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### 6.4 Mental health of older Australians

The proportion of older Australians in the population is increasing, as is life expectancy. It is forecast that future generations of older people will be more active and healthier than past generations (see also Chapter 6 'Ageing and the welfare system'). Notwithstanding this, there will continue to be a strong association between ageing and health issues, including physical conditions, mental illness and dementia (AIHW 2014; MHC 2011).

The terms 'mental illness' and 'mental disorder' can be used to describe a wide spectrum of mental health and behavioural disorders. These disorders, which can vary in both duration and severity, may interfere with an individual's cognitive, social and emotional abilities. In addition, there is the concept of a 'mental health problem', which includes problems experienced at a sub-clinical level such as stress, anxiety, depression or dependence on alcohol and/or drugs. A person experiencing one or more of these problems may not meet the diagnostic criteria for a mental disorder (Slade et al. 2009).

There is also an increasing recognition that good mental health is one of the key factors associated with healthy ageing (Kane 2005). However, the mental health of an individual is determined by a combination of psychological, biological, and/or social and cultural factors (WHO 2013)—as well as timely access to appropriate and effective clinical and non-clinical services.

The mental health of older people may also be affected by losing the ability to live independently, experiencing bereavement (particularly with death of a life partner), and a drop in income following retirement from the labour force (Rickwood 2005; WHO 2013). These factors may lead to social isolation and/or loneliness, loss of independence and increased psychological distress (WHO 2013).

There is an increasing incidence of dementia as people age, which may complicate the picture of the mental health of older people (see also Box 6.3.3, 'Extra support for older Australians with dementia'). When dementia and depression occur at the same time, it can be difficult to distinguish between them, as the signs and symptoms are similar. For example, memory or concentration problems can be symptoms of both depression and dementia (Haralambous et al. 2009).

This article considers the mental health of older Australians in terms of mental illness and mental health problems, as well as the social support services accessed and the role of family and carers. In addition, the associated outcomes of psychological distress, suicide and suicidal behaviours are discussed.

#### Prevalence of mental disorders in older people

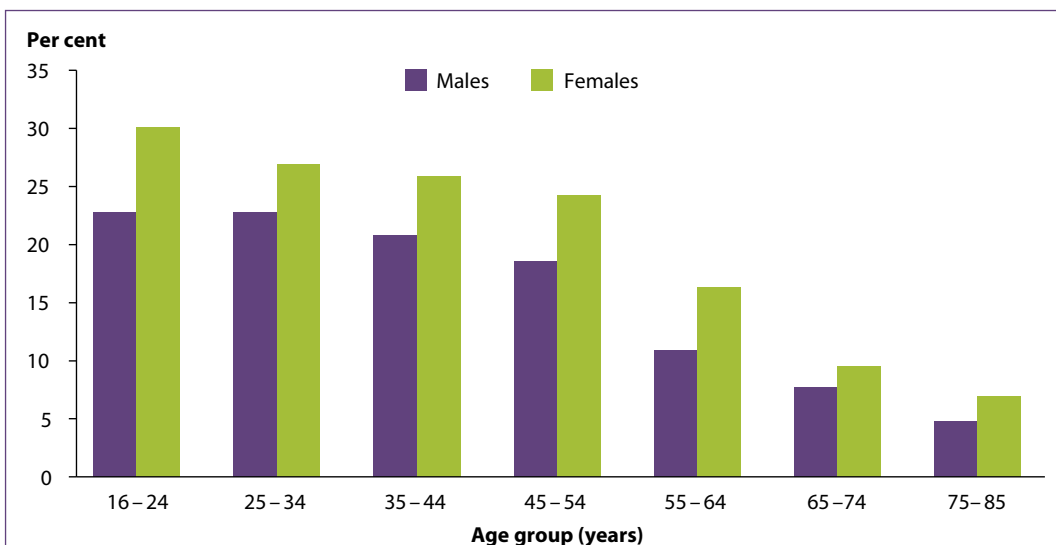
Epidemiological research suggests that around half of all lifetime mental disorders start by the mid-teens, and three-quarters by the mid-20s, with later onset disorders being mostly secondary to an existing mental disorder (Kessler et al. 2007). However, for some older people, their experience of mental illness is a lifetime of living with a chronic or episodic disorder (Rickwood 2005).

