

Essay on mental health in late adulthood

[Literature](#), [Russian Literature](#)



Mental Health in Late Adulthood

Introduction

Good mental health is fundamental to an individual, their family and society. In Australia, mental health issues and mental illnesses among adults aged 55 years and above have been one of the greatest causes of diminished productivity, deteriorated quality of lives and disability. People with mental health issues are associated with higher rates of mortality and morbidity. Death of these people arises from a wide range of causes, including suicide. Inadequate mental health for the people in their late adulthood causes a burden on the family of the victim, friends and other stakeholders of the society (Scheurer, 2006). In modern days, it is not reasonable to expect that people will experience a stable state of mental health throughout their lives. However, the society of Australia has specific expectations of mental health of the older adults. Some people develop health issues as they get older while other had the problems while they young, but they become evident in their late adulthood (Toward, 2002).

Mental Health in Late Adulthood

In Australia, depression in ageing adults is common. Ageing is usually associated with rest and taking reflection of the past life. However, ageing is not as ideal as people assume. It comes with challenges like financial constraints, deteriorated health like poor eyesight and hearing problems (Kohn, 2006). These, among other problems, lead to poor emotions such as anxiety, melancholy, diminished self-esteem, and loneliness. Eventually they amount to apathy and social withdrawal. This serious result is chronic

depression that has both mental and physical effects. Its effects often worsen the elderly's health and may cause new problems (Dorahy, 2006). According to studies, body changes that occur with age may increase the risk of suffering from depression. Reduced amounts of some vital body components such as foliate in the nervous system increase the risk of depression. In Australia, the mortality rate of elderly people suffering from depression is higher than that of elderly people who have no depression. In hospitals, treatment initiatives for elderly people suffering from depression coupled with major sicknesses like cardiovascular diseases, are consuming more resources than for elderly people with no depression.

Ageing is an inevitable process and, therefore, care for the ageing is very important. Depression being a concern for the elderly people, the society of Australia does not wish it to be a part of the ageing process. To counter it, the government emphasizes on early detection and treatment of the condition. Other measures taken include prevention of the factors that may contribute to depression. Ageing adults are encouraged to consult with a doctor before changing eating habits and activities that may cause stress on their stamina. Ageing adults tend to be reluctant to change their lifestyles. Therefore, the government encourages their caretakers to be watchful of the preferences of the ageing (Andrews, 2007).

While aging is an inevitable part of life, depression need not be part of it. Researchers agree that early recognition, diagnosis, and treatment can counteract and prevent depression's emotional and physical consequences. A specialist in the ageing process such as a psychologist plays a significant

role in combating depression or the factors that cause depression. Crafted approaches in combating depression are also crucial in raise the self-esteem of the elderly (Leggat, 2006).

Ageing is also associated with a medical condition known as dementia.

Dementia is a clinical syndrome characterized by impairment of memory and cognitive skills (Bauer, 2011). It increases gradually with age from the age of around 65 years. In Australia and other industrialized countries, most of the senile dementia cases are of Alzheimer type (Travers, 2009). The other common type of dementia is vascular dementia. In Australia, there are initiatives introduced to foster the implementation of evidence-based health promotion, prevention and early intervention (PPEI). This aimed at identifying barriers and facilitators to the uptake of these activities to inform the Australian National Dementia Prevention Strategy. The barriers included remuneration and time constraint of the practitioners while the facilitators included integration of interventions within the existing activities, proper funding the practitioners and support of the Australian General Practice Network.

According to predictions, the prevalence of dementia will rise in Australia for several decades to come as well as the need for its care. Quick action is required to identify strategies that can prevent dementia. Several potentially modifiable lifestyle and biomedical risk factors have been identified as the causes of the onset of dementia. In Australia, about 97% of adults have at least one modifiable risk factor of decline in cognitive skills and dementia. There are a number of institutions in Australia take part in conducting

studies concerning this condition of diminished memory and cognitive skills. They include Australian Institute of Health and Welfare, Commonwealth Department of Health and Ageing, National Institute of Clinical Studies (NHMRC, Australia) among others (Hunter, 2007).

