



Dr Roderick McKay, November 2020

Maintaining hope with older people

Psychiatrist Dr Roderick McKay shares his thoughts about how to enable older people to look after their mental health, reduce feelings of loneliness and maintain a positive outlook.

White Paper

Dr McKay is Director Psychiatry and Mental Health Programs at the Health Education & Training Institute Higher Education. This paper is based on his Catholic Healthcare webinar titled *Maintaining Hope With Older People* and on interviews with the writer.



Wikipedia isn't a source doctors usually turn to for information. But it can be a useful place to find out what people in the community are thinking. This is Wikipedia's colloquial definition of hope:

An optimistic state of mind that is based on an expectation of positive outcomes with respect to events and circumstances in one's life or the world at large. As a verb, its definitions include: "expect with confidence" and "to cherish a desire with anticipation".

But how do we instil and sustain such healthy aspirations in older people? The truth is we can't do it alone. We have to work together with the older person. That's why the topic of this paper is *Maintaining Hope With Older People* rather than *Maintaining Hope For Older People*. Having hope for someone may feel good to us. But it is insufficient for them. The older a person becomes, the more vulnerable they are. But they can also be more resilient. They need to know and feel our hope, and we must learn from older people how to find that hope.

“

I'm now in what my friend Bruce Beresford calls the departure lounge and the flight out is delayed. That's really what's happening. It's brighter and sharpened up because you see, even when your sight is theoretically going dim, you see things much more clearly and you see the past more clearly, as you know, from being ill. You start looking back to when you were well, to that childhood and its boundless energies.

Well, I think about that all the time and thinking about life, ... it gives me life.

– **Clive James** 21st August 2015
(Source: *Clive James: life through the prism of illness*, ABC PM)

”

For the last years of his life, the legendary Cambridge-based Australian novelist, poet and broadcaster Clive James was the epitome of good grace, his famous hope rising above his leukaemia and emphysema.

Looking in from a distance, we may struggle to understand what drove his optimism or how we would have responded in similar circumstances. The lesson is that we can't truly understand how to help inspire hope in the older person unless we listen to them and learn from them. We need to understand strength and hope in older people when we can't imagine having that strength and hope ourselves.

Actually, it's normal to have strength and hope. Loss of hope isn't normal.

In all sorts of difficult circumstances, people can find hope. The challenge for us is how to help with that.

Instilling hope can be lifesaving. Too many older people take their own lives, and older men have the highest suicide rate in Australia.¹

There are many factors in suicide. A lack of hope on the part of other people is a crucial one. That's because older people talk about the fact that they are thinking about suicide. But people don't actually have hope for them, so they don't do anything to help. There is a real opportunity for a positive outcome when we choose hope and share it with the older person.

IMPACT OF COVID-19

We don't yet understand what the impact of COVID-19 will be in Australia or whether older people are at increased risk of suicide because of it. When we look back to the Hong Kong SARS epidemic, there is evidence of an increased number of deaths through suicide. But the evidence has been quite mixed overseas during COVID.

Whether in the context of COVID or not, social isolation isn't good for mental health. There is a complex interaction between isolation, depression and anxiety – and people's sense of being connected to others. Being lonely is not the same as being alone. How people perceive it is really important. And that allows us to do something as well.

HOW TO HELP

Something everybody can do is minimise misinformation about the coronavirus.

We can also think about what is going to happen as we move out of the pandemic. There is lots of uncertainty and the potential for grief, depending on where people are living. Of course, the impact on others, especially the younger generation, is something many older people care deeply about.

The crucial thing is to do something and to do the best you can to help people find hope and purpose during and after the pandemic. Everyone can be assisted to rediscover a sense of purpose, often with other residents of an aged care home or family.

I suspect we underestimate the wisdom and resilience of people in aged care and how that might interact with their life satisfaction. There are lots of opportunities to work from their strengths. If we can do that, we can achieve things beyond our imagination. But we have got to work in partnership with them.

WHERE TO ACCESS HELP

We also need to know how to do the basics. We need to understand how to access mental health support. All of us who interact with older people have the ability and right to identify if someone is stressed or at risk and to help them to the next stage of support and care.

