

Geriatric Psychiatry in a Multicultural Society

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Are these Good or Bad for Mental Health of Older Adults?

- **Growing up and spending your life in a small town or farm.**
- **Helping with the care of your grandkids.**
- **Having all your friends and relatives around you.**
- **Living with others rather than alone.**

1. Older adults are the most heterogeneous group in the population.

- **Older persons differ dramatically in their physical and mental health, functional abilities, social networks, political and religious beliefs, and so forth.**

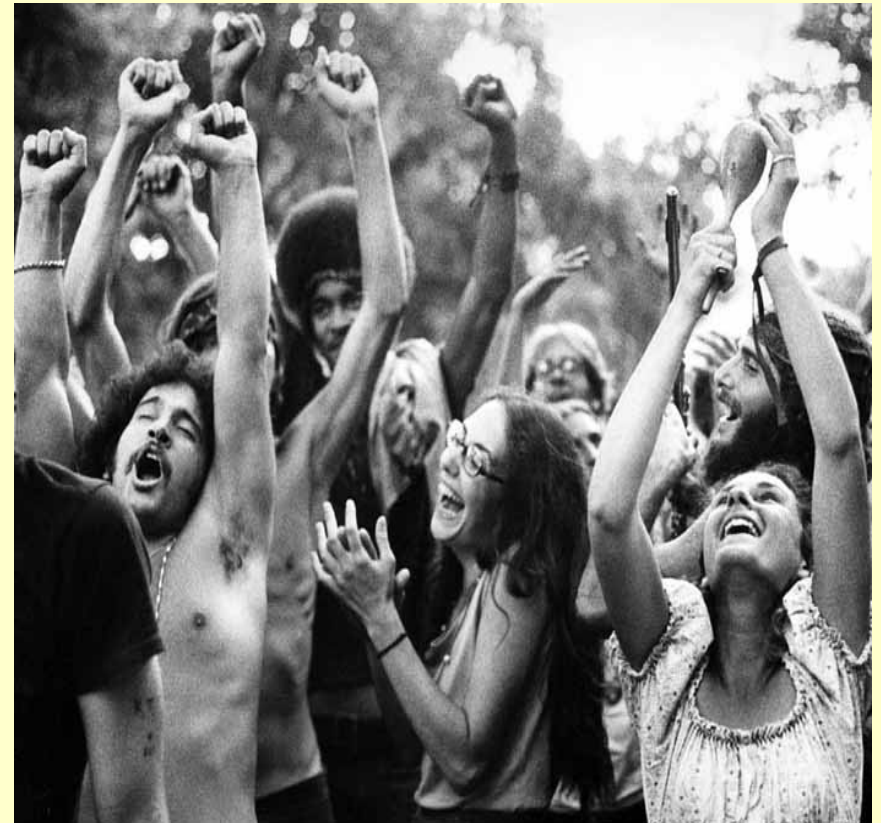
- **This is especially true among persons with chronic schizophrenia who may have health problems more characteristic of persons who are 10 or 15 years older.**



**Who is this
man?**

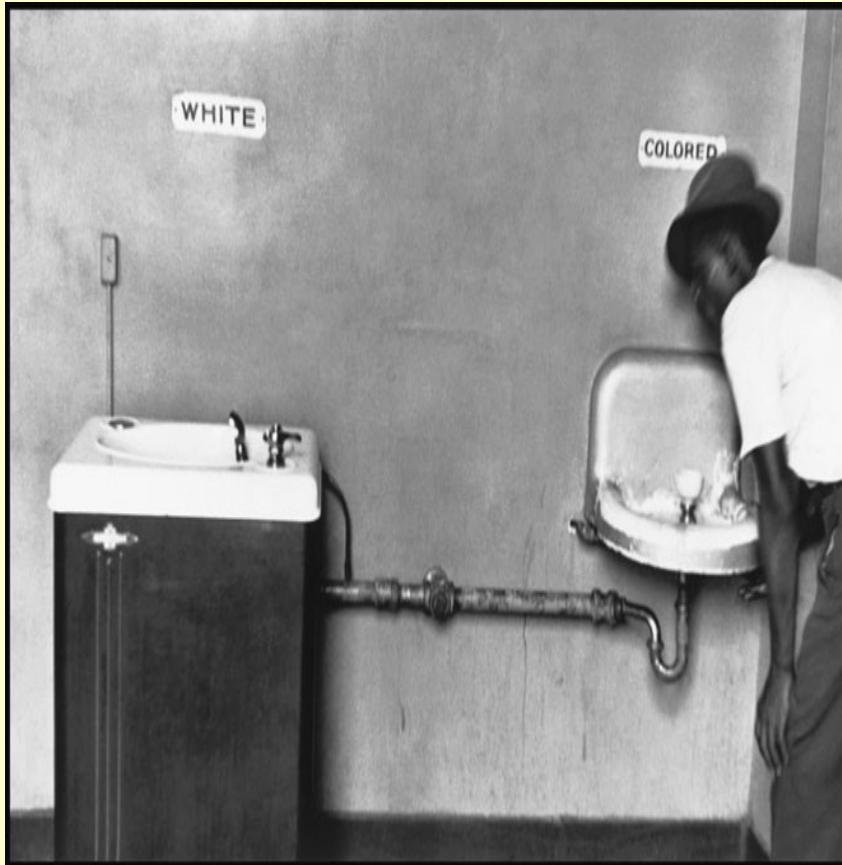
- **Although older adults are heterogeneous they do share some common life experiences that may have psychosocial ramifications (so called “cohort effects”).**
- **However, with the increasing number of older persons reaching very old age, the number of cohorts within the aging population has grown.**

Persons born before 1930 came of age during the Great Depression and World War II, whereas those born after the war came of age during more prosperous times and included the cultural and social turmoil of the 1960s.



