



# **MEETING THE MENTAL HEALTH CHALLENGES OF THE ELDER BOOM**

**A PRESENTATION TO NAMI-MD**

**OCTOBER 15, 2022**

**By**

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# INTRODUCTION

- The mental well-being of older adults in Maryland during the “elder boom” should be a major social concern but is not.
- Unfortunately, people with dementia, mental illnesses, and/or substance use problems and their families often do not get the services they need due to **service shortages, limited access** to services that exist, **uneven quality** of care, **limited integration** of services, **limited continuity of care, workforce shortages,** and more.
- Unmet cognitive and behavioral health needs can result in avoidable individual and family suffering as well as in **excessive institutionalization, premature death and disability,** and **very high health care costs.**
- To meet the cognitive and behavioral health needs of older adults in Maryland it will be necessary to
  - Expand current services to **keep pace with population growth**
  - Take **bold steps to improve services** to overcome current service shortfalls.

# SUMMARY

- POPULATION OF OLDER ADULTS IS GROWING
- POPULATION OF OLDER ADULTS WITH MENTAL CONDITIONS IS GROWING
- MUCH UNMET NEED NOW
- AMERICA AND MD ARE NOT PREPARED
- NEED ACTION PLAN NOW INCLUDING
  - SUPPORT TO LIVE WHERE PREFERRED, USUALLY IN THE COMMUNITY
  - FAMILY SUPPORT
  - SERVICE CAPACITY, ACCESS, QUALITY, AND EQUITY
  - PROMOTING WELL-BEING
  - ADEQUATE FUNDING

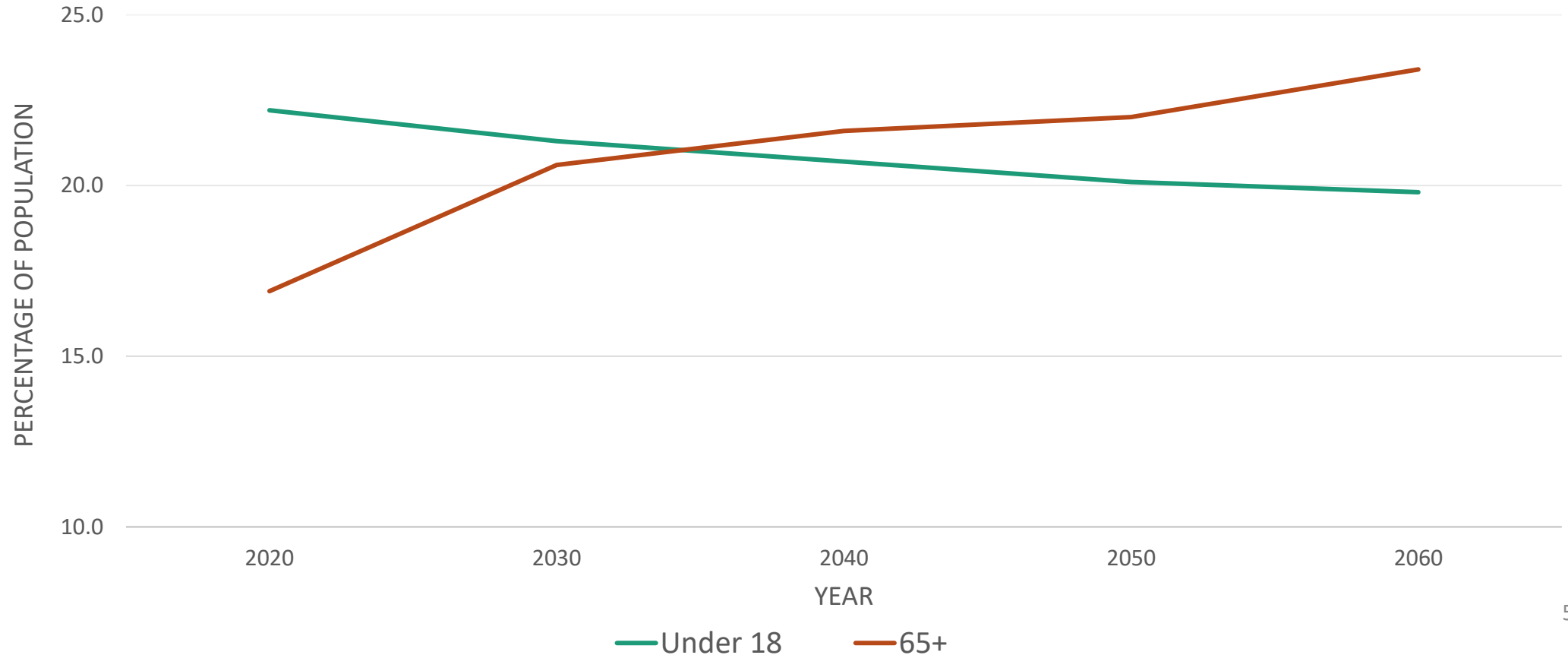


# The Population of the U.S and of Maryland Is Aging Rapidly



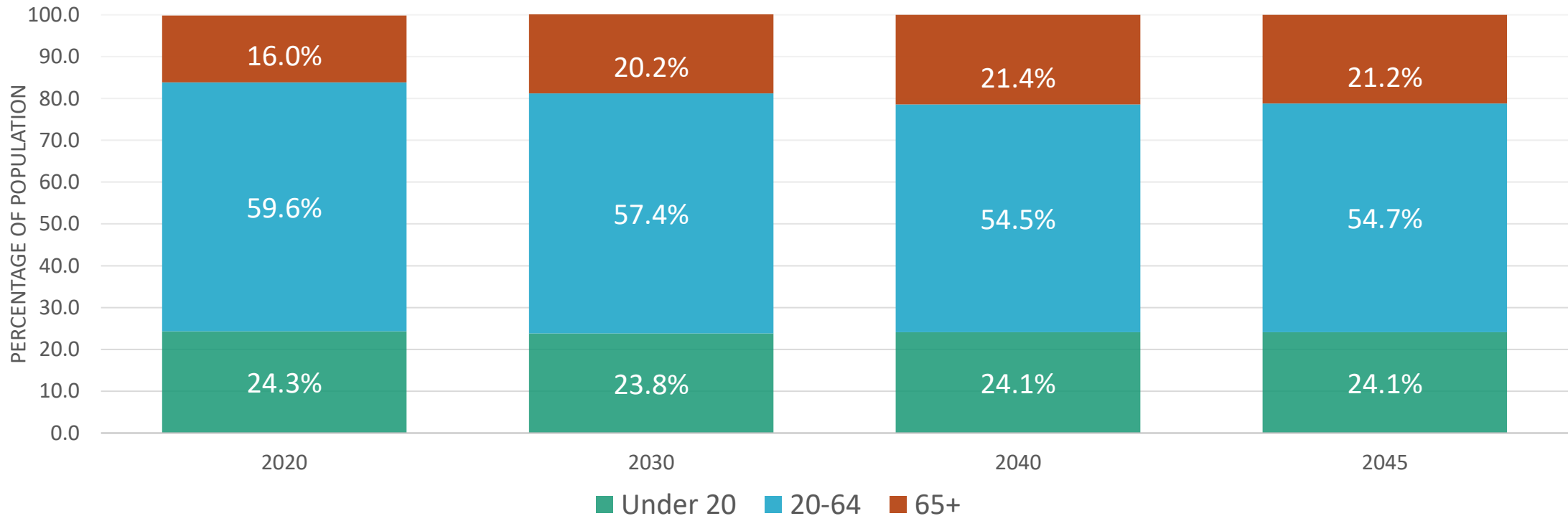
# Over the Next 40 Years the Proportion of 65+ Adults in the U.S. Will Rise From 16% to 23%, Outnumbering the Proportion of Children<sup>1</sup>

National Age Distribution of the U.S. Population: 2020-2060



# Over The Next 25 Years The Proportion Of Adults 65+ In Maryland Will Increase 5% While The Proportion Of Working Age Adults Will Decline 4.7%

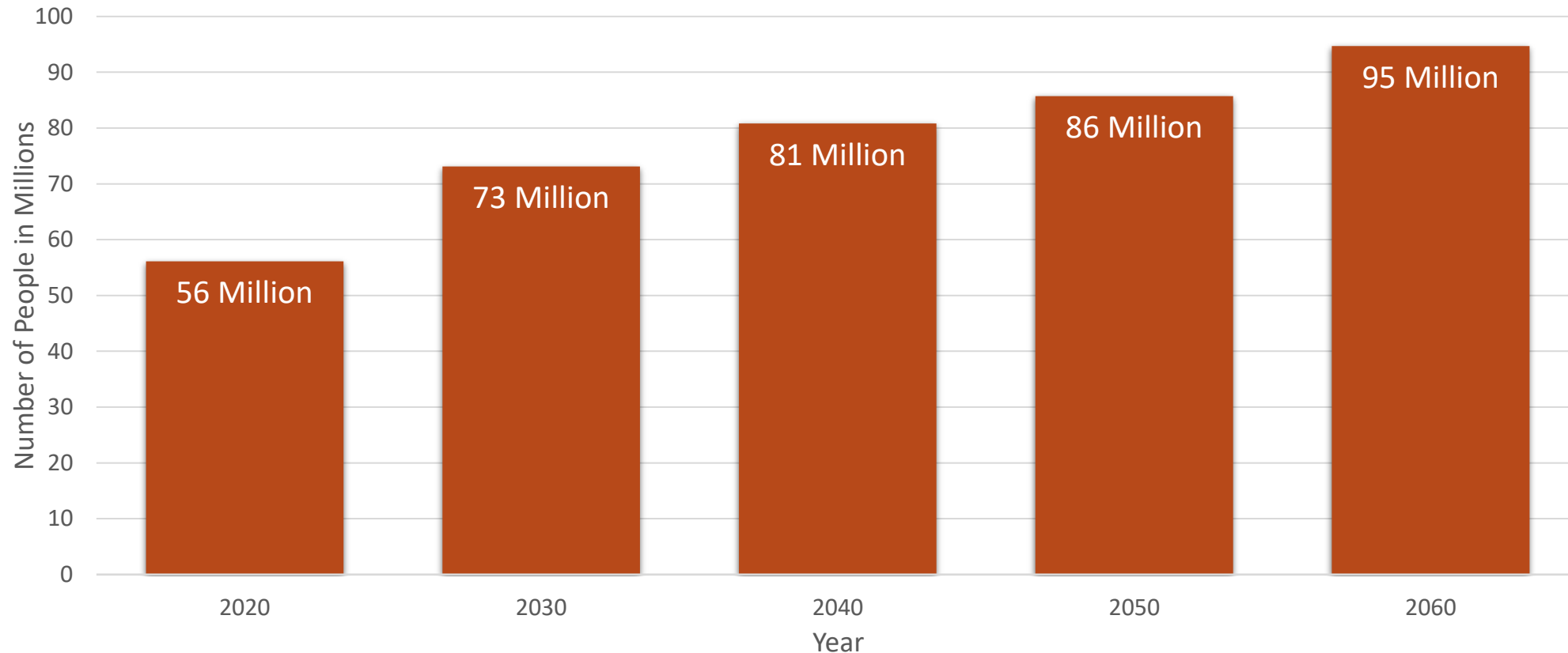
Age Distribution of the Maryland Population: 2020-2045



Maryland State Data Center (2020). "Projections to 2045." *Maryland Department of Planning*.  
<https://planning.maryland.gov/MSDC/Documents/popproj/TotalPop-Race-Age-Gender.xlsx>

# The Number of Adults 65+ In The U.S. Will Increase By 170% Over The Next 40 Years<sup>1</sup>

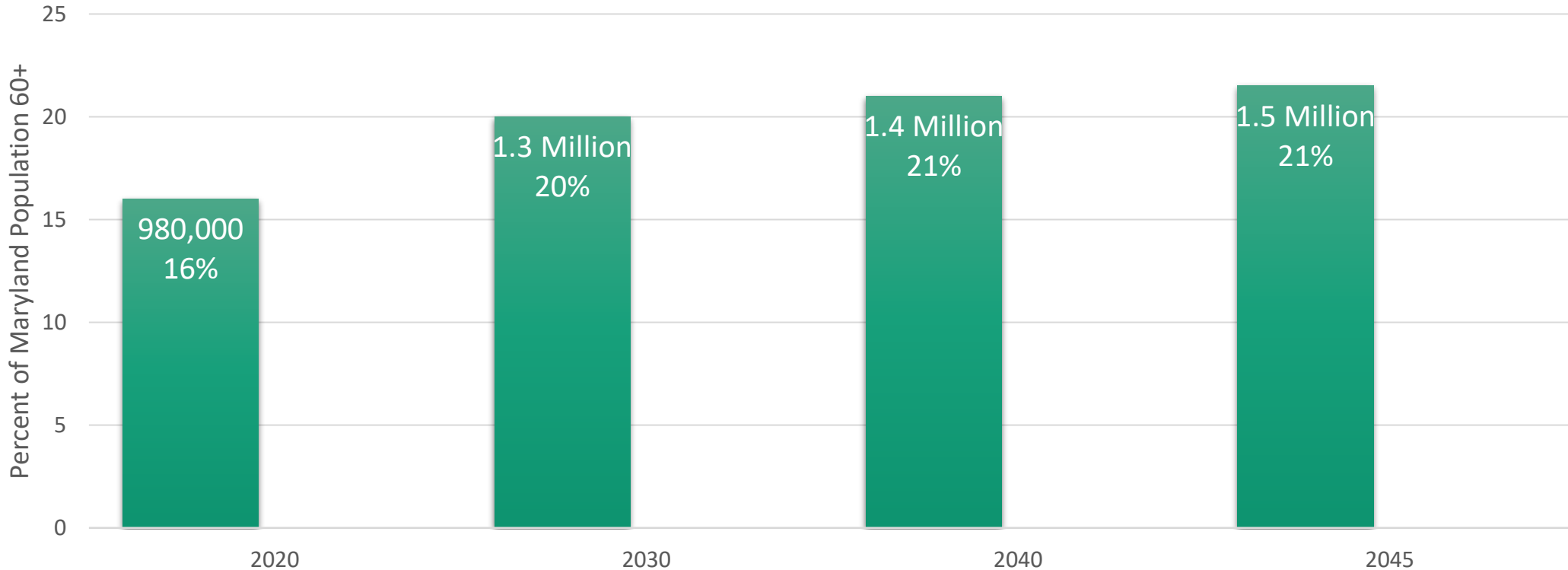
National Projected Population for Older Adults: 2016 to 2060





