Seniors Rights VICTORIA

A COTA Victoria Program

Elder abuse, mental health and wellbeing

Discussion paper

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Elder abuse, mental health and wellbeing

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Suggested citation:

Seniors Rights Victoria at COTA Victoria, 2021. Elder abuse, mental health and wellbeing: Discussion paper. Melbourne: SRV.

Seniors Rights Victoria is funded through the Victorian Government, Victoria Legal Aid and the Commonwealth of Australia Attorney-General's Department. It is a program of the Council of the Ageing Victoria (COTA Vic) and governed by its board.

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Contents

Elder abuse, mental health and wellbeing

Older people, mental health and wellbeing

The multiple intersections of mental health and elder abuse are complex, including both the mental health of the older person and the mental health of those who perpetrate elder abuse.

This policy discussion paper considers elder abuse, mental health and wellbeing in the context of the Victorian Government decision to undergo system-wide reform by enacting all recommendations made by the Royal Commission into the Victorian Mental Health System.

Older people are a minority cohort in both the family violence and the mental health sectors, which means their needs can sometimes go unacknowledged and unmet. As a statewide service that responds to, and aims to prevent, elder abuse, Seniors Rights Victoria has extensive experience in working with clients who have engaged with the mental health system as consumers and carers.

Drawing on this knowledge, we are using this discussion paper to recommend ways the Victorian Government can ensure the needs of older people (including those who have experienced elder abuse) are met by the reform agenda.

How do elder abuse and mental health intersect?

Older people experiencing mental illness face the same challenges as people of any age, as well as some issues that are particularly related to, or compounded by, ageing. Some people will face few difficulties as they get older, however, later life can be a time of loss: of income; of opportunities to participate in work and society and the relationships that come with this; of loved one through death and illness; and a loss of health and sometimes independence. All of these experiences affect a person's mental health and wellbeing, as does the ageism that older people can experience in every aspect of their lives.

Some older people may have experienced mental illness at periods throughout their lives, for others it might have only developed in later years and be related to their experience of ageing, or age-related illness or disability. All are entitled to care, treatment and support.

For some people, existing mental health challenges can lead to a higher risk of being abused, particularly if they are dependent on others for care or they have a cognitive impairment that affects their decision-making ability. For others, the traumatic experience of elder abuse may be the catalyst for mental illness, including anxiety and depression, and make it more difficult to maintain wellbeing.

Some older people can experience abuse from a family member, often an adult child or grandchild, who is experiencing psychological distress or untreated mental illness. While these people want the abuse to stop, many primarily want proper support and care for their family member. They often worry about how they can continue to provide this care while facing their own age-related challenges.

How common is elder abuse?

Elder abuse is any form of violence or mistreatment that causes harm to an older person, and occurs within a relationship of trust. Some older people may describe this type of behaviour as disrespect or mistreatment, rather than abuse or violence. Population-based surveys estimate that up to 14 per cent of older people experience elder abuse.[1] The prevalence of abuse and neglect within residential aged care may be higher, as indicated by the recent Royal Commission into Aged Care.

Some examples of elder abuse include:

- threatening and coercive behaviour
- forcing an older person to hand over money or an asset, or misusing their funds
- physical assault
- preventing contact with family and friends
- limiting a person's choices or placing pressure on them regarding decisions they make
- neglecting to provide a person with appropriate health or personal care
- inheritance impatience - the sense of entitlement to an older person's assets or resources.

Elder abuse does not include disputes over consumer rights or criminal acts by strangers.

