



Karol Swartzlander, Executive Director
Gavin Newsom, Governor

BEHAVIORAL HEALTH AND OLDER ADULTS: WHAT POLICYMAKERS NEED TO KNOW

Prepared by Janet C. Frank, Commissioner

The California Commission on Aging's 50th Anniversary theme is "**GET LOUD!**" Behavioral health is one of the most important priorities for older adults and their advocates to "get loud" about. Behavioral Health is the term that encompasses both mental health problems and substance abuse disorders. Behavioral health refers to life stressors and crises, and stress-related physical symptoms. Behavioral healthcare includes prevention, diagnosis, and treatment of those conditions.

Older adults are the most underserved population group for behavioral health services. Vulnerable older adults, such as ethnic and racial minorities, special populations (e.g. LGBTQ+), and older Californians living in rural areas have the most difficulty in getting the help they need. With the expected increases in the older adult population in California, improving the delivery of services to meet the needs identified below is a crucial advocacy opportunity.

In March, Health Affairs published an important paper that provides data on how many older adults have behavioral health problems that require services¹. We have summarized this data below and delineated the numbers of California older adults who are impacted. The link to the article is [here](#).

Prevalence Estimates for Older Californians:

There are approximately 7 million older adults (65 years and older) in California. In 2021, about 11.5 percent of adults ages 65 and older were estimated to have met diagnostic criteria for any mental illness (AMI) in the past year (805,000 older Californians). Behavioral health services eligibility is 60 years and older for most programs funding behavioral health, other than Medicare. So, the numbers are even greater when the 60+ population of our state is considered.

According to the 2024 Health Affairs article, slightly more than 1 percent of the 65+ population were estimated to meet diagnostic criteria for a serious mental illness (SMI), a mental illness that resulted in substantial impairment in carrying out major life activities (about 70,000 older Californians).

About 8 percent experienced substance use disorder (SUD) in the past year (560,000 older Californians).

Suicide:

Suicide rates are high and rising among older adults In The US, with older white men experiencing the highest rates.

In 2021, the crude suicide rate among men ages 85 and older was 52.4 deaths per 100,000 greater than that of women. Men experienced a crude suicide rate nearly 17 times that of women of the same age.

White adults ages 85 and older were 5.6 times greater than the crude suicide rate among non-Hispanic Black adults of the same age group, rising to nearly 7.0 times greater by 2020.

Death rates from suicide among all American Indian/Alaska Native (AIAN) adults is [significantly higher](#) than non-Hispanic White adults. However, data limitations prevented the study of suicide rates among AIAN older adults.

Social Isolation:

Recent research estimates that [roughly 24 percent](#) of older adults living in community settings are socially isolated (1,680,000 estimated older Californians). Social isolation and related loneliness can have serious [impacts](#) on health and well-being.

Behavioral Health diagnoses may not reflect important behavioral health criteria for older adults:

Formal clinical definitions of mental illness or SUD contained in the Diagnostic and Statistical Manual of Mental Disorders (DSM) do not suitably capture mental well-being among older adults. Impairment and distress experienced by older adults may not match clinical thresholds.

For example, commonly [understood definitions](#) of heavy alcohol use or binge drinking may not accurately capture the biological and social effects of alcohol use on older adults. In a similar vein, widely used clinical thresholds and diagnostic criteria for depression may be too high a bar, or the wrong bar, to reliably identify significant mental health stressors among many older adults.

Common features of older adult lives such as social isolation, functional impairments, living in poverty, and chronic illness and pain can lead to depression and other late life behavioral health problems.

Challenges to Access to Care:

Older adults who can potentially benefit from care face a variety of potential difficulties in gaining access to mental health treatment, regardless of having a diagnosable illness. Barriers to care include greater exposure to costs, the limited supply of clinicians with expertise in treating older adults with mental illness, and frequent isolation.

According to the Health Affairs article which provides national data: overall, among adults ages 65 and older meeting diagnostic criteria, about 37 percent of those with AMI and 67 percent of those with SMI received mental health treatment in the past year; among those with SUD, this figure falls to only about 4 percent. These data suggest high levels of unmet behavioral health care needs among older adults.

The Commission, through its Behavioral Health Committee, has been working with the California Department of Health Care Services to identify comparable data for older Californians. Due to the



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complexity of funding sources for behavioral health services, the data is not readily available but is a work in progress. As presented in the California 2020 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System, there were 26,261 older adults (65+) who received services in community mental health programs². No matter what data source is reviewed, older Californians' behavioral health needs are not being addressed.

If you would like to join our group working on solutions, please “**get loud**” by contacting Commissioner Janet Frank, chair of the CCOA Behavioral Health Committee, at jcfrank@ucla.edu.

1. "Suicide Rates Are High And Rising Among Older Adults In The US", [Health Affairs Forefront](#), March 4, 2024. DOI: 10.1377/forefront.20240228.27143
2. <https://www.samhsa.gov/data/sites/default/files/reports/rpt35268/California.pdf>