# Over The Next Decade, Maryland's 65+ Population Will Grow By 320,000 From 16% To 20% Of The Total Population

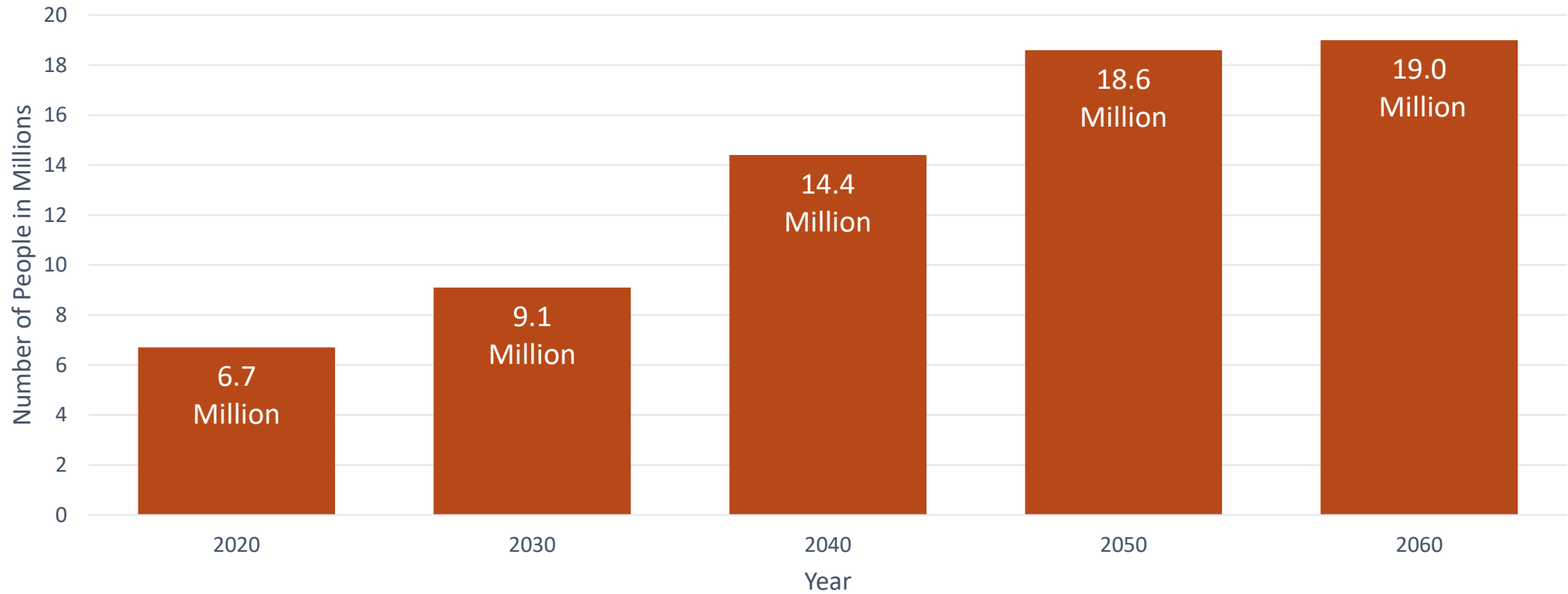
Maryland Projected Population for Older Adults: 2016 to 2045



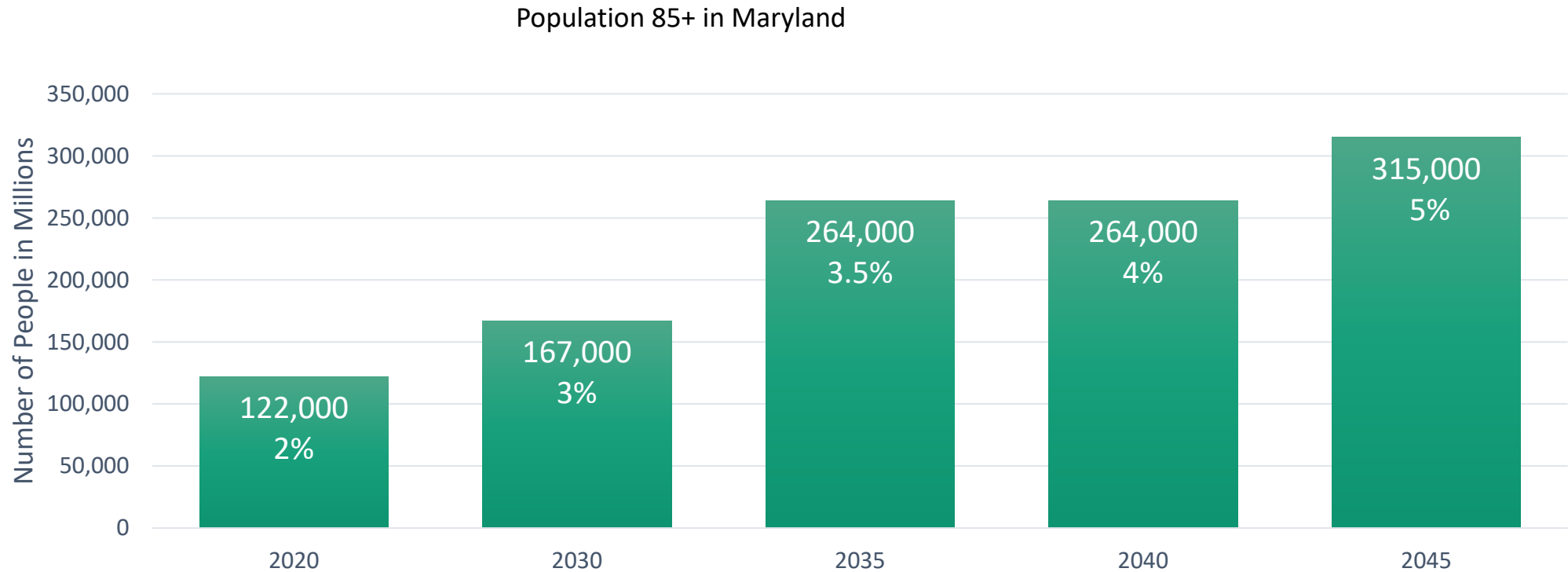
Maryland State Data Center (2020). "Projections to 2045." *Maryland Department of Planning*.  
<https://planning.maryland.gov/MSDC/Documents/popproj/TotalPop-Race-Age-Gender.xlsx>



## The Number of Adults 85+ In The U.S. Will Almost Triple Over the Next 40 Years<sup>1</sup>



## Over The Next 25 Years Maryland's 85+ Population Will Increase By 158%, From 122,000 To 315,000 And From 2%-5% Of The Total Population

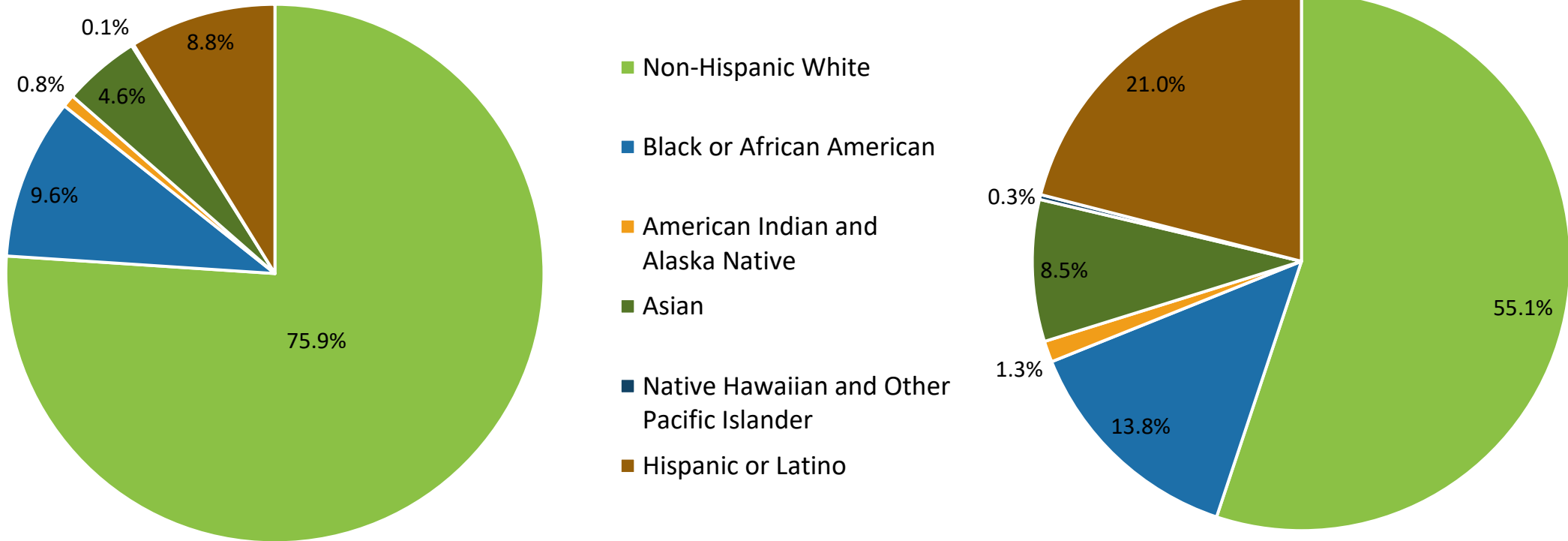


Maryland State Data Center (2020). "Projections to 2045." *Maryland Department of Planning*.  
<https://planning.maryland.gov/MSDC/Documents/popproj/TotalPop-Race-Age-Gender.xlsx>

# People of Color 65+ In The U.S. Will Increase From Around 25% to 45% Over the Next 40 Years<sup>1</sup>

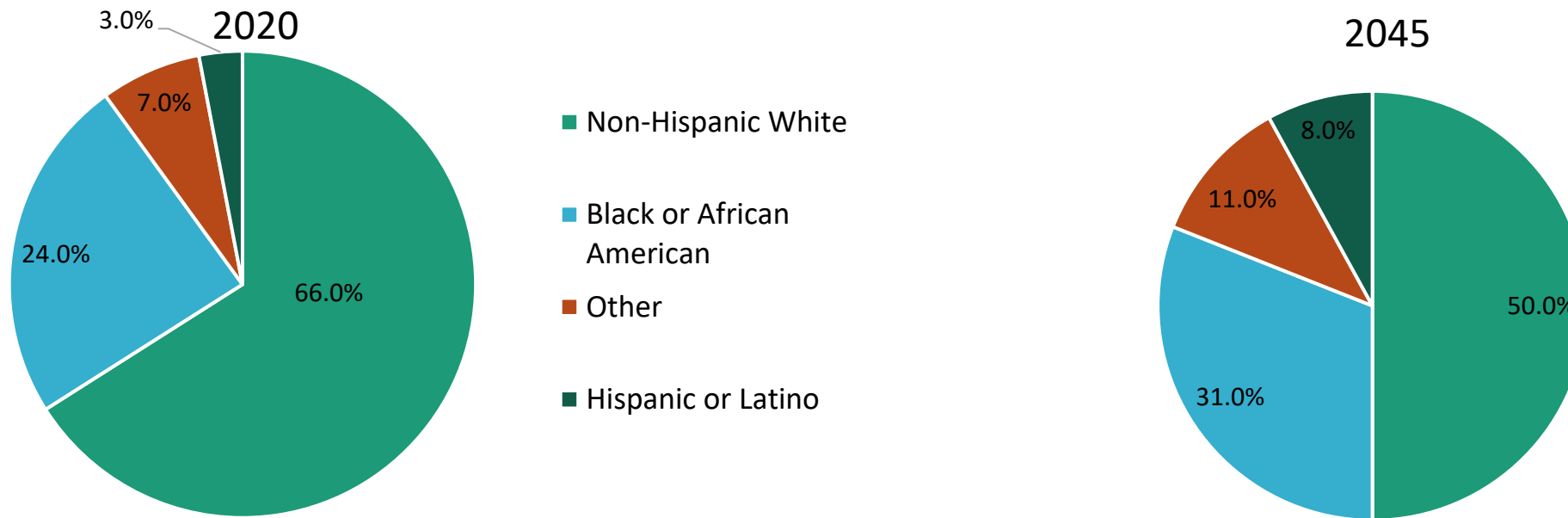
2020 Racial and Ethnic Mix of Adults 65 and Older: 2020 and 2060

