

Psychosocial Issues for Older Adults in Disasters

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Abstract

Old age brings with itself lots of problems. With the increase in the elderly population, health status of the elderly has gained lots of importance. However, neither institutional nor community care has provided an adequate solution to the problems of old age. Though community care is preferred over institutionalisation, lack of funding acts as a major hindrance. Hence, the need of the hour is to integrate the services provided by institutions as well as community to improve the quality of life of the elderly population. More research is needed to develop acceptable models of care to meet the facilities for long-term care, and that includes institutionalisation. We still need to learn about efficient models of formal care systems in traditional societies like India and their cost effectivity, and then decide about informal care system with same perspective, as cultural adaptation is essential for the elderly to feel good and be healthy. Growth in the elderly population means a direct increase in age-related diseases such as dementia and poor mental health outcomes such as depression, anxiety, suicide and serious constraints on the quality of life among elderly individuals. In India as well, due to the demographic transition, rapid industrialisation and urbanisation, westernisation of Indian culture and disintegration of joint or extended family structures into nuclear ones, the susceptibility of the older population has increased. They have become exposed not only to their physical disabilities but also to social, economic and emotional alienation and isolation. An associated social change with industrialisation has led to changes in the routine of the elderly, resulting in reduced social participation, loss of dignity and self-respect. Eventually, it weakens the social and family support of an individual resulting in declining mental health

Keywords: Adjustment; Anxiety; Dementia; Depression; Geriatric; Psychosocial; Rehabilitation.

Introduction

Growth in the elderly population means a direct increase in age-related diseases such as dementia and poor mental health outcomes such as depression, anxiety, suicide and serious constraints on the quality of life among elderly individuals. In India as well, due to the demographic transition, rapid industrialisation and urbanisation, westernisation of Indian culture and disintegration of joint or extended family structures into nuclear ones, the susceptibility of the older population has increased. Ageing has brought with it several physical as well as mental problems. For example, older persons use general physician services slightly more than the young. However, in contrast, mental health services, though limited, are drastically under-utilized by the elderly.

Modernisation of family structure and economical stressors has threatened the security of the aged in society. More and more aged are on the threshold of becoming homeless without effective infrastructure in the community other than the family. There is great evidence of a raise in morbidity, mortality, hospitalisation and loss of functional status related to common mental disorders in the elderly patients.

The need of the hour is to integrate the services provided by institutions as well as community to improve the quality of life of the elderly population. More research is needed to develop acceptable models of care to meet the facilities for long-term care, and that includes institutionalisation. We still need to learn about efficient models of formal care systems in traditional societies like India and their cost effectivity, and then decide about informal care system with the same perspective, as cultural adaptation is essential for elderly to feel good and be healthy.

Dementia

Dementia is a chronic disorder that occurs in a person's mental process. It causes diseases or injury and you can tell if one because it is characterized by:

- Memory disorders
- Personality changes
- Impaired reasoning

For now, dementia is irreversible and affects 5 to 7 percent of adults who are over the age of 65 and this number goes higher up to 30 percent for those over the age of 85. Not like the other and gentler forms of mental decline that comes along with the normal aging process, this can lead to major impairments in one's functioning in the society. Those who have dementia may suffer from anxiety, depression and paranoia.

Anxiety Disorder

A whopping 6 percent in the population of older adults put up with anxiety disorder. Anxiety disorder is a collection of mental disorders. It characterizes both the feelings of fear and anxiety. The fear part of this disorder comes from the patient's reaction to contemporary events. Anxiety, on the other hand, refers to the worrying on what will happen in the years to come, and in other words, in the future.

Symptoms of this disorder include:

- Restlessness
- Fatigue
- Concentration problems
- Irritability
- Muscle tension
- Sleep disturbance

Believe it or not but the most ordinary anxiety diagnosis in seniors is generalized anxiety disorder. This makes the person experience trepidation, apprehension and tension for at least 6 months.

Elderly Suicide

Among all the age group, it is the older men and women who have the highest suicide rate in the country. This seems to be always typical for elderly Caucasian seniors who live alone.