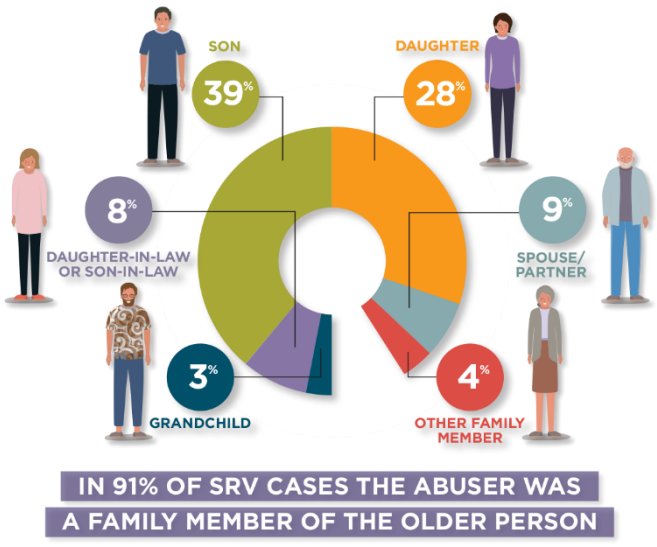

Figure 1. SRV advice calls 2012–2019

How common is mental illness in older adults?

Prevalence estimates suggest that older people are less likely to experience mental illness than younger cohorts, and this may be related to their resilience built up over a lifetime of dealing with challenges and stress. However, it may also be that generational stigma, lower mental health literacy and incorrectly believing that depression and loneliness are normal parts of ageing may contribute to an under recognition of mental illness in the older population.

Findings from the National Health Survey estimated that 10 per cent of older people (65 years and over) experience depression or feelings of depression and about 11 per cent experience an anxiety-related illness.[2] Other research has put the figure at anywhere between 10 and 40 per cent,[3] with prevalence increasing for older people with dementia and/or in long-term residential care.[4]

Older people experience the same risk factors for poor mental health as younger people, but they may experience additional factors relating to their stage of life.

Older people who are carers, who have other physical illnesses or disabilities, older Indigenous Australians, migrants and women can be at increased risk of depression, anxiety and poor mental health.[5] These cohorts can also face increased barriers to accessing services, including a lack of culturally appropriate services, and systemic discrimination that discourages help-seeking. Many older people may belong to more than one of these categories, compounding their increased risk.

Older people experience the same risk factors for poor mental health as younger people, but they may experience additional factors relating to their stage of life. Older people experiencing mental health conditions are more likely than younger cohorts to also face physical challenges and chronic conditions.[6] The compounding impact of traumas and loss throughout a lifetime, coupled with age-related health, physical and social changes, can increase the likelihood of experiencing mental health problems related to psychological distress.

Suicide in older populations is another concern, and suggests a lack of support to ameliorate challenges for this age group. In Australia, the highest age-specific rate of suicide is for men aged 85 and over. The Australian Institute of Health and Welfare reports that most, but not all, older people who die by suicide have a diagnosable mental disorder at the time of death, most commonly depression.[7]

Depression and anxiety are not a normal part of ageing, and can be treated. It is important for those working with older people to encourage open discussion about mental health to remove any stigma associated with it and to normalise the seeking of treatment.

How well does the mental health system in Victoria support older adults?

The Commission found that the mental health system has long been under-resourced and unable to properly serve the Victorian population. This was particularly true of services for older adults with figures showing that in 2019–20, 46 to 55 per cent of older Victorians did not receive the services they required, and demand continues to grow.[8] As a result the services available to older people are targeted to those with the most severe conditions, leaving others unsupported.

The Commission heard that staff in residential aged care facilities often do not have the skills, training or resources to properly support the mental health and wellbeing of residents, and over-medication was often used as a chemical restraint to deal with challenging behaviours (a finding echoed in the concurrent Royal Commission into Aged Care).

Older adults will be a priority group for the eight social prescribing trials that will be implemented to reduce social isolation and loneliness by helping connect people into their communities.

In response, the Commission has recommended an overhaul of the mental health system that will see mental health and wellbeing needs of older Victorians provided by their GP, with other primary and secondary services available to members of the community of all ages. This would be supported by specialist multidisciplinary teams for those with complex and compounding mental health issues related to ageing. This support will hopefully bridge an identified gap where GPs have not always been equipped to identify mental illness in older people because they sometimes mistake symptoms as normal parts of the ageing process. In order for GPs to adequately play this role in recognising and supporting older people's mental health needs, there will need to be increased training.

