THE
MARYLAND PSYCHIATRIST
Spring 2021

MEET THE BEHAVIORAL HEALTH CHALLENGES OF THE ELDER BOOM

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Recently, AARP Maryland established an advocacy group focusing on cognitive and behavioral health. In part, we did so because of the clear psychological fallout of the pandemic. But we also did so because of significant unmet cognitive and behavioral health needs of older adults that existed prior to the pandemic and that will exist afterwards. To meet these needs, AARP of Maryland, with support from the MPS and other organizations, has called on the state to develop **a data-driven, multiyear plan to meet the cognitive and behavioral health challenges of the elder boom.** A mandate to do so has been included in the state budget for 2021-22.

The elder boom began a decade ago. It is gathering force and will continue to do so as the population of older adults--as well as the population of older adults with cognitive and behavioral health conditions—doubles in the next few decades.

This should be a matter of major concern. About 25% of people 65 and over have diagnosable cognitive and/or behavioral disorders. Even more of them experience emotional challenges that have significant negative impact on quality and length of life. Troubling conditions include:

- Dementia,
- Other psychiatric disorders such as psychosis, depression, and anxiety disorders
- Substance misuse, particularly overuse of alcohol and of medications
- Co-occurring physical and cognitive disorders
- Disturbing emotional reactions to adverse life experiences such as the pandemic
- Difficult developmental challenges of old age including:
    - Retirement and other role changes
    - Decreasing social connections and increasing social isolation
    - Dealing with grief
    - Declining physical health
    - Living with chronic illnesses and pain
    - The increasing possibility of dependency
    - The inevitability of death.

These conditions result in substantial human suffering. In addition, they are major contributors to premature disability and death. In part, this reflects the high rate of suicide among older adults. In larger part, it reflects the negative consequences of co-occurring disorders, which are a major driver of the very high costs of health care in the United States.

The mental health of older adults should be a matter of major social concern, especially for

- People with long histories of mental and/or substance use disorders
- Socially isolated older adults
- Victims of economic hardship
- People of color, who will become a much larger portion of the population in the coming years and currently suffer from health disparities
- Older veterans
- Victims of elder abuse
- Family caregivers.

Sadly, most older people with cognitive and/or behavioral disorders do not get adequate care and treatment.

- There is an inadequate continuum of behavioral health services.
- There are too few clinically, culturally, and geriatrically competent health and behavioral health professionals and paraprofessionals.
- There is over-reliance on primary health care providers without adequate expertise.
- And, even though the vast majority of older adults with cognitive and/or behavioral disorders live in the community, there is still over-reliance on long-term institutional care, largely due to:

    (1) inadequate support for family caregivers, who are at high risk for “burn out” and

    (2) a shortage of supportive housing as an alternative to institutional care.

It is important to note that mental well-being is a critical component of overall well-being in old age. Contrary to the ageist perspective of our society, it is possible to age well. Older people can not only achieve considerable personal satisfaction; they can be, and are, contributors to society. Older adults are not, as the ageist perspective has it, only people in need of help; they are people who can give help. Promoting psychological well-being, promoting lives of connection, engagement, belonging, and meaning, can result in a vastly stronger society.

To address the behavioral health needs and opportunities of older adults, AARP of Maryland believes there should be a multi-year, inter-agency plan that draws from sound data regarding demographics, epidemiology, service provision, and financing.

The primary goal of such a plan should be to assure that cognitive and behavioral health services keep pace with population growth, which is projected to be 30% for older adults in Maryland in the coming decade alone.

It will also need to address a broad range of issues including how to:

- Help older people with cognitive or mental disorders to live where they prefer

- Support their family caregivers

- Provide housing alternatives to institutions

- Increase the capacity of, and access to, home and community-based services including tele-health

- Improve the quality of both community-based and institutional services

- Enhance integration of physical, cognitive, and behavioral health services and of health and aging services

- Build a larger and more clinically, culturally, and geriatrically competent behavioral health and long-term care workforce

- Provide public education regarding their problems

- Address social determinants of behavioral disorders, including isolation, economic hardship, food insecurity, dangerous living conditions, and systemic racism

- Include older adults as part of the effort to meet the needs of their peers

- Re-organize financing so that funding structures align with service needs.

The cognitive and behavioral health challenges of the elder boom are vast and difficult, but meeting them is critical to the health and well-being of older adults.

With the enactment of this mandate, we can now take a major step forward.