

Older adult mental health

Australia's ageing population

In 2017, approximately 3.8 million people (15% of Australia's population) were aged 65 and over; the specific age breakdown includes 57% aged 65-74, 33% aged 75-84 and 13% aged 85 years or older (Australian Institute of Health and Welfare, 2018c).

Prevalence of mental health problems in older adults

Good mental health is an important factor associated with healthy ageing and most older adults report good mental health (World Health Organization, 2017). The 2007 National Survey of Mental Health and Wellbeing of Australian adults (ages 16–85 years) indicates that the prevalence of mental disorders is highest in younger age groups and declines in older age (Burgess et al., 2009; Trollor, Anderson, Sachdev, Brodaty, & Andrews, 2007). It has been estimated that approximately 15% of adults aged 60 years or older have a mental disorder (World Health Organization, 2017) and that the prevalence of mental disorders decreases to 6% in the 75-85 year old age group living in the community (ABS, 2008)¹. Prevalence estimates for specific mental disorders in the general population are as follows.

- 7-15% of adults 60 years and older experience depression (Haralambous et al., 2009; National Ageing Research Institute, 2009; World Health Organization, 2017)
- 10% of adults 65 years and older and 30% of those aged 85 years and older have dementia (National Centre for Social and Economic Modelling, 2016)
- 4-10% of adults 60 years and older experience anxiety (Haralambous et al., 2009; National Ageing Research Institute, 2009; World Health Organization, 2017)
- 1% of adults 60 years and older have a substance use problem (World Health Organization, 2017)

Prevalence estimates for mental health disorders are estimated to be much higher in older adults living in residential aged care.

- 49% of older adults were diagnosed with depression (Australian Institute of Health and Welfare, 2018d)
- 52% of older adults were diagnosed with dementia (Australian Institute of Health and Welfare, 2018d)
- 86% of older adults were diagnosed with a mental health or behavioural condition (Australian Institute of Health and Welfare, 2018d).

As the Australian population ages, there will be more individuals living longer with mental health concerns.

Anxiety and depression in older adults

Symptoms of anxiety in older adults

- Behavioural
 - Avoiding objects/situations which cause anxiety
 - Urges to perform certain rituals to relieve anxiety
 - Not being assertive
 - Difficulty making decisions
 - Being startled easily.
- Feelings
 - Overwhelmed
 - Fear (particularly when facing certain situations or events)
 - Worried about physical symptoms (e.g. Fearing there is an undiagnosed medical problem)
 - Dread
 - Constantly tense or nervous
 - Uncontrollable or overwhelming panic.
- Thoughts
 - 'I'm going crazy'
 - 'I can't control myself'
 - 'I'm going to die'
 - 'People are judging me'
 - Having upsetting dreams or flashbacks of a traumatic event
 - Finding it hard to stop worrying, unwanted or intrusive thoughts.

¹ ABS Australian Bureau of Statistics



- Physical symptoms
 - Increased heart rate, racing heart
 - Vomiting, nausea or pain in the stomach
 - Muscle tension and pain
 - Feeling detached from physical self or surroundings
 - Having trouble sleeping
 - Sweating, shaking
 - Feeling dizzy, lightheaded or faint
 - Numbness or tingling
 - Hot or cold flushes.

(Beyond Blue, n.d.)

Symptoms of depression in older adults

An older person with depression is more likely to present with physical symptoms (e.g. difficulty sleeping) compared with the other symptoms (e.g. low mood) (Tan & Cheung, 2019). Different language may also be used when discussing their symptoms of depression, for example, instead of describing 'sadness', they may talk about 'their nerves'.

