

Review Article

Call for Considering the Impact of Depression on the Elderly Population: A Commentary Paper

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Abstract

Depression is a global health issue. It is spoken about everywhere and can affect anyone at any age. In the past century, medical technology and preventative medicines have increased in availability and accessibility, resulting in an increase in global life expectancy. However, as a result of increased life expectancy, the number of elderly adults have also increased. Due to chronic conditions, decreased social support, increased physical dependency and other natural events that come with age, it has caused a great number of elderly individuals to be impacted by depression. Furthermore, changes in traditional family and social structures have made it harder for the elderly to be cared for at home by their children and has resulted in an increase of elderly individuals living in nursing homes. Due to the loss of independence associated with nursing homes, it has further increased the prevalence of depression amongst the elderly. Elderly depression is not normal and can greatly impact quality of life and result in poor health outcomes, thus it is imperative that nurses address this issue. The purpose of this paper is to explore the significance of depression to the elderly population and to community health nursing, as well as to explore potential solutions for elderly depression using a strengths-based approach. Furthermore, this paper discussed implications for nursing practice on elderly depression. Depression is a serious health concern to the elderly population that nurses must address using strength and asset-based perspectives.

Key Words: Depression, Elderly, Nurses, Strength and asset-based perspective, Social Support, Quality of Life (QOL), Community health nursing, advocacy,

Analysis of the Impact of Depression on the Elderly Population

Depression. It's talked about everywhere, at school, work, home and on social media. Depression has become increasingly spoken about globally. Approximately 280 million people worldwide suffer from depression (World Health Organization [WHO], 2021) Anyone can be diagnosed with depression, and can happen at any age, however, depression in the elderly population has increased due to

advancements in medical technology and increased availability of preventive medicine that have increased life expectancy (Tambag et al., 2019). As a result of increased life expectancy, the growth rate of adults has increased, and the number of individuals over 60 years will soon reach 2.1 billion (WHO, 2022). This has resulted in a need for interventions to prevent elderly depression in an increasingly aging population. Nurses play a pivotal role in preventing and treating

depression, as the nursing profession encompasses a holistic approach to care that addresses health needs on an individual level as well as a larger scale community level. The purpose of this paper is to explore the significance of depression to the elderly population and to community health nursing, as well as to explore solutions for elderly depression using strengths and asset-based perspectives. Furthermore, this paper will discuss implications for nursing practice on elderly depression. Depression is a serious health concern within the elderly population that nurses must address using strength and asset-based perspective.

Why is Depression a Health Issue?

Prior to discussing the health impacts of depression on the elderly population, the terms “depression” and “elderly” must be defined. According to the Registered Nurses’ Association of Ontario [RNAO] (2016) “Elderly” is defined as adults 65 years and older. Depression is best defined as “a spectrum of mood disorders characterized by a sustained disturbance in emotional, cognitive, behavioral, and/or somatic regulation that is associated with both significant functional impairment in daily living and often loss of one’s capacity for pleasure and enjoyment” (RNAO, 2016, p.31). Some signs and symptoms of depression include frequently feeling sad/anxious, decreased interest in activities they used to enjoy, trouble sleeping, decreased/increased appetite, suicidal thoughts and trouble concentrating (Center for Disease Control and Prevention [CDC], 2018). Depression can be chronic, persistent, or an emotional reaction to events that are common to the elderly such as the loss of a loved one, being diagnosed with an illness, loss of independence, or moving to a care facility (RNAO, 2016, p.31). Depression is a significant health issue for the elderly population as it increases mortality and morbidity and negatively affects quality of life (QOL) (Ilievová, 2016). Thus, action must be taken by nurses to help decrease the prevalence of depression amongst the elderly.

Significance to the Elderly Population

As stated above, depression has a significant impact on mortality and QOL of elderly individuals. QOL is defined by an individual's life and mental satisfaction, physical health, and overall level of happiness (Ilievová, 2016). Individuals with a good QOL live in good housing conditions, possess the ability to live independently and have an adequate social support systems of friends and family (Sun et al., 2016). Depression in the elderly is primarily caused by decreased social support from friends/family, loss of independence, and illness (Tambag et al., 2019). These factors are interrelated and influence each other contributing to decreased QOL and depression.

Decreased social support is an issue many elderly individuals experience and is a major cause of depression. As individuals age, they experience the loss of loved ones that were a source of emotional and social support to them. Furthermore, the prevalence of chronic illnesses is higher in the elderly population (Aktürk et al., 2018). Social support is helpful for dealing with difficulties and coping with stress, especially for people with limitations in their activities of daily living (ADL) due to illness and limited physical mobility (Sun et al., 2016). The elderly requires family/friends to contact to ask for help as they need it to fulfill their physical and emotional needs. The recent transformation of family systems and social structures in the past decades has made it increasingly harder for elders to receive support without losing independence (Bazrafshan et al., 2020). In the past, many cultures had their elderly parents live with their children and receive support from them, however, due to the changes in traditional family structures, urban growth, and the work environment, it has become increasingly difficult to care for the elderly at home (Tambag et al., 2019). This has resulted in an increase of nursing homes, and care for the elderly being relocated to these homes. Moreover, elderly individuals have a poor view of nursing homes, as they are more likely to become physically, psychologically, economically, and emotionally dependent.

