

MICHAEL B. FRIEDMAN, LMSW
COGNITIVE AND BEHAVIORAL HEALTH ADVOCACY

250 PRESIDENT STREET SUITE 513
BALTIMORE, MD 21202

443-835-2539
mbfriedman@aol.com

www.michaelbfriedman.com

CONFRONTING THE COGNITIVE AND BEHAVIORAL HEALTH
CHALLENGES OF AN AGING AMERICA

By

Michael B. Friedman, LMSW
Adjunct Associate Professor
Columbia University School of Social Work

It is long past time to address the mental health needs of older adults.

Why is this important?

- About 1 in 10 people 65 and older have some form of dementia, most likely Alzheimer's disease. At 85 and over, it's approaching 4 in 10.¹ And **virtually all people with dementia develop** behavioral health conditions (aka "neuro-psychiatric symptoms") including depression, anxiety, psychosis, and more at some point while living with dementia.²
- About 1 in 7³ (the NIMH estimate) or perhaps 1 in 5⁴ (the CDC estimate) of older adults have mental illnesses such as anxiety disorders, mood disorders, or psychosis.
- About 1 in 25 suffer from addiction,⁵ and as many as 1 in 5 dangerously misuse alcohol and medications.⁶
- Many older adults experience emotional distress in response to challenging life circumstances such as the pandemic, social isolation, economic instability, racism, poor health, and the need to adapt to common changes in old age.
- Mental distress unquestionably increased during the pandemic for older as well as younger people. This includes grief, loneliness, hopelessness, and more.

- All of this contributes to a host of problems, including personal and familial dysfunction, premature disability and death, avoidable institutionalization, high rates of suicide, and very high costs of care.

The consequences of poor mental health among older adults are significant.

- Dementia was the 7th leading cause of death in the United States in 2020⁷. Prior to the pandemic it was 5th.
- Behavioral health conditions, i.e., mental and substance use disorders, contribute to premature death. For example, people with serious mental illness die 10-25 years younger than the general population.⁸
- Depression contributes to high suicide rates among older adults, and suicide is now the 12th leading cause of death in the United States.⁹ It was 10th prior to the pandemic.
- Anxiety disorders contribute to social isolation and rejection of help.
- “Neuropsychiatric” disorders are the leading cause of disability in the United States, accounting for nearly 20% of all years of life lost to disability and premature mortality.¹⁰
- Misuse of alcohol often leads to illnesses and accidental injuries, especially falls and automobile accidents, which can result in premature disability or death. Between 2015 and 2019, there were about 140,000 alcohol-related deaths per year in the United States.¹¹
- Misuse of illegal substances contributes to overdose deaths (over 100,000 in the US in the last year), to homelessness, to the over-population of prisons, to the spread of contagious diseases, to disruption of work and family life, to violence in the home and in the community—especially in poor communities of color—and more.
- In addition, cognitive and behavioral health conditions, because they can be disabling and often co-occur with significant physical illnesses, are **major drivers of the very high healthcare costs in America**. This includes the costs of long stays in hospitals due to medical complexities, the costs of high use of emergency rooms, and the costs of long-term residential care. Investing in improving the cognitive and behavioral health of older adults can improve health outcomes and help to contain healthcare costs at the local, state, and national levels.

For all of these reasons, it is very important to address the needs of those people who experience mental problems in old age.

It is all the more important because **America is aging rapidly**.¹² Over the next few decades, the proportion of adults 65 and older will come to exceed the proportion of children under 18—an historic first.¹³ And as the number of older adults in the U.S. grows from approximately 55 million today about 95 million in 2060,¹⁴ so will the number of older adults with cognitive impairment, mental and/or substance use disorders, autism and other developmental disabilities,* and emotional distress. Unless there are long hoped for breakthroughs in treatment and preventive interventions, the number of older people with mental illnesses in the U.S. will grow from about 7.7 million in 2020 to about 13.3 million in 2060.¹⁵ And the number of older people who misuse alcohol and other drugs will grow from about 1.1 million to 1.9 million. ^{16,17}

America is **not prepared to meet the challenges of supporting mental well-being in older adults**. The services that are currently available in the health, long-term care, mental health, substance use, developmental disabilities, and aging services systems **fall very short of meeting the need** and are **dysfunctionally fragmented**. Many older people are **not able to live where they would like to live**, whether in their family home or a retirement community because they cannot get the services and supports that they need. **People with cognitive impairment** living in the community have a **range of unmet needs** including “**neuropsychiatric behavior management and caregiver support**.”¹⁸ Those living in **nursing homes and assisted living** facilities often **get inadequate treatment** for cognitive and behavioral health disorders, which are highly prevalent among residents in these facilities.¹⁹ **Fewer than half of older adults with mental or substance use disorders get any treatment at all**²⁰ because of **limited service capacity and access**. As a result, treatment for mental illnesses is too often provided by **primary care physicians without adequate training or by mental health professionals without geriatric expertise**.²¹ Only about 1 in 3 people who get treatment get even “minimally adequate treatment.”²²

And very importantly, our **systems of care are plagued by racial and economic disparities** in the prevalence of disorders, in access to care and treatment, and in rates of death.

