



Seniors' Mental Health and Addictions

What do we mean by “seniors' mental health and addictions problems?”

This term is used to describe people over the age of 65 (sometimes over 55) who have emotional, behavioural or cognitive problems which negatively affect their ability to function independently, their feelings of well-being, or their relationships with others.

Though it is not well known, mental illness is **not a normal consequence of aging**. Yet, seniors suffer from a wide array of mental illnesses including mood, anxiety, addictions and psychotic disorders in addition to the emotional, behavioural and cognitive complications of a variety of brain diseases such as Alzheimer's Disease and Parkinson's Disease. Specific examples of mental illness affecting seniors include depression, late-life schizophrenia, bi-polar disorders, alcohol/substance abuse and misuse, gambling problems, as well as delirium. Mental health and addictions problems may be precipitated by social causes (e.g., poverty, lack of affordable housing, social isolation); emotional issues (e.g., abuse or grief following the death of a life partner), and/or physical/medical reasons (e.g., stroke).

It is important to recognize that mental health and addictions problems:

- affect seniors who live in community and institutional settings (i.e., Nursing Homes, Retirement Facilities, Complex Continuing Care);
- affect seniors living in all Canadian provinces, territories and within both urban and rural settings;
- require diverse responses based on culture, religion, ethnicity, socioeconomic status, ability and sexual orientation;

- may be acquired after age 65 or be a continuation of a lifelong mental health problem;
- may respond to both medical and/or psychosocial models for prevention and care.

What does the evidence tell us?

Depression

Research conducted by Canadian Mental Health Association, Centre for Addiction and Mental Health and the Canadian Coalition for Seniors' Mental Health reveal that up to 20% of older adults in the community experience mild or severe depression. Rates of depression in long-term care facilities can be as high as 40% and the rate of depression in older adults within hospitals range from 12-45%. Women experience nearly twice the reported rates of depression than men (CMHA, 2005).

Depression in older persons often goes unrecognized. The Canadian Mental Health Association (2002) suggests that older persons may not seek help because they:

- see depression as a normal consequence of aging or of losing independence;
- believe treatment would be too long-term or expensive;
- have depressive symptoms (e.g., problems with sleep or appetite) diagnosed as signs of a physical illness—or ignored entirely;
- already have other physical or mental illnesses (e.g., dementia or diabetes) and may not distinguish depression as a separate illness that can be treated;
- experience depression as a side-effect of medications (e.g., such as some drugs for high blood pressure);
- feel embarrassed or ashamed to discuss it;

- are living with a constant, low-level form of depression known as dysthymia so may not even recognize it or think it can be treated;
- have not experienced any life events that could have brought the depression on and so feel it must be a personal flaw;
- lack mobility or family support to seek professional help;
- come from a culture that holds different perceptions about what depression is.

Identification and diagnosis of depression can be a challenge particularly in the elderly leading to under-diagnosis or misdiagnosis. Common barriers include:

- communication limitations (i.e., hearing impairment);
- presence of dementia or cognitive impairment interfering with accurate reporting of symptoms;
- social stigma;
- poor understanding of normal aging changes versus illness;
- lack of screening targeted at high risk groups.

Suicide

The population of older persons with depression experiences a suicide rate which is five times higher than that of any other age group. Older men are at especially high risk for suicide. The 1997 suicide rate for older Canadian men (23.0/100,000) was nearly twice that of the nation as a whole (12.3/100,000) (Statistics Canada, 2005). Approximately one thousand older adults are admitted to Canadian hospitals each year as a consequence of intentional self-harm, but it is unknown how many older people harm themselves and are not hospitalized. Of note, the lethal potential of self-harm behaviour increases with advancing age (Krug et al., 2002). Hanging and firearm use were the most common means of suicide in older Canadian men, while the most common methods for older women were poisoning and hanging. It is widely believed that self harm and suicide rates for seniors are underestimated in Canada.

Alcohol Addiction

Older persons who experience depression are also three to four times more likely than others to

develop alcohol related problems. Factors such as retirement, anxiety, loss of one's life partner and isolation may also put people at risk for developing alcohol addiction.

Dementia

Canadian statistics reveal that people are more likely to develop dementia as they age. Thus, as the percentage of persons over 75 years grows, more individuals (and their families) will face mental health and addictions problems.

Dementia is found in:

- 2 percent of Canadians 65 to 74 years of age;
- 11 percent of Canadians 75 to 84 years of age;
- 35 percent of Canadians 85 years and over (Canadian Study of Health and Aging, 1994).

