

## The Geriatric Mental Health Alliance of New York

# GERIATRIC MENTAL HEALTH

### Demographic and Epidemiological Data

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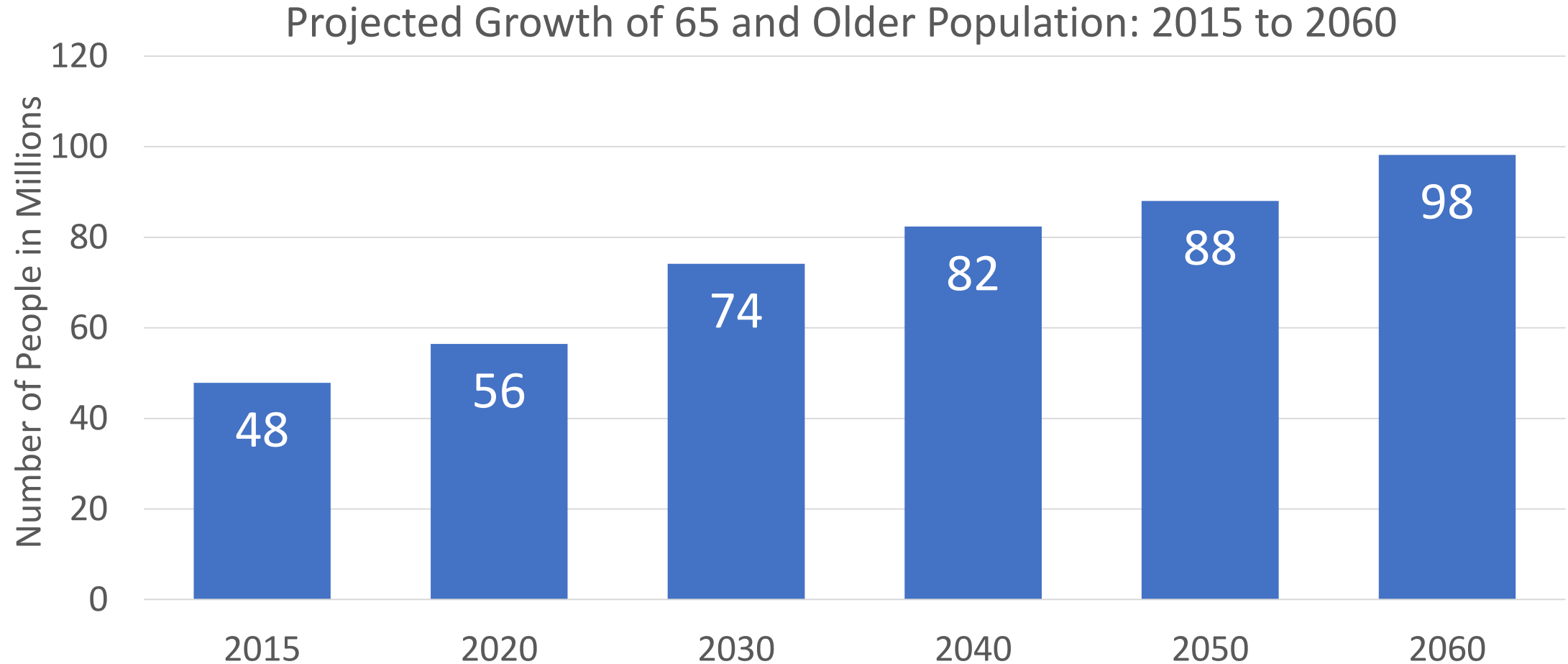
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# WHO WE ARE

- ❖ The Geriatric Mental Health Alliance of New York is an advocacy and educational organization created in 2004 to address the mental health challenges of the elder boom.
- ❖ It is made up of over 2,500 mental health, health, and aging service professionals and providers, researchers, academic leaders, consumers, older adults, advocates, family members, and public officials.
- ❖ The goal of the Alliance is to advocate for changes in policy and practice (1) to enhance access to quality care and treatment for older adults with diagnosable mental and/or substance use disorders and (2) to promote psychological well-being in old age.
- ❖ This data book provides background information useful for making meaningful improvements in geriatric mental health policy.

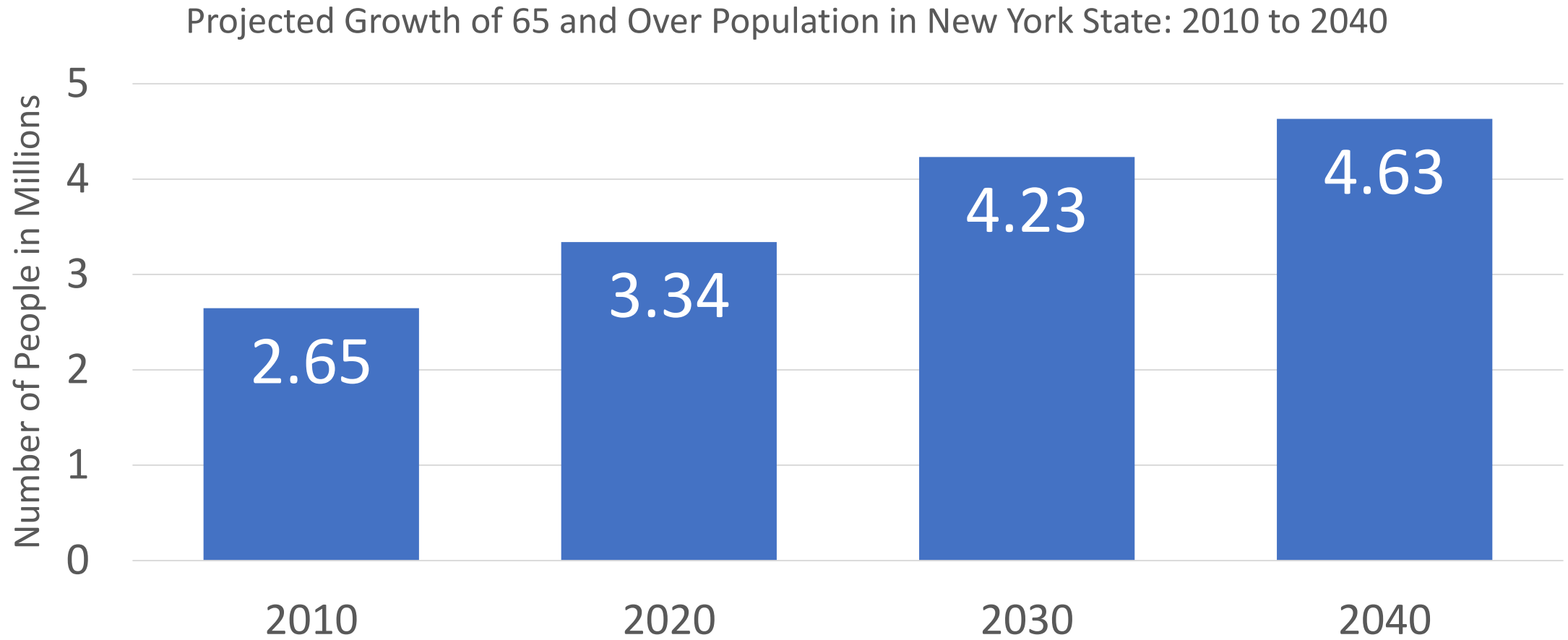
# Demographics

# Nationally, The Number of Older Adults Will More Than Double Between 2015 and 2060



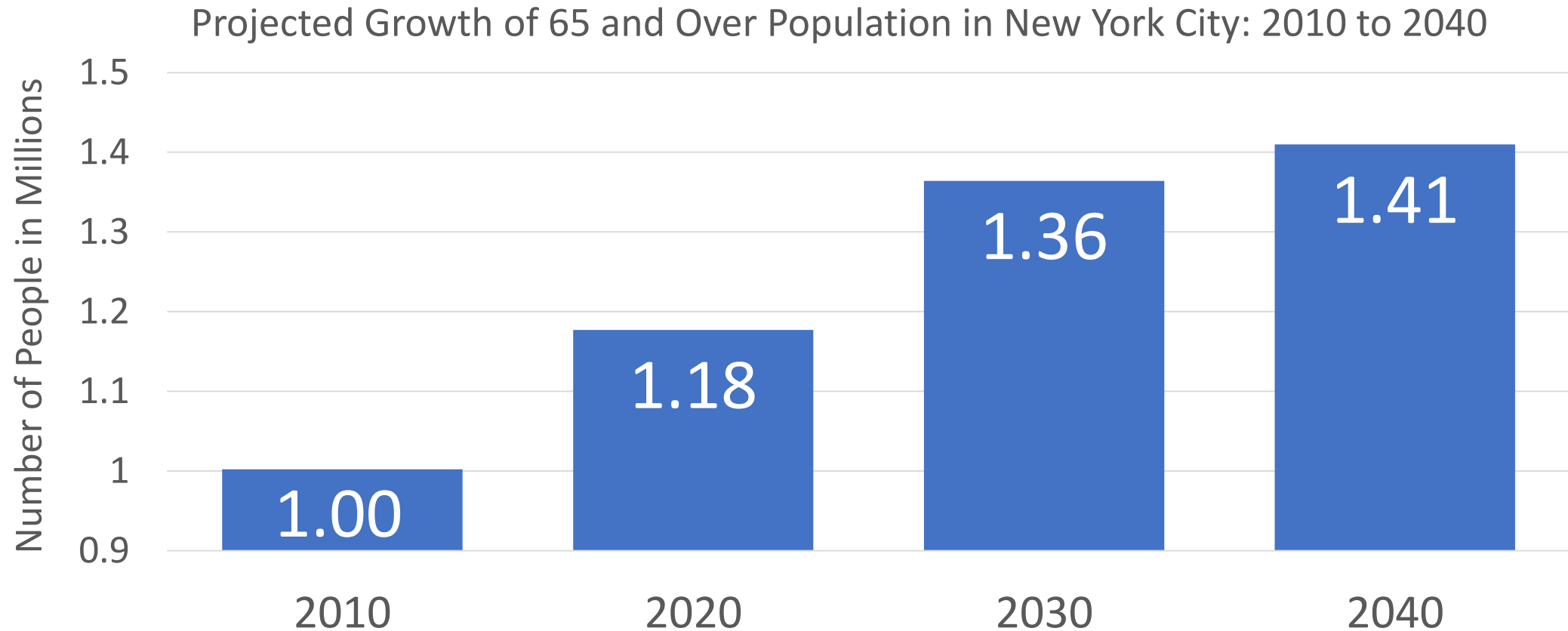
Source: US Census Bureau (2014) National Population Projections Tables. Retrieved from <https://www2.census.gov/programs-surveys/popproj/tables/2014/2014-summary-tables/np2014-t3.xls>

# In NYS, The Number of Older Adults Will Increase About 75% from 2010 to 2040



Source: New York State Office for the Aging (2011) County Data Book Selected Characteristics. Retrieved from <https://aging.ny.gov/ReportsAndData/CountyDataBooks/Combined%20County%20Data%20Book/Combined.pdf>