The challenges are particularly great for certain high-risk populations including:

* People with developmental disabilities, who used to have a life expectancy no greater than 40, now have a life expectancy just a bit lower than those without developmental disabilities.

- **Black, Latino, and native American older adults**, who are more likely to have dementia than their White counterparts and less likely to get the treatment they need for behavioral health conditions.²³
- **Women**, who outlive men and are increasingly likely to experience social isolation as they age and who are more likely than men to develop cognitive impairment or mental illnesses.²⁴
- **People who are poor or struggling with economic insecurity**, who are more likely to experience symptoms of anxiety and depression, to misuse substances, and to develop cognitive impairment than are affluent populations.^{25,26}
- **People with disabilities** (about 25% of older adults), who according to CDC “report experiencing frequent mental distress almost 5 times as often as adults without disabilities”.²⁷
- **Family caregivers**, who frequently experience anxiety, depression, and burn-out²⁸
- **People in nursing homes or assisted living**, who commonly have poorly treated behavioral health conditions as well as dementia²⁹
- **People who are socially isolated and/or lonely**, who have a 50% increased risk of dementia and higher rates of depression, anxiety, and suicide.³⁰
- **Victims of trauma/abuse**, who are at higher risk of anxiety disorders (including PTSD) and of depression.³¹
- **People who are LGBT+**, who report the highest levels of distress in response to the pandemic³² and have higher rates of anxiety, depression, and substance use disorders.³³
- **Veterans**, who have high rates of anxiety disorders, such as post-traumatic stress; depression; substance use disorders; and suicide.³⁴

It is important to note that while the risks to mental health are great in old age, the **opportunities to experience mental well-being are also great**. Addressing cognitive and behavioral struggles will almost certainly result in a significant increase in the number of older adults who are aging well and can help our nation to thrive in the coming decades.

What should a comprehensive plan seek to achieve? Here are 15 key goals.

1. Enable older adults with cognitive or behavioral health conditions to **live where they prefer**, generally in the community rather than in institutions.
2. **Improve long-term care** including nursing homes, assisted living, and home and community-based services.
3. **Enhance support for family caregivers.**
4. Increase cognitive and behavioral health **service capacity** to keep pace with the growth of the older population and address current shortfalls.
5. Enhance **access to care**, particularly with **extensive use of telehealth** and **increased outreach and engagement** efforts such as assertive community treatment teams (ACT).
6. **Improve quality of care and treatment**, emphasizing clinical, cultural, and geriatric competence in service design and delivery.
7. **Increase and improve** the professional and paraprofessional workforce in primary care, long-term care, behavioral health, and aging services.
8. **Enhance integration of care** within and between service systems—dementia care, behavioral health care, primary care, long-term care, and aging social services.
9. Address **social “determinants” of behavioral health** such as racism, poverty, and social isolation.
10. Address **racial and economic disparities.**
11. **Increase “preventive” interventions** so as to reduce the incidence of cognitive and behavioral disorders, relapse, institutionalization, and suicide.
12. **Promote mental well-being in old age** via assistance in preparing for retirement, adapting to the empty nest, maintaining old and developing new relationships, finding engaging activities, living with chronic illness, tolerating dependency if necessary, achieving reconciliation with one’s past, and dealing with mortality.
13. Improve **public and professional education.**
14. Increase and redesign **funding** to meet the needs of older adults.

15. Fundamental to the development of a meaningful comprehensive plan to address the cognitive and behavioral health needs of older adults is the compilation of **epidemiological, services, and financial data** and the creation a publicly accessible **data dashboard**.

These are daunting challenges, but the time has long since passed to take major steps to confront them. We are already more than a decade into the elder boom. If not now, when?

¹ Alzheimer's Association. (2021). [2021 ALZHEIMER'S DISEASE FACTS AND FIGURES](#).

