

## Older Adult Mental Health Fact Sheet

The National Association of State Mental Health Program Directors' (NASMHPD's) Presidential Task Force of Mental Health and Aging notes that older adults remain the most under-served and inappropriately served population in mental health services.

In the United States, the rate of suicide is highest among older adults. Although they comprise only 12 percent of the U.S. population, people age 65 and older accounted for 16 percent of suicide deaths in 2004.

Almost **20% of those age 55 and older experience specific mental disorders** that are not a part of "normal" aging.<sup>II</sup>

**Stigma** often prevents this generation of older adults from admitting to any mental health concern. Older adults do not typically access mental health services through mental health professionals. Access is most often gained through the door of a primary care physician. iii

**Depression is not a normal part of aging.** Yet it is a widely under recognized and undertreated medical illness. Health professionals may mistakenly think that persistent depression is an acceptable response to other serious illnesses and the social and financial hardships that often accompany aging - an attitude often shared by older people themselves. This contributes to low rates of diagnosis and treatment in older adults. iv wi

Negative consequences and risks related to untreated mental disorders of older adults include:

- increased functional impairment
- inappropriate usage of health care services
- cognitive disability
- risk of unnecessary institutionalization
- increased individual and family despair
- suffering and longer and less complete recovery from medical illness<sup>vii</sup>

Population Growth: It is estimated that in 2030, 20% of Americans will be age 65 years of age and older. viii

**Age-specific services:** Older adults may require different treatment response from their mental health provider than their younger counterparts. This may include:

- Transportation.
- Outreach with services provided in their home, including assisted living facility or nursing home.
- Case finding efforts to identify and refer isolated adults. The Gatekeepers model trains postal
  workers, utility workers, bank tellers and other professionals who have regular contact with older
  adults to identify and refer older adults suffering from psychiatric disabilities.
- Evidenced based practices such as Improving Mood- Promoting Access to Collaborative Treatment (IMPACT) which places geriatric mental health specialists in primary care practices, as well as the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) which provides in-home treatment and follow-up for individuals with mild depression.

## For more information:

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http://www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts-fact-sheet/index.shtml

http://www.nia.nih.gov/

http://www.mentalhealthweek.org/Ten Facts about Mental Health.html

http://www.aoa.gov/

http://www.aagpgpa.org/

## http://www.cdc.gov/aging/pdf/mental health.pdf

i Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury StatisticsQuery and Reporting System (WISQARS) [online]. (2005) [accessed January 31 2007]. Available from URL: www.cdc.gov/ncipc/wisqars.

ii Mental Health: A Report of the Surgeon General ,1999; <a href="http://www.surgeongeneral.gov/library/mentalhealth/home.html">http://www.surgeongeneral.gov/library/mentalhealth/home.html</a>

Tennessee Mental Health Planning Council, Older Adult Committee Report on Mental Health Issues and Needs of Older Adults, October 2000, Tennessee Department of Mental Health and Developmental Disabilities

iv http://www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts-fact-sheet/index.shtml

V Depression Guideline Panel. Depression in primary care: volume 1. Detection and diagnosis. Clinical practice guideline, number 5. AHCPR Publication No. 93-0550. Rockville, MD: Agency for Health Care, Policy and Research, 1993.

vi Lebowitz BD, Pearson JL, Schneider LS, Reynolds III CF, Alexopoulos GS, Bruce ML, Conwell Y, Katz IR, Meyers BS, Morrison MF, Mossey J, Niederehe G, Parmelee P. Diagnosis and treatment of depression in late life. Consensus statement update. *Journal of the American Medical Association*, 1997; 278(14): 1186-90.

Tennessee Mental Health Planning Council, Older Adult Committee Report on Mental Health Issues and Needs of Older Adults, October 2000, Tennessee Department of Mental Health and Developmental Disabilities

viii U. S. Department of Health and Human Services (1999). *Health and Aging Chartbook*, p. 3.