PsychAGE News

Information and commentary about older adult and carer wellbeing

Issue 12, 21st May, 2019: Excerpt Series Part 1: The Perfect Storm

For the next few months PsychAGE News will run a special series of excerpts from my book. There will be six parts to this series: the perfect storm, residential living, types of distress, invitations for engagement, grief and loss, and ageism. To begin with, please find below the first instalment which is entitled 'The Perfect Storm'.

Counselling and Psychotherapy with Older People in Care: A Support Guide, Jessica Kingsley Publishers (UK). Excerpt 1: Introduction, pp.21-26.

The perfect storm

Now that we know who we are talking about when we use the word "senior" we can turn our attention to what is happening in the lives of these older adults. As I write this section I have to admit to you – it is a little overwhelming. Why? Because the issues *are* overwhelming. Not only is there a high incidence of distress amongst our senior population, and the numbers of them grow by the day, but there are not enough psychotherapists coming forward to meet this need and not enough training or support for these practitioners. And that is just the tip of the iceberg! It is a perfect storm. But I hope that by the end of this book you can see what elements are needed to create more calm conditions, how you can play your part in this change, how you might feel more supported , and why you might become totally addicted to working with this wonderful group of people. As Steve Jobs once said: "the only way to do great work is to love what you do" (in Chowhdry 2013).

Incidences of distress

Between 2008 and 2012 the Australian Institute of Health and Welfare conducted a study to look into the incidence of depression in residential care facilities. It was, and still is, the largest analysis of its kind in that country. What it discovered was breath taking:

> More than half (52%) of all permanent aged care residents at 30 June 2012 had symptoms of depression, as did 45% of people admitted for the first time to residential aged care between 2008 and 2012. These are likely to be underestimates … (Commonwealth of Australia 2013, p.24).

Researchers of this study relied on an automatic intake process for all new residents – the Aged Care Funding Instrument. This instrument is needed to rate level of individual need and decides how much the facility should be paid by the government for that person's care. It includes a mood assessment called the Cornell Scale for Depression (CSD) which is viewed as a reliable screening tool to identify depressive symptoms in people with cognitive impairment and/or for seniors.

The report, entitled *Depression in Residential Aged Care 2008-2012*, applauded the ability of mandatory residential intake processes to identify the presence of depressive symptoms and suggested that being able to use this process to intentionally measure mood might lead to more effective management of psychological health. But the peppy undertones of hope in how this process could alert doctors to the potential need for a medication increase seemed at odds with what was blaring loudly in my ears: a large proportion of seniors are experiencing symptoms of depression and there was no discussion about how psychotherapy might be used to address this need.

PsychAGE News
Information and commentary about older adult and carer wellbeing

Results from this study rang true for me though. I thought of the many times I have watched as depression wafted around the face an older client. Both in aged care facilities and in the community, I remembered how soul destroying experiences of sorrow, dysphoria and chronic grief can be: a World War II veteran deeply ashamed of himself, a great grandmother staring despondently out the window, a woman who used to love adorning her hair with a brightly coloured clip no longer wanting to groom herself or even get out of bed.

Yes, depression is real amongst seniors and can be so subtle that it is easily undetected. The older adult, their family and the professionals who care for them are more likely to address issues of physical concern – a gammy leg, an infection, eye problems – or practical matters like personal care assistance at home or food quality in a facility. The Australian Psychological Society (APS) also points to the problem of depression being underreported in our senior population. For the current cohort of older adults, who appear uncomfortable seeking help about issues related to the psychological, the APS suggests that they, "may be more likely to describe their experiences in physical rather than emotional terms" (APS 2000, p.18). This position paper goes on to identify the following as major mental health problems experienced by older people:

> …dementia, anxiety disorders (e.g., generalised anxiety disorder, panic attacks, post-traumatic stress disorder, and agoraphobia), mood or affective disorders (e.g., major depression and bipolar disorder), and substance use disorders (abuse of alcohol or prescription drugs such a minor tranquillisers (benzodiazepines)). Psychotic illnesses such as schizophrenia, delusional disorders, and paranoia are less common. Other mental health problems that may affect older adults include adjustment and sleep disorders. (APS 2000, p.18).

