

Mental health in older people sociology essay



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Mental health problems among older people do not occur as often as they do in other age group. However, the importance of understanding mental health issues in older people cannot be ignored. The most common mental health issues that can happen in later life include cognitive impairment, dementia, learning disabilities, depression, and anxiety (Stuart-Hamilton 2012). Among those issues, depression happens most frequently, influencing one in seven older people (Age Scotland 2012). Studies also show that there are a growing number of people with dementia, which is estimated to reach almost 1 million by 2021 (Alzheimer's Society 2007). The causes of those problems vary but their impact on older people's mental well-being and daily life can be significant. Memory loss and changes, challenging behaviours also influence their families and other people in communities (Woods 2011).

In a study by Sproston (1999), 7% of 910 Chinese immigrants were reported to possibly have a psychiatric disorder, less than half of the proportion among general population (17%). Nazroo (1997) also found that prevalence of anxiety among male Chinese in the community sample the UK was 5% compared with 12% among white males. The prevalence of anxiety among female Chinese was also lower than that among white females (10% and 23% respectively) (Nazroo 1997). Those studies can indicate that Chinese people in the UK are mentally healthier than native white people in those sample communities. However, because of the both studies were based on relatively small scale approach, they may not be able to reflect mental health of whole Chinese population in the UK. It has been reported that Chinese people with mental health issues are underrepresented in the health

services of the UK, lower than other ethnic minority groups (Wong and Cochrane 1989, Li 1991, Sproston et al. 1999).

The causes of mental health issues among Chinese older people in the UK vary. Some perceived causes by themselves and other Chinese people include family problems, financial difficulties, loneliness and isolation, poor physical health, life events such as bereavement (Li et al. 1999, Tran et al. 2008, Wah Kin Project 2011). It was indicated in literature that mental problems happened more often in older generation among Chinese immigrants (Cowan 2001). But the prevalence of Chinese elders who has mental health needs in the UK is not clear when I was searching the literature. Their understandings of mental health issues and experience of mental health services have been addressed by many studies, which I will now summarise.

Lack of Knowledge about Mental Health Issues

General understanding of mental health issues of Chinese people has largely been affected by traditional Chinese medicine for thousands of years. It is suggested that the physical health and mental health should be in harmony, which is regarded as holistic approach (Chau 2008). There is no separate concept of mental health from physical health in Chinese medicine (Wong and Richman 2004). This reflection on many studies about the understanding of mental health issues among Chinese elders in the UK. The Wah Kin (Chinese health) project focuses on Chinese people aged 50+ in North Glasgow. In their project report, 'Voices of Chinese Elders', when asked about their understandings of mental health issues, some Chinese elders suggested it was because those people 'think too much' (Wah Kin Project <https://assignbuster.com/mental-health-in-older-people-sociology-essay/>

2011). Some respondents also suggested that people with mental health issues will 'end up their own lives by committing suicide' (Wah Kin Project 2011). Similar responses were also gathered in two studies by Tran (2006) in Shropshire County and Tran et al (2008) in Westminster, Kensington & Chelsea and Brent. When asked about mental health, most of the interviewees in the second study started to talk about their physical health firstly, where further explanation and prompting were needed (Tran et al. 2008). Moreover, nearly all of the interviewees in both studies indicated that good mental health can be achieved by simply controlling emotions and not thinking too much (Tran 2006, Tran et al. 2008). In a study of Li and Logan (1999) in England, there were a number of Chinese people who did not know what the diagnosis was when they were given a mental health related diagnosis.

Stigma and Discrimination related to Mental Health Issues

There is evidence that mental health issues can result in stigma of older people and their families (Crisp et al. 2000, Van Brakel 2006, Brauholtz 2006, Rosenfield 1997). Discrimination against people with mental health issues remains a concern in the UK (for example, see Knifton 2012). People with mental health problems delay help-seeking because of stigma (Schomeus and Angermeyer 2008). Among ethnic minority groups, the stigma of mental illness happen more often (see, for example, Ng 1997). Studies have revealed that the stigma associated with mental health problems can affect the person so labeled in a long-term from many aspects, which can lower self-esteem, ~~and~~ depression, impairment in social

relationships (Chung and Wong 2004, Link et al 1997, 2001 and Perlick et al. 2001).

Fabrega (1991) indicates that the level of psychiatric stigma among Chinese people is high. Misunderstanding and low level of knowledge about mental illness in the Chinese community can lead to stigma and discrimination against mental health problems (Li et al. 1999). Chinese culture also contributes to some stigmatising and discriminatory beliefs (Kleinman 1980), which might not be different from some western culture. It is clearly expressed by some Chinese immigrants in Manchester that those who suffer from Diankuang (ç™ « ç<, Madness) are dangerous to others and should be excluded from the community or physically restricted (Wong and Richman 2003). It was reported in a study by Li et al. (1999) that over half of Chinese respondents did not receive proper support from their families, which had a significant impact on family relationships. Chinese people would also try to hide their mental health issues from family and health services because of shame and guilt (Knifton 2012).