Robert Altman - The Sixties - © Robert Altman. The Sixties: Photographs by Robert Altman, at the Idea Generation Gallery, London

The oldest African Americans grew up during periods of marked racial segregation and discrimination, whereas “young-old” African Americans came of age during the period of the civil rights and black power movements



2. The demographics of aging are shifting.

- The baby boomers (people born between 1946 to 1964) will first turn 65 beginning 2011.**
- The older population is projected to nearly double from 38 million (12.6 %) in 2008 to 72 million (20%) in 2030.**
- Persons over aged 85 and over are the most rapidly growing segment of our population and their numbers will double over the first quarter of the century and more than quadruple over the first half the century (to over 19 million persons).**

- **The older population is also growing more diverse.**
- **In 2000, 16% of population were non-whites (Blacks, Hispanics, Asians, Native Americans) or 5.8 million persons. In 2050, 36% of population will be non- white or 29.5 million persons.**

Thus, there will be a 5-fold increase in the number of minority elders over the first half of the 21st century.



4. What is the expected life span?

Life Expectancy for Elderly Americans		
Age in 2008	Average Life Expectancy (Yrs)	
	Male	Female
65	17	20
70	13	16
75	10	12
80	8	9
85	6	7
90	4	5

US DHEC: Aging American Trends and Projections, 1999, 28-77

AMU / NJ DOM

Average Life Expectancies in Years by Race

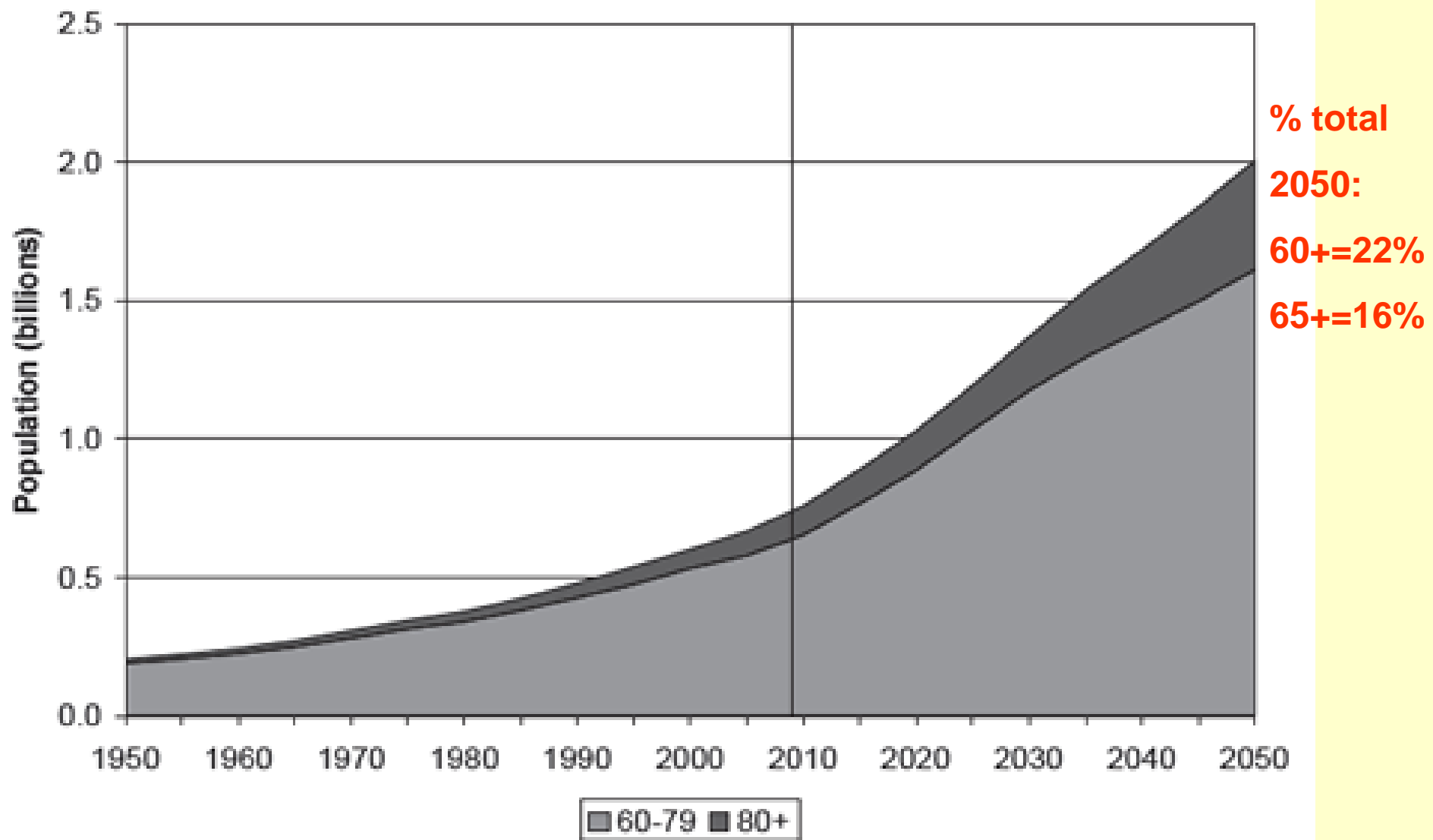
	white male	black male	white female	black female
At birth	75.7	69.7	80.6	76.5
At age 50	29	25.2	32.6	30.2
At age 65	17.1	15.1	19.8	18.6
At age 80	7.8	7.7	9.3	9.3
At age 100	2	2.7	2.2	2.8

Note: Black –White “mortality crossover effect” after age 80 when racial differences disappear and eventually Black life expectancy exceeds that of Whites. Older blacks are hearty “survivors”.

