

## Mental Health, the Elderly, and Future Health Care in the United States

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**M**ental health care for older adults in the United States faces many of the same challenges as for younger ones. Although generalists can certainly prescribe an antidepressant when appropriate (and an estimated 35% of older adults in primary care settings have depression), they neither have the time nor the training to provide counseling. Furthermore, they are not trained to treat other mental health disorders (e.g. substance abuse, schizophrenia) that will only become more common in practice as the population ages.

In the United States, barriers to mental health treatment include stigma, poor coordination between primary care and mental health providers, poor insurance coverage, and reduced access to professional treatment. Often, mental illness goes unrecognized—nearly 60% of the approximately 8,600 people over age 60 who committed suicide in 2010 saw a physician in the month prior to death. In fact, the suicide rates rise as the elderly age; among white men age 85 and older, the rate is 31 per 100,000—twice the rate of middle-aged white men and almost three times the national average of 11.8 per 100,000. Additionally, between 25,000 and 50,000 elderly carry a diagnosis of schizophrenia, and about 44,000 are homeless. These numbers are projected to double in the next decade.

Dementia, which has an incidence of 3% per year among older adults but a prevalence of 50%

among those 85 and older, takes a severe toll on all involved. Resources for these individuals are few—Medicare will reimburse a hospital for a \$300,000 ICU stay for a 70-year-old man in cardiogenic shock but does not reimburse for the care needed for a moderately demented 70-year-old man who needs 24-hour supervision in order to stay safe in his home (or, for that matter, in any kind of home).

There is also a grave shortage of professionals trained to treat mental illness in the elderly. The American Association of Geriatric Psychiatry (AAGP) reports that 2,500 psychiatrists have received subspecialty training in geriatric psychiatry since 1990, yielding approximately 1,700 current board-certified physicians or one per every 27,000 older Americans.

The federal government has made some progress in overcoming this disparity in mental health care. The Mental Health Parity and Addiction Equity Act of 2008 requires mental health and substance use disorder benefits to be equal to medical and surgical benefits. It also prohibits annual lifetime coverage limits, expands covered diagnoses, and provides improved coverage of psychiatric medications under Medicare Part D.

Provisions within the Affordable Care Act (ACA) could also improve mental health care in the United States. Because the ACA emphasizes reducing overall costs, health care providers may be motivated to

look at the costs of *not* providing appropriate care by referring patients to home and community services, using non-institutional treatment, and focusing on preventive services. Financial models within the ACA allow providers to experiment with innovative (i.e. non-fee-for-service) treatment options, which may show significant savings for, and satisfaction among, older Americans. The ACA also is designed to reward preventive services as cost-saving measures. Finally, the ACA is committed to more integrated delivery of medical care, which may enhance communication among health care professionals and improve patient outcomes.

Of course, the shortage of mental health care providers remains an issue, particularly those trained in geriatric behavioral health. As provisions in the ACA unfold over the next half decade, we need to be vigilant—both locally and nationally—to ensure that this portion of health care no longer struggles for recognition, funding, and trained providers.

### Recommended Reading

[www.aagponline.org](http://www.aagponline.org)

[www.asaging.org](http://www.asaging.org)

[www.cdc.gov/nchs/fastats/suicide.htm](http://www.cdc.gov/nchs/fastats/suicide.htm)

<http://kff.org/health-reform/event/behavioral-health-can-primary-care-help-meet/>

<http://www.samhsa.gov/co-occurring/topics/data/ElderlyQuickFacts.pdf>