

Geriatric Mental Health Challenges in India- A Review

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ABSTRACT

BACKGROUND

Geriatric mental health issues have yet to receive their due recognition in India. Geriatric mental health is plagued by many challenges that prevent the development and progress of its services. The present article is a narrative review that looks at the various challenges faced by geriatric mental health in India. The article describes different specific and general unique challenges faced by geriatric mental health and discusses in detail the nature of each challenge and what must be done to overcome it. The challenges range from demography of Indian aging to sexual issues in the elderly, geriatric depression, dementia care, and the aging lesbian, gay, bisexual, cross-dressers and transgender community. Old age people face special physical and mental health challenges in routine life which are necessary to be recognized and rehabilitate. Mental health problems are often under identified or overlooked by themselves, health-care professionals and even by family members of older people, and the stigma related to mental illness makes people reluctant to seek help. The prevalence of co-morbid condition of illnesses is a powerful demonstration of the link between physical and mental illnesses. Various issues related to policy and research that challenge geriatric mental health are also discussed in this article. The need to incorporate geriatric mental health into primary health care along with the need to train primary care workers and preventive work aimed at suicide prevention in the elderly is stressed. The article addresses these challenges with the aim of positing before the clinician the various challenges faced by geriatric mental health in India in the current era.

KEY WORDS

Caregivers, Challenges, Dementia, Elderly Care, Elders, Geriatric Depression, Geriatric Mental Health, Geriatrics, Mental Health, Suicide.

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BACKGROUND

India's demography consists of a geriatric population which will increase in the years ahead.^[1] The scope of geriatric mental health differs from other areas of mental health as geriatric populations have unique needs, thereby fostering many challenges.^[2] These challenges are seen at every level of care and treatment, from acceptance of a mental health problem to seeking help and remaining compliant in treatment.^[3] Lack of trained professionals, scarce geriatric mental health infrastructure, and dearth of financial resources for geriatric mental health are some of the challenges that our nation faces.^[4] Geriatric mental health problems can be accurately diagnosed and effectively treated if help is sought early, but it is erroneously assumed that they are part of "normal aging."^[5] The unprecedented pace of demographic aging makes geriatric mental health a huge public health challenge for India.^[6] The current review discusses the general and specific challenges for geriatric mental health in India from a clinical perspective while proposing some solutions to help encounter these challenges.

GENERAL CHALLENGES FOR GERIATRIC MENTAL HEALTH IN INDIA

Challenge 1- Demography of Aging in India

India has the second largest population of 1.31 billion people.^[7] Rapid advances in medicine, public health, nutrition, and sanitation have led to large advances to old age.^[8,9] The aging population is >100 million, and projections predict a figure of 324 million, i.e., 20% of the total population, by 2050.^[10] Since women in old age are more prone to social insecurity, health problems, and greater emotional/financial insecurities they have shown a preponderance to mental health issues as compared to men.^[11,12,13,14] Most of the elderly live in rural areas and may be poorly educated thus showing higher association rates of dementia and consequently seem more amongst females.^[15,16]

Challenge 2- Heterogeneity of Clinical Presentations in Geriatric Mental Health

A key clinical issue in geriatric mental health is the heterogeneity in clinical presentations that confounds diagnosis and treatment of these problems. In most cases, a clear textbook like clinical picture is absent; patients usually deny the presence of mental health problems and are reluctant to seek help.^[17,18] Physical symptoms may be the chief complaint in many cases and the underlying psychological problems are obscured under a garb of physical complaints.^[19] Patients differ in the degree of mobility they possess so clinician must understand the same.^[20,21] The patient being on multiple medications and multiple doctors treating the patient need to work in synergy for best results.^[22]

Challenge 3- Challenge for Dementia Care in India

Dementia is the most common neuropsychiatric illness besides depression in people above 60 years of age.^[23] Eight large-scale epidemiological studies have indicated that prevalence for dementia for those aged >85 years in India ranges from 18% to 38% and, in those >90 years, it ranges from 28% to 44%.^[24] While the numbers are expected to be double by 2030^[25] Research suggests that up to 90% of the time, challenging/psychiatric behaviours that occur in persons who lack the ability to describe and understand their own symptoms with dementia might be caused by either environmental factors or by a caregiver approach.^[26,27]

Challenge 4- Social Factors that Play a Role in Geriatric Mental Health Problems

Many factors like social, psychological, and biological factors determine and affect person's level of mental health at any point of time.^[28] Apart from all common and typical life stressors, aged people lose their independently living ability, they are more vulnerable to the experience a drop in socioeconomic status with retirement.^[29,30] The special social challenges of the elderly population in India are as follows:

1. A majority (80%) of elderly population are living in the rural areas, thus delivering service is a challenge.^[31]
2. The government pension scheme benefits currently only 2.76 million out of 28 million elderly people, especially in urban areas.^[32]
3. A large percentage (30%) of below the poverty line of elderly.^[33]

There are several social factors that subliminally or sometimes, directly, affect the mental health of the geriatric age groups as follows

- Retirement.
- Housing issues.
- Financial issues.
- Lack of transport.
- Parents in India and children abroad.

