EMOTIONAL WELLBEING AND DEMENTIA

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ABOUT THIS PRESENTATION

• Introduction
• Emotional wellbeing overview
• Detecting depression and anxiety
• Strategies to boost emotional wellbeing
• Q&A
• Consumer Presentation Mrs. Aileen Clare
INTRODUCTION

- Senior Psychologist working exclusively with older adults living in own homes and residential setting
- Run training programs for home care and aged care providers
- Developed award winning group programs (for older people in residential setting)
- Facilitate carer support groups
- Supervise intern psychologists and Masters students on a placement in residential setting
- Finalising PhD “Emotional Contagion in Home Care Workers” under supervision of Associate Professor Denise Jepsen, Macquarie University
IMPACT OF EMOTIONAL HEALTH

• Dementia + Depression = complex
• Normal reaction to daily events versus psychological disorder e.g. we all have good and bad days but what happens when the symptoms persist?
• Complexities detecting psychological conditions – whose responsibility is it?
  – Individuals
  – Families
  – GPs
  – Service providers
## DETECTION OF EMOTIONAL CHANGES

<table>
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<tr>
<th>Responsibility</th>
<th>Statistics</th>
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<tr>
<td>Individuals</td>
<td>- Reluctant to raise issue with family members or discuss changes in how they feel with their GPs not wanting to “burden” others</td>
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<td>Families</td>
<td>- May not be aware of changes in emotional needs e.g. “What does mum have to be depressed about?”</td>
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| GPs             | - Limited time with patients  
|                 | - Focus on physical changes and physical health                                                                                         |
| Service Providers | - Emotional needs not routinely screened  
|                 | - Privacy issues “that’s a bit personal” (Service Manager)                                                                             |
MENTAL HEALTH
WHAT WE KNOW

- Depression is a treatable and most prevalent psychiatric disorder (Huang & Carpenter 2011)
- Around 45% of Australians aged 16 - 85 will experience a mental illness at some point in their life, while one in five Australian adults will experience a mental illness in any given year (ABS, 2008)
- Depression is particularly common in those with declining health and increasing need for support (Muramatsu, Yin, & Hedeker, 2010)
- The highest rates of suicide in Australia are in men aged 85 and over, closely followed by men aged 80-85 and women aged 80-85 (ABS, 2014).
DEPRESSION

• Commonly occurs with vascular dementia and Alzheimer’s disease
• People with dementia are at greatest risk of developing depression due to loss of independence, skills and procedural memory (following sequence of events to complete a daily task)
• Depression in individuals with dementia can be most disabling
• Need baseline for comparison (what was the individual like before dementia?)
DEPRESSION IN DEMENTIA

- Sustained low mood
- Presence of physical symptoms (loss of appetite, tiredness and changes in sleep patterns)
- Loss of interest
- Persistent themes of guilt, death and/or negative thought patterns
- Changes in behaviour or functional decline in otherwise stable person need to be investigated
ANXIETY IN DEMENTIA

• Can be situation dependent (hospitalisation, moving home or death of a loved one)
• Often easier to recognise (physical symptoms)
• Symptoms can include:
  – being fearful
  – agitated
  – sore muscles
  – multiple worries
• Past history of anxiety is common
STRATEGIES TO BOOST MENTAL HEALTH

• Regular review with GPs
• Medical interventions
• Psychological interventions
• Social engagement and connection
• Lifestyle changes
PSYCHOLOGICAL INTERVENTIONS

• Cognitive Behavioural Therapy (CBT)
• Interpersonal Therapy (ITP)
• Mindfulness based cognitive therapy (MBCT)
COMPLIMENTARY AND LIFESTYLE INTERVENTIONS

• Exercise
• Improved nutrition
• Good sleep hygiene
• Reduced alcohol intake
• Massage and aromatherapy
• Reminiscence
REFERENCE

• ABS. (2014). *Causes of Death in Australia 2012*.


