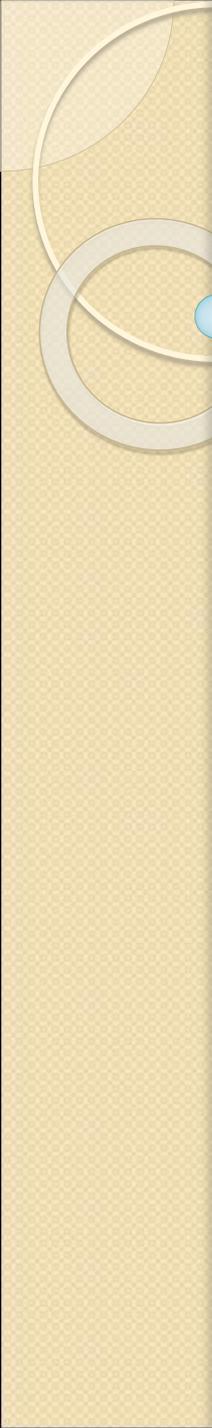


# Caring for the elderly

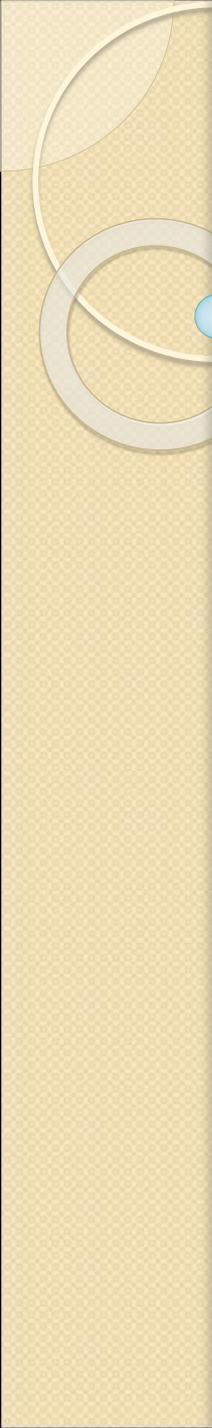
**Dr Peter Castelino**  
Director  
COOJ Mental Health Foundation

# THE GREYING INDIA: DEMOGRAPHIC CHANGES

- 100 million people above age of 60
- Lifespan has increased from 32 in 1947 to 54 in 1980 to 64 in 2008
- the infant mortality rate (under 1 year) reduced from 80/1000 in 1991 to 52/1000 in 2008; the crude death rate reduced from 160/1000 in 1970 to 80/1000 in 2008.
- it has been projected that by the year 2050, the number of elderly people would rise to about 324 million. India has thus acquired the label of “an ageing nation”

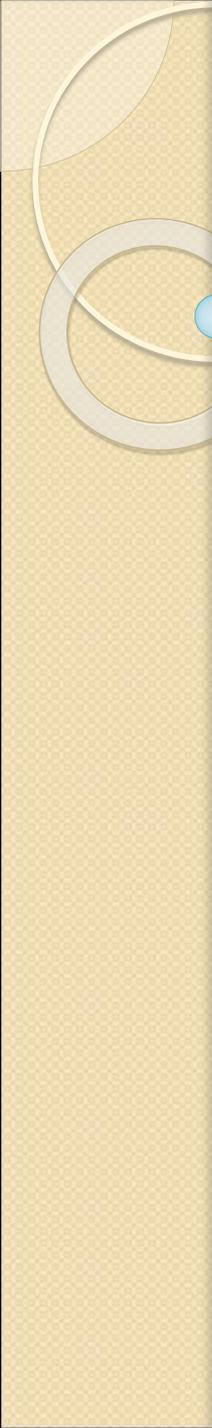


Just how old are “older”  
adults??



