

PRACTITIONERS

# Ageing and Mental Health



**Phoenix**  
AUSTRALIA

## Mental health and the ageing Australian veteran

There are currently over 20,000 veterans within their 80s in receipt of services from the Department of Veterans' Affairs. As Australia's Vietnam veteran cohort age and a new cohort of peacekeeping operations move into the older age bracket, those who care for and work therapeutically with veterans will need to be familiar with issues associated with ageing as well as veteran mental health care. Healthy ageing is a strengths-based approach focussed on creating the environment and opportunities that enable people to do what they value throughout their lives. Being free of disease or illness is not a requirement for healthy ageing. Many older adults have one or more health conditions that have minimal influence on their wellbeing if they are well controlled. The areas of focus are on ensuring people can:

- meet their basic needs and be mobile
- build and maintain relationships
- contribute to society

Our experience treating World War II veterans has led to greater understanding of the mental health issues of ageing veterans. This sheet contains some information you might find useful.

### Information for professionals working with older veterans

#### Meeting Needs and Maintaining Mobility

Late life is a time of change, in which the interaction of mental health and physical health becomes very apparent. Biological changes in healthy ageing include typical ageing issues of slowing down in movement and speed of thinking, but also the possibility of the onset of diseases which require management (hypertension, cardiac and cerebrovascular disease, osteoarthritis, dementia and cancers). It is important that the older person is engaged with a GP who they trust who can monitor and manage their changing health care needs. If mobility is limited, telehealth may be an option for receiving counselling and care from home.

#### Social Connection

As people age, it is common to start to consider questions of meaning and contribution. People can reflect on whether they have led a meaningful life, what their legacy is, and consider their contribution to their family. It is important that changes including retirement, illness and death of partners or friends, and reduced mobility, are navigated successfully. Social contacts will change and those who care for the ageing veteran should focus on ensuring that meaningful, helpful, and enjoyable social contacts exist or are developed. Some older veterans enjoy giving back by volunteering in ex-service organisations, while others prefer to join social groups who enjoy similar activities, or wish to learn a new skill.



## Ageing and PTSD

Posttraumatic stress disorder (PTSD) is a chronic disorder which changes in severity across time but can also be exacerbated by stress. Although generally speaking PTSD symptoms of re-experiencing decrease with age, symptoms of avoidance and more general anxiety and worry can increase. If asking older veterans to participate in military-related activities (interviews, commemorations, social activities in a veteran context), remember that some things which are symbolic reminders of traumatic events, can be distressing. Suicide risk, if present, does not decrease even when someone's mobility or physical capacity declines. Any veteran with diagnosed PTSD requires ongoing psychiatric care into old age, and this is particularly so if they are taking medication for their condition, which can interact with other drugs that are prescribed.

Helpful strategies for managing PTSD in ageing veterans

- It's important to remember older veterans can continue to benefit from appropriate regular talking (psychological) therapy. They can also gain benefit from meaningful physical, intellectual, and social activities.
- Take the time to understand what they're now experiencing as they live with the symptoms of PTSD, using a supportive and nonjudgmental approach.
- Connect them with care. If being the primary support person for a loved one becomes difficult to manage alone, connect them to help and remain in a caring, supporting role.
- Give hope. Understand that symptoms can come and go throughout different times in a person's life. Remind loved ones that they've successfully coped in the past, and can do it again.

## Cognitive Impairment

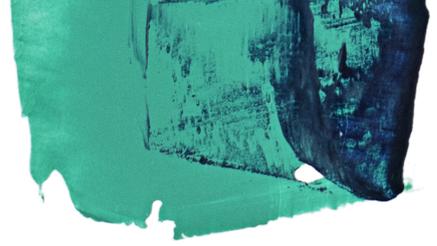
The ageing process can influence cognitive functioning. People who develop a range of medical conditions as they age are more vulnerable to age-related cognitive changes. Depending on the medical problems they have people may experience difficulties with concentration and attention, planning and problems-solving, word finding or naming problems or forgetfulness. Connect them with care. If being the primary support person for a loved one becomes difficult to manage alone, connect them to help and remain in a caring, supporting role. Give hope. Understand that symptoms can come and go throughout different times in a person's life. Remind loved ones that they've successfully coped in the past, and can do it again.

