Addressing the Crisis in Older Adult Mental Health

Older Adult Mental Health Needs

- The population of older adults in the U.S. will nearly double over the next 20 years. More importantly, adults 65 and older will increase from 13% to 20% of the population, roughly equal to the population of children under age 18.
- If the prevalence of mental health disorders among older adults remains unchanged, over the next two decades the number of older adults with mental health and/or substance disorders will nearly double from about 8 million people to about 14 million people. That is staggering growth, and our service systems are not prepared.[1,2]
- At least 5.6 million to 8 million older adults – nearly one in five - have one or more mental health or substance use conditions which present unique challenges for their care.[3]
- Unfortunately, fewer than 40% of older adults with mental health and/or substance use disorders get treatment. Of those who receive treatment, most go initially to primary care physicians, who provide minimally adequate care less than 15% of the time. [4]

Why Older Adult Mental Health Matters

- Mental health and substance use disorders are major impediments to living well in old age. They cause considerable personal suffering and make it difficult for older people to achieve their potential in old age. This is a population in critical need of education, targeted prevention and early intervention.

- Untreated mental health and substance use disorders among older adults exacerbate health conditions, decrease life expectancy, and increase overall health care costs.[5,6,7]

- Mental health disorders, particularly depression and anxiety, are major contributors to—and are exacerbated by—social isolation, which results in diminished quality of life, further barriers to intervention and premature institutionalization.[8]

- Older adults have one of the highest suicide rates in the nation, completing suicide nearly 30% more than the general population. In particular, white males 85 and over complete suicide at nearly four times the rate of the general population. As life

expectancy increases, it is reasonable to anticipate that increasing numbers of older adults will probably die by suicide.[9]

  - Depression, one of the conditions most commonly associated with suicide in older adults, is a widely under-recognized and undertreated medical illness.[10]
  - Many older adults who die by suicide — up to 75 percent — visited a physician within a month before death.[11]

- Untreated mental health disorders among both older adults with physical disabilities and family caregivers are a major cause of avoidable placements in institutional settings.[12,13,14]

- Treatment works. There are effective, evidence-based interventions that can improve the quality of life of older adults with mental health and substance use disorders, including dementia.

- Unfortunately, mental disorders among older adults are all too often neglected in our society due to the following factors:

  - Ageism – the false belief that mental disorders, particularly depression and dementia, are normal in old age. This belief is held not only by older adults, family members, and service providers, but is also rampant within society at large.
  - Stigma – the shame of having a mental disorder. Stigma discourages older adults and their family members from acknowledging mental health needs and pursuing treatment, ultimately decreasing quality of life.
  - Ignorance – the lack of education and understanding regarding age related vulnerabilities and impact of mental health disorders on older individuals. Without education on the diversity and severity of behavioral conditions in later life, problems are not identified, treatment is not accessed and recovery is not obtained.

It is imperative that we develop geriatric mental health workforce capacity and competency to meet the growing and unique needs of late life mental illness and substance use disorders, and translate research findings into practice, invest in evidence based practices.

These investments are needed to improve the lives of older adults and their families and reduce overall costs to the health care system. In addition to the moral obligation we have to our older citizens, optimizing late life behavioral health benefits our families and communities in multiple ways:

  - Healthy older adults make valuable contributions as employees in our workforce and as volunteers in communities and organizations with need.

- Family members can remain engaged in the workforce and personal pursuits as they do not need to prematurely leave the workforce to care for older loved ones with functional and health declines attributable to untreated behavioral health disorders.
- Unnecessary, premature and costly institutionalization can be delayed or avoided and caregiver burden and symptoms of depression reduced with effective programs of counseling and support for caregivers of persons with dementia.[15],[16]

Priorities for Addressing the Mental Health Needs of Older Adults

Assure access to an affordable and comprehensive range of quality mental health and substance abuse services including: outreach, home and community-based services, prevention, and intervention, coordinated with acute and long-term services and supports. Actions might include:

- Identify older adults as a priority population for behavioral health services and make prevention, screening, assessment, early identification, treatment services and recovery programs available across the lifespan including to older adults and their care partners through the spectrum of care settings.

- Foster state interagency actions for improved older adult behavioral health and services such as those drafted by participants of the 2012 SAMHSA / AoA sponsored Policy Academy Regional Meetings and those offered in the Older Americans Behavioral Health Issue Brief Series http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Behavioral/index.aspx.

- Promote the availability and further adoption of effective older adult mental health program models.

- Encourage the state to direct some level of mental health and substance abuse prevention and treatment block grant and other funds to expand services for older adults and to improve the quality of services through the implementation of evidence-based practices. Encourage the state to report on the use of these funds and how these funds support development of service capacity and / or geriatric workforce competencies.

- Educate older adults, their care partners, service providers, and the state government about the major components of the Affordable Care Act (ACA) that impact older adult mental health (including, but not limited to, essential health benefits, home- and community- based options, screening services) and encourage it to make full use of these provisions.

Support the integration of older adult mental health and substance abuse services into primary health care, long-term services and supports and community-based service systems. Actions might include:

- Gain familiarity with concepts and community activity underway on such topics as behavioral health integration, case management for mental and physical health, interdisciplinary teams, mental and behavioral health integration with federally qualified health centers, primary care integration with behavioral health centers, Accountable Care Organizations (ACOs), and, Patient Centered Medical Homes and Health Homes.

- Ensure that older adult mental health and substance abuse prevention, treatment and recovery services are integrated into primary health care, long-term services and supports, and community-based service systems.

- Strengthen and/or develop new collaborations with other organizations interested in fostering integrated care models in Patient Centered Medical Homes and other institutional or community based settings.

Designate an older adult mental health leader or coordinator in federal, state and local agencies responsible for mental health services.

Address severe provider and faculty shortages in mental health, behavioral health and substance abuse for older adults by expanding geriatric traineeships for a broad range of mental health and health professionals, and targeting national financial incentives such as loan forgiveness programs and continuing education funding. Actions might include:

- Review and consider state and local implications of (a) Affordable Care Act provisions related to geriatric mental health workforce development and (b) recommendations within the Institute of Medicine (IOM) report, *Mental Health and Substance Use Workforce for Older Adults: In Whose Hands* (2012) see http://www.nap.edu/openbook.php?record_id=13400.

- Encourage federal policymakers to appropriate funds for the Affordable Care Act workforce provisions that authorize training, scholarship, and loan forgiveness for individuals who work with or are preparing to work with older adults who have mental health and/or substance use conditions.

- Contact community and state educational institutions to encourage coursework to prepare individuals for work with older adults.

- Encourage local and state organizations to promote the competency of their staff to work with older adults by sharing existing geriatric competencies, such as the *Multidisciplinary Competencies in the Care of Older Adults at the*

Completion of the Entry-level Health Professional Degree developed by the Partnership in Health and Aging.

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