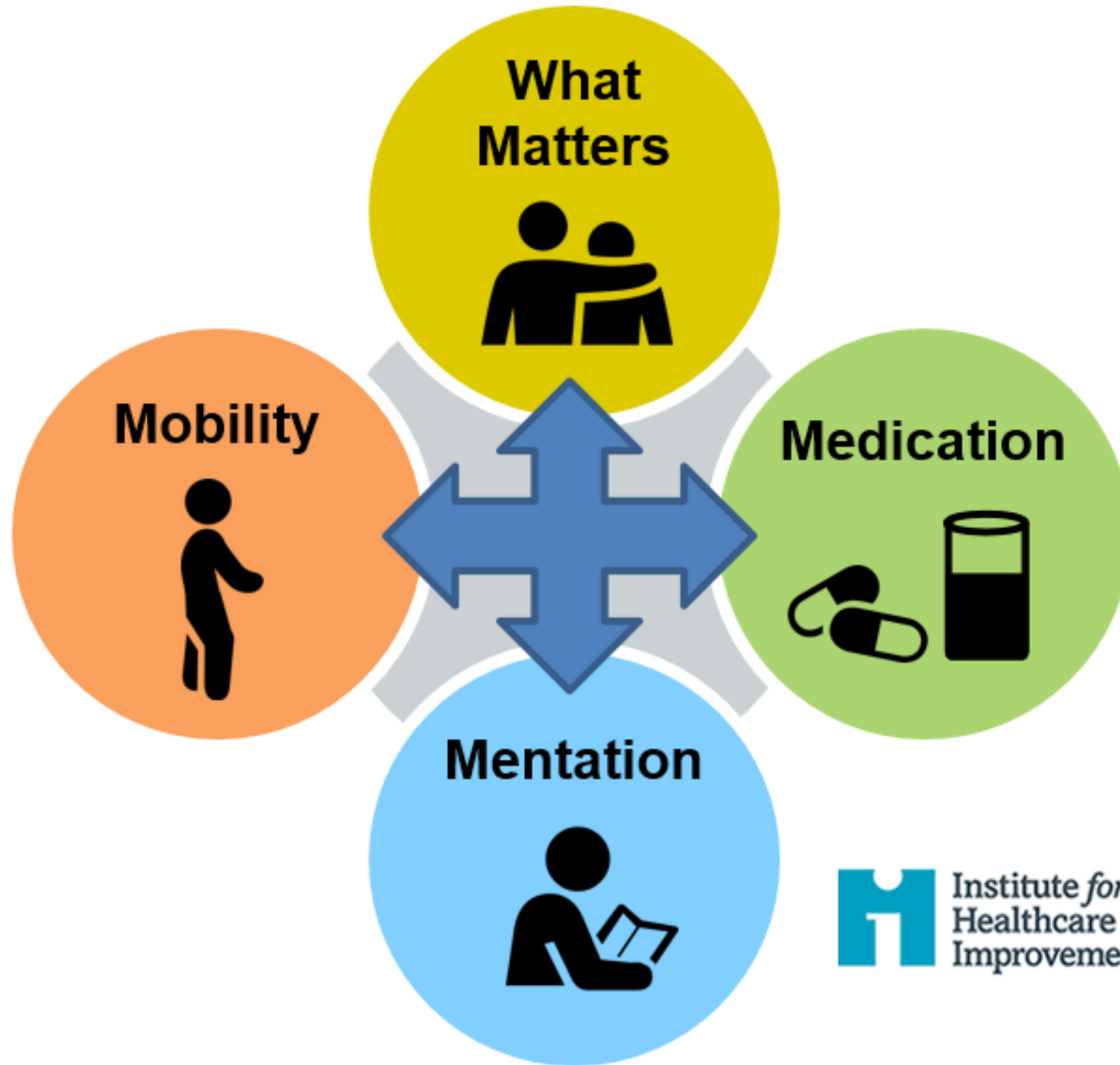
## Learning Objectives

- **Recognize risk factors for mental health problems in older adults**
- **Identify barriers to diagnosis and treatment**
- **Characterize unique presentations of mental health disorders in older adults**
- **Employ evidence-based assessments and treatments**



