



An interest group of the Australian Psychological Society

Clinical Psychologists Meeting the Needs of Older Adults in Australia

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Older adults are the most rapidly growing section of the Australian population. While most older adults are in good mental health, there are still significant numbers who experience anxiety, depression, and often, deteriorating physical health and functional ability. Psychological therapy can have a direct positive impact on such conditions as well as help reduce additional disability. In addition, psychologists are beginning to expand their roles in promoting positive ageing and healthy lifestyles for older populations.

The Psychology and Ageing Interest Group

The Psychology and Aging Interest Group of the Australian Psychological Society supports the expansion of geropsychology within Australia. Geropsychology is a field of psychology devoted to the study of aging and the provision of clinical services to older adults. It includes both researchers working to expand knowledge of aging processes, as well as healthcare practitioners providing direct care services to older adults and their families. Clinical psychologists and clinical neuropsychologists with training and experience in working with older adults can maintain high standards for practice with this section of the population. Work opportunities in aged care facilities can supplement the existing professional services that can be provided by clinical psychologists through Medicare and through hospitals and community clinics.

Settings where psychologists work with older adults

Clinical psychologists can play a pivotal role in long term care settings such as nursing homes or assisted living accommodation (formerly termed: "hostels"). The rate of depression in such institutions is high (at least 50%); psychologists can work closely with direct care staff to ensure residents have exposure to meaningful activity and good quality of life. It is a myth that those suffering from any kind of cognitive disability cannot benefit from psychological therapy. Cognitive-behavioural techniques can be modified to take into consideration deficits such as memory or concentration problems and are useful in long term settings. Furthermore the importance of psychosocial methods in ameliorating behaviours of concern in dementing illnesses is well supported by the scientific literature. Supporting staff in these long term care settings is another important aspect of psychological service.

The primary care setting provides significant opportunities for psychological intervention with older clients as the majority of primary care medical visits by older adults are related to psychological factors such as anxiety, depression, and stress. Psychologists who work with general practitioners provide valuable services for older adults. In rural and regional areas of Australia, it may be that primary care medical services are the only form of health care available. It is well-established that physical and mental health interact with one another. Older adults with medical problems such as chronic heart disease have higher rates of depression than those who are well. At the same time, untreated depression in older persons with heart disease and other chronic illnesses may lead to reductions in the function of the immune system and reduce a person's overall health and increase their level of disability.

In rehabilitation, neurology and other medical settings, Clinical Neuropsychology's profile is set to grow as the population ages. Early, accurate diagnosis of dementia or other forms of brain damage is essential to provide a baseline of cognitive abilities. Those with cerebral dysfunction and their carers can be supported via education on brain-behaviour relations and in monitoring functioning over time. Clinical neuropsychologists also have an important role on rehabilitation teams conducting therapy programs. Assisting multidisciplinary teams to manage the deficits identified in testing and minimizing disability are core elements of clinical neuropsychology.

Conducting therapy with older adults

Therapies traditionally developed and practiced with younger client groups are well suited for older adults, although often these require skillful adaptation to an older population to maximize treatment efficacy. Psychologists experienced in working with this population promote the use of cognitive-behavioural therapy and other psychotherapies for treatment in a variety of fields such as the mood disorders, anxiety and somatoform disorders. Moreover, a strong research base supports their use with older populations. Ageist myths regarding the older client's ability to benefit from psychological therapy need to be dispelled and this can only happen with increased exposure to working with older clients- a need that will become more urgent as the fastest growing age group is in the over 80 category.

Resources

Members of the Australian Psychological Society have over the past 10 years published key policy and practice recommendations concerning older adults. A brief bibliography of key articles follows:

Browning, C., Gething, L., Gridley, H., Helmes, E., Luszcz, M., Turner, J., Ward, L. & Wells, Y. (2000). Psychology and ageing: contributions to the international year of older persons. APS Position Paper.

Gething, L., Gridley, H., Browning, C., Helmes, E., Luszcz, M., Turner, J., et al. (2003). The role of psychologists in fostering the wellbeing of older Australians. Australian Psychologist, 38, 1-10.

Helmes, E., & Gee, S. (2003). Attitudes of Australian therapists toward older clients: Educational and training imperatives. Educational Gerontology, 29, 657 – 670.

Kneebone, I. (1996). Teaching about ageing: The new challenge for Australian clinical psychology. Australian Psychologist, 31, 124 - 126.

Ferguson, S. J. & Koder, D.A. (1998). Geropsychology: Some potential growth areas in psychological research and practice. Australian Psychologist, 33, 187 – 192.

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Wells, Y. (2005). Research and practice with older adults: The picture in Australia. Australian Psychologist, March 2005; 40(1): 2-7