- Behavioural
 - General slowing down or restlessness
 - Neglect of responsibilities and self-care
 - Withdrawing from family and friends
 - Decline in day-to-day ability to function, being confused, worried and agitated
 - Inability to find pleasure in any activity
 - Difficulty getting motivated in the morning
 - Behaving out of character
 - Denial of depressive feelings as a defence mechanism.
- Thoughts
 - Indecisiveness
 - Loss of self-esteem
 - Persistent suicidal thoughts
 - Negative comments like 'I'm a failure, 'it's my fault' or 'life is not worth living'
 - Excessive concerns about financial situation.
- Feelings
 - Moodiness or irritability, which may present as angry or aggressive
 - Sadness, hopelessness or emptiness
 - Overwhelmed
 - Feeling worthless or guilty.
- Physical symptoms
 - Sleeping more or less than usual
 - Feeling tired all the time
 - Slowed movement
 - Memory problems
 - Unexplained headaches, backache, pain or similar complaints

- Digestive upsets, nausea, changes in bowel habits
- Agitation, hand wringing, pacing
- Loss or change of appetite
- Significant weight loss (or gain).

(Beyond Blue, n.d.)

Suicide in older adults

In 2017, males aged 85 years and older had the highest rate of suicide of any age group (ABS, 2017a). Older adults were more likely to have a chronic health condition present at death than younger individuals. For example, approximately 25% of males aged over 85 years who died by suicide had cancer. This is in contrast to the 25-44 year age group, where the most common cooccurrence with suicide was drug/alcohol use disorders or acute intoxication (42%), followed by mood disorder (26%) (ABS, 2017a).

Self-harm in older adults

Self-harm is a major risk factor for suicide in older adults (aged 65 years or older) and older adults report greater suicidal intent than any other age group who self-harm (Morgan et al., 2018). Older adults may be particularly vulnerable because as well as experiencing mental illness, they are more likely to experience bereavement, social isolation, physical illness and decline in functional ability than young or middle-age cohorts (Cheung et al., 2017; Erlangsen, Stenager, & Conwell, 2015; Fassberg et al., 2016; Hawton & Harriss, 2006; Mitchell, Draper, Harvey, Brodaty, & Close, 2017; Morgan et al., 2018). Overdose has been reported as the most common method (68.7%) of self-harm in older adults (Cheung et al., 2017). Around 25% of deaths from self-harm are among people aged 60 or above (World Health Organization, 2017). A recent study conducted in England indicates that older adults were infrequently referred to mental health specialists, and instead were more likely to be prescribed tricyclic antidepressants, which can be toxic (Morgan et al., 2018).



Risk factors for poor mental health in older adults

Older adults may experience stressors that are common to all age groups. Additionally, they may experience stressors which occur more frequently with older age and increase the risk of poor mental health including:

- Significant decline in functional ability (e.g. decreased mobility, chronic pain, frailty).
- An increase in physical health problems (e.g. heart disease, Alzheimer's disease).
- Cognitive and psychological changes – tasks can take longer to complete or become more difficult than previously, which can impact on sense of self and well-being and heighten feelings of uncertainty, worthlessness and loss.
- Bereavement (especially the death of a life partner).
- Social isolation and loneliness.
- Reduction of income due to retirement/financial stress.
- Loss of ability to live independently.
- Being treated with less respect and being deemed less capable, which can result in a reduction in autonomy and dignity and feelings of hurt, shock, grief and loss.
- Symptoms of depression can occur as a side effect of many prescribed drugs and the risk is greater for older adults who are typically taking multiple medications and are more sensitive to side effects because ability to efficiently metabolise and process drugs decreases with age.

(Rickwood, 2005; Robinson, Smith, & Segal, 2018; Tribe, 2017; World Health Organization, 2013, 2017)

Older adults are also vulnerable to elder abuse, which can include physical, psychological, financial and sexual abuse and neglect/abandonment. Current evidence indicates that 16% of adults aged 60 years and older living in community settings are subjected to some form of abuse; this is likely to be an underestimate, since cases of elder abuse are often not reported (Yon, Mikton, Gassoumis, & Wilber, 2017). The most commonly reported type of abuse is psychological abuse (11.6%) (Yon et al., 2017). Elder abuse in institutional settings has been estimated to be much higher (Yon, Ramiro-Gonzalez, Mikton, Huber, & Sethi, 2018). Elder abuse can lead to serious

physical injuries and mental health problems (World Health Organization, 2017).

