Caring for seniors means attending to both their physical and emotional health. Unfortunately, the mental health of older patients is rarely evaluated and treated. Multiple barriers to care exist, including availability and access to mental health practitioners, as well as the stigma associated with psychological conditions that may prevent patients from seeking help.

A Prevalent and Growing Problem

One in four older adults in the U.S. experiences at least one mental health disorder, with that number expected to double over the next decade. Depression is the most common mental health problem in seniors, but anxiety is also very prevalent among this population, affecting as many as 10%-20% of older people.

Physical and mental health are inextricably intertwined. Living with a chronic illness, as most seniors do, can bring about or aggravate depression and anxiety. At the same time, poor mental health among seniors with chronic conditions can reduce adherence to treatment, exacerbate physical health conditions and lead to poorer quality of life and outcomes.

The healthcare costs for individuals with mental illness are high. Older patients experiencing depression use 50%-100% more healthcare services than nondepressed seniors and have about 50% higher healthcare costs.

Hurdles to Treatment

Despite the high prevalence of mental health disorders, few older adults receive treatment. Seniors are 40% less likely to seek or receive mental health treatment than younger individuals, and as many as two-thirds of the elderly with mental health conditions do not get needed treatment. There are myriad reasons behind this deficit of care.

Mental health problems in seniors often go unrecognized. Depression is commonly seen as a normal part of aging—a natural response to loss—or mistaken as a sign of frailty or dementia. Seniors are often too ashamed to admit that they’re having emotional difficulties. Additionally, mental disorders frequently present as physical ailments in older adults; rather than mention feelings of sadness, older people will likely complain about a headache or fatigue.

A severe shortage of mental health specialists, especially those trained in treating the elderly, is a further deterrent for getting adequate care.

Integrating Mental and Physical Health Care

In order to fully address patients’ mental health issues, it’s important to dedicate sufficient time and resources that allow you to get the big picture of their needs and of where they are in life.

Our experience at Partners for Primary Care, a network of senior-focused primary care practices, shows that a value-based, care team approach enables us to focus on both the physical and mental health needs of patients. Our doctors spend 45 minutes on average per visit—more than twice the typical doctor visit. That enables primary care physicians to build trusting relationships with patients and have in-depth conversations that help identify mental health problems. Training care team members to recognize signs of mental health disorders, as well as using psychological screeners, are other important components for getting patients the care they need. Another key factor is having the ability to refer patients to a behavioral specialist on the team for further evaluation and counseling.

Having these services under one roof has proved beneficial. Research shows that patient utilization of mental health services, as well as reductions in depressive symptoms, are much greater for patients in integrated settings than when outside referrals are made.

We see those positive effects each day. A patient who had been experiencing extreme anxiety related to the pandemic, but was closely monitored and in frequent contact with her physician and the team’s behavioral specialist, sums up the benefits of our integrated care approach: “I have never in my life had any doctor office take such good care of me during the scariest time of my life.”

It takes a care team to address both the mental and physical health needs of older patients—a vital component for improving patient outcomes.