Delirium

Delirium is another common and serious condition encountered in older persons. In many cases delirium is not recognized or is misdiagnosed as another condition such as depression or dementia resulting in long term consequences. In fact, it has been reported that delirium occurs in up to 50% of older persons admitted to acute care settings and in 22% to 89% of older persons with pre-existing dementia in hospitals and the community.

Delirium can occur as a consequence of a medical condition, substance intoxication, substance withdrawal or due to multiple etiologies. The occurrence of delirium is not inevitable and can be treated.

Gambling

Older persons may resort to gambling as a way of getting out and socializing and avoiding loneliness or boredom. Gambling is actively promoted by casinos which offer buses to pick up older persons up from their nursing or retirement homes. While the rate of gambling for persons 60 years of age and older is relatively low compared to the general population (2.1% vs. 4.8%), CAMH notes that gambling problems in this group may go unnoticed due to minimal contact with friends and family (CAMH, 2006). The consequences are

devastating for those who lose their life savings which can't be replenished.

Race and culture

Statistics Canada reports that in 2001, 18.4% of the Canadian population was foreign-born, the highest proportion in 70 years (Statistics Canada, 2005a). Of those born outside the country, one-third arrived fairly recently, between 1991 and 2001. As well, immigrants today are coming primarily from Asia (58.2% from Asia; 23.1% from East Asia and 16.1% from South Asia) in contrast to Europe as in previous years (Statistics Canada, 2005b).

Changing immigration patterns suggest that as the population ages, issues of race and culture can potentially complicate mental health issues. While seniors of all cultures face risks for mental health problems due to the losses that can accompany aging (loss of family, certain physical capacity, paid work, identity or status, etc.), immigrant seniors, particularly women, are specifically at risk for mental health problems since they are among Canada's most isolated groups. Older members of marginalized communities may experience significant barriers to accessing mental health and addiction services and in receiving supports that are linguistically and culturally appropriate and competent. The stigma attached to mental health issues in some cultures can work to delay getting help or lead to covering up mental health problems.

In a recent study of Chinese seniors in Vancouver, Victoria, Calgary, Edmonton, Winnipeg, Toronto, and Montreal, Lai and his colleagues found that a larger proportion of Chinese seniors (30%) reported lower levels of mental health and higher levels of depressive symptoms when compared to the general senior population (12%). However, they tended to use mental health services less than the general older population.

What can be done to promote positive mental health among older persons?

Positive mental health is the result of many factors. There is no single way to promote it.

Among the recommendations made by a recent Senate report, "Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada (2006)," many pointed to enhancing the role of community care.

Suggested policy interventions include:

- Having an affordable, supportive and stable place to live. Housing, particularly supportive housing, is critical for people to get well and stay well. Approximately 140,000 people, including older people with mental health problems and addictions are without adequate, suitable and affordable housing.
- Facilitating community supports that can help maximize independence in daily living wherever older persons with mental health and addiction problems may choose to live.
- Facilitating community services that can provide opportunities for social activities, volunteering and building social relationships. Vibrant networks potentially reduce social isolation which in turn encourages good mental health.
- Ensuring adequate and secure income that can reduce emotional stress about making ends meet in the future.
- Improving mental health supports to serve changing populations to address the mental health needs of older persons from diverse racial and cultural groups.
- Integrating services across levels of government, public/private sectors, and professional/non-professional providers.
- Providing family caregivers with the necessary supports to successfully provide care including sources of relevant and meaningful mental health information for support services such as respite and community care.
- Recognizing that persons with mental illness and addictions must receive treatment comparable to those with physical illness.

How can I learn more?

Over the past 15 to 20 years, there has been growing interest in mental health for all age

groups which has spurred the creation of many clinical, research, training and education centres. Today, the ongoing awareness of the specific needs of an aging population has led to a focus on seniors' mental health and addictions and to the differentiation of mental disorders among older persons from processes of normal aging. There are a number of organizations which aim to improve education, clinical practice, research, and advocacy for older people with mental health issues. They include:

- the Older Person's Mental Health and Addictions Network (OPMHAN) with representation from over 50 regional and provincial organizations, consumers and family advocacy groups;
- Canadian Mental Health Association (CMHA), a volunteer organization that provides direct service to more than 100,000 Canadians through the combined efforts of more than 10,000 volunteers and staff across Canada in over 135 communities, and;
- the Canadian Coalition for Seniors' Mental Health (CCSMH), an advocacy organization promoting seniors' mental health issues.