At a general population level, the prevalence of mental illness decreases considerably with increasing age, but there is only a small decrease in the proportion of older age groups who experience high or very high levels of psychological distress (ABS 2012).

From the 2007 National Survey of Mental Health and Wellbeing of adults (ages 16–85 years) we know that the prevalence of mental disorders is highest in the 25–34 age group (24%) and decreases with increasing age to 6% of the 75–85 age group (Figure 6.4.1)(ABS 2008). For all age groups, the prevalence of mental disorders is higher in females compared with males.



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Source: ABS 2008.

**Figure 6.4.1: Prevalence of common mental disorders in the Australian population, by age group and sex, 2007**

An estimated 10–15% of older Australians who live in the community experience anxiety or depression (Haralambous et al. 2009). However, research has shown that certain sub-groups of the older population are at higher risk of experiencing poor mental health. For example, just over half (52% or 86,736) of all permanent aged care residents at 30 June 2012 had mild, moderate or major symptoms of depression when they were last appraised (AIHW 2013). Other sub-groups who have been found to have a higher prevalence of poor mental health include people in hospital and/or with physical comorbidities, people with dementia, and older people who are carers (Rickwood 2005).

Despite lower population-wide prevalence of mental illness at older ages, those older adults with a mental illness may have experienced a lifetime of chronic or relapsing mental illness, or had recent onset of mental illness as the result of a significant stressor such as bereavement or physical ill-health. Generally, mental illness in older age tends to be more chronic in nature (Rickwood 2005).

As the Australian population ages, it is anticipated that there will be more people living longer with mental health problems, more people developing mental health problems in old age, and more people with chronic diseases and mental health concerns.

## Psychological distress

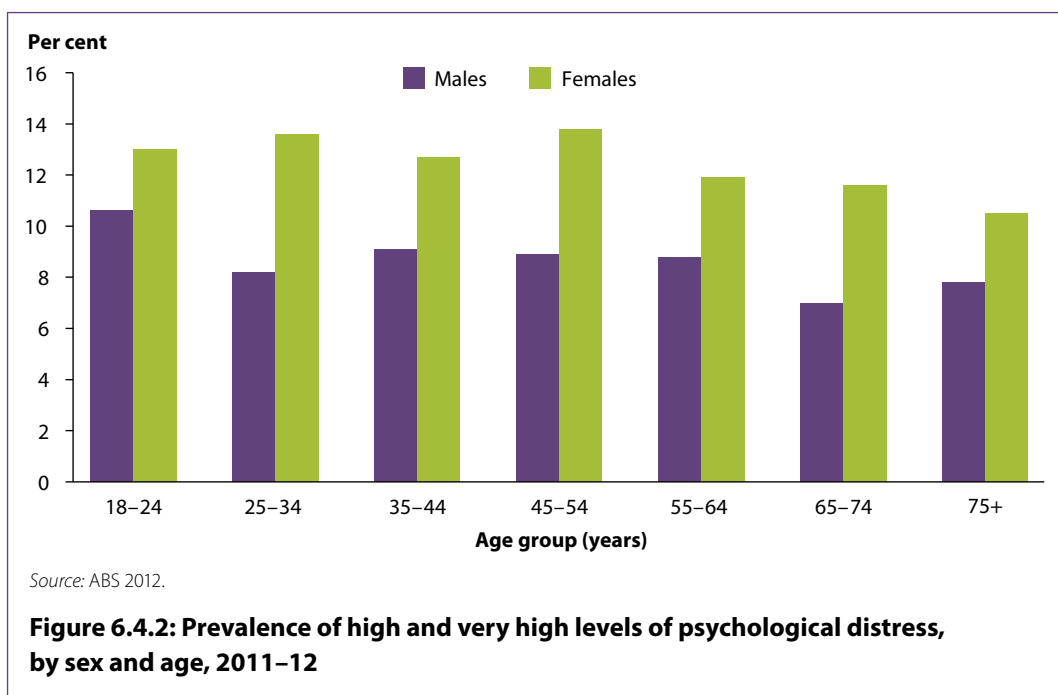
Research findings suggest that as people move to older age they can experience higher levels of psychological distress (Phongsavan et al. 2013). Psychological distress is measured using the Kessler Psychological Distress Scale, which is a measure of non-specific psychological distress based on questions about negative emotional states in the 4 weeks prior to interview. While high or very high levels of psychological distress may be associated with a mental disorder, some people experiencing this level of psychological distress do not satisfy the criteria for a diagnosable mental disorder (Slade et al. 2009).