2060



# People of Color Were 34% Of The Older Population Of Maryland In 2020. They Will Increase To 50% By 2045.

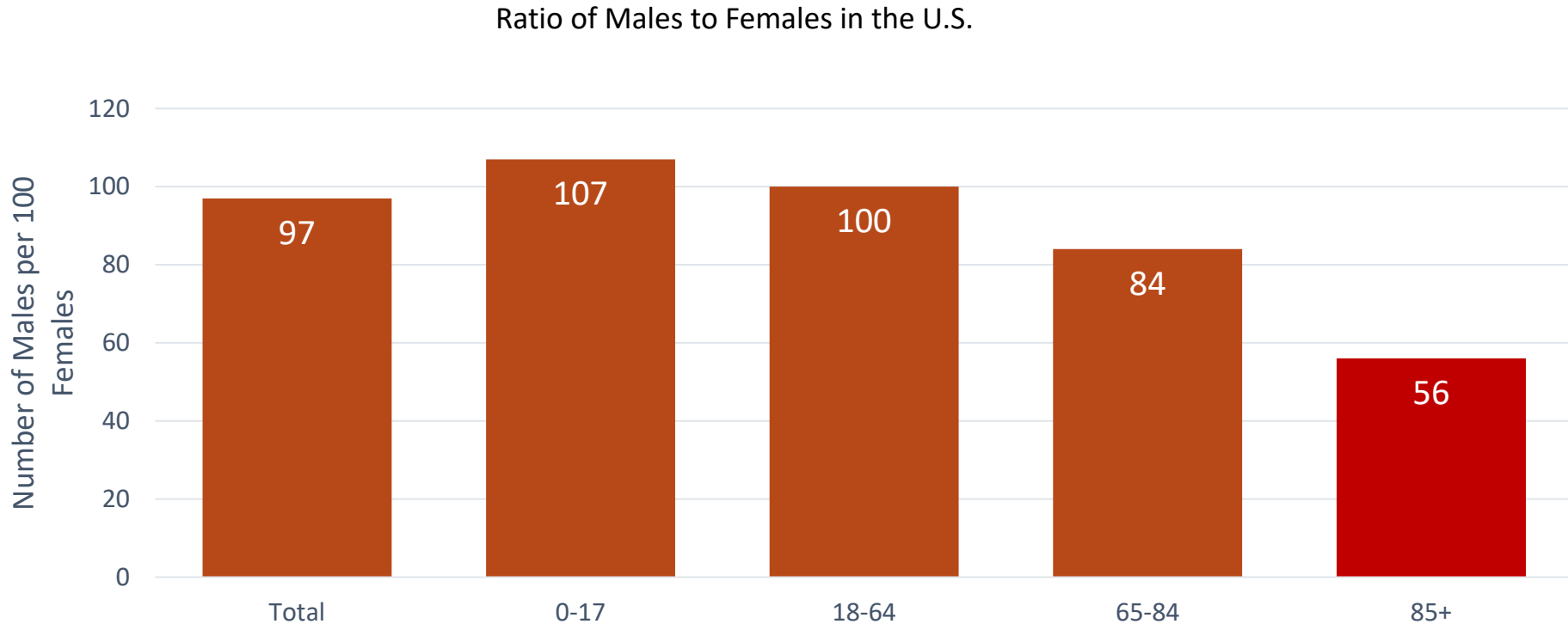
Racial and Ethnic Mix of Adults 65 and Older: 2020 and 2045



Maryland State Data Center (2020). "Projections to 2045." *Maryland Department of Planning*. <https://planning.maryland.gov/MSDC/Documents/popproj/TotalPop-Race-Age-Gender.xlsx>

Note: This data set includes Asian as part of "other".

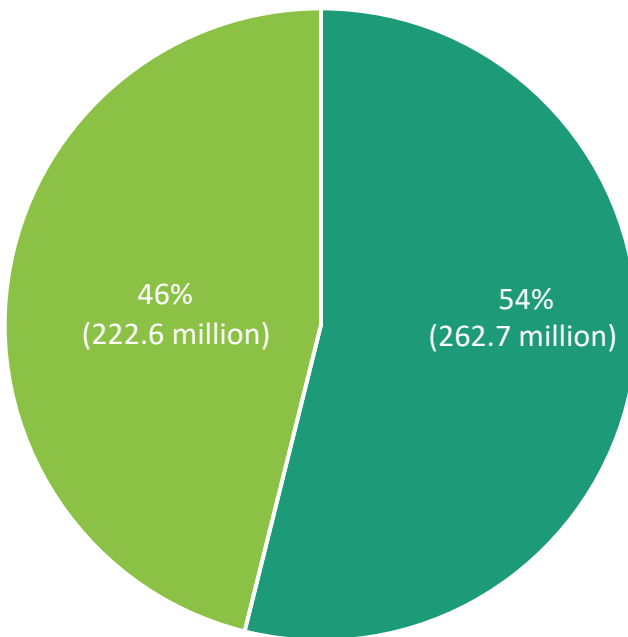
## The Number of Males per 100 Females Declines Sharply at Older Ages. For Those 85+ There Are Almost 2 Females Per Male



[The U.S. population is growing older, and the gender gap in life expectancy is narrowing.](#) PRB. (n.d.). Retrieved February 27, 2022.

## 46% of Veterans in the U.S. Are Age 65+<sup>1</sup>

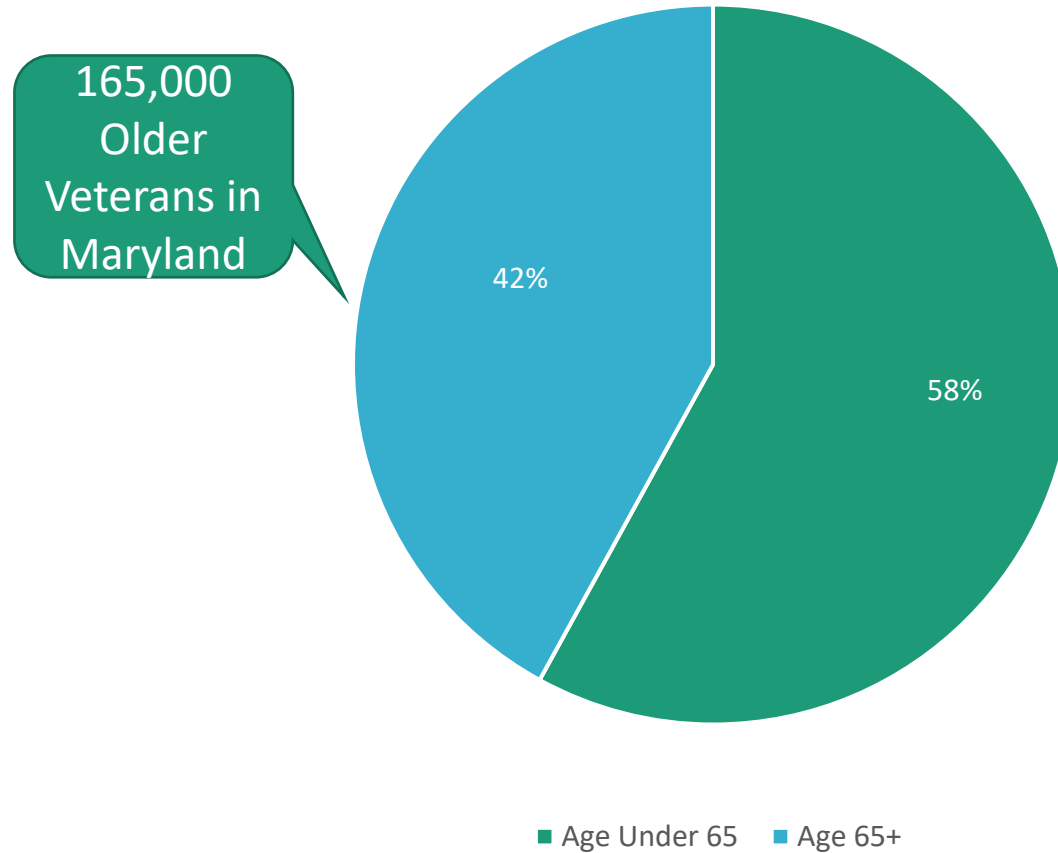
Living Veterans by Age Group (2018)



■ Age Under 65 ■ Age 65+

# About 42% Of Veterans In Maryland Are 65+

Living Veterans in Maryland by Age Group



Department Of Veterans Affairs (2018). "National Survey Of Veterans." *National Center For Veteran Analysis And Statistics*. <https://www.va.gov/vetdata/>



# COGNITIVE AND BEHAVIORAL HEALTH PROBLEMS OF OLDER ADULTS



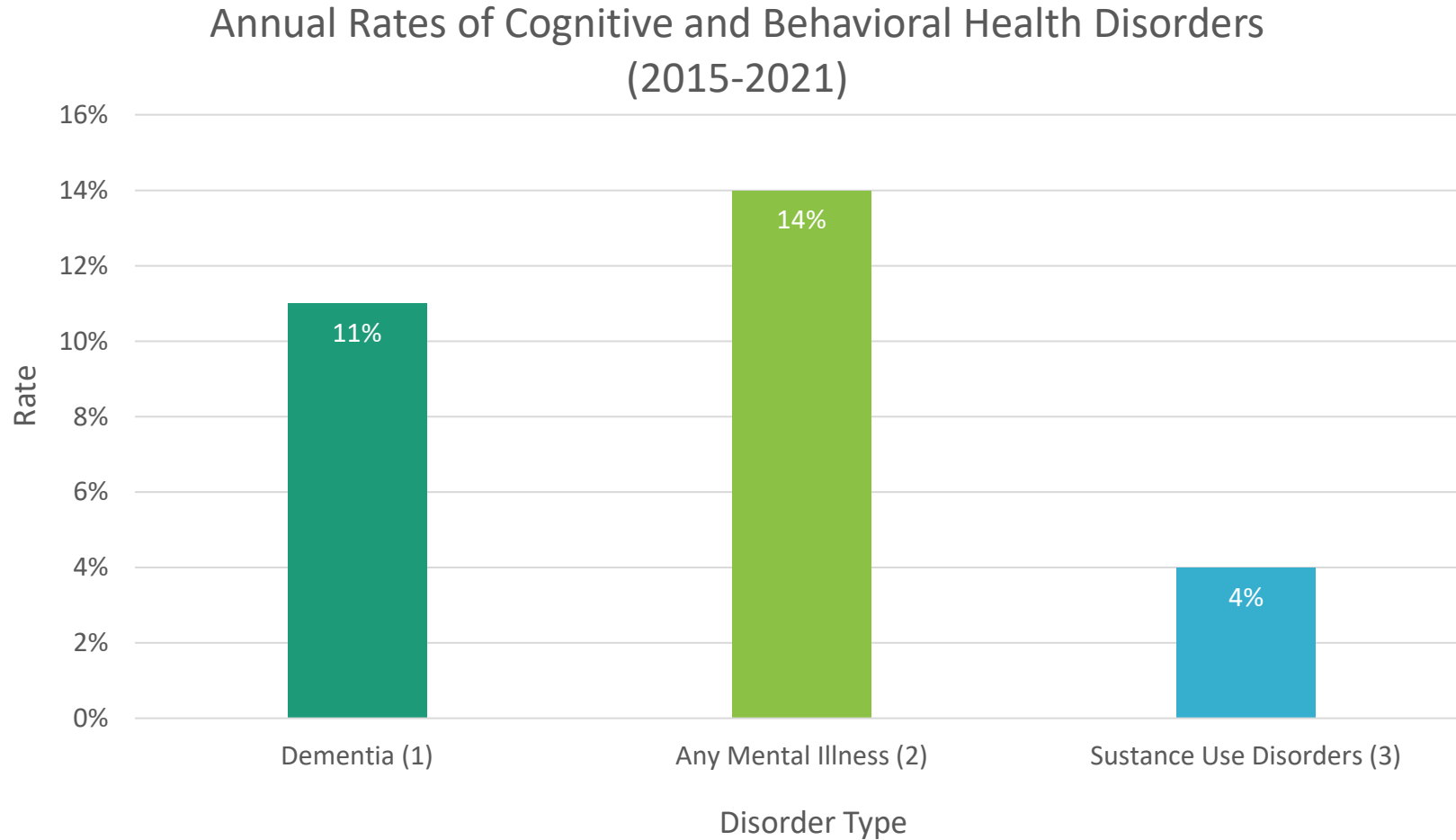
# There Are Various Types Of Cognitive And Behavioral Health Conditions

- Alzheimer's Disease And Other Dementias
- "Mild" Cognitive Impairment
- Severe and Persistent Mental Illness Such As Schizophrenia
- Late-life Psychotic Conditions
- Severe Anxiety and Depression
- Mild or Moderate Anxiety and Mood Disorders
- Substance Misuse and Addiction
  - Misuse of Alcohol, Prescription Drugs, and/or Over-the-Counter Medication
  - Misuse of illegal substances
  - Other Addictions Such As Gambling
- Autism and Other Developmental Disabilities
- Lingering cognitive and psychological effects of illnesses, such as COVID, and injuries, such as traumatic brain injuries (TBI)

