



THE GERIATRIC MENTAL HEALTH ALLIANCE OF NEW YORK
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MEETING THE MENTAL HEALTH CHALLENGES OF THE ELDER BOOM

- ❑ The coming elder boom creates great challenges for the mental health system as well as for the health, aging services, and social security systems.
- ❑ The number of older adults (65+) in the U.S. will double over the next quarter century from 35 million to 70 million. In NYS the number will increase over 50% from 2.5 to 3.9 million.
- ❑ The proportion of older adults will increase from about 13% to about 20% of the total population, while the proportion of working age adults declines 5%.
- ❑ The proportion of older adults from minority cultures will increase from 16% to 25%.
- ❑ The number of older adults with mental illnesses in the U.S. will double from 7 million to 14 million and will increase more than 50% in NYS from 500,000 to 780,000.
- ❑ Older adults with mental disorders are a heterogeneous population, most of whom live and want to remain in the community, including:
 - ❑ People with serious and persistent mental illnesses who are aging
 - ❑ Dementia
 - ❑ Severe anxiety, depressive, and paranoid disorders resulting in social isolation, dysfunction, behavioral obstacles to living in the community, and high rates of suicide
 - ❑ Less severe anxiety and depressive disorders
 - ❑ Alcohol and prescription drug abuse + some lifelong addiction
 - ❑ Emotional problems adjusting to old age.
- ❑ Virtually all older adults with mental illnesses also have chronic physical illnesses, and many older adults with physical illnesses have related mental illnesses.
- ❑ Family caregivers provide 80% of the care for older adults with disabilities. They are themselves at high risk of developing anxiety, depression and/or physical disorders.
- ❑ Only 20-25% of older adults **with** mental disorders receive services from mental health professionals. In New York State approximately 125,000 of 500,000 are served by the public and private sectors combined. More are served via primary health care.
- ❑ Low utilization of mental health services reflects problems of access—such as service shortages, problems of affordability, lack of services in the home and community settings, restricted access to medications, and lack of cultural competence—as well as stigma, ageism, and ignorance about mental illness and the effectiveness of treatment.
- ❑ Mental health services in both community settings and institutions such as adult and nursing homes are of uneven quality.
- ❑ There is a vast shortage of clinically and culturally competent mental health, health, and aging professionals.

POLICY GOALS

1. **Community Integration**: Provide supports to enable older adults with dementia, major depression and/or anxiety disorders, or long-term psychiatric disabilities to remain in or return to the community and avoid institutionalization in adult and nursing homes. Needed supports include community and home-based mental health services, housing alternatives to institutions, improved behavior management skills, improved health care for people with serious mental illnesses, rehabilitation designed for older adults, and family support.
2. **Improve Access**: Increase service capacity and make services more affordable, culturally competent, and available in home and community settings such as senior centers and naturally occurring retirement communities (NORCs).
3. **Improve Quality**: Of mental health, health, and aging services in the community and in institutions through training, dissemination of information about best practices, and increased research, especially about issues that contribute to isolation, institutionalization, and premature death.
4. **Integrate Mental Health With Health and Aging Services** including primary health care, specialty health care, home health care, adult medical day care, adult homes, assisted living, nursing homes, senior centers, NORC-SSPs, adult day care, in-home case management, adult protective services, “points-of-entry”, etc.
5. **Increase Capacity to Serve Cultural Minorities** through outreach, location of services in minority neighborhoods, enhanced cultural competence, etc.
6. **Provide Family Support**: For family caregivers, including those who care for aging spouses or parents with disabilities, for older family members caring for adult children with psychiatric disabilities, and for grandparents raising grandchildren. Needed supports include respite, counseling, support groups, crisis intervention, and tax benefits.
7. **Address Social/Economic Issues**: In addition to meeting treatment needs, address social and economic problems of older adults with mental disorders, such as social isolation, poverty, and inadequate housing.
8. **Promote Positive Aging and Prevent Severe Dysfunction**: Pursue opportunities to prevent the development or exacerbation of mental disorders in old age and to help older adults achieve the potential for well-being that old age offers.
9. **Provide Outreach and Public Education**: Combat stigma, ageism, and ignorance about mental health, its treatment, and how to find resources.
10. **Workforce Development**: Build a clinically and culturally competent workforce for the future with incentives, professional and paraprofessional education, and organization of older adults into helping roles.
11. **New Finance Models** that (a) will support best practices and innovative services that are responsive to the unique mental health needs of older adults, (b) promote integrated service delivery, (c) provide parity, and (d) create incentives to enhance the workforce.
12. **Promote Readiness of the Public and Private Sectors** for the mental health aspects of the elder boom. This includes leadership in the public mental health, aging, and health systems; interdepartmental structures, and planning. It also includes private sector initiatives related access to treatment, work opportunities, retirement planning, mental health education, and family support.