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The 2011–12 Australian Health Survey found that there was a small decrease in the prevalence of high or very high levels of psychological distress for older females, from the peak seen in the 45–54 age group to the 75 and older age group (14% and 11% respectively) (Figure 6.4.2). For older males, the highest prevalence of high or very high psychological distress was seen in the 35–44 age group (9%). There was a decrease observed for each subsequent older age group up to 65–74 (7% prevalence), then an increase for the 75 and older age group (8%) (ABS 2012).

The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey found that the prevalence of high or very high psychological distress for Indigenous Australians was on average about two-and-a-half times that seen for the general population in 2011–12. For both females and males, the highest prevalence of high or very high psychological distress was in the 45–54 age group. For both sexes there was a reduction in the prevalence of high and very high psychological distress for people aged over 55 (30% and 18% of females and males respectively) (ABS 2013).



### Care needs of older people with mental disorders

The mental health of older people may be affected by losing the ability to live independently due to frailty, reduced mobility and/or disability, or a pre-existing or recent onset of a chronic physical condition (Rickwood 2005; WHO 2013). In addition, poor mental health may impact an older person's physical health and/or quality of life (WHO 2013).

The care needs of older Australians, both with and without a mental disorder, vary and depend on people's functional capacities, physical and mental health, culture and language, and the environment in which they live. Accordingly, older Australians need access to a flexible range of care and support services that meet their specific current needs and, to the extent possible, maintain or restore their independence and wellness (PC 2011).



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Those who are physically independent, but isolated by the loss of a partner or relocation, may need housing in a community where they can develop new relationships and be close to social support facilities. Those with physical disabilities may need greater access to medical facilities, and assistance with daily activities like shopping or other domestic household tasks. Those who are very ill and/or frail may need a much higher level of support, including 24-hour care.

In recognition of the needs of older people, the Australian Government and state and territory governments fund a range of mainstream programs and services that provide essential social and welfare support services to older people with and without mental illness—for example, the Home and Community Care Program (see Chapter 6 'Older Australians and the use of aged care'). In addition, there are mental health-specific programs together with services which can be accessed by people of all ages, including income support, social and community support (such as Personal Helpers and Mentors, Support for Day to Day Living in the Community), disability services, workforce participation programs, and housing assistance (DoHA 2013).

Mental health care for older people may involve greater support to their families or support services—for example, residential services such as hostels or aged care facilities (AHMC 2009).

### Residential aged care

As noted earlier, 52% of all permanent aged care residents at 30 June 2012 had mild, moderate or major symptoms of depression when they were last appraised (AIHW 2013). The finding that people in residential aged care usually have more complex care needs may explain the higher prevalence rate of symptoms of depression compared with people in the community (Baldwin et al. 2002).

Of residents admitted to permanent aged care for the first time between 20 March 2008 and 31 August 2012 (that is, newly admitted residents), 45% had symptoms of depression, with little difference between male and female residents (46% and 45% respectively). About 22% of these newly admitted residents had mild symptoms of depression, 13% had moderate symptoms, and 11% had major symptoms (AIHW 2013). For Indigenous newly admitted residents, 38% had symptoms of depression, and of these, 17% had mild symptoms of depression, 10% moderate, and 10% major (AIHW 2013).

Between 20 March 2008 and 31 August 2012, a higher proportion of newly admitted residents who had symptoms of depression had high care needs compared with those without symptoms of depression (73% and 53% respectively) (AIHW 2013).