# Just how old are “older” adults??

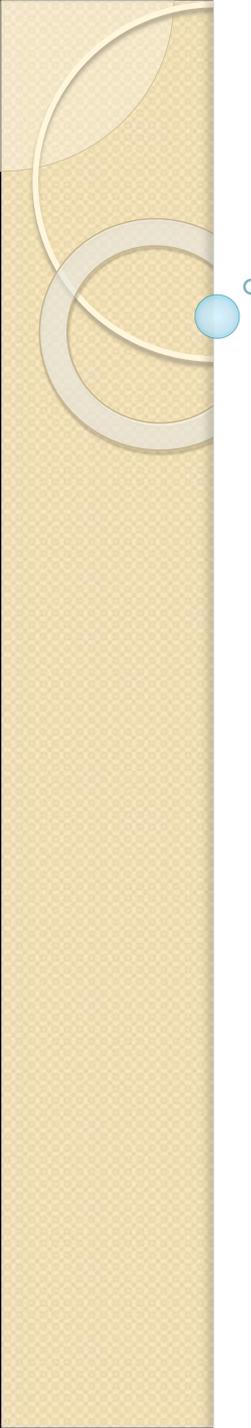
Young Old (65-74)



# Just how old are “older” adults??

Young Old (65-74)

Middle Old (75-84)

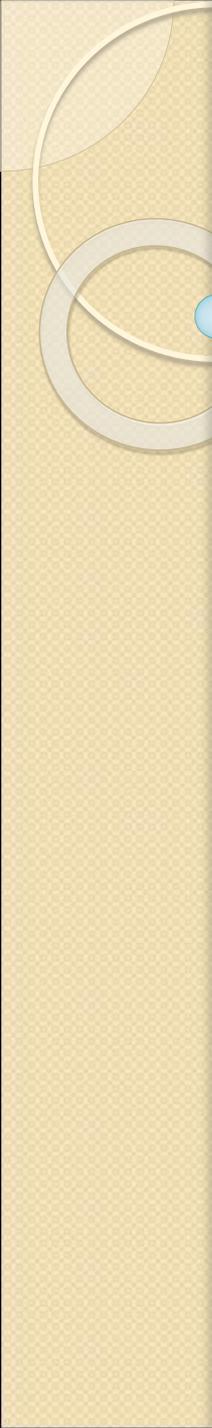


# Just how old are “older” adults??

Young Old (65-74)

Middle Old (75-84)

Older Old (85-99)



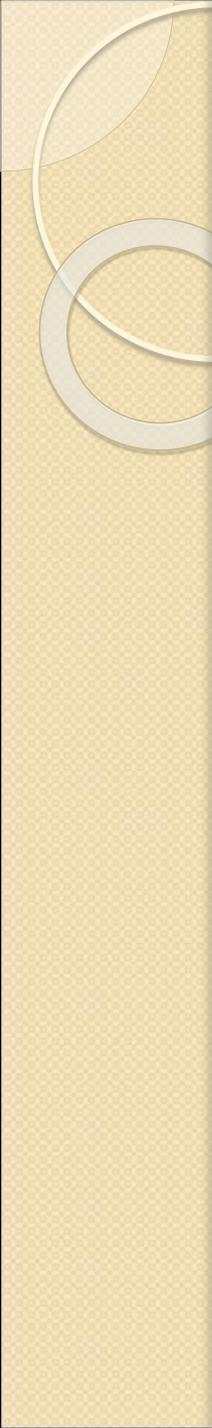
# Just how old are “older” adults??

Young Old (65-74)

Middle Old (75-84)

Older Old (85-99)

Extreme Old (100+)



# Mental health and the Older Adult

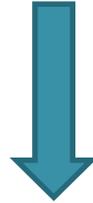
***Mental health*** problems are not a 'normal' aspect of ageing.

Most ***older people*** do not develop ***mental health*** problems, and they can be helped if they do.

