

Psychiatric Social Work services in geriatric mental health care: COVID-19 as an 'eye-opener'

Cicil Vasanthra¹, Debanjan Banerjee², Kamlesh Kumar Sahu³

¹Ph. D. Scholar, Department of Psychiatric Social Work (PSW), National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India

²Senior Resident, Geriatric Unit, Department of Psychiatry, NIMHANS, Bangalore

³Associate Prof. & I/C PSW, Dept. of Psychiatry, Govt. Medical College & Hospital, Chandigarh, India

Needs for geriatric care services in India

Ageing is a naturally occurring process in the life cycle of human beings. India is a rapidly ageing country with 11.8 percent of its population comprising of older adults in 2015 and estimated to increase up to 18.4 percent by 2025.^[1] About 80 percent of the older adults are reported to live in rural areas and of them, 30 percent live below poverty line.^[1] Feminization (nearly 51 percent of older adults were women in 2016), and rapid advancement towards globalization, urbanization, industrialization and nuclear families is having direct social, financial, emotional and health implications on the older adults.^[1] By the virtue of being a welfare state, the onus to provide for the growing needs of the older adults fall back on the Government, Non-Government Organisations and social workers.

Let us briefly glance at the psychiatric morbidity in older persons. The National Mental Health Survey (NMHS) in 2016 highlights that one in four older adults exhibit symptoms of clinical depression, which often go undetected. Various studies have established that late-onset depression is associated with medical morbidities such as heart disease, cerebrovascular disease, in addition to frailty, and impairment in executive functioning.^[2-5] Furthermore, psychosocial factors such as loneliness, social isolation, perceived abuse, unemployment, loneliness post retirement, bereavement, and stressful life events plays an important role in geriatric depression.^[5,6]

Alzheimer's and Related Disorders Society of India (ARDSI) in 2010 reported that older adults of age 85 and above have 18-38 percent chances of developing dementia, a progressive, debilitating neurodegenerative condition that impacts quality of life of both the older adult suffering the condition and the family caregivers. Late-onset organic psychosis is increasing due to medical morbidities, addiction, and cognitive decline. Geriatric substance use is another under studied area. About 25.4 percent of older adults between 60 – 64 years have found to be consuming alcohol on a regular basis, stating reasons such as boredom post retirement, poor quality of sleep, interpersonal relationship issues, poor physical and mental health.^[5] Geriatric depression and substance use are associated with increased risk of suicide in elderly.^[7] About one in seven older adults who attempt suicide tend to complete it; and of the completed suicides, about 95 percent of the older adults have reportedly suffered at least one form of mental health condition.^[7] Furthermore, presence of a chronic health condition such as cancer, chronic kidney disease, etc are also associated with suicidal risk among older adults.

PSW services in geriatric mental health care: A Brief

The nature of geriatric health problems is vast and intertwined with psychosocial issues at multiple levels. The quality of life of older adults can be improved or maintained by understanding their holistic needs. Thus, the

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Address for the Correspondence:

Dr. Debanjan Banerjee

Senior Resident, Dept. of Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, Karnataka - 5600029, India

Email: dr.djan88@gmail.com

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role of Psychiatric Social Workers (PSWs) in addressing the unmet psychosocial needs contributing to poor quality of life among the older adults is pertinent to the given scenario. The needs of all humans include basic survival needs (food, clothing, housing, transportation, financial resources, and personal safety); health care needs (mental health care, physical health care including dental care); and social-connectedness needs (friends, a group to belong to, a role in life, and a meaning or purpose in life). Needs are cantilevered rather than hierarchical with each need supporting all other needs. One unmet need that adversely affects all needs is the ability to adapt to stressors, and achievement of well-being.^[8]

In the mental health field, needs are defined in various prospective and various terms have been used such as rehabilitation needs, health needs, social needs, psychosocial needs etc. but none of these considered human needs comprehensively. According to the World Health Organization's Health Report 2001^[9] the needs of people with mental disorders are:

- Medical: Early recognition of symptoms, information about illness and treatment, medical care, psychological support, hospitalization.
- Community: Avoidance of stigma and discrimination, full social participation, human rights.
- Family: Skills for care, family cohesion, networking with family, crisis support, financial support, respite care.
- Rehabilitation: Social support, education, vocational support, daycare, long-term care, spiritual needs.

