

Chapter 1 : WHO | Mental health of older adults

Mental health-specific health promotion for older adults involves creating living conditions and environments that support wellbeing and allow people to lead a healthy life. Promoting mental health depends largely on strategies to ensure that older people have the necessary resources to meet their needs, such as.

Get the statistics on mental health and older people. Retirement Not everyone feels ready to retire at the same time. If work or career is a major part of your life, it can affect: The social aspect of your life if your job also provided friendships Your sense of self-worth and self-esteem if you felt valued at work Your financial security. But being retired or semi-retired can also be a busy phase of life because friends and family can have plans for your time - anything from child care to DIY tasks. It can affect anyone, of any culture, age or background but more older people are affected than any other age group. This is because older people are much more vulnerable to factors that lead to depression, such as: The neurobiological changes associated with getting older, prescribed medication for other conditions and genetic susceptibility which increases with age are also factors. Find out more about depression, how to prevent it and how to get help. It occurs as a result of the death of brain cells or damage in parts of the brain that deal with our thought processes. People with dementia can become confused and some also become restless or display repetitive behaviour. They may also seem irritable, tearful or agitated which can be very distressing for both the person with dementia and their family and friends. Reasons for alcohol abuse in older age include bereavement and other losses, loneliness, physical ill health, disability and pain, loss of independence, boredom and depression, which is also linked to the other factors. Retirement may also provide more opportunities for drinking too much. Most older people are taking some kind of medication, and many are taking several at the same time. There are risks associated with taking multiple medications, including confusion. Mental capacity and caring for others People with dementia or severe mental illness may be unable to make and communicate decisions. Very few people are completely incapable of making any choices or decisions, but some older people may have partial or fluctuating mental capacity and may need help. Family members or carers are often useful sources of information but it is important to take account of the views of the person with dementia alongside those of their carer. Many find it demanding both physically and emotionally. Our publications about later life How To Look After Your Mental Health In Later Life This booklet is for people in their 60s who are approaching retirement or who have recently retired from work and gives 10 practical ways we can protect our mental health.

Researchers find antipsychotic use among older adults increases with age despite known health risks. In , more than 3/4 of seniors receiving an antipsychotic prescription had no documented clinical psychiatric diagnosis during the year.

This is an Open Access article: This article has been cited by other articles in PMC. Abstract The world population is aging rapidly. In addition to an increase of many age related physical illnesses, this demographic change will also lead to an increase of a number of mental health problems in older adults and in particular of dementia and depression. Therefore, any health promotion approach that could facilitate introduction of effective primary, secondary and even tertiary prevention strategies in old age psychiatry would be of significant importance. This paper explores physical activity as one of possible health promotion strategies and evaluates the existing evidence that supports its positive effect on cognitive impairment and depression in later life. In Australia, for example, in more than 2. It is expected that this number will increase to 6 million over the next 50 years thus amounting to Whilst increasing longevity is a positive development, it also leads to an increase in age-related diseases and disabilities with all its social and financial implications for society. Somatic disorders such as cardiovascular diseases, cancer, movement disorders, osteoporosis, osteoarthritis and special sensory deficits are all highly prevalent in later life. Moreover, dementia and depression are the leading causes of years of life lost due to disability in Australia [3]. There is an urgent need to focus research on the development and evaluation of effective preventative strategies, such as those successfully introduced to decrease the incidence of coronary heart disease, stroke and some cancers. Delaying the clinical onset of AD by two years would reduce the total number of AD cases by approximately , in the USA alone [5]. Physical activity PA is often seen as an intervention that has the potential of decreasing the burden associated with depression and cognitive impairment in later life and this paper represents a critical review of the evidence that supports such an association. Aging and physical activity Sedentary lifestyle is becoming increasingly common at all ages [6]. Ageing is associated with progressive decline in activity levels, which are also influenced by education, gender, ethnicity and income [8]. Older adults are more likely to engage in PA of lower intensity, such as walking, gardening, riding a bicycle, or playing golf rather than running, doing aerobics or team sports [9]. Can physical activity protect or improve health in older adults? Regular PA, including in later life, can reduce morbidity and mortality, postpone disability and prolong independent living [11], which can potentially counterbalance some negative effects of aging [12]. Suggested effects of regular PA include the preservation of muscle mass, prevention of sarcopenia and reduction of the age-related decrease of metabolic rate [13]. There is good evidence that being physically active improves cardiovascular outcomes, reduces the risk of diabetes and some types of cancer especially breast cancer , assists in the prevention of falls, and maintains peak bone mass [14]. Can physical activity influence cognitive function? The relationship between PA and cognitive function remains unclear. Regarding physiological effects, one hypothesis is that PA can counter age-related decline in cardiovascular function associated with brain hypoxia and consequent cognitive decline. Dishman suggested that increased oxygenation of the brain may stimulate and protect the central nervous system [15]. Only a handful of studies have systematically investigated the association between PA and cognitive function. Women in the highest quartile of activity had an OR of 0. More importantly, the findings of three independent follow-up studies indicate that PA may reduce the risk of dementia in later life [19 - 21]. Older women performing PA of greater intensity than walking more than 3 times a week seemed to benefit the most from the protective effect of PA against AD [21]. Randomized control trials looking at the effects of PA on cognition are rare, but the results of two studies are of interest. Most of the studies mentioned above recruited individuals who were cognitively normal at the time of entry into the study. These studies had relatively small sample sizes and the measures of cognitive function such as the MMSE used were rather crude. Can patients with dementia benefit from physical activity? Trials with PA in older adults who are already suffering from cognitive decline or dementia are rare [24]. This is surprising, as regular physical activity is recommended for patients with dementia not only to support physical health, but also to improve quality of life and behavioral and psychological symptoms BPSD. BPSD occur in most