# SOCIAL CHANGES

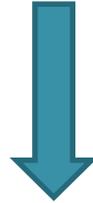
- Breakdown of the joint family system
- Migration of children for economic gains
- National programs such as population control is further shrinking the size of the families resulting in lesser children.
- the changing social scenario in the name of modernization is influencing the interpersonal relations in a negative manner

# RESULT

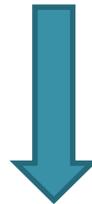


nuclear families are emerging at a fast pace where older adults are being left in ancestral houses having little or no personal, personnel, emotional, economic, social support and care

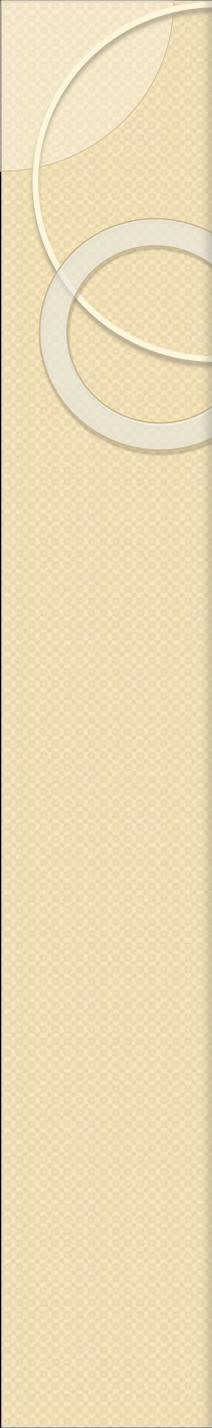
# RESULT



nuclear families are emerging at a fast pace where older adults are being left in ancestral houses having little or no personal, personnel, emotional, economic, social support and care

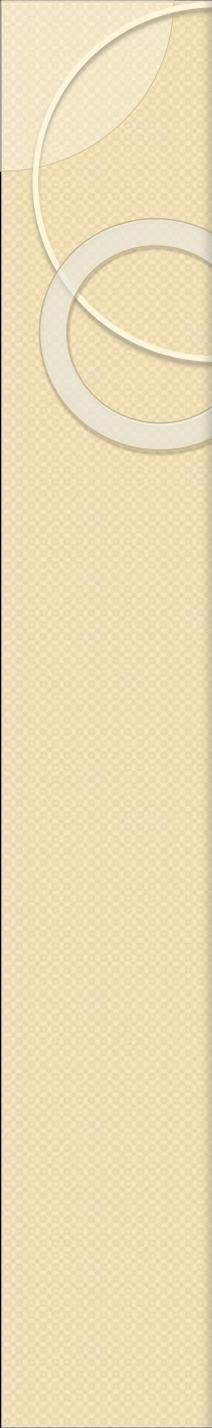


# LONLINESS



Indian studies have reported that individuals of nuclear families are more susceptible to developing psychological problems than those of joint families because of breakdown in the traditional support system.

- Sethi BB, Gupta SC, Kumar R. Three hundred urban families—a psychiatric study. *Indian J Psychiatry*. 1967;9:280.
- Sethi BB, Gupta SC, Mahendru RK, Kumari P. A psychiatric survey of 500 rural families. *Indian J Psychiatry*. 1972;14:183.
- Sethi BB, Gupta SC, Mahendru RK, Kumari P. Mental health and urban life-study of 850 families. *Br J Psychiatry*. 1974;124:243–6



## Other contributing factors to **loneliness**

- Death of Spouse
- Boredom, disuse of skills
- Rapid urbanisation
- Inadequate living space
- Feeling of rejection
- Reduced independence
- Elder abuse

# Common Adjustments Which Occur With Aging

- **Family changes:** Role reversal
- **Retirement:**
- **Awareness of one's own mortality:**
  - Not only do spouses die—but friends do also.
  - Older adults may also experience health decline.
  - older adults review the significance of their life through reminiscences.
  - They often are faced with multiple losses at one time.
- **Widowhood:**
- **Declining physical reserves:**
- **Changes in income:**
- **Shrinking social world for some:** Loneliness commonly occurs
  - as a spouse or friend becomes ill or dies.
  - Children and grandchildren are often very busy and may live at a distance.
  - Often older adults choose not to drive—further limiting their socializing.