Encouragingly, the reforms are underpinned by a commitment to move away from a medical model with its over-reliance on medication to one that considers therapy alternatives, such as counselling, cognitive behaviour therapy and psychotherapy. It will be interesting to see whether this move encompasses older cohorts, or whether an ageist

sense prevails, as acknowledged by the Commission, where older people are wrongly considered not to be responsive to these alternatives.

> Seniors Rights Victoria commends the move away from a medical model and towards an increased use of therapy alternatives. We recommend efforts are made to ensure older people are offered and encouraged to access therapy alternatives, while actively strengthening the evidence-base supporting this cohort's receptiveness to alternative therapies.

Older adults will be a priority group for the eight social prescribing trials that will be implemented to reduce social isolation and loneliness by helping connect people into their communities. Social prescribing is an approach where GPs can prescribe community groups and resources that respond to social factors in chronic health conditions, including social isolation. This might include 'arts and creative activities, social groups, nature-based activities, physical activity, education or volunteering as part of their recovery plan.'[9] In the context of older people, this might include prescribing activities such as University of the Third Age and Men's Sheds.

> Seniors Rights Victoria recommends that the reforms to the Victorian mental health system properly consider, through consultation, the experiences and needs of older people, particularly those who have experienced, or are at risk of, elder abuse.

How does poor mental health and wellbeing increase a person's risk of elder abuse?

Generally, when a person is experiencing mental illness, they may have less capacity to deal with life's challenges, and be at increased risk of being taken advantage of, resulting in abuse.

In particular, depression and anxiety can affect decision-making and a person's ability to cope with stress, while psychotic illnesses that include hallucinations, delusions and paranoia may make it difficult for a person to cope with daily life, and mean they need more assistance.

For older people, these difficulties may be impacted by age-related illness and disability, as well as financial stresses related to living on a limited income such as the age pension. This

may mean they are indecisive or open to being taken advantage of. They may look to others to take responsibility or put their trust in somebody to their own detriment.

A high proportion of elder abuse is perpetrated by a family member of the older person, and it is most often family who are responsible for providing care as a person ages. Because it is often accepted that family members take on increased care needs and decision-making when someone gets older, it sometimes goes unnoticed when a person is being taken advantage of – particularly if they're experiencing mental illness and are less able to advocate for themselves, or dismissed when they do so.

For these reasons it is not only important to support the mental health needs of older people for their own wellbeing and enjoyment of life, but also to help safeguard them from elder abuse and its further detrimental consequences.

Is dementia a mental illness?

While dementia affects thinking and behaviour it is not considered a mental illness.

Dementia refers to a series of symptoms caused by disorders that affect the brain. These symptoms include cognitive decline, memory problems, difficulty with language and attention issues. While the symptoms can be reduced, dementia is degenerative and ultimately fatal, and there is no prevention or cure.

An older person who is depressed, stressed and anxious may have difficulty with cognitive functioning and this can be mistaken for dementia. In some instances professionals have mistakenly misattributed delirium or a temporary decline in cognitive ability to dementia, and ruled that the person no longer has decision-making capacity. Seniors Rights Victoria has been involved in multiple cases where abuse of powers of attorney held by family members has occurred following a misdiagnosis of dementia and a presumed lack of decision-making capacity in older adults.

Dementia can co-occur with mental illness: it is estimated that up to 30 per cent of people with dementia may experience depression, with those in residential aged care at even higher risk.[10] Research suggests that people who have experienced earlier-life depression may be at higher risk of developing dementia later in life.[11]

Research shows that there is a high prevalence of depression and dementia in people who have experienced elder abuse and neglect though it is not clear whether the presence of dementia or depression might make a person more vulnerable to mistreatment, or whether depression may be caused by mistreatment and dementia symptoms exacerbated.[12]

More consideration needs to be given to ensuring that older people experiencing cognitive difficulties due to stress, depression and anxiety are not misdiagnosed with dementia.

