

GERIATRIC MENTAL HEALTH ALLIANCE OF NEW YORK

Meeting The Mental Health Challenges of the Elder Boom

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By

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Most discussions of mental health policy these days focus on the rise of emotional distress due to the pandemic and on the rediscovery of societal fault lines in America—including racism and economic and health disparities. Many are predicting that psychological needs will continue to be higher than usual after the pandemic winds down. I have my doubts about the long-term persistence of reactive emotional problems, and current research sheds little light on this question.

Because I am optimistic about an imminent end of the pandemic, I think that it is important to focus on the fact that the unmet mental health needs of older adults were vast before the pandemic and that they will certainly be vast after the pandemic.

America is in the middle of an elder boom during which the number of older adults will double. Within the next 20 years the number of people 65 or older will exceed the number of children and adolescents under 18, and the population of people of working age will decline by 5%.

This drives a number of major social concerns. Will the nation's Social Security and Medicare systems be sustainable? Will there be a large enough workforce to provide care to those old people who need help day-to-day? Will the burden of family caregivers become more than they can bear?

The mental health of older adults should also be, but rarely is, a matter of major concern. About 25% of older adults have diagnosable cognitive and/or behavioral disorders. Even more experience emotional challenges that have significant negative impact on quality and length of life. Troubling conditions include:

- **Dementia**, which affects about 11% of older adults,
- **Psychiatric disorders** such as psychosis, depression, and anxiety disorders, which affect about 14%,

- **Substance use** disorders/addictions, which affect about 4%, in addition to 15% or more of older adults who dangerously misuse substances, especially alcohol and medications.
- **Co-occurring physical, cognitive, psychiatric and substance use disorders.**
- **Disturbing emotional reactions** to catastrophic events, such as the pandemic and economic insecurity and to the revelation of societal fault lines such as systemic racism and health disparities including:
 - Grief
 - Fear of illness and death of self and loved ones
 - Suffering and dying alone
 - Isolation and loneliness, including:
 - Desperation regarding economic survival:
 - Disruption of routines
 - Loss of a sense of control
 - Uncertainty
 - Hopelessness
 - Anger
 - Overuse of alcohol and drugs
 - Exacerbation of pre-existing conditions
 - Developmental losses for kids
 - Pressure on working parents
 - Grandparents: cut off (can't help) or new responsibilities
 - Family tension and violence
 - Inactivity and boredom
 - Sleep disturbance
 - Rediscovery of racism and injustice
- Difficult **developmental challenges of old age** including:
 - Retirement and other role changes
 - Decreasing social connections and increasing social isolation as friends and family die
 - Dealing with grief
 - Declining physical health
 - Living with chronic illnesses and pain
 - The increasing possibility of dependency
 - The inevitability of death.

These conditions and developmental challenges 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.

Many people with dementia, for example, also have diagnosable psychiatric disorders, especially depression or anxiety disorders, which increase the risk that they will be institutionalized. And people with co-occurring chronic physical and mental conditions Also have increased risks of long and very costly hospitalizations.

The co-occurrence of mental and physical conditions is a major driver of the very high costs of health care in the United States. Addressing co-occurrence is key to improving health outcomes and to controlling health care costs.

So, I will say again, the mental health of older adults should be a matter of major social concern, especially for

- 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, who are at high risk for dementia, depression, post-traumatic stress disorder, substance use disorders, and suicide
- Victims of elder abuse
- Family caregivers
- People with long histories of mental and/or substance use disorders.

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

- There are insufficient home and community-based services, even though provisions to pay for tele-mental health services have helped.
- 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 institutional care, largely due to:
 - (1) inadequate support for family caregivers, who are at high risk for “burn out” (i.e., depression and/or anxiety disorders)
 - (2) a shortage of supportive housing as an alternative to institutional care.

In addition to addressing shortfalls in meeting the needs of older adults with behavioral health disorders, it is important to note that mental health is a critical component of well-being in old age. Contrary to the ageist perspective of our society, it is possible for people to age well. They not only can 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 engagement and meaning, can result in a vastly stronger American society.

Doing something about the neglect of the mental health needs of older adults will not be easy. The inadequacies of the mental health system affect populations of all ages. The system itself sprawls incoherently across the public and private sectors. Policies are made by local, state, and federal governments and by employers and others in the private sector. Financing is an uncoordinated mix of Medicare, Medicaid, government grants and contracts, private health insurance, personal payment, philanthropic grants and contributions, and more.

So, there need to be major policy changes addressing a broad range of issues including:

- How to help older people with cognitive or mental disorders to live where they prefer in the community
- How to support their family caregivers
- How to provide housing alternatives to institutions
- How to increase the capacity of and access to home and community-based services including
 - Making emergency provisions to pay for telehealth services permanent
 - Addressing lack of broadband access, computer equipment, and the inability to use computer-based technology
- How to improve the quality of both community-based and institutional services
- How to enhance integration of physical, cognitive, and behavioral health services and of health and aging services
- How to build a larger and more clinically, culturally, and geriatrically competent behavioral health and long-term care workforce

- How to provide public education regarding dementia, psychiatric illness, and substance misuse
- How to address social determinants of behavioral disorders including social isolation, economic hardship, food insecurity, dangerous living conditions, and systemic racism
- How to include older adults as part of the effort to meet the needs of their peers
- How to re-organize financing so that funding structures align with service needs.

Clearly, the challenges are vast and difficult, but they can be met. America has waited far too long to address its changing demography.