Barriers to treatment of mental health problems in older adults

In Australia and globally, 75- to 85-year-old adults with mental health needs have reported low rates of mental health service use compared with other age groups (Slade, Johnston, Oakley Browne, Andrews, & Whiteford, 2009; Wuthrich & Frei, 2015). Barriers to treating mental health problems in older adults include the following:

- Mental health problems are under-identified by health-care professionals and older people themselves (e.g. symptoms of depression, such as difficulty with sleeping, memory or concentration and changes in mood and activity levels are dismissed as a normal part of ageing) (Tan & Cheung, 2019; World Health Organization, 2017).
- Mental health problems are perceived as a normal part of the ageing process (Sarkisian, Lee-Henderson, & Mangione, 2003; Wuthrich & Frei, 2015).
- Physical health care is prioritised over mental health care (McCabe, Davison, Mellor, & George, 2009).
- The stigma surrounding mental health makes people reluctant to seek help – older adults grew up in an era when talking about psychological issues was frowned upon, so this can make it more difficult to seek help (McCabe et al., 2009; Stargatt et al., 2017; World Health Organization, 2017).
- Knowledge deficits regarding recognition of mental health concerns, management and prevention in older adults (Wuthrich & Frei, 2015).
- A lack of services for older adult mental health in rural areas (Muir-Cochrane, O'Kane, Barkway, Oster, & Fuller, 2014).

Vulnerable groups within the older adult population

While the prevalence of mental health disorders tends to reduce in older age (ABS, 2008), research indicates that there are certain sub-groups within the older population that are at higher risk of experiencing poor mental health, including those:

- from Aboriginal and Torres Strait Islander communities



- from culturally and linguistically diverse backgrounds
- who are veterans of the Australian Defence Force (or the spouse/widow(er) of a veteran)
- who live in rural or remote areas
- who are homeless or at risk of becoming homeless
- who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI).

Aboriginal and Torres Strait Islander older adult mental health

In 2016, 5% of the Indigenous population were aged 65 years or older, compared with 16% of the non-Indigenous population (ABS, 2017b). A recent study indicates that the prevalence of depression in Indigenous adults aged 60 years and over was 18% (Shen et al., 2018). Gubhaju et al. (2013) found there was a significantly higher lifetime prevalence of depression (23%) and anxiety (14%) in Aboriginal Australians who were 45 years or older, in comparison with the same-aged general population (13% and 8%, respectively). It is estimated that 30% of Indigenous individuals aged 55 years and older have a mental health condition (ABS, 2016) and this contributes to suicide risk and high rates of smoking, alcohol and substance abuse. Aboriginal and Torres Strait Islanders have three to five times the risk of developing dementia than non-Indigenous individuals (National Centre for Social and Economic Modelling, 2016).

Older people are an integral part of Aboriginal and Torres Strait Islander communities. In Indigenous communities, it is paramount that older adults can mentor and provide positive role models for younger Indigenous people, in order to pass on knowledge and wisdom across generations (Benevolent Society, 2013). Therefore, an older adult developing dementia can be particularly distressing for Indigenous communities, because of the role of Elders in passing on cultural knowledge to younger generations via spoken word, which relies on memory (Benevolent Society, 2013).

Additional considerations

- Aboriginal and Torres Strait Islander people generally prefer the term 'social and emotional well-being' to 'mental health' (NSW Department of Health, 2010).

- Being an older Indigenous adult does not necessarily mean that person is an Elder. An Elder is chosen and acknowledged by a community based on contribution and status (Benevolent Society, 2013).
- Older Aboriginal adults frequently have caring roles that involve looking after grandchildren and great-grandchildren and may regard this role as more important than their own health (Benevolent Society, 2013).
- Several individuals may share the role of carer for an older person, thus the concept of 'primary carer' may not apply.

Culturally and linguistically diverse older adult mental health

It has been estimated that 23% of Australians aged 65 years and older are of culturally and linguistically diverse (CALD) background, and that this proportion will increase across the next 10 years (Federation of Ethnic Communities' Councils of Australia, 2011). Australia's older CALD population is diverse and their individual needs vary greatly. Older individuals from CALD backgrounds may be more vulnerable to mental health issues than their non-CALD counterparts because they are more likely to have:

- significant histories of trauma/torture
- issues of identity loss and a sense of being disconnected (e.g. from homeland, culture, community, family)
- higher levels of isolation
- lower socioeconomic status.