5. Future of Aging Worldwide



Growth of World Aging Population



Survivor Effects

- The “survivor” effects must also be considered when comparing older persons in different groups.
- Although all older persons are survivors, there is considerable difference between the 75-year-old person in a developed nation, where half the population lives to that age, and a 75-year-old in a developing nation where the life expectancy is age 60. Indeed, the latter individual may have exceptional physical and psychological traits versus his countrymen or versus persons in the developed world.

6. How culture may influence psychiatric disorders

- a. Direct physical or biological impact of the ecosystem or of the lifestyle patterns engendered by the culture.**
 - Examples: air pollution that can impair respiratory capacity and diminish physical vigor; promote smoking or unhealthy diets result in greater health problems as people grow older.**
 - It is well-established that health problems are associated with increased rates of psychiatric symptoms such as depression and anxiety.**
 - Possible epigenetic effects of environment**

b. Culture may affect psychiatric symptoms is through the fostering of certain personality patterns that may become dysfunctional in later life

- Examples:
- Culture allows for a higher level of suspiciousness, but this may be inappropriate in a new country;
- Type A personality configuration—the hard-driving, perfectionistic individual—is socially rewarded, although it may lead to cardiovascular disease and unhappiness as the person grows older;

- Culture may play a role in the recognition, treatment, and the consequences of displaying and experiencing psychiatric problems (Estroff, 1981).
- What does it mean if some cultures(India) do not consider dementia or depression in later life as abnormal(universal/standard vs contextual)? E.g., Lower expectations regarding functioning so not considered disabled.

c. Culture influences mental health through the impact of various social forces on mental well-being.

- Examples: Impact of globalization and urbanization may affect mental health of older adults.

[This will be major focus of talk]

7. Globalization and Urbanization

There has been considerable romanticizing of the role of older persons in non-industrial, non-Western societies, a more realistic appraisal of aging is needed.

It is important to recognize that:

- (1) A single cultural system may provide highly successful solutions for some problems of aging but do poorly with respect to others.**
- (2) Not all non-western, non-industrial cultural systems provide a better milieu for aging than is found in the west.**
- (3) Modernization does not invariably result in a diminished quality of life for elders, but can have a positive impact on well-being. E.g., pensions and healthcare enhance ability to live independently; modernization helps some groups, e.g, “Untouchables”(Dalits) in India**
- (4) A single cultural system may offer vastly different opportunities for successful aging depending on class, gender, ethnicity, and rural urban variation.**

- (5) Security and life quality are enhanced for older persons when cultures promote both community and kin roles for elders.**
- (6) There are no geriatric utopias where older persons are free of diseases of aging such as dementia.**
- (7) Multi-generational families were actually less common in traditional societies because of diminished life expectancy; hence, multi-generational families may be more likely to exist in industrialized nations.**

(8) Treatment of elders may reflect economic factors rather than purely cultural ones. Thus, co-residence with other family members may reflect housing shortages, and decreased economic dependence on inheritances may reduce the amount of care that families provide to their older kin.

Conclusion: The power and status of elderly people in developing countries often varies based on the following dichotomies: ill versus healthy, ancient versus older, rich versus poor, male versus female. Thus, there is inter-and intra-societal variability in the care of the aged.

Ref. Desjarlais et al, 1995; Levkoff et al, 1995; Sokolovsky, 1997

Rate of Urbanization

Total population of world living in urban areas:

1800: 3%

1900: 13%

2008: 50%

Globalization

- **Increase cultural homogeneity . However also see “glocalization” and hybridization i.e., different groups taking traditional cultural patterns and transforming them.**
- **Delocalization (e.g., where one lives is irrelevant because of electronic media) but some people excluded ,e.g., enclaves in poor areas often excluded from global world**
- **Deterritorialization and erosion of nations**
- **2% of world’s population lives and works in countries in which they are not citizens**

Ways in which the economic and structural changes of modernization can potentially affect the mental health of elderly persons in developing nations

(1) Life expectancy is increasing and fertility rates are declining. Several consequences of this trend are apparent. Consequently:

- There will be more elders and an increase in age-related diseases such as dementia.
- There will be fewer children to care for their aging parents.
- Because men whose wives die often remarry, and women live longer and marry men older than themselves, the number of widows will continue to increase. In developing countries, unmarried women are economically vulnerable which may increase depression.

(2) Economic changes cause the price of agricultural products to decline relative to manufactured goods. Consequently:

- **Traditional social structures that guaranteed that elderly persons would be cared for through the inheritance of land and livestock will become attenuated as the latter become less valuable. Older persons may become less valuable, lose respect, and face isolation or even abandonment.**
- **The psychiatric consequences might include low self-esteem, worthlessness, depression, suicidality, or substance abuse.**

(3) Rural to urban migration continues to increase. Consequently:

- **Although urban living per se may not be associated with higher rates of mental disorders, older persons, who move to cities or who have grown old there, live frequently in substandard housing without basic sanitation and with the constant threat of eviction. Such a lifestyle increases stress and results in anxiety, depression, substance abuse, and suicidality.**
- **Other persons who have migrated to cities in their youth may now return to their villages in later life. They find inadequate care for older persons, feel isolated, and experience low self-esteem.**

(4) Increased education of the young. Consequently:

- This may result in younger persons devaluing their elders along with their customs and traditions. Among the elders, this may decrease feelings of self-worth and result in depression or anxiety.

