SOUTHERN COOS HOSPITAL & HEALTH CENTER

QUALITY SYSTEM CERTIFICATION DNV ISO 9001

Senior Life Solutions®

WHY OLDER ADULTS ARE THE MOST UNDERTREATED GROUP IN MENTAL HEALTH



Older adults in the United States are living longer, managing more complex medical conditions, and navigating more life transitions than any previous generation. They are also, by nearly every available measure, the least likely to receive mental health treatment when they need it. For healthcare providers, family members, and older adults themselves, understanding that gap and knowing how to act on it can make a significant difference in outcomes.

The Numbers Tell a Consistent Story

The scale of undertreated mental health conditions among older adults is well documented. According to the National Institute of Mental Health, depression affects approximately 7 million Americans over the age of 65, yet fewer than 3 in 10 of those individuals receive any form of treatment. Anxiety disorders are similarly prevalent and similarly undertreated.

Suicide rates among older adults, particularly men over 75, are among the highest of any demographic group in the country, yet this population visits primary care providers regularly. The opportunity for intervention exists. The referral pathway, in many cases, does not.

GENERALIZED ANXIETY DISORDER ALONE AFFECTS 6.8 MILLION ADULTS IN THE U.S., YET ONLY 43.2% ARE RECEIVING TREATMENT.
(Anxiety and Depression Association of America)

See the next page for more.

Concerningly, these statistics often only represent patients who are already in the healthcare system, already trusting their providers, and already presenting with symptoms that warrant a closer look. Countless others are almost certainly left out of the conversation.

Why The Gap Persists

Several factors contribute to the chronic undertreatment of mental health conditions in older adults, and most of them are systemic rather than individual.

Older adults are less likely to self-identify as having a mental health concern. Depression among older adults frequently presents through physical complaints: fatigue, unexplained pain, sleep disturbance, or a general decline in function that can be attributed to aging or comorbid conditions. Anxiety may look like excessive health worry or increased emergency department utilization. Without a deliberate screening process, these presentations are easy to miss or misattribute.

Stigma also plays a significant role. Many older adults grew up in an era when mental health treatment carried real social consequences, and that history shapes how willing they are to accept or even acknowledge a referral. Framing matters more than most realize. Language that normalizes treatment as part of overall health care tends to land better than language that centers a psychiatric diagnosis.

Finally, access barriers remain substantial. Transportation, fixed incomes, limited awareness of available programs, and a shortage of providers trained in geriatric mental health all create friction between a patient who could benefit from care and the care itself.

What You Can Do

Helping an older adult access mental health support does not require a medical background or a formal referral process. In many cases, it starts with paying attention and knowing where to turn.

For those in clinical settings, incorporating a standardized depression screen into wellness visits and post-discharge follow-ups creates a consistent opportunity to identify patients who would benefit from further support. A warm handoff, meaning a direct, personal introduction to a mental health program rather than a handed-off phone number, makes a significant difference in whether someone follows through. Research on depressed older adults found that without any structured intervention, only 22% of clients who screened positive for depression accepted a mental health referral, underscoring how much approach and personal connection matter in moving someone from identification to action.

For family members, **facility staff, community partners, and others who interact with older adults regularly,** the starting point looks different but the impact is just as important. Noticing changes in mood, energy, appetite, or interest in activities, and then saying something, can be the turning point for someone who would never seek help on their own. Knowing that a program in your community to help older adults exists, and feeling comfortable sharing that information, is often all it takes.

WE CAN HELP.

Our hospital-based outpatient program is designed to meet the unique needs of older adults experiencing depression and/or anxiety related to life changes that are often associated with aging or a chronic diagnosis. Anyone can make a referral to our program, including self-referrals, provider referrals, or community consultations.

Call us today at (541) 329-1032