patients with AD at some stage of the course of the illness and are especially stressful to carers, as well as the patient. One study found that regular physical activity can prevent weight loss in AD [25] whereas another [26] reported that patients with mild to severe AD benefited from a 7-week PA program in regards to the risk of falls, BPSD, cognitive function and nutritional status. This was interpreted as being an indication that physical active patients have a higher brain reserve. In addition, postmortem examination has shown that patients who were physically active present a significantly larger burden of disease than sedentary patients who have a similar degree of cognitive impairment. This finding supports the brain reserve hypothesis and suggests that regular PA delays the clinical progression of AD by counteracting the effects of AD-related brain pathology. Patients and their carers were randomized to an exercise plus behavioral management technique group intervention or to a "routine medical care" control group. The intervention was carried out in the homes of patients and lasted 3 months. The exercise component was a mixture of endurance activities, strength training, balance, and flexibility training and altogether 12 hours of exercise in 30 min intervals were performed. The patients in the intervention group were, at 3 months, more physically active and had improved scores for physical functioning and depression compared to the patients of the control group. Even after 2 years, the intervention group had significantly better physical functioning scores. Although this study produced valuable new information, it remains unclear to what extent the effect was caused by exercise, by the training of the carers, or by a combination of both interventions. Can physical activity influence mood in older adults? Such an effect is supported by a randomized clinical trial reported by Blumenthal et al. They recruited people aged 50 to 77 years who met criteria for the diagnosis of a major depressive episode according to DSM-IV. Subjects were randomized to treatment with sertraline 50 to mg , exercise, or a combination of both. Subjects randomized to exercise attended 3 supervised sessions of physical activity per week for 16 consecutive weeks walking and jogging. All three forms of treatment were associated with a significant reduction of depression scores, and there was no significant difference in treatment response between the groups. There is also encouraging evidence that the positive effect of physical activity on mood may persist over time. They found a significantly greater decline of depression scores amongst subjects in the exercise group after 20 weeks and 26 months. In addition, Babyak et al. Finally, the results from the Alameda County Study showed that physical activity was associated with decreased odds of prevalent OR Physical activity and quality of life in older adults The large body of research in this area clearly demonstrates that a major aim of PA programs is not just decreasing mortality, but also decreasing morbidity i. Spirduso and Cronin have recently shown, in a detailed review of cross-sectional and prospective studies, that PA is consistently associated with improved well being and better quality of life in later life [34]. They also concluded that long-term PA delays disability and maintains independent living. In addition, older adults who expend larger amounts of energy daily walking, gardening and exercise are more likely to have optimal function in their activities of daily living ADL. Physical activity recommendations for older adults The National Heart Foundation of Australia recommends 30 minutes of moderate intensity PA activity that is energetic, but at a level at which a conversation can be maintained on most or all days of the week to improve cardiovascular health. They also suggest that "the total amount of PA seems to be more important than the intensity, so that lower intensity daily activity may confer benefits that are similar to higher intensity activity on fewer days of the week". This was confirmed by the results of randomized trials that included lifestyle PA as well as structured exercise programs [35]. The Center for Disease Control and Prevention CDC calls for increased level of activity by incorporating any activity of at least moderate intensity into the day. Suggested types of PA for older adults include moderate cardiovascular training with walking being the most popular, strength training, aerobic and balance and flexibility training. Balance training has been shown to reduce falls Judge et al, Even more so than for younger adults, older people should be screened for illnesses, such as heart disease, before they start a PA program. Can older adults be motivated to participate in physical activity? More than any other age group, older adults are seeking health information and are willing to make behavioral changes to maintain their health and independence [37]. This suggests that psychosocial rather than biomedical variables may influence continued participation in exercise programs. In addition, older adults are more compliant with interventions that allow them to perform their PA of choice on their own, in an environment where they feel