Elderly people of over 55 years are associated with retirement, both voluntary and involuntary. Retirement may cause the retiree to get anxious about the life ahead. According to studies conducted, retirement in Australia is associated with mental health issues. Most of the studies looked into the relationship between employment, and mental health and others looked into the relationship between unemployment and mental health. Experts have identified the point that death is highest for retired people. A few years after retirement, that is between the age of 65 and 69 years many people die. This is because of the challenges that the retired people encounter. To many, retirement comes as a shock that they cannot stand (Furnham, 2001).

People meet their retirements, whether voluntary or involuntary, very differently. Some people end their working lives while other result to doing new jobs. Some face retirement feeling that they needed to continue working at their work place. Therefore, they feel angered by the retirement and keep regretting in the rest of their lives. Whether they result to new jobs or end their working lives, most of them encounter difficulties when adjusting. The nature of the job that one was doing determines the time plan one is likely to adopt. This has caused difficulties when settling down in retirement (Rashad, 2008).

Retirement is also associated with loss of identity especially for those people who were working in high status jobs. They tend to feel that the efforts and struggles they went through when climbing up the greasy pole of the corporate world do go into waste. This is usually not a problem for those who worked in junior posts. That is why some people after retirement result in searching for new jobs related to their former jobs. All these challenges manifest on the mental health of the retiree (Rashad, 2008).

Elderly workers are subject of ageism in Australia. This causes mental stress on the elderly workers. Over a long time, the elderly population faces marginalization in the job market. They find themselves being the targets during downsizing of labour in firms (Encel, 2005). This causes loss of self-esteem of the elderly workers, as their work seems unappreciated (Oswick, 2002). The Australian Government's efforts in the labour market deregulation, including its Work Choices 2005 legislation has influenced a lot in age discrimination of elderly workers. During the economic reconstruction in Australia, massive retrenchments saw many elderly workers go home unexpectedly. This move caused a lot agony to its victims as they encountered challenges in establishing new ways of living. Ageism comes with stereotypes that only stigmatize the affected people. This causes a feeling of lack of self-worth and even thoughts of suicide. Therefore, the mental health of elderly workers becomes under threat due to discomforts experienced at work.

Sometimes, health experts and the caretakers tend to overlook the mental health of elderly people. Usually, there is a misunderstanding of regarding

the natural ageing and mental issues of ageing people. Some people have had problems in their lives that worsen with age and complicate their mental health care. In Australia, the issues of mental health are likely to increase since the population of older people will multiply according to the current predictions. Quality mental health care increases stress on the caretaker, resulting in negative results. The health outcomes begin to deteriorate and the rate of mortality increase. It also causes cases of suicide. Older people do not realize their own mental health problems, unlike the younger people. The reported cases of elderly peoples are remarkably few when compared to cases of the other people in other development stages (Oswick, 2002).

Anxiety, sadness, neglected personal appearance among other problems of people in their late adulthood may lead to other diseases that affect the ageing. Elderly people suffering depression are more likely to have difficulties when they undergo treatment for cancer. Depression affects how the patient takes part in the treatment. Most of the depressed people cannot help well during the treatment since they are not cooperative and cannot make sensible decisions. Depression is also associated with stroke and heart diseases. As a person gets old, he becomes more susceptible these two diseases. Major duration of depression for people with stroke goes for up to one year (Rashad, 2008).

If the depression is not treated, the patient respond poorly to rehabilitation, becomes more irritable and undergoes personality changes. Anxiety disorders affect the rhythms of the heart, raise blood pressure and can lead to increase in levels of the hormones that are associated with stress. Elderly

people with mental issues such as depression are more likely to develop diabetes and the elderly people with diabetes are more likely to develop depression (Rashad, 2008). When depression is treated, people are able to deal with diabetes. Depression causes deteriorated mental and physical abilities, so a patient of depression will be less likely to follow the prescribed medication for diabetes. This means that the adults in their late adulthood suffering from the above conditions are supposed to be evaluated for depression. This is so that that assertive treatment is administered on them in case there are found to be suffering from depression.