(5) Increased education of the elderly persons.

Consequently:

- As the aging population becomes increasingly better educated, they are able to obtain better jobs and more effectively cope with social change. Their increased financial well-being and self-esteem will help buffer against depression and anxiety.

(6) Per capita income rises and healthcare improves in some countries. Consequently:

- **This reduces mortality, especially among men, and consequently results in a smaller proportion of single elderly women, although their absolute number may rise with increased longevity. Thus, it diminishes loneliness and buffers against depression and anxiety.**

(7) War and displacement have occurred in many countries as a consequence of ethnic conflicts and factional fighting.

Consequently:

- **Older people are thought to be less psychologically resilient to rapid social changes.**

(8) Identity systems are changing. Consequently:

- There is increasing pull between modernization forces that create multiple belongings, multi-ethnic communities, long-distance networks and flexible identities, and reactions by communities to reassert their ethnic identities.
- Bhugra and Mastrogianni (2004) note that ethnic identity has a role in individuals' self-esteem and it can affect the social causes and courses of psychiatric disorders. The consequences of the new pluralist context of multicultural societies for individuals' psychological well-being are largely unknown.
- It is likely to have a more negative impact on older people who will experience an attenuation of their traditional ethnic identity without fully participating in the positive aspects of the new multi-identity community.

Desjarlais and his coauthors (1998) and Levkoff and colleagues (1995)

Changes in Western Families

- **Early Capitalism: Work and productivity no longer managed by families as individuals must earn wages**
- **In next stages, there was pooling of wages, but this changed once social security stabilized income of older adults**
- **Children launched into world, not expected to return**
- **Size of families decreased**
- **Descent groups and relatives replaced by diversity of forms (marriage not as important) and individualism. People much less likely to grow old in families.**

- In recent decades globalization has placed workers around world in competition and has led to declining standards of living
- In developing nations, Baby Boomers have no or minimal pensions; attacks on safety nets; 40% have \$10,000 or less in retirement savings, although 2/3 expecting an inheritance; increasingly more reliance on individual rather than company pension plans and underfunded health plans. Typical worker age 55 to 64 has \$54,000 in 401K.
- In developing world, half of workers earn \$2 or less per day. World Bank found 70% of world's elders rely on their own labor or that of family for support.
- Fry: "With globalization of the economy, it is fairly certain that in the 21st century it will be much scarier to grow old."

Spain's Jobless Rely on Family, A Frail Crutch

By SUZANNE DALEY

ZARAGOZA, Spain — Dolores Fernández Mora, 76, and her husband, Mariano Blesa Julvé, 75, once thought they would end their days in relative comfort, their house paid off and a solid pension of about \$1,645 a month. Perhaps they would travel a bit.

Instead, they are supporting their unemployed 48-year-old daughter and two of her unemployed adult sons who now live with them in their tiny two-bed-

NY Times ,
July 29, 2012



CARLOS LUJAN FOR THE NEW YORK TIMES

Dolores Fernández Mora is supporting younger relatives.

8. Immigration and Ethnic Elders

Immigration

- About 10% of elderly in US are now foreign born (doubled in 10 years)
- Nearly all groups have traditional lifestyle altered by immigration

Immigrants and Ethnic Elders

Recent Immigrants (≤ 10 years) Often preceded by children	Long-term Immigrants (> 10 years) Usually arrive when young
Native Born Poorly Assimilated	Native-Born Assimilated May feel discriminated against

Theories of Stress:

a. Multiple Jeopardies and Accumulative Disadvantage

- **Several theories of aging and psychopathology may be relevant to our understanding this relationship from a transcultural perspective.**
- **In Western societies and many transitional societies, the status of older persons is relatively low versus other age groups; being old and a member of a minority group is a double disadvantage.**
- **Older women may be subject to triple jeopardy because they are typically accorded lower status than men, and ethnic minority elderly women who are mentally ill may experience a quadruple jeopardy because they suffer the stigma of mental illness.**

b. Acculturation Stress Hypothesis

(Markides et al., 1990)

- **Acculturation stress interacts with age, race, and gender discrimination, language barriers, lower socioeconomic status, and diminished physical and psychological resources**

(Ahmed, 1997).

c. Ethnic Compensation

- Ahmed (1997): there are also protective factors for ethnic elders. Thus, ethnic identity may compensate for the identity loss that often occurs with aging. Moreover, intergenerational solidarity and continued family closeness can enhance life satisfaction and decreased levels of depression.**
- Sokolovsky(2009): Literature on cultural networks has been overly optimistic with respect to social supports and family exchanges . Varies by culture, e.g. Poles in Chicago preferred formal support and Italians sought family in crises.**

Psychiatric Issues: “Aging Out of Place”

- **Few groups’ traditional lifestyles and values have not been altered by the immigration experience**
- **For some groups, migration may be part of successful aging rather than negative or disorienting**

Traditional Ethnic Response Can Exacerbate Problems

- **Differences in male –female perspectives: often heavier burden on woman to provide care (e.g. Latino)**
- **Social networks that stress too much reciprocity and obligations with children and others may not be satisfying.**
- **Elders linking them to broader community have better mental health profiles than those encapsulated in the ethnic family**
- **Men often have wider social networks and seem to have better mental health.**
- **New elderly immigrants lose access to cultural fabric of easy engagement within socially enmeshed neighborhoods that they had back in native country.**
- **Formal supports can be used to strengthen ability to care for elderly family members**

Illustration: Elderly Asians

- In Asian groups, there may be linguistic isolation and family may use “subcontracted filial piety”, ie., engage caregivers from similar backgrounds
- Guilt in elderly because they could not materially help children, and then feel like a burden
- While preferring independence they are often trapped in dependent isolated social situations by lack of culture and social capital, and little control over life
- Others feel trapped into child-caring roles, which may create guilt and sadness, especially as the older person becomes more physically impaired and unable to assist.

