

Global Aging and Mental Health Challenges

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Advances in medicine and improved living standards have led to a great rising of life expectancy during the twentieth century. According to World Health Organization (WHO), the number of people today aged over 60 has doubled since 1980 and it is estimated that between 2015 and 2050 will nearly double again, from 12% to 22% [1,2]. Moreover, by 2050 adults over 60 will outnumber children under the age of 14 [2]. Despite the rising of chronic conditions like diabetes, where in U.S.A. more than 25% and in Europe more than 20% of older adults are suffering from, [3] and age-related impairments like hearing loss, from which one third of people over 65 are affected [4], one of the most important issues in older adults is related with mental health problems. Today, it is expected that approximately 15% of people aged more than 60 suffer from mental disorders [2].

Amongst the most common mental health disorders in elderly is dementia. Between 2000 and 2014 deaths attributed to Alzheimer disease, which is the most common accounting for dementia, increased by 89% [5]. It is also estimated that the 50 million people worldwide, that live with dementia, will be tripled by 2050, reaching the 150 millions [5]. The physical and emotional pressures related with dementia affect both patients and their families. It is estimated that family members, that in many cases provide informal caring, must spend more than 40 hours per week in order to provide care to people with dementia [6].

Another growing mental health concern amongst older adults is depression. Although 4.4% of global population is estimated to be suffering from depression, its' prevalence amongst aged people is estimated to reach 7% [7]. But if we take into account that in many cases depressive symptoms in elderly are overlooked, since the co-occur with other health related problems, we could assume that its' prevalence is underestimated. In addition, although depression leads to impaired functioning at all ages, older adults' quality of life is strongly affected compared to younger adults, since the elderly confront higher levels of social exclusion, while at the same time the presence of other health related problems (e.g. impaired mobility) create more burdens.

Mental health problems in older adults can be triggered by a number of factors that are common in old age like isolation, loss of family members and friends, social stigma, lower accessibility to health care services due to physical health problems and lower levels of health literacy [8,9]. Difficulties concerning mental health care services accessing have been indicated as the main factor behind the gap between estimated prevalence and actual rates as far as the diagnosis of dementia and other mental health conditions [1].

The above pose great challenges for the welfare state and the policy makers. Care strategies in order to address mental health needs of the elderly must include designing of sustainable policies on long term and palliative care, appropriate training of health professionals as far as providing care for older adults and developing of age-friendly services [1,2]. The development of community level primary mental health care settings is crucial. Since the elderly is a vulnerable population, the services have to be provided near to their place of living, to operate in a flexible manor, with allied professionals and personalized services that could adapt to client's health status deteriorates.

Another important issue is the caring of the caregivers. In many cases the primary carers of the elderly are their family members. However, since caring of an older adult is a stressful event, in many cases the caregivers are in risk of confronting mental health deteriorating. Indeed, the majority of caregivers of people with dementia reported high stress, sleep disturbances, chronic fatigue, while nearly 30% of them have serious depressive symptoms [6,10,11]. Interventions for caregivers must include skills training, psycho-education, teaching techniques to better care for themselves and social support [12].

Finally, a great challenge, not only for the policy makers but for the society as a whole, is the confronting of stereotypes about older adults. Stereotypes can stigmatize and prevent older adults from equal participating in social life. In many cases, it is not the age, per se, that limits the health status of the elderly but the attitudes of discrimination that cause obstacles in a dignified ageing. The confronting of the dual stigma (of mental illness and ageing) is of great importance not only for the ensuring of the highest quality of life of the aged but also for the function of the democratic societies, that must be based in the social solidarity.

Bibliography

1. World Health Organization (WHO). "World Health Day 2012: ageing and health: toolkit for event organizers" (2012).
2. World Health Organization. (WHO). "Mental health of older adults" (2017).
3. Sesti G., *et al.* "Management of diabetes in older adults". *Nutrition, Metabolism and Cardiovascular Diseases* 28.3 (2017): 206-218.
4. Kateifidis N., *et al.* "Quality of Life and Satisfaction among Patients Who Use Hearing Aids". *Global Journal of Health Science* 9.6 (2017): 177-183.
5. Tipton PW and NR. "Graff-Radford. "Prevention of late-life dementia: what works and what does not". *Polish Archives of Internal Medicine* 128.5 (2018): 310-316.
6. Du Preez J., *et al.* "The Role of Adult Day Services in Supporting the Occupational Participation of People with Dementia and Their Carers: An Integrative Review". *Healthcare* 6.2 (2018): 43.
7. Zhang CJ., *et al.* "Cross-sectional associations of objectively assessed neighbourhood attributes with depressive symptoms in older adults of an ultra-dense urban environment: the Hong Kong ALECS study". *BMJ open* 8.3 (2018): e020480.
8. Bennett IM., *et al.* "The contribution of health literacy to disparities in self-rated health status and preventive health behaviors in older adults". *The Annals of Family Medicine* 7.3 (2009): 204-211.
9. Vernooij-Dassen MJ., *et al.* "Factors affecting timely recognition and diagnosis of dementia across Europe: from awareness to stigma". *International Journal of Geriatric Psychiatry* 20.4 (2005): 377-386.
10. Pozzebon M., *et al.* "Spouses' experience of living with a partner diagnosed with a dementia: a synthesis of the qualitative research". *International Psychogeriatrics* 28.4 (2016): 537-556.
11. Pinquart M and S Sörensen. "Differences between caregivers and noncaregivers in psychological health and physical health: a meta-analysis". *Psychology and Aging* 18.2 (2003): 250-267.
12. Gilhooly KJ., *et al.* "A meta-review of stress, coping and interventions in dementia and dementia caregiving". *BMC Geriatrics* 16.1 (2016): 106.

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