Older people with co-occurring dementia and depression need to be treated for each illness with consideration of the other. This means therapeutic approaches that are cognisant of a person's cognitive impairment.

In addition, there needs to be increased education for those working with older people to understand that a dementia diagnosis does not mean a person is incapable of making decisions, including the promotion of supported decision-making models.

> Seniors Rights Victoria recommends that there are increased efforts to ensure that older people experiencing cognitive difficulties due to stress, depression and anxiety are not misdiagnosed with dementia. In addition, there needs to be increased education for those working with older people to understand that a dementia diagnosis does not mean a person is incapable of making decisions and the promotion of supported decision-making models.

What is the effect of elder abuse on a person's mental health and wellbeing?

Experiencing elder abuse, particularly when it is perpetrated by a family member, can be devastating. Psychological abuse, including threats, bullying and intimidation can erode a person's wellbeing and confidence, while physical violence and erratic behaviours can leave a person distressed, on edge and worried about the future. In short, experiencing elder abuse makes it more difficult for a person to cope with whatever else life throws at them.

When the perpetrator is the older person's child there can often be feelings of parental responsibility and despair that the child they brought up could behave in this way. Some people are unable to reach out for support because of feelings of shame. In addition, financial abuse can leave a person in a precarious situation, particularly if they have limited sources of income or alternative housing.

All of this can result in anxiety, depression and stress-related mental illness, as well as having an effect on a person's ability to engage in the kind of activities that can help prevent mental distress such as socialising and exercise.

Seniors Rights Victoria often see the way elder abuse affects a person's mental health and this is also supported by independent research. A comprehensive study showed that older women who had high life satisfaction, enthusiasm and energy (described as a stable high

mental health trajectory) who then experienced elder abuse, consequently reported a decline in their mental health from which they did not recover.[13]

The toll elder abuse can take on a person needs to be more widely recognised, with better support services put in place to assist people with the long-term effects of abuse.

How can older adults' mental health and wellbeing be better supported when they have experienced elder abuse?

Each person's experience of elder abuse is unique. Some people may become estranged with the perpetrator, while others might wish to maintain a relationship. Some people may draw up boundaries or rules to assist with the relationship, while others might wish for a fresh start.

Elder abuse can have a significant impact on a person's mental health and take a long time to recover from, or to come to terms with. For this reason, in the aftermath of elder abuse, all people can benefit from professional support that foregrounds the individual's needs and wants. This may include being linked into social opportunities, receiving counselling or attending a support group.

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Counselling

When an older person calls the Seniors Rights Victoria helpline, or requests an advice appointment to help address the abuse they're experiencing, a social work advocate is able to offer counselling support. However, this support is short-term and SRV is not resourced to provide ongoing counselling for older people as they recover from abuse, or while they draw up their courage to take further action. Overall, there is a lack of facilities – including within SRV – to provide this longer-term support that can ameliorate the impact of elder abuse on the mental health of older people.

Even if someone accesses counselling through a mental health plan, for it to be effective with older people the professional needs to be cognisant of the unique characteristics of later life. There are few psychologists or counsellors who specialise in working with older people (particularly those without cognitive impairment or a psychotic disorder).

It is not just the lack of specialised training that is concerning but that professionals can be ageist. The Commission heard how psychologists and counsellors in Australia exhibited ageist presumptions when responding to a case study survey depending on the age of the client discussed. In this exercise, older clients were routinely identified as less able to develop a therapeutic relationship and being less appropriate for therapy. These assumptions negatively affect the likelihood of the professional taking on the older client.[14]

Older people with depression and anxiety may appreciate treatment by professionals who are well-versed in the stressors that are not unique to but more common in later life, such as multiple and compounding losses, multiple chronic and age-related illnesses, poverty and chronic pain. There needs to be suitable workforce development to ensure professionals are better equipped for providing therapy to older people.

