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Meeting the Mental Health Challenges of the Elder Boom

The elder boom has begun, and our nation is not prepared. Between 2011 and 2030, the number of adults 65 or older will increase from [40 million to 72 million and from 13 percent of the population to 20 percent](#). This drives growing concerns about the viability of Social Security, the sustainability of Medicare, and the availability of a workforce to provide health and social services.

Despite widespread concern about the physical health of older adults, mental health needs are mostly not on the national radar screen, a serious oversight for five reasons.

First, contrary to the ageist assumptions of our culture, people can live well in old age, but [not without mental health](#).

Second, mental illness has a terrible [impact on physical health](#). People with mental disorders are more likely to have physical disorders, and people with co-occurring physical and mental and/or substance use disorders are at higher risk for disability and premature death and have far [higher medical costs](#) than those with physical disorders alone.

Third, approximately [20 percent of older adults have diagnosable mental and/or substance use disorders](#), including dementia. This increases to over 50 percent of older adults by age 85, mostly [dementia](#), the prevalence of which doubles every five years beginning at age 60. The range of mental health problems also includes:

- [Anxiety and depression](#), which often co-occur with dementia
- Psychotic conditions, such as schizophrenia, bipolar disorder and severe depression
- Substance use disorders

Fourth, untreated mental disorders contribute to [avoidable placement in institutions](#), such as nursing homes, driving up the costs of long-term care in the U.S. They also contribute to social isolation and [high rates of suicide](#).

Fifth, all older adults face emotional challenges related to social and occupational role changes, diminished -- but not lost -- physical and mental abilities, losses of family and friends, and the inevitability of death.

Both the public and the private sectors need to [take steps to meet the mental health challenges](#) of the elder boom. These include:

- Making mental health promotion a key element of the health and aging services systems.
- Providing home and community-based services to enable people developing disabilities to live where they choose.
- Supporting family caregivers who provide 80 percent of the care for people with disabilities.
- Improving access to mental health and substance abuse services in the community.
- Improving the quality of mental health and substance abuse services in the community and in residential and institutional settings such as formal and "naturally occurring" senior housing, assisted living and nursing homes.
- Fostering integration of physical health, mental health, substance abuse and aging services.
- Enhancing the adequacy of services for [minority populations](#), which will grow from 20 percent to 30 percent of the older population by 2030.
- Increasing research regarding effective mental health promotion and treatment of mental and substance use disorders and improving translation for research findings into practice.
- Providing outreach and public education to older adults and their families regarding mental health, effective treatment and where to find resources.
- Addressing the shortage of a clinically and culturally competent workforce, in part by recruiting and training more geriatric professionals and paraprofessionals and in large part by including older adults themselves in the helping workforce in both paid and volunteer roles.
- Restructuring methods of financing needed services so as to make them affordable, to enhance integrated care and treatment, and to support services in the home and in natural community settings.
- Making the mental health challenges of the elder boom more than a rhetorical priority in both private and public service systems.

In these times of cutback in government spending, addressing the mental health needs of older adults may appear to be an unnecessary frill. But the truth is that failing to address mental health needs will drive costs up in the long run. Ignoring this is very poor policy.

(This article is coauthored by Kimberly Williams, co-founder and Director of the Geriatric Mental Health Alliance of New York.)