Mental health problems, including alcohol and substance abuse, are common in older adults. Yet only half of these individuals actively seek treatment and use mental health services. A new study has found that many older adults with mental health problems don't feel the need for treatment. Those who do perceive the need for care tend to have more symptoms of depression and other chronic health conditions. (AHRQ, 2010)

Changing bodies and chemistry, changes in family and friendships and changes in living situations can all impact the mental health of older adults and need to be considered in treatment. (OWL, 2010)

Symptoms of clinical depression can be triggered by other chronic illnesses common in later life, such as Alzheimer's disease, Parkinson's disease, heart disease, cancer and arthritis. (Mental Health America, accessed 2010)

One-third of widows/widowers meet criteria for depression in the first month after the death of their spouse, and half of these individuals remain clinically depressed after one year. (Mental Health America, accessed 2010)

If older adults take many medications for illnesses, drug interactions and side effects can change mood and behavior.

Almost 20% of persons age 55 and over experience specific mental and cognitive disorders that are not part of the “normal” aging process. (National Coalition on Mental Health and Aging, 2010)

Primary care physicians fail to diagnose depression in older adults 50% of the time. Only half of older adults who discuss specific mental health problems with a physician receive any treatment. Researchers estimate that up to 63% of older adults with a mental disorder do not receive the services they need (OWL, 2010)

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Only 22.5% of older adults with a mental illness get care from a mental health professional. (HHS, 2001)

Many older adults experience addiction: 50 percent of those in assisted living homes have an alcohol problem and 26 percent of assisted living residents have misused prescription drugs. (SAMHSA, 2010)

Substance use disorders have become more prevalent among middle aged and older adults and continue to become a greater public health issue as the baby boomers reach retirement age. Among people ages 50 to 59, reported use of illicit drugs has nearly doubled since 2002. (SAMHSA, 2010)
Tragically, older adults have the highest suicide rate of any age group. The highest suicide rates in the U.S. are found in white men over age 85. Suicide among white males aged 85 and older (65.3 deaths per 100,000 persons) is nearly six times the suicide rate (10.8 per 100,000) in the U.S. (National Coalition on Mental Health and More than two million of the 34 million Americans age 65 and older suffer from some form of depression. (Aging Mental Health America, accessed 2010; NIMH, accessed 2010, Mental Health America, accessed 2010)

Depression is a significant predictor of suicide in elderly Americans. (Mental Health America, accessed 2010)

Comprising only 13% of the U.S. population, individuals aged 65 and older account for 20% of all suicide deaths, with white males being particularly vulnerable. (Mental Health America, accessed 2010)

Older patients with symptoms of depression have roughly 50% higher health care costs than non-depressed seniors. (Mental Health America, accessed 2010)

Medicare participants who have diabetes or congestive heart failure as well as depression have significantly higher health care costs than their counterparts who do not have co-existing depression, according to a recent NIMH-funded analysis. Over one year, participants diagnosed with depression incurred about $22,960 in total health care costs, while those without depression incurred costs of about $11,956. Those with possible depression, based on depression screening or reported antidepressant use, incurred $14,365. (NIMH, 2009)

Participants with diagnosed depression spent significantly more in nearly every health care cost category, including home health care, skilled nursing facility costs, outpatient care, inpatient care, physician charges, and medical equipment. However, they did not spend more money on specialty mental health care compared to their non-depressed counterparts. Mental health care costs accounted for less than 1 percent of total health care costs. (NIMH, 2009)

Between 1996 and 2006, treatment rates for adults seriously impaired by mental health issues remained unchanged and these rates declined for the proportion of adults over 60 during this time span. (Florida Department of Elder Affairs, 2009)

The mental health needs of the aging population will become a major public health challenge with the doubling of the 65+ population by 2040. If the large gap between the needs and services available to older persons is not reduced in the years ahead, the increased medical costs and unnecessary suffering will be substantial. (Florida Department of Elder Affairs, 2009)

The number of older adults with a mental illness will double from 7 million in 2000 to 14 million in 2030. (U.S. Surgeon General, 1999; U.S. Bureau of the Census, 2000)

Effectively treating older persons with mental disorders and problems has been shown to improve medical care outcomes (taking medications appropriately) and reduce the use of expensive long term care services, especially nursing home care (Bartels, Miles, Dums & Levine, 2003)

Avoiding the misuse of alcohol and medications contributes t

80% of older adults recovered from depression after receiving treatment that included both psychotherapy and anti-depressant medication. (OWL, 2010)

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