



Mental Health of Older People

Henry Brodaty



Toni Lamond



- **88 yo showbiz legend**
- **Vibrant, articulate, positive**
- **Engaged with the community**
- **Despite coping with physical complaints and loss of her sister, Helen Reddy**

Mrs B

- 75 year old widow, husband died 9 months ago
- COVID lockdown
- No physical contact with children or grandchildren
- Isolated, lonely, no purpose in life
- Always a helper or a carer
- Depressed, not eating, losing weight, poor sleep, suicidal thoughts



Mr C



- 82 year old Italian retired librarian
- Wakes up every morning anxious
- Feeling of dread, heart racing, breathing fast
- No panic episodes
- No clear reason for anxiety
- Always been a worrier and obsessional
- Previous episode of depression and anxiety 30 years ago.
- As day progresses, able to enjoy activities, being with his wife
- Mild cognitive impairment, functioning normally

Ms D



- **78 yo single woman, living in apartment block**
- **Convinced the neighbours are breaking into her unit, taking underwear, rearranging her papers**
- **Changed locks many times, installed video cameras – never caught them, multiple complaints to police**
- **Multiple altercations with neighbours in the block**
- **Denies it could be her mind playing tricks on her**
- **Refuses medications**
- **Drinks ½-1 bottle wine each night**

Mental Illness and Mental Health

- Often two sides of coin...
- ... but not necessarily so
- People free of mental illness may not enjoy mental health
- People with mental illness may enjoy mental health



Mental illness



- **We all have mental “symptoms”**
 - Anxiety, grief, avoidance of situations
 - Emotional reactions are normal
- **When do symptoms become illness?**
 - Severe
 - Duration
 - Incapacitating
- **How common are mental illness in older people?**

Mental illness in older people

- European study: London, Hamburg, Geneva, Ferrera (Italy), Madrid, Jerusalem
- Over 3000 people aged 65-85
- One in two individuals had experienced a mental disorder in their lifetime
- ... 1 in 3 within the past 12 months
- ... nearly 1 in 4 currently had a mental disorder
- Most prevalent disorders were anxiety disorders, affective (mood) and substance-related disorders
- Andreas S et al Prevalence of mental disorders in elderly people: The European MentDis_ICF65+ study. *Brit J Psych* 2017; [210](#): 125-131

Depression

- Normal sometimes → disorder if ...
 - prolonged (more than 2 weeks)
 - many symptoms
 - severe symptoms (not eating, suicidal)
 - interferes with daily function
- Treatments
 - Talking – CBT (Cognitive behavioural therapy)
 - Mindfulness, Psychotherapy
 - Mental Health Plan from GP → 10 sessions
 - Exercise, activities
 - Antidepressants (*over 4m scripts for escitalopram or Lexapro in 2017/18 in Australia*)
 - ECT



Mrs B

Anxiety



Mr C

- **Feeling anxious, nervous, on edge, worrying +++**
- **May be associated with panic attacks**
 - **Feeling of impending doom, palpitations, stomach churning, hyperventilation, sweats**
 - **Precipitants – not always**
- **May be associated with phobia – avoiding situations that bring on anxiety eg crowds, eating in public, supermarkets**
- **Post traumatic stress disorders (PTSD) – especially veterans, police, trauma survivors**

Anxiety - treatments

- **Psychologist – relaxation training, breathing techniques, behaviour therapy, CBT**
- **Meditation, yoga, exercise**
- **Medications (all have side effects; all need to be prescribed)**
 - **Anti-anxiety eg benzodiazepines (eg Valium, Xanax, Serepax) – short-term benefit but addictive, difficult to withdraw**
 - **Antidepressants (eg Cipramil, Lexapro, Avanza) – not addictive**



Mr C

Psychosis

- Delusions – fixed false beliefs unable to be swayed and not shared by others
 - Can occur in **depression**, schizophrenia, dementia,
 - **Poverty eg no money, can't afford whole loaf of bread**
 - **Guilt**
 - Paranoid eg neighbours, theft, people talking about me
- Hallucinations – sensory experience of things not present
 - Auditory (hearing voices)
 - Visual (seeing things)
 - Olfactory (smell), Tactile (feeling), Taste

Auditory hallucinations

- Hearing problems
- Often socially isolated, loners, women
- Can occur in schizophrenia
- Can occur in dementia or other neurological diseases



Visual hallucinations

- More common in Lewy body dementia, Parkinson's, medication for Parkinson's
- Balint's syndrome