If you are part of an organisation, you have the opportunity to build internal capacity to intervene as part of routine care. The way you do things can make a big difference. And I would love to see the aged care industry commit to what's been discussed a lot in NSW and also committed to nationally: zero suicide in aged care.

If we have contact with the older person, we have opportunities to do something, however we also need to know what resources are available. Here's a useful list:

- Primary Health Network regarding local access to the Psychological Treatment Services for people with mental illness in Residential Aged Care Facilities www1.health.gov.au
- Dementia Support Australia dementia.com.au
- Mental Health Professional Network www.mhpn.org.au (Education and professional networking for GPs and mental health professionals)
- 'Find a psychiatrist' www.ranzcp.org
- NSW Older People's Mental Health Services www.health.nsw.gov.au/mentalhealth
- Mental Health Access Line **1800 011 511** (referrals)
- Applied Mental Health Studies (Older Persons specialisation) www.heti.edu.au

Positive impacts from an epidemic

Researchers who conducted a randomised telephone survey found that the 2003 SARS epidemic had several positive mental health-related impacts on the general public in Hong Kong that might have provided a significant cushion against the negative consequences.²

Here are some inspiring SARS-inspired outcomes from the study:



Over 60% of respondents stated that they cared more about family members' feelings.



30%–40% found their friends and relatives members more supportive.



About **66%** paid more attention to their mental health.



35%–40% spent more time resting, relaxing or doing exercise.



KINDS OF HELP

We need to think about what sort of help we need to access to support an older person based on their individual needs.

Prevention is always best. Picture a broken dam: reducing isolation or giving a sense of purpose may work if you are trying to prevent the dam from overflowing. It might still work to lower the level of the water. But once the dam is broken, those things won't work anymore by themselves. You then also need treatment.

The good news is that psychological and psychiatric treatments do work for older people. Which ones and how doesn't matter as much for most people as knowing that they work.

HOPE FOR HOLLOW MEN

The world has never been all that well, as highlighted by an interesting journal article by Veronica Tucci and Nidal Moukaddam, *We are the hollow men: The worldwide epidemic of mental illness, psychiatric and behavioural emergencies, and its impact on patients and providers*.³

The authors start with a stirring poem

Those who have crossed

With direct eyes, to death's other Kingdom

Remember us-if at all-not as lost

Violent souls, but only

As the hollow men

The stuffed men

This is the way the world ends

This is the way the world ends

Not with a bang but a whimper.

-T.S. Eliot, *The Hollow Men*

Continuing the theme, they write: "All across the world, patients are coming to their local Accident and Emergency Departments/Casualty Centres (EDs). They are in pain. Sometimes, their eyes scream out their suffering and other times they appear as cold, empty shells reflecting the hollowness the patient feels inside.... This is the face of mental illness, the stark picture seen by emergency physicians and psychiatrists, with problems ranging from depression to suicide and psychosis, as well as addictive disorders."

The article and 1925 poem reflect a long-standing and wide-spread concern that the world will not cope with what is

happening. Yet we have found ways to cope. My belief is that we will continue to do so. A hopeful future does not have to be a false hope. Just as the Hong Kong researchers looked not only at the negative effects of the epidemic but also at the positive ones.

There are a lot of positives that came out along with the negatives. We need to remember that.

Something that people talk about is personal recovery. There is a whole range of things that we can consider here, both in terms of what can be a struggle but also in terms of what can be a support. Personal recovery is the journey a person with mental illness undertakes to achieve a meaningful and contributing life, on their terms. It can be considered across many domains such as accommodation, spirituality, health, relationships; and in terms of what is important to the person, such as hope, connectedness, meaning and identity. The breadth of domains provides many opportunities for small but important interventions during each interaction we have with the person.

WORKING WITH THE OLDER PERSON

We have to work together with the older person. There has been lots of discussion about why, despite a huge investment in mental health, we still haven't got a clear population-based improvement. One proposal is that we haven't been good enough at drawing upon people's own efficacy. That rings true to me. We usually define models that make sense for us, but we also need to take small actions to empower the person.