(Federation of Ethnic Communities' Councils of Australia, 2011; Minas, Klimidis, Ranieri, & Stuart, 2008; Nimri, 2007; Orb, 2002; Social Policy Research Centre, 2010; Zogalis, 2008).

Research indicates that individuals from CALD backgrounds living in Australia have higher levels of psychological morbidity than their non-CALD counterparts (Federation of Ethnic Communities' Councils of Australia, 2011; Minas et al., 2008; Stanaway et al., 2010). Despite the greater risk of mental illness, older CALD Australians underuse mental health services by (Trauer, 1995). Many CALD individuals face barriers in accessing mental health services (Australian Institute of Health and Welfare, 2018c).



Barriers to use of mental health services include:

- lack of awareness of available mental health services or how to access these services
- communication difficulties due to limited English language skills
- concerns about confidentiality, for example, with regards to using interpreter services
- a lack of cultural competence/culturally appropriate services
- lack of information and resources in some languages (small and emerging communities)
- a lack of services for small and emerging communities in remote areas.

(Federation of Ethnic Communities' Councils of Australia, 2015; Social Policy Research Centre, 2010; Tribe, 2017).

The following strategies are recommended to create mental health services that are culturally appropriate.

- develop staff cultural competence
- cultivate a service environment which is tolerant and does not tolerate discrimination
- recognise diversity between and within different cultural groups
- utilise a strengths-based approach
- provide culturally appropriate information (in an individual's preferred language) to improve communication
- work in partnership with relevant organisations that support CALD individuals.

(Warburton, Bartlett, & Rao, 2009).

Older veterans' mental health

Individuals who served in the Australian Defence Force (ADF), or an allied defence force, form an important minority of older Australians who can have a different experience of ageing due to factors associated with service (Australian Institute of Health and Welfare, 2018c). The Department of Veteran Affairs (DVA) also recognises the sacrifice made by war widow(er)s and the effects this can have on their mental health.

Men aged 55 to 64 who have served have higher rates of mental and behavioural problems (1.8 times) than the non-serving population (ABS, 2015; Australian Institute of Health and Welfare, 2018b). The most

common conditions are generalised anxiety disorder, depression, posttraumatic stress disorder (PTSD), alcohol dependence and dementia (Department of Veterans' Affairs, 2013; McFarlane, 2010; Qureshi et al., 2010; Yaffe et al., 2010).

Risk factors for veterans developing mental health concerns include:

- chronic physical health conditions
- decreased mobility and loss of independence
- housing and financial uncertainty
- reduced social supports
- the cumulative effect of multiple exposures to trauma over a lifetime.

(Department of Veterans' Affairs, 2013).

The '*Veteran Mental Health Strategy, 2013 – 2023*' has been developed by the Australian Government, with the aim of preventing and supporting veteran mental health problems. The DVA currently funds treatment of PTSD, anxiety, depression and alcohol or substance misuse disorders for veterans with operational service or with more than three years of peacetime service, even if the condition is not service-related and no injury claim has been lodged.

Websites for consumers

Information for veteran community on mental health, general wellbeing and counselling.
<https://www.openarms.gov.au/living-wel>

Information on eligibility for rehabilitation assistance from the DVA:
<https://www.dva.gov.au/health-and-wellbeing/rehabilitation/rehabilitation-eligibility>

The mental health of older adults living in regional and remote communities.

Australia can be classified into major cities (e.g. Brisbane), inner regional (e.g. Bundaberg), outer regional (e.g. Bowen), remote (e.g. Mount Isa) and very remote (e.g. Karumba) areas. Regional and remote areas have higher proportions of older persons than major cities (Australian Institute of Health and Welfare, 2018c).

Multiple risk factors exist for older adults living in regional and remote areas.



- Increased likelihood of having a chronic disease and/or pain or disability (National Rural Health Alliance Inc, 2016).
- Increased likelihood of social isolation (Inder, Lewin, & Kelly, 2012; National Rural Health Alliance Inc, 2016).
- Lack of access to services to assist with mental and physical health problems (National Rural Health Alliance Inc, 2016).
- There are disproportionately few residential aged care places available in remote and very remote areas, with 38% of facilities in remote areas and 75% in very remote areas having fewer than 20 places (Australian Institute of Health and Welfare, 2018a).