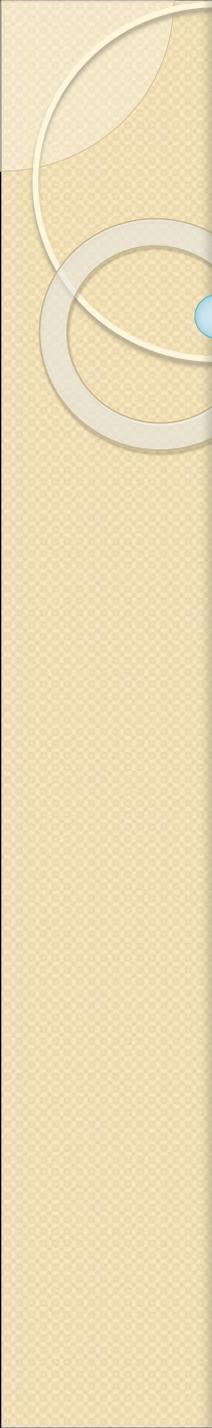
# THE BURDEN OF MENTAL HEALTH PROBLEMS IN OLDER ADULTS

- The average prevalence of mental health problems both in rural and urban communities indicates that 20.5% of the older adults are suffering from one or the other problems.
- $[(\text{Urban}-17.3\%+\text{Rural}-23.6\%)/2]=20.45\%$ , i.e. 20.5%]
- (Tiwari SC, Kar AM, Singh R, Kohli VK, Agarwal GG. An epidemiological study of prevalence of neuro-psychiatric disorders with special reference to cognitive disorders, amongst (urban) elderly- Lucknow study. New Delhi: ICMR Report; 2009 and 2010)

Disorder category	Prevalence of mental health problems in urban older adults (per 1000)	Prevalence of mental health problems in rural older adults (per 1000)	Average prevalence of mental health problems in older adults [(U+R)÷2] (per 1000)	Estimated number (in million) of older adults suffering from mental health problems in India total older adults= 83.58
<b>Psychiatric disorders other than cognitive disorders</b>				
Without physical co-morbidity	31	77	54	4.51
With physical co-morbidity	66	82	74	6.18
Total	97	159	128	10.69
<b>Cognitive disorders</b>				
Without physical co-morbidity	18	27	23	1.92
With physical co-morbidity	38	39	39	3.26
Total	56	66	62	5.18
<b>Both functional and cognitive disorders in the same subjects</b>				
Without physical co-morbidity	04	06	05	0.42
With physical co-morbidity	16	05	11	0.92
Total	20	11	16	1.34
Dementia	44	28	36	3.01
Mild cognitive impairment	32	51	42	3.51
<b>Total psychiatric morbidity</b>				
Without physical co-morbidity	53	110	82	6.85
With physical co-morbidity	120	126	123	10.28
Total	173	236	205	17.13

# Psychiatric Disorders in Elderly

- Depression
- Anxiety Disorders (issues- death and dying, financial, coping, guilt of past etc)
- Hypochondriasis
- Paranoid syndromes
- Organic Mental Syndromes like
  - Delirium
  - Dementia (Alzheimers, Multi-Infarct, LB)
  - Psychosis due to Parkinsons disease



# World Mental Health Day 2013

WHO Theme: Mental Health and Older Adults

# Dementia

1. progressive neurodegenerative disorder
2. one of the major causes of disability in late-life
3. present -cognitive deterioration  
-behavior & psychological symptoms of dementia (BPSD)

- over 90% of families of people with dementia have no knowledge of the diagnosis.

generally treated as part of normal aging, and elders may experience abuse as a result of misinformation

# Economic impact of dementia in India

## The Dementia India Report, 2010

1. 3.7 million Indians
2. numbers to double by 2030,
3. costs would increase 3 times.
4. families are the main carers and they need support
5. India is currently spending INR 0.15 to 160 billion per year for care of people with dementia
6. Total cost per person with dementia is INR 43,285

# Current dementia services in India

6 Residential care facilities (respite facility, family support);

10 day care centres (medical attention and supervision);

6 domiciliary care services (advice and tips for caring families);

100 memory clinics (assessment, support, advice information)

10 dementia help lines.