Ideal and Reality Differ

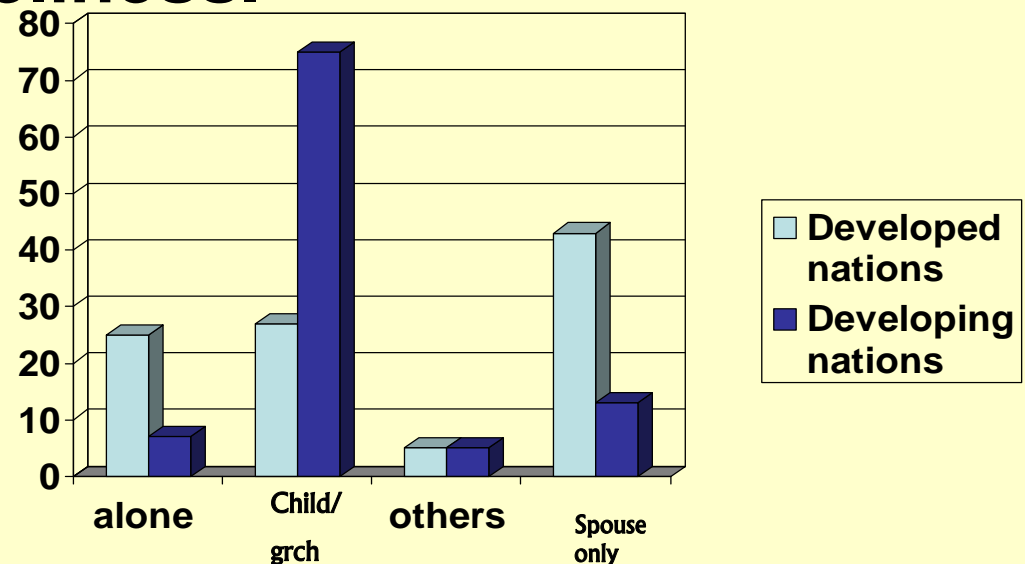
- Merely looking at frequency or number of kin contacts may not be helpful
- In San Diego, older Latinos living alone reported 4x more extended kin than older Whites, but many were less likely to turn to kin in times of need. Prefer to “suffer in silence.”
- Flexibility of boundaries: kinship in Black families allow for absorption of young grandchildren and other relatives. Many older black women live with relative under 18. Seems to allow for acceptance of chronic conditions and reports of less burden despite higher objective stress.
- Asians in England depended heavily on very narrow support kin sources contrasted with African Caribbeans who developed a more flexible construct of support from non-kin and church members.

Granfamilies

- **2005: 4.5 million children lived in a grandparent headed household (1 in 12)**
- **1 in 10 grandparents will have primary responsibility for a grandchild**
- **Worldwide increases: e.g. Africa due to AIDs**

Living Alone

- Living alone is not the same as feeling lonely or socially isolated.
- In Nordic countries there are high rates of living alone but low rates of loneliness. In the Southern European countries living alone is associated with higher rates of loneliness.



Living in a World City

- **Pros: neighborhood amenities such as cultural institutions, neighborhood shops; transportation; centers of medical excellence; centers of innovation for elder programs and range of services**
- **Cons: cost and quality of housing; potential for social isolation and loneliness especially in neighborhoods in which there is high poverty**

9. Dementia

- Dementia vary between countries and within countries among various ethnic groups.
- Chang et al (1993) reported prevalence rates of dementia ranging from 0.5 per hundred to 10.3 among seven countries. The wide range in dementia prevalence has been attributed to the low number of very old persons in developing counties, the stigma of psychiatric disorder so that it goes unreported, and an inability to identify dementia among the population.
- Hendrie and colleagues (2001) compared the incidence of dementia among African Americans in Indianapolis with residents of Ibadan, Nigeria. The overall incidence of dementia was greater among African Americans (3.2% vs. 1.4%) and as well as for Alzheimer's disease disease alone (2.5% vs. 1.2%).

- **Most community studies have found Blacks to have higher rates of AD and/or all dementias than Whites.**
- **3 of 4 community studies found rates among Blacks to be 14% to 500% higher (overall dementia rates of 3% to 27%)**

Dementia

- **There are considerable differences in the way dementia is handled among the world's societies.**
- **Desjarlais and coauthors (1995) note that in some societies dementia is treated as an understandable and expected part of aging.**
- **Consequently, families may respond to it as they might to other aspects of aging such as physical illness and disability.**
- **Despite the transcultural differences in the interpretation of dementia, it still is an incapacitating illness in its later stages and requires considerable personal care.**

Caregiving and Dementia

- A fairly consistent finding in the North American literature has been the differential impact of caregiving on persons from different ethnic backgrounds.
- Both African American and Latino caregivers are less apt than their white counterparts to place a demented relative in a nursing home (Cohen et al., 1998). *However, this is changing for both groups.*
- Moreover, they are more likely to use family networks for additional support and to report less depression and caregiver burden (Dilworth-Anderson et al., 2002). These findings reflect the interplay of social, cultural, and economic factors.