The results of both the Depression in Residential Aged Care report and the APS position paper are both disturbing and illuminating as they point to a great need in the psychological health of older adults. However, if the incidence of major mental problems are of concern – and even then likely to be underreported – then the grumblings of general distress or dysphoria are in greater proportion and all the more overlooked. My observation is that experiencing change on a grand scale, living with persistent pain, experiencing loss and grief, and loosing independence and control contribute to broader unmet need. Indications of this might not register on any clinical measurement but if you ask, "Have you not felt yourself lately?" or "A lot of people who go through similar changes as much as that can feel a bit overwhelmed, worried or flat. I was wondering, is this the case for you?" Then you might be given access to a world where life as they knew it has vanished into thin air. Silent distress – fear, frustration, sadness, shock, shame – are large rocks that they keep stumbling over.

Our Ageing Population

It is no secret that we have an ageing population. In the United States one in five will be 65 or older by 2030, by which time the population of those in this age group would have nearly doubled since 2000 (Transgenerational Design Matters 2017). The population of those 65 or older in England and Wales increased by almost one million from 2001 to 2011 (Office for National Statistics 2013, p.2) and there are strong concerns that health and care systems are not ready for this rising tide (Age UK 2017). Over in Australia, the number of the number of 85 year olds will increase from

PsychAGE News
Information and commentary about older adult and carer wellbeing

0.4million in 2010 to 1.8million by 2050 (Commonwealth of Australia 2011, p.xxvi). The United Nations reports that:

> The increasing proportions of aged persons have been accompanied, in most populations, by steady declines in the proportion of young persons… In the more developed regions, the proportion of older persons already exceeds that of children; by 2050 it will be double. (United Nations 2002, p.15)

It is not a skateboarding teenager that you will need to look out for while taking a stroll outside but a lycra clad grey bike enthusiast or a speeding mobility scooter!

Everyone appears to be either scrambling to make a dollar – appealing to the "grey" market – or save a dollar – protecting against gloomy economic forecasts. Interests and policies may differ depending on which part of the globe you live on or which side of the political fence you sit. But if you are living in a developed country, no matter what your geographical location or personal view, the fact is that our population is ageing.

In short, the logic appears to go - if it is a problem now then it is only likely to become a bigger one in years to come; better to try and tame the beast now before it grows in strength. Have you noticed, as you drive around your neighbourhood, an increase in retirement villages being built? Have you heard the pleas in the media to address "the aged care crisis"? Implicit in all these efforts are concerns about our ageing population. It is like a dust storm that our society is bracing itself for. Whether we realize it consciously, or have it float around in our unconscious, the issue of our expanding cohort of seniors seems to be the salt with which everything else is flavoured. You hear about a campaign to raise awareness about elder abuse. "Yep," you think, "because if we don't address that now, it will only get worse." You read up about developments in end of life planning – advanced care directives – and the whisper around your ears is, "…because the more seniors we have, the more this will become an issue." It is like "our ageing population" is at the end of every sentence when we think about issues related to older adults, the economy, or end of life care.

But just as we seem to be facing this reality, there are also signs of an intriguing desire to avoid it. We want to talk about feeling young, not growing old. "Fight the signs of ageing!" advertising slogans suggest; and we do. Is it that interest in anything "old" is the antithesis of our Western culture? In Chapter eight we will consider this broader social context of ageing but, for now, it is enough to be aware that responding to an ageing population might illuminate a deep and diverse set of values about ageing. These values seep into everything, and the field of psychotherapy is no exception. It can affect how interested practitioners are in working with older adults, how much governments are willing to spend on creating job opportunities in this area, and the extent to which specialist training courses are available. As in many things, it is hard to tell which comes first – the chicken or the egg. But whatever the complex set of reasons, one thing is clear: supply is not meeting demand.

