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Title

Aspects of social work, social determinants, and mental health for the elderly

Abstract

Social determinants directly and indirectly affect the general and mental health of elderly as well as other people. There is a specialized professional group whose work deals intensively with the social determinants of older people: social workers. Among other things, social work for the elderly focuses on their overall welfare and their best quality of life. The objectives of social work for the elderly include preserving independence, the autonomy of the individual, including personal autonomy, and other aspects of healthy aging, resource promotion, and prevention, the latter – where appropriate – in conjunction with families, individual networks, and community settings. The challenges of the future, such as growing numbers of elderly people, mainly women, and more and more mental and chronic illnesses, call for commitment in the work of this professional group, including the interdisciplinary context, where adequately qualified offers of psychosocial counseling are needed. These future challenges should be given more consideration in training and in the professional field of action, this means in the daily work for better mental for older people as well as in professional organizations and networks, particularly in the context of a more self-determined mandate for social work.

Key words: Elderly, social determinants, social work, mental health

Introduction

In the future, expanding populations and the growing incidence of mental disorders will present enormous and diverse challenges to the persons concerned, their networks, and society at large, with mental disorders being influenced by various social determinants (Bährer-Kohler 2012). At the same time, the social work profession, beside other professions is called upon to actively attempt to improve the quality of life of elderly people (Adler et al. 2009) and their caregiving relations, particularly in view of the increasing frequency of mental and/or chronic illnesses (Garms-Homolová & Schaeffer 2003) such as dementia disorders.

The aging population, mental health, and social determinants

According to the Population Division of the Department of Economic and Social Affairs of the United Nations, there were c. 7.2 billion people living in our world in mid-2013, and it is estimated that this number will grow to around 8.1 billion by 2025 and reach c. 10.9 billion by 2100 (UN 2012). Population aging took and is taking place in nearly all the countries of the world (UN 2013). The global share of older people (aged 60 years or over; men and women) increased from 9.2 per cent in 1990 to 11.7 per cent in 2013 and will continue to grow, reaching – based on current knowledge and statistical calculations – 21.1 per cent by 2050. Globally, the number of older persons (aged 60 years or over) is expected to more than double, from around 841 million people in 2013 to more than an estimated 2 billion people in 2050 (UN 2013).

Because the older population in less developed regions is growing faster, nearly 8 in 10 of the world's older population will live in the less developed regions of the world by 2050 (UN 2013).

The older population itself is aging. Globally, the share of older persons aged 80 years or over (the "oldest old") within the older population was 14 per cent in 2013, and according to current calculations, it will amount to 19 per cent in 2050. In 2050, around 392 million persons aged 80 years or over will be alive, more than three times the present number. In this context, it should be noted that the older population is predominantly female (UN 2013).

Mental health (WHO 2010/2014; WHO 2013) – defined as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" – and mental illness in elderly and other people are many-faceted and related to social, psychological and biological factors (WHO 2012a).

In this context, the aspects and influences of social determinants are perhaps the most complex and challenging of all (Tsouros 2003). Diverse and complex (WHO 2014a), these determinants include social marginalization, primary and secondary social networks, social support, and environmental factors as well as, for example, gender-, education-, migration-, stress- and mobility-related factors and financial constraints (Bährer-Kohler 2012).

Financial difficulties in particular may directly affect the health of older people (Patel et al. 1999, Back et al. 2011, Chen et al. 2012). Many older persons have to work, especially in developing countries. Labor force participation of persons (men and women) aged 65 years or over was around 31 per cent in the less developed regions and around 8 per cent in the more developed regions in 2010 (UN 2013).

Regarding distribution, there are great differences relative to the total population worldwide. Thus, for example, in much of Africa, the prevalence of poverty among older persons is either lower or only slightly higher than the total population average. In Latin America, the situation is reversed: there, the prevalence of poverty among the older population varies widely, from levels much lower than average to significantly higher than the average in some Central American countries. At the same time, global OECD data impressively demonstrate that the poverty rate of older persons is higher than the population average as a general rule (UN 2013).

Mental disorders, chronic disease, and healthy aging

Mental diseases will spread and lifetime prevalences have increased (WHO 2004a, WHO 2000, EU 2008). New findings confirm that common mental disorders are highly prevalent globally, affecting people across all regions of the world (Steel et al. 2014). However, it should be noted that four of the 21 GBD (Global Burden of Disease) world regions lack any data on mental disorders, including Central Asia, Central Sub-Saharan Africa, Andean Latin America, and Oceania (Baxter et al. 2013).

In 2007, the Global Forum for Health Research and the World Health Organization reported that mental and neurological disorders are responsible for around 13% of the global burden of disease. Further data published in 2009 show that the inter-quartile range of lifetime DSM-IV disorder prevalence estimates (combining anxiety, mood, externalizing, and substance use disorders) is 18.1-36.1% (Kessler et al. 2009). Estimated millions of people worldwide suffer from a mental disorder, many individuals develop one or more mental or behavioral disorders at some stage of life (WHO 2001), and globally more than 350 million people of all ages suffer from depression (WHO 2012d).

In America alone, an estimated 26.2 percent of Americans aged 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year (Kessler et al. 2005). In Europe, a current study prepared by the European College of Neuropsychopharmacology (ECNP) and the European Brain Council (EBC) documented figures of comparable magnitude together with the fact that the majority of mental disorders remain untreated (European College of Neuropsychopharmacology 2014). In every year, over a third of the total EU-27 (European Union (EU)- Member States) population of c. 504 million in 2012 (Eurostat 2012) suffer from mental disorders (Wittchen et al. 2011).