Some research reports worse mental health outcomes, including higher suicide rates for older males living in rural areas as compared with major cities (National Rural Health Alliance Inc, 2016). However, there are also protective factors associated with living in a rural area: (1) greater social connection if living in a close-knit community and (2) more open spaces and a slower pace of life that can be supportive of mental health, as compared with the overstimulating and busy urban environment (Rickwood, 2005).

The mental health of older adults experiencing homelessness

On Census night in 2016, 16% of all homeless people were aged 55 or older (ABS, 2018). Homelessness is a growing concern for older adults in Australia, and rates of homelessness in this population will likely continue to increase due to an ageing population and reduced rates of home ownership in this group. In the past 10 years, the largest increase in rates of homelessness for a specific age group was for those aged 55 to 74 years (ABS, 2018). For many older adults, physical and mental health declines may result in them needing some type of assisted living arrangement. This can result in them having to live somewhere that is unsatisfactory or removes them from their local community and supports, which negatively impacts mental health (Mission Australia, 2017). Those who are homeless are also at increased risk of substance misuse (as a precursor or response), which negatively impacts health and can induce premature ageing (Cheng & Lee, 2016). Older adults who are discharged from residential treatment facilities for mental health and/or substance

misuse are at increased risk of homelessness and transition planning should ensure suitable living arrangements are available for these individuals (Mission Australia, 2017).

Lesbian, gay, bisexual, trans, and/or intersex (LGBTI) older adults' mental health

Older adults who identify at LGBTI have lived through a period of cultural transition. Many have endured the negative effects of stigma, discrimination, rejection and social isolation (Department of Social Services, 2012). The rights of people who identify at LGBTI have improved considerably over the past few decades. However, the history of negativity experienced by this group can be a source of anxiety in disclosing sexual orientation, with 34% of people who identify at LGBTI reporting they hide their sexuality or gender identity when accessing services (Australian Human Rights Commission, 2015).

A study assessing the well-being of LGBT Australians found that 33% of LGBT individuals aged 45-59 and 19% aged 60 to 89 years reported being diagnosed or treated for a mental disorder in the past three years (Leonard, Lyons, & Bariola, 2015), which is a higher prevalence rate than in the general population of similar-aged individuals (ABS, 2008; World Health Organization, 2017). Consistent with this, an Australian study assessing individuals who are 45 years and older showed that older adults who identify as being homosexual or bisexual are approximately twice as likely to be diagnosed with depression or anxiety than heterosexuals (Byles, 2013 as cited in ACON, 2013). Finally, 50- to 70-year-old lesbian, gay and bisexual adults generally have higher levels of mental health service use as compared with the same-aged general population (Wallace, Cochran, Durazo, & Ford, 2011). The LGBTI population is diverse and individual needs vary substantially. Consult with the individual and where possible, ensure that their wishes and needs are central to service delivery. Avoid stereotyping and consider culture appropriately (Tribe, 2017).



Queensland Health: Older Persons Mental Health Service

Most Hospital and Health Services (HHS) in Queensland have an Older Persons Mental Health Service. Referrals for specialist mental health services for persons aged 65 years and over (or 50 years and older for Indigenous individuals) who have a mental illness, complicated by conditions of age-related illnesses, are received by the Older Persons

Mental Health Service (OPMHS). Check with your HHS and local hospital regarding the procedure for referral to this unit. For some HHSs the referral must be from a health practitioner, whereas in other HHSs self or carer referrals are appropriate. Some services require direct referral to the OPMHS, others require it indirectly via the Acute Care Team. Additionally, some hospitals have specialised inpatient units for older adults (e.g. Princess Alexandra Hospital).

Websites for consumers and clinicians

[Caring for older people with mental health issues](#) Queensland Health Factsheet

Queensland Health Older Persons Mental Health Services

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-pathways/residential-aged-care-clinical-pathways/hospital-and-health-service-contact-information/older-persons-mental-health-service>

Check your local Hospital and Health Service webpage for information on your local service.

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