Psychological Effects of Disaster

Disasters and mental health are related to a large extent; the effects of disasters might have a negative impact on the affected population. Along with the social and economic losses, the individuals and communities experience a mental instability which might precipitate Post Traumatic Stress Disorder (PTSD), Anxiety and Depression in the population. Generally, the disasters are measured by the cost of social and economic damage, but there is no comparison to the emotional sufferings a person undergoes post-disaster. Psychological distress is common in the victims, along with socio-economic distress. The psychological interventions have helped the victims to improve over time, but the most common mental disorders such as depression and anxiety are expected to increase as a result of negative impact on mental health. Disasters are mostly unpredictable, which leaves the victims in a state of shock. The victims tend to deny the loss and try to escape from reality. Being in a denial state makes the victims more vulnerable to stress, anxiety and other different maladaptive reactions. Home is a place which provides safety and security to the people. But, when the unavoidable situations induced by disaster, damage home, properties other valuable assets, it leads to a feeling of insecurity in the victims. Death of a loved one also leaves the victim in a state of insecurity because the sense of love, attachment and belongingness is deprived. There were various factors which lead to the psychological vulnerabilities of the sufferers such as the displacement of the family, death of a loved one, socio-economic loss, environmental loss, and lack of mental preparedness for disaster, disruption in the family bond, lack of social support and negative coping skills.

The psychological effects of the disaster are more drastic among children, women and dependent elderly population. After any sudden disaster or chronic disaster, they become the most vulnerable population. Thus, they have special needs, which needs to be taken care. Peek stated that there are various behavioural, psychological and emotional issues and instabilities observed in older children and adolescents after the disaster. The psychological impact on children due to disasters can be in the form of PTSD (post-traumatic stress disorder), Depression, Anxiety, Emotional Distress, and Sleep Disorders.

Effect of natural disasters on mental health

In this section, the impact on mental health post-natural disaster has been emphasised. Thus, the mental health consequences of natural disaster such as hurricane, floods and tsunami have been highlighted. This traumatic experience disrupts the fully-functioning life of the victims and brings loss for individuals, families and communities. Families experiencing natural disasters faced a loss of their identity by losing the work they have been engaged. Also, there is a lack of hope and a disturbance of their roles in the respective community post-disaster. The loss of resources, loss of daily routine, lack of control over one's own possessions and loss of social support was associated with elevated levels of acute psychological distress. These mental health outcomes developed various psychological symptoms such as severe stress after the traumatic experience, uncontrollable stress, and feelings of grief and sadness for a prolonged period of time, substance dependency, and adjustment problems which affects the proper functioning of the individual as well as the community resulting in family conflicts.

Various studies have explained the physical and psychological health effects of the flood . For instance, during and after flood situation people suffering from physical health effects like cold, cough, flu, sore throat, or throat infections and headaches, skin rashes, gastrointestinal illness, chest illness, high blood pressure, asthma which results in psychological stress .Anxiety while rainfall was the most common psychological impact after the flood. Other psychological health effects such as increased stress levels, disturbance in sleeping, dependency on alcohol and other drugs and depression have been observed. The survivors showed a wide range of symptoms related to anxiety, depression and PTSD. The displaced victims, however, reported the symptoms to a great extent as compared to the non-displaced victims. Unnecessary fear and adjustment problems were common. The feeling of hopelessness and a constant state of despair was also seen in the victims. There were a lot of mental health issues in the survivors from the Nordic countries. The most commonly reported problems were persistent grief, a state of shock and fear, maladjustment and dysfunctionality. Several victims were diagnosed with mental disorders comprising of the symptoms such as avoiding a specific situation with a fear of being rejected or humiliated; a state of constant sadness and uncertainties; failing to understand the causes and reasons behind the grief; fear of socializing and persistently avoiding social situations.

Stigma, Exclusion And Discrimination of the Elderly

The age can be a kind of a stigma that assigns people to the specific category, in this case the elderly people. That group is very often perceived in a stereotypical way as poor, sick, physically repulsive, socially useless, de-pendent on the community, low active people who have already lived their lives and now step aside into the margins . The elderly people are marginalized by so called majority of the society, but most of all they alone put themselves on the margin. They adapt to the so-called social expectations. The elderly people are excluded in many areas, economic, social, cultural, political and in awareness. According to Giddens: "social exclusion refers to the situation when individuals are deprived of full participation in the society. These are just a few examples resulting from the lack of awareness of what that group needs. The cultural offer is also not addressed to the elderly people. Typical repertoire of the cinema is addressed for the young audience, so is typical offer in the clothes shops. The contemporary world is the world for the young and fit, the elderly people live on the mar-gins in this world, they are "the people of a second sort", they are "not fully" the members of a society. Due to the stereotypes in the society, the elderly people stop feeling accepted, important, just the opposite, they feel discriminated, lonely and isolated. Worse treatment is notably visible in the areas of healthcare, job market and financial services .The factors causing crisis situations in the old age are loss of health, lowering of fitness and physical attractiveness level, loss of the loved ones, especially, spouse and peers, loss of social and economic status, loss of feeling useful and social prestige, approaching perspective of death .