## Types Of Cognitive And Behavioral Health Conditions (Continued)

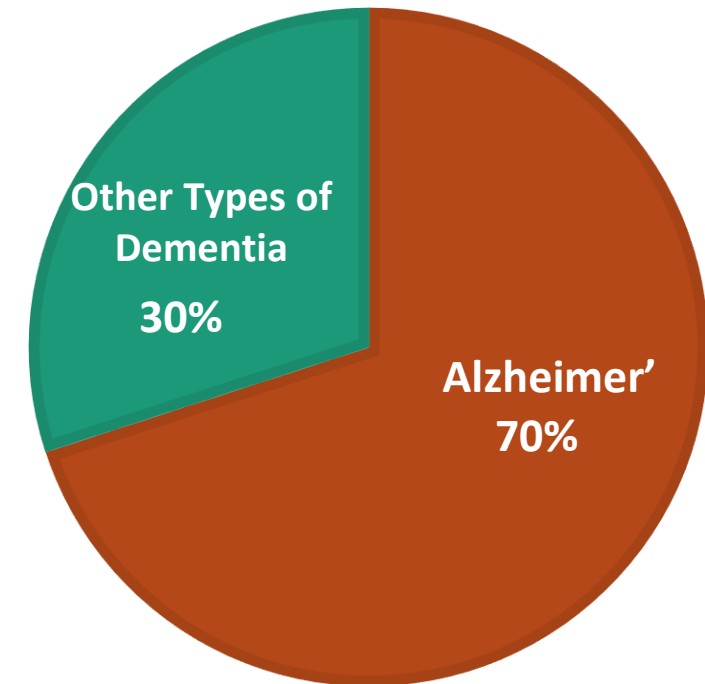
- Neuro-Psychiatric Symptoms Associated With Neurodegenerative Disorders Other Than Dementia Such As Parkinson's Disease
- Co-Occurring Disorders
  - Cognitive Impairments Including Dementia With Behavioral Health Disorders
  - Behavioral Health Disorders With Acute and/or Chronic Health Conditions
  - Mental With Substance Use Disorders
  - Developmental Disabilities With Dementia and/or Behavioral Health Disorders
  - Other Neurodegenerative Conditions (such as ALS) With Behavioral Health Disorders
- Emotional Distress In Reaction to Adverse Life Experiences Such As The Pandemic
- Developmental Challenges of Old Age

# Cognitive and Behavioral Health Disorders Are Highly Prevalent Among Adults 50+<sup>1,2,3</sup>



## There Are Several Types Of Dementia: Alzheimer's Disease Is The Most Common

- 5 most common types of dementia:
  - Mixed dementia (a combination of two or more types of dementia)
  - Alzheimer's disease
  - Frontotemporal dementia
  - Lewy body dementia
  - Vascular dementia
- Other conditions known to cause dementia/dementia-like symptoms:
  - Argrophilic grain disease
  - Creutzfeldt-Jakob disease
  - Huntington's disease
  - Chronic traumatic encephalopathy (CTE)
  - HIV-associated dementia
  - Parkinson's disease



## “Mild” Cognitive Impairment (MCI)

- **Definition:** the stage between the expected cognitive decline of normal aging and the more serious decline of dementia
- **Characteristics:**
  - Problems with memory, language, thinking or judgment
  - Impulsivity, easily overwhelmed by making decisions/previously every-day tasks, poor train of thought
  - Awareness that your memory or mental function has "slipped"
- **Outcomes:**
  - **Increased risk of later developing dementia** caused by Alzheimer's disease or other neurological conditions (~10-15% of individuals with MCI develop dementia)
  - But some never get worse, and a few eventually get better

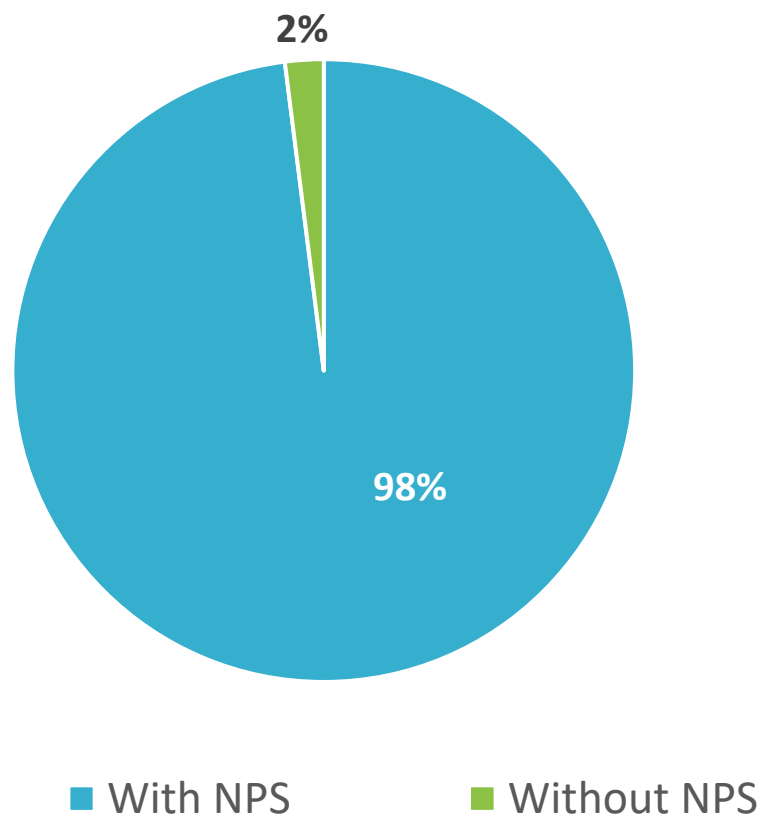
## The Prevalence of Dementia Increases With Age

Age	Year				
	2011	2012	2013	2014	2015
70 – 79	5.3	5.2	5.4	4.7	4.9
80 - 89	16.3	16.7	16.3	15.6	16.1
90 +	32.7	31.7	30.8	31.9	30.6

Table: Prevalence (in percentages) of probable dementia among U.S. adults aged 70 and older, 2011-2015

## While Living With Dementia, 98% of People Have Co-occurring Neuro-Psychiatric Symptoms Such as Anxiety, Depression, or Psychosis<sup>1</sup>

People with Dementia and Neuropsychiatric Symptoms (NPS) in 2014



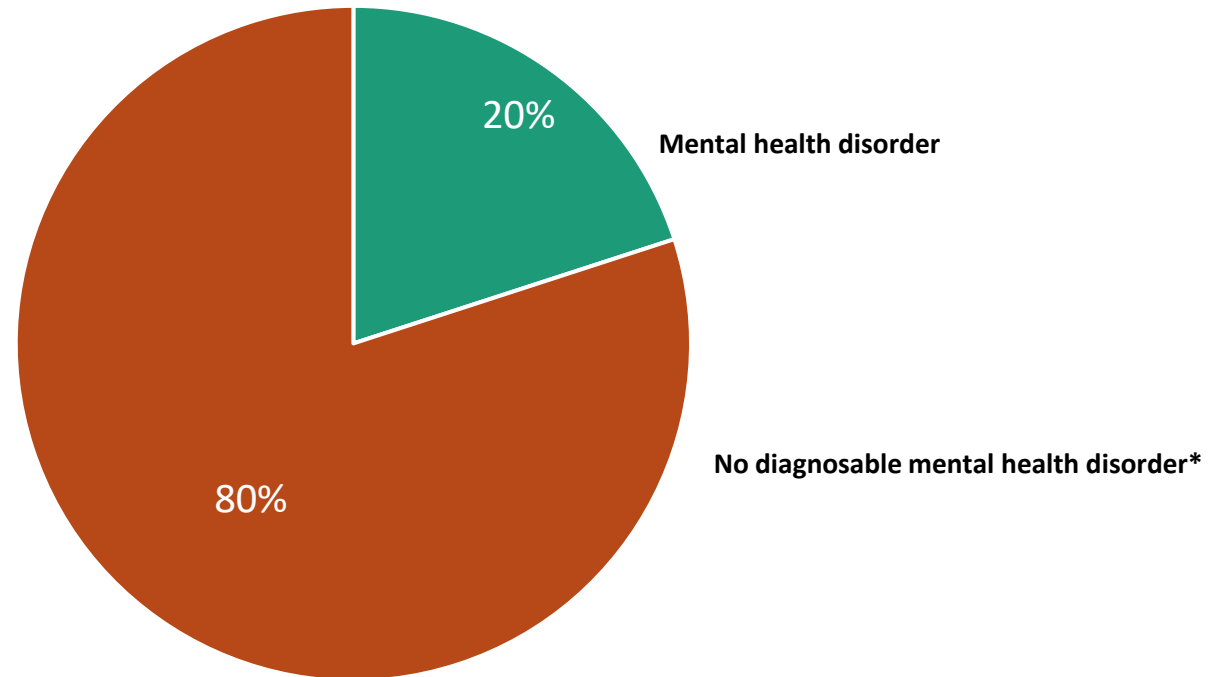
## There Are Various Types of Behavioral Health Disorders

- Anxiety Disorders
- Depression and other mood disorders
- Psychoses
- Substance misuse and other addictions
  - Alcohol Overuse and Dependence
  - Medication Misuse
  - Misuse of illegal substances
  - Gambling



## Approximately 20% of Older Adults 55+ Have a Mental Health Disorder<sup>1</sup>

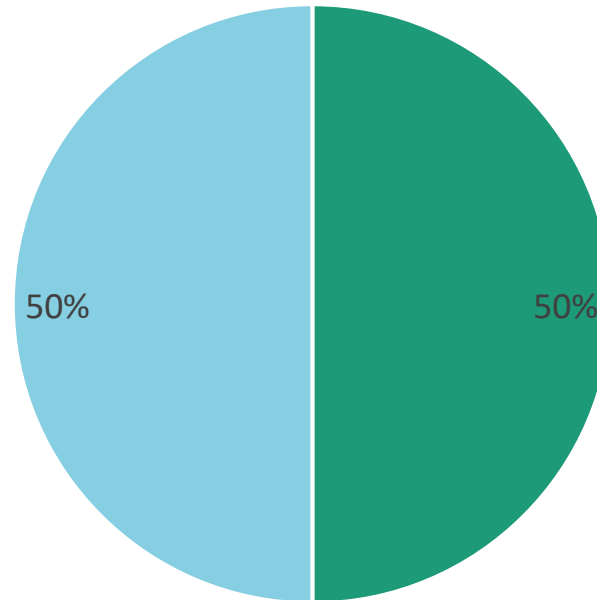
Proportion of Older Adults 55+ with a Mental Health Disorders



\*Many people without a diagnosable disorder suffer from emotional distress.

# About 50% Of Adults Have A Behavioral Health Disorder In Their Lifetime

American Adults Who Experience A Mental Or Substance Use Disorder  
In Their Lifetime



■ Lifetime Mental Illness    ■ No Lifetime Mental Illness

## Anxiety Disorders and Depression are Highly Prevalent Among Older Adults<sup>1, 2</sup>

Prevalence of Anxiety Disorders among 65+ Adults <sup>1, 2,8</sup>	11.4%
Self-reported depression symptoms among 55+ adults <sup>3,4,5</sup>	13-15%
Prevalence of Major Depressive Disorder among 50+ Adults*	5.85%

\* Estimates vary from 4.9%<sup>1</sup> to 6.8%.<sup>2,6,7</sup> Average is 5.85%

## There Are Various Types Of Mood & Anxiety Disorders

### MOOD DISORDERS

- Major Depressive Disorder
- Psychotic Depression
- Bipolar Disorder
- Persistent Depressive Disorder (“Dysthymia”)
- Minor/Subsyndromal Depression
- Seasonal Affective Disorder
- Prolonged Grief

### ANXIETY DISORDERS

- Generalized Anxiety Disorder
- Panic disorder
- Phobias
- Post Traumatic Stress Disorder
- Social Anxiety Disorder

1. *Older Adults and Depression*. (n.d.). Retrieved 11 05, 2021, from National Institute of Mental Health: <https://www.nimh.nih.gov/health/publications/older-adults-and-depression?platform=hootsuite>
2. *Depression*. (2018, February). Retrieved 11 05, 2021, from National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/depression>
3. *Anxiety Disorders*. (2018, July). Retrieved 11 05, 2021, from National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/anxiety-disorders>

## Major Anxiety And Depressive Disorders Can Have Serious Consequences

- Increased risk of dementia <sup>1</sup>
- Increased risk of disability and premature death due to physical illnesses <sup>2</sup>
- High rates of suicide <sup>2</sup>
- Problems in relationships, loneliness, and isolation <sup>2,3</sup>
- Reduced productivity <sup>2,3</sup>
- Reduced engagement in pleasurable and/or meaningful activities <sup>2, 3</sup>
- High rates of substance use disorders <sup>5,6</sup>
- Higher rates of nursing home admissions than those with dementia alone <sup>4</sup>



# Suicide Among Older Adults Is a Public Health Challenge in the U.S.<sup>1</sup>

Average Rates of Suicide By Age in the U.S. 2015-2019  
(Per 100,000)

<u>Age</u>	<u>Suicide Rate</u>	<u>Female Suicide Rate</u>	<u>Male Suicide Rate</u>
All Ages	14.30	6.27	22.58
15-24	13.72	5.58	21.49
25-39	17.19	7.30	26.89
40-49	18.71	9.43	28.15
50-64	19.88	9.79	30.36
65+	16.91	5.22	31.57
75+	18.69	4.20	39.50
85+	19.56	3.71	<b>48.56</b>

\*Women in the United States attempt suicide more often than men but attempts by men are more lethal overall



## From 2016-2020 The Rate of Suicide In Maryland Increased With Age, Peaking With Men 85+

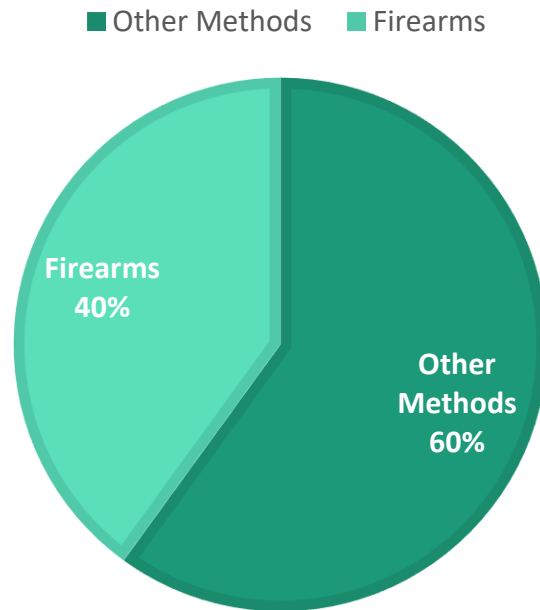
Rates of Suicide By Age in Maryland 2016-2020 (Per 100,000)

