



**MARYLAND SHOULD ADDRESS**  
**THE BEHAVIORAL HEALTH CHALLENGES OF THE ELDER BOOM**

**WHEREAS:** The “elder boom” began 10 years ago without adequate attention to the behavioral health needs of older adults.

**WHEREAS:** The **number of older adults** (65+) in Maryland **will increase by 50%** (from 1 to 1.5 million) **over the next quarter century.**

**WHEREAS:** The **proportion of older adults will increase from about 16% to about 21%** while the **proportion of working age adults declines 5%.**

**WHEREAS:** The proportion of **older adults of color will increase** from about 25% to over 45%.

**WHEREAS:** The population of **very old adults** (85+) **will more than double,** and about **half will have a disability** and need help with activities of daily living.

**WHEREAS:** The **number of older adults with cognitive, mental, or substance abuse disorders** in Maryland **will increase by about 50% over the next quarter century.**

**WHEREAS:** About **25% of older adults have cognitive, mental, or substance use disorders** including:

- ❑ **People with dementia,** often with co-occurring psychiatric disorders.
- ❑ **People with serious and persistent mental illnesses** who are aging.
- ❑ **People with severe anxiety, depressive, and other disorders** resulting in isolation, dysfunction, behavioral obstacles to living in the community, and high rates of suicide.
- ❑ **People with less severe, but clinically significant, disorders,** especially anxiety and mood disorders.

- ❑ **People who misuse or abuse alcohol, prescription drugs, and/or illegal drugs.**
- ❑ People struggling with the **developmental challenges of old age**
- ❑ People experiencing **emotional distress in reaction to the pandemic and/or other disturbing social circumstances.**

**WHEREAS:** There are high rates of **suicide in later life.**

**WHEREAS:** **Co-occurring physical and behavioral disorders are commonplace but integrated treatment is rare.**

**WHEREAS:** **Chronic co-occurring disorders result in increased risks of disability and premature death as well vastly increased health care costs.**

**WHEREAS:** **Family caregivers are at high risk** of developing mental and/or physical disorders and of **burning out.**

**WHEREAS:** **Older veterans are at high risk** for dementia, depression, post-traumatic stress disorder, substance abuse disorder, and suicide.

**WHEREAS:** There are significant **racial and ethnic behavioral health disparities.**

**WHEREAS:** **Older adults have experienced psychological fallout from the pandemic.**

**WHEREAS:** **Most older adults with behavioral health conditions do not receive treatment in the community** due to:

- ❑ **Service shortages**
- ❑ **Unaffordable cost**
- ❑ **Limited access** including hard-to-reach locations, limited services in the home and community settings, inability to use tele-health services, and lack of linguistic and cultural competence
- ❑ **Stigma, ageism, and racism.**

**WHEREAS:** Most who do get treatment get it from **primary health care providers who are generally not trained to provide competent diagnosis and treatment.**

**WHEREAS:** Behavioral health services are often of **poor quality** both in the community and in institutions.

**WHEREAS:** There is a vast **shortage of clinically, culturally, and geriatrically competent behavioral health professionals and paraprofessionals.**

**WHEREAS:** There is **excessive use of institutional services** due to lack of services needed to support “aging-in-place” including

- ❑ **Inadequate home and community-based treatment and support services**
- ❑ **Shortages of residential rehabilitation** programs for older adults especially those with co-occurring physical and behavioral disorders
- ❑ **Inadequate family support.**

**WHEREAS:** Older adults with serious behavioral disorders are at **high risk of homelessness.**

**WHEREAS:** There is a need for **more and better public information** about dementia, mental illness, and substance abuse.

**WHEREAS:** There are opportunities to **reduce the incidence and prevalence of behavioral disorders**, to **promote recovery**, and to **prevent relapse.**

**WHEREAS:** There are also opportunities to **promote well-being in later life.**

**WHEREAS:** There are **powerful “social determinants”** of behavioral disorders including economic hardship, social isolation, food instability, systemic racism, and more.

**WHEREAS:** **Social changes** such as reduced poverty, improved education, increased social connections, reduced community and family violence, and reduced racism **could increase well-being** among older adults.

**WHEREAS:** The State of Maryland does not have a **data-based multi-year plan to address the behavioral health challenges of the elder boom.**

**WHEREAS:** The **existing governmental behavioral health advisory groups do not adequately address the needs of older adults.**

**NOW BE IT RESOLVED THAT:** The General Assembly calls on the Maryland Departments of Health, Aging, and Veterans’ Affairs as well as the Maryland Behavioral Health Advisory Council, the Maryland Commission to Study Mental and Behavioral Health, and the Maryland Commission on Aging to

**jointly develop a data-driven, multi-year plan to meet the cognitive and behavioral health challenges of the elder boom**, including

- Data regarding demographics, prevalence and incidence of behavioral health problems, service provision in Maryland, unmet needs, quality of service, and financing
  
- Plans to
  - Support “aging-in-place”
  - Provide family support
  - Increase supportive housing alternatives to institutional care
  - Increase and improve access to home and community-based services, including universal access to tele-health services
  - Improve the quality of psychological care in institutions and in the community
  - Increase the size and competence of the behavioral health workforce
  - Enhance coordination between the Departments of Health, Aging, Veterans Affairs, and others
  - Provide increased public information about dementia, mental illness, and substance abuse among older adults
  - Address social determinants of mental health including economic hardship, dangerous living conditions, limited access to food, social isolation, and racism.
  - Promote psychological well-being
  - Design appropriate financing structures and provide needed funding for behavioral health.

**Annual Reports:** Progress regarding the development of the data base and the multi-year plan must be included in the annual reports of each of the aforementioned departments and advisory groups.