Challenge 5- Rehabilitation Facilities for Elderly and Interventions in Old Age Homes

Old age Homes are ideal for elderly people who are alone and face health problems, depression, and loneliness. ^[34] There are four types of resources available to address geriatric mental health issues in India has, namely

- Psychiatric hospitals and nursing homes funded by state government;
- Private psychiatric clinics or hospitals and nursing homes;
- Nongovernmental organizations (NGOs)
- Informal sources – family as caregivers.^[35]

However, various types of early intervention for health and social services are in practice today (and can be accommodated in our country), as follows:

- Community based interventions.
- Outpatient clinics.

- Domiciliary visits.
- Geriatric day care.

Other Forms of Rehabilitation

- Residential care and nursing care.
- Hospital care.
- Respite care.
- Home based setups.

These services have been shown to be extremely necessary in India due to following reasons-

1. With the given decrease in family sizes, and the patriarchal society of India, the woman of the family, is forced to take up the sole responsibility to take care of the elderly.^[36] Not surprisingly, but larger households have remained associated with lower caregiver strain.^[37] Studies show that, even when the responsibility of caring for the elders is taken up willingly, such prolonged care giving frequently leads to a negative impact on the caregivers' emotional and physical health.^[38]
2. Due to this increased responsibility of patients suffering from prolonged mental disorders, a greater caregiver strain has been reported with greater patients with greater psychotic symptoms.^[39]
3. The caregivers are blamed for their behaviour and are often accused with providing inadequate care, adding to the jeopardy of the caregiver.^[40] There are minimal community based mental health services that provide aid for the elderly suffering from chronic disorders and almost none that provide support to caregivers.^[41] The lack of community based mental health-care services is a challenge for geriatric as mental health hinders adequate care for the elderly and also increases their chance of developing mental disorders.^[42]

Challenge 6- Lack of Awareness Regarding Geriatric Mental Health Care at a Primary Care Level

The visiting primary health-care physicians are not trained to identify and treat psychiatric issues such as dementia or depression in elderly, seen in more than 40%–50% of the population.^[43] Despite an increase rate in subspecialty geriatric training in various fields the recognition and treatment of geriatric mental illnesses remains uncommon in training.^[44] Thus, peripheral health workers and community health volunteers should also be trained to identify and refer elderly patients for timely and proper rehabilitation in order to reach the needy.^[45]

Challenge 7- Incorporating Religion and Spirituality into Geriatric Mental Healthcare

Religion and spirituality is an important social and psychological factors in the lives of older adults and there is continued interest in examining the effects of religion and spirituality on health status.^[46] Elders with greater religiosity were more likely to report good health status in various studies, and a positive association between organized

religiosity and health status has been found.^[47] There is a need for psychiatrists being open to discuss the same as well as to respect the religious beliefs of clients that they treat.^[48]

Challenge 8- Setting Up Geriatric Mental Health Clinics in India

In India there are limited number of mental health professionals of around 5000 psychiatrists catering to the 21 million geriatric populations in need of mental health services which exactly not a good ratio.^[49] Often, such clinics for geriatric patients are run in hospitals by departments such as neurology, psychiatry, and geriatrics.^[50]

In the Indian context, there is a dire need for the following-

1. Free or subsidized memory clinics (equipped to diagnose elders with dementia and also educate and provide families with the supportive guidance) for the underprivileged
2. Naming, positioning, and publicity of the clinic should be taken into account
3. People may assume that a memory clinic is only for memory problems
4. The clinic may prepare or procure material required for its functioning, keeping in mind the societal environment and the target audience
5. Modified instruments and procedures for checking cognitive status (such as tests in local languages and tests for illiterate persons)

Challenge 9- Research in Geriatric Psychiatry

Before delivering any form of relief mechanism to the general elderly population, it needs to be tested.^[51,52] There are many barriers for research to be conducted in India, which range from monetary to ethical and permission delivery dilemmas. Primarily, the lack of research can be attributed to the lack of funding from the government to support ongoing research. The Government of India is currently spending

Challenge 10- Lack of Indian Diagnostic Tools

The pre-existing diagnostic criteria are not designed specifically to assess the mental health status of older people and thus leads to either a misdiagnosis of one's condition or leads to no diagnosis at all, leaving the disorder untreated. Indian criteria keeping in mind the cultural aspects of psychiatric diagnosis are a must.^[53,54] findings indicate that dementia in the oldest adults is a result of a DLB phenotype, which is different from that in the younger adults.^[55] In sum, the lack of diagnosing criteria and clinical interventions adds to the adversity of geriatric mental health in India.