Racial And Ethnic Composition Of The US Nursing Home Population, The US Population Age Sixty-Five Or Older, And The Total US Population, 1999 And 2008

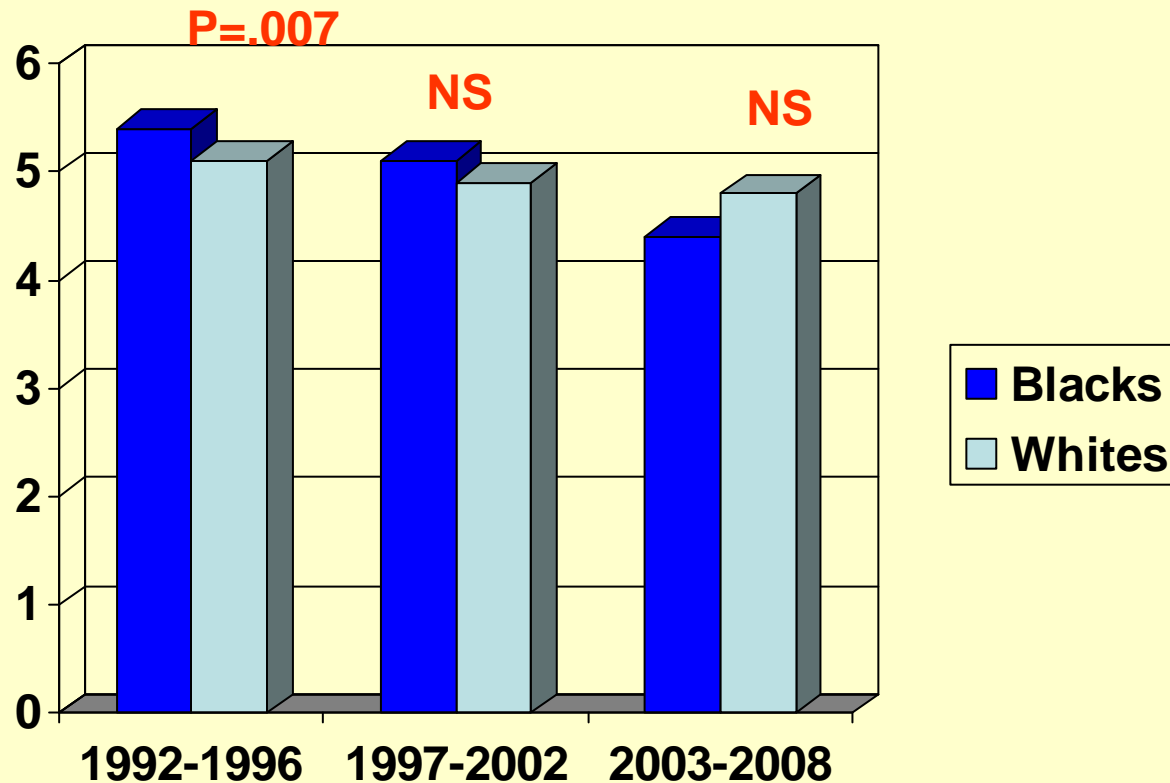
	1999		2008		Change in number, 1999 to 2008	
	Number	Percent	Number	Percent	Percent change	Percent annualized change
US NURSING HOME RESIDENTS						
White	1,119,047	86.7	1,005,320	82.9	-10.2	-1.2
Black	124,111	9.6	137,519	11.3	10.8	1.2
Hispanic	29,826	2.3	46,201	3.8	54.9	5.0
Asian	12,344	1.0	19,021	1.6	54.1	4.9
Total	1,291,241	100	1,212,912	100	-6.1	-0.7

Zhanlian Feng, Mary L. Fennell, Denise A. Tyler, Melissa Clark and Vincent Mor
 Growth Of Racial And Ethnic Minorities In US Nursing Homes Driven By
 Demographics And Possible Disparities In Options
Health Affairs, 30, no.7 (2011):1358-1365