Empty Nest Syndrome

The term of empty nest syndrome is used to define natural reaction of parents for leaving a family home by their children. It is accompanied by the feeling of sad-ness, depression and pain after a loss. The syndrome it-self is worsened by the fact that very often leaving the home by children is accompanied by retirement. Such person needs to adapt to new duties, find themselves some new things to do, they do not know what to do with a lot of free time. Such person may feel rejected and needless. It may also lead to a depression. Theories on aging are connected with the personality type and they assume that human personality in the process of aging changes causing worse social functioning.

Communication

In normal aging process, problems with communication are limited to sight and hearing impairment. It is enough that we speak a little louder to a person who has problems with hearing, or in case of the patient with problems with sight, this person will have properly chosen glasses. But when we deal with pathological aging diseases that accompany the patient must be

remembered. In case of deaf patients non-verbal communication of language of gestures must be used. If we work with a patient who has problems with memory, we must be patient, we cannot rush the patient in actions performed by them, we should patiently remind of what we asked or listen to stories from their past. It can be observed that some of old age people need assurance from a therapist that they are right. During treatment such patients can insist on increase of e.g. current dosage or prolongation of the time of procedure even though there are no medical indications. When working with such people a therapist must be patient but also unhesitating to make a patient understand that more forceful or longer treatment do not have to be more helpful. Among such patients some of them are prone to suggestions or placebo. It was noticed that in some cases it is enough to pretend that the treatment procedure was longer to make the patient satisfied. Despite not really changing anything a patient is sure that they feel the flowing current better or feel the warmth stronger. The elderly person – care in the family and in the institution. It happens in care-treatment institutions that patients try to enforce pity from the person they want to communicate with. They may say that nobody visits them, that they are lonely or that a family abandoned them. They are not always abandoned by the family. Such behavior may result from the need of conversation with someone and it is not always that they can count on company for conversation in such establishments. The other reason for such situation may be the past of the seniors. If an elderly comes from an overbearing, chaotic or oversensitive family it is possible that such a family does not want to stay in touch with them. Essential problem connected with care of an elderly family member are migrations and care transfer. Family structure has changed, there are no multigenerational families, additionally people live at a distance, often a few to a few thousand kilometers away. Care about the elderly person is passed on to institutions or people coming to work in Poland from Ukraine or Russia. It is a very difficult situation for the families as Polish people represent well-rooted conviction that it is a younger generation that should take care of an elderly family member. There are daughters that have to take on this responsibility. This common belief even dominated social politics, many mayors believe that institutional forms of care are unnecessary because the place of an elderly person is with their family, at home, it is a care imperative directed to the families of seniors. Contemporary generation of daughters who are expected to take care of the elderly parents was called the generation of sandwich. They are expected to take care of and support both, their elderly parents and growing children. Women often are not able to manage these duties, they are frustrated, they get depressed, start getting sick, they are accompanied by a syndrome of lonely caretaker. Research from 2013 proved that the elderly person at home shows a strong need of feeling of safety – fear from being physically hurt, fear from being humiliated in own eyes, association need, a need of helping others, autonomy and compensation.

Conclusion

Older adult group (aged 60–85 years) and young adult group (aged 18–30 years). After adjusting for marital status, sex, and employment status, the combined dependent variable of emotional,

social, and psychological well-being differed significantly between elderly group and young group. Older adults possessed a significantly higher adjusted mean emotional, social, and psychological well-being scores than young group. Although some previous studies found that the older adults are more vulnerable to immediate impact of natural disasters and suffer more from injuries and loss of life in disasters than do younger people and argued that the chronic health conditions, impaired cognitive abilities, and decreased sensory awareness that are correlated with age likely put older adults at a disadvantage in emergency situations, the results of the present study revealed that elderly survivors had higher levels of positive mental health compared to their younger counterparts. The findings from the current study supported some studies that found the elderly survivors were less vulnerable to psychological problems.

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