

MENTAL HEALTH NEWSTM

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MENTAL HEALTH IS THE ESSENCE OF AGING WELL

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In discussions of the needs of old people, mental health is generally an afterthought. Will there be enough money in private pensions and the Social Security system to support them? Will Medicare be fiscally viable and adequate health care available? Will they be able to remain at home if they become disabled or will they have to go to a nursing home? Will they end up isolated and lonely? These are the first questions on the minds of people as they age and of the policy makers who are charged with meeting their needs.

Mental health is not a concern. A stunning omission because you cannot live well in old age without mental—as well as physical—health.

- Imagine that you are driving your car one day and cannot remember where you were going and that over time your memory gets worse and worse until you ultimately cannot recognize family and old friends.
- Imagine that almost nothing interests you or gives you pleasure. You could care less whether your grandchildren come to visit or who the next President will be.
- Imagine that you live with the pain of unrelenting depression, hating your worthless past, hopeless about your future, and contemplating suicide much of the time.
- Imagine that you are constantly angry, that you over-react to minor slights, and that you are abusive to your family, friends, and caregivers.
- Imagine that you worry all the time. Did you turn the stove off? Did you insult your friend? Is your daughter mad at you? Is it safe to go outside?
- Imagine that you believe that your home health aide is robbing you blind or a spy from the CIA.
- Imagine that you surround yourself with all the material things of your life, old newspapers, unwashed dishes, and clothes that wore out long ago because without them you feel you have no life.
- Imagine that you feel your life is meaningless because there's nothing productive you can do.
- Imagine that your friends are gone and that you feel there's no one left who cares about you or who you care about.

- Imagine that you find solace and sleep in alcohol or that you become addicted to painkillers because you just cannot stand the constant pain in your hands or shoulder or knee.
- Imagine that you are responsible for your mother or father or aunt or uncle, who is failing and can no longer take care of him or herself. Imagine that for years you have had to be there in the morning to get them washed, dressed, and fed; that you have had to be there in the evening for dinner and for bedtime, that you have had to be there in the middle of the night when there is a crisis. Imagine that you are abused for your efforts, that nothing is ever good enough, that no one can fill in for you. How does it feel? Do you wear down? Does sending your loved one to a nursing home come to seem more and more necessary?

Isn't it obvious when you imagine these things that mental health is not just part of living well as you age but that it is of its essence? Isn't it obvious that the public policy agenda for older adults must address mental health opportunities and needs?

Here are key elements of a mental health agenda to help people live well in old age:

- Positive Aging: Contrary to the ageist assumptions of Western society, most older adults can retain their mental health. Public mental health, health, and aging policy should focus on opportunities for aging well—for remaining engaged, for productive work, for civic engagement, for creative activity, for physical activity, etc.
- Integration of Medical and Mental Health Care: Mental illness increases risks of disability and premature mortality in people with chronic illnesses such as diabetes, heart disease, and neuromuscular disorders. It also increases the costs of medical care. It is very important, therefore, to build the identification and treatment of mental illness into both primary and specialty medical practice.
- Caregiver Support: Mental illness and behavioral problems also increase the likelihood that an older adult will end their lives in nursing homes, usually—but not always—contrary to what they want for themselves. To hold the need for nursing homes to a minimum, it is essential to provide support and education for formal and informal (usually family) caregivers in the community so as to help them to care effectively for people with mental and behavioral problems.
- Access to Care: Access to treatment is quite limited for older adults with mental and/or substance use disorders. There are too few geriatric mental health professionals and too few programs. There is a particular shortage of culturally competent/bi-lingual services. Lack of transportation and home-based services are also barriers. And cost can be a significant problem, particularly since Medicare requires a 50% co-pay for most services. To make mental health services accessible in the community, all of these issues need to be addressed.

- Outreach and Public Education: Because of stigma, ageism, and just plain ignorance about mental and substance use disorders and their treatment, most older adults do not seek care from mental health providers. To engage them, it is necessary to reach out into community settings such as aging service programs, primary health care practices, houses of worship, and the like. It is also necessary to provide education about mental and substance use disorders.
- Quality of Care: Those older adults who do seek and get treatment often get poor quality care. Most get care from primary care physicians who are not adequately trained regarding mental and substance use disorders. And even those who go to mental health professionals often get inadequate treatment because few professionals get the training they need regarding older adults. In addition, many older people with mental and behavioral problems are served outside the mental health system via home health, day care, adult protective services, and nursing homes where it is unusual for staff to be competent regarding mental health and/or substance use issues. Major efforts are needed to increase clinical, generational, and cultural competence among those who serve this population.
- Workforce Development: Given the vast shortage of adequately trained providers and the vast growth of the elderly population that will take place over the next 25 years, it is clear that a massive workforce development effort is needed, including training of current personnel and the building of a much larger workforce for the future. Seniors, themselves, can be part of the workforce of the future if we go beyond traditional ways of providing services and develop appropriate roles for older adults.
- Funding: Success at all of the above will cost more money than we are now spending. Yes, some cost savings are possible by averting institutionalization and by restructuring finance models. But, as the population of older adults grows from 13% to 20%, increased costs are unavoidable.

And that's the rub; almost no one in power these days wants to spend more money on humane services, let alone on mental health or substance abuse services for older adults. To them our message has to be, mental health is not a minor issue for older adults. Mental health is of the essence of aging well and should be a major public policy concern.

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