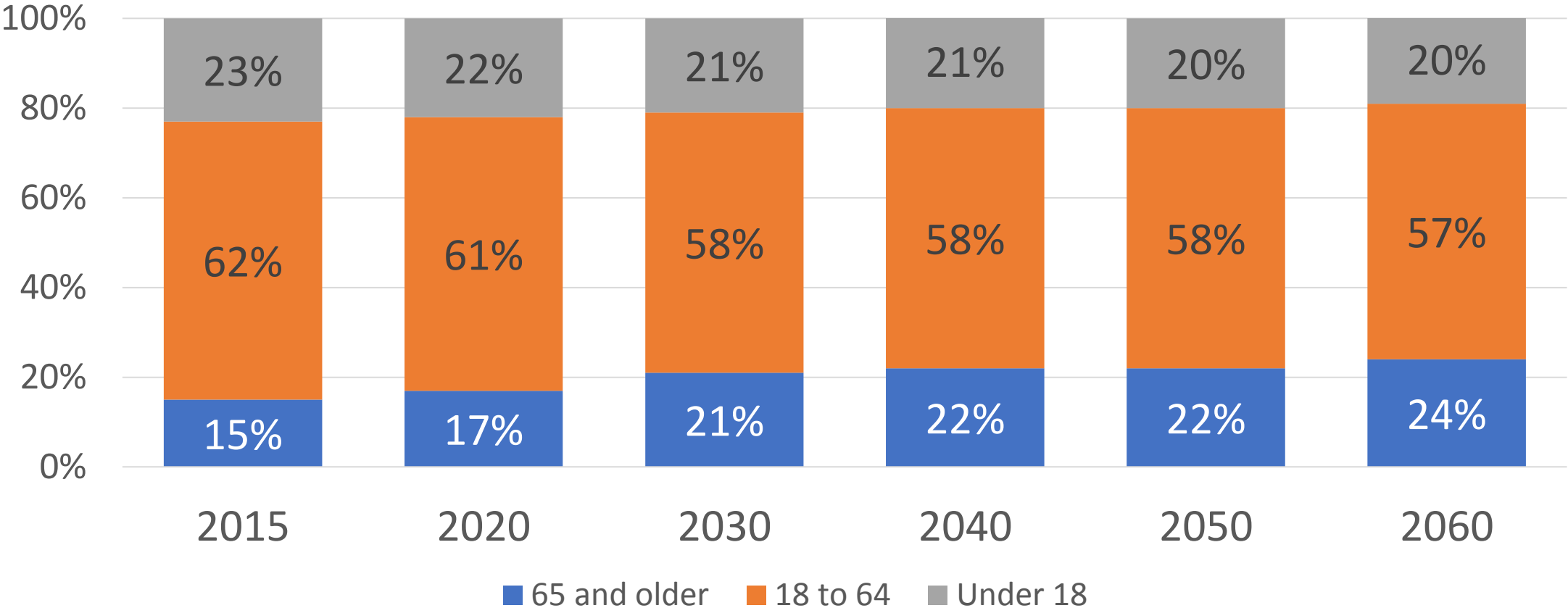
# In NYC, The Number of Older Adults Will Increase Over 40% From 2010 to 2040



Source: Department of City Planning (2013) New York City Population Projections by Age/Sex & Borough, 2010-2040. Retrieved from <https://www.census.gov/data/tables/2012/demo/popproj/2012-summary-tables.html>

# Nationally, Older Adults Will Increase From 15% of the US Population to 24%, Exceeding the Population of Children Under 18, While Working Age Adults Will Decrease 5%

Age Distribution of the Population: 2015 to 2060

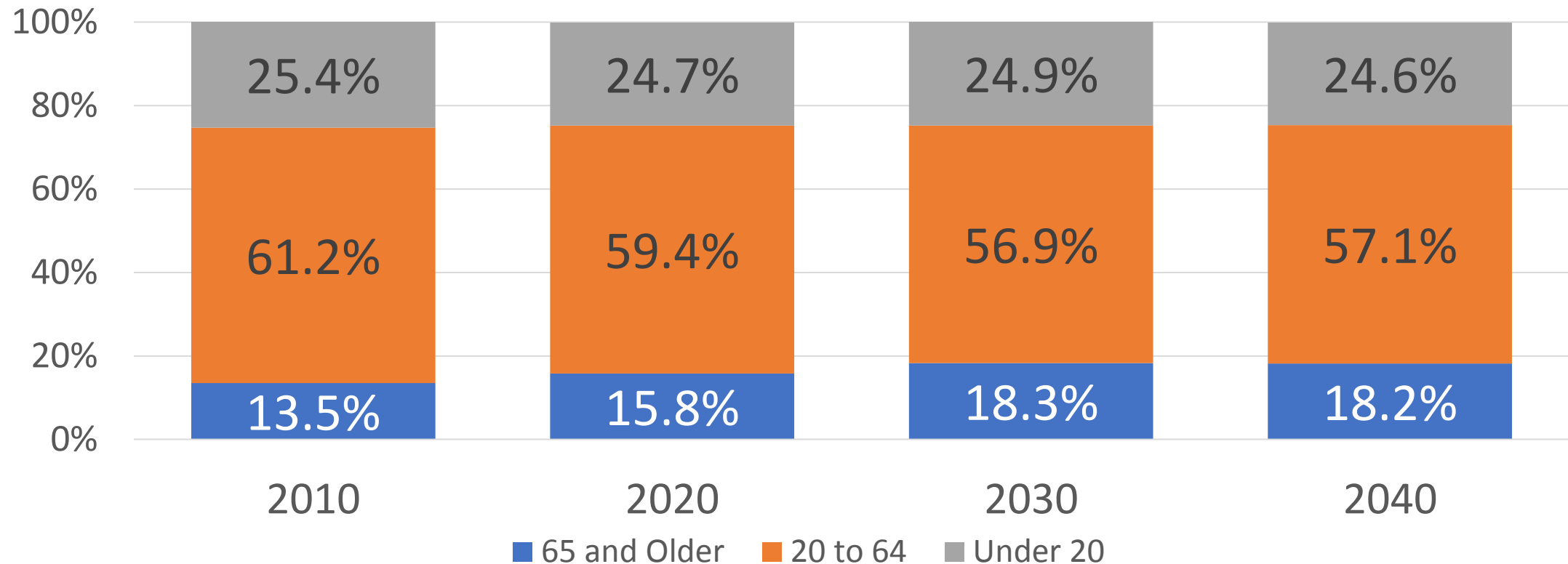


Source: US Census Bureau (2014) National Population Projections Tables. Retrieved from <https://www2.census.gov/programs-surveys/popproj/tables/2014/2014-summary-tables/np2014-t3.xls>



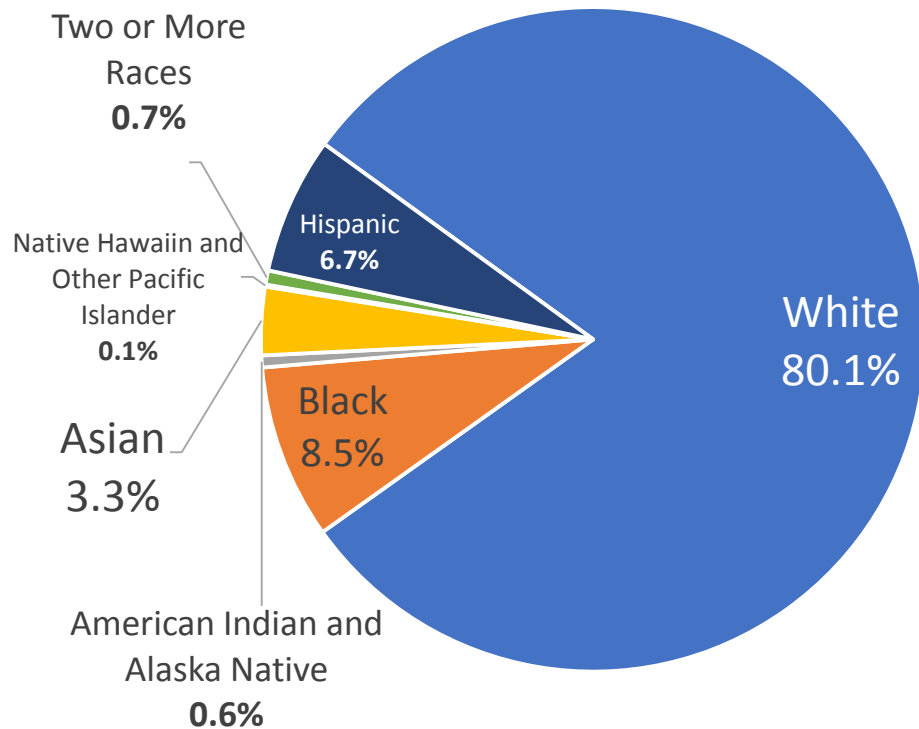
# Over the Next 25 Years, Older Adults Will Increase From 13.5% to 18.2% of The Population of NYS, While Working Age Adults Will Decrease by 4%

Age Distribution of the Population: 2010 to 2040

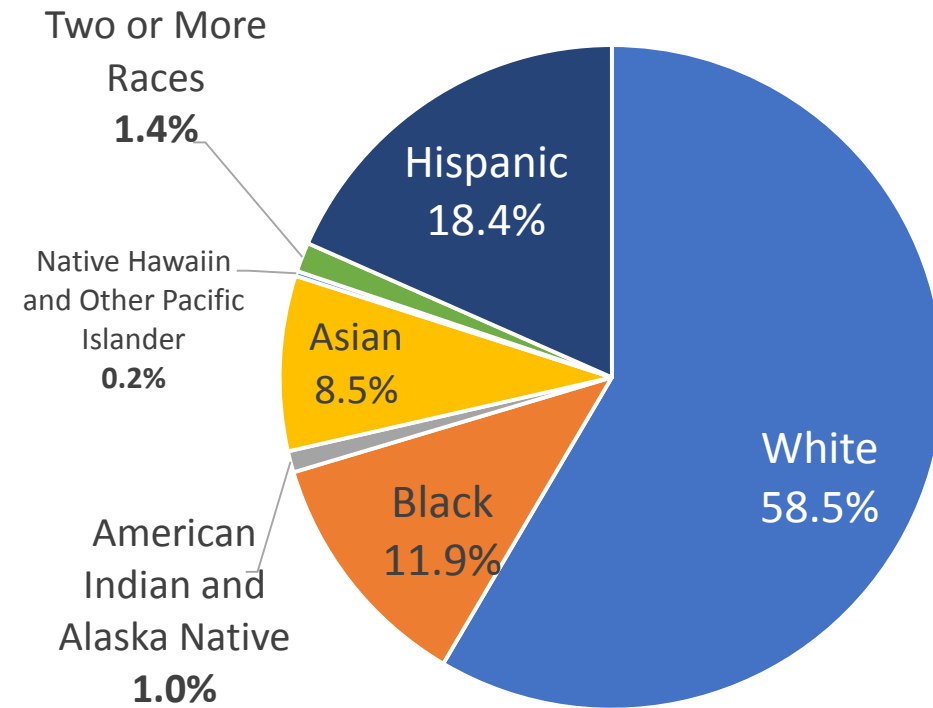


# From 2010 to 2050, The Minority Portion of the American Population of Older Adults Will Increase from 20% to 40%

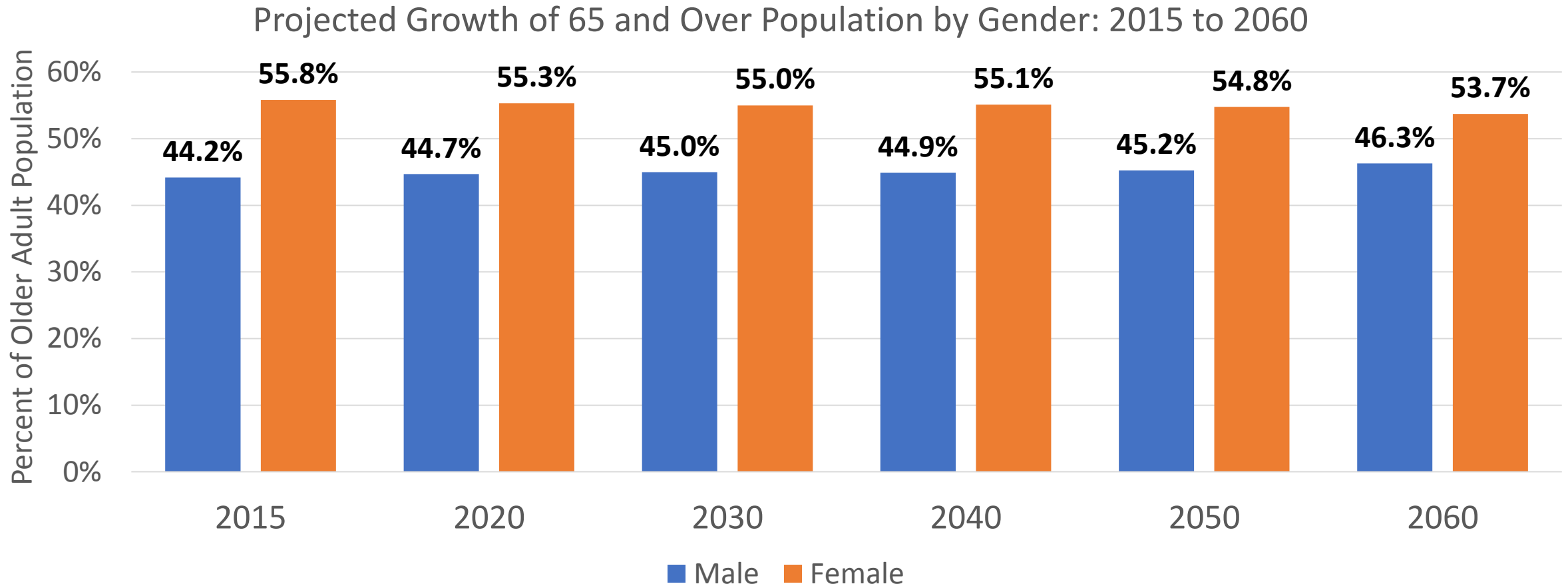
The 65 and Over Population by Race: 2010