# 4Ms Framework of an Age-Friendly Health System







## Barbara\*

- 74yo African American woman with depression
- COVID, race protests, insurrection
  - What Matters
  - Mobility
  - Medication
  - Mentation

*\*pseudonym, not her actual photo*



Older adults with mental health issues are **more** likely than younger adults to have:

- **Functional impairment<sup>1</sup>,**
- **Poor mobility<sup>2</sup>,**
- **Symptom burden<sup>3</sup>**
- **Longer hospital stays<sup>4</sup>**
- **Health issues that put them at risk for loneliness<sup>5</sup>**

<sup>1</sup>Haigh et al, 2018; <sup>2</sup>Lampinen et al, 2003;

<sup>3</sup>Abdel-Kader 2009; <sup>4</sup>Myers et al, 2012;

<sup>5</sup>Ilgen et al, 2010





## Older adults are *less* likely than younger adults to:

- Pursue or engage in mental health<sup>1</sup> or SUD<sup>5</sup> treatment
- Survive a suicide attempt<sup>4</sup>
- Receive adequate services<sup>2</sup> especially if Black or Latino<sup>3</sup>

<sup>1</sup>Wang et al 2000; <sup>2</sup>Bartels et al 1997;

<sup>3</sup>Jimenez et al 2013; <sup>4</sup>SAMHSA, 2015;

<sup>5</sup>Huang et al, 2013

# Depression

**NOT** a normal part of aging.



# Depression

- **Unique presentation in later life**
  - Less likely to report depressed mood
  - More likely: Anhedonia, **sleep**<sup>4</sup>, fatigue, being slowed down, hopelessness, overall body aches and pains, and memory problems<sup>1</sup>
- **“Minor” or subsyndromal depression**
  - ~15% in the community<sup>2</sup>
  - Associated with decreased function in later life<sup>3</sup>
  - CBT self-help interventions effective<sup>5</sup>
  - Chronic minor depression triples risk of dementia<sup>6</sup>

<sup>1</sup>Fiske, Wetherell, & Gatz, 2009; <sup>2</sup>Blazer, 2003; <sup>3</sup>Alexopoulos, 2005;

<sup>4</sup>Fang et al., 2019; <sup>5</sup>Corpas et al, 2022; <sup>6</sup>Oh, et al., 2021



# Depression and Health Behavior

- Depression can lead to poor self-care
- Non-adherence with medication regimens
- Decreased levels of physical activity
- Poor dietary habits
- Exacerbates existing medical conditions
- Causes medical conditions





# Validated Depression Screening Tools

- **GDS: Geriatric Depression Scale (Yesavage, 1988)**
- **PHQ-9: Patient Health Questionnaire – 9 Item (Kroenke, Spitzer, & Williams, 2001)**
- [CATCH-ON Toolbox](#)

## GERIATRIC DEPRESSION SCALE (GDS-SV)

### Issues:

The GDS is a screening tool and not a diagnosis. Where a score of more than five is indicated, a more thorough clinical investigation should be undertaken. Feher et al.<sup>37</sup> have concluded that the GDS is a generally valid measure of the mild-to moderate depressive symptoms in Alzheimer patients with mild-to moderate dementia. *The client should be interviewed to collect the following information.*

|   |     |    |
|---|-----|----|
| 1. Are you basically satisfied with your life?            | Yes | No |
| 2. Have you dropped many of your activities or interests? | Yes | No |
| 3. Do you feel that your life is empty?                   | Yes | No |

| PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)  |  |              |                         |                  |
|---|--|--------------|-------------------------|------------------|
|   | Over the <b>last 2 weeks</b> , how often have you been bothered by any of the following problems?<br>(Use "✓" to indicate your answer) |              |                         |                  |
|   | Not at all   | Several days | More than half the days | Nearly every day |
| 1. Little interest or pleasure in doing things  | 0  | 1            | 2                       | 3                |
| 2. Feeling down, depressed, or hopeless   | 0  | 1            | 2                       | 3                |
| 3. Trouble falling or staying asleep, or sleeping too much  | 0  | 1            | 2                       | 3                |
| 4. Feeling tired or having little energy  | 0  | 1            | 2                       | 3                |
| 5. Poor appetite or overeating  | 0  | 1            | 2                       | 3                |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down  | 0  | 1            | 2                       | 3                |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television  | 0  | 1            | 2                       | 3                |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0  | 1            | 2                       | 3                |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way  | 0  | 1            | 2                       | 3                |