It is quite obvious that to say geriatric population also has most of the need as adults but some of the needs are specific to them and some of them has different facet which need to dealt differently. Psychiatric social work is instrumental in dealing with almost all the needs listed above. if not fully at least partly as a team member of multidisciplinary mental health team member. So, various areas of psychosocial dysfunctions or problems which require psychosocial intervention can be considered as 'Psychosocial Intervention Needs' which can be dealt by psychiatric social work.^[10]

There are specific tools for assessment of 'Psychosocial Intervention Needs' using

specific tools^[11-14] adapted for a specific setting keeping in view of the persons in need, availability of resources, time and various other factors followed by psychosocial intervention for the same. As psychosocial intervention needs exist among elderly persons with various of mental illness. Generally in Indian geriatric mental health care centres most of the psychosocial interventions have been considered in elderly persons with severe or persistent mental illness, less for minor mental health problems and rarely for promotion and prevention of mental health problems. A large number of elderly patients continue to live with mental illness after pharmacological treatments only and some with psychotherapy along with medication but rarely getting psychosocial treatments. So, If some of the needs can be met through psychosocial interventions done by PSW which other fellow professionals are not/rarely taking up habitually will have a significant implication on geriatric mental health care practice.^[10]

The PSWs employ principles of human rights, social justice, respect for social diversities and collective social responsibility. Hence, they play a significant role in developing person-centred psychosocial interventions to alleviate the gap between the psychosocial needs of the older adults and the resources available at individual, familial, community and social systemic level. PSWs are involved at various stages in providing continuum of care starting from promotion of mental health and wellbeing among older adults in the community by means of spreading awareness about healthy ageing of older adults, common geriatric mental health issues; whom, when, where and how to seek support when in need. Awareness in the communities is spread through Information Education Communication (IEC) materials, health education posters, publication of elders' helpline number in media, liaison with senior citizens associations, retired members forums, clubs, gated communities, health centres, etc. In the recent times, older adults' health and mental health awareness are targeted through schools with the aim of improving intergenerational bonds between grandparents and grandchildren.

At the preventive and promotive level, the PSWs play a pivotal role in identifying and

reaching out to vulnerable older adults such as those living alone, having one or more health conditions, living in rural or remote area, and female older adults, those experiencing some forms of abuse (neglect, abandonment, emotional, financial, physical and sexual abuse) are more susceptible developing mental health concerns. Therefore, PSWs working in health sector, NGOs, corporate offices, and community-based rehabilitation services in liaison with other health care professionals such as general practitioners, ASHA workers, ANMs help in spreading awareness about needs of the older adults and preliminary interventions at an early stage that could prevent the vulnerable older adults from developing chronic mental health concerns.

At curative level, the PSWs role have the responsibility to educate the older adults and their family caregivers about the nature of the illness, course of illness, its prognosis, management at home context and responding to a mental health crisis or emergency. This plays a crucial role in treatment compliance, addressing stigma, myth and misconceptions about mental health conditions and as a result, older adults who succumb to an illness will be guided to their road to recovery.

And finally, at the rehabilitative level, the PSWs work with the extended families, acquaintance, friends and neighbours in the community; identify local resources that may be used in need so that the existing support system is put to optimal use for the betterment of the older adults.

Effect of COVID-19 on psychological wellbeing of elderly

Geriatric mental health as a problem has just begun gaining insights in our contemporary society. With rapidly growing needs of the elderly and slowly increasing human resources, the COVID-19 pandemic has come as a blow to the population mental health. Starting first wave of the COVID-19 pandemic, mental health concerns grew exponentially across all age groups with the older adults being the most vulnerable to the pandemic. The entire world came to a standstill and it took a while for the world to accommodate the “new normal” into our lives. Quite a few academic papers discussed about geriatric mental health and well-being in the pandemic.^[3,7,15-24] While the young adults

could better adapt to the technological switch starting from transactions, buying essentials and non-essentials online, tele-consultation, work from home, the older adults, especially those who are not accustomed to smart phone dependent life style had more problems with health anxiety, depression, substance use and suicide. A good number of older adults requiring frequent health visits were no longer able to visit hospitals, ATM, bank or meet their friends, which use to be the only socializing activity.

