

# **Issue Briefs: Massachusetts Behavioral Health Analysis**

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## Mental and Behavioral Healthcare of Older Adults

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Nationally, as many as 20% of people 55 years or older have some type of mental health concern, including anxiety, severe cognitive impairment (dementia), depression, and bipolar disorder.<sup>1</sup> Roughly 3% of adults over the age of 50 in the US are coping with alcohol abuse and 0.3% with some form of drug dependence.<sup>2</sup> While rates for younger adults are higher for all disorders save dementia,<sup>3</sup> several exacerbating circumstances specific to older adults make behavioral health of particular concern, especially as the numbers of older residents grows.

Nationally, older adults are less likely to receive mental health services than younger adults.<sup>4</sup> Reasons for this include a shortage of trained geriatric mental health providers; lack of coordination among primary care, mental health, and aging services providers; and poor access to transportation.<sup>5</sup> Additionally, mental disorders are often missed by physicians treating older adults because of the preponderance and urgency of physical ailments associated with maturity.<sup>6,7</sup> Compounding the problems of missed diagnoses, mental disorders have a disproportionately adverse effect on the physical health of older adults. For example, untreated depression can exacerbate the effects of heart disease among older adults.<sup>8</sup>

The suicide rate among older adults is also higher than that of the general population, with the rate among non-Hispanic white men of 49.8 deaths per 100,000, which is over four times higher than the general population (all ages).<sup>9</sup>

Nationally, the number of older adults in need of substance abuse treatment is estimated to increase from 1.7 million in 2001 to 4.4 million in 2020.<sup>10</sup> Frequent alcohol use among older adults is associated with increased injury, illness, hospitalization, cognitive impairment, and mental illness.<sup>11,12</sup>

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<sup>1</sup> American Association of Geriatric Psychiatry (2008, June 23). Geriatrics and mental health—the facts. Retrieved from [http://www.aagponline.org/prof/facts\\_mh.asp](http://www.aagponline.org/prof/facts_mh.asp)

<sup>2</sup> Blazer, D. and Wu, L. (2009, March). The epidemiology of substance use and disorders among middle aged and elderly community adults: National survey on drug use and health (NSDUH). *American Journal of Geriatric Psychiatry*, 17 (3), 237-245.

<sup>3</sup> Kessler, R. C., & Zhao, S. (2010). The prevalence of mental illness. *Handbook of the Sociology of Mental Health: Social contexts, theories, and systems*, 46-63.

<sup>4</sup> Karel, M. J., Gatz, M., & Smyer, M. (2012). Aging and mental health in the decade ahead: What psychologists need to know. *American Psychologist*, 67, 184-198.

<sup>5</sup> Bartels, S. J., Blow, F. C., Brockmann, L. M., & Van Citters, A. D. (2005). Substance abuse and mental health care among older Americans: The state of the knowledge and future directions. *Rockville, MD: WESTAT*.

<sup>6</sup> National Alliance on Mental Illness (2009). Depression in older persons: Fact sheet. Retrieved from: <http://www.nami.org/Template.cfm?Section=Depression&Template=/ContentManagement/ContentDisplay.cfm&ContentID=88876>

<sup>7</sup> American Psychological Association Office on Aging (2005). Psychology and aging: Addressing mental health needs of older adults. Retrieved from: <http://www.apa.org/pi/aging/resources/guides/aging.pdf>

<sup>8</sup> Ibid.

<sup>9</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2006) Web-based Injury Statistics Query and Reporting System (WISQARS) Retrieved from: <http://www.cdc.gov/ncipc/wisqars>.

<sup>10</sup> Gfroerer, J., Penne, M., Pemberton, M., & Folsom, R. (2003). Substance abuse treatment need among older adults in 2020: The impact of the aging baby-boom cohort. *Drug and Alcohol Dependence*, 69 (2), 127-135.

<sup>11</sup> Dufour, M., and Fuller, R. K. (1995). Alcohol in the elderly. *Annual Review of Medicine*.

Based on expert opinion, there may be opportunities to strengthen behavioral health services provided to older adults:

- Services could be enhanced through coordination among providers specifically or disproportionately serving older adults, notably home care, primary and specialized care, first response systems, health literacy and information and referral services (e.g., SHINE Counselors), local councils on aging, and meal delivery. In addition, training for professionals in these organizations on behavioral health issues could be useful.
- Caregivers can help identify issues early on by paying special attention to stressful events or situations that affect the elderly, such as a disabling illness, loss of a spouse or loved one, retirement, or moving out of the family home.<sup>13,14</sup>
- Further health planning efforts could focus on identifying and documenting the availability of geriatric behavioral health specialists, including those who are able to provide specific treatment methods and interventions that have been shown to be effective in addressing depression substance abuse and stressors associated with aging.

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<sup>12</sup> Adams, W L., et al. (1993). Alcohol-related hospitalizations of elderly people: Prevalence and geographic variation in the United States. *JAMA*, 270 (10), 1222-1225.

<sup>13</sup> National Alliance on Mental Illness (2009). Depression in older persons: Fact sheet. Retrieved from: <http://www.nami.org/Template.cfm?Section=Depression&Template=/ContentManagement/ContentDisplay.cfm&ContentID=88876>

<sup>14</sup> Adams, Wendy L., et al. (1993). Alcohol-related hospitalizations of elderly people: Prevalence and geographic variation in the United States." *JAMA* 270 (10), 1222-1225.