

Preserving Our Elders' Mental Health:
How Congregations Can Help

Martha Adams Sullivan, DSW

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*“There is no health
without mental health.”*

David Satcher, MD,
Former Surgeon General



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With regard to mental health care, older adults are grossly underserved.

- Estimates are that between 15% and 25% of people age 65 and older suffer from mental illness or emotional distress.
- Older adults are more likely to experience symptoms of depression which may not meet the criteria of a diagnosis of major depressive disorder.
- Among midlife and older adults age 55+, anxiety disorders are the most common mental illnesses.
- As the “baby boomers” age, the prevalence of substance use disorders among older adults is expected to increase.

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The fastest growing segments of the older adult population are those who are most vulnerable: the very old (85+), women and minorities, and elders living alone. They experience:

- Highest rates of poverty -
- Poorest perceived health status
- Highest levels of functional impairment



Additional risk factors: living alone. Chronic medical conditions:

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Black Elders

- Higher rates of poverty
- Less likely to have private insurance
- Double jeopardy: racism, ageism
- More chronic illnesses associated with depression and shorter life spans.
- Support other Family members.
- More likely to carry a psychotic disorder diagnosis.
- Black elder women more likely to be head of household responsible for children/grandchildren.



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Access to Care Barriers

- Lack of Specialized geriatric mental health services
- Stigma
- Ageism, racism, sexism
- Insufficient workforce
 - Geriatric specialists
 - Culturally competent

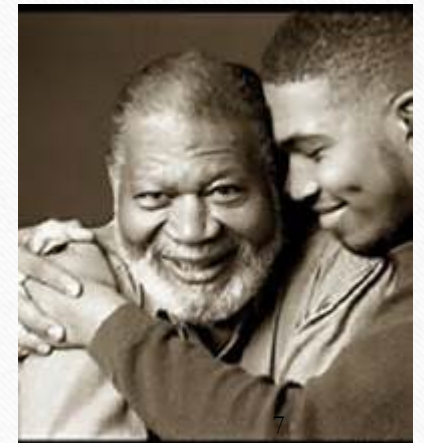
CITYWIDE BEHAVIORAL HEALTH COALITION FOR THE BLACK ELDERLY, INC.

Founded 2006

“... to ensure that Black older adult residents of NYC have sufficient access to the best, culturally competent mental health services and a quality of life that promotes mental well-being.”

Advocates for:

- Appropriate mental health services
- Responsive and Inclusive systems of care
- Age Affirming Communities



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What Your Congregation Can Do:

Provide meaningful
roles for elders.

Routinely
acknowledge Past
Contributions.

Handle Role
Transitions
cautiously and
sensitively.

Maintain
Connections
between Elders and
the Congregation.

Accommodate
disabilities.

Careful Messages.



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*Clergy: Heal
Thyself!*

- Take Mental Health 1st Aid Training
- Educate Congregation re Mental Health.
- Peer support group.
- Therapy.
- Time off.
- Prioritize

