The April, 2012 issue of *American Psychologist* contained an article that is of disturbing pertinence to many of us “aging” mental health professionals. I, for one, want to know what to expect, so I read with personal interest. I also thought it might be important to inform others about this information. Someone needs to be informed so that we can be taken care of adequately.

The baby boomers are starting to turn 65 in 2011, so vast numbers of older adults age going to effect increasing influence in our culture and will offer new challenges that have not been confronted before now. It is estimated, for example, that about 20% of older adults suffer from some type of mental disorder, and that mental health needs over the next decade for this population will double. Of course, the impending financial and social burdens have the potential to be overwhelming. Opportunities for practice in mental health are anticipated to grow in a variety of areas.

The demographics are staggering. This article states that “the proportion of the U.S. population who are 65 and older will increase from 13% in 2010 to 16% by 2020” (p.184). By 2012, the proportion of the population over 65 will be more than those under 15. The proportion of those 85 and older will not grow significantly until 2030 when surviving baby boomers reach 85.

Older adults burden the health care system since about 80% have at least one chronic health condition and well over 50% have two or more conditions (p. 185). The authors point out that this population is going to be different in many ways, noting that this cohort is “more comfortable with technology, has more diverse family structures (with divorced, step-, and mixed families), has experienced both relative prosperity and now economic challenge, and has seen the end of mandatory retirement” (p. 185).

A table is provided to illustrate the prevalence of mental disorders in this population. Of course, the incidence of dementia increases dramatically with age, and some disorders (anxiety, mood, impulse-control, and substance use disorders) seem to decrease. However, the most important data seems to involve the significant comorbidities that exist in later life. Dementia sufferers, for example, evidence higher rates of depression, anxiety, and other behavioral disturbances (p. 185). It appears that the rate of mental disorder in older adults has been stable over time – 1992 estimates were consistent with those derived in 1999, and with more recent
investigations. It has been predicted that rates would increase, but it is evident that this has not yet happened (p. 186). Dementia rates, however, may be influenced by increases in obesity, diabetes and vascular risk factors, but there could be advances in prevention or treatment that may affect rates in the other direction. It is not possible to predict reliably.

Based on previous experience, the authors suggest that it is likely that not all older adults who have been diagnosed with a mental disorder earlier will continue to have that disorder into later life. It is speculated, however, that baby boomers may report mental disorders more openly than previous age cohorts, or that they may be less resilient to stressors that come with age. The authors seem to imply that baby boomers are less “tough” than earlier groups. I might take offense at this but doing so would only confirm the cynical prediction.

Mental health services have historically been underutilized in older adults. Recent information seems to predict that 50 to 64 year olds were more likely than those over 65 to receive mental health treatment in any setting (p. 187). These authors, citing other resources, suggest however that adults now turning 65 “are still significantly more likely to seek and accept services in primary care versus specialty mental health services” (p. 187). As a result, there is a call to conform models of care to allow for the integration of mental health care into medical care settings.

It is generally agreed that not enough mental health professionals are adequately trained to meet the growing mental health needs of this population. There is a notable lack of information available, for example, about the psychology workforce, but “psychology has not historically been recognized as a critical player in interdisciplinary geriatric care” (p. 187). The authors indicate that the American Psychological Association Commission for the Recognition of Specialties and Proficiencies in Professional Psychology has recognized (recently) geropsychology as a specialty area of practice. There is some anticipation or hope that the American Board of Professional Psychology may offer certification in this specialty in the future. A 2008 survey of psychologists is quoted as finding 39% of respondents reporting that at least some services to adults over the age of 65 are offered, and an average of 8.5% of psychologist health service provider time is spent with adults over 65 (p. 188). Of course, this will not meet the anticipated need for services.

Increasing attention is being paid to integrating mental health services with medical health care. Models of geriatric care have emphasized coordinated, comprehensive, interdisciplinary, and collaborative care. “Mental health care for older adults has been demonstrated to be particularly effective when integrated into primary and community health care (p. 189). The VA system has offered a model for integrating this care, and has utilized mental health care in primary care settings for veterans of all ages.

Of course, the anticipated publication of DSM-5 in 2013 will have some impact. Proposals will specify different subtypes and criteria sets for neurocognitive disorders. Separate efforts by other entities have generated considerable controversy as well.
Mental health professionals will undoubtedly be involved in the diagnosis and treatment of dementia in great numbers and will need “to address patient and family concerns about the implications of cognitive changes for future health and functioning” (p. 190).

These authors predict that the marketing of commercial genetic testing will result in new demands for different mental health services. It is suggested that patients are likely to demonstrate increased interest and concern about genetic risk and that mental health professionals would do well be develop knowledge in this domain, along with strategies to help patients deal with fears about risk and plan ahead for their future.

The article concludes with recommendations for evaluating competencies and expanding opportunities for psychologists, but also for mental health practitioners in general:

- Competencies can be assessed through the Pikes Peak Geropsychology Knowledge and Skill Assessment tool. This is available at [http://www.copgtp.org/](http://www.copgtp.org/). This website also offers a list of recommended learning resources.
- Several potential areas of growth for practice with older adults are listed, such as:
  - Primary care
  - Dementia and family caregiving
  - Capacity and decision making
  - Long-term and end-of-life care
- Implications for educators are discussed as well, with attention on exposure/experience, specialized training, and continued professional development.
  - The Geriatric Interdisciplinary Team Training Program has a website with relevant resources at [http://www.gitprogram.org](http://www.gitprogram.org).