Peer support

We also believe that a peer support group model would be an effective therapeutic intervention for people who have experienced elder abuse. Many older people feel reassured when they learn that other people have similar experiences, and draw strength from knowing their peers understand what they are going through. Support groups enable victims and survivors to share their stories, give and receive peer support, and reduce social isolation, lowering the risk of abuse reoccurring.

Social isolation and social prescribing

Proper support and treatment for all older people experiencing mental illness can lower the risk of elder abuse. In particular, addressing loneliness and social isolation is a two-fold approach: by enabling older people to fully participate in their communities it improves their wellbeing, while being engaged with others outside the family makes it more likely someone will recognise if they are experiencing abuse.

Seniors Rights Victoria supports the social prescribing model outlined by the Commission but cautions that the social and community activities a person may be linked to need to be properly funded on a long-term basis. Too often the resources of small community groups are expended in working on grant proposals and acquittals for short-term projects that are never given enough support and funding to become established. Social, community and arts funding should be long-term, properly resourced and evaluated for its effectiveness.

It is important to consider that group-based activities are not for everyone, particularly people experiencing anxiety, or those who have been marginalised in groups previously because of their mental illness. Further consideration should be given to other options such as stand-alone forums or information sessions from community services that offer some level of engagement, as well as age-friendly environments that encourage informal social

activity. This includes libraries, community facilities, and shopping malls, where people can be in company, while also alone (such as reading a newspaper in a library). Age-friendly facilities to encourage this include ensuring there are places to sit (without making a purchase), accessible toilets, and proximity to public transport.

> Seniors Rights Victoria recommends that there is dedicated funding made available to support people recovering from elder abuse, including counselling, support groups and opportunities to reduce social isolation.

What challenges do older people face when they are carers for people experiencing mental illness?

As parents, older people are often placed in a role of responsibility and support for an adult child who is experiencing mental illness.

The Victorian mental health system is reliant on family carers to provide housing, living expenses and daily care, yet this can be at great emotional and financial expense for the carer. Sometimes providing this care places the older person at increased risk of elder abuse.

Seniors Rights Victoria offers an advice call service to older people who have experienced elder abuse. An analysis of data provided through this service showed that in 67 per cent of cases, the perpetrator of elder abuse was the adult son or daughter of the older person. A significant number of perpetrators were identified by the victim survivor as having complex needs. This included an average of 31 per cent who were experiencing mental health issues. Notably, the proportion of perpetrators experiencing mental ill health has been increasing each year. In 2012–2014, 21 per cent of perpetrators were reportedly experiencing mental illness, and this increased to 39 per cent in 2017–2019.

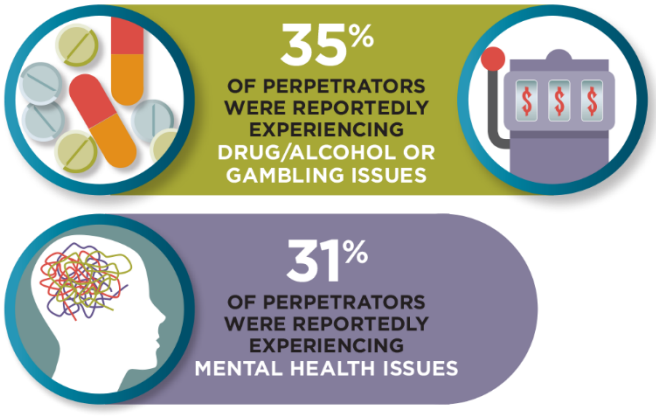

Figure 2. SRV advice calls 2012–2019

A common scenario seen at SRV is an older person seeking help for an adult child who has returned home (or never left the family home) and who is experiencing mental illness. The mental illness may be undiagnosed or untreated, and may be one of many complex reasons that is leading to the perpetration of emotional, financial and/or physical abuse toward the older person. This is not to suggest that mental illness causes a person to become abusive to others, only that it is one of a range of reinforcing factors that increase the likelihood of intergenerational family violence occurring.