Many elderly people keep on receiving news of passing on of their loved ones. They may be their friend, age mates or even former colleagues at work. This brings the person closer to the sad reality of eventuality of death. It is normal for people to grieve over dead, close people, but sometimes the elderly get more saddened than those in the preceding development stages are. It is quite difficult to distinguish between normal grief and extended grief that may even result in depression. This has been a point of controversy and a lot of debate in the Australian institutions that deal with mental health and psychiatry. In exacerbating the problem, elderly people are less likely to talk out their issues with others. Therefore, the people who live around then need to be keen when evaluating the extent of grief with them (Andrews, 2007). If a grieving person is unable to resume his normal activities after a long period or is unable to eat until he becomes weak, there is a need for immediate attention from a mental health expert.

When people in their late adulthood move to nursing homes, they may face challenges of adapting to the new environment. This relocation may cause a common condition known as transfer trauma. Most people will for more than 65 years of age and recent surveys indicate that more than a quarter of all Australians who reach this age will spend a part their remaining years in community hostels, and nearly 35% in nursing homes (Davis, 2008). Usually the movement is a traumatizing process for the elderly. In the nursing homes, they meet elderly people, some of them who are in bad conditions such as last stages dementia. Therefore, it becomes very hard for the new people to coup with the life there. Besides that, the relatives and caregivers also find it painful to leave their loved ones on the nursing homes even after a successful transition. In the best circumstances, the caretaker is a member of the team dealing with the resident's needs in a relaxed manner (Davis, 2008).

Most of the staff in these nursing homes are poorly trained, and, therefore, do not handle the elderly people with the skills required. The stress associated with the elderly in the nursing homes could be managed well if the mental health experts collaborate with the staff in nursing homes (Vecchio, 2007). Sometimes, poor interaction skills between the caretaker or the nursing home staff and the already demented person can cause a conflict arising from all frames of reference (Ward, 2002). The staff at the nursing home maybe contented with very little improvement in the patient, which may not be the best improvement the patient could make. This leads to administration incomplete therapy and rehabilitation (Yong, 2008).

Conclusion

According to the studies conducted, a lot of work has to be done for the purpose of the mental health need of the elderly people. The government programmes should invest more in care for dementia and its diagnosis. Australia's population is ageing quickly and mental health care for the elderly will become necessary to re-examine (Gray, 2009). Mental health issues are leading causes and facilitators of other diseases that are common in older people like diabetes, heart diseases and some cancers. People with mental disorders may have problems fitting in the society since they participate poorly in community activities (Jennings, 2004). The cooperation of experts in mental health and the carers will be of help in dealing with the mental issues that late adults encounter.

References

- Andrews, G., & Titov, N. (2007). Changing the face of mental health care through needs-based planning. *Australian Health Review*, 31, S122-8. Retrieved from <http://search.proquest.com/docview/231779401?accountid=45049>
- Bauer, M., & King, Susan J, PhD, B. N., R. N. (2011). Hospital discharge: Recommendations for performance improvement for family carers of people with dementia. *Australian Health Review*, 35(3), 364-70. Retrieved from <http://search.proquest.com/docview/910806279?accountid=45049>
- Davis, P. S., & Rees, C. S. (2008). Mental health services in nursing homes. *Australian and New Zealand Journal of Public Health*, 22(2), 227-231. Retrieved from <http://search.proquest.com/docview/215708885?accountid=45049>
- <https://assignbuster.com/essay-on-mental-health-in-late-adulthood/>

Doyle, C., & Ward, S. (2002). Education and training in residential dementia care in australia: Needs, provision and directions. *Australian and New Zealand Journal of Public Health*, 22(5), 589-597. Retrieved from

<http://search.proquest.com/docview/215711710?accountid=45049>

Dorahy, M. J., & Shrestha, S. N. (2006). Depression and life satisfaction in nepal and australia. *The Journal of Social Psychology*, 136(6), 783-790.