The 65 and Over Population by Race: 2050

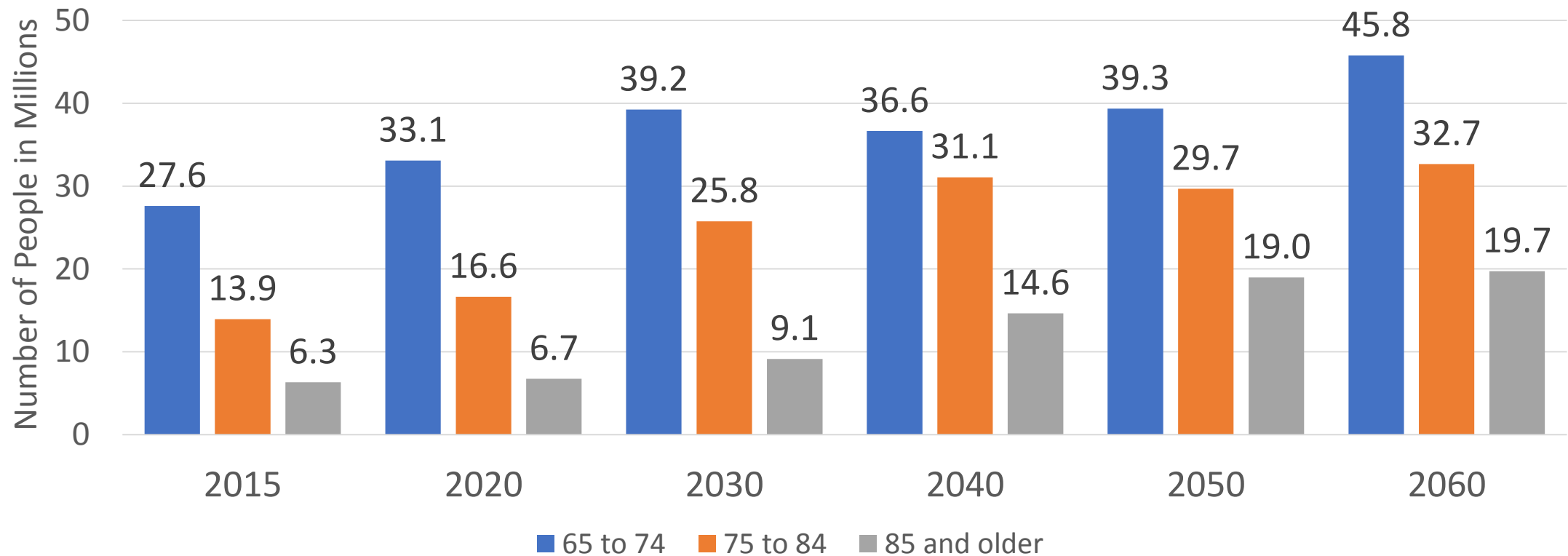


# Nationally, Older Women Will Continue to Outnumber Older Men



# The Number of Older Adults 85+ Will More than Triple, But Those 65 to 74 Will Continue to Be The Largest Portion of Older Adults

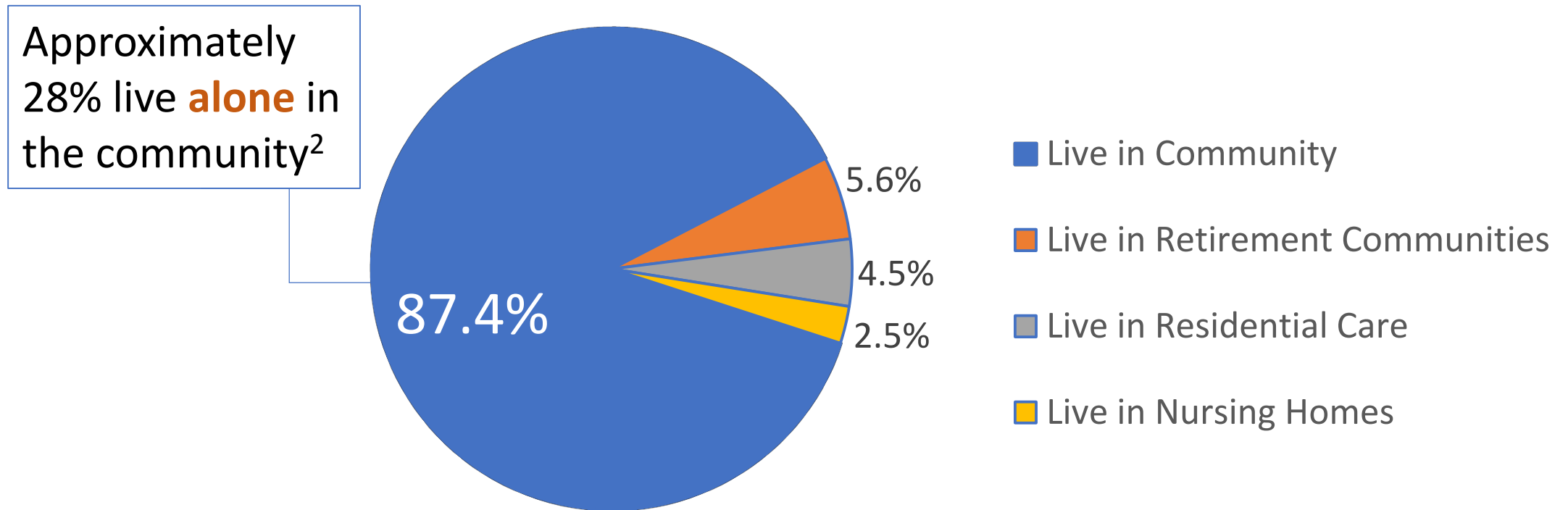
Projected Growth of Older Population by Age Cohort: 2015 to 2060



Source: US Census Bureau (2014) National Population Projections Tables. Retrieved from <https://www2.census.gov/programs-surveys/popproj/tables/2014/2014-summary-tables/np2014-t3.xls>

# The Vast Majority Of Older Adults Live In the Community

Living Arrangements of 65 and Over Population: 2016<sup>1</sup>

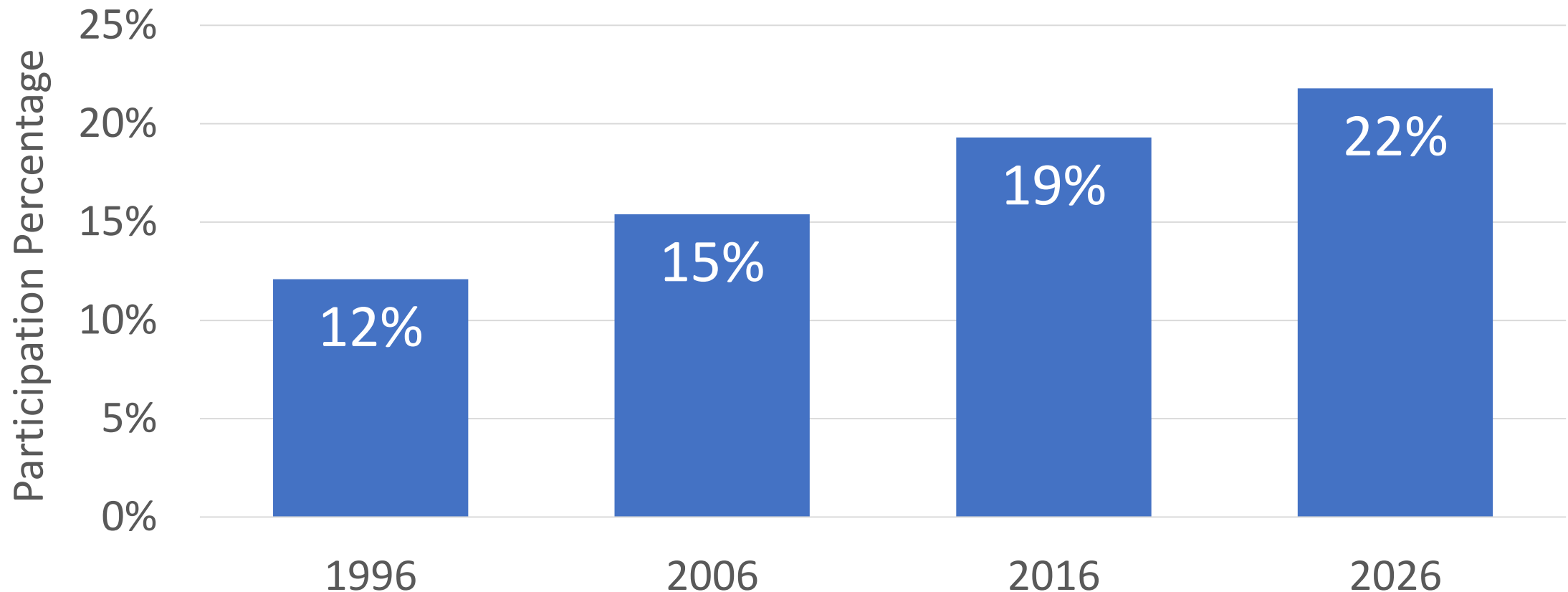


<sup>1</sup> Freedman Vicki A., and Spillman, Brenda C. (2016). Making National Estimates with the National Health and Aging Trends Study. NHATS Technical Paper #17. Johns Hopkins University School of Public Health. Retrieved from: [https://www.nhats.org/scripts/documents/Making\\_National\\_Population\\_Estimates\\_in\\_NHATS\\_Technical\\_Paper.pdf](https://www.nhats.org/scripts/documents/Making_National_Population_Estimates_in_NHATS_Technical_Paper.pdf)