Changes in Perception of Dementia Among African Americans and African Caribbeans

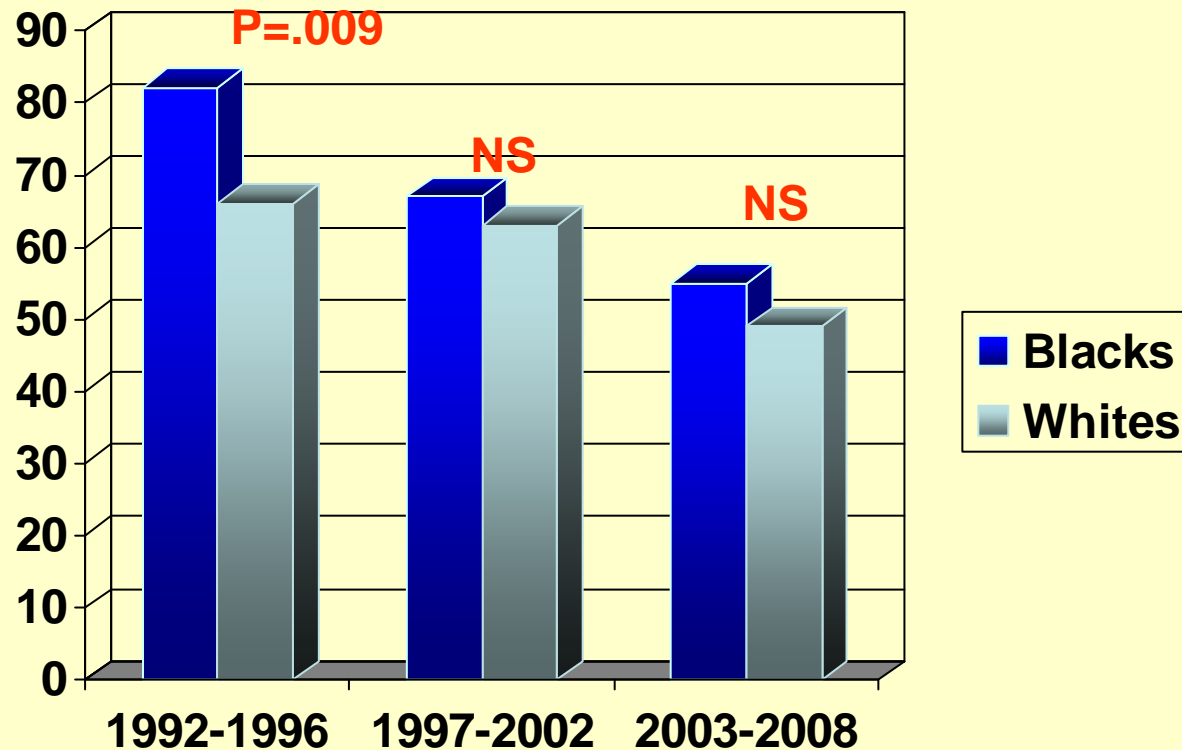
Global Deterioration Scale Scores

(Cohen et al, in press)



N=767

Percentage with Psychotic Symptoms (Cohen et al, in press)



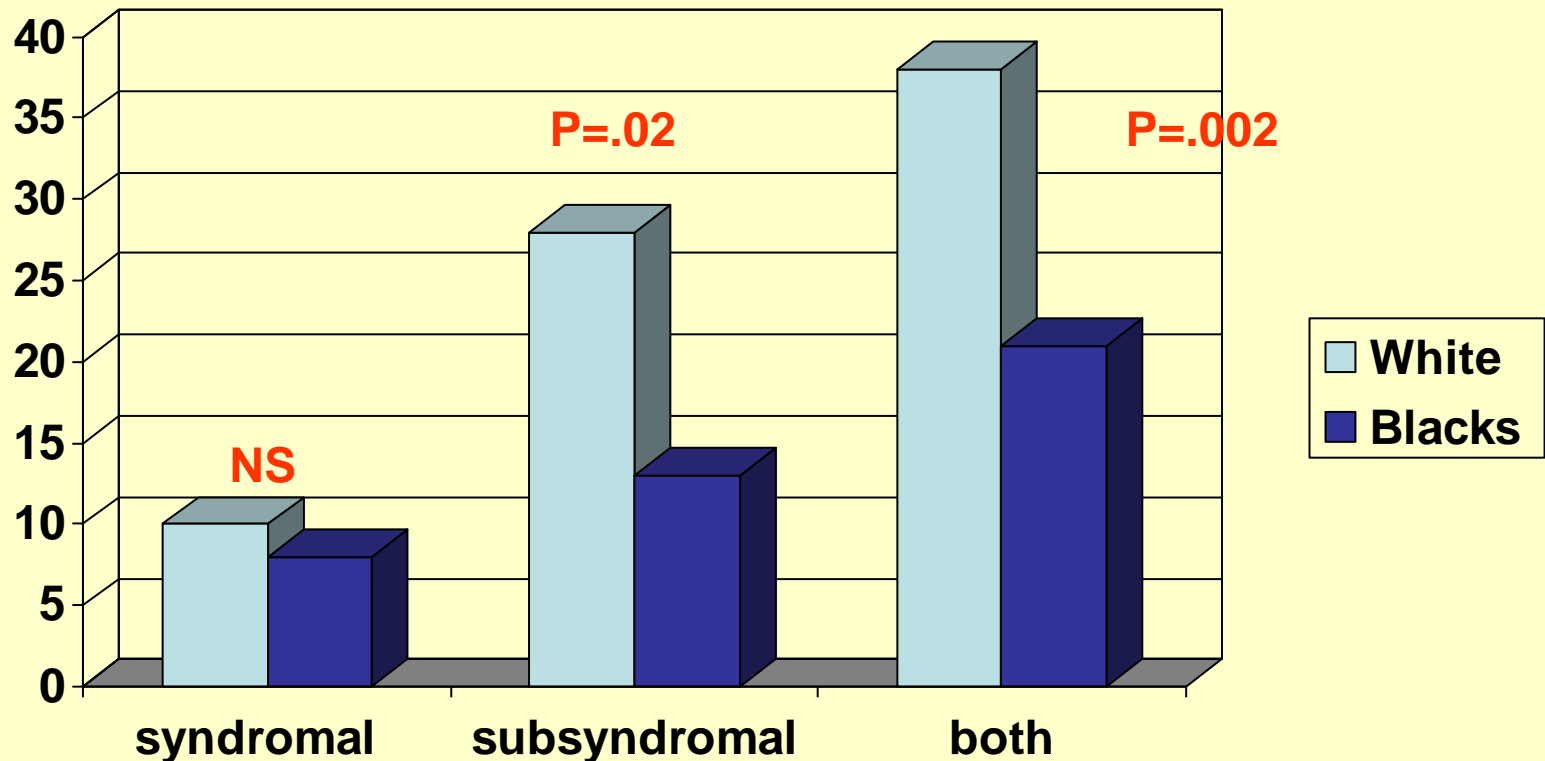
10. Migration and Depression

- Little written about the impact of migration on older adults.
- Van der Wurff and colleagues (2004) examined the prevalence rates of clinical depression among Turkish and Moroccan immigrants aged 55 and over living in the Netherlands. They found exceedingly high rates of depression: 34% and 62% among Turkish and Moroccan immigrants, respectively, versus 15 % native Dutch residents.
- The authors pointed out that lower income and physical illness also contributed to depression. Thus, depression risk for immigrants most likely depends on interplay of ethnicity, social class, and health factors.