<u>Age</u>	<u>Suicide Rate</u>	<u>Female Suicide Rate</u>	<u>Male Suicide Rate</u>
All Ages	10.30	4.06	16.72
15-24	9.64	5.53	15.29
25-39	12.45	5.00	20.05
40-49	12.31	5.72	19.34
50-64	13.50	5.86	21.91
65+	13.44	4.39	25.32
75+	14.97	3.81	31.71
85+	15.95	3.10	<b>40.51</b>

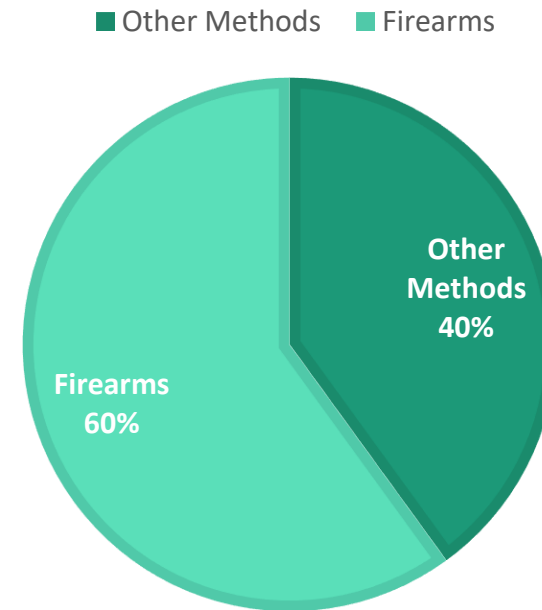
Source: *Fatal Injury Reports*. (2020). Retrieved 1/27/2022, from Centers for Disease Control and Prevention: <https://wisqars.cdc.gov/fatal-reports>

# In 2019, In Maryland 40% of All Completed Suicides Involved Guns 60% Of Older Adults Who Completed Suicide Used Guns

METHOD OF SUICIDE ALL AGES IN 2019



METHODS OF SUICIDE AGES 65+ IN 2019



Centers for Disease Control and Prevention (2019). "Fatal Injury Data and Visualization." *Web-based Injury Statistics Query And Reporting System (WISQARS)*. <https://www.cdc.gov/injury/wisqars/fatal.html>



## People With Severe Mental Illness Are At High Risk For Dementia, Serious Physical Disorders, And Premature Disability and Death<sup>1</sup>

- People with severe mental illness are at high risk of serious physical health conditions and low life expectancy due to:
  - High rates of smoking, obesity, diabetes, and heart disease <sup>1, 2</sup>
    - Do anti-psychotic medications contribute to obesity and related illnesses?
  - High rates of substance misuse (about 50% lifetime) <sup>3</sup>
  - Lingering effects of homelessness and crime victimization <sup>4</sup>
  - Poor access to adequate physical health care <sup>5</sup>
  - Behaviors and lifestyles that increase health risk <sup>6</sup>
  - High suicide rates (8.5 times the general population) <sup>7</sup>
- **They are also at elevated risk for dementia.** <sup>8</sup>
- People with severe mental illness often rely on special housing and on public income supports to be able to live in the community. <sup>9</sup>

## Aging With Serious Mental Illness Can Be Challenging

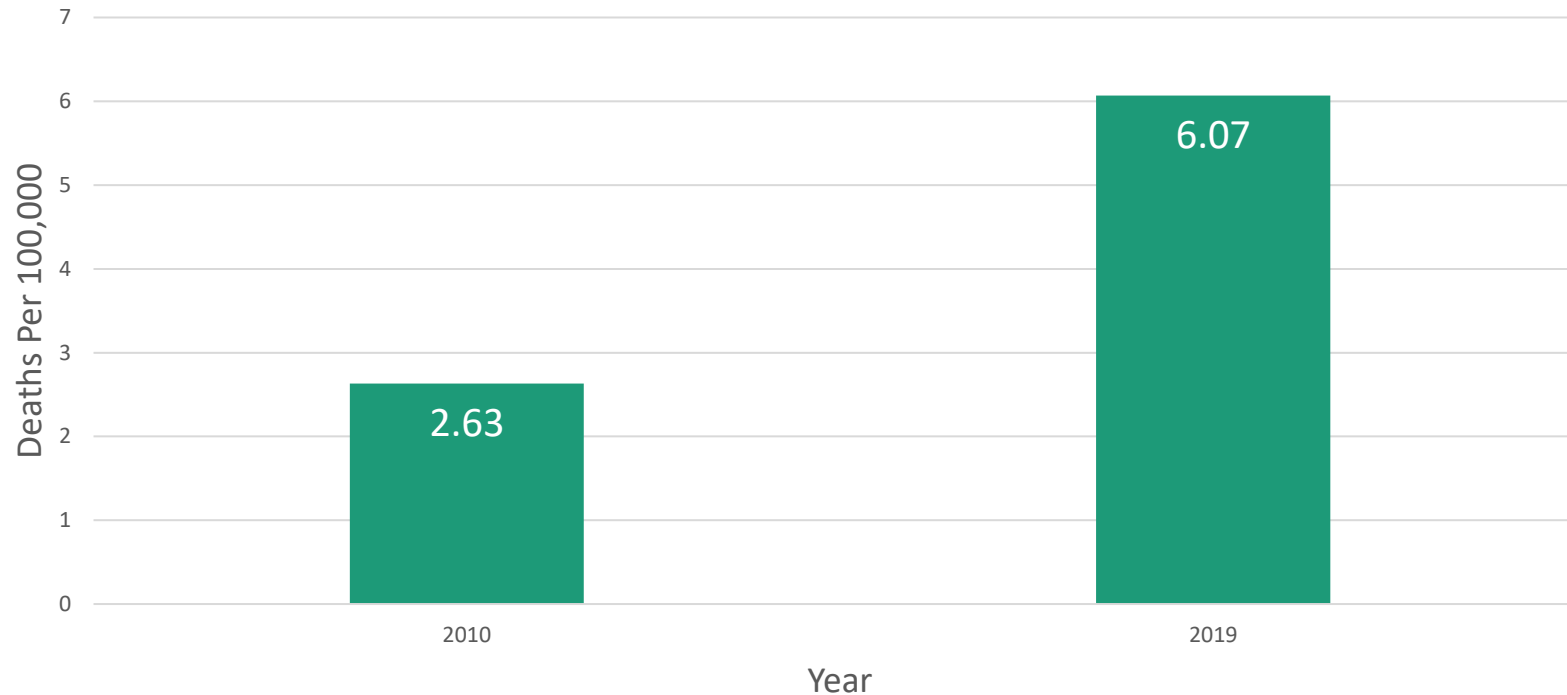
- Despite some recovery over time,<sup>1</sup> people with severe and persistent mental illness may face difficult challenges as they age including:
  - Increased risk of chronic health conditions and of dementia (slide 32)
  - Institutionalization due to lack of integrated physical, cognitive, and behavioral health services in the community<sup>2</sup>
  - Inadequate treatment in the long-term care system including nursing homes, assisted living, medical day treatment, etc.<sup>3, 4</sup>
  - Disrupted treatment and personal relationships due to shift from community mental health services to long-term care<sup>5, 6</sup>
  - Disability or death of family caregivers<sup>7</sup>

## Misuse of Alcohol, Medications, and Illegal Substances Can Be Extremely Dangerous to Older Adults <sup>1, 2</sup>

- Nearly 1 million adults aged 65 and older live with a **substance use disorder** as reported in 2018 data.<sup>7</sup>
- Approximately 14.5% of older adults consume more **alcohol** than is recommended by health authorities<sup>1</sup> with high risks of falls<sup>3</sup> and other accidents as well as physical illnesses.
- An estimated 3.6% to 7.2% of older adults age 50+ used **illegal drugs** between 2002-2012, including heroin, cocaine, methamphetamine and cannabis.  
<sup>1, 4, 6</sup>
- Use of **cannabis**, the most commonly used “illegal” substance, is expected to rise due to relatively higher use by the baby boomer population and to the legalization of cannabis for medical and recreational purposes.<sup>2, 3</sup>
- **Misuse of prescription opioids** has resulted in addiction, overdoses, and later heroin use.<sup>5</sup>
- The misuse of **prescription** and/or over-the-counter **medications** by older adults can result in injury, addiction, or death.<sup>1, 4</sup>

# From 2010 to 2019, the Rate of Overdose Deaths Among 65+ Adults Rose 130%<sup>1</sup>

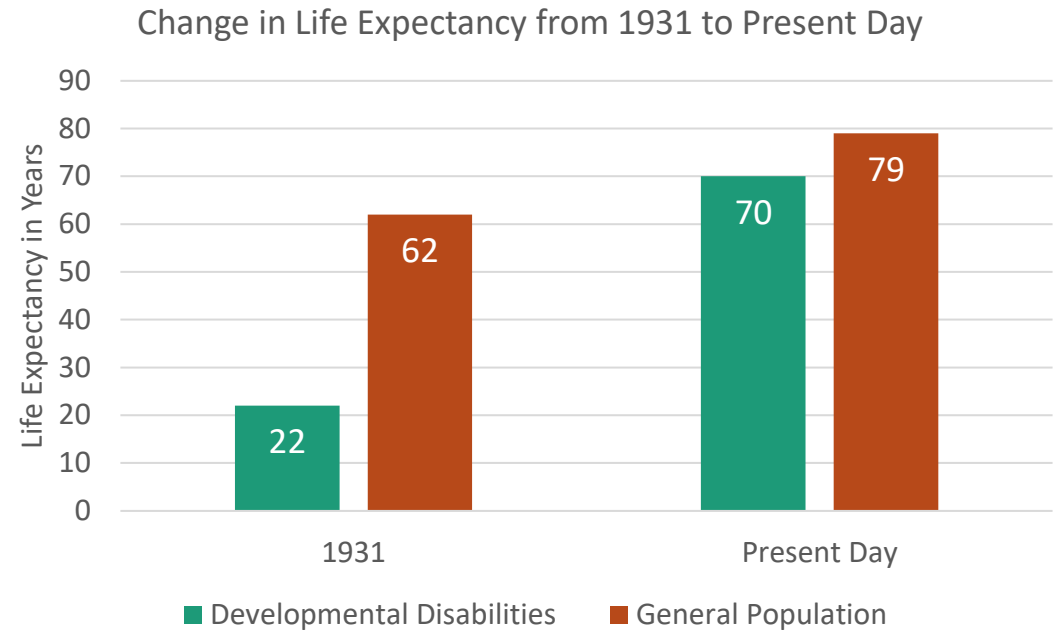
Unintentional Drug Overdose Deaths Among U.S. Adults Aged 65+  
Per 100,000 People: 2010 and 2019



# Many People With Developmental Disabilities Now Survive Into Old Age

**Historically, people with developmental disabilities died at younger ages**

- Recently, individuals with developmental disabilities have experienced a dramatic increase in lifespan.<sup>1</sup>
- The average life expectancy for people with a developmental disability was 22 years in 1931, compared to 62 years for the general population.<sup>1</sup> Now, their average life expectancy is 70, which is approaching that of the general population, about 79 years in 2018.<sup>1, 2</sup>



1. Association On Aging With Developmental Disabilities (2021). "About Us." <https://www.agingwithdd.org/about/>

2. Centers for Disease Control and Prevention: National Center for Health Statistics (2021). "Life Expectancy Fast Stats." <https://www.cdc.gov/nchs/fastats/life-expectancy.htm>

# Emotional Reactions To Adverse Life Circumstances, Including Social “Determinants” and Personal Trauma

Emotional Reactions Include:

- Grief
- Fear for self or loved ones
- Loneliness/sense of isolation
- Economic distress
- Loss of a sense of control
- Sense of uncertainty
- Sense of helplessness
- Sadness and hopelessness
- Demoralization
- Apathy
- Anger
- Sense of bigotry and injustice
- Stress for working parents
- Stress for grandparents
- Stress for family caregivers
- Family tension and violence
- Overuse of alcohol and/or drugs
- Exacerbation of pre-existing mental conditions
- Sleep disturbance
- Eating disturbance
- Thoughts of suicide

## Developmental Emotional Challenges Of Old Age

- Retirement and other role changes
  - Finding meaningful activities
- Decreasing social connections and increasing social isolation as friends and family move away or die
  - Developing new relationships, including intimate relationships
- Dealing with loss and grief
- Living with declining physical and mental capabilities, with chronic health conditions, and with pain
- Tolerating increasing risk of dependency
- Reconciliation with one's past despite regrets and disappointments
- Coming to terms with the inevitability of death

## Co-Occurring Disorders in Adults Contribute to Higher Rates of Disability, Premature Death, and High Medical Costs

- Types of co-occurring conditions:
  - Co-occurring types of mental disorders, e.g., depression and anxiety<sup>1</sup>
  - Co-occurring dementia and neuro-psychiatric symptoms including depression<sup>2,3</sup>
  - Co-occurring mental and substance use disorders<sup>4</sup>
  - Co-occurring acute/chronic physical and behavioral health conditions<sup>4,5,6</sup>
- Older adults with co-occurring disorders are at high risk for premature disability and death.<sup>7</sup>
- Older adults with co-occurring disorders require more care leading to high health care costs.<sup>8</sup>



## **Despite Common Emotional Challenges In Old Age, Psychological Well-Being Is The Norm And Older Adults Are Often A Resource Rather Than A Burden<sup>1, 2</sup>**