*When a score of more than five is indicated, a more thorough clinical investigation should be undertaken.*

*Score: \_\_\_\_\_ / 15*

*One point for No to question*

*One point for Yes to other questions*

*Normal  $\pm$  2*

*Mildly Depressed 7  $\pm$  3*

*Very Depressed 12  $\pm$  2*



## Evidence-Based Treatment for Depression

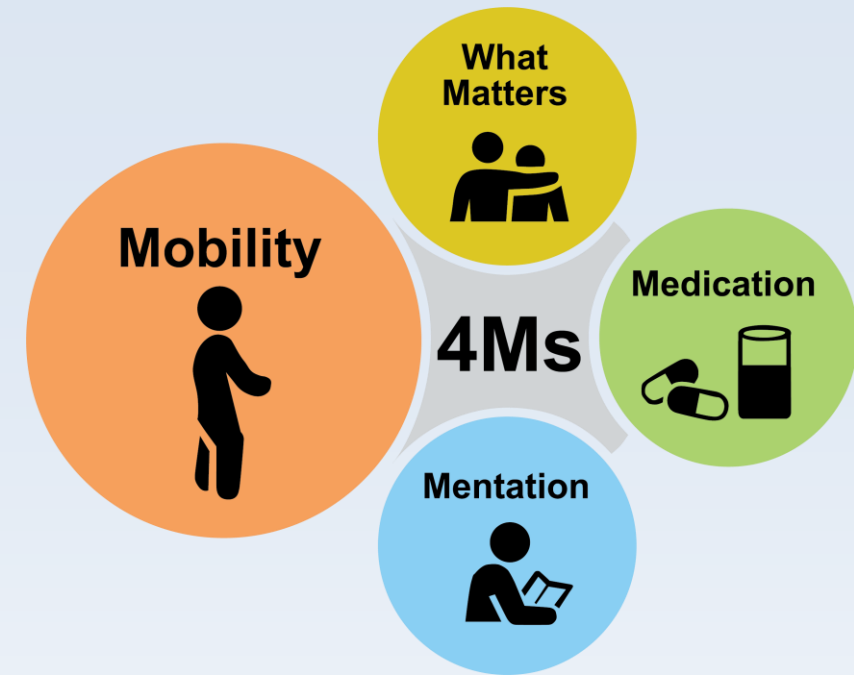
- *Psychotherapy is equally effective in younger, older, and oldest old adults<sup>1</sup>*
- Cognitive Behavioral Therapy
- Interpersonal Psychotherapy
- Problem-solving Therapy
- Anti-depressant medication

<sup>1</sup>Cuijpers et al., 2020

Regular Research Article

# The Mental Health Benefits of Physical Activity in Older Adults Survive the COVID-19 Pandemic

*Daniel D. Callow, Naomi A. Arnold-Nedimala, Leslie S. Jordan, M.S., Gabriel S. Pena, M.S., Junyeon Won, M.A., John L. Woodard, Ph.D., J. Carson Smith, Ph.D.*



International Journal of  
*Environmental Research  
and Public Health*



Article

## Sleep Quality and Physical Activity as Predictors of Mental Wellbeing Variance in Older Adults during COVID-19 Lockdown: ECLB COVID-19 International Online Survey





## Mobility and Social Connectedness

- Group activities can increase motivation for physical activity, maintain mental health<sup>1</sup>
- Group activities can decrease loneliness<sup>2</sup>

<sup>1</sup>Lindsay-Smith et al, 2019; <sup>2</sup>Franke et al, 2021

# Suicide

Take suicidal thoughts very seriously.