Challenge 11- Revision of Geriatric Mental Health Policies

The Indian government launched the National Program for the Health Care of the Elderly (NPHCE) in 2011, as an implementation of India's international commitments to the UN Conventions on the Rights of Persons with Disabilities and the National Policy on Older Person as well as its national commitments to the Maintenance and Welfare of Parents And

Senior Citizens Act, 2007.^[56, 57] The main aim of NPHCE is “to provide an easy access to promotional, preventive, curative and rehabilitative services through community based primary health-care approach.”^[58] It is considered extremely important as it recognizes the different, specialized needs of the geriatrics.^[59]

Challenge 12- Myths Related to Aging in India

There are a number of myths about aging. Of note, they are shared by practitioners, patients, and policymakers alike.

These are as follows:^[60,61]

1. Age is an illness.
2. Disability is inevitable and increasing among seniors.
3. Loss of social ties leaves the older adult alone and isolated.
4. Most elderly are depressed, demented, or dependent.
5. Old age leads to physiologic and social homogeneity.
6. Aging and mortality are synonymous.

Challenge 13- Clinical Challenges Posed by Geriatric Depression

Depression is undertreated in Geriatric patients as they often have multiple co-existing medical and other psychological problems.^[62,63] Older adults are likely to suffer from subsyndromal depression, i.e., depression that does not (always) meet the full criteria for major depression diagnosis but can lead to major depression if left undiagnosed or untreated.^[64] According to a WHO report, patients over the age of 55 who suffer from depression have a four times higher death rate than those without depression indicates comparatively higher prevalence of geriatric depression in India, with a median prevalence rate of 21.9%.^[65,66] Studies have identified demographic factors associated with symptoms of geriatric depression which are often ignored by many elderly as a stereotype myth prevails that geriatric depression is normal in old age.^[67] Geriatric depression can either be recurrence of a previous depressive episode experienced earlier at younger ages or it be a first episode depression in late life.^[68] Depression in older adults is most frequently associated with physiological changes or abnormalities of the brain^[69] These changes may also be the result of early changes caused by Alzheimer’s disease or vascular dementia in its initial stages.^[70]

Challenge 14- Medical Illnesses in the Elderly Affected by Psychological Problems

It is commonly known that geriatric patients have multiple illnesses, which include both non-cognitive physical and psychiatric illnesses with psychological symptoms.^[71] The prevalence of co-morbid condition of illnesses is a powerful demonstration of the link between physical and mental illnesses and the interplay of multiple factors between them.^[72] A missed organic cause of psychopathology can lead to significant morbidity and mortality for individuals inappropriately admitted to a psychiatric unit.^[73] Nevertheless, it is crucial for medical professionals to have fundamental understanding of psychiatric conditions which will help them in diagnosis as well as in intervention.^[74]

Challenge 15- Geriatric Substance Abuse and Its Management

The prevalence of alcohol consumption among the elderly between the ages of 60 and 64 years was found to be 25.4%.^[75,76] Late onset abusers are those who start consumption of alcohol after the age of 65 years in response to negative life events such as retirement and the death of a loved one.^[77] These events are extremely common in old age and are further linked to psychological and psychopathological co morbidities, particularly mood and anxiety disorders.^[78] Similar to alcohol abuse, it was found that the number of heavy smokers decreased with age, the proportion declined from 22.7% between the ages of 60 and 64 years to 8.2% of heavy smokers between the ages of 65 and 75 years.^[79] These patients cannot be admitted and treated with adult substance abuse patients as their needs and causative factors differ markedly from that of adult patients with substance abuse.^[80]

Challenge 16- Management of Delirium in the Elderly

Delirium is a common medical and psychiatric complication seen in geriatric patients. Most of these patients need Intensive Care Unit admissions^[81] Delirium may complicate the clinical picture of dementia and make it difficult to assess clinically due to fluctuating orientation and attention of the patient, might be fatal if ignored^[82] Delirium also puts an immense pressure and challenge to the caregivers dealing with the patient on a regular basis.^[83]