Other studies assume that around 44 million people suffer from a dementia disorder (Alzheimer`s Society 2013), and that this number will grow to 115.4 million people by 2050 (ADI 2010), with depression and dementia (Ferri et al. 2005, WHO/ADI 2012c) occurring frequently in old age.

Chronic illness, such as heart disease, is on the increase as well. The WHO (2011) concludes that NCDs (Non Communicable Diseases) will be responsible for a significantly increased total number of deaths in the next years. NCD deaths are projected to increase by 15% globally between 2010 and 2020. At any rate, psychiatric morbidity in old age frequently coexists with physical illness (Garms-Homolová & Schaeffer 2003) and is likely to be further complicated by social problems.

However, the elderly also constitute a group in which social factors including resource promotion, i.e. personal resources or community resources, contribute greatly to active and healthy aging in societies (WHO 2012a). These considerations have been integrated in diverse strategy papers, such as the Strategy and Action Plan for Healthy Aging in Europe, 2012–2020. / EUR/R, C62/10 Rev.1 (WHO 2012b). The paper emphasizes how important it is to promote physical activity; prevent falls; vaccinate older people; prevent infectious diseases in health care settings; lend public support to informal care-giving, with a focus on home care; build geriatric and gerontological capacities among the health and social care workforce and address the social context, such as prevention of social isolation and social exclusion; prevention of elder abuse; and the quality of care strategies for older people including dementia care and palliative care for long-term care patients.

Social work, the elderly, and mental health

“The social work profession promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. The principles of human rights and social justice are fundamental to social work” (IFSW 2012).

Surveying the social determinants of older people, professional social work aims at resource-, network-, community-, and solution-oriented promotion for the elderly (de Shazar& Dolan 2005, Kim 2007, Aner& Karl 2010). It also identifies and coordinates, meaning that a professional social worker assesses the requirements and actual needs of elderly clients, their social networks and their caregivers (Papastavrou et al. 2007) as appropriate, and arranges, coordinates, monitors, evaluates, and advocates, independently of the situation in which the elderly person lives (Marziali et al. 2005).

Basically, professional social work interprets old age and the process of aging as an opportunity (Motenko & Greenberg 1995), a joint consideration of potentials and limits (Baltes 1993), advising and supporting elderly people on self-determination and health promotion (Nummer 2007) and giving consideration to future trends and developments (Spitzer & Davidson 2013).

Professional social work focuses on the potentials of old age (BMFSFJ 2006), even in the presence of chronic illnesses (Kramer 2013) such as dementia. One of the growing challenges for social workers is to provide adequate services to patients with dementia, including end-stage dementia (Sanders& Swails 2011).

Further objectives include preserving independence (Koenig et al. 2011) as long as possible, the autonomy of the individual, including personal autonomy as prevention, means self-determination free from restrictions (Bojorquez-Chapela et al. 2012), dignity in later life, including palliative and end-of-life care (NASW 2012), and promoting individual life quality (Laidmäe et al. 2012; WHO 2004b). In this context, social work constructively addresses models and perceptions of old age (BMFSFJ 2010a).

Caregiving and nursing (Whitlatch& Feinberg 2007) by family members, the promotion of motivation (Quinn et al. 2010) and/or optimism (Marquez-Gonzalez et al. 2009) as well as the prevention of burnout, which may affect around 16% of all caregiving family members (Kim et al. 2012) can be important fields of action in social work for the elderly.

It is indispensable that culturally sensitive social work practice should pay particular heed to gender relations and the place of individuals in their families and communities (al-Krenawi & Graham 2000). When required, social work attempts to establish sustainable interactions, with i.e. clarification of expectations, esteem of others, and reliability in fulfilling agreements, between individuals, families, organizations, communities, and institutions.

Such work presupposes competence and sound, broad knowledge about the individual country of employment, its social work and mental health fields and practice, its social and health systems, the factors that influence them, and social counseling. In the future, more offerings in the interdisciplinary and psychosocial context will be needed for social counseling (Bemak & Hanna 1998). At present, for example, only 44% of all countries (184 of 193 member states of the United Nations) have facilities for psychosocial counseling/intervention in the context of mental health (WHO, Mental Health Atlas, 2011b, 11).

Some conclusions regarding social work for the elderly in the context of mental health

Social work and mental health for the elderly is now and will be confronted in the future by enormous challenges (WHO 2004a, UN 2003, U.S. Administration on Aging 2012, Ferguson et al. 2012).

Therefore, there is a need for more hands-on experience opportunities in social work with older people (Adler 2006), for more opportunities to learn about health promotion and geriatric mental health, and for more reports on gerontological social work data and research (Richards, 2013), including the controversial context of evidence-based aspects (Gray et al. 2013) and addressing the professional field of action (Galuske 2011). Another significant matter for the future of social work education will be to create ideas and strategies for engaging faculties, practitioners and students in the curricular and organizational change process (Hooyman& St Peter 2006). The (GeroRich) initiative with sixty-seven social work programs to infuse gerontological contents in

curricula documented important issues in this context (Sanders et al. 2009), as did studies like that by Snyder et al. 2008 entitled Bridging the gap: gerontology and social work education.
Social workers, including those working in the field of older people and mental health should represent their own discipline nationally as well as internationally in all matters relating to training, theory, research, and practice (Aviram 2002, Dörr 2005).

Conflict of interest: "none"

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