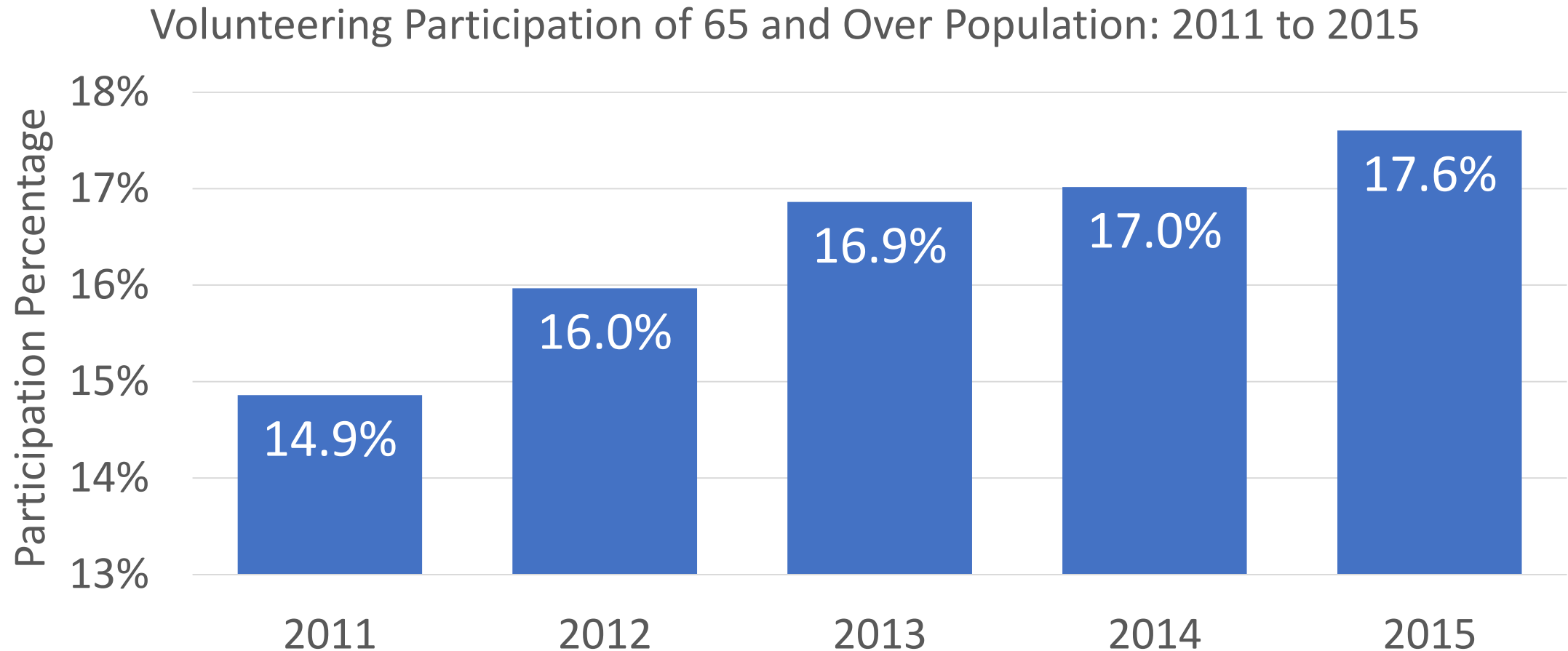
<sup>2</sup> U.S. Department of Health and Human Services. (2014, June). 65+ in the United States: 2010. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

# The Percentage of Working Older Adults Will Continue to Increase

Labor Force Participation of 65 and Over Population: 1996 to 2026

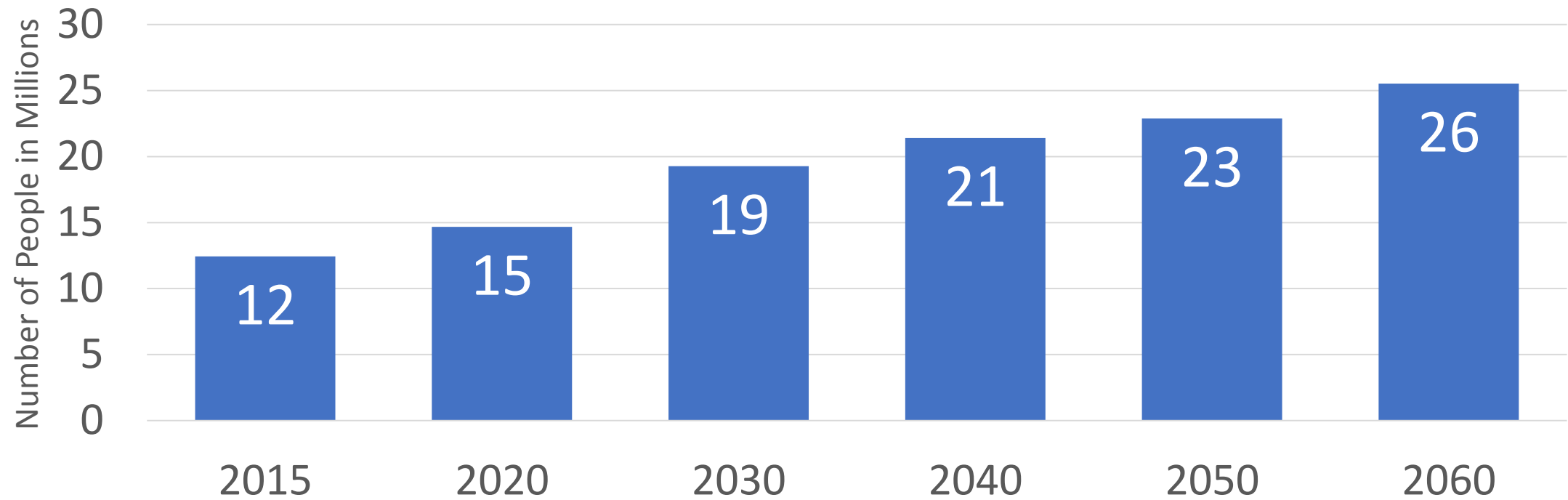


# The Percentage of Volunteering Older Adults Will Continue to Increase



# The Number of Older Adults with Disabilities Who Need Help With Daily Activities Will More Than Double

Projected Growth of 65 and Over Population with Need for Assistance: 2015 to 2060





# Family Caregivers Provide Most Care for Older Adults With Disabilities

- Informal caregivers provide up to 90% of long-term care for adults.<sup>1</sup>
- In 2014, the national economic value of informal caregiving for older adults was estimated to be over \$522 billion annually.<sup>2</sup>
- In 2016, the average out-of-pocket spending for family caregivers was \$5,531 per year. It was even higher for long-distance caregivers, costing \$8,728 per year.<sup>3</sup>

1 Adelman, R. D., Tmanova, L. L., Delgado, D., Dion, S., & Lachs, M. S. (2014). Caregiver Burden. *JAMA*, 311(10), 1052. doi:10.1001/jama.2014.304

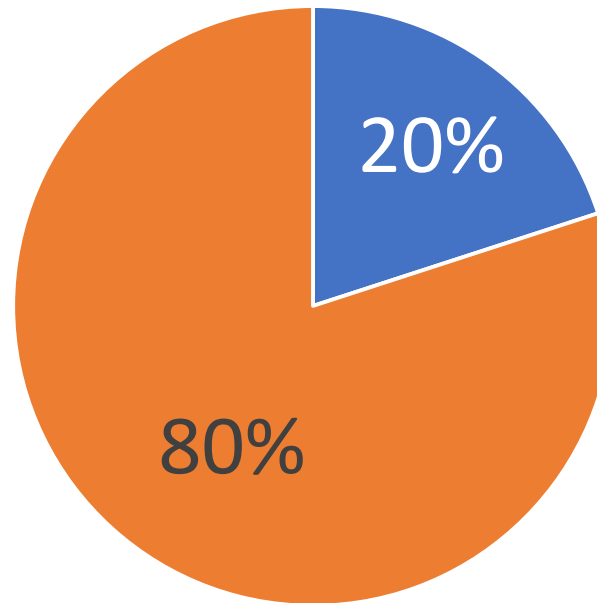
2 Chari, A. V., Engberg, J., Ray, K. N., & Mehrotra, A. (2014). The Opportunity Costs of Informal Elder-Care in the United States: New Estimates from the American Time Use Survey. *Health Services Research*, 50(3), 871-882. Retrieved from [https://www.rand.org/pubs/external\\_publications/EP66196.html](https://www.rand.org/pubs/external_publications/EP66196.html)

3 Schulz, R., & Eden, J. (2016). *Families caring for an aging America*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK396401/>

# **Prevalence Of Behavioral Health Disorders Among Older Adults**

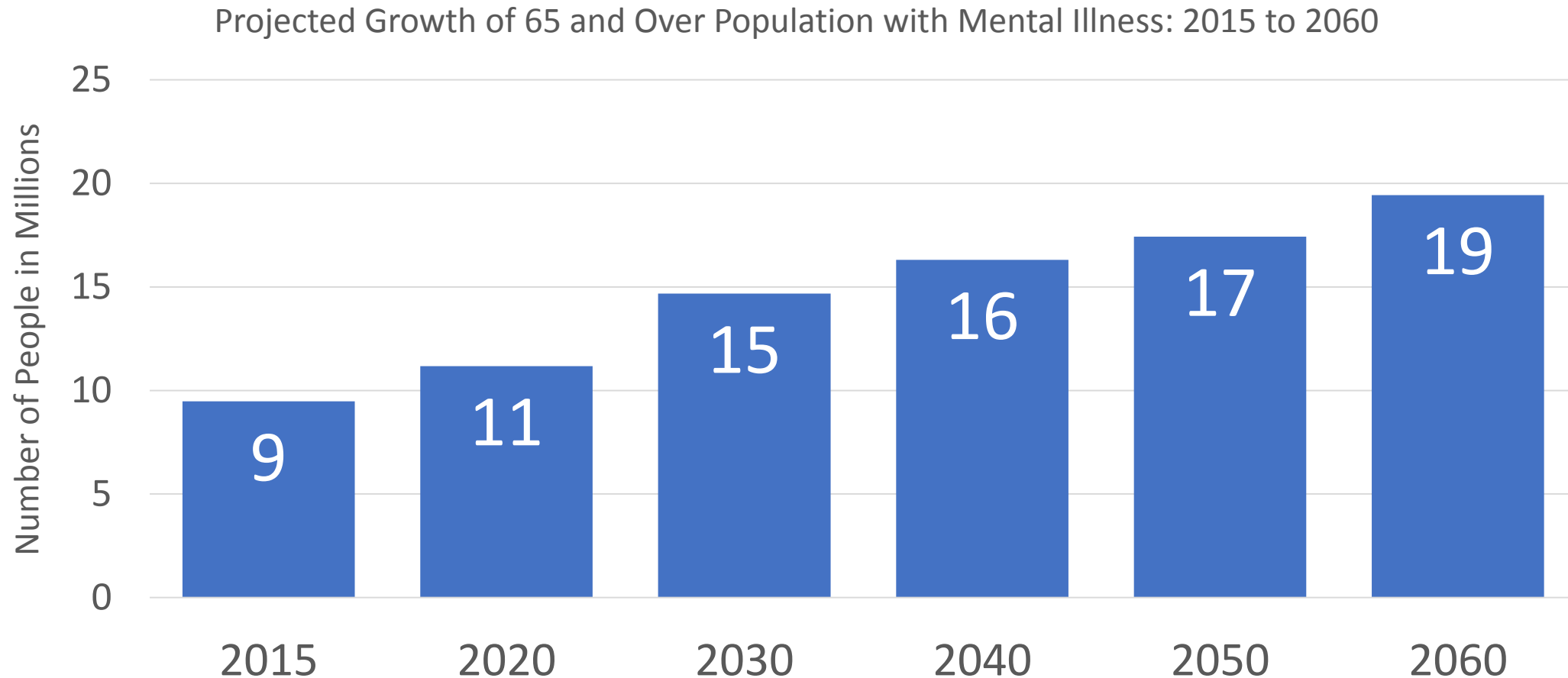
# Approximately 20% of Older Adults Have a Diagnosable Mental and/or Substance Use Disorder

Proportion of Older Adults with Mental and/or Substance Use Disorder vs Older Adults without Mental and/or Substance Use Disorder