## Suicide among older adults

- **White males age 85+**
- **85-90% older adults who die by suicide had major mental illness**
- **1 of every 4 older adults who attempts suicide dies, compared to 1 in 25 for younger adults**
- **Risk factors: change in health status, grief, lack of purpose or meaning, dementia, social isolation and loneliness**





# Suicide Assessment

- **Within a month before their suicide, ~45% of have seen primary care; 20% have seen mental health professional**
- **Asking about suicide risk does not encourage an attempt**
- **Ideation, intent, plan**
  - **Distinguish between wishes for death and plans to die**
- **Consider the means**
- **Columbia-Suicide Severity Rating Scale (C-SSRS)**



# Anxiety

The overlap of anxiety and medical conditions is significant.



## Anxiety Disorders in Older Adults

- **More likely to say “concern” rather than “anxiety”**
- **Focused on loved ones, general health concerns, sexual minority status, and the state of the world**
- **Less likely to describe feeling anxious or depressed and more commonly emphasize physical health or other bodily concerns.**





## Anxiety & Medical Conditions

- **Overlap with medical symptoms – assess carefully**
- **Medication side effects may explain some anxiety symptoms**
- **New onset anxiety in late life may be a symptom of cognitive impairment**
- **Increased since COVID-19 for those with intolerance of uncertainty<sup>1</sup>**

<sup>1</sup>Gosselin et al, 2022

# Screening Tools for Anxiety Validated with Older Adults

## GAD-7

Generalized  
Anxiety Disorder

7 items

4-point Likert

## GAI

Geriatric Anxiety  
Inventory

20 items

Agree / Disagree

## GAS

Geriatric Anxiety  
Scale

30 or 10 items

4-point Likert

Subscales: somatic,  
cognitive, affective

## PSWQ / PSWQ-A

Penn State Worry  
Questionnaire

16 or 8 items

5-point Likert



# Evidence-Based Treatment for Anxiety

- **Cognitive Behavioral Therapy**
    - Deep slow breathing<sup>1</sup>
  - **Acceptance & Commitment Therapy**
  - **SSRI/SNRI**
- \*NOT benzodiazepines***