Ethnic elders may express depression in somatic terms reflecting tradition of less separation of the physical and mental:

- **Bhugra and coworkers (1997) found that Punjabi women participating in a focus group in London recognized the English word “depression,” but the older women used terms such as “weight on my heart/mind”, or “pressure on the mind.”**
- **Pang’s (1998), examination of how elderly Korean immigrants in the United States express depression revealed that they express emotions symbolically or physically. These physical terms are neither bodily nor emotional, but somewhere in between. Dysphoria was expressed as holistic symptoms (“e.g., melancholy has been absorbed into my body”)**

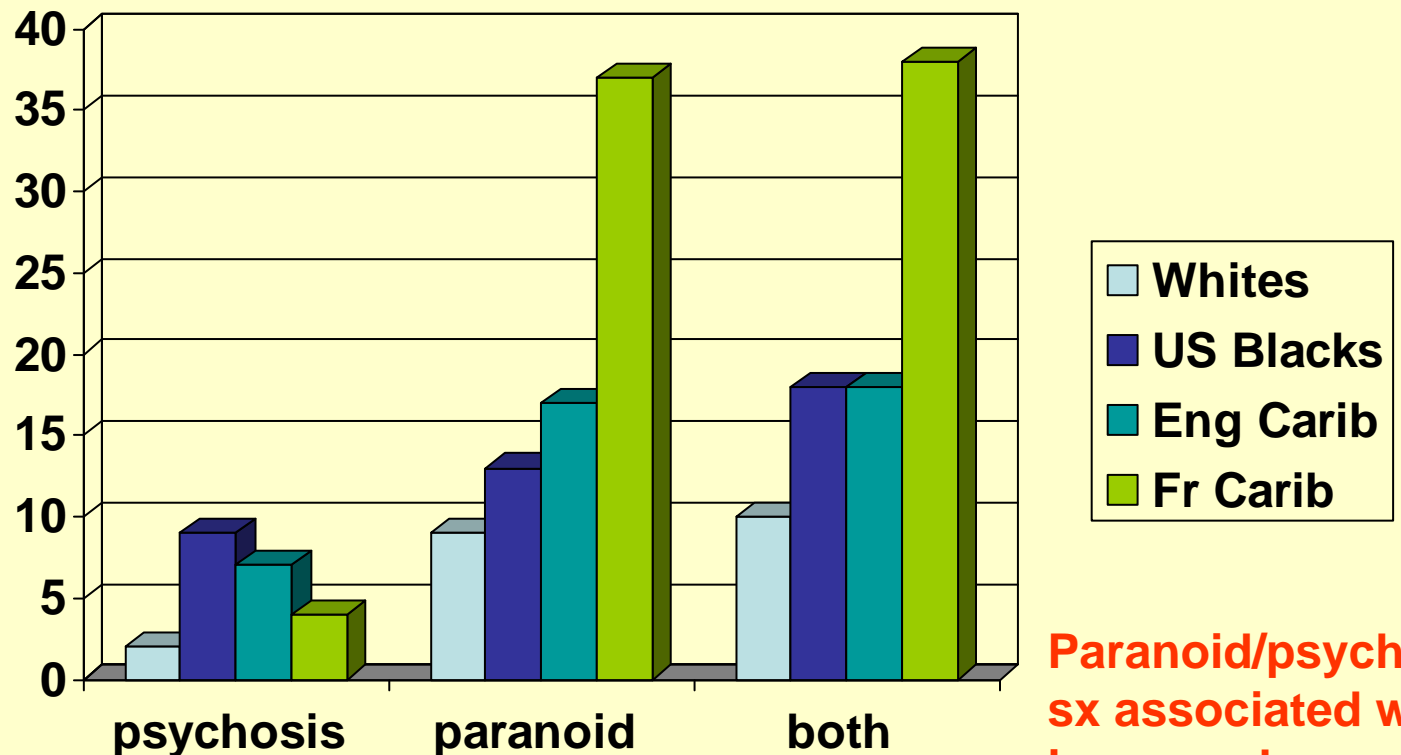
Percentage Having Various Types of Depression (Cohen et al, 2005)



Note: Among Blacks, French Caribbeans had significantly lower rates of subsyndromal depression

Racial Differences in Psychoses

Percent older adults in Brooklyn with paranoid ideation, psychosis, or both



Paranoid/psychotic
sx associated with
increased
depressive sx

[Cohen CI](#), [Magai C](#), [Yaffee R](#), [Walcott-Brown L](#), 2004

Conclusions

- **Levkoff et al. (1995) believe that the family is the critical intervention point in the mental health care of older adults.**
- **Informal support is the mainstay of care in both industrialized and traditional societies because moral norms of assisting elderly persons persist even after modernization.**
- **Providing additional support to families makes sense for developing nations, since it is usually the most effective and least costly approach. The judicious development of formal systems to supplement informal care should fall within the economic capability of most developing countries.**
- **Importantly, informal support can be over-rated and should not be used an excuse to not provide additional formal support.**