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EDITORIAL

On the frontlines of population aging: Toward transforming educational, communication, and general health and mental health systems in the age of longevity

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In October 1991, the United Nations celebrated International Day of Older Persons (IDOP) for the first time as world life expectancy reached 64.22 years with an estimated 330 million living individuals 65 years and higher. Subsequently, world life expectancy has risen to 73.3 years in 2024, and the number of individuals ages 65 and older increased to approximately 830 million in 2024 (United Nations Department of Economic and Social Affairs [UNDESA], 2024). Older adults are the fastest growing segment of the world's population, namely individuals 80 years and higher (UNDESA, 2024). These truly remarkable achievements in extending human longevity stem from breakthroughs in medicine, achievements in public health, and advances in living conditions. Rising life expectancy is occurring alongside falling birth rates, setting in motion other pivotal demographic milestones. In 2018 for the first time, individuals ages 65 and higher outnumbered children under five. By 2080, individuals ages 65 years and higher are projected to outnumber children under 18 years for the first time while individuals ages 80 and higher are projected to outnumber individuals 1 year of age and younger (UNDESA, 2024).

A growing global older population can present unchartered opportunities for individuals, families, and communities as older adults serve as wise leaders and mentors with a wealth of accumulated knowledge, as reliable carers for loved ones across generations, as devoted participants in the volunteer workforce, and as substantial contributors to economic growth in consumer, healthcare, housing, and other markets (Zanasi *et al*., 2023). In these ways, extended health produces a "longevity dividend" or economic and social returns, and through the lens of a "productive aging" framework, aging represents "ongoing capacity for meaningful engagement across economic, social, familial, civic, and cultural domains" (Gu, 2026). Conversely, when older adults' contributions and roles in societies are ignored, minimized, and underrealized, a growing older population is more likely to become a strain and risk factor for societies. Increased global life expectancy, then, precipitates impacts across societal systems, but with thoughtful, collaborative planning, societal systems can be recalibrated with inclusive and age-friendly results that benefit individuals and communities (World Health Organization [WHO], 2018).

Aptly, the 2026 theme of International Day of Older Persons is "The Age of Longevity: Rethinking Systems for Longer Lives" (UNDESA, 2026). A comprehensive rethinking of systems for longer lives involves a holistic or whole-of-society approach that evaluates the age-friendliness and longevity-friendliness of each societal system and its reciprocal

links with other systems (communication, economic, education, energy, good, health, housing, transportation, and water systems) within and across local, national, and global levels (S.R. Levy, 2026). Rethinking systems is a multifaceted and wide-spanning endeavor involving both relatively minor tweaks and full-scale redesigns of systems, programs, and policies to address the needs of a changing world. Multisectoral collaborations and partnerships of all types that elevate the voices and expertise of diverse stakeholders are vital and need to be capitalized upon, and likewise, intergenerational cooperation, alliances, and solidarity are priorities and necessities in successfully transforming societies for the better for individuals across the lifespan.

In this pivotal moment, transforming healthcare systems to address population aging is among the highest priorities within a holistic approach since a fundamental goal of living longer is adding more years of healthy living. The United Nations Decade of Healthy Ageing (2021–2030) agenda and action items have been a pivotal catalyst for moving the needle toward healthier older adult lives (United Nations, 2020). Nonetheless, a heightened priority within rethinking healthcare systems for longer lives is fast tracking integrated care that treats individuals in totality—namely by accelerating mental health services. Too often improving healthcare is synonymous with better diagnoses and treatment of a fuller range of physical challenges while mental health is left out of or only marginally part of overall health. More than 70 years have passed since Dr. George Brock Chisholm, the first Director-General of the WHO, declared that "without mental health there can be no true physical health" (Chisholm, 1951). Abundant research indeed shows that poor mental health increases the risk for poor physical health and vice versa, and further that good mental health can improve every part of daily life including improving relationships, sleep, decision-making, coping, resilience, work productivity, and overall reaching one's full potential (Zenebe *et al*., 2021). Yet, to this day, there is a scarcity of trained professionals worldwide to diagnose and treat mental health conditions for any age group (Moye *et al*., 2019). Only one psychiatrist is estimated to be available for 200,000 or more individuals in approximately half of all countries for any age group, with even fewer mental health providers outside of psychiatry (WHO, 2021a). Accordingly, the WHO's Comprehensive Mental Health Action Plan 2013–2030 aims to narrow the mental health delivery gap for all age groups, especially in low- and middle-income countries that lack most resources (WHO, 2021a).

Still, the serious gap between the need for mental health diagnosis and the provision of quality mental healthcare worldwide remains a code red for older adults as poor mental health limits overall quality of life and can reduce life expectancy by an average of 14.7 years compared to the general population (Chan *et al*., 2023). The prevalence of mental health conditions (such as anxiety and depression) among older adults is estimated at 15%–25% in high-income countries and even higher (sometimes estimated at 30%) in low- and middle-income countries, with a meta-analytic review concluding that the pooled prevalence of depression alone among older adults globally is 31.7% (Chen *et al*., 2025; Zenebe *et al*., 2021). These estimates likely reflect underreporting as mental illness is stigmatized worldwide, and mental health symptoms (such as low energy, poor appetite, reduced interest in socializing) among older adults are frequently dismissed as due to "normal aging" or the result of other conditions or diseases (Chen *et al*., 2025). Moreover, underreporting is likely confounded by the scant pool of trained mental health professionals who are available for diagnosis. For example, in higher-income countries such as the U.S., only 1.2% of psychologists described geropsychology as their primary speciality compared to 15.4% reporting child/adolescent psychology as their specialty (Moye *et al*., 2019). Hence, diagnosis, early treatment, and any treatment at all are collectively impeded by gaps in the geriatric mental health care workforce.