<sup>1</sup>Magnon et al., 2021



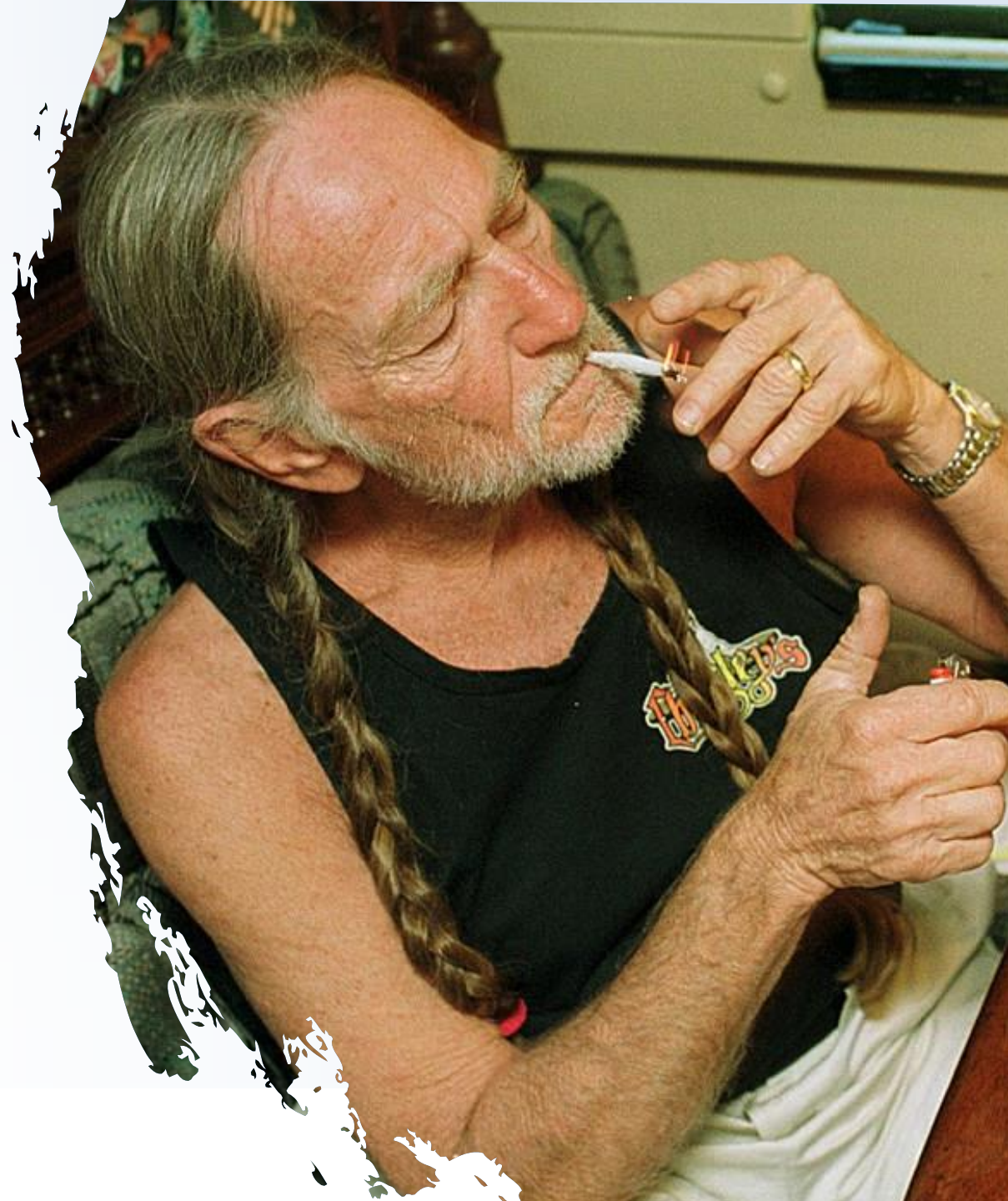


# Substance Use

**Always screen for substance use with older adults!**

# Substance Use

- Don't assume anything about older adult substance use
- Because of physiological changes with normal aging, the same amount is increasingly potent in later life
- Interactions with medications
- Cognitive impairment
- Mental health
- Fall risk



# Older Adult Risk Factors for Substance Use

- Male
- White
- Low socioeconomic status
- Undergoing life transitions
  - Retirement or death of a spouse
  - Identifying as part of the LGBTQ community
  - Being socially isolated
  - Experiencing health problems
- History of substance use and mental health problems





# Substance Use Issues

- Alcohol
  - <2 for men; <1 for women
- Cannabis on the rise
- Prescription medication misuse vs. mismanagement
- Opioids
  - 3.6% in adults aged 50-64 and 1.2% in adults over 65
  - 1999-2019 1,886% increase in opioid deaths age 55+



# Screening Tools for Substance Use Validated with Older Adults

## AUDIT / AUDIT-C

Alcohol Use  
Disorders  
Identification Test

10 or 3 items

Frequency rating

## MAST-G, SMAST

Michigan Alcohol  
Screening Test

24 or 10 items

Yes/No

## SAMI

Senior Alcohol  
Misuse Indicator

5 items

Checklist

## CUDIT-R

The Cannabis Use  
Disorder Test

8 items

Likert

# Substance Use Interventions for Older Adults

- **SBIRT: Screening, Brief Intervention and Referral to Treatment**
- **Cognitive Behavioral Therapy**
- **Motivational Enhancement Therapy**
- **23% of treatment centers designed to accommodate older adults**
- **Seniors in Sobriety**







# Grief and End of Life

Sadness is normal; prolonged dysfunction is not  
Talking about end of life is difficult and important

# Normal Grief vs. Prolonged Grief Disorder

- Normal grief
  - Sadness
  - Stunned, shocked
  - Lonely
  - Intense emotions dissipate over time
  - Willingness to reinvest in relationships
- Prolonged Grief Disorder
  - Longing and yearning for the deceased
  - Behavioral symptoms, including
    - Identity disruption
    - Disbelief regarding death
    - Avoidance of reminders
    - Numbness
    - Meaninglessness
    - Intense loneliness
  - Clinically significant impairment daily for 6 months – 1 year