- Personality traits that support well-being include: a positive attitude, optimism, adaptability, and resilience.
- Satisfying social relationships are a key element of well-being.
- Engaging activities that provide pleasure and/or meaning are also key to well-being
  - Grandparenting
  - Volunteering or working for pay
  - Civic/political activity
  - Creative arts
  - Self-improvement: education, hobbies including sports
- A sense of self-worth is a key element of psychological well-being.
- Self-care: exercise, eating well, sleeping well
- Complementary practices: yoga, meditation, and the like

## Depression Is *Not* Normal in Old Age

- Contrary to common belief, major depressive disorder (MDD) is less common in older adults than in younger adults.<sup>1</sup>
- However, older adults are more likely to experience symptoms of depression, and minor or subsyndromal depression may have as great impact on functioning as major depression.<sup>2</sup>
- Risk of depression is higher for older adults with chronic medical conditions<sup>3</sup> or who are residents of long-term care facilities.<sup>6</sup>
- Overall, older adults respond to psychological interventions as well as younger adults, although antidepressants are less effective (and perhaps more dangerous) in late life.<sup>5</sup>



# HIGH RISK POPULATIONS

**CERTAIN COMMUNITIES ARE AT HIGHER RISK OF DEVELOPING  
COGNITIVE AND BEHAVIORAL HEALTH CONDITIONS**

## People With Serious Mental Illness Are At High Risk Of Cognitive Impairment

- People with serious mental illnesses including depression and schizophrenia are at elevated risk of developing dementia earlier<sup>1</sup>
- People with serious mental illness are also at high risk of suffering various cognitive impairments.<sup>2</sup>

## People With Cognitive Impairments Are At High Risk Of Behavioral Health Disorders

- 98% of people with dementia experience neuro-psychiatric symptoms at some point
- Behavioral health conditions including schizophrenia, bipolar disorder, depression, and substance abuse are frequent precursors of dementia

## Older Black and Latino Adults Are at Higher Risk of Dementia <sup>1</sup> They Also Have More Limited Access to Behavioral Health Services <sup>2</sup>

- Dementia

- Older Black adults are about two times, and Latinos are about one and one-half times, more likely than whites to have Alzheimer's and other dementias.<sup>1</sup>
- Although the rate of Alzheimer's and other dementias among Black and Latino older adults is higher than among whites, they are less likely than whites to get diagnosed.<sup>1</sup>
- Physical conditions, such as high blood pressure and diabetes, rather than genetic factors appear to account for the greater prevalence of Alzheimer's among Black and Latino older adults.<sup>1</sup>
- It is likely that improved access to high quality health care could reduce the prevalence of dementia among Black and Latino older adults.<sup>1</sup>

- Mental and Substance Use Disorders

- Rates of mental illnesses among Black Americans are similar to those of the general population. Rates among Latino-Americans is somewhat lower. Both Latinos and Blacks generally receive poorer quality of care and lack access to culturally competent care.<sup>2</sup>
- Rates of substance use disorders among these populations are about the same as white non-Hispanics. Studies of disparities in the use of public behavioral health services reveal complex patterns of use and completion of services that vary by race, ethnicity, and socio-economic status.<sup>3</sup>

## Poverty Is Associated With Increased Risk of Cognitive Decline, Dementia, Mental Illness, and Suicide

- Poverty is associated with increased risk of cognitive decline and dementia. There may be intervening variables such as poor diet and loss of control of finances due to dementia.<sup>1, 2</sup>
- People living in poverty are at higher risk for developing mental illness, and people with mental illness are at higher risk of becoming impoverished, a “vicious cycle”.<sup>2</sup>
- People living in neighborhoods with high rates of poverty have less access to physical and behavioral health care.<sup>3</sup>
- Lower levels of household income are associated with cognitive decline and mental illness.<sup>4, 5</sup>
- “Suicide rates in the U.S. are closely correlated to poverty rates.”<sup>6</sup>

# Approximately 10% of Older Adults Live in Poverty, Varying from 7% for White Older Adults to 20% for Black Older Adults<sup>1</sup>





## Women Are at Higher Risk for Some Cognitive and Behavioral Health Disorders

- As they age, **women become more at risk of social isolation** than men.<sup>1</sup>
- **Women are at higher risk of dementia** than men and of faster decline after diagnosis <sup>2,3</sup>
- **Women are at higher risk of anxiety and depression, but lower risk of substance use disorders.**<sup>4</sup>
- **Women are 1.75 times more likely than men to attempt suicide, but men are almost 6 times more likely to complete suicide**<sup>5</sup>

## **LGBTQ+ Are At Higher Risk** **Of Developing Behavioral Health Conditions**

- An estimated 1.5 million adults age 65+ are lesbian, gay or bisexual (LGB) which is expected to grow to nearly 3 million by 2030<sup>1</sup>
- 31% of LGBT elders have symptoms of depression-2 to 3 times higher than the general geriatric population; 39% report having suicidal ideation at some point in their lives<sup>2</sup>
- Among the transgender elderly, 48% report symptoms of depression and 71% report a history of suicidal ideation<sup>2</sup>
- Experience of victimization, internalized stigma, social isolation, financial barriers to health care, and poor physical health were linked to depression among LGB older adults<sup>3</sup>
- 8.3% of LGBT elders reported being neglected or abused by a caretaker, including healthcare professionals, due to their sexual orientation or gender identity<sup>2</sup>

## **Residents in Nursing Homes and Assisted Living Facilities Are at High Risk of Cognitive and/or Behavioral Disorders**

### **Nursing Homes**<sup>1, 2, 3</sup>

- About 2/3 of nursing home residents are cognitively impaired.
- Most of those with cognitive impairment also have neuropsychiatric symptoms.
- Many nursing home residents have a diagnosed cognitive or mental health disorder.

### **Assisted Living Facilities**<sup>4, 5</sup>

- About 2/3 of those in assisted living have some dementia, most with co-occurring neuro-psychiatric symptoms.
- Over 20% have a psychiatric disorder other than dementia or cognitive impairment.

## **Veterans Are at Significant Risk of Complex Co-Occurring Physical, Cognitive, and Behavioral Disorders**

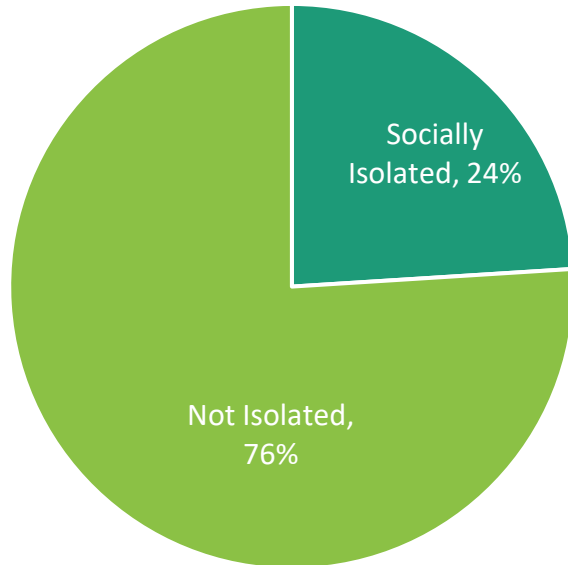
- Older veterans have co-occurring medical, mental health, substance use disorders, and cognitive impairments more frequently than younger veterans.<sup>1</sup>
- Rates of post-traumatic stress disorder (PTSD) are highest among Vietnam-era veterans.<sup>1</sup>
- In 2018, the rate of suicide among veterans was 32.0 per 100,000, compared with 17.2 per 100,000 for nonveterans.<sup>2</sup>
- Alcohol and substance use disorders are more common among veterans than non-veterans and frequently co-occur with mental disorders, especially PTSD.<sup>3</sup>
- Despite higher rates of PTSD, older veterans are less likely to seek mental health services, than younger veterans.<sup>1</sup>
- This willingness to seek services will likely continue as this cohort ages and will require a system designed to support the increased care needs of an aging veteran population.<sup>1</sup>

## Loneliness and Social Isolation Increase Risks of Physical, Cognitive, and Behavioral Health Disorders<sup>1,2</sup>

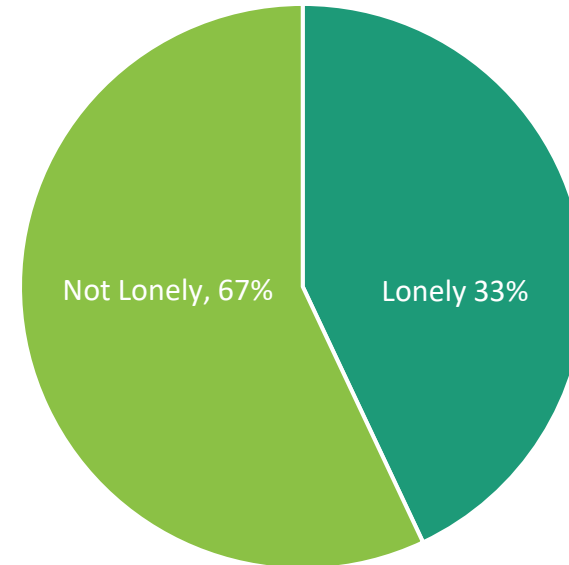
- Social isolation significantly increases a person's risk of **premature death** from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation is associated with about a 50% increased risk of **dementia**.
- Loneliness is associated with higher rates of **depression, anxiety, and suicide**.
- Poor social relationships are associated with a 29% increased risk of **heart disease** and a 32% increased risk of **stroke**.
- Loneliness among **heart failure** patients is associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

# About 1/4 of Older Adults Are Socially Isolated More than 1/3 Are Lonely<sup>1</sup>

Socially Isolated Population 65+ (2020)



Loneliness in Population 60+ (2020)



**Social isolation** – a lack of social connections; can lead to loneliness in some people, but not in others.

**Loneliness** – feeling of being alone, regardless of the amount of social contact a person has.

**Both contribute to physical and mental disorders, disability, and premature mortality.**



## Older Adults Are at High Risk for Trauma But Have Limited Access to Trauma-Informed Care

- 10-15% of older adults are victims of elder abuse <sup>1, 2</sup>
- Many older adults experience other forms of trauma, such injuries from falls and deaths of loved ones <sup>3</sup>
- Traumatic experiences in old age can result in PTSD and other anxiety and mood disorders <sup>3</sup>
- The trauma-informed perspective is under-utilized by mental health providers<sup>4</sup>
- Improvements of clinical practice, training and education, research, and public policy are needed <sup>3,4</sup>



## At Least 10-15% Of Older Adults Are Victims of Mistreatment And At Elevated Risk For Psychological And Physical Conditions <sup>1, 2, 3</sup>

- Elder abuse, by definition, is committed by a person with caregiving responsibilities, including family members, home health aides, and long-term residential care staff. <sup>1</sup>

WHO Rates of Elder Mistreatment <sup>2</sup>

Overall Mistreatment	Psychological Abuse	Financial Exploitation	Neglect	Physical Abuse	Sexual Abuse
15.7%	11.6%	6.8%	4.2%	2.6%	.9%

Some older adults experience multiple forms of mistreatment.

- Elder abuse “can lead to early death, harm to physical and psychological health, substance misuse, ruptured social and family ties, social isolation, and/or devastating financial loss....” <sup>3</sup>



## The COVID-19 Pandemic Highlighted Psychological Vulnerability Among Older Adults

- Overall, fewer older adults report emotional distress in response to the pandemic than younger adults possibly due to lower stress reactivity and better emotional regulation<sup>1</sup>
- However, a vast majority of 50+ adults reported a decline in their emotional well-being when asked about specific emotional health measures<sup>2</sup>
- In a weekly survey conducted by CDC in September 2022, about 25% of adults 60+ reported symptoms of anxiety and/or depression.
- High risk among those who are socially isolated.



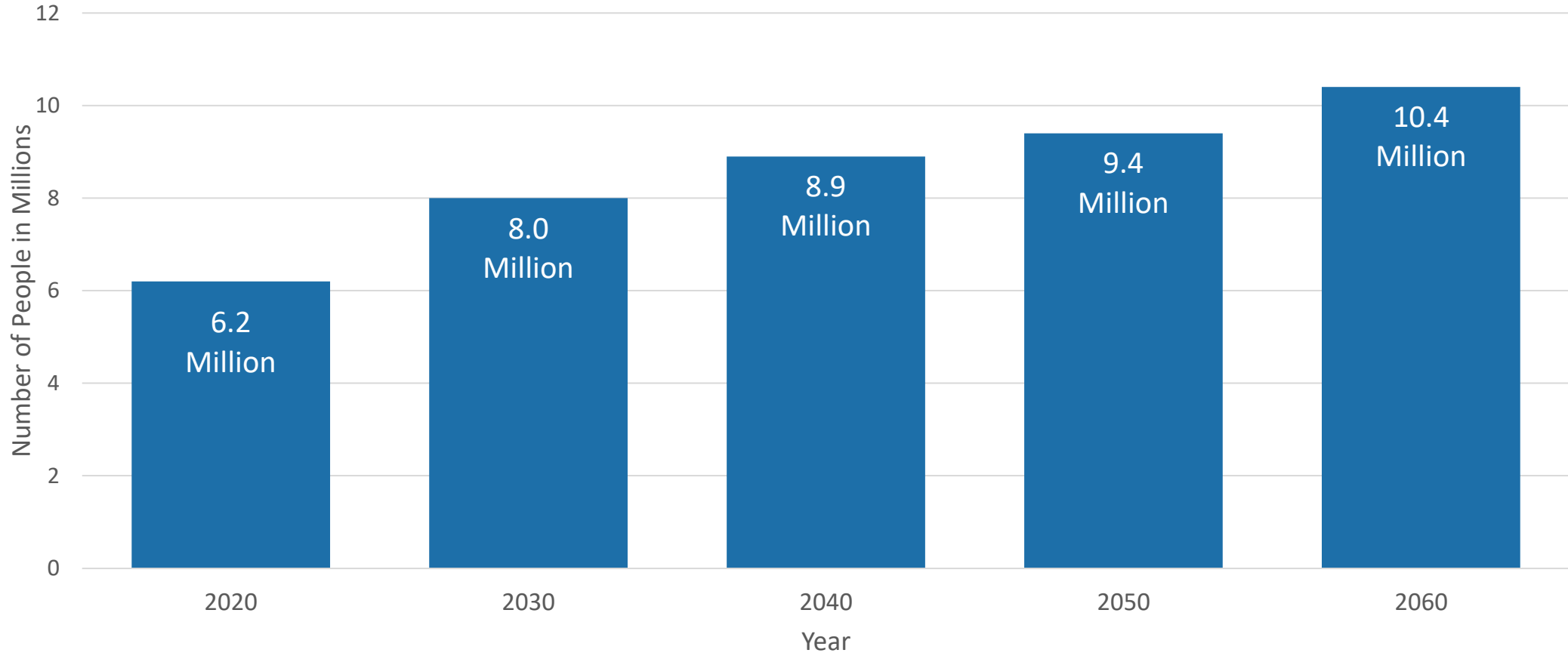
# **DIFFICULTIES IN ENSURING QUALITY CARE AND TREATMENT**

**QUALITY CARE AND TREATMENT CAN BE HARD TO GET  
AND NEED WILL GROW DURING THE ELDER BOOM**



# By 2060, Adults 65+ With Dementia\* Will Increase by 2/3 Unless There Is a Breakthrough in Prevention or Treatment<sup>1,2</sup>

