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Suwasiripaya

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Ministry of Health

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திகதி ) 25  
Date ) 17.09.2013

**General Circular No: 02-141/2013**

All:

Provincial Health Secretaries,  
Provincial Directors of Health Services,  
Regional Directors of Health Services,  
Directors of Teaching/ General Hospitals,  
Medical Superintendents of Hospitals,  
Heads of Institutions,

**World Mental Health Day 2013**  
**Mental Health and Older Adults**

World Mental Health Day (WMHD) which falls on 10<sup>th</sup> October raises awareness on mental health related issues. The Day promotes open discussion of issues on promotion, prevention, treatment, rehabilitation services and stigma related to mental health. This year's theme focuses on "Mental health and older adults". The United Nations uses the benchmark of 60 years of age or above to refer to older adults (UNFPA, 2012).

The world population has never been as mature as now. Currently the number of people aged 60 and above is more than 800 million. Projections indicate that this figure will increase to over two billion in 2050. Older adults face special health challenges. Many of them lose their ability to live independently due to various physical and mental problems. Dementia and depression are common mental disorders in older adults.

Mental health of older adults can be improved through promoting active and healthy ageing. Addressing elder maltreatment is a critically important approach for the promotion of mental health among elderly. Primary healthcare, community care and social service sectors need to be sensitized and supported to promote active and healthy ageing.

Kindly make arrangements to emphasize the theme with active participation of all relevant stakeholders. Herewith attached the fact sheet and more information can be obtained from Consultant Psychiatrists, Medical Officers/Mental Health (Focal point) in your district and from the Directorate of Mental Health, Ministry of Health ([mhusrilanka@gmail.com](mailto:mhusrilanka@gmail.com)) and also from [www.wfmh.org](http://www.wfmh.org).

In summary;

1. All PDHS/RDHS should supervise the activities/programmes conducted on their respective districts in relation to World Mental Health Day.
2. Consultant psychiatrists, MO/MH- focal point, MO/MH and MOH are expected to work together to create awareness among all health staff about this year's WMHD theme.
3. Develop appropriate health messages, leaflets, flyers etc.
4. Organize programmes with relevant target groups; elderly homes, Community organizations, schools, youth clubs, civil societies etc.
5. At least one suitable activity should be conducted at the level of the Medical Officers of Health (MOOH) area.
6. MO (Mental Health)-Focal points are expected to forward a detailed report of the activities conducted by your institution/area to mark the WMHD 2013 by 30<sup>th</sup> November 2013 to the Director/Mental Health in order to make a consolidated report on this year's WMHD celebrations.

  
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**Dr. Y.D. Nihal Jayathilaka**  
**Secretary**

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## MENTAL HEALTH AND OLDER ADULTS

### *World Mental Health Day, October 10 2013*

The United Nations uses the benchmark of 60 years of age or above to refer to older adults (UNFPA, 2012). Currently, the number of people aged 60 and over is more than 800 million in the world. Projections indicate that this figure will increase to over two billion in 2050. The majority of older people live in low-and middle income countries. Older adults face special health challenges. Many of the very old lose their ability to live independently because of limited mobility, frailty or other physical or mental health problems and require some form of long-term care.

Older people are expected and are able to make important contributions to society as family members, volunteers and as active participants in the workforce, provided they stay fit enough for carrying out such roles. Nevertheless, improving productivity and asking older adults to provide support to communities and families must be complemented by additional support to them from society. On the other hand, social support and family interactions can boost the dignity of older adults, and are likely to have a protective role in the mental health outcomes of this population.

#### **Underlying factors of mental health problems in older adults**

A multitude of social, demographic, psychological, and biological factors contribute to a person's mental health status. Almost all these factors are particularly pertinent amongst older adults. Factors such as poverty, social isolation, loss of independence, loneliness and losses of different kinds, can affect mental health and general health. Older adults are more likely to experience events such as bereavements or physical disability that affect emotional well-being and can result in poorer mental health.

An important risk factor to the health and mental health of older adults, and an important human rights issue, is elder maltreatment. They may also be exposed to maltreatment at home and in care institutions. WHO defines elder maltreatment as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust that causes harm or distress to an older person". This type of abuse includes; physical, sexual, psychological, emotional, financial and material abuse; abandonment; neglect; and serious loss of dignity and self-respect. In high-income countries where data exists, around 4-6% of older persons have experienced some form of maltreatment at home. The frequency should be even higher, as many older adults are too scared or are unable to report maltreatment. Though data on the extent of the problem in institutions including hospitals, nursing homes and other long-term care facilities are scarce, it so far indicates much higher rates as compared with maltreatment at home. Elder maltreatment can lead not only to physical injuries but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety.