PsychAGE News
Information and commentary about older adult and carer wellbeing

Shortage of Worker Interest & Expertise

In 2008 Nancy Pachana, then Associate Professor of Clinical Psychology at the University of Queensland, described the incidence of Australian psychologists who work in long-term care facilities as, “bleak.” (Pachana 2008, p.8). Five years on and she was concerned that a vast majority of psychologists in Australia are still not heeding the call to work in facility settings, and that this work-force crisis is evident in other countries around the world (Pachana 2013).

In an *In-Psych* article about training for work in aged care the authors challenged, “How many psychologists that you know have provided a professional service in an aged care facility this year? How many people do you know with grandparents, parents, or other relatives living in a nursing home? Our crystal ball,” they wryly pointed out, “predicts that for the great majority of readers, the answer to the second question is a notably larger number than the response to the first one, to which the answer is likely to be zero.” (Helmes, Bird and Fleming 2008, p.12).

Their question sounds like the beginning of a joke, “How many psychologists does it take to change a light globe in an aged care facility? None. There won’t be any. Go find a nurse.” But it is no joke. The lack of psychologists, psychotherapists and social workers in long term care settings is a problem, especially given what we know about the incidence of distress. The above article goes on suggest, “There are many reasons few psychologists provide services in residential care. One of the main reasons, however, is that few psychologists have the interest, skills, or the applied experience to assist individuals …” (Koder and Helmes 2006, in Helmes, Bird, and Fleming 2008, p.2). The authors then urge for a stronger ageing component in traditional postgraduate clinical training along with more supervised clinical placements. They conclude that, “It is clear that demand far exceeds current supply and that experienced supervision for work in aged care facilities needs expansion.” (p.2)

I would say a resounding, “Here, here!” and believe that psychotherapists from a range of backgrounds should heed the call into work with seniors: mental health social workers, nurses, occupational therapists and accredited counsellors. Just as in psychology, numbers in other professions are low. For example, only 0.6% of mental health social workers have indicated aged care as their primary field of practice (Australian Association of Social Work, personal communication, 2016).

I also agree that more training opportunities are needed, especially in Australia. There are post graduate and certificate courses (centre based or online) available specific to psychological intervention with seniors however, as alluded to earlier, such options are mostly defined by philosophies linked to mainstream psychology. As an example of a move toward more choice of industry training, in 2015 I was delighted to deliver an inaugural lecture on counselling seniors in a postgraduate psychotherapy program through the University of Adelaide. This inclusion was as much of a celebration as it was a sad reminder of just how slow our learning institutions are in prioritizing aspects related to ageing.

PsychAGE News

Information and commentary about older adult and carer wellbeing

Given the already high incidences of distress, the ageing population, and the possibility that Baby Boomers will be more receptive to counselling (demand it even) than older generations, it makes sense to expand this specialist field as wide as possible. But surely in doing so we need to also expand the terminology to include a range of professionals who have chosen to specialize with seniors? In the United States if you are not a geropsychologist you could complete post graduate training and become a "geriatric counsellor" – a rather unfortunate title in my opinion. We use the term "psychotherapist" to include a range of disciplines and training levels – so why not design a term that denotes this specialist area but is also inclusive? What about *gerontological psychotherapist*? As a mental health social worker who specializes in gerontological work; that is what I now call myself.

As suggested above, interest and expertise in psychological work with older adults is a water hole that still looks rather dry in some parts of the world. There are precious droplets of hope forming though. You are one of those – you would not be reading these lines if you did not have some interest in this work. And, as the following suggests, you are not alone. Momentum is gradually building and it is my hope that this book adds to a collective experience of moving forward. Instead of a dry dust storm, I hope we soon have many "ponds" in the sector filled to overflowing.

Felicity Chapman
Accredited Mental Health Social Worker
Author of Counselling and Psychotherapy with Older People in Care (JKP, 2018)

For more details visit **Amazon.com.au,** for reviews visit **In the media**, or for all editions see **PsychAGE News**.
NB to unsubscribe please just reply and put in the title line 'no more thanks'.

Table of Contents below...

PsychAGE News

Information and commentary about older adult and carer wellbeing

Table of Contents

PsychAGE News
Information and commentary about older adult and carer wellbeing

PsychAGE News
Information and commentary about older adult and carer wellbeing