The most significant psychiatric problem in older adults is dementia. Dementia is an umbrella term used to describe a range of disorders such as Alzheimer's disease, Parkinson's disease and vascular dementia. All types of dementia are associated with cognitive decline, however the pattern of this decline will vary between the disorders. The risk of developing dementia increases with age, and the rate doubles every five years after the age of 65. Recent research supports the view that the risk of developing dementia is increased by the presence of PTSD, depressive disorder, or alcohol related disorders.

PTSD and depression can also be associated with cognitive impairment and thus diagnosing dementia in the presence of pre-existing mental health disorders is complex. It requires access to neuroimaging and clinical neuropsychological testing. However, there are effective medications which can slow the progression of Alzheimer's disease, and psychosocial management of the disease is highly beneficial. Thus any veteran showing signs of early cognitive decline should be encouraged to participate in a comprehensive assessment.

Some questions that might trigger a referral to a GP include:

- Has anyone in your family suffered from a form of dementia?
- Have you or someone close to you noticed any changes in your ability to do the following things:
  - Carry out usual daily activities such as getting started on tasks or completing them, preparing meals, cleaning or paying bills?
  - Concentrate on tasks such as reading, watching television, following conversations?
  - Participate in conversations, for example, because of word finding problems or difficulties speaking?



- Remember things such as the names of people, appointments or what you did yesterday or last week?
- Do you sometimes choose the wrong way to do something or repeat the same mistakes?
- Have you or others noticed changes in your behaviour or personality?

## Strategies for Managing Attention and Memory Difficulties

Regardless of the cause of the cognitive impairment, it is useful to provide the veteran with strategies to help compensate for their attention and memory difficulties. The veteran is more likely to get benefit from a strategy by getting their family's assistance with implementing it, and by practising it often enough that it becomes habitual.

Helpful strategies for managing memory difficulties include:

- Use a diary or recording device to store important information
- Have a white board in a prominent place with the to-do tasks on it. Cross things off as you do them
- Break tasks down into simple steps and work through them one by one. Divide large amounts of information into smaller chunks (e.g., phone numbers)
- Rehearsal and repetition - repeat information in your head, or say information out loud
- Form links or word systems - find a common theme or acronyms for the things you want to remember or turn them into a story
- Have a designated place for frequently lost items, for example, bowl for wallet, keys, mobile phone
- Link forgotten tasks (e.g., taking pills) with a regular activity during the day, e.g., a meal
- Establish a routine (e.g., request the same time for appointments) to reduce memory load.

## Specific care for ageing veterans

Veterans have access to a range of resources designed specifically for their needs into older age

- Veterans' Home Care (VHC) is designed for older DVA clients who need a small amount of practical help to continue living independently as they also provide short-term respite care.
- The DVA Community Nursing Program provides home community nursing services for veterans to meet their assessed clinical and personal care needs.
- The Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES) project gives GPs information regarding medications dispensed to their veteran patients.
- Bolton Clarke offer veteran-tailored services across home care, retirement living and residential aged care.
- Veterans can also access community based aged care assessment programs through their local hospital or GP

For more COVID-19 related resources visit

[www.phoenixaustralia.org/covid-19](http://www.phoenixaustralia.org/covid-19)

Adapted with permission from the Center for the Study of Traumatic Stress, Uniformed Services University.

## Useful services and resources

Coronavirus Health Information Line  
1800 020 080

Department of Health  
[www.health.gov.au](http://www.health.gov.au)

healthdirect hotline  
1800 022 222