There are more older women worldwide than older men. This difference increases with advancing age and has been called "feminization of ageing". Older men and women have different health and morbidity patterns and women generally have lower income but better family support networks. On the other hand both depression and Alzheimer's disease are more prevalent among women.

#### **Mental health in Older People: a Public Health Issue**

More than 20% of people age 55 years or older may have some type of mental health problem. Biological changes may interfere with the brain's functioning. Social changes can lead to isolation or feelings of worthlessness. Somatic diseases are often important contributory factors too. Mental disorders may exacerbate the symptoms and functional disabilities associated with medical illnesses and increase the use of healthcare resources, length of hospital stay and overall cost of care.

Mental health problems of older adults are under-identified by healthcare professionals and older people themselves. Today's older adult population is unlikely to acknowledge mental illness or access mental health services. Many stigmas exist regarding the meaning of mental illness. Some older people view mental illness as a sign of weakness and are unlikely to admit to problems, especially when they fear loss of independence. Too many persons consider that symptoms of dementia and depression are a normal part of ageing. Many elders lack availability of services or access to them.

## ***Depression***

Depression is common in old age. According to the Institute of Health Metrics and Evaluation (IHME) 2010 data, the Disability Adjusted Life Years (DALYs) for depression (major depressive disorder plus dysthymia) over 60 is 9.17 million years or 1.6% of total DALYs in this age group. Symptoms of older adults' depression differ only in part from early life depression. They may however have more somatic presentation. This, together with high comorbidity with other physical conditions, can create a challenge for diagnosis. Once trained properly, non-specialized health care providers can identify and treat depression among older adults. If severe, depression may lead to suicide.

There are symptoms which are more typical in older people; they often do not actually complain of low mood but become anxious, fearful, and lacking in confidence. Anxiety is a warning sign for depression in the elderly. Older people may also express their low mood through complaints about physical symptoms – especially pain. Confusion and forgetfulness are other common symptoms of depression in old age. Social factors often underlie depression in older persons, especially losses, difficulties in socialization which lead to isolation, and sometimes even boredom after retirement. The risk of suicide is very high among older men in almost all cultures.

In the majority of cases depression in older persons is a treatable condition. As with younger people, treatment consists of a combination of antidepressant drugs and supportive counseling or other forms of psychotherapy. It is also important to rule out physical causes of depression and avoid other treatments able to cause depression. Effective psychological and pharmacological treatments exist; however, great care needs to be taken when prescribing antidepressants to this age group. Health care providers should prescribe reduced initial doses of antidepressants and finish with lower final doses.

Physical activity is important for depressed older adults living in the community or care homes, having benefits and protecting against depression.

The message is simple: late-life depression is treatable and recovery is possible.

## ***Anxiety in the elderly***

Anxiety, panic, and phobias disrupt the lives of 10% of older persons. Fear is a normal emotion, but sometimes it gets out of control and interferes with the ability to do even simple things. Anxiety is also often a sign of depression in older people and can amplify the physical symptoms related to low mood. Cognitive behavioural therapy and drug treatments, including some which work on both anxiety and depression, can also be useful.

## **The role of psychosocial interventions**

In recent years, a more positive approach towards ageing has emerged that recognizes the possibility for change. The term 'active ageing' refers to ageing as a positive process (WHO, 2002).

Social participation is an important component of healthy ageing. It involves social contact and engagement in meaningful activities. Socially active older adults have improved quality of life, health, and wellbeing, and are less likely to be depressed or isolated (Perrin & May, 2001). Psychosocial interventions such as cognitive, behavioural, and supportive interventions can facilitate more active ageing and rehabilitation in older adults. The importance of social participation in older adults will be reviewed in the context of three major health problems: dementia, depression and frailty, considered in both home and care home environments.

Psychosocial interventions may be effective in improving cognition, mood, behaviour and quality of life in people with dementia, as well as delaying institutionalization (Olazaran et al., 2010). A home-based occupational therapy programme in the Netherlands used a social intervention involving the patient, carer and occupational therapist to promote independence and meaningful activity in people with dementia. It was shown to be cost-effective and improved ability to carry out activities, mood and quality of life (Graff et al., 2006). Reminiscence, involving peer and family participation has been widely used in dementia care in both the community and care homes (Woods et al., 2006). Its popularity stems from its use of enjoyable activities to promote communication and wellbeing. Group cognitive stimulation therapy is also widely used and has been found to have benefits for cognition and quality of life and to be cost-effective in dementia care (Spector et al., 2003). Psychosocial interventions found to