In a whole-of-society approach in which systems are interconnected, rethinking healthcare systems for longer lives dovetails with rethinking educational systems to support healthcare systems toward longer, healthier lives. For example, closing the gap between the need for mental health treatment and its provisions involves a coordinated educational system redesign that builds competencies among existing healthcare providers and accelerates the development and training of a new and large cohort of mental healthcare providers worldwide with specialized geriatric care that can respond to the evolving needs of the growing population. Data from high-income countries such as the U.S. highlight how poorly equipped current educational systems are to meet the general and mental health needs of older adults. There are limited number of university courses on lifespan aging and minimal requirements for geriatric competency among physicians in training; furthermore, there are too few training programs in geriatrics and therefore too few degrees awarded in gerontology, geropsychology, and geriatric medicine to even partially fill the U.S. demand for geriatricians in 2030 (Levy & Morrison, 2025).

Reshaping educational systems not only involves bolstering the professional training of healthcare providers in geriatric care, but also involves careful accounting of all

levels of educational systems to incorporate the delivery of instruction about lifespan aging. Indeed, studies indicate that little or no teaching about the aging process and older adulthood is occurring in U.S. public schools for children and adolescents (Levy & Gu, 2023). Instruction about the stability, heterogeneity, and interplay among biological, physiological, psychological, and sociocultural changes across the lifespan appears to be largely missing from early and post-secondary U.S. schooling, which is likely a non-trivial contributor to low enrollment in geriatrics up the educational ladder and into the workforce (Levy & Morrison, 2025).

These glaring and significant gaps in educational systems are being inaccurately filled by communication systems worldwide including print and social media that tend to transmit negative, unsubstantiated portrayals of older adulthood and to spread ageism (stereotyping, prejudice, and discrimination based on one's actual or perceived age; Ayalon & Tesch-Römer, 2018). The WHO's (2021b) Global Report on Ageism details the far-reaching global scope of ageism such as 1 in 2 individuals across 57 countries reporting moderate or high ageist attitudes, and 15.7% of older adults reporting facing abuse and neglect (Officer *et al*., 2020; Yon *et al*., 2018). Consistent with educational gaps, children, adolescents, and older adults themselves perform poorly on tests of their aging knowledge and instead endorse negative stereotypes of older adults (WHO, 2021b). Negative narratives that belittle older adults' societal contributions, discriminate against older adults' workplace competence, and blame them for societal problems have become so pervasive in the fabric of societies that individuals internalize these negative portrayals, which leads to cognitive, mental, and physical declines and shorter lifespans (B.R. Levy, 2009). The WHO's (2021b) Global Report on Ageism provides a blueprint for developing campaigns to raise awareness and transform the public's understanding of ageism and aging that could be the foundation for redesigning communication systems to tackle ageism and reframing the dialogue about aging and older adulthood in alignment with the health, well-being, and human rights of older adults.

In conclusion, a holistic approach to rethinking systems for longer lives involves a careful and comprehensive stocktake of the multitude of societal systems and their interrelations and thus, involves much more than the brief discussion herein of bolstering the delivery of mental healthcare and accurate lifespan aging education and communication systems. In addition, rethinking systems for longer lives involves reducing siloed approaches to longevity and instead leaning into and strengthening all flavors of collaborations including public-private sector collaborations, science-policy-society collaborations, and wide-spanning interdisciplinary collaborations. Older adults' voices and experiences are integral to devising informed and effective system changes, and their seat at the table should not just be symbolic but rather part of deep collaboration and trust. The full range of relevant local and regional differences must be taken into account, and policies and programs should be tailored to each community and by extension to each individual as there is not a one-size-fits-all system remedy. Crucially, safeguarding human rights is at the heart of every International Day of Older Persons, and therefore, implicit and explicit to rethinking systems are addressing ageism and centering older adults' human rights in any and all potential system modifications. Furthermore, in rethinking and revising systems, ample attention and consideration needs to be directed to not only demographic shifts, population aging, and ageism but also to other significant interconnected local, regional, and global issues such as international conflicts, poverty, ableism, classicism, racism, sexism, heterosexism, and climate change that profoundly influence healthy aging of older adults (S.R. Levy, 2026). Rethinking systems for longer lives is clearly a momentous undertaking, which is already well underway. The 2026 International Day of Older Persons is an urgent call to redouble efforts and ramp up multisector investments with all hands-on deck to collectively advance culturally-sensitive, meaningful, effective, and stable system-wide changes this year and each year thereafter toward achieving greatly improved health, well-being, participation, and dignity among a growing older population.

Conflict of interest

The author declares no competing interests.

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