Neurocognitive disorders and PSW interventions

It hit the older adults with pre-existing mental health comorbidities much harder than the rest as the older adults with poor insight found it confusing and frustrating to understand the new way of living such as social distancing, lockdown, wearing mask, gloves and using hand sanitizers. The most vulnerable were those with neurocognitive impairment such as Alzheimer’s disease and related dementias. Dementia is a neurocognitive disorder commonly seen among older adults, affecting one’s memory, ability to think, make every day decisions and judgements, and to problem-solve. This group of disorders are progressive and irreversible, but not fatal. Hence, the older adults living with dementia often become dependent on a caregiver partially or completely for their activities of daily living, such as, self-care, navigation, use of telephone, social skills, etc. Hence, the older adults living with Dementia tend to exhibit behavioural symptoms such as aggression, irritability, restlessness, pacing, wandering, agitation, repetitive behaviours and psychological symptoms such as anxiety about their environment, members around them, social withdrawal, hallucination and delusions. Many studies have established the fact that Dementia affects the quality of life of not just the older adult with dementia but also their caregivers.^[9,10] Furthermore, a crisis situation such as the COVID-19 pandemic has further hampered their quality of life at multiple levels starting from increased proximity between caregiver and the older adult living with dementia, more interaction, less space for privacy, disruption of routine of the older adult with dementia, their inability to comprehend, understand and respond to the crisis situation and helplessness of the caregivers resulting in

burnout and negative expressed emotions (hostility, criticality, and emotional over involvement). Though physical distancing became necessary to keep oneself safe from the pandemic, it also became unsafe for those older adults who were already experiencing one or more forms of elder abuse or were at the risk of succumbing to elder abuse. This situation was described by Bradbury-Jones and Isham as the 'pandemic paradox'.^[20]

Furthermore, recent studies has reported about 6.8 percent to 13.1 percent of COVID-19 cases and deaths were among older persons living with dementia.^[3,18,21] This can be partially explained by issues with regard to following safety precautions, ability to self-quarantine, follow social distancing and living in long term institutional care settings.^[15,17]

In parallel, the health care professionals and mental health professionals were also perplexed with the new phenomena. From our experience as PSWs working at a Geriatric Clinic in tertiary care centre, management of dementia at home context involved having a structured routine which included yoga, walks in the park, light physical activities both indoors and outdoors, etc. In a nutshell, the daily routine of the older adults living with dementia were centred around interaction between the patient and the caregiver. However, the pandemic posed a challenge to this 'live and living' by recommending physical distancing where such activities can no longer be applied. Furthermore, disruption of an already existing routine can be confusing and distressing for persons living with Dementia, which in turn leads to increased behavioural concerns. During the early days, the caregivers would give distress calls about managing the behavioural and psychological symptoms of dementia (BPSD) at home and as professionals, we were also unsure of alternative evidence-based practice that can be implemented at such situations. Thus, each PSW as an individual or team had to come up with innovative alternatives as a priority, which forms an integral component of psychogeriatric care.

Lessons learnt from the pandemic

On any given day, older adults receiving psychosocial interventions from PSWs would have to walk in to the service centres or meet at a designated space. During the pandemic

situation, hospitals had to provide only emergency services and the rest were on management with existing treatment plan. However, since the pandemic has lasted for more than a year, this did not seem to be a viable alternative, thus, mental health clinicians and PSWs had to resort to tele-consultation and home-based interventions.

Those older adults dependent on old age pension and other forms of pension were unable to collect their pension at regular intervals, therefore, despite receiving e-prescription from health care professionals, they were unable to afford medicines as surviving the pandemic took precedence. Self-employed and those older adults living alone were unable to survive for prolonged periods of lockdown, hence, many had become homeless. Shelters and old age homes were running full and could not accommodate further. PSWs from GOs and NGOs had predominantly networked and mobilised resources from the community.