Retrieved from [http://search.proquest.com/docview/199832045?](http://search.proquest.com/docview/199832045?accountid=45049)

[accountid=45049](http://search.proquest.com/docview/199832045?accountid=45049)

Encel, S. (2005). Age discrimination in employment in australia. *Ageing International*, 25(2), 69-84. doi: 10.1007/s12126-999-1017-1

Furnham, A. (2001, Jan 30). Dealing with the shock of retirement: MENTAL HEALTH: Employment imposes a structure on time and a rhythm on life.

Leaving it behind can be unsettling, says adrian furnham: *Financial Times*,

pp. 16-16. Retrieved from [http://search.proquest.com/docview/248946282?](http://search.proquest.com/docview/248946282?accountid=45049)

[accountid=45049](http://search.proquest.com/docview/248946282?accountid=45049)

Gray, M., & Heinsch, M. (2009). Ageing in australia and the increased need for care. *Ageing International*, 34(3), 102-118. doi: 10.1007/s12126-009-9046-3

Horner, B., & Boldy, D. P. (2008). The benefit and burden of " ageing-in-place" in an aged care community. *Australian Health Review*, 32(2), 356-65.

Retrieved from [http://search.proquest.com/docview/231720119?](http://search.proquest.com/docview/231720119?accountid=45049)

[accountid=45049](http://search.proquest.com/docview/231720119?accountid=45049)

Hunter, E. (2007). Mental health: Is this a public health issue? *Australian and New Zealand Journal of Public Health*, 21(6), 649-656. Retrieved from

<http://search.proquest.com/docview/215710119?accountid=45049>

<https://assignbuster.com/essay-on-mental-health-in-late-adulthood/>

Jennings, A. (2004). On being invisible in the mental health system. *Journal of Mental Health Administration*, 21(4), 374-374. Retrieved from <http://search.proquest.com/docview/205233766?accountid=45049>

Leggat, S. G. (2006). Mental health care: Take 2. *Australian Health Review*, 30(3), 269-270. Retrieved from <http://search.proquest.com/docview/231756351?accountid=45049>

Oswick, C. (2002). Ageism in work and employment. *Employee Relations*, 24(4), 463-465. Retrieved from <http://search.proquest.com/docview/235181165?accountid=45049>

Kohn, F., & Morley, B. (2006). Models of psychological service provision under australia's better outcomes in mental health care program. *Australian Health Review*, 30(3), 277-85. Retrieved from <http://search.proquest.com/docview/231780050?accountid=45049>

Rashad, I., & Spasojevic, J. (2008). The effects of retirement on physical and mental health outcomes. *Southern Economic Journal*, 75(2), 497-523. Retrieved from <http://search.proquest.com/docview/212127858?accountid=45049>

Scheurer, R. W., & Whiteford, H. (2006). The dimensions of the mental health jigsaw in australia. *International Journal of Social Economics*, 33(12), 808-831. doi: 10.1108/03068290610714661

Toward, J. I., & Ostwald, S. K. (2002). Exploring mental health service needs for the elderly: Results of a modified delphi study. *Community Mental Health Journal*, 38(2), 141-9. Retrieved from <http://search.proquest.com/docview/228302934?accountid=45049>

Travers, C. M., Martin-Khan, M., & Lie, D. C. (2009). Dementia risk reduction <https://assignbuster.com/essay-on-mental-health-in-late-adulthood/>

in primary care: What Australian initiatives can teach us. *Australian Health Review*, 33(3), 461-6. Retrieved from <http://search.proquest.com/docview/231751344?accountid=45049>

Vecchio, N., & Stevens, S. (2007). Predicting professional resource input in home care: The ONI survey. *Australian Health Review*, 31(3), 401-10.

Retrieved from <http://search.proquest.com/docview/231724179?accountid=45049>

Yong, W. (2008). Call for more geriatricians to relieve elderly bed crisis.

Australian Doctor, , 12. Retrieved from <http://search.proquest.com/docview/195121565?accountid=45049>