Elder Abuse and Mental Health

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Overview of Talk

- Raise awareness of issues of elder abuse
  - Prevalence
  - Ethical issues
  - Signs of elder abuse
  - Legal and advocacy resources
- Consider the intersection with mental health issues of victims and perpetrators
- Consider some case vignettes and practical responses to elder abuse issues
Starring Mickey Rooney
Elder Abuse

- ‘Any act which causes harm to an older person and occurs within an informal relationship of trust, such as family or friends’. APEA-WA definition

- Can take many forms:
  - Emotional
  - Financial
  - Neglect
  - Emotional
  - Spiritual
  - Social
  - Physical
  - Sexual
Elder Abuse: Prevalence

- Population studies report 3-27% prevalence in Australia and overseas
- 1/5-1/27 not reported
- Difficult to get accurate data due to:
  - Definitions vary depending on framework: legal, medical, social, psychological (neglect vs abuse)
  - Under reported
  - Concealed
  - Methodology (agency vs population approach)
Adverse Outcomes

- Human rights violations
- Distress, reduced quality of life
- Loss of family cohesion
- Increased mortality
- Increased morbidity
- Increased risk of depression and mental illness
- Costs to community
  - Increased utilisation of health care
  - Legal and policing costs
  - Reduced productivity
Vignette 1

- 86 year old widow, living with son and his family in a granny flat
  - Has lived with family for 5 years and financed the building of the granny flat and some of the house purchase, on the understanding that the family would provide some care and support (no name on title)
  - Son is now separated from wife and children, seeking divorce and property settlement which divides property between son and his wife and places mother in institutional care
  - GP refers as lady depressed and anxious
Vignette 2

- 78 year old widow, living in rented accommodation, was bequeathed inheritance by a friend and asked son to help buy a house
- He bought house in his own name as “easier to organise”, then 5 years later, sold it evicting mother back into state housing when he ran into financial trouble
- Lady referred as now in RACF, other son has died and depressed and refusing food, fluids and medications
Vignette 3

- 73 year old woman with Alzheimer's Disease (MMSE 19/30), living with husband (74) who is carer
- GP concerned that she is having repeated UTIs and evidence of some sexual trauma
- Woman denies sexual abuse, seems comfortable with husband, though signs of neglect
- Husband admits to having sexual relationship and doesn’t see that this could be seen as abuse as claims this reflects their usual sexual relationship
Vignette 4

- 80 year old retired farmer living in crowded residential care facility, has moderate Vascular Dementia

- Frequently agitated by fellow resident, was aggressive towards one and tried to strangle

- GP prescribed haloperidol 10 mg prn, which resulted in patient being sedated and bed-ridden
Vignette 5

- 80 year old farmer, never married, no children

- Admitted to hospital for investigation and treatment of syncopal episodes and periods of weakness

- Nephew visits with a will already made out with himself as sole beneficiary and farmer signs

- Staff report patient’s conscious state was fluctuating and was disoriented
Vignette 6

- 82 year old man with Alzheimer’s, cared for by second wife who is in late 50’s and still working
- Wife needs to work for financial reasons
- Patient is estranged from children of first marriage and has no other family supports
- Patient is locked in house each day, while wife works, power turned off to prevent injury.
- Patient broke a window to escape and lacerated arm, led to referral to ED
Vignette 7

- An 80 year old single woman, never married, no children, admitted to inpatient unit as declining function at home - ? Depressed ? Declining cognitive function

- Cousin has been collecting mail and paying bills. Patient wrote cheques for $20,000 to both cousin and his wife as a thank you
Vignette 8

- 83 year old lady with moderate dementia, living with daughter and son-in-law (both nurses)
- GP refers as carers are distressed by behavioural concerns and increasingly seeking medication for sedation
- Family are resistant to having paid carers to assist
- Financial interdependence
Recognising the signs of Elder Abuse

- Acting fearfully
- Withdrawing
- Signs of stress or depression or neglect
- Unexplained bruising or other physical injuries
- Unable to pay normal bills or having unpaid bills
- Marked weight loss
- Changes in sleeping patterns.
- Seeing someone verbally or physically abuse the person
- A person speaking on behalf of the older person without consent
- Conflicting stories about injuries.
Risk factors for Elder Abuse

- **Patient / Client Factors:**
  - lack of knowledge about rights, powers of attorney,
  - female
  - vulnerability
  - dependency
  - social isolation
  - displays of difficult behaviour
  - constant unreasonable demands for attention
  - decision-making disability (75%)
  - physical disability
  - cultural factors
  - poor housing conditions
Risk factors for Elder Abuse cont.