## Evidence-Based Interventions

- **Cognitive Behavioral Therapy**
- **Interpersonal Psychotherapy**
- **Complicated Grief Therapy**
- **Support groups**



# Assessment and Treatment of Older Adults

A Guide for Mental Health Professionals



Gregory A. Hinrichsen

## GREAT BOOKS!

*Assessment and Treatment of Older Adults: A Guide for Mental Health Professionals*

*Treating Later-Life Depression: A Cognitive-Behavioral Therapy Approach*

# Treating Later-Life Depression

A Cognitive-Behavioral Therapy Approach

Second Edition

CLINICIAN GUIDE

ANN M. STEFFEN

LARRY W. THOMPSON

DOLORES GALLAGHER-THOMPSON

OXFORD

# Introduction to Special Issue: Foundational Knowledge Competencies in Geropsychology

Gregory A. Hinrichsen<sup>1</sup> and Erin E. Emery-Tiburcio<sup>2</sup>

<sup>1</sup> Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai

<sup>2</sup> Department of Psychiatry and Behavioral Sciences, Rush University Medical Center

# Attitudes Toward Older Adults and Aging: A Foundational Geropsychology Knowledge Competency

Christina Garrison-Diehn<sup>1</sup>, Clair Rummel<sup>2</sup>, Yiu Ho Au<sup>3</sup>, and Kelly Scherer<sup>3, 4</sup>

<sup>1</sup> Department of Psychiatry and Behavioral Sciences, University of California, San Francisco

<sup>2</sup> Rocky Mountain Network Clinical Resource Hub, Department of Veterans Affairs, Salt Lake City, Utah, United States

<sup>3</sup> Evidation Health, Santa Barbara, California, United States

<sup>4</sup> Department of Public Health, University of San Francisco

# Adult Development and Aging: A Foundational Geropsychology Knowledge Competency

Erin L. Woodhead<sup>1</sup> and Brian Yochim<sup>2</sup>

<sup>1</sup> Department of Psychology, San José State University

<sup>2</sup> Psychology Service, VA Saint Louis Health Care System, Saint Louis, Missouri, United States

# Assessment: A Foundational Geropsychology Knowledge Competency

Benjamin T. Mast<sup>1</sup>, Amy Fiske<sup>2</sup>, and Peter A. Lichtenberg<sup>3</sup>

<sup>1</sup> Department of Psychological and Brain Sciences, University of Louisville

<sup>2</sup> Department of Psychology, West Virginia University

<sup>3</sup> Institute of Gerontology, Department of Psychology, Wayne State University

# Clinical Practice: A Foundational Geropsychology Knowledge Competency

M. Lindsey Jacobs<sup>1, 2</sup> and Patricia M. Bamonti<sup>3, 4</sup>

<sup>1</sup> Research and Development Service, Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, United States

<sup>2</sup> Department of Psychology, The University of Alabama

<sup>3</sup> Geriatric Mental Health Clinic, VA Boston Healthcare System, Boston, Massachusetts, United States

<sup>4</sup> Department of Psychiatry, Harvard Medical School

# Intervention, Consultation, and Other Service Provision: A Foundational Geropsychology Knowledge Competency

Lisa M. Lind<sup>1</sup>, Cecilia Y. M. Poon<sup>2, 3</sup>, and Jennifer A. Birdsall<sup>4</sup>

<sup>1</sup> Deer Oaks Behavioral Health, San Antonio, Texas, United States

<sup>2</sup> Department of Psychology, Nebraska Medicine, Omaha, Nebraska, United States

<sup>3</sup> Geriatric Psychiatry Division, Department of Psychiatry, University of Nebraska Medical Center

<sup>4</sup> CHE Behavioral Health Services, Los Angeles, California, United States





## **Implementing the 4Ms-Behavioral Health: Applying the 4Ms of an Age-Friendly Health System in Mental Health and Substance Use Services**

Erin Emery-Tiburcio, PhD, ABPP and Laura Porter, PhD

April 5th at 10AM-1PM PT/11AM-2PM MT/12-3PM  
CT/ 1-4PM ET

second Friday of the month May through September  
at 10-11AM PT / 11AM-12PM MT / 12-1PM CT / 1-  
2PM ET



## Foundational Competencies in Older Adult Mental Health Online Certificate Program



The growing population of older adults presents a unique opportunity for mental health professionals to expand clinical practice and experience deeply meaningful clinical work.

