Mental Health and Aging in the 21st Century

Bob G. Knight, Ph.D.
Andrus Gerontology Center
& Department of Psychology
University of Southern California

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Forces for Changes in the 21st Century

Population Aging and the Aging of the Boomers

![Bar chart showing population growth by decades from 1912-1916 to 1972-1976. The x-axis represents the decades, and the y-axis represents population in millions. The chart shows a significant increase in population from the 1920s to the 1940s, followed by a decrease in the 1950s and a steady increase from the 1960s to the 1970s.]
2001

Source: Demography, 1961; Population Projections, 1997 to 2051 (Cat. no. 3222.0).
Forces for Changes in the 21st Century

- Cohort Changes in Prevalence of Mental Disorders
- More Depression
- Higher Suicide Rates
- More Anxiety

![Bar chart showing prevalence of mental disorders across different age cohorts (18-24, 25-44, 45-64, 65+).]
Prevalence of Mental Disorders

Survey of Mental Health & Wellbeing, 1997

ABS Cat 4326.0
Forces for Changes in the 21st Century

- Cohort Changes in Demand for Mental Health Services
- Cohort Changes in the Histories of the Severely Mentally Ill
- Cohort Changes in Family Structure and Caring for Frail Elderly
- Multicultural Aging
- Advances in Treatments for Dementias?
Accurate Assessment and Diagnosis is a Major Issue

- Older adults have higher prevalence of dementias
- Older adults are very likely to have co-morbid medical disorders
- Side effects of medication and medication interactions create diagnostic complexities
- Older adults in public system often have co-existing social services needs
Effectiveness of Psychological Therapy with Older Adults

- Psychological interventions for depression in older adults (mean d = .78, Scogin & McElreath, 1994)
- Medications for depression in older adults (mean d = .57, Schneider, 1994)
- Psychological interventions with younger adults or mixed age samples (range of mean d values: .65 to 2.15, Lambert & Bergin, 1994)
Empirically-supported Treatments for Older Adults

- Behavioral treatment and environmental modifications for dementia patients
- Cognitive, behavioral, and psychodynamic therapies for clinical depression
- Cognitive-behavioral treatment for sleep disorders
- Memory training and cognitive retraining for cognitive decline
- Life review and reminiscence for depressive symptoms and improvement of life satisfaction

Taken from Gatz et al (1998) J of Mental Health and Aging
Factors that Influence Outcomes with Older Adults

- Psychotherapy versus psychosocial interventions
- Clients depressed vs. “at risk” before therapy started
- Number of sessions (> 9)
- Qualifications of therapist
- Young-old participants (<77)*
- Nursing home resident *

* effect reversed for measures of subjective well being

Taken from Pinquart & Sorenson (2001) J of Mental Health and Aging
Older Adult Populations in Need of Mental Health Services

- Severely mentally ill older adults
- Acutely distressed older adults
- Older adults with dementia
- Older adults with substance abuse
Older Clients Are Often Embedded in Multiple Systems of Care

- Mental Health System
- Acute Medical Care System
- Long Term Care System
- Aging Network of Services
- Dementia Care Network
Separate Systems Rather than One System with “Cracks”

At best, these are multiple systems. Some components may contain multiple subsystems.

Different histories and cultures

Different rules for how patients/clients move through each system

In the cost-cutting political climate, often in direct conflict with one another
Key Features of Model Programs in Community-based Services for Older Adults

- Interdisciplinary teams
- Focus on active treatment
- Home-based service delivery
- Active case-finding methods
- Community education
- Interagency collaboration

From Knight, Rickards, Rabins, Buckwalter & Smith, 1995
Aspects of Service Delivery

- Mobile services: in home, in community settings, in primary care medical settings, in long term care: “follow the patient”
- Crisis service capability
- Community education to enhance services for older clients
- Bilingual/bicultural
Service Delivery (con’t)

- Expert assessment and diagnosis
- Active treatment: medication and psychological interventions
- Medication consultations from psychiatrist or pharmacologist
The Roles for Psychology

- Psychologists bring expertise in assessment to diagnostic issues regarding dementia, depression, anxiety, and other psychological disorders of late life.
- Psychologists do the research on aging and on interventions with older clients.
- Psychologists develop and provide the psychological interventions.
Roles for Psychologists (con’t)

- Psychologists teach older adults about psychological problems and their treatment
- Psychologists train others about aging and mental health
Potential Goals of Policy

- Effective blending of medical and mental health services in primary care, hospitals, and long term care
- Services for persons with dementia grounded in behavior analysis expertise rather than “chemical straitjackets”
- Emphasis on expert assessment throughout all services for elderly
- Emphasis on active treatment and rehabilitation throughout all services for elderly
Public Policy Issues

- Follow the evidence base
- Specialized services for older adults are essential
- Altering payment structures is the most efficient way to increase mental health services to older adults
- You’ll get what you pay for