MESSAGE FOR GPS

It may sound obvious, but when confronted by someone who is displaying signs of hopelessness,

the message is simple: Do something. We know that older people respond well to psychotherapy. If they are not too depressed, they appreciate and value it just as much as younger people, but they don't access it very much. We are not clear exactly why that is, but cost might be a barrier.

Check if the person would benefit from medication. There has been a lot of concern about overuse of medication in aged care, but appropriate use of antidepressants can be lifesaving. So we shouldn't let the fear of judgment get in the way of appropriate treatment.

ASK QUESTIONS

It can be helpful to ask the person how they see the future. If the person can't talk about that, I start to get worried about their level of hopelessness. If a person has significant depression, we should ask whether they think life isn't worth living. There's no risk in asking whether they are thinking about suicide. But there's a lot of risk in not asking.

EMBRACE THE OPPORTUNITY

People need to work on enjoying being with the older person. What can you get out of it? What can you learn? In my case, I just enjoy talking to older people. It probably helps that I love history, so I learn from them and hope that I can relate to some of the things they say because I have an interest.

SPEAK WITH CARE

If you dismiss what's important to an older person, or their memories as the past rather than something of relevance, they will hear that. The small things that we do that suggest that because the person is older or frail build up. We may talk over the person. We may talk to their

carer and not pay the attention to them that we would pay to somebody else. All those things are small, but over time they are really powerful messages, and they're not positive.

CONCLUSION

There are many opportunities to take small actions that empower older people in your care.

To end with a very old study that still resonates with me. The researchers simply placed potted plants in people's rooms in their residential care home. We know that nature is good for people.

But what they looked at was the difference between if the staff looked after the plant or if it was the responsibility of the older person.⁴

What they found was that people who looked after the plant themselves had significantly better outcomes – greater independence, less anxiety, more motivation, they put more effort into daily activities.

Everybody can have a purpose. A purpose can be from something grand like the Madagascar project or something simple like a potted plant or a companion to talk to. It takes a bit of creative thinking sometimes to help people find their purpose.

TWO EXAMPLES OF HOPE FROM THE NSW POSITIVE LIVING IN AGED CARE AWARDS

Madagascar charity project creates change

Residents at Feros Care in Byron Bay gained a great deal out of a project that involved designing, painting and sewing an extensive collection of goods, including pencil cases and school bags, for orphans in Madagascar.

The project started when two missionaries visited the Home and shared stories about the orphans. The residents themselves decided to do something about it, and they found a great sense of purpose knowing that they could make a difference.

An essential part of the project was the connection the residents established with the children, with whom they communicated by letter and via the internet. Finding ways to help those in need and make a meaningful contribution. It doesn't have to be as big as the Madagascar project, but with leadership, hope and a sense of purpose, we can achieve a lot more than we may realise.

94-year-old skydiver

Another positive example was a 94-year-old military veteran who wanted to do something special for his birthday. He decided he wanted to jump out of a plane with a parachute one last time. But he wanted to do it without getting his family involved in organising the event or seeking their permission.

The Home looked into it carefully. Ensuring he understood the risks, they supported him to achieve his wish.

A video of him making the jump shows him coming down and landing on the ground. He lay there, motionless. Observers at the landing site ran to him, and he opened his eyes and said: "Gotya."

The important thing out of that was rather than being a lonely old widower in a Home, he became the hero of his family. It was a fantastic transition from the way his family saw him and how he saw himself.



Contact us:

1800 225 474

catholichealthcare.com.au

References

1. AIHW. Australia's health suicide and intentional self-harm. Australian Govt. 2020 July.
2. Lau JTF, Yang X, Tsui HY et al. Positive mental health-related impacts of the SARS epidemic on the general public in Hong Kong and their associations with other negative impacts. J Inf. 2006 Aug;53(2): 114-124.
3. Tucci V, Moukaddam N. We are the hollow men: The worldwide epidemic of mental illness, psychiatric and behavioral emergencies, and its impact on patients and providers. J Emerg Trauma Shock. 2017 Jan-Mar;10(1):4-6.
4. Welch DC, West RL. Self-efficacy and mastery: Its application to issues of environmental control, cognition, and aging. Developmental Review. 1995 Jun;15(2):150-71.