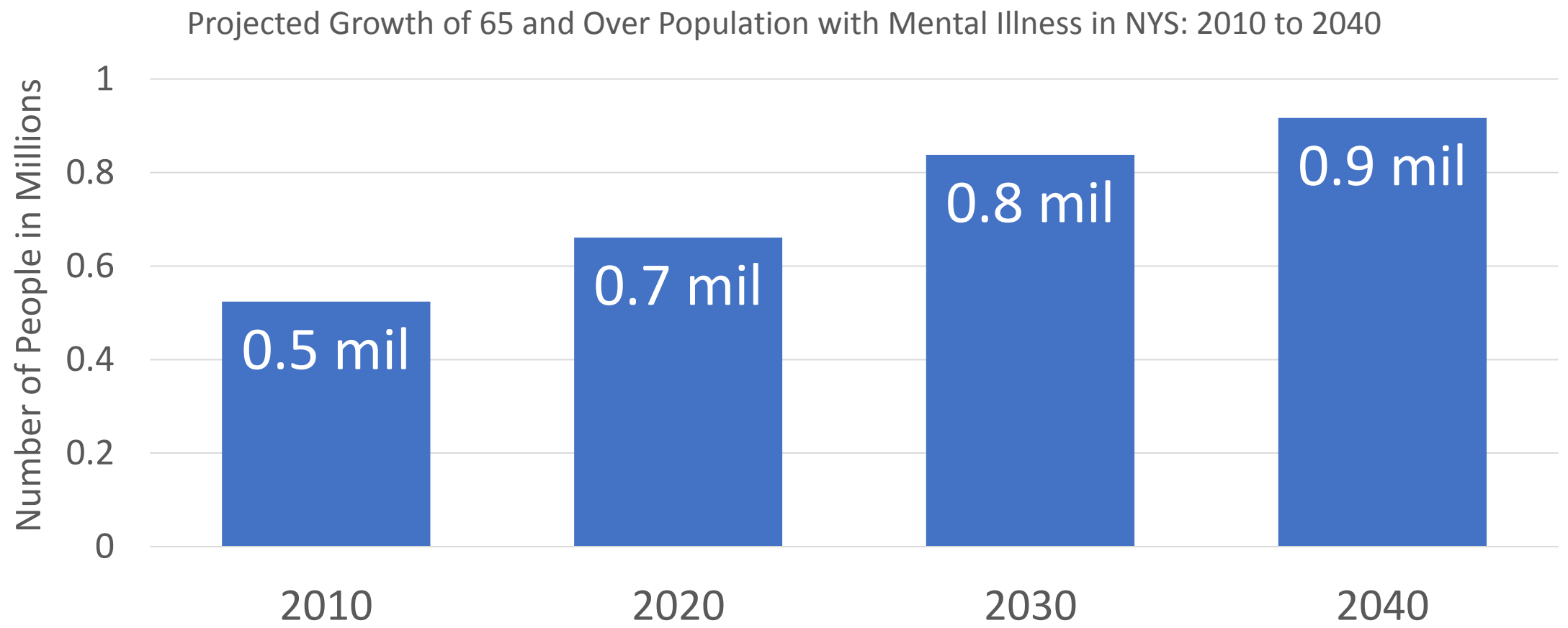
■ Older Adults with Mental and/or Substance Use Disorder ■ Older Adults without Mental and/or Substance Use Disorder

# Nationally, The Number of Older Adults With Mental Illness Will More Than Double Between 2015 and 2060



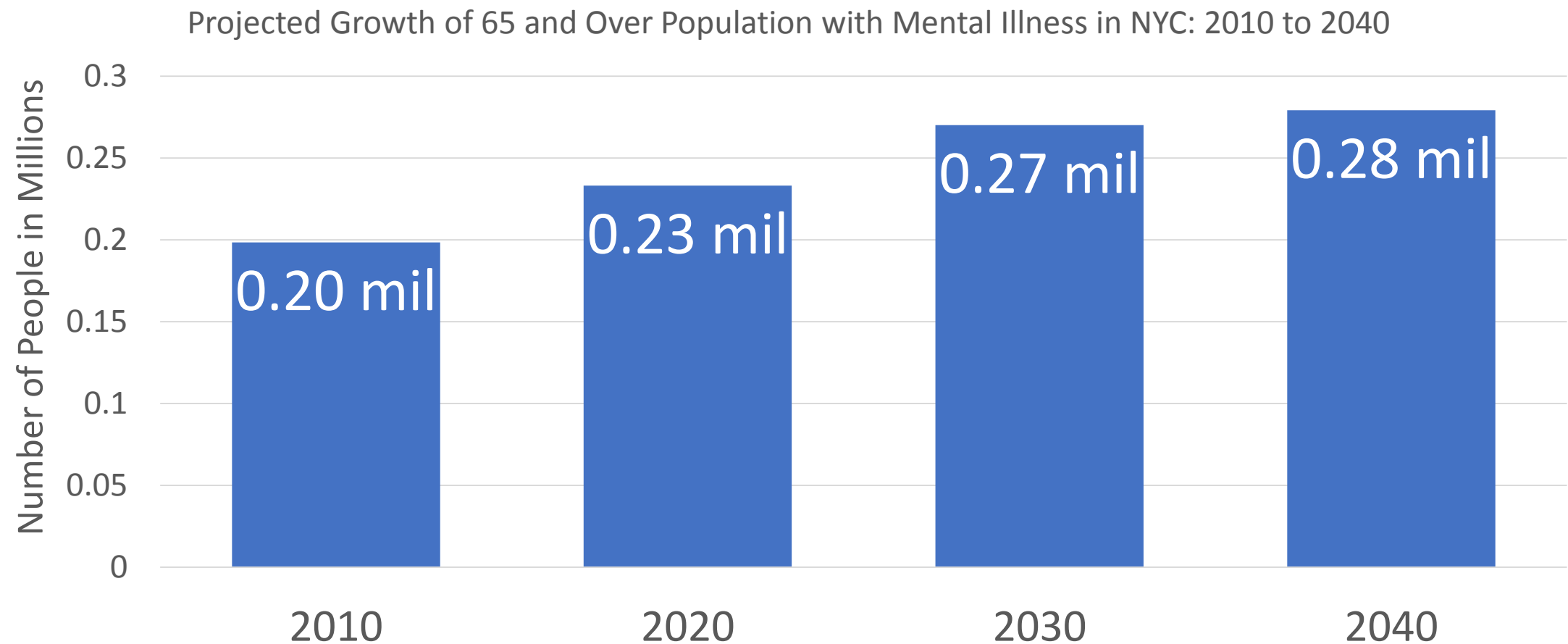
Source: US Census Bureau (2014) National Population Projections Tables. Retrieved from <https://www2.census.gov/programs-surveys/popproj/tables/2014/2014-summary-tables/np2014-t3.xls>

# In NYS, The Number of Older Adults With Mental Illness Will Increase About 80% from 2010 to 2040



Source: New York State Office for the Aging (2011) County Data Book Selected Characteristics. Retrieved from <https://aging.ny.gov/ReportsAndData/CountyDataBooks/Combined%20County%20Data%20Book/Combined.pdf>

# In NYC, The Number of Older Adults With Mental Illness Will Increase 40% From 2010 to 2040



Source: Department of City Planning (2013) New York City Population Projections by Age/Sex & Borough, 2010-2040. Retrieved from <https://www.census.gov/data/tables/2012/demo/popproj/2012-summary-tables.html>

# Older Adults With Mental Health Problems Are a Heterogeneous Population

- Long-term psychiatric disabilities
- Late-life psychotic conditions
- Severe anxiety and depression
- Mild or moderate anxiety and mood disorders
- Substance use problems: lifelong and late life
  - Especially misuse of alcohol, prescription drugs and over-the-counter medication
- Dementia
- Emotional challenges related to aging

# The Types Of Mental Illnesses Experienced By Older Adults Are Somewhat Different From Those Experienced By Younger Adults

Adults 18 - 59

Older Adults 60+

Any Disorder	21%	Any Disorder	19.8%
Any Anxiety Disorder	16.4%	Any Anxiety Disorder	11.4%
Any Major Mood Disorder*	7.1%	Any Major Mood Disorder*	4.4%
Schizophrenia	1.3%	Schizophrenia	0.6%
Severe Cognitive Impairment	1.2%	Severe Cognitive Impairment (Primarily Dementia)	6.6%
Anti-social Personality	2.1%		

\* This does not include minor depression. 27% of older adults have symptoms of depression.

NOTE: These figures represent the prevalence of mental disorders in a 1-year period.

NOTE: The percentages do not add up to 100% due to co-occurring disorders.

Source: U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: 1999).

Kessler, R. C., & Wang, P. S. (2008). The Descriptive Epidemiology of Commonly Occurring Mental Disorders in the United States. *Annual Review of Public Health*, 29(1), 115-129. doi:10.1146/annurev.publhealth.29.020907.090847



# Depression Is Not Normal In Old Age

- Contrary to common belief, major depressive disorder (MDD) is less common in older adults than in younger adults.<sup>1</sup>
- However, older adults are more likely to experience *symptoms of depression*.<sup>2</sup>
- Risk of depression is highest for older adults with chronic medical conditions (e.g., 25% for stroke patients, 15% for diabetic patients, and 25% for heart disease patients).<sup>3</sup> Older adults who are medical outpatients/inpatients or residents of long term care facilities are also at significantly higher risk for depression. (Estimates range from 10% - 12%, and 14% - 42%, respectively).<sup>3</sup>
- People with depression and a physical disorder are twice as likely to experience preventable hospitalization<sup>3</sup> and to experience premature disability and/or mortality.

<sup>1</sup> Byers, A. L., Yaffe, K., Covinsky, K. E., Friedman, M. B., & Bruce, M. L. (2010). High Occurrence of Mood and Anxiety Disorders among Older Adults: The National Comorbidity Survey Replication. *Archives of General Psychiatry*, 67(5), 489–496. <http://doi.org/10.1001/archgenpsychiatry.2010.35>

<sup>2</sup> Himelhoch, S., Weller, W. E., Wu, A. W., Anderson, G. F., & Cooper, L. A. (2004). Chronic Medical Illness, Depression, and Use of Acute Medical Services Among Medicare Beneficiaries. *Medical Care*, 42(6), 512-521. doi:10.1097/01.mlr.0000127998.89246.ef

<sup>3</sup> Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in Older Adults. *Annual Review of Clinical Psychology*, 5(1), 363-389. doi:10.1146/annurev.clinpsy.032408.153621

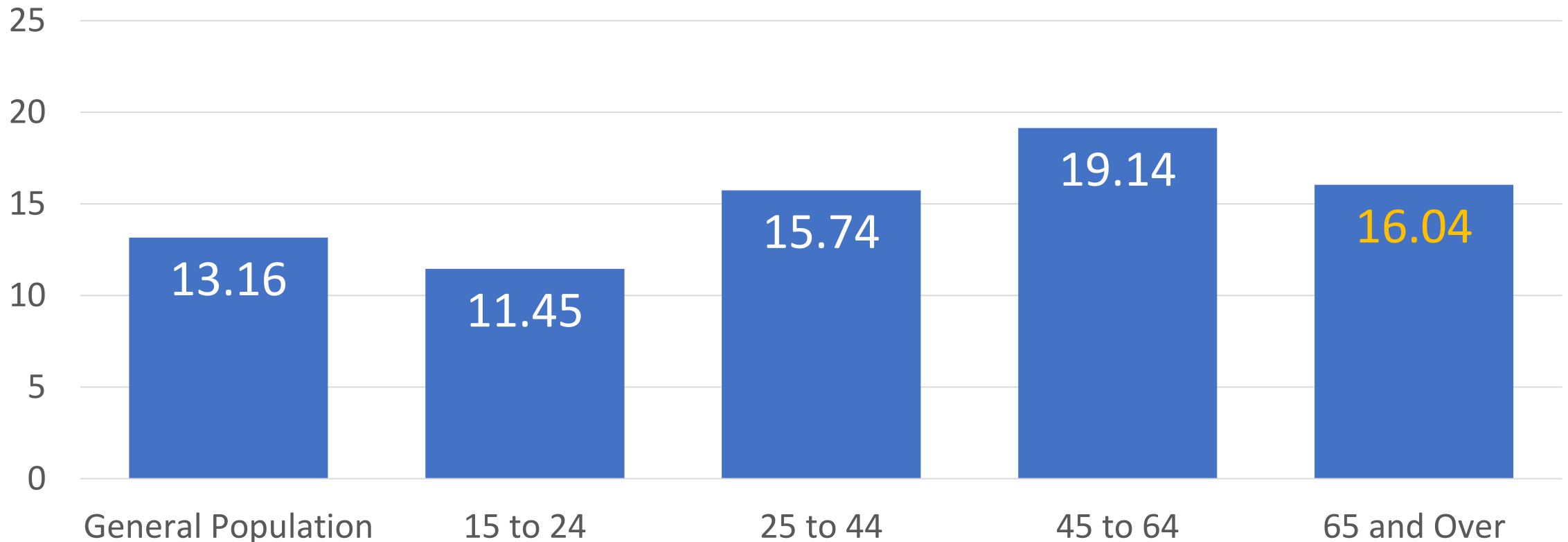
# Major Anxiety and Mood Disorders Have Serious Consequences

