

## Chapter 33

# Ageing and Mental Health: A Psychological Aspect of Later Life

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### ABSTRACT

*Estimated research findings suggest that almost two-thirds of adults with psychiatric conditions do not receive the required treatment services. This chapter enables readers to understand various aspects of ageing, how physical and mental health aspects are correlated, and which mental health conditions are most common in later life. The chapter also discusses major models of mental health in the context of ageing. Major psychiatric and psychological conditions that are most common in old age are outlined along with a major milestone of old age (i.e., retirement: a major lifestyle change that pushes older people towards psychological problems and adjustment issues with a new phase of life). A brief description is presented on the current status of psychiatric and psychological services for mental health issues of the elderly. The chapter concludes by summarizing the contents of discussed areas. Studies are presented throughout the chapter to accompany and enrich the discussion and validate the chapter content.*

### INTRODUCTION

When we talk about ageing and mental health it undoubtedly involves studying geriatrics. Geriatrics involves medical paradigms of old age such as clinical conditions and strategies to treat them. In psychology, a branch especially devoted to study ageing and provision of clinical services for older adults is *Geropsychology*. The field expands knowledge of normal ageing process and develop treatment modalities to address problems that occur when people age. Most individuals enjoy a good time in later life; however, American Psychological Association says that it is anticipated that the number of older adults with mental and behavioural health problems will almost quadruple from 4 million in 1970 to 15 million in 2030. Mental health conditions adversely affect the ability to function especially in later ages. World Health Organization (1948) defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.” Since the description of health includes mental health and wellbeing, it must be taken into account that psychological health is an important paradigm of

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one's overall health including older adults, and need to be recognized and treated with equal urgency as required for other physical illnesses. A conceptual definition given by Baltes and Baltes (1990a) explains normal ageing as "ageing without biological or mental pathology". It thus concerns the ageing process that is dominant within a society for persons who are not suffering from a manifest illness. Further in their conceptual framework optimal ageing has been referred as a kind of utopia; namely, "ageing under development-enhancing and age friendly environmental conditions" and pathological ageing characterizes an "ageing process determined by medical aetiology and syndromes of illness".

If we see the above definition of normal ageing which says that "normal ageing does not include manifestation of illness" it will be difficult to justify the fact presented by Centres for Disease Control and Prevention and the Merck Company Foundation [CDC & MCF](2007) which advocates that "chronic disease is typical of the experience of ageing". According to their database, in United States more than 80% older have at least one chronic medical illness and 65% older have at least two chronic medical illnesses. For example, Arthritis is considered to be an age-related illness but old age does not manifest its occurrence because every older does not suffer from this condition. Also, the functional ability or disability which is an important part of old age which affects the ageing process. Functional disability could be present physically (weakness, deterioration in physical health, inability to walk properly or slow walking etc.) or mentally (stress, irritability, and deterioration in cognitive skills). These functional manifestations of ageing are commonly seen in our own family members who are getting aged. Often, presence of physical illnesses leads to psychological issues or vice versa. According to Cohen (1992):

- Psychogenic stress (or stress that has psychogenic basis) may lead to health issues.
- Medical illnesses or other health problems may lead to emergence of psychiatric conditions.
- Interaction of coexisting mental and physical health problems may lead to occurrence of other psychological or physical health issues.
- Social and psychosocial resources may affect the course of psychological or physical health problems.

Plethora of literature talks about conceptual, statistical and functional aspects of ageing and mental health but there is lot more to explore. Further contents of the chapter will unfold other aspects of ageing and related mental health issues.

## **MAJOR MODELS OF MENTAL HEALTH IN CONTEXT OF AGEING**

### **Psychodynamic Model**

Psychodynamic model of psychological functioning is considered to be the oldest, yet most comprehensive model in context of psychological wellbeing and disorders. Its contribution as mental health model in later life was relatively late but the presented facts turned out to be as good as presented in the very first theory of this school proposed by Sigmund Freud; originally called psychoanalytic model. Journey from psychoanalytic model to psychodynamic model involved contribution of many legends of the field. Explanation of psychodynamic theory revolves around basic personality structure, developmental process and interpersonal relationships. This school of thought emphasizes on the complex interrelation among cognitive, emotional and motivational forces that work on formation of personality. As psychoanalytic

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