Lack of Understanding and Information about Mental Health Services

Even if some Chinese elders are not stigmatised and have the motivation to be supported by professionals, they do not know who they can turn to for help. Li et al. (1999) found that there were a number of the Chinese respondents (including older people) who were not aware of the full range of mental health services (The percentages of people who did not know the range of statutory mental health services and non-statutory services are 38% and 46.8% respectively). In Voice of Chinese Elders (Wah Kin Report

2011), some of Chinese elders also expressed that they did not believe that a GP could help with mental health problems.

Lack of information about existing mental health services is also an important factor found in previous studies (see for example, Li et al. 1999, Tran 2006). One explanation can be the lack of advertising of mental health services to main stream society in some areas already. A more important reason is that there are few leaflets or other materials in Chinese available so that they can understand (Li and Logan 1999, Tran et al. 2008). It is difficult and unrealistic for me to research the availability of all types of mental health resources all over the UK. However, an understanding of online available information is achievable. I searched on the internet by Google search engine using the term ' Chinese mental health services UK' occasionally during September 2012 - April 2013. Most results were about current health services for general public and there were few services for Chinese. Two associations who have websites as online promotion have specified some mental wellbeing services for Chinese people (including Chinese elders) in the UK. One is ' Chinese Mental Health Association' (中国心理健康协会) and the other is ' Chinese National Healthy Living Centre' (中国国民健康中心). The first website provides both Chinese and English information. The latter one only has English version while its Chinese website is under editing. Most of their services, including counseling and befriending services, are centre-based covering Greater London area. Some of their services are available across the UK (eg. health promotion). There is also a Chinese Mental Health Services in Birmingham, the contact number of which was published on the internet. After a wider search of mental health

services in the UK through BBC health support website, I found one more institution that provides mental health resources in Chinese, the Royal College of Psychiatrists. I changed search key words using some other cities in the UK where relatively most Chinese people stay (according to the Census 2001 and Census 2011 in England and Wales, and Scotland), including Glasgow, Edinburgh, Newcastle, Manchester, Liverpool, York, Sheffield, Bristol and Leeds. Four of them were recorded on the internet to provide mental health services specified for Chinese people (including Chinese elders) (Glasgow, Manchester, Newcastle and Liverpool).

Considering there is a demand of mental health services for Chinese in the UK, relevant information available on the internet is relatively little. What cannot be ignored is that Chinese people's accessibility to computers and internet can be low. The IT skills among Chinese elders can be even fewer. As a result, most mental health knowledge may still be gathered through their GPs or visits to local community centres rather than via Internet.

Lack of Proper Interpretation Services

Language barriers held many non-English speaking groups back when looking for support in the UK (Katbamna and Mathews 2006). Language barrier weighs the most among all barriers for Chinese older people to fully use mental health services (Yu 2000).

There are different attitudes towards who to turn for interpretation among Chinese elders with mental health problems in the UK. In Final Report of Wah Kin Project 2008- 2011, many of the participants suggested that they would prefer a family member, friend or a staff member from Chinese organisations to do the interpretation rather than other interpretation services (Langmead <https://assignbuster.com/mental-health-in-older-people-sociology-essay/>

2011). However, according to NHS guidelines for working with interpreters, families or friends are not considered as good persons to turn for interpretation (National Resource Centre for Ethnic Minority Health 2008). Although interpretation service between English and Chinese is available in the UK, Chinese elders have difficulties and negative experience using interpreting service when using mental health services. Findings in many studies can be concluded as follows: a. Chinese people (including Chinese elders) were not sure when they should be provided an interpreter; b. They do not know that they could ask for an interpreter or when they could do so; c. They are worried that some interpreters might be people they have already known in terms of concern about confidentiality; d. Some respondents had experienced negative attitudes from interpreters, which they perceived as discriminatory behaviour; e. Some interpreters show no relevant knowledge about specific mental health issues, which affects the accuracy of interpreting; f. Respondents rarely had the same interpreter who used to work with them because of the interpreting booking system. The changes of workers resulted in rebuilding trust and relationships between service users and interpreters again and again. (Langmead 2011, Wah Kin Project 2011, Tran 2006, Tran et al. 2008, Li et al. 1999, Li 1999, Chau 2008)

Furthermore, ethnic minority groups were reported to often receive inadequate mental health service provision in the UK (Knifton 2012), which may affect their service experience as well as their mental well-being.

Purandare et al. (2004) conducted a study of perceived mental health needs of older people in care homes in the UK. 41% of care home managers (n= 1689) who responded to their questionnaire suggested that at least 50% of

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their residents have mental health issues to some extent. However, few of them reported that there were regular mental health services visiting their care homes.