Projected Growth of Older Adults 65+ with Dementia: 2020 to 2060



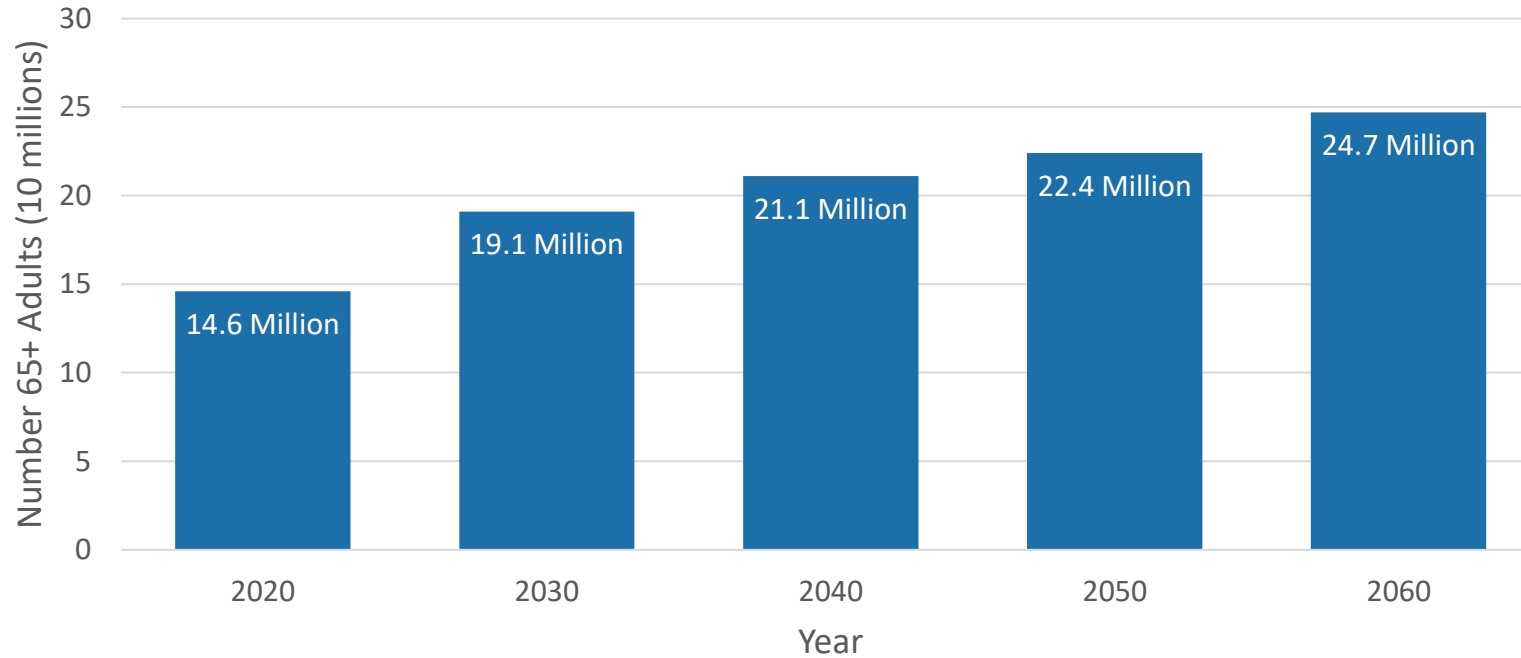
\*This projection includes dementia of all types

## Dementia Care Remains Inadequate<sup>1,2</sup>

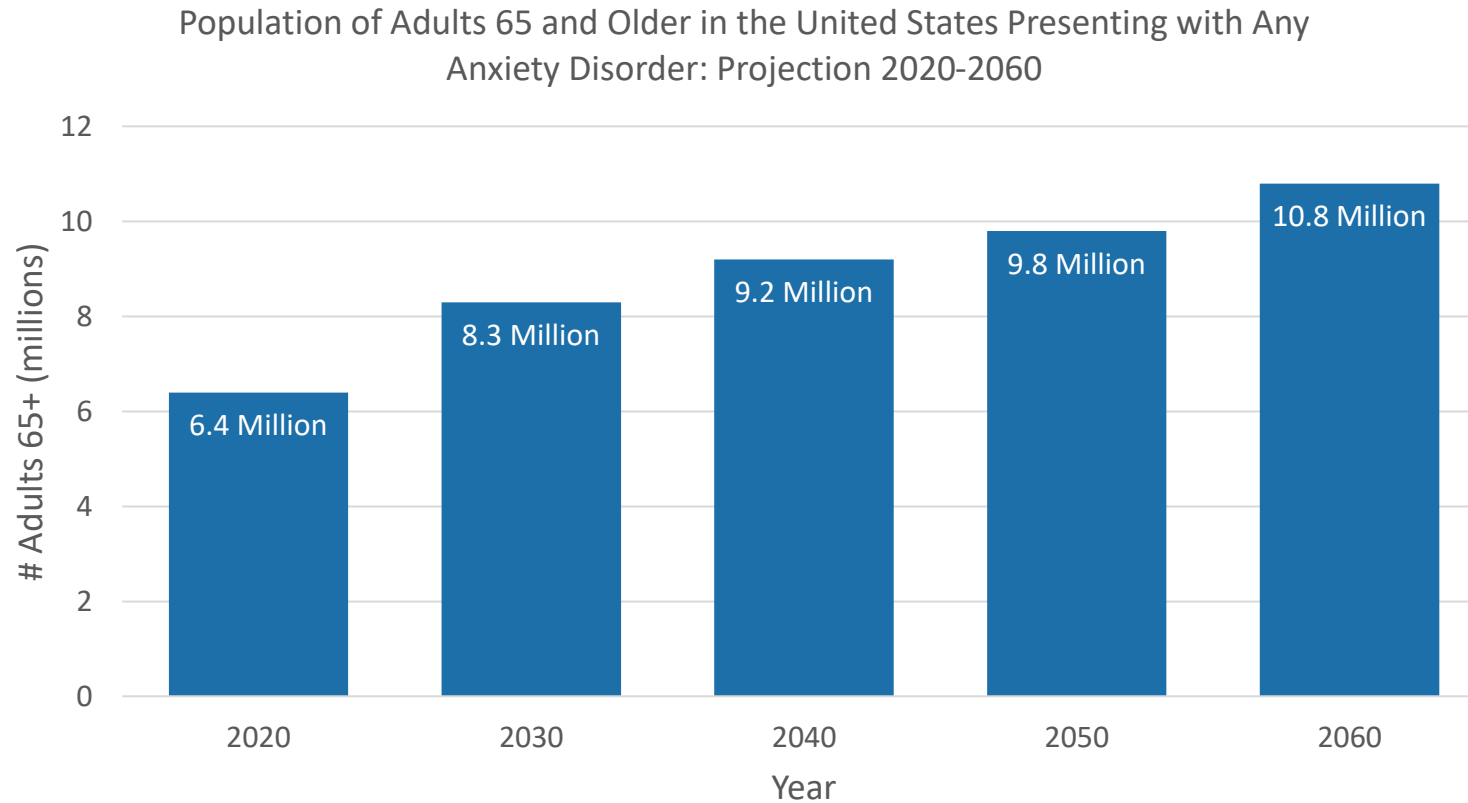
- More extensive **screening** required:
  - Functional assessment of instrumental activities of daily living (IADLs), such as managing money, and activities of daily living (ADLs) such as self-care
  - Screening for behavioral and psychiatric symptoms
  - Safety screening including ability to drive, use of medications, suicide risk, possession of firearms, etc.
  - Screening for pain
- Earlier **disclosure of diagnosis** is needed to enable advance care planning, but requires caution due to possible negative emotional impact
- Education and **support required for family caregivers**
- Motivation/Incentives needed to encourage older adults to **engage in healthy activities**, especially exercise and diet
- More **cautious and targeted use of medication** regimens required for some forms of dementia
- Need **better training for all physicians** involved in dementia care including primary care, mental health providers, neurologists, geriatricians, etc; gerontologists; and caregivers

# The Number of Adults 65+ with a Behavioral Health Condition Will Increase by 10 Million Over the Next Four Decades<sup>1,2</sup>

Population of Adults 65+ with a Behavioral Health Condition:  
Projection 2020-2060



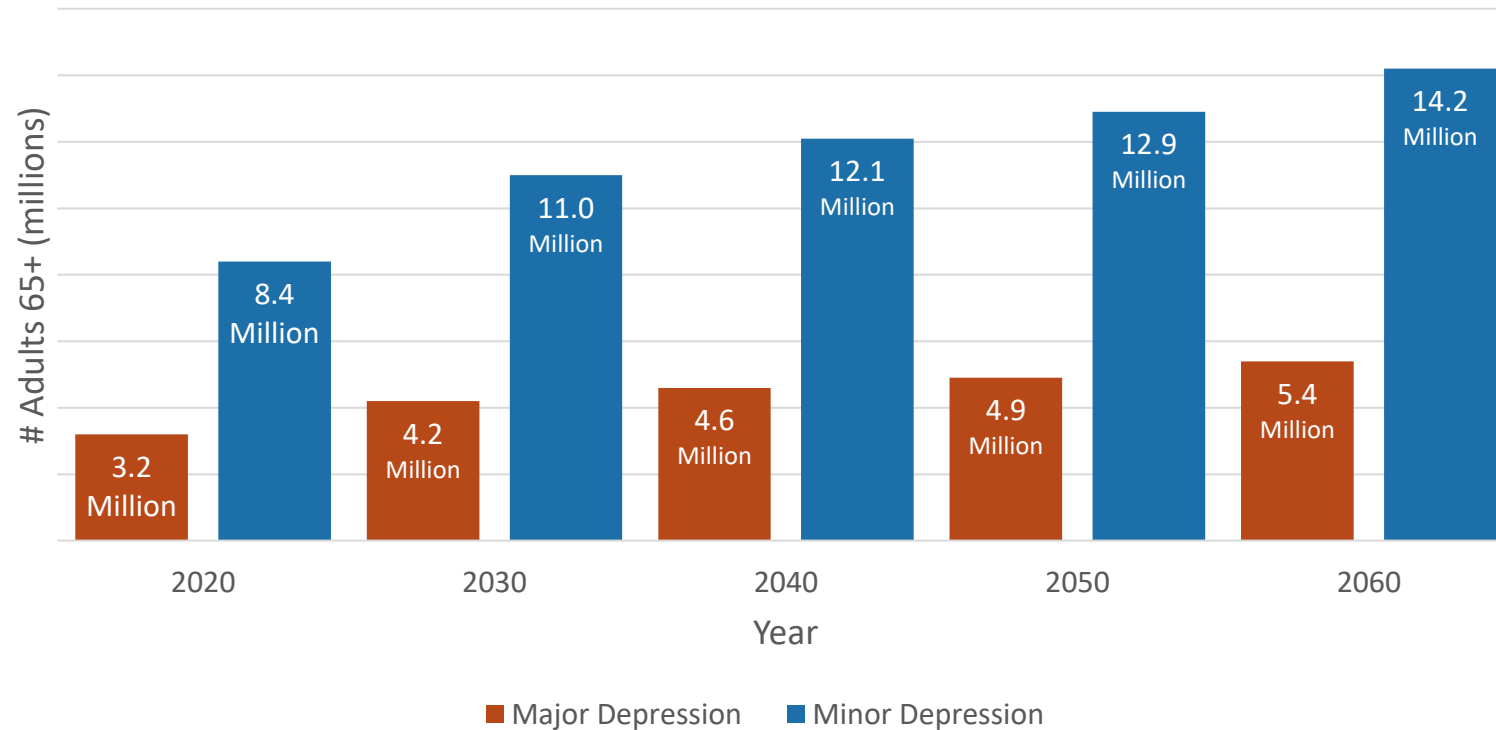
# The Number of Older Adults with Anxiety Disorders in the U.S. Will Grow by 1.9 Million Over the Next Decade<sup>1,2</sup>





