Mental health of older adults

A National Ageing Research Institute Position Paper.

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About the National Ageing Research Institute
The National Ageing Research Institute (NARI), based in Melbourne, is recognised as a leader in clinical and psychosocial research that aims to guide policy to improve the quality of life and ageing experience of Australia's older people. Over the past 40 years NARI has been bringing research to life to improve health outcomes and aged care practice as well as to guide policy to invest in solutions for positive ageing for Australia's older people.

The issues
Older people are often overlooked in the mental health system [1]. This is despite the number of older Australians expected to almost double by 2055. Population ageing will see an increase in depression, anxiety, elder abuse and other mental illnesses in older adults.

High rates of depression and anxiety are associated with increased physical illness, disability and self-neglect, suicidal ideation and mortality. Older adults in residential aged care and those from culturally and linguistically diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander people are particularly vulnerable.

Depression
Depression is the leading cause of disability globally [2] and is the most prevalent mental illness in older adults [3]. Depression in older adults is associated with a decline in overall well-being, daily functioning, independence, increased disability, suicidal ideation and mortality [4].

Older people frequently encounter difficulties obtaining a diagnosis and appropriate treatment for depression [5]. These difficulties are compounded in vulnerable or diverse populations, including those from CALD backgrounds [6], Aboriginal and Torres Strait Islander people [7], those living in rural and remote areas [8] and in older gay, lesbian, bisexual, transgender and intersex people [9].

Up to half of people living in residential aged care facilities have significant depression symptoms. Many residents are socially isolated in residential aged care facilities even though they are in communal living, and social isolation is a contributor to depression.

Use of psychotropic medication, including antidepressants, for nursing home residents is high [10], even though older adults have expressed concerns about the medications’ side-effects, stigma, fear of addiction and prevention of natural sadness [11].

Management of depression and anxiety through psychological interventions for nursing home residents is also hampered by lack of access to psychological services [12] as nursing home residents are ineligible for the Better Access Initiative.

Suicide
Suicide in residential aged care is an increasing public concern. There is a particular need to facilitate the transition into residential aged care, with data showing that half the residents who died from suicide had entered the home within the past 12 months [13].
Workforce investment

There is a need to invest in the aged care workforce, and to shift the way society currently views the mental health and aged care workforce. These roles are typically under-valued, with the workforce highly casualised and poorly paid even though mental health nurses and social workers can provide timely support when other specialists are unavailable.

Supporting carers

The increasing shift towards remaining at home for as long as possible mean that an increasing number of older people are being cared for by partners or adult offspring. In general, carers are significantly more vulnerable to financial, physical and emotional stress than the general population. Addressing unmet needs of carers is important both for planning services and to protect carers’ mental health.

The evidence

There are serious gaps in evidence-based services and support for older adults with mental illness. To illustrate, the National Mental Health Commission contains almost no information on older adults, despite the prevalence and impact of mental illness in this cohort. There is an urgent need to demonstrate through research, policy and practice that older people matter, and that their mental health is recognised as important.

Depression

Between 10% and 40% of community-dwelling older adults in developed countries experience depression [14, 15]. However, establishing the incidence of depression in older Australians living in the community is challenging, with variability in estimates attributed to researchers’ use of different instruments, sample sizes, age parameters and age-related screening bias [16]. Studies also frequently report data that combine depression with anxiety, or other comorbid conditions [17, 18]. Hence, the estimate by Pirkis et al. [15] that up to 15% of older Australians experience depression continues to be cited widely.

Just over half of all older people in residential aged care are estimated to be living with depression [19]. Anxiety is also common in older adults, and there are associations between anxiety and depression – alone or in combination – poor physical health and overall quality of life [20, 21].

In Australia and elsewhere, the economic impact on healthcare resources and service utilisation by older adults with depression and/or anxiety is clear [22, 23]. Compared to their non-depressed peers, older adults visit their GP up to three times more than those who do not have depression [24] and incur significantly higher hospital costs [23].

Suicide

Suicide rates are highest in men and women aged 70 years and over in almost all regions of the world [25]. Further to this, men aged 80 years and above are most likely to die by suicide than other age groups in the Australian context [26].
Supporting carers

The evidence shows that higher social support – that is, provided by family or friends – is associated with better help-seeking, improved recovery, higher treatment concordance and reduced duration of symptoms in older people with depression [27]. In Australia, growing attention is being given to the influence of positive personal relationships in the experience and management of depression in older adults, and strategies to maximise that support [28-30].

Conversely, a lack of support, family dysfunction and criticism are associated with a longer course of depression [27]. It is important for mental health policy to make provision for measures to strengthen carers’ wellbeing and to provide them with satisfactory emotional, financial and instrumental support.

In Australia, 70% of people with dementia are cared for in the community by a family member or friend.

Carers supporting a person with dementia have an almost twofold risk of distress compared to those caring for a person without dementia, and higher levels of social isolation and loneliness [31].