safe and competent, and where competition is not an issue [39]. An expert panel identified important determinants for exercise compliance: Van der Bij et al. PA intervention trials utilizing cognitive-behavioral strategies and regular telephone contacts have higher participation rates than others [38]. Conclusion This paper has reviewed the recent literature on a topic that is of increasing interest for clinicians and researchers trying to improve treatment outcomes for older patients with mental illnesses such as depression and cognitive impairment. It can be seen that physical activity, like a number of other lifestyle interventions, holds the promise of better mental health outcomes for older adults. Such an intervention has the advantage of being safe and inexpensive and produces a wide range of health benefits. However, it is still necessary to wait for the convincing results of randomised trials that will systematically investigate the use of physical activity as a primary preventative strategy for dementia and depression in later life. Competing interests None declared. References Australian Bureau of Statistics Population projections. A Report of the Surgeon General. The burden of disease and injury in Australia. Mild cognitive impairment in older people. Prospects for the prevention of dementia. Towards best practice for physical activity in the areas of NSW. Physical activity patterns of Australian adults. Results of the National Physical Activity Survey. Australian Institute of Health and Welfare. Physical activity patterns associated with cardiorespiratory fitness and reduced mortality: The Aerobics Center Longitudinal Study. Am J Public Health. Physical activity in aging: Christmas C, Andersen RA. Exercise and older patients: J AM Geriatr Soc. Exercise in older adults. Effects of aging and exercise on nutrition needs of the elderly. A call for action. Medical psychology in exercise and sport.

Chapter 3 : Older Adult Outreach & Training - MHAMD MHAMD

the mental health of older Americans has been identified as a priority by the Healthy People objectives (2), the White House Conference on Aging (3), and the Surgeon General's report on mental health (4).