On the other hand, those older adults who were registered in senior citizens welfare forums from workplace, gated communities, community parks, retired professionals' fraternity, etc were reached out using video conferencing software to spread mass awareness and to facilitate support for one other. However, those older adults who are not a member in any association or forums continue to remain at the periphery when it comes to access to information, support and resources. This gap in providing can be addressed upon working together as a transdisciplinary team. That way, the PSWs working at various tiers of service sector to stay updated in their field of intervention, while interconnectedly work can duplication of work and delay in access to right services in any crisis situation such as the COVID-19 pandemic. Mental health professionals working across sectors, across various geographic locations must share their experience handling the crisis and brainstorming ways to tackle it. It highlights the urgent need for transdisciplinary approach and to have an established protocol to respond to crisis in order to protect the rights, health and well-being of older adults.

The National Human Rights Commission released a Human Rights Advisory on rights of elderly persons during COVID-19 on

November 2020 addressing various domains of welfare for older adults such as clean food, sanitation, clothing, shelter, access to medical service, disbursement of pension, employment of older adults, access to assistive device, and transportation. However, there is no system to ensure the advisory is implemented across departments due to the same reason that each unit works independently than interdependently. Thus, a well laid of system of implementation of psychosocial services and mechanism to monitor and evaluate its functioning. This is of special concern during the ongoing pandemic, when elder abuse has been on rise and even the World Health Organization (WHO) has expressed concerns about it.^[22–26]

However, use of technological tools in PSW practice to handle the newly evolved psychosocial problems has become a normal way of practice at this juncture. Tele-PSW consultations are offered stand-alone or in conjunction with in-person PSW interventions in various settings. The contemporary PSWs have adapted to delivering methods of social work such as case work, group work and community organisation using online mode of delivery. This has not only ensured following physical distancing norms, but has eased other challenges that existed in the service delivery system prior to the pandemic.

Way forward: Improving PSW services for geriatric mental health care

Prior to the COVID-19 pandemic, frail older adults and non-cooperative older adults needing psychosocial interventions were having difficulty availing services due to geographical distance, cost, time and human resources involved. Given the number of persons that need care and the availability of trained PSWs in the field, such patients had no other option to drop out of the health care system. However, this issue can be curtailed by providing tele-consultation where all such external factors can be addressed provided the older adult and their families have access to appropriate gadget and internet facility.

National Association for Social Workers, United States in early 2020 had published legal considerations for social workers providing tele-mental health.^[27] Indian Society Of Psychiatric Social Work (ISPSW) conducted a series of training program on

geriatric mental health care and bringing a intervention guideline and manuals. The Department of Psychiatric Social Work at National Institute of Mental Health and Neuro Sciences, Bangaluru, India had come up with guidelines for tele-psychiatric social work practice.^[28] All the lessons learnt in the pandemic, starting from use of technological tools to work with individuals, families, communities and other stakeholders virtually. The guideline deals with the process of conducting tele-PSW sessions and ethical issues such as obtaining informed consent, maintaining confidentiality, process recording and documentation, inclusion and exclusion criteria and prevention of malpractices in tele-PSW consultations.

We all have become more dependent of technology during the pandemic and it can upgrade further, but not go back in time. With changing times, the social work profession also evolves and accommodates the forever evolving areas of concern. The transition from in-person PSW interventions to tele-PSW interventions is a progressive and a sustainable move, but cannot be the only way forward. A good number of older adults continue to have limited access to both health care services and technology. It may not be sufficient to just make the shift, but also ensure adequate resources are made available to those older adults living with minimal resources, develop guidelines and encourage research for evidence-based interventions. Finally, policies related to psychogeriatric care need to accommodate these improvised PSW services. PSW is an integral and facilitator arm of geriatric mental health care, and in spite of all its plight, the COVID pandemic serves as an eye-opening opportunity to work on the same.

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