NARI will continue to advocate for improvements to the delivery of mental health services and care for all older people, and for more research into mental health of and for older people.

Position statements

- Mental health is as important as physical health and should receive comparable support and funding.
- The stigma attached to mental illness can act as a barrier to older people accessing help and must be reduced to improve the mental health and wellbeing of all older Australians.
- Culturally appropriate, age friendly, holistic and easily accessible services will encourage older people to get help and all older Australians should have access to such services.
- Interventions to prevent suicide in older people should include improving the overall conditions in residential aged care, to improve residents’ quality of life.
- Efforts should be made to maximise older people’s independence at home, reduce depression, social isolation, and enhance overall wellbeing. These efforts should be underpinned by current evidence and reflect best practice for supporting older people with mental illness.
- A greater focus should be put in place to support family carers, including providing coping strategies to enhance their resilience and reduce psychological distress.
- The media should be challenged in its role of reinforcing pervasive ageism and mental health that prevents timely, appropriate diagnosis and treatment.
NARI recommends

- A substantial investment in mental health that reflects the disease burden for older people, and their carers, and is at least commensurate with the current investment in physical health.

- Reform in mental health services to provide culturally appropriate, holistic, integrated, age friendly and accessible services.

- The removal of barriers for older people accessing mental health and wellbeing services. This includes providing nursing home residents with access to psychological services [12].

- The involvement for older people, and their carers in the design and delivery of services for older people.

- More public awareness campaigns to increase understanding of and reduce stigma surrounding mental health in older people: poor mental health is not a normal part of ageing; it is a prevailing attitude of ageism.

- Improving help-seeking behaviour through mental health literacy programs, community awareness campaigns and further investment in training to improve the knowledge and skills of frontline workers.

- Federal and state and territory government investment in increasing expertise in aged mental health, including workforce strategies to ensure that there is a pool of suitably qualified professionals to provide services to older people.

- Greater incentives to encourage frontline workers such as GPs and psychologists to work with older people.

- Improving depression screening for older adults, and to integrate mental health into medical care, including promotion of the use of psychotherapy to support older adults with depression.

- A substantial investment in research including the relationship between depression and elder abuse, the mental health of older CALD Australians, access to aged care services and to pay attention to older Aboriginal communities, including survivors of the Stolen Generation who suffered profound trauma after being removed from their homes, family and culture.

- Measures in mental health policy to strengthen carers’ wellbeing and to provide them with satisfactory emotional, financial and instrumental support.

- A more positive portrayal within the media of older adults and those with mental health issues aligns with policies that support the health and human rights of all people.
NARI’s track record in mental health

NARI’s approach to research draws extensively on the principles of co-design and engagement with individuals, carers, the broader community, policy makers and service providers, and national and international collaborators. Its explicit focus on improving the health and quality of life of older people underpins its translational research that aims to inform a better future for all.

NARI is currently involved in several research programs into mental health and older people and carers. Research focuses on reducing stigma and discrimination of mental illness in older adults including in vulnerably and/or diverse groups, such as older people from culturally and linguistically diverse (CALD) backgrounds [32], and in older gay, lesbian, bisexual, transgender and intersex Australians [9].

Pleasant Activities for Wellbeing (PAW): Using behavioural activation to reduce depression in residential aged care. Residents were partnered with specially trained volunteers to increase participation in enjoyable and meaningful activities. Preliminary data analysis indicates the success of the program for residents and volunteers, and further research to strengthen the evidence base is required.

The BEFRIENDAS Study: In this NHMRC-funded study the impact of befriending on depression, anxiety, social support and loneliness in older adults living in residential aged care facilities is being explored to see whether it can reduce loneliness and symptoms of depression and anxiety in older adults in residential aged care.

NARI is well-positioned to expand on its current work towards reducing stigma and discrimination of mental illness among older adults. Opportunities include:

**Improving mental health in older adults, and facilitating access to services**

The CHIME (connectedness, hope and optimism about the future, identity, meaning in life and empowerment) framework, for example, places the individual and their families at the centre of meeting personal recovery goals [30]. More research is needed to inform wider structural influences on recovery, which have the potential to extend beyond individual recovery to broader policy and service provision initiatives that are more effective, efficient and sustainable.

**Improving mental health literacy in CALD groups and among health professionals**

Help-seeking is strongly associated with the beliefs and attitudes that influence how mental illness is recognised and treated [32]. Significant variations in how mental illness is perceived among different groups of people influence when and how help is sought, and treatment concordance. Research to guide mental health literacy in the community and among health professionals is urgently needed.
Reducing the risk of suicide among older men

Findings from a recent NARI study into suicide, which involved 33 men aged 80 years or over, living in the community suggest that suicide risk among older men is associated with loss of meaningful activities and life transitions, such as loss of a spouse and/or job, as well as their perception of being a burden on others. Further research is required to work on a co-design program to develop practical strategies to enable identification and prevention of suicide in older men. These include challenging the typical masculine norms of stoicism, independence, invulnerability and avoidance of negative emotions [33].
References


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