Mental health and well-being are as important in older age as at any other time of life. Mental and neurological disorders among older adults account for 6. Older adults, those aged 60 or above, make important contributions to society as family members, volunteers and as active participants in the workforce. While most have good mental health, many older adults are at risk of developing mental disorders, neurological disorders or substance use problems as well as other health conditions such as diabetes, hearing loss, and osteoarthritis. Furthermore, as people age, they are more likely to experience several conditions at the same time. In absolute terms, this is an expected increase from million to 2 billion people over the age of Older people face special physical and mental health challenges which need to be recognized. These disorders in older people account for Anxiety disorders affect 3. Substance abuse problems among older people are often overlooked or misdiagnosed. Mental health problems are under-identified by health-care professionals and older people themselves, and the stigma surrounding these conditions makes people reluctant to seek help. Risk factors for mental health problems among older adults There may be multiple risk factors for mental health problems at any point in life. Older people may experience life stressors common to all people, but also stressors that are more common in later life, like a significant ongoing loss in capacities and a decline in functional ability. For example, older adults may experience reduced mobility, chronic pain, frailty or other health problems, for which they require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, or a drop in socioeconomic status with retirement. All of these stressors can result in isolation, loneliness or psychological distress in older people, for which they may require long-term care. Mental health has an impact on physical health and vice versa. For example, older adults with physical health conditions such as heart disease have higher rates of depression than those who are healthy. Additionally, untreated depression in an older person with heart disease can negatively affect its outcome. Older adults are also vulnerable to elder abuse - including physical, verbal, psychological, financial and sexual abuse; abandonment; neglect; and serious losses of dignity and respect. Current evidence suggests that 1 in 6 older people experience elder abuse. Elder abuse can lead not only to physical injuries, but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety. Dementia and depression among older people as public health issues Dementia Dementia is a syndrome, usually of a chronic or progressive nature, in which there is deterioration in memory, thinking, behaviour and the ability to perform everyday activities. It mainly affects older people, although it is not a normal part of ageing. The total number of people with dementia is projected to increase to 82 million in and million in There are significant social and economic issues in terms of the direct costs of medical, social and informal care associated with dementia. Moreover, physical, emotional and economic pressures can cause great stress to families and carers. Support is needed from the health, social, financial and legal systems for both people with dementia and their carers. Depression Depression can cause great suffering and leads to impaired functioning in daily life. Depression is both underdiagnosed and undertreated in primary care settings. Symptoms are often overlooked and untreated because they co-occur with other problems encountered by older adults. Older people with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. Depression also increases the perception of poor health, the utilization of health care services and costs. Treatment and care strategies to address mental health needs of older people It is important to prepare health providers and societies to meet the specific needs of older populations, including: Health promotion The mental health of older adults can be improved through promoting Active and Healthy Ageing. Mental health-specific health promotion for older adults involves creating living conditions and environments that support wellbeing and allow people to lead a healthy life. Promoting mental health depends largely on strategies to ensure that older people have the necessary resources to meet their needs, such as: Interventions Prompt recognition and treatment of mental, neurological and substance use disorders in older adults is

essential. Both psychosocial interventions and medicines are recommended. There is no medication currently available to cure dementia but much can be done to support and improve the lives of people with dementia and their caregivers and families, such as: Training all health providers in working with issues and disorders related to ageing is therefore important. Effective, community-level primary mental health care for older people is crucial. It is equally important to focus on the long-term care of older adults suffering from mental disorders, as well as to provide caregivers with education, training and support. An appropriate and supportive legislative environment based on internationally accepted human rights standards is required to ensure the highest quality of services to people with mental illness and their caregivers. WHO supports governments in the goal of strengthening and promoting mental health in older adults and to integrate effective strategies into policies and plans. The Global strategy and action plan on ageing and health was adopted by the World Health Assembly in 2016. One of the objectives of this global strategy is to align the health systems to the needs of older populations, for mental as well as physical health. The Comprehensive Mental Health Action Plan for 2013-2030 is a commitment by all WHO Member States to take specific actions to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders including in older adults. It focuses on 4 key objectives to: Depression, psychoses, suicide, epilepsy, dementia and substance use disorders are included in the WHO Mental Health Gap Action Programme mhGAP that aims to improve care for mental, neurological and substance use disorders through providing guidance and tools to develop health services in resource-poor areas. The mhGAP package consists of interventions for prevention and management for each of these priority conditions in non-specialized health settings including in those for older people. WHO recognizes dementia as a public health challenge and published the report, *Dementia: A public health priority*. In May 2017, the World Health Assembly endorsed the Global action plan on the public health response to dementia. The Plan provides a comprehensive blueprint for action for policy-makers, international, regional and national partners, and WHO in areas such as, increasing awareness of dementia and establishing dementia-friendly initiatives; reducing the risk of dementia; diagnosis, treatment and care; research and innovation; and support for dementia carers. It aims to improve the lives of people with dementia, their carers and families, while decreasing the impact of dementia on individuals, communities and countries. As part of the efforts to operationalize the Plan, an international surveillance platform, the Global Dementia Observatory, has been established for policy-makers and researchers to facilitate monitoring and sharing of information on dementia policies, service delivery, epidemiology and research.

