

THE NEED FOR DEVELOPING SPECIALIST MENTAL HEALTH SERVICES FOR THE ELDERLY IN PAKISTAN

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In both the developing and the developed world, the age demographic has been shifting towards an increasingly elderly population. According to the World Health Organization (WHO) report, the global population of people above the age of 60 is likely to increase from 12% in 2015 to 22% in 2050 (Global Health and Aging, 2011)¹. Dementia has been recognized as one of the leading contributors to the global burden of disease and its burden is projected to rise in the next four decades. This suggests that a huge majority of people living with dementia would not have access to appropriate healthcare services for diagnosis and management. Even when dementia is diagnosed, the care provided is often unable to meet the needs of people suffering from dementia, their carers and families. A systematic review of prevalence studies on dementia reported a standardized prevalence of 5-7% in people above the age of 60 with very little regional variation². The figures from developing countries however stood at or around a staggering 60% in developing countries. The prevalence figures for dementia in Pakistan are unlikely to be vastly different from the rest of the world. In the absence of epidemiological studies on dementia in Pakistan, based on the population data, a rough estimate of the number of dementia sufferers is possible. According to the World Bank, in 2015, 12.5 million Pakistanis were over 60 years of age and this figure will rise to approximately 40 million by 2050³. Based on this figure a conservative estimate of number of dementia sufferers in Pakistan is likely to be around 875,000 or higher. The challenge of providing good quality care to this population becomes evident if we compare this number with the reported cost of caring for the 850,000 dementia sufferers in the UK of 26 billion pounds with the annual cost per person being 32 thousand pounds⁴. Due to the socio-economic constraints and lack of awareness, it is likely that the burden of care is being borne by the carers of dementia sufferers in Pakistan which makes the elderly vulnerable to neglect and abuse.

Existing health care systems are challenged due to a combination of physical and mental health problems being common co-morbidities in the elderly. If healthcare systems are not equipped to cater to the needs of this growing population, this challenge will become more acute overtime.

Older adults are vulnerable to developing mental illnesses. Risk factors such as physical frailty, bereavement, isolation, loss of function and abuse become even more pervasive in old age⁴. Mental health problems are under-diagnosed and mismanaged in older adults by health care professionals and the stigma attached to these problems increases reluctance to seek help⁴. As Pakistan is vastly unequipped to meet the psychosocial needs of this ever increasing

elderly population, there is a need for training of health care professionals along with a public awareness campaign regarding the needs of the elderly.

Depression and Dementia are some of the common disorders prevalent in older adults. A meta-analysis of prevalence rates of mental illness from 25 studies conducted in Europe and North America on an elderly population showed prevalence rates of Depression to be about 20%⁵. A European study looking at mental disorders other than depression and dementia in people above the age of 65, reported that one in four people currently had a mental disorder with anxiety disorders being the commonest followed by affective disorders and substance misuse⁵. Similar figures for prevalence of depression in the elderly population have been reported in developing countries such as India⁶ and Brazil⁷. Cross sectional studies conducted in the urban city of Karachi, Pakistan have reported the prevalence of Depression to be around 40%^{8,9}.

In order to deal with the challenge of dementia in Pakistan a multi-pronged approach including developing specialist services, training health professionals working in the community, raising public awareness to reduce the stigma attached with dementia and influencing/lobbying policy makers such as government officials will be needed. Working with voluntary organizations such as Alzheimer's Society and Alzheimer's Pakistan, will also be important as they have played a vital role in raising public awareness and influencing policy making in the western world.

The need for developing specialist services to provide mental health care to older people was increasingly recognized in the post-world war period in the UK and other European countries. In the 1960s, with the drive to close down mental health institutions/asylums and looking after people with mental health problems in the community, the idea of developing old age psychiatry as a specialty began to emerge amongst medical leaders from different specialisms including psychiatry, geriatrics and neurology. The aim being, to have a multi-disciplinary specialty, providing mental health care to older people for both 'organic' and functional illnesses. UK has been the pioneer in developing old age psychiatry and has been a recognized specialism by the department of Health UK since 1989¹⁰. The number of old age psychiatrists and multi-disciplinary teams have gradually risen over the years and currently the recommended population figure by the Royal College of Psychiatrists is to have one old age psychiatrist and multidisciplinary team for the care of ten to fifteen thousand older adults (above the age of 65)¹¹. A typical multi-disciplinary team includes a consultant psychiatrist, community

mental health nurses, occupational therapist, social worker and admin staff.

The core features of a mental health service for older people include the following:

- Assessments, diagnosis and management of mental illness in the community
- Inpatient unit with separate male and female areas
- Day hospital/center
- Memory clinic/service
- Hospital liaison service
- Support for carers

The essence of these services is to ensure community and inpatient settings for the elderly that aim at provision of early assessment, intervention and management to those with a combination of mental illness and physical decline. This would ideally be done by a team of health care professionals trained in managing complex comorbidity which is not encountered in other specialties of psychiatry.

These ideals are a far cry from the services being offered to the elderly in Pakistan. Recent guidelines on services for dementia in Pakistan reveal gross discrepancy in 'supply and demand'¹². We, therefore, believe that the Pakistan Psychiatric Society leadership must take the initiative and play a vital role in developing services for the elderly with mental health needs. Developing centers of excellence that sow the seed of this new specialism and providing opportunities to health care professional of teaching, training and conducting research would be the first step towards achieving this goal.

Pakistan can take the lead in developing old age health services, in south east Asia, by marrying some of our socio-cultural strengths in the care of elderly with the evidence based strategies found successful in the West. The traditional significance and importance attached to the views and wisdom of senior citizens and the older members of a family is strength of our culture. This positivity can help put in place psychosocial measures to improve mental health in the elderly. This alone could help in prevention of alienation, marginalization and cognitive under-stimulation.

Pakistani society boasts of provision of care to its elderly in the extended family settings in comparison to the care home model of the West. However rapid urbanization, limited living space and economic pressures requiring more family members to work to sustain their families, challenges this traditional model of care. The advantages and challenges posed by each of these models of care are another important area for research. The evidence collected can help design care models relevant and appropriate for our elderly population.

The comparison of Eastern and Western sociocultural models of care of the elderly can also provide opportunities for research into non-pharmacological interventions to prevent and manage their mental health problems. Pakistan could, ideally, be a hub for dementia research as local psychiatrists and neurologists collaborate with centers of excellence in the West, focusing on geriatric health. One example of such a collaboration was a study looking at cultural differences in the symptoms of Alzheimer's disease between the University of Manchester and Rawalpindi General Hospital¹³ among

other collaborative projects that are being conducted. However, the momentum needs to increase and local leadership needs to come forward to play an active role.

The possibilities and potential for research and service development in old age psychiatry are huge. As the forerunners of the scientific community, it is now up to us, to create ripples and make changes, in the specialist mental health services for the elderly in Pakistan. Let's not let our elders down. Providing them with a decent healthcare system is the least we can do to pay back the debt we owe to them.

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