The Canadian Coalition for Seniors' Mental Health (CCSMH) has recently launched a new Seniors' Mental Health Research and Knowledge Exchange Network (see <http://researchnetwork.ccsmh.ca>) and has completed evidence-based National Guidelines in four key areas of seniors' mental health. These include:

- The Assessment and Treatment of Delirium
- The Assessment and Treatment of Depression

- The Assessment of Suicide Risk and Prevention of Suicide
- The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (focus on Mood & Behaviour Symptoms).

The guidelines may be downloaded at

<http://www.ccsmh.ca/en/guidelinesUsers.cfm>

Additional links:

Canadian Academy of Geriatric Psychiatry:

<http://www.cagp.ca>

Centre for Addiction and Mental Health (CAMH):

<http://www.camh.net>

Mood Disorders Society of Canada:

www.mooddisorderscanada.ca

Canadian Alliance on Mental Illness and Mental Health (CAMIMH) <http://www.camimh.ca/>

VON Reach Up, Reach Out Best Practices in Mental Health Promotion for Culturally Diverse Seniors:

http://www.von.ca/specialprojects_reach.html

[The Health of Canadians – The Federal Role Final Report - Volume Six: Recommendations for Reform](#)

By The Standing Senate Committee on Social Affairs, Science and Technology

Chair: The Honourable Michael J.L. Kirby,

Deputy Chair: The Honourable Marjory LeBreton.

October 2002

Prepared by

A. Paul Williams (University of Toronto), David Salib (Ryerson University), and Janet Lum (Ryerson University), in collaboration with Faith Malach (the Canadian Coalition for Seniors' Mental Health – CCSMH) and Randi Fine (Older Persons' Mental Health and Addictions Network – OPHMAN).

Last Edited

June 22, 2006

References

Canadian Coalition for Seniors' Mental Health (CCSMH). National Guidelines for Seniors' Mental Health. Toronto (ON): CCSMH; 2006. Available: www.ccsmh.ca

Canadian Mental Health Association, BC Division. (2002). Through Sickness and Health. Visions: BC's Mental Health Journal, 15, 19-20. www.cmha.bc.ca/files/15.pdf

Canadian Mental Health Association (CMHA) – Ontario (2005). Seniors and mental health: Demographic and prevalence statistics. Available at <http://www.ontario.cmha.ca>

Canadian Study of Health and Aging Working Group. (1994). Canadian study of health and aging: Study methods and prevalence of dementia. Canadian Medical Association Journal, 150, 899-913. Retrieved from <http://gerontologist.gerontologyjournals.org/cgi/content/abstract/42/5/643>

CAMH Healthy Aging Project. (2006). Responding to Older Adults with Substance Use, Mental Health and Gambling Challenges: A Guide for Workers and Volunteers. Toronto: Centre for Addiction and Mental Health.

Kirby, M. & Keon, W.J. (2006) Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada. Report by The Standing Senate Committee on Social Affairs, Science and Technology. [Highlights and Recommendations - Part I to IV - Part V to VI and Appendices](#)

Lai, Daniel, K. T. Tsang, N. Chappell, D. Lai, and S. Chau (2003). Health and well being of older Chinese in Canada. University of Calgary. Final Report available at: <http://www.fsw.ucalgary.ca/csp/english/index.html>

McEwan, K. L., Donnelly, M., Robertson, D., & Hertzman, C. (1991). Mental health problems among Canada's seniors: Demographic and epidemiologic considerations Ottawa: Health and Welfare Canada.

National Advisory Council on Aging (1999). 1999 and beyond: Challenges of an aging Canadian society. Health Canada: Division of Aging and Seniors. Available at www.hc-sc.gc.ca/seniors-aines

National Advisory Council on Aging. (2005). Seniors on the margins: Seniors from ethnocultural minorities. Minister of Public Works and Government Services Canada.

Sadavoy, J., Meier, J. R., Ong, A.Y.M. (2004). Barriers to Access to Mental Health Services for Ethnic Seniors: The Toronto Study. Canadian Journal of Psychiatry, 49, Pp.192-199.

Statistics Canada. (2005a). Immigrant status and place of birth of respondent, sex and age groups for population, for Canada, provinces, territories, census divisions and census subdivisions, 2001 Census - 20% Sample Data. Ottawa: Statistics Canada.

Statistics Canada (2005b). Place of birth of respondent, sex and period of immigration for immigrant population, for Canada, provinces, territories and federal electoral districts (2003 Representation Order) 1, 2001 Census - 20% Sample Data. Ottawa: Statistics Canada.