Importantly, the mental illness of the family member is often reported to SRV by the older person not because they are seeking a cause of the abuse, but because they are seeking help for their family member. They have often tried many unsuccessful avenues for supporting the family member to seek or maintain mental health treatment, and have turned to SRV as a last resort, recognising that the situation is untenable for all concerned.

The reality is that for many people with a mental illness, their family often provides support in the shape of accommodation, living expenses, and daily care. There is often the added issue of trying to get the person to engage with mental health services, or dealing with the challenging behaviours that might present. In addition there may be care of other family members, including grandchildren, if the family member experiencing mental illness is not in a position to fill this role.

In many situations this support is provided by an ageing mother or father who feels it is a part of their role as a parent, regardless of the age of the child. The parent–child relationship is unique in its combination of love and responsibility, and wider society failing to provide adequate mental health services too often relies on parental obligation to act as a safety net for people experiencing mental illness. Unfortunately, providing this support can often be detrimental to the older person in many ways.

How can the mental health system reforms better support ageing carers?

The Commission recognised the lack of support for carers and has made a number of recommendations to ensure that the contributions of carers are both recognised and supported. Importantly, family members and carers should experience better information sharing and expect services to better be able to involve them in interventions, where possible. There will also be more supports available to carers through family and carer-led support centres in eight regions across Victoria. These centres will work with families and carers to help identify their needs and connect them to the right support, as well as provide access to increased funds for immediate practical needs such as short-term respite.

Seniors Rights Victoria recommends that the new carer-led support services consider, through consultation, the way age-related concerns may provide older carers with additional challenges when supporting family members with mental illness.

Commission recommendations also include a 24-hours-a-day telephone/telehealth crisis responses service including crisis outreach teams and improved emergency department response, as well as drop-in or crisis respite facilities. Hopefully, this will improve access to services for older people and family members they care for. All too often the person in need of mental health support, tucked up in the family home and being cared for by their ageing parent, does not seek treatment and their parent cannot access services unless their child is at imminent harm to themselves or others.

The high tolerance for harm and the engulfing sense of responsibility felt by many older parents, means they are often experiencing stress long before the situation reaches a crisis level that forces a response. Earlier intervention is necessary – for the person with mental illness, the family and the sustainability of the mental health system.

Seniors Rights Victoria supports the reforms to the Victorian mental health system. We hope they result in a mental health system that genuinely offers better early intervention so that treatment is available before a crisis (that might ignite family conflict or result in abusive behaviours) is reached.

What do we recommend?

Risk of elder abuse

- Seniors Rights Victoria recommends that the reforms to the Victorian mental health system properly consider, through consultation, the experiences and needs of older people, particularly those who have experienced, or are at risk of, elder abuse.

Therapy alternatives

- Seniors Rights Victoria commends the move away from a medical model and towards an increased use of therapy alternatives. We recommend efforts are made to ensure older people are offered and encouraged to access therapy alternatives, while actively strengthening the evidence-base supporting this cohort's receptiveness to alternative therapies.

Cognitive impairment and supported decision-making

- Seniors Rights Victoria recommends that there are increased efforts to ensure that older people experiencing cognitive difficulties due to stress, depression and anxiety are not misdiagnosed with dementia. In addition, there needs to be increased education for those working with older people to understand that a dementia diagnosis does not mean a person is incapable of making decisions and the promotion of supported decision-making models.

Recovering from elder abuse

- Seniors Rights Victoria recommends that there is dedicated funding made available to support people recovering from elder abuse, including counselling, support groups and opportunities to reduce social isolation.

Older carers

- Seniors Rights Victoria recommends that the new carer-led support services consider, through consultation, the way age-related concerns may provide older carers with additional challenges when supporting family members with mental illness.

Early intervention

- Seniors Rights Victoria supports the reforms to the Victorian mental health system. We hope they result in a mental health system that genuinely offers better early intervention so that treatment is available before a crisis (that might ignite family conflict or result in abusive behaviours) is reached.

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