Chapter 4 : Mental Health and Mental Disorders | Healthy People

One in four older adults experiences some mental disorder such as depression, anxiety, and dementia. This number is expected to double to 15 million by 2030. While disabilities due to mental disorders are a major public health concern, there are a number of effective programs for older adults that address mental health and/or addiction issues.

Mental health of older adults Fact sheet Updated December Key facts Globally, the population is ageing rapidly. Mental health and well-being are as important in older age as at any other time of life. Mental and neurological disorders among older adults account for 6. Older adults, those aged 60 or above, make important contributions to society as family members, volunteers and as active participants in the workforce. While most have good mental health, many older adults are at risk of developing mental disorders, neurological disorders or substance use problems as well as other health conditions such as diabetes, hearing loss, and osteoarthritis. Furthermore, as people age, they are more likely to experience several conditions at the same time. In absolute terms, this is an expected increase from million to 2 billion people over the age of 65. Older people face special physical and mental health challenges which need to be recognized. These disorders in older people account for 6. Anxiety disorders affect 3. Substance abuse problems among older people are often overlooked or misdiagnosed. Mental health problems are under-identified by health-care professionals and older people themselves, and the stigma surrounding these conditions makes people reluctant to seek help. Risk factors for mental health problems among older adults There may be multiple risk factors for mental health problems at any point in life. Older people may experience life stressors common to all people, but also stressors that are more common in later life, like a significant ongoing loss in capacities and a decline in functional ability. For example, older adults may experience reduced mobility, chronic pain, frailty or other health problems, for which they require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, or a drop in socioeconomic status with retirement. All of these stressors can result in isolation, loneliness or psychological distress in older people, for which they may require long-term care. Mental health has an impact on physical health and vice versa. For example, older adults with physical health conditions such as heart disease have higher rates of depression than those who are healthy. Additionally, untreated depression in an older person with heart disease can negatively affect its outcome. Older adults are also vulnerable to elder abuse - including physical, verbal, psychological, financial and sexual abuse; abandonment; neglect; and serious losses of dignity and respect. Current evidence suggests that 1 in 10 older people experience elder abuse. Elder abuse can lead not only to physical injuries, but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety. Dementia and depression among older people as public health issues Dementia Dementia is a syndrome, usually of a chronic or progressive nature, in which there is deterioration in memory, thinking, behaviour and the ability to perform everyday activities. It mainly affects older people, although it is not a normal part of ageing. The total number of people with dementia is projected to increase to 82 million in 2030 and 150 million in 2050. There are significant social and economic issues in terms of the direct costs of medical, social and informal care associated with dementia. Moreover, physical, emotional and economic pressures can cause great stress to families and carers. Support is needed from the health, social, financial and legal systems for both people with dementia and their carers. Depression Depression can cause great suffering and leads to impaired functioning in daily life. Depression is both underdiagnosed and undertreated in primary care settings. Symptoms are often overlooked and untreated because they co-occur with other problems encountered by older adults. Older people with depressive symptoms have poorer functioning compared to those with chronic medical conditions such as lung disease, hypertension or diabetes. Depression also increases the perception of poor health, the utilization of health care services and costs. Treatment and care strategies to address mental health needs of older people It is important to prepare health providers and societies to meet the specific needs of older populations, including: Health promotion The mental health of older adults can be improved through promoting Active and Healthy Ageing. Mental health-specific health promotion for older adults involves creating living conditions and environments that support wellbeing and allow people to lead a healthy life. Promoting mental health depends largely on