Anxiety and Mood Disorders contribute to:

- Social isolation
- Rejection of help
- Excessive placement in nursing homes
- High rates of suicide

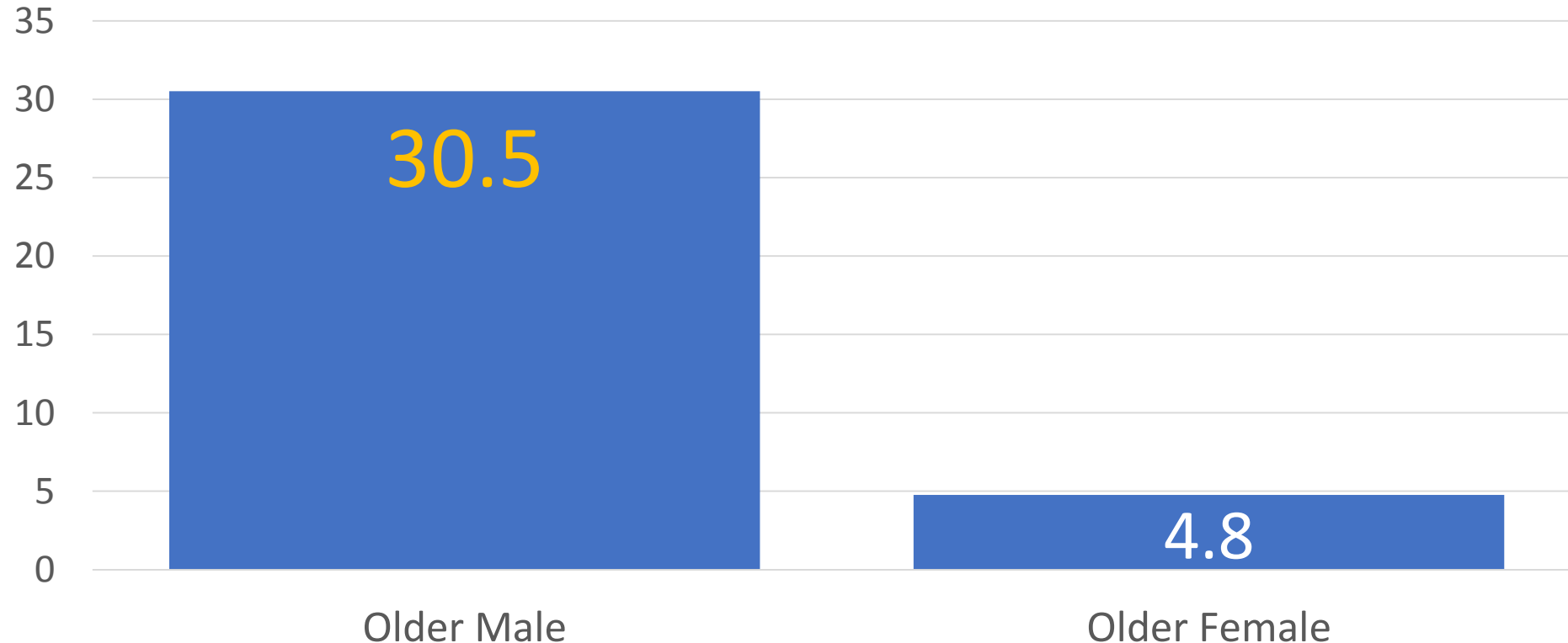
# From 2011 to 2015, the Rate Of Suicide For Adults 65 and Older Was Over 20% Higher Than the Rate for the General Population

Suicide Rates by Age Cohort per 100,000 of the Population: 2011 to 2015



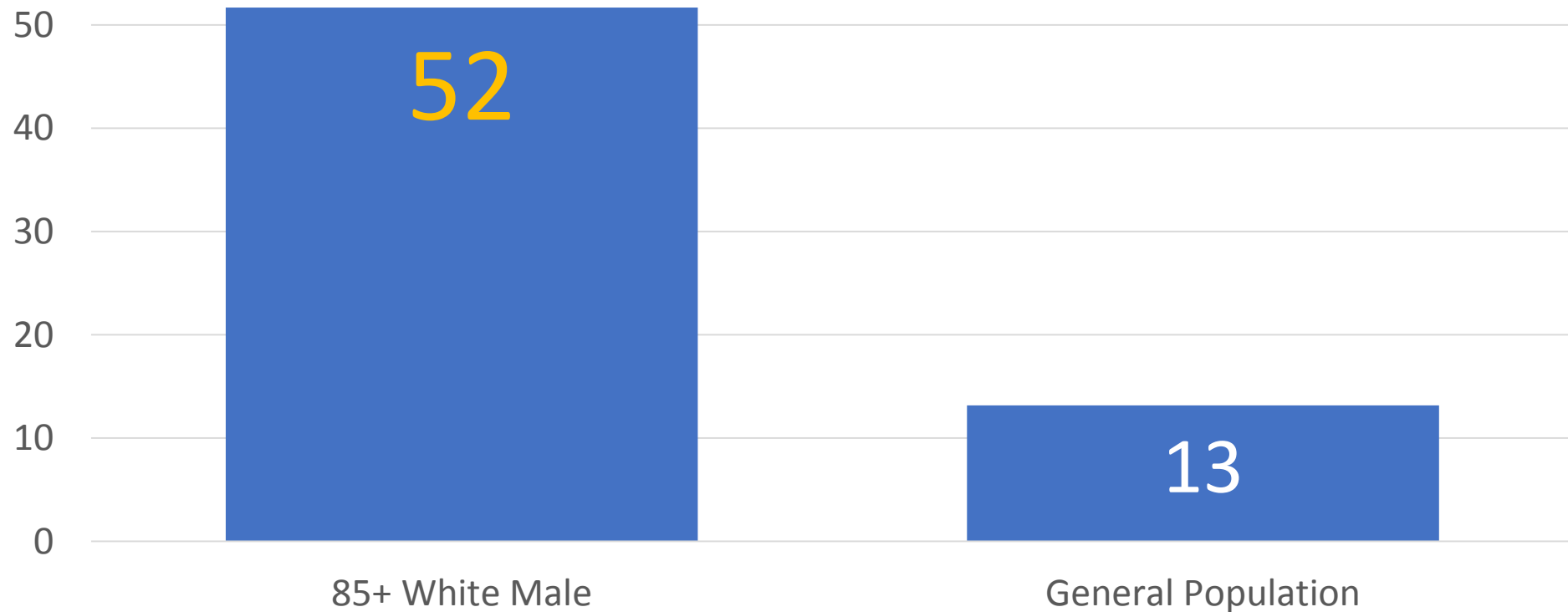
# Older Men Are Much More Likely Than Women To Complete Suicide

Suicide Rates Among People 65 and Over by Gender per 100,000 of the Population: 2011 to 2015



# From 2011 to 2015, The Rate of Suicide For White Men 85 And Older Was 4 Times The General Population

Suicide Rates Among White Males 85 and Over vs. General Population per 100,000: 2011 to 2015



Source: WISQARS Fatal Injury Reports. (2017). Retrieved from <https://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

# The Prevalence of Schizophrenia Declines From About 1% to 0.5% In Old Age<sup>1</sup>

Due to:

- Recovery/Remission of symptoms over time<sup>1</sup>
- Lower life expectancy (10-25 years shorter than general population)<sup>2</sup>
  - Smoking, Obesity, Diabetes, Heart Disease, Pulmonary Disease <sup>1</sup>
  - Limited Access to Quality Health Care
  - Suicide (8.5 times the rate of general population)<sup>3</sup>
  - High rates of crime victimization<sup>4</sup>

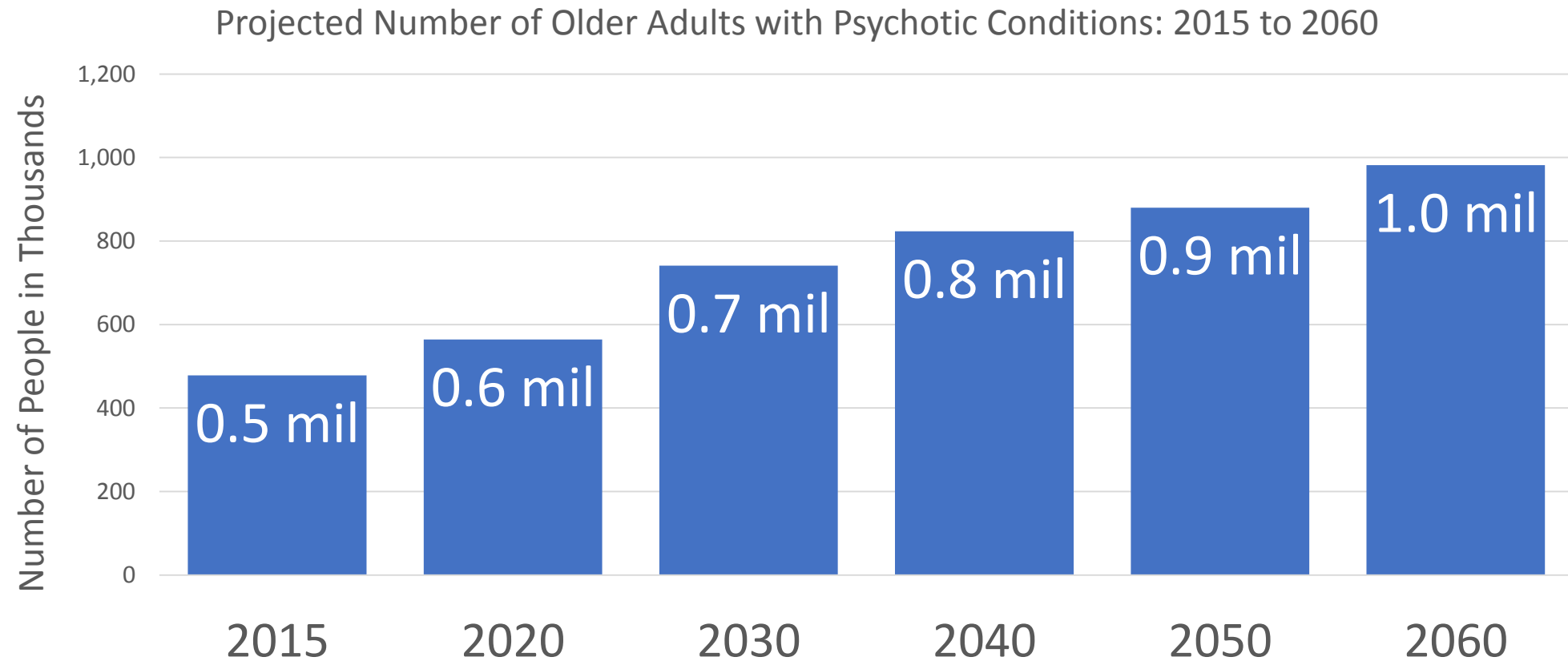
<sup>1</sup> Bartels, S. J. (2004). Caring for the Whole Person: Integrated Health Care for Older Adults with Severe Mental Illness and Medical Comorbidity. *Journal of the American Geriatrics Society*, 52. doi:10.1111/j.1532-5415.2004.52601.x