Psychosis treatment

- **Medication usually required but often refused**
 - **Antipsychotics**
 - **Weigh up side effects against benefits**
- **Difficult to treat, dilemma for health professionals**
- **Family suffer eg accusing daughter of stealing jewels**
- **Person has rights**
- **When is it OK to intervene?**
 - **Mental Health Act if danger to self or others**



Causes of mental illness in late life

First onset (many possible causes, sometimes concurrent

- **Physical cause** – brain condition (stroke, Parkinson's, dementia, tumour), drugs, thyroid, hidden cancer, drugs, illness, disability, pain
- **Psychological** – bereavement, retirement, break up relationship, children/grandchildren issues, lack of purpose
- **Social** – loss (driving, money, role in life), moving into nursing home, feeling abandoned,

Recurrent illness throughout life

- **Genetic predisposition/ early life experiences**

Treatment and Prognosis

- Depression and anxiety have a good prognosis
- Especially if 1st onset and uncomplicated
- Some recover with time; more recover with treatment
- If not urgent, try psychological, lifestyle and social strategies first; medications second line
- If condition more serious, may use medications plus other strategies
- If secondary to irreversible physical cause such as dementia, stroke – prognosis is poorer

Older people less likely

- Many older people do not receive professional help
- Older person – fearful, stigma, cost, access
- Family – ageism, stigma, cost, time
- Health Professional – ageism, negative attitude
- Tendency to focus on drug treatments over psychological therapies
- These factors exacerbated in CALD and Indigenous communities

STIGMA reducing

- **AreYouOK?**
- **Beyondblue, Black Dog Institute**
- **Prominent people going public with their mental health**
 - **Eg John Brogden, Geoff Gallop, John Barilaro**
 - **Andrew Johns,**

Mental health

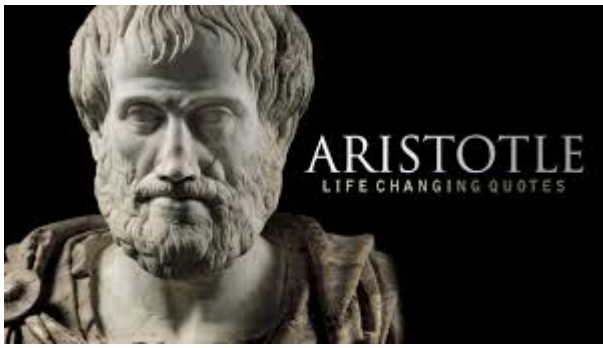
- The absence of mental illness
- Positive mental health
 - The feelings of positive mental wellbeing
 - Two types:
 - Emotional wellbeing
 - Psychological wellbeing



Emotional wellbeing

- **Feelings of happiness,**
- **Satisfaction with life**
- **Interest in life**
- **Positive affect, absence of negative affect**

Diener, Westerhof



Mental health: eudaimonic Psychological wellbeing

- 1. Self-acceptance**
- 2. Purpose in life: goals and beliefs that affirm a sense of direction and meaning in life**
- 3. Autonomy**
- 4. Positive relations with others**
- 5. Environmental mastery**
- 6. Personal growth**

Ryff, Keyes

Dutch internet survey of 1,340 people 18-87 yrs

- Cross-sectional representative internet survey
- Older adults, except for the oldest old (vs younger adults..
 - scored lower on psychiatric symptoms
 - were less likely to be mentally ill than younger adults
- Older adults experienced more emotional well-being, and.. similar social and slightly lower psychological well-being
- Older adults have fewer mental illness problems, but not better positive mental health than younger adults
- Perhaps more older people lack purpose

Westerhoff JG, Keyes CLM. *J Adult Development* 2010;17:110–19

How to maintain mental wellbeing

- Physical health
 - *You know* what you have to do to maximise your chance of staying physically healthy
- Social health (depends on your personality)
 - Connected, have a confidant
 - Socially active, volunteer
- Psychological health
 - Having a purpose, developing techniques for dealing with anxiety – meditation, spiritual
- Each of us is different



In summary

- **Mental ill health is common, even in older age**
- **Rates may be lower than in younger people, but older men have highest rate of suicide in population**
- **Older people less likely to seek professional help**
 - **Stigma (person, family, society), fear, access, cost**
- **Older people less likely to be referred for professional help**
 - **Ageism, nihilism**
- **Strive for positive mental health**



Thank you

Older People's Mental Health Service, POWH

<https://www.seslhd.health.nsw.gov.au/services-clinics/directory/older-persons-mental-health-service>