strategies to ensure that older people have the necessary resources to meet their needs, such as: Interventions Prompt recognition and treatment of mental, neurological and substance use disorders in older adults is essential. Both psychosocial interventions and medicines are recommended. There is no medication currently available to cure dementia but much can be done to support and improve the lives of people with dementia and their caregivers and families, such as: Training all health providers in working with issues and disorders related to ageing is therefore important. Effective, community-level primary mental health care for older people is crucial. It is equally important to focus on the long-term care of older adults suffering from mental disorders, as well as to provide caregivers with education, training and support. An appropriate and supportive legislative environment based on internationally accepted human rights standards is required to ensure the highest quality of services to people with mental illness and their caregivers. WHO response WHO supports governments in the goal of strengthening and promoting mental health in older adults and to integrate effective strategies into policies and plans. The Global strategy and action plan on ageing and health was adopted by the World Health Assembly in One of the objectives of this global strategy is to align the health systems to the needs of older populations, for mental as well as physical health. The Comprehensive Mental Health Action Plan for is a commitment by all WHO Member States to take specific actions to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders including in older adults. It focuses on 4 key objectives to: Depression, psychoses, suicide, epilepsy, dementia and substance use disorders are included in the WHO Mental Health Gap Action Programme mhGAP that aims to improve care for mental, neurological and substance use disorders through providing guidance and tools to develop health services in resource-poor areas. The mhGAP package consists of interventions for prevention and management for each of these priority conditions in non-specialized health settings including in those for older people. WHO recognizes dementia as a public health challenge and published the report, Dementia: In May , the World Health Assembly endorsed the Global action plan on the public health response to dementia The Plan provides a comprehensive blueprint for action “ for policy-makers, international, regional and national partners, and WHO “ in areas such as, increasing awareness of dementia and establishing dementia-friendly initiatives; reducing the risk of dementia; diagnosis, treatment and care; research and innovation; and support for dementia carers. It aims to improve the lives of people with dementia, their carers and families, while decreasing the impact of dementia on individuals, communities and countries. As part of the efforts to operationalize the Plan, an international surveillance platform, the Global Dementia Observatory, has been established for policy-makers and researchers to facilitate monitoring and sharing of information on dementia policies, service delivery, epidemiology and research. World Health Day

Chapter 5 : Older Adults | Healthy People

McLean Hospital clinicians are experts in older adult mental health, including treatment, research, and education for conditions both unique to older adults (like dementia, Alzheimer's disease, memory impairment) and those with unique challenges for people in this age group (such as depression, bipolar disorder, anxiety).

Stevenson is a writer, artist, editor and graphic designer living in Northern California. Her visual art has been exhibited around California, and her writing has appeared in a variety of web sites and print publications. For more information, please visit: [Please share your thoughts or comments on this article: Patricia Galasso](#)

My dad is 83 and started with unexplained weight loss while he was on lexopro for anxiety. Then he moved on to having all the symptoms above and while he was being tested for everything physical, his doctor never related it to being something mental health related. In January he saw a neurologist tested him physically who said that everything looked fine, but that it could be the combination of the beginning of dementia and some depression. By January he had ALL the symptoms listed above although I just found this article and while I was convinced he had some mental health issue, the doctors kept looking for something physical. We made an appointment for a geriatric psychiatrist in February, but his appointment is for April. I hold a full time job and I was my moms caregiver before she passed away 6 years ago while dad went out and had his fun. He is up in my business, wants to know where I am going at all hours, tells me when to come home where to park the car or gets upset that I travel with my job. Its now getting so bad his driving has gotten bad. My other 2 siblings walked away after my mom passed cause they did not like my dads smoking habits even the grandkids stopped coming around. Dad tells me that I should buy a bigger house for he and I , he thinks he gets to pick the house and tells me what he wants in it. An elderly relative became very hostile and lethargic around the age of 80. Began losing control over his swallowing muscles. Doctors found no physical cause. Then he became progressively hostile, told lies frequently, stood staring at people, in spite of social withdrawal. He did not lose his short-term memory until around 80! Doctors could not diagnose the syndrome as it was similar to the usual Dementia. Anyone here have any ideas?