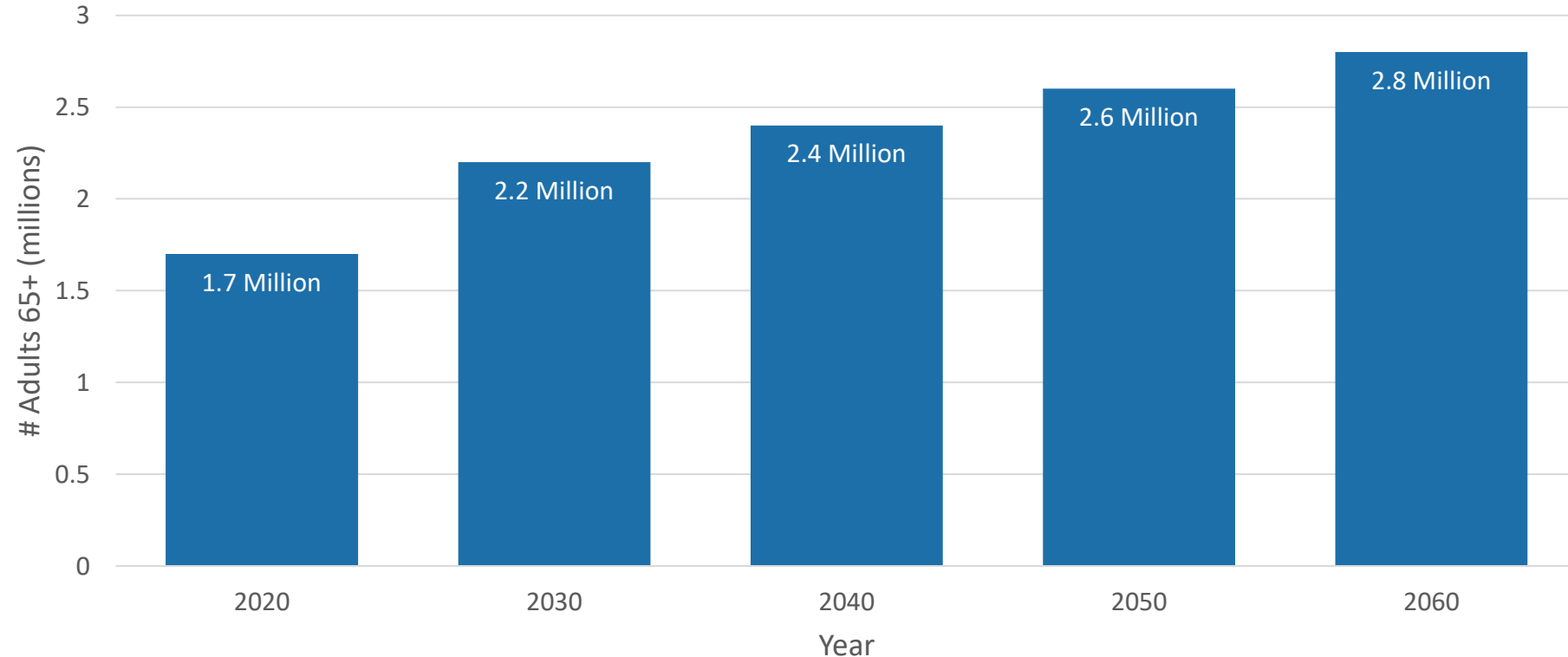
# Between 2020 to 2060, the Number of U.S. 65+ Adults with Major or Minor Depression Will Increase Nearly 70%<sup>1,2,3</sup>

Population of Adults 65 and Older in the United States Presenting with Major or Minor Depression: Projection 2020-2060



## By 2030 Older Adults with Psychotic Conditions Will Increase by 500,000 (More Than 30%)<sup>1</sup>

Population of Older Adults 65+ with Psychotic Symptoms (3% Prevalence): 2020-2060





# Most Older Adults with Mental Disorders Do Not Get Adequate Treatment<sup>1</sup>

## Most Older Adults with Mental Illnesses Do Not Get Even Minimally Adequate Mental Health Services

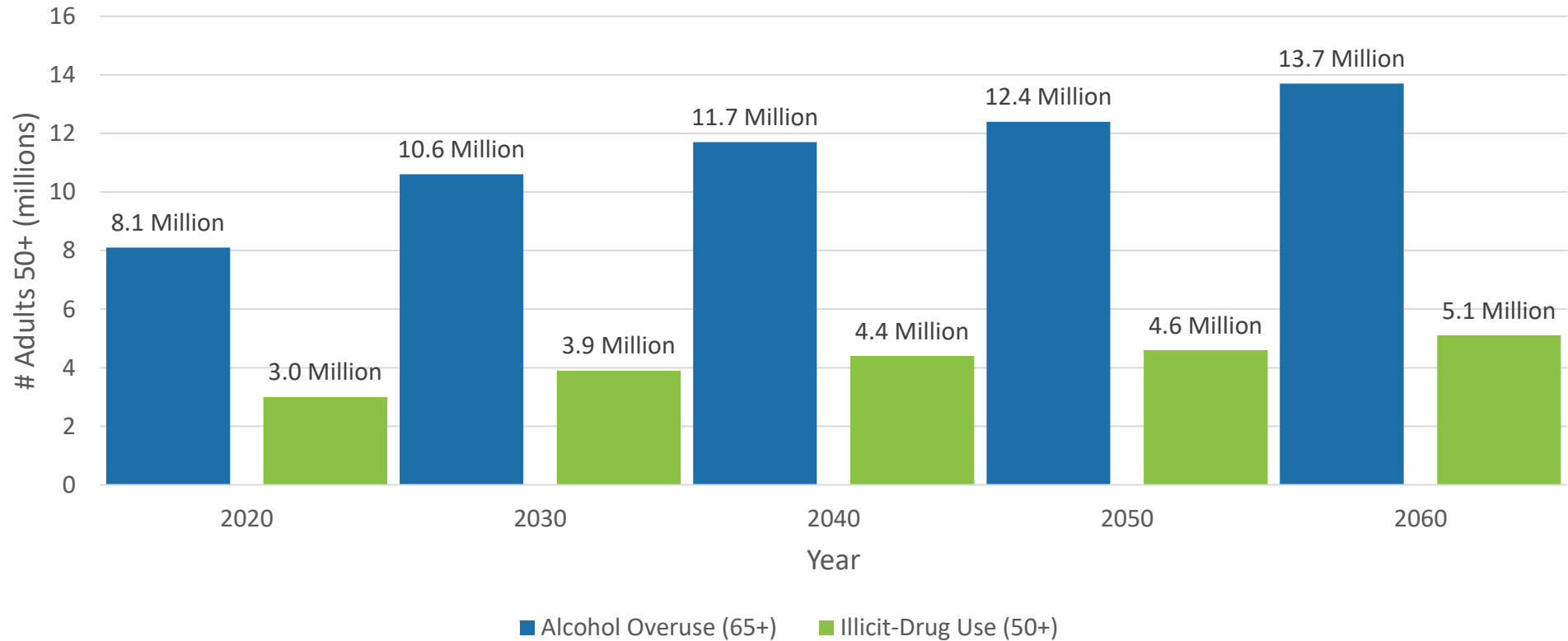
- Treatment by primary care physicians is **not** minimally adequate 87.3% of the time.<sup>2,7,8</sup>
- Treatment by mental health professionals is **not** minimally adequate 51.7% of the time.<sup>2,8</sup>
- Older adults are less likely to get health care in mental health specialty settings than other age groups.<sup>3</sup>
- In-home service providers, such as home health aides, are rarely trained to identify or treat mental disorders.<sup>3</sup>
- Community service providers in senior centers, adult day care, etc. are rarely trained in identification or treatment.<sup>3</sup>
- Mental health care in nursing and adult homes is also uneven. Overuse of anti-psychotic medications is common and dangerous.<sup>3</sup>

## Primary Care Physicians Often **Fail to Identify or Treat** Mental Illness in Older Adults

- Almost 90% of older adults with depression get no treatment or inadequate treatment in a primary care setting.<sup>4</sup>
- Older adults who meet diagnostic criteria for mental illness are less likely than young or middle-aged patients to receive specialty mental health care or to be referred from primary care to specialists.<sup>5</sup>
- 58% (average) of older adults who complete suicide have seen their primary care physician within 30 days.<sup>6</sup>

# Number of 50+ Adults Who Misuse Alcohol, Medications, or Illegal Substances Will Grow ≈25% by 2030 and ≈60% by 2060 <sup>1,2</sup>

US Population of Older Adults 50+ Overusing Alcohol and Using Illicit-Drugs





# COSTS OF COGNITIVE AND BEHAVIORAL DISORDERS



## Healthcare Costs of Dementia<sup>1</sup>

- In 2021, Alzheimer's and other dementias will cost the nation **\$355 billion**, including \$239 billion in Medicare and Medicaid payments combined.
- Unless a treatment to slow, stop or prevent the disease is developed, in 2050, Alzheimer's is projected to cost more than **\$1.1 trillion** (in 2021 dollars). This dramatic rise includes more than three-fold increases both in government spending under Medicare and Medicaid and in out-of-pocket spending.
- People living with Alzheimer's or other dementias have twice as many hospital stays per year as other older people.
- Medicare beneficiaries with Alzheimer's or other dementias are more likely than those without dementia to have other chronic conditions, such as heart disease, diabetes and kidney disease.
- Older people living with Alzheimer's or other dementias have more skilled nursing facility stays and home health care visits per year than other older people.
- People living with Alzheimer's or other dementias make up a large proportion of all elderly people who receive adult day services and nursing home care.

## Spending for Treatment of Mental and Substance Use Disorder

- Estimates range from \$225-\$280 billion per year.<sup>1</sup> A good estimate is about \$250 billion per year.
- Spending on mental health sector is far larger than on the substance use sector—roughly 75% vs. 25%.<sup>2</sup>
- The highest cost cases are those with **co-occurring disorders**—chronic physical conditions, serious mental illness, substance use disorders, and dementia<sup>3,4</sup>
- Older adults with anxiety disorders and/or depression have higher overall health care costs than those without.<sup>5</sup>

## Family Caregivers Provide Billions in Care for Older Adults With Disabilities

**80% of older adults in the community with Long Term Care Support Service (LTSS) needs receive care from unpaid caregivers.<sup>1</sup>**

- In 2017, the national economic value of informal caregiving for older adults was estimated to be over **\$470 billion annually.**<sup>2</sup>
- In 2019, the average out-of-pocket spending for family caregivers was **\$7,242 per year.**<sup>2</sup>
- The estimated total lost earnings was about **\$67 billion** in 2013. Costs would increase to **\$132-\$147 billion** based on the projected growth of the total population of disabled older adults alone in 2050.<sup>3</sup>

## Despite Common Emotional Challenges in Old Age, Psychological Well-Being Is Achievable <sup>1, 2</sup>

- Personality traits that support well-being include: a positive attitude, optimism, adaptability, and resilience.
- Satisfying social relationships are a key element of well-being and promote resilience.
- Engaging activities that provide pleasure and/or meaning is also key to well-being
  - Grandparenting
  - Volunteering or working for pay
  - Civic/political activity
  - Creative arts
  - Self-improvement: education, hobbies including sports
- A sense of self-worth is a key element of psychological well-being.
- Self-care: exercise, eating well, sleeping well
- Complementary “therapies”: yoga, meditation, and the like

## Reducing the Individual and Societal Impact of Disorders Of The Aging Mind Is Possible

### Individual Measures<sup>1</sup>

- Regular exercise/physical activity
- Healthy diet
- Sleep
- Mental stimulation
- Social contact/connections

### Social Action

- Local, state, and federal advocacy
- Enhanced public information and engagement





# AN AGENDA FOR ACTION

## An Action Agenda for Improved Cognitive and Behavioral Health Policy

1. Support **community integration** (“aging in place”).
2. Enhance support for **family caregivers**.
3. Increase cognitive and behavioral health **service capacity** to keep pace with the growth of the older population and to address current shortfalls.
4. Enhance **access** to care with increased telehealth and outreach and engagement
5. Improve **quality of care** providing person and family centered care, emphasizing clinical, cultural, dementia, and geriatric competence in service design and delivery.
6. Modify services for **aging people with severe and persistent mental illness** to include care related to chronic physical illnesses and age-appropriate activities
7. Improve capability of **long-term care services**--including nursing homes, assisted living, and home and community-based services--to serve people with cognitive and/or behavioral disorders.

## An Action Agenda for Improved Cognitive and Behavioral Health Policy (cont.)

8. Enhance **integration of care** within and between separate service “systems” —physical health care, dementia care, behavioral health care, long-term health care, and aging social services.
9. Increase and improve the professional and paraprofessional **workforce** and change the workforce paradigm to compensate for shortages of geriatric specialists.
10. Build **equity** by addressing the social determinants of health, especially structural racism, poverty, and isolation.
11. Improve **public and professional education** to reduce stigma regarding, and and promote understanding of, older adults’ cognitive and behavioral health.
12. Enhance and **rebalance research** to include more psychosocial and epidemiological as well as ongoing biomedical research
13. Increase and redesign **funding** for cognitive and behavioral health services.
14. Improve **data** regarding epidemiology, services, and financing to enable data-based planning.

# AARP Resources

Global Council on  
**Brain Health**<sup>SM</sup>  
A COLLABORATIVE FROM 



- Brain Health & Wellness Resource Library (External):
  - <https://www.aarp.org/health/brain-health/global-council-on-brain-health/resource-library/>
- Six Pillars of Brain Health: on-demand videos featuring tips and insights from brain health experts
  - <https://www.aarp.org/health/brain-health/global-council-on-brain-health/six-pillars-interviews/>
- Staying Sharp: Program that shows you how to incorporate the six pillars of brain health into your daily life.
  - <https://stayingsharp.aarp.org/>



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