

California's Behavioral Health Continuum Across the Lifespan: Addressing the Compounding Threats to Older Adult Mental Health November 2024

Uncovering Individuals and Communities in Crisis

According to the [UCLA Center for Health Policy Research](#), close to half of all Americans will have experienced a diagnosable behavioral health disorder by the age of 75 –and yet, less than one-third of those older adults in need of mental health services receive appropriate care. In California, a relatively small proportion of older adults with behavioral health needs receive the services they need. A 2018 report of the UCLA Center for Health Policy Research identified unmet behavioral health needs and geographic disparities in access to services across California, with few programs or outreach efforts tailored to meet the complex care needs of older adults.

Equity as a Crosscutting Issue

There are critical equity considerations to elevate regarding the intersection of behavioral health needs and communities of color as well as Lesbian, Gay, Bisexual, Transgender, Questioning, Intersexual and Asexual (LGBTQIA+) populations. Black/Latino/Indigenous/Asian Pacific Islander older adults are more likely than their white counterparts to report high levels of psychological distress and serious mental illness. Likewise, LGBTQIA+ older adults experience higher rates of mental distress than heterosexuals of similar age. California's first statewide study of LGBTQIA+ older adults, "*From Challenges to Resilience*," found that of the 4700 older adults surveyed, nearly half had experienced a traumatic event in their lifetime, nearly a quarter had symptoms consistent with Post Traumatic Stress Disorder, and one in ten reported serious thoughts of suicide in the past year.

Older Adult Isolation and Loneliness is Endemic

According to the [federal Centers for Disease Control](#), loneliness and social isolation in older adults presents a serious health risk, putting them at risk for dementia and other chronic conditions. The National Academies of Sciences, Engineering, and Medicine (NASEM) [reports that](#) nearly one-fourth of adults aged 65 and older are considered socially isolated. The California Department of Aging's 2023 Community Assessment Survey of Older Adults found that of 17,700 older Californians surveyed, 40% reported that feeling lonely or isolated was a problem, 43% reported feeling depressed and nearly half were dealing with recent grief or loss. The older adults most vulnerable to isolation include immigrants, LGBTQIA+, people of color, and victims of elder abuse. The CDC notes that Latino immigrants, for example, "have fewer social ties and lower levels of social integration than US-born Latinos." First-generation immigrants experience stressors that can increase their social isolation, such as language barriers, differences in community, family dynamics, and new relationships that lack depth or history.

Suicide and Older Adults: A Consequence of Unmet Behavioral Health Needs

Of concern, suicide rates [have also climbed](#), up 28 percent from 1999 to 2016. In California, 2024 [California Department of Public Health](#) data reports that statewide suicide rates were highest among those aged 85 and older. For males, the rate of suicide increased with age and was nearly 10 times the rate of females in those 85 years and older.

Hearing from the Community

In April 2023, CDA convened behavioral health roundtables in the Central Valley, Inland Empire, rural Northern California and San Francisco Bay Area with consumers, family caregivers, community-based partners and elected officials. Several key issues were elevated including: social isolation and the need for programs that promote inclusion and belonging in the community; stigma and the importance of raising awareness to address harmful stereotypes; workforce and the lack of trained,

culturally responsive providers who understand the unique needs of older adults; and access to information, resources, and referrals to trusted community partners, focusing on communities of color and LGBTQIA+ communities.

Recommendations

In 2024, CDA partnered with US International Media and NORC at the University of Chicago to commission a literature review to explore concepts related to behavioral health among older adults, specifically among groups experiencing disparities - with the goal of supporting development of a communication strategy. The literature review reveals key areas of focus for further research, refinement, and future communications:

- **Focusing on resilience.** Communities with increased resilience have an inverse impact on levels of depression and loneliness. Effective coping strategies can significantly enhance the well-being of older adults.
- **Address stigma.** Increase awareness and include family members and other support systems in communications.
- **Tailoring messaging.** Tailor the messages to ensure communications resonate appropriately with the intended audience. This should include targeting those older adults with limited language access and those from under-represented communities.
- **Encourage recognition of need.** Raise awareness among older adults to increase information-seeking and help-seeking behavior that leads to treatment and services.
- **Increase social support, social cohesion and social connectedness.** Social connectedness has been shown to decrease loneliness and depression for older adults while also increasing recognition of need, particularly for kinless older adults who are less likely to engage in social activities.

Next Steps

Building local behavioral health capacity, focusing on equity, and strengthening community-based supports for older adults is key to advancing California's Master Plan for Aging. Today, CDA is focusing on elevating opportunities through Proposition 1 and Behavioral Health Services Transformation by developing concepts for workforce development and population health management for older adult behavioral health. Additionally, CDA is working with partners to develop tools for the aging network to partner with county behavioral health entities in advancing older adult behavioral health at the local level.