<sup>2</sup> Yasami, M. T., Cross, A., McDaniel, E., & Saxena, S. (2014). LIVING A HEALTHY LIFE WITH SCHIZOPHRENIA: PAVING THE ROAD TO RECOVERY. *World Mental Health Day 2014 Living with Schizophrenia*, 32-36. Retrieved from [http://www.who.int/mental\\_health/world-mental-health-day/paper\\_wfmh.pdf](http://www.who.int/mental_health/world-mental-health-day/paper_wfmh.pdf)

<sup>3</sup> Pompili, M., Amador, X. F., Girardi, P., Harkavy-Friedman, J., Harrow, M., Kaplan, K., . . . Tatarelli, R. (2007). Suicide risk in schizophrenia: Learning from the past to change the future. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1845151/>

<sup>4</sup> Newman, J. M., Turnbull, A., Berman, B. A., Rodrigues, S., & Serper, M. R. (2010). Impact of Traumatic and Violent Victimization Experiences in Individuals With Schizophrenia and Schizoaffective Disorder. *The Journal of Nervous and Mental Disease*, 198(10), 708-714. doi:10.1097/nmd.0b013e3181f49bf1

# Number of Older Adults With Psychotic Conditions Will More Than Double From About 500,000 in 2015 To 1 Million In 2060

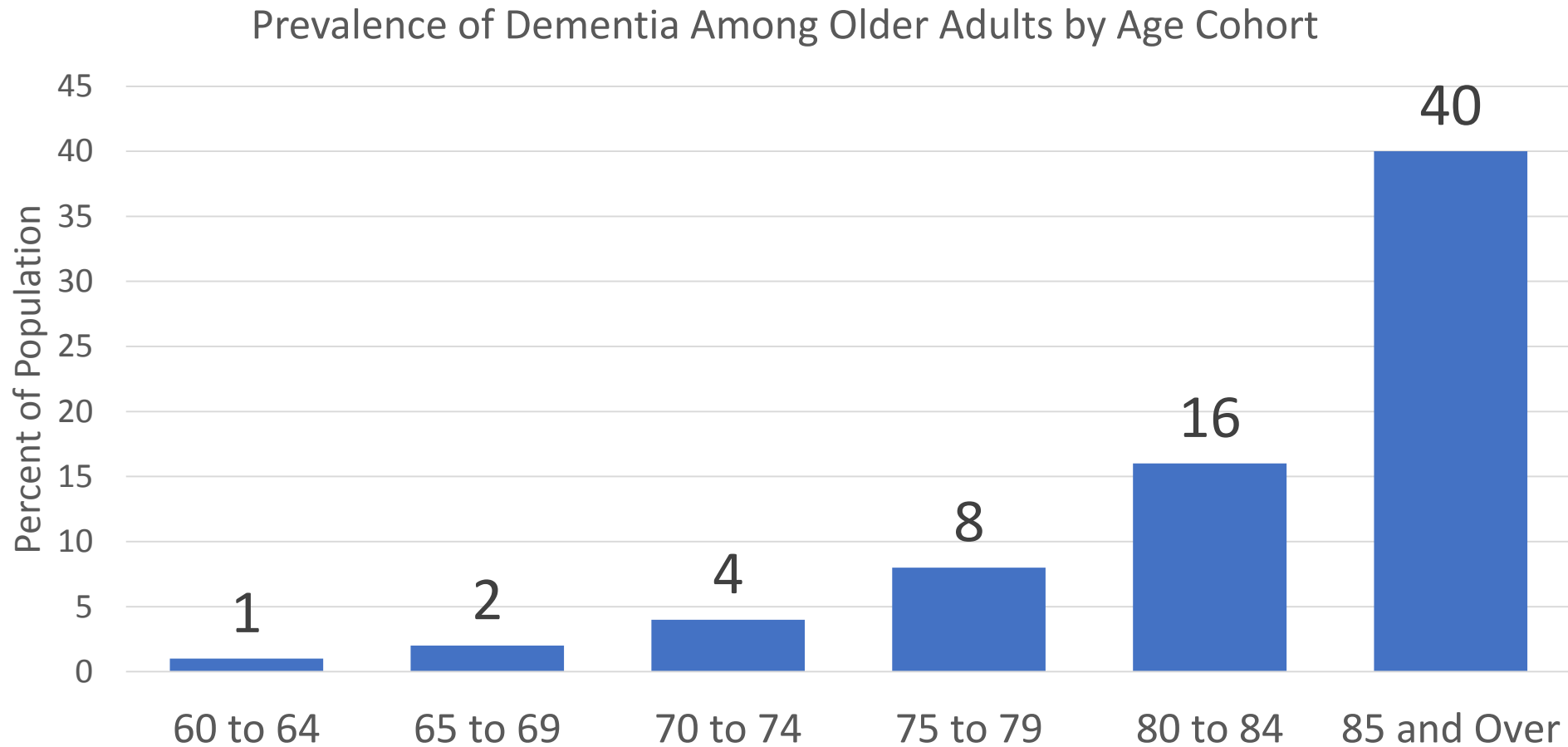


# **Co-Occurrence of Psychotic Disorders And Other Physical and Mental Disorders Increases With Age Resulting in Increased Service Needs**

- Co- Occurring Disorders Include
  - Chronic Physical Illnesses
  - Dementia
  - Mood and Anxiety Disorders
- Increased Service Needs Include
  - More accessible housing
  - More community-based long-term care assistance
  - Increased integration of physical and behavioral health care
  - Improved oversight of multiple medications
  - Increased attention to engagement in social and recreational activities



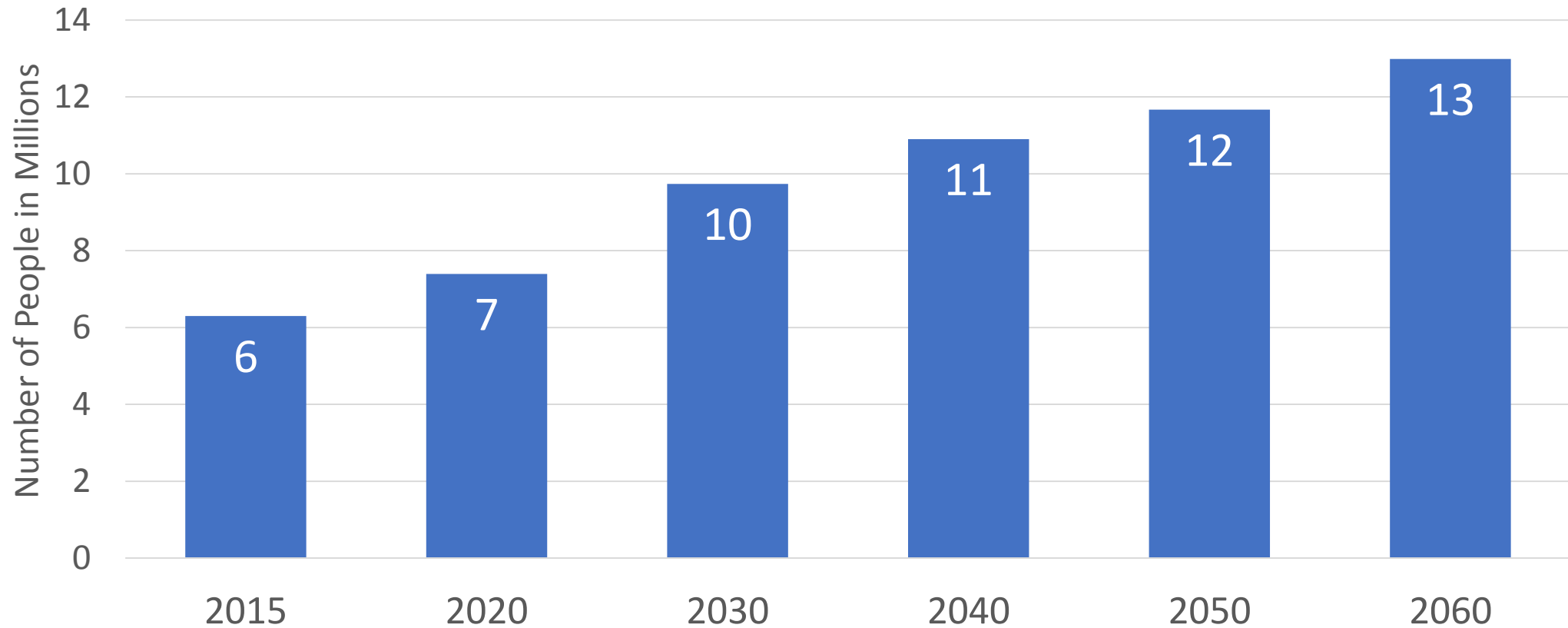
# The Prevalence Of Dementia Doubles Every Five Years After The Age Of 60



Source: Cummings, J. L., & Cole, G. (2002). Alzheimer Disease. *JAMA*, 287(18), 2335-2338. Retrieved from [http://www.bumc.bu.edu/im-residency/files/2013/03/Alzheimer\\_Dementia\\_JAMA.pdf](http://www.bumc.bu.edu/im-residency/files/2013/03/Alzheimer_Dementia_JAMA.pdf)

# Nationally, Adults 71+ With Dementia\* Will Double Unless There is a Breakthrough in Prevention or Treatment

Projected Growth of Older Adults 71+ with Dementia: 2015 to 2060



\*This projection includes dementia of all types

# Mental Illness Is Highly Prevalent In Nursing Homes And Assisted Living Facilities<sup>1</sup>

- Nursing Homes
  - CMS data show 46% of nursing home residents in NYS have dementia, often with emotional and behavioral complications. 35% are clinically depressed. 17% have other psychiatric diagnoses. And 23% have behavior problems associated with mental illness.<sup>2</sup>
  - These estimates may be low- other estimates suggest as many as 68% of nursing home residents have some mental illness.<sup>3</sup>
  - 16.4% of nursing home residents have a primary diagnosis of mental illness.<sup>4</sup> Many more have a mental illness as a secondary diagnosis.
  - Nationally, there are approximately 43,000 people diagnosed with schizophrenia in nursing homes.<sup>4</sup>
- Assisted Living Facilities
  - 67.7% of those in assisted living have some dementia.<sup>5</sup>
  - 23.3% have some other mental illness.<sup>5</sup>

<sup>1</sup> Seitz, D., Purandare, N., & Conn, D. (2010). Prevalence of psychiatric disorders among older adults in long-term care homes: A systematic review. *International Psychogeriatrics*, 22(07), 1025-1039.  
doi:10.1017/s1041610210000608

<sup>2</sup> Center for Medicare and Medicaid Services. (2007). *CMS OSCAR data current surveys: Medical condition-mental status*. Retrieved from:  
[http://www.ahcancal.org/research\\_data/oscar\\_data/NursingFacilityPatientCharacteristics/MC\\_mental\\_status\\_Jun2007.pdf](http://www.ahcancal.org/research_data/oscar_data/NursingFacilityPatientCharacteristics/MC_mental_status_Jun2007.pdf)

<sup>3</sup> Mechanic and McAlpine. "Use of Nursing Homes in the Care of Persons With Severe Mental Illness: 1985 to 1995." Retrieved from: <http://ps.psychiatryonline.org/cgi/reprint/51/3/354>

<sup>4</sup> CDC: 2004 National Nursing Home Survey Retrieved from: [http://www.cdc.gov/nchs/data/nnhsd/Estimates/nnhs/Estimates\\_Diagnoses\\_Tables.pdf#Table38](http://www.cdc.gov/nchs/data/nnhsd/Estimates/nnhs/Estimates_Diagnoses_Tables.pdf#Table38)

<sup>5</sup> Rosenblatt et. al. "The Maryland Assisted Living Study: Prevalence, Recognition, and Treatment of Dementia and Other Psychiatric Disorders in the Assisted Living Population of Central Maryland." Retrieved from: [http://www.hopkinsmedicine.org/Press\\_releases/2004/10\\_04c\\_04.html](http://www.hopkinsmedicine.org/Press_releases/2004/10_04c_04.html)