**Abuser Factors:**

- limited understanding of Older Person’s needs
- limited training in caring for Older people
- substance abuse
- personal stress, (financial, social)
- psychological / psychiatric issues
- malevolent intent
- lack of knowledge of powers of attorney
- cultural issues
- pre-existing history of abuse
Risk factors for Elder Abuse cont.

- Relationship Factors:
  - History of interpersonal conflict
  - History of domestic violence
  - History of sexual abuse
  - Unsupported
Risk factors for Elder Abuse cont.

- Social / Systemic Factors:
  - ageism
  - carer burden
  - resourcing for elder care, staffing (number, training, support, supervision)
Elder Abuse: Barriers to Reporting by Physicians

- Victim denial
- Uncertainty of:
  - reporting laws
  - reporting procedures
  - resources
- Subtle signs of Abuse
Guidelines for management of Elder Abuse

- Consider Right to Autonomy, Confidentiality and Duty of care
- Discuss/Refer to senior staff or Social Work Staff
- Informal
  - Education
  - Counselling
  - Support
  - Mediation
- Formal
  - Referral to Advocare Elder Abuse Prevention Program (9479 7566, 1800 655 566)
  - Older People’s Rights Service (9440 1663)
  - Referral to Public Advocate (1300 858 455)
  - Complaints Investigation Scheme for Residential Aged Care on 1800 550 552
- Referral to police
  - Contact police and discuss case
Clinical Approach to Assessment of situation

- Is there clear evidence of abuse?
- Are there concerns about abuse that need clarification?
- Need to document type and extent of abuse allegations
- What does patient want?
- Consider patients right to autonomy, confidentiality, adequate standard of living, health and safety, live from threat, harassment, humiliation, or degradation
- Consider Duty of Care
- Is patients vulnerable because of mental health issues?
- Is patient competent to make decision (situation dependant)?
- Is a formal proxy-decision-maker involved?
- Are other family members aware/involved
- Is situation urgent?
- Is abuse criminal in nature?
- Consider Cultural issues?
APEA WA: Guiding Principles

- APEA:WA recognises diversity within the community and supports implementation of a range of appropriate policy, program and practice responses to meet the needs of older people and to represent the needs of Aboriginal people affected by elder abuse.

- Every person has the right to live safely and without fear of abuse, neglect, violence or exploitation.

- Every person is assumed to be capable of making informed choices and decisions regarding their own lives unless shown otherwise.
APEA WA: Guiding Principles cont.

- Decisions made on behalf of a person with an established decision-making disability will be in the best interests of the person, taking their views into account, and with regard to cultural practices.

- Victims of elder abuse will be involved in decisions about their care and have a right to comprehensive, accurate and accessible information on which to base decisions.

- Responses to elder abuse will be developed in consultation with older people.

- Any response to elder abuse should be least restrictive to the person's autonomy.
What you can do to avoid becoming a victim

REDUCE DEPENDENCY AND ISOLATION:

✓ Staying socially connected — join a club or group, stay in touch with friends and meet regularly.
✓ Enjoying and maintaining independence — continue experiencing new activities, take up new challenges, meet new people.
✓ Staying physically healthy — exercise daily and eat a well balanced diet, visit your GP and health care professionals regularly.
✓ Staying mentally active — start a course of study, join a book club.
✓ Staying emotionally healthy — ask for help if you are feeling down or anxious, talk with your GP.

PLAN FOR YOUR FUTURE SECURITY

✓ Get independent advice before signing any documents including the sale of your property, your Power of Attorney, Enduring Power of Attorney and your Will.
✓ Stay aware of your financial position. Keep information about your finances and investments, property and assets in a secure place.

MAKE DECISIONS ABOUT WHAT YOU WANT FOR YOUR FUTURE IF YOU BECOME FRAIL OR INCAPACITATED

✓ Appoint one or two people you trust as Enduring Attorneys or Guardians to act on your behalf now or in the event you lose capacity to make decisions for yourself.

TELL THE PEOPLE YOU TRUST THE MOST ABOUT THE DECISIONS YOU HAVE MADE ABOUT YOUR FUTURE
Resources and Bibliography

  - “Elder Abuse Protocol”
- House of Commons Health Second Report into Elder Abuse:
  [http://www.publications.parliament.uk/pa/cm200304/cmselect/cmhealth/111/11102.htm](http://www.publications.parliament.uk/pa/cm200304/cmselect/cmhealth/111/11102.htm)
Resources

- Collins KA “Elder maltreatment” – A review” (*Arch Pathol Lab Med.* 2006;130:1290–1296)