² Phan, S. V., et al. (2019). [Neuropsychiatric Symptoms in Dementia](#): Considerations for Pharmacotherapy in the USA. National Center for Biotechnology Information.

³ National Institute of Mental Health (2019) [Mental Health Information, Prevalence of Any Mental Illness](#). (2019).

⁴ Centers For Disease Control (2006). "[The State of Mental Health and Aging in America](#)."

⁵ Reynolds, K., et al (2015). [Prevalence of psychiatric disorders in U.S. older adults: findings from a nationally representative survey](#). National Center for Biotechnology Information

⁶ Lehmann S. and Fingerhood M. (2018). [Substance-Use Disorders in Later Life | NEJM](#)

⁷ Murphy SL, et al. (2021) [Mortality in the United States, 2020](#). NCHS Data Brief, no 427. National Center for Health Statistics.

⁸ [Mortality Associated With Mental Disorders and Comorbid General Medical Conditions | Psychiatry and Behavioral Health | JAMA Psychiatry | JAMA Network](#)

⁹ [The Leading Causes of Death in the US for 2020 | Cardiology | JAMA | JAMA Network](#)

¹⁰ US Burden of Disease Collaborators (2013). [The state of US health, 1990-2010: burden of diseases, injuries, and risk factors](#). JAMA.

¹¹ [Deaths from Excessive Alcohol Use in the United States | CDC](#)

¹² US Census Bureau (2017) [National Population Projections Datasets](#).

¹³ Ibid.

¹⁴ US Census Bureau (2017) [National Population Projections Datasets](#).

¹⁵ National Institute of Mental Health. "Any Mental Illness". [NIMH » Mental Illness \(nih.gov\)](#)

¹⁶ Lehmann, S. W., & Fingerhood, M. (2018, December). "[Substance-Use Disorders in Later Life](#)". New England Journal of Medicine:

¹⁷ US Census Bureau. Op Cit.

-
- ¹⁸ Black BS, et al. (2019) "[Unmet needs in community-living persons with dementia are common, often non-medical and related to patient and caregiver characteristics](#)" in *International Psychogeriatrics*. February 2019
- ¹⁹ Institute of Medicine (2012). [The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?](#) | The National Academies Press (nap.edu).
- ²⁰ Byers, A. et al (2012). "[Low Use of Mental Health Services Among Older Adults With Mood and Anxiety Disorders](#)" in *Psychiatric Services*, January 2012.
- ²¹ Klap, R. et al (2003). "[Caring For Mental Illness In The United States: A Focus On Older Adults.](#)" *The American Journal Of Geriatric Psychiatry*. September-October 2003.
- ²² Wang, P.S. et al. (2005). "[Twelve-Month Use Of Mental Health Services In The U.S.](#)" *Archives of General Psychiatry*.
- ²³ Alzheimer's Association (2020) "[Race, Ethnicity, and Alzheimer's](#)" An Alzheimer's Impact Movement Fact Sheet.
- ²⁴ Beam, C. R., et al. (2018). [Differences between women and men in incidence rates of dementia and alzheimer's disease](#). *Journal of Alzheimer's Disease*, 64(4), 1077–1083.
- ²⁵ Powell, W.R. et al. (2020). "[Association of Neighborhood-Level Disadvantage With Alzheimer Disease Neuropathology](#)" in *JAMA Network Open*, 3(6).
- ²⁶ Simon K.M. et al. (2018). "[Addressing Poverty and Mental Illness](#)" in *Psychiatric Times*, 35(6).
- ²⁷ The Mental Health of People with Disabilities | CDC
- ²⁸ Family Caregiver Alliance (2006). [Caregiver Health](#).
- ²⁹ Seitz, D. et al. (2010). "[Prevalence Of Psychiatric Disorders Among Older Adults In Long-Term Care Homes: A Systematic Review.](#)" *International Psychogeriatrics*. November 22, 2010.
- ³⁰ National Academies of Sciences, Engineering, and Medicine. [Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System](#). Washington, DC: The National Academies Press. 2020
- ³¹ [Elder Abuse and Psychological Well-Being: A Systematic Review and Implications for Research and Policy - A Mini Review - FullText - Gerontology 2013, Vol. 59, No. 2 - Karger Publishers](#)
- ³² Census Bureau and CDC: [PULSE survey](#)
- ³³ [The Mental Health of Older LGBT Adults - PubMed \(nih.gov\)](#)
- ³⁴ O'Malley, K. et al. (2019). "[Mental Health and Aging Veterans](#): How the Veterans Health Administration Meets the Needs of Aging Veterans" *Public Policy & Aging Report*.