The most significant barrier - low human resource

# The importance of carer interventions

These include

- a) **Psycho-educational interventions**, many of which include an element of carer training,
- b) **psychological therapies** e.g. cognitive behavioural therapy (CBT), and counselling,
- c) **carer support and respite care.**



**Suicide: in elderly: is it a problem??**

# Suicide: in elderly: is it a problem??

7 per 100,000 in those aged >60 years  
against the national average of 11.4

# Some problems with care

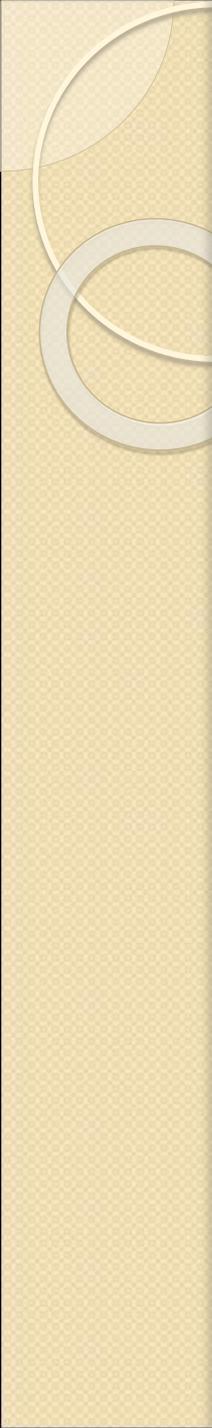
- low level of public awareness about mental health problems of old age
- Most hospitals in the country do not have specialized geriatric care facilities.
- Lack of training in geriatric mental health in PHC's
- Lack of day care centres/ rehabilitation centres for the elderly with mental health needs
- Inadequate implementation of the DMHP

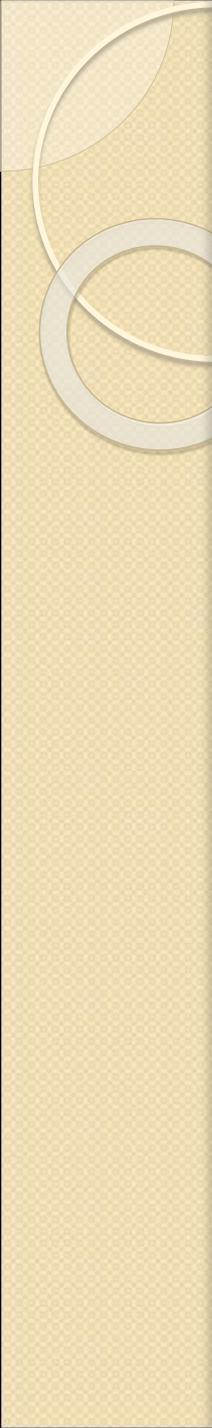
# Types Of Caregivers

- At home by a family member
- At home not by a family member
- Of a loved one from a distance
- Institutional caregivers
- Part time v/s full time carers
- Caregivers of chronic mental problems like dementia

# Care needed

- Care at all levels: primary, secondary & tertiary
- Cost effective training of grass root health workers in geriatric care
- Special geriatric units
- Geriatric Day centres
- Both physical and psychological care
- Understanding disability needs of elders
- Implementation of the various schemes and acts

- 
- The impact of caring may have a detrimental effect on the carer's life in many different ways.
  - Carers at particular risk are:
    - spouse carers
    - live-in carers
    - those caring for someone with a mental health problem
    - those caring for someone whose behaviour is changing
    - those caring for someone who cannot be left alone
    - those who have a poor relationship with the cared-for person
    - those who do not have someone in whom to confide.