# Approximately 17% of Older Adults Aged 50+ Have Problems With Alcohol and Other Substances<sup>1</sup>

- The number of older adults who engage in high-risk drinking rose to 12.6% in 2013.<sup>2</sup>
- 1.2% of older adults misuse, abuse, or become addicted to opioids in a given year; 0.4% of older adults misuse sedatives in a given year.<sup>3</sup>
- In the current generation of older adults 65 and older, about 5% use illegal substances in a given year, mostly marijuana. Approximately 15% of young older adults (aged 55-59) use illegal substances in a given year.<sup>3</sup>
- It is likely that use of currently illegal drugs will grow due to the relatively higher drug use rates of the baby boomer population.<sup>1</sup>

<sup>1</sup> Wu, L. T., & Blazer, D. G. (2011). Illicit and nonmedical drug use among older adults: A review. *Journal of Aging and Health*, 23(3), 481–504. doi:10.1177/0898264310386224 Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3097242>

<sup>2</sup> Grant, B. F., Chou, S. P., Saha, T. D., Pickering, R. P., Kerridge, B. T., Ruan, W. J., . . . Hasin, D. S. (2017). Prevalence of 12-Month Alcohol Use, High-Risk Drinking, and DSM-IV Alcohol Use Disorder in the United States, 2001-2002 to 2012-2013. *JAMA Psychiatry*, 74(9), 911. doi:10.1001/jamapsychiatry.2017.2161

<sup>3</sup> Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality. (2017, September 7). RESULTS FROM THE 2016 NATIONAL SURVEY ON DRUG USE AND HEALTH: DETAILED TABLES. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>

# For Older Adults With Mental Disorders, Co-occurring Physical Disorders Are Virtually Universal

- Older adults with anxiety disorders are at higher risk for chronic conditions such as arthritis, back pain, migraines, allergies, and cataracts.<sup>1</sup>
- Older adults with depression are at higher risk for digestive, respiratory, and heart disorders.<sup>2</sup>
- Depression is especially prevalent in older adults with cardiovascular disease (25%), diabetes (15%), and those recovering from stroke (25%).<sup>5</sup>
- 14% of Medicare recipients utilizing home health care services in Westchester and New York City suffer from major depression.<sup>6</sup>

<sup>1</sup>El-Gabalawy, R., Mackenzie, C. S., Shooshtari, S., & Sareen, J. (2011). Comorbid physical health conditions and anxiety disorders: A population-based exploration of prevalence and health outcomes among older adults. *General Hospital Psychiatry*, 33(6), 556-564. doi:10.1016/j.genhosppsych.2011.07.005

<sup>2</sup> Mills, T. L. (2001). Comorbid depressive symptomatology: Isolating the effects of chronic medical conditions on self-reported depressive symptoms among community-dwelling older adults. *Social Science & Medicine*, 53(5), 569-578. doi:10.1016/s0277-9536(00)00361-0

<sup>5</sup> Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in Older Adults. *Annual Review of Clinical Psychology*, 5, 363-389. <http://doi.org/10.1146/annurev.clinpsy.032408.153621>

<sup>6</sup> Bruce, M.L. (2002). Major depression in elderly home care patients. *American Journal of Psychiatry*, 159, 1367-1374.

# Co-occurring Mental And Physical Disorders (Continued)

- Older schizophrenic, schizoaffective, and bipolar patients are more likely to be diagnosed with cardiovascular and pulmonary conditions than younger patients and have a greater burden of medical comorbidity overall.<sup>1</sup>
- People with serious mental illnesses are at high risk for obesity, hypertension, diabetes, and cardiac and respiratory problems.
- Psychiatric disturbances affect as many as 90% of patients with dementia.<sup>2</sup>

<sup>1</sup> Kilbourne, A.M., Cornelius, J.R., Han, X., Hass, G.L., Salloum, I., Conigliaro, J., Pinous, H.A. (2005). *General-medical conditions in older patients with serious mental illness*. American Journal of Geriatric Psychiatry, 13 (3), 250-254.

<sup>2</sup> Lyketsos, C.G. Toone, L., Tschanz, J., Rabins, P., Steinberg, M., Onvike, C., Corcoran, C., Norton, M., Zandi, P., Breitner, J. (2005). *Population-Based Study of Medical Comorbidity in Early Dementia and "Cognitive Impairment, No Dementia (CIND)" Association With Functional and Cognitive Impairment: The Cache County Study*, American Journal of Geriatric Psychiatry, Vol 13(8), p 656–664.

# Co-occurring Mental Disorders Contribute To Higher Rates of Disability and Premature Mortality

- People with depression as well as serious physical illness are at higher risk for disability and premature death.
  - For example, depressed older adults have high rates of cardiovascular mortality.
- In addition the costs of medical care increase as much as 100%.

# **Aging Well Is Possible And Not Unusual, But There Are Major Developmental Challenges That Can Result In Emotional Upheaval**

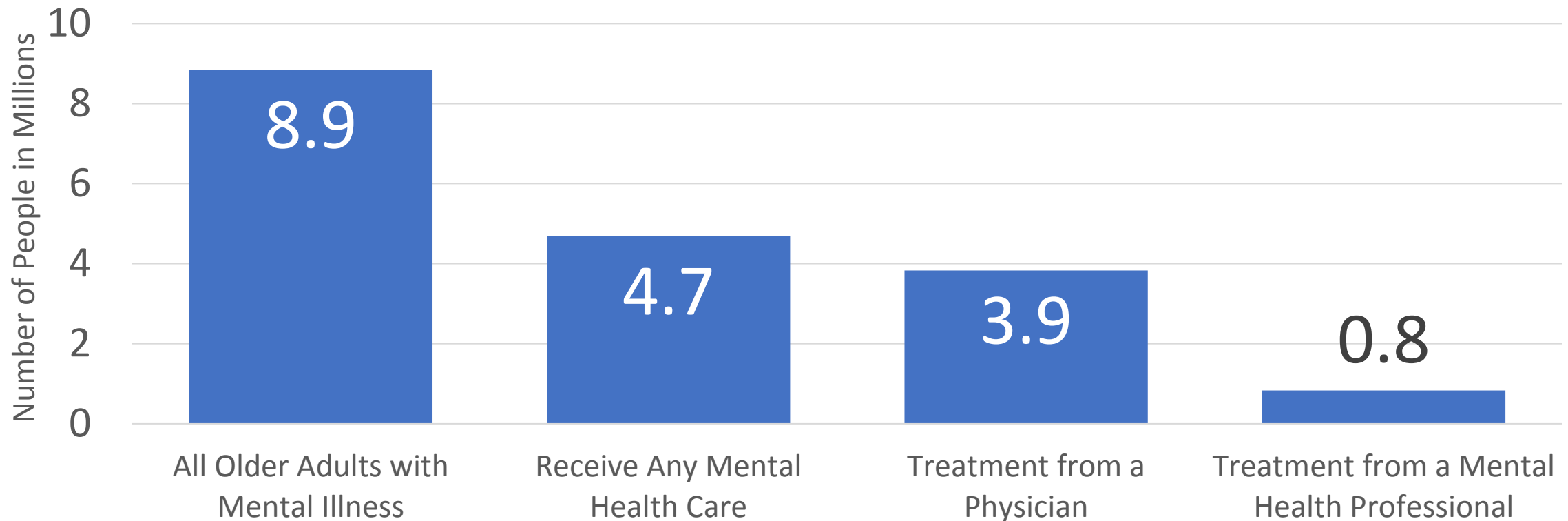
- Retirement and other role changes
- Diminishing physical and mental capabilities
- Chronic physical disorders and pain
- Coming to terms with disability and dependency
- Loss of family and friends
- Social isolation and inactivity
- Coming to terms with mortality



# **Treatment of Behavioral Disorders**

# Nationally, About Half of Older Adults With Behavioral Disorders Get Treatment. Most From Primary Care Physicians. Only 9.4% From Mental Health Professionals.

Treatment for Mental Illness Among Older Adults: 2015



# Most Older Adults With Mental Illnesses Do Not Get Minimally Adequate Mental Health Services

- Treatment by primary care physicians is minimally adequate only 12.7% of the time.<sup>1</sup>
- Treatment by mental health professionals is minimally adequate more often but only 48.3% of the time.<sup>1</sup>
- Older adults are less likely to get health care in mental health specialty settings than other age groups.<sup>1</sup>
- In-home service providers, such as home health aides, are rarely trained to identify, let alone treat, mental disorders.
- Community service providers in senior centers, adult day care, etc. are rarely trained in identification or treatment.
- Mental health care in nursing and adult homes is also uneven. Overuse of anti-psychotic medications is common and dangerous.

<sup>1</sup> Wang, P.S., Lane, M. Olfson, M., Pincus, H.A., Wells, K., Kessler, R.C. (2005). Twelve-month use of mental health services in the U.S. *Archives of General Psychiatry*, 62, 629-640.

# People With Long-term Psychiatric Disabilities Get Limited Physical Health Care

- People with severe mental disorders are less likely to receive standard levels of care for physical ailments.<sup>1</sup>
- There are many barriers to receiving health care for older adults with severe mental illness including:<sup>2</sup>
  - Lack of integration of mental and physical health care services
  - Physician discomfort in treating people with severe mental illness
  - Socioeconomic disadvantage
  - Cognitive limitations or lack of knowledge about how and when to access care
  - Lack of motivation

<sup>1</sup> Hert, M. D., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., . . . Leucht, S. (2011). Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry, 10*(1), 52-77. doi:10.1002/j.2051-5545.2011.tb00014.x

<sup>2</sup> Hert, M. D., Cohen, D., Bobes, J., Cetkovich-Bakmas, M., Leucht, S., Ndeti, D. M., . . . Correll, C. U. (2011). Physical illness in patients with severe mental disorders. II. Barriers to care, monitoring and treatment guidelines, plus recommendations at the system and individual level. *World Psychiatry, 10*(2), 138-151. doi:10.1002/j.2051-5545.2011.tb00036.x

# Primary Care Physicians Often Fail To Identify Or Treat Mental Illness In Older Adults

- Almost 90% of older adults with depression get no treatment or inadequate treatment in a primary care setting<sup>1</sup>
- Older adults who meet diagnostic criteria for mental illness are less likely than young or middle-aged patients to receive specialty mental health care or to be referred from primary care to specialists.<sup>2</sup>
- 50-70% of older adults who complete suicide have seen their primary care physician within 30 days.<sup>3</sup>

<sup>1</sup> O'Neill, G., Patrick, M. (2002). State of aging and health in America. Merck Institute of Aging & Health, Washington, D.C. and Gerontological Society of America, Washington, D.C.

<sup>2</sup> Klap, R., Unroe, K.T., Unutzer, J. (2003). Caring for mental illness in the United States: A focus on older adults. *Am J Geriatr Psychiatry* 11 (5), 517-524.

<sup>3</sup> Luoma, J., Martin, C., & Pearson J. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *Am J Psychiatry*. 159 (6), 909-916.

# There Are Too Few Geriatric Mental Health Professionals

About **697** Older Adults per **1** Geriatric Social Worker

About **5,369** Older Adults per **1** Geriatrician

About **13,117** Older Adults per **1** Geriatric Psychiatrist

# Sources Of Funding For Mental Health Services For Older Adults

- **Medicare** – Almost all older adults have limited coverage for inpatient and outpatient mental health services and for prescription drugs.
- **Medigap** – Supplemental policies that provide additional coverage at varying prices depending extent of coverage.
- **Medicaid** – Covers poor older adults not eligible for Medicare and provides supplemental coverage for poor older adults with Medicare.
- **In Addition to Medicaid, New York State Can Provide Funding for:**
  - Mental health grants and contracts
  - Prescription drugs (EPIC)
  - Fully Integrated Duals Advantage (FIDA)
- **In Addition to Medicaid and Medicare, the Federal Government Provides Funding for:**
  - Research
  - Training
  - Very Limited Services
- **Private Insurance** – Variable coverage depending on benefit plan
- **Self-Pay** – Some older adults pay out-of pocket for mental health services

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