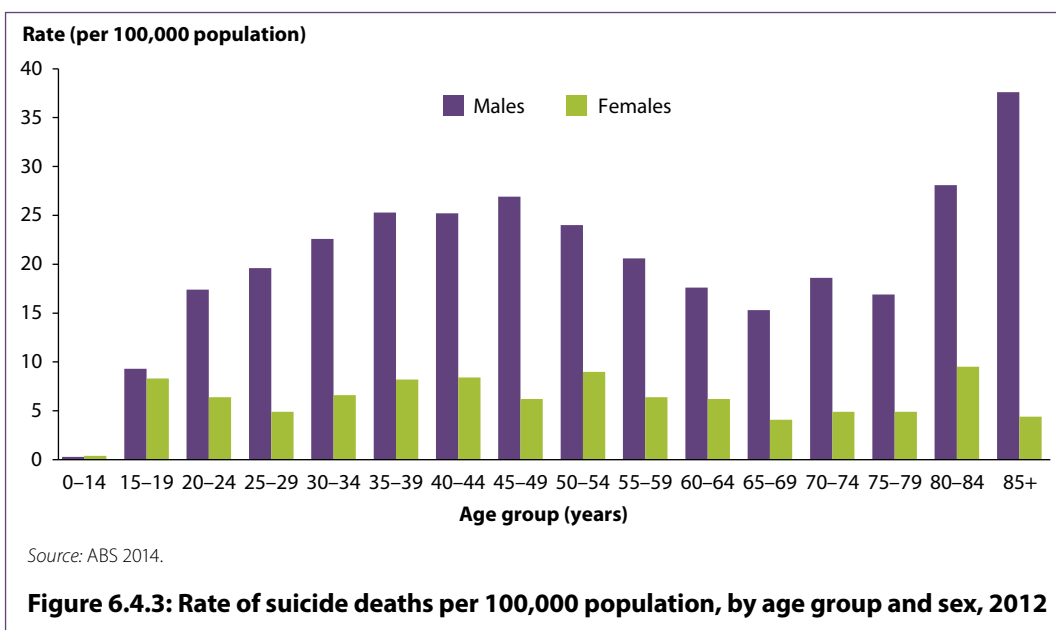
### Suicidal behaviours and older people

In Australia, for 8 of the 10 years up to 2012, the highest age-specific suicide death rate was observed in males aged 85 and over (38 per 100,000 males in 2012) (ABS 2014) (Figure 6.4.3).

Suicidal behaviours are complex and there is usually no single cause or stressor which is sufficient to explain either fatal or non-fatal suicidal behaviour. As noted by the World Health Organization, 'most commonly, several risk factors from systemic, societal, community, relationship and individual domains act cumulatively to increase an individual's vulnerability to suicidal behaviour' (WHO 2014). This is supported by research based on results from 26 European countries which found that society's attitudes towards older people, such as whether older people are perceived to be of high status or whether they are seen as contributing to the economy, have an impact on suicide mortality (Yur'yev et al. 2010).



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Most, but not all, older people who die by suicide have a diagnosable mental disorder at the time of death—most commonly severe depression (O’Connell et al. 2004). In older people there is a greater association between physical health and depressive symptoms than across the life course, especially when measuring functional impairment (SPA 2012). The circumstances leading up to suicidal behaviour in older people frequently involve declining health, chronic pain, impairment in daily living activities, threats to physical and financial autonomy, social isolation, lack of social support, grief, depression and hopelessness (Kolves et al. 2013; SPA 2012).

### What is missing from the picture?

The growing interest in, and evidence of, the importance of maintaining good mental health for successful ageing has resulted in an emphasis on positive ageing and prompted a rethink about how to approach the mental health issues of older adults (Jeste & Palmer 2013). However, concerns remain about how best to meet the mental health needs of older Australians and whether the quality of mental health care being provided is optimal (RANZCP 2011).

From a data perspective, there are recognised gaps in data available that would enable us to measure and monitor the mental health needs of older Australians. There are also gaps in our knowledge about the diversity of health and welfare services across both private and public sectors that are accessible by older Australians with a mental illness.

### Where do I go for more information?

More information on the mental health issues facing older Australians is available from The [Royal Australian & New Zealand College of Psychiatrists](#) and [Health Direct Australia](#).



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