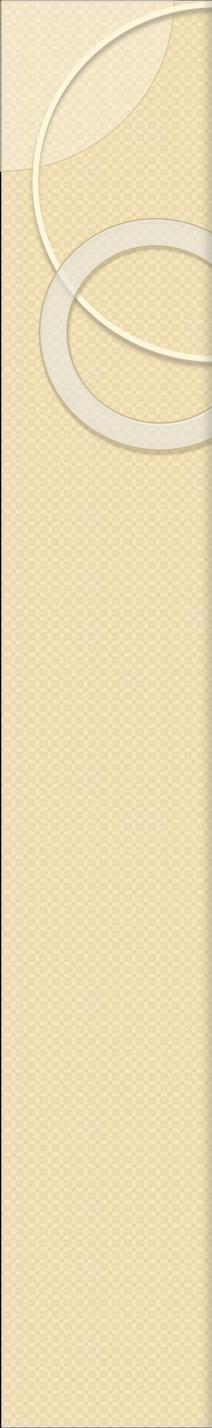
Caregivers have been described as  
**“hidden patients.”**

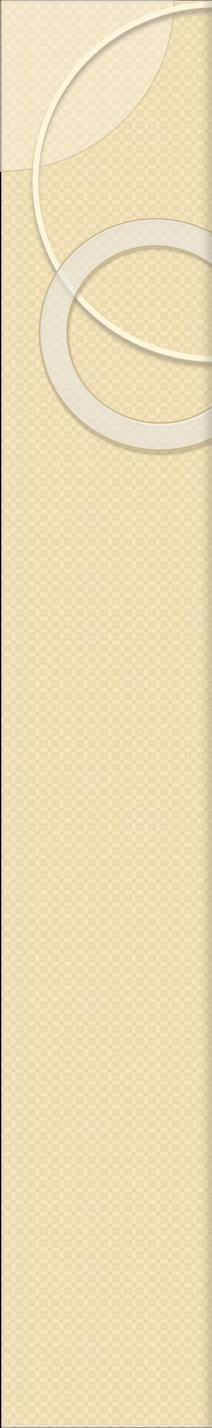
# Signs of caregiver stress

- Feeling tired most of the time
- Feeling overwhelmed and irritable
- Sleeping too much or too little
- Gaining or losing a lot of weight
- Losing interest in activities you used to enjoy
- Neglect own health

# Health Problems of Caregivers

- Depression
- Anxiety Disorders
- Sleep Disturbances
- Hypertension and diabetes
- the immune function of caregivers may be reduced.  
( higher risk of infections)

- 
- there is a positive correlation between increased activities of care performed by the caregiver and caregiver burden.
  - This included both **direct care** such as bathing and **indirect care** such as running errands, preparing meals, and performing housework.

- 
- caregivers with a higher burden may have an increased potential for mistreating the family member
  - For many caregivers, much of their burden is related to feelings of loneliness or isolation

# Needs & Recommendations

- **Community care programs:** basic support, fulfilling needs to encourage independent living, domiciliary health support, activities to improve socialisation and recreation
- **Capacity building in Senior Citizen Homes:**  
psychosocial activities
- **Care Homes for severely disabled:**  
physically incapacitated, bed ridden, dementia

# COOJ MENTAL HEALTH FOUNDATION

- Registered non profit organisation since 2000
- Promotion of mental health
- Centres in Mapuca and Vasco
- Programs:
  - COOJ Rehabilitation Program
  - COOJ Suicide Prevention Program
  - COOJ Elder Care Program
  - COOJ Community Programs

# COOJ SUICIDE PREVENTION LISTENING HELPLINE



In Distress  
Call

2252525

**Timing :** Monday - Friday, 3:00pm to 7:00pm

# Group Therapy



# Group Therapy



# Cognitive therapy



# Recreation



# Elder-Child therapy



# Dance Therapy



# Senior Citizen Carnival



# Senior Citizen Carnival



Thank You