The [E4 Center of Excellence for Behavioral Health Disparities in Aging](#), in partnership with [CATCH-ON](#), the Geriatric Workforce Enhancement Program based at Rush, and the [Rush Center for Excellence in Aging](#) invite you to complete this Foundational Competencies in Older Adult Mental Health Online Certificate Program as a first step in developing competency in older adult mental health.

### What is included?

- 16 hours of content where each module, geared towards licensed mental health clinicians, uses Pikes Peak geropsychology competencies as a foundation
  - Modules include didactic content, videos of geriatric mental health experts, case vignettes, learning checks, and resources to enhance clinical practice with older adults
- Continuing education credits (CE/CNE/CME) for licensed clinicians are available for a modest fee
- Completion of all modules will earn learners a certificate of completion from the Council of Professional Geropsychology Training Programs

### Topics covered in this program each focus on the unique issues for older adults:

- Attitudes about older adults and aging
- Adult development
- Depression
- Suicide
- Anxiety
- Trauma and PTSD
- Substance use
- Psychopharmacology
- Cognition
- Common life issues
- End of life and grief
- Practice Issues
- Ethics
- Serious Mental Illness

Learn more here:  
<https://bit.ly/MHcertificate>



For more information and **FREE CE**, please visit:



<http://catch-on.org>

Email: [catch-on@rush.edu](mailto:catch-on@rush.edu)



<https://e4center.org>

Email: [e4center@rush.edu](mailto:e4center@rush.edu)





# Questions and Answers



# Resources





# Critical Resources on Medicare Part B Coverage of Counselors and MFTs

## Legislation Mandating Medicare Part B Coverage of Counselors and Marriage and Family Therapists

<https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>

## How to Enroll in the Medicare Program

- **Medicare Enrollment for Providers and Suppliers**  
<https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos>
- **New Provider Type: Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) FAQs (36 questions answered) Published Sept 2023**  
<https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf>
- **The Medicare Learning Network:**  
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnngeninfo>
- **Web-based Training:**  
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/webbasedtraining>
- **Becoming a Medicare Provider (World of Medicare):**  
<https://www.cms.gov/Outreach-and-Education/MLN/WBT/MLN9329634-WOM/WOM/index.html>
- **Weekly Email Newsletter for Medicare Providers:**  
<https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>





# Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

## Role of the Centers for Medicare and Medicaid Services (CMS)

- <https://www.investopedia.com/terms/u/us-centers-medicare-and-medicaid-services-cms.asp>
- <https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprog/provider-partnership-email-archive>

## Medicare Mental Health Benefits for Beneficiaries

### Medicare and Your Mental Health Benefits:

<https://www.medicare.gov/Pubs/pdf/10184-Medicare-and-Your-Mental-Health-Benefits.pdf>

### Medicare Mental Health:

<https://www.cms.gov/files/document/mln1986542-medicare-mental-health.pdf>

### Medicare Beneficiary Handbook:

<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>







# Critical Resources on Medicare Part B Coverage of Counselors and MFTs continued

## Medicare Administrative Contractors (MACs)

<https://www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/what-is-a-mac>

## Medicare Physician Fee Schedule

<https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

## Key Steps to Becoming a Medicare Provider

1. Register in the [I&A](#) System
2. Get an [NPI](#)
3. Enter information into [PECOS](#)
4. Decide if you want to be a participating provider

[Form CMS-855I: Physicians and non-physician practitioners \(PDF link\)](#)



A photograph of three people in a meeting. On the left, a woman with glasses is smiling and looking towards the center. In the middle, a woman with long dark hair is smiling broadly and looking towards the right. On the right, a man with a beard and glasses is smiling and looking down at a laptop. They are all wearing white shirts. The background shows a window with a view of a city.

**Thank you  
for attending!**



Medicare Mental Health  
Workforce Coalition