Challenge 17- Sexual Issues in the Elderly

Sexuality is considered taboo in India with myths like older people are asexual and do not practice or desire sex.^[84] On the contrary, the majority of people aged 60 and above continues to engage in and, most importantly, enjoy it. Older adults are often the subjects of humour directed at physical, cognitive, and sexual impotence.^[85,86] Some common medical issues encountered in old age such as dementia, visual or hearing impairment erectile dysfunction and medical devices such as catheters affect self-image of the person and impede sexual expression.^[87,88,89] Other compounding issues that discourage the older sex by power wielding entities such as residential homes or caregivers, stereotyped media portrayals, lack of acknowledgment of LGBT and queer adults as sexual beings.^[90,91]

Challenge 18- End-of-Life Care and Cancer in the Elderly

There is a lack of awareness of End Of Life Care (EOLC) for people with chronic, serious, progressive, or advanced life limiting illnesses, including dementia.^[92] EOLC involves good communication, clinical decision-making, with medical teams and families, comprehensive assessment, and specialized interventions to meet for physical, psychological, spiritual, and social needs of patients and their caregivers.^[93] Relatives, therefore, are often forced to take the patients home on leave against medical advice.^[94,95] as per today Cancer and its related problems like depression, anxiety, fatigue is a major public health problem worldwide. Geriatric psycho oncology is still in a nascent state and needs to be enhance and improvise in India.^[96,97]

Challenge 19- Elder Abuse

Current research evidence suggests that 1 in 10 older people experience elder abuse.^[98] The intersection of elder abuse and mental health is important and complex as well and this need to be observed carefully.^[99] Evidence shows that victims of elder abuse has high prevalence rate of depression, anxiety which paves path to social isolation, increasing the risk of suicide and the emotional devastation.^[100] Abuse victims may suffer no of complaints, including, chronic pain, arthritis, neurological complaints, and gynaecological problems.^[101] Early deaths are common where elders abuse victims who have other debilitating mental health problems and cannot protect themselves readily.^[102] Some of them may manifest multiple physical/somatic complaints without a plausible diagnosis.^[103]

Challenge 20- Meeting the Needs of Lesbian, Gay, Bisexual, Transgender, and Queer Elderly

Prior research has indicated that the LGBT populations have a higher incidence of mental health distress, subjected to discrimination, stigmatization, and harassment than the general heterosexual population due to the brutal discriminatory treatment leaves them vulnerable to psychiatric illnesses and psychological distress.^[104] A study reported that 9.1% of elderly lesbian couples and 4.9% of elderly gay couples were poor, as compared to 4.6% of their heterosexual couples counterparts.^[105] Further, LGBT elderly are twice as more likely to live alone and almost four times less likely to have children than their heterosexual counterparts, poorer physical health of the LGBT elderly also leaves them more vulnerable to mental illnesses.^[106,107] Extensive research data does suggest that psychological and psychosocial factors have also an effect on behavior^[108] Using mixed methods is a good way of employing triangulation, particularly "methodological triangulation." It will be up to you, the researcher, and your advisor to decide as to which methods will work best for your research questions and goals to decode geriatric psychological issues.^[109]

CONCLUSIONS

The world's population is rapidly aging. Approximately between 2015 and 2050, the proportion of the world's older adults is estimated to double almost from about 12% to 22%. In absolute terms, this is an expected increase from 900 million to 2 billion people of over 60 of the age. Older people face special physical and mental health challenges which are necessary to be recognized and rehabilitated. Mental health problems are often under-identified or overlooked by health-care professionals and older people themselves, and the stigma related to mental illness makes people reluctant to seek help. Inadequate training opportunities, lack of awareness, virtual absence of chronic care disease models and inequitable distribution of health resources are the common challenges that confound the future of geriatric psychiatry in India. Government policies providing social benefits to the elderly population are in place, but coverage is inadequate and need to be reformed and reframed. For addressing geriatric mental health issues, the need of the hour is strengthening training and research activities,

increase awareness, developing community based rehabilitation programs, capacity building, and developing a holistic primary health-care system. There is a need to raise awareness among the public and also professionals about the unmet needs of geriatric mental health, strengthen inter-sectorial collaboration and develop adequate human resources. There is an urgent need to implement national policies, programs, and legislation targeting geriatric mental health and promoting advocacy and empowerment. Small steps in all directions will go a long way in improving geriatric mental health in India.

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