Kristen Jay My elderly mother has no short term memory and lately her mood swings have become worse. I am her caregiver. Our relationship has become strained and I have lost the ability to feel compassion for her because of it. Nearly every day she says something unkind to me when I express how tired I am of her daily fixation on the house says not worth living in and wants to leave

Aarohi jaiswal My grandfather has been acting pretty weird since last year. At first , he used to forget things happening recently, like he woke up at 2: Then he slowly lost track of what was happening around. Once he started brushing teeth at 8 pm , thinking it was morning. Then things started turning worse with him forgetting everyone except his wife and son. He used to love watching television but later he would just turn on TV and watch anything €. Including channels of foreign language. He lost his balance and started finding it difficult to walk. He was very fond of wearing smart outfits and grooming , but now he has just lost consciousness of what he was wearing, even if he was wearing anything. He talks to himself , and sometimes calls his parents. He sometimes become angry and snap at anyone for no reason, while sometimes he just starts crying. Please help me out.

Denise Sadly my mom is becoming perversely hostel, irrational and delusional. My eldest sybling who has mental illness was somehow placed in her care for six years now. My mother manipulates her into giving her money, going to local stores and requesting free items as well as sending her to walk in the cold to get coffee. This happened to my mom as well. More importantly, my mom tries to convince others social services, case workers that my sister is being violent towards her. However, my mom is verbally abusive to my sister and she recently said that she was going to cut my sister. My mom is a master a manipulation and telling lies. She has spent a lifetime teacher each child she had to dislike the other so that everyone will focus on her. My family is completely torn. And the only way to keep my immediate family safe is to stay away from the drama. My mom needs psychological help. Sometimes she behaves like a small child, other times a warrior, still she becomes deeply, deeply religious and thinks she has the power to put a curse or a blessing on people. If you try to help in anyway, the only thing she wants us the money but the advice she rejects. A month ago, u contacted an agency after witnessing the abuse of my sister, I had to

convince the worker who failed to see the urgency to let me talk with her supervisor. The supervisor agreed that the situation needed attention, however they followed up in my complaint a month later. She needs help of some kind or another. If all else fails, try calling her doctor and telling them about your concerns with her mood and with the pills. You can tell them not to tell you called, doctors see it all the time. All of this dementia nonsense seemed to start shortly after her son passed unexpectedly. Has all the textbook physical and mental symptoms of depression. I want to say mourning [morning? Still, I had to learn a new way of communication with her, it seems. Diana Hi my mom is 60 and i feel she has a huge issue with her mood. Please help me What do you do if your parent lives in another state but are losing their home and show signs possible mental illness but you have no income yourself. Sinchana My mom always react over for all matters. She will always be in aggressive mood always. From morning 6 to night 10 she will be scolding me creating her own reasons to fight. She has even gone physical many times. Now a days am even scared of looking at her face. She is forcing me to leave the home. She is 49 now and she is taking sleeping pills from past 14 years. Dementia can cause that along with other things. They asked relentlessly for me and my mother to stay with them then treat me and her badly. I want to get her in therapy or get someone to help with both of them. Her husband has admitted to being depressed and my grandmother hints at something being wrong. Where are these health care workers? My mom started having problems when she was 67, and no one can figure out anything at all. The psychiatrists, and psychologists have all been a JOKE. It would be like me prescribing medsâ€they just wing it. We lost our mother about 4 years ago. Since then he has been put on dialysis due to the extensive damage the diabetes has caused him. My father has always had aggression issues. But in the passed five years it seems to have progressed. He gets so mad he starts throwing things around and breaking things. How do you leave an abusive parent like this? He has 4 younger siblings and I have 2 younger siblings too, but no one wants to take care of him. She has always been a worry pot, but lately the hormones prescribed to avoid breast tissue growing back is causing her severe depression. She can day dream aloud about what if her son was still alive and normal he suffered birth defects of a mental kind with her remaining son in the room. She is petrified regarding matters of personal safety: She has given up on the few pot plants which she used to tend. She no longer joins the weekly ladies tea and will not go anywhere where there is a chance of a crowd nor will she join us for drive around town or along the beach. Our sympathy is wearing thin and sympathy is becoming discontent with her feeling sorry for her self. She drinks at night, which is then she likes to verbally attack and become verbally abusive sometimes, but no seem to remember what she said the next morning. Or if were dealing with something else. Lisa Yes talk to a psychiatrist is your mom anxious constantly repeating, worry, loss of appetite? If do maybe anxiety.. Lisa Hi Wanda, my mom is 83 and has fell a few times, now its hard to get her to leave the house to see doctors. She does suffer from anxiety and phobias. We have her on an anti anxiety medication which also helps fears, unfortunately we have to change her medication I believe dementia has set in. Lisa How is your mom doing? Lisa My mom is 83 and has always had battles with depression and anxiety In her younger years. American Social Services and local Dept. If you are looking for assistance, you can contact us here:

Chapter 6 : Can physical activity improve the mental health of older adults?

dedicated to mental health, discusses mental health and mental illness across the life span, including a chapter on older adults. Mental illnesses are real health conditions.

In most cases, these mental health issues respond well to treatment. Sadly, far too often older adults do not seek or receive the help they need. Undiagnosed and untreated, mental health illnesses have serious implications for older adults and their loved ones. Mental health problems are not a normal part of aging. While older adults may experience many losses, deep sadness that lingers may signal clinical depression. Similarly, an anxiety disorder is different from normal worries. One in four American adults has a diagnosable mental disorder during any one year. About six percent of older adults have a diagnosable depressive illness. Mental health is as important as physical health. Good mental health contributes greatly to an overall feeling of well-being. Untreated mental health disorders in older adults can lead to diminished functioning, substance abuse, poor quality of life, and increased mortality. Research shows mental illness can slow healing from physical illnesses. Healthy older adults can continue to thrive, grow, and enjoy life! Reading, walking, and socializing are just a few of the activities that many individuals enjoy at any age. Exercising your mind and body, and maintaining social connections are good for your mental health, too. Mental health problems are a risk for older adults, regardless of history. While some adults go through life managing a chronic mental illness, mental health problems can also appear late in life. Sometimes mental health deteriorates in response to a stroke, Parkinson? Older adults without a history of substance abuse may abuse medications, alcohol, or drugs. Suicide is a risk among older adults. Older adults have the highest suicide rate in the country. Those aged 85 and over have the highest suicide rate; those aged 75 to 84 have the second highest. For those 65 and older, there is one suicide for every four attempts compared to one suicide for every 20 attempts for all other age groups. These symptoms call for consultation with a health care professional: Sadness that has lasted longer than two weeks. Consistent worries about issues such as money, family and health. Consistent trouble sleeping or concentrating Frequent trouble remembering things or feeling confused in familiar places Have more than one alcoholic drink a day or take more medication than prescribed. Older adults can be helped with the same success as younger people. Eighty percent of older adults recovered from depression after receiving treatment that included both psychotherapy and anti-depressant medication. Our health system is not adequately helping older adults with mental disorders. Medicare covers 80 percent of a physical health problem, but only 50 percent of a mental health problem. This is a barrier to treatment for many people. Researchers estimate that up to 63 percent of older adults with a mental disorder do not receive the services they need. Misdiagnosis and avoidance are common. Primary care physicians fail to diagnose depression 50 percent of the time. Only half of older adults who discuss specific mental health problems with a physician receive any treatment. Older adults have unique mental health care needs. Changing bodies and chemistry, changes in family and friendships, and changes in living situations all have an effect on mental health and need to be considered in treatment. Sometimes helping solve basic problems, like transportation, can lower stress, improve community connections, and improve outlook and mood. If older adults take several medications for a variety of illnesses, drug interactions and side effects can affect mood and behavior. Reprinted with permission from Older Women?

Chapter 7 : Older Adults (60+ yrs) - Department of Mental Health

Older Adults. Caring for your mental and emotional health continues to be important in older adulthood. In fact, approximately 15% of adults 60 years old and older experience mental health issues.

Chapter 8 : Adult Symptoms of Mental Health Disorders | HealthyPlace

Older adults are supported by agencies, facilities and organizations in the community; however, many are unable to

maintain these supports due to the staff lack of an understanding of mental health and/or substance use disorders.

Chapter 9 : Depression in Older Adults | Mental Health America

Our population is aging. Approximately 75 million Americans will be over age 65 by Additionally, in , one in five older adults in the U.S. experienced a mental illness, substance use disorder, or both.