Increased dependency reduces daily activities, self-esteem and contributes to increased depression in the elderly (Bazrafshan et al., 2020). When the social needs of the elderly are not met and are moved to care facilities that decrease their independence, it is significant to the health of elderly individuals as it results in a decreased QOL, increase in depression and overall poorer health outcomes.

Significance to Community Health Nursing

For community health nursing, depression is a significant health issue in the elderly population and creates a challenge for health promotion. Due to the increasing population of the elderly, this will result in an increased number of elderly individuals being affected by depression (Aktürk et al., 2018). This calls for community health nurses to develop interventions that prevent elderly depression from occurring, as well as to treat those already affected. To address this issue, nurses should consider the impact social determinants of health have on the elderly that put them at risk for depression. As a community health nurse, they have a professional obligation to consider the broad social determinants of health affecting this population (Community Health Nurses of Canada [CHNC], 2019). Determinants such as social support networks, social environments, health services, and personal health practices are major factors that contribute to depression (Ilievová, 2016). It is critical for community health nurses to identify and build upon strengths to connect the elderly with the resources and services to achieve and maintain a certain health status (CHNC, 2019). Identifying strengths empowers individuals to gain control over the actions that affect their health. Community health nurses must use their knowledge of health promotion to facilitate interagency and intergovernmental cooperation to promote and protect the health of the elderly (CHNC, 2019). It is critical that nurses are resourceful when developing community interventions and attentive when listening to the concerns of the elderly to prevent depression and promote health.

Strength-Based and Asset-Based Solutions for Elderly Population with Depression

Strength and asset-based health promotion presents an opportunity for community health nurses to reduce the prevalence of elderly depression by discovering strengths and empowering them to take control over their own health and the social determinants affecting them (Cassetti et al., 2020). Using a strength and asset-based approach requires nurses to first identify strengths of the individual through dialogue. By finding out what resources, access, skills, and knowledge individuals possess, nurses can develop their strengths further to promote health and facilitate healing. Social support and relationships have been recognized as a significant determinant of physical and emotional health in elderly adults (Gao et al., 2018). Therefore, it is crucial that nurses use strength and asset-based interventions that increase social support for the elderly. According to Czaja et al (2017), Information and communications technologies (ICTs) such as the internet and e-mail, have shown to increase social support and connectivity to friends/family (para. 5). In the study by Czaja et al (2017), they found that elderly individuals using computer software known as "PRISM" that included internet access, email, games, online help, online classrooms and a calendar, increased social support for elderly individuals, reduced social isolation, and decreased feelings of loneliness (para.7). By utilizing elderly individuals' strengths, nurses can work collaboratively to teach them how to use technology that provides them with the opportunity to create social connections that reduces depression. Furthermore, ICT's systems with dynamic features that engage users with new learning activities that enhance their skills have also been seen to improve the elderly's daily lives, and enhance cognition (Czaja et al., 2017). This is useful to combat age-related brain changes and health conditions that affect the brain that contribute to the development of depression (National Institute of Aging [NIA], 2020).

However, limited access to technology may prevent individuals from using such communication technologies.

Another strength and asset-based solution nurses can use to increase social support for elderly individuals is discovering hobbies that the elderly enjoy and finding a community of people to interact with who have the same hobby. Hobbies can be used as strengths, and nurses can help turn hobbies into strengths that help increase social support and empower individuals to take control of their health. For example, if an elderly individual enjoys painting, the nurse can find a group of painters in their community and help them connect to this community. This creates a place for the elderly individual to create new social connections and find similar like-minded people to talk to and become friends with. Having hobbies is a great way to enhance the elderly's cognition. Hobby participation is associated with a slower rate of motor function decline as hobbies help reinforce neural networks and musculoskeletal abilities needed to live independently (Tomioka et al., 2016). This allows the elderly to become more independent and therefore decreasing the risk of depression. Finding a community that shares hobbies and similar interests is important as having a sense of community has been linked to decreased stress, better mental health, and an increase in both social support and physical activity (Cross-Denny & Robinson, 2017).

Physical activity is also an area to use a strength and asset-based health promotion strategy to decrease elderly depression. As people age, physical and mental illness can limit individuals' mobility and energy, thus discouraging them from partaking in physical exercise. By using a strength-based approach, nurses can shift the conversation from "what's not working" to "what is working" to determine what strengths individuals possess (McGill University, 2020). By doing this, it allows the nurse to see what forms of physical activity the individual is capable of and allows them to help develop these strengths further. When people are confident in their ability to utilize their strengths, they are much more willing to face challenges and overcome them (McGill

University, 2020). Elderly individuals who are willing to face physical challenges to engage in beneficial physical activity have been seen to experience decreased depression symptoms and increased QOL (Aktürk et al., 2018). All these strength and asset-based solutions require the development of a therapeutic relationship that is focused on the patient's health needs and personal preferences to collaborate and educate to achieve health goals.

Implications for Nursing Practice

The effect of depression on the elderly population has several nursing practice implications on an individual, community and policy level (Smith et al, 2019). Nurses have a duty to provide safe, competent care to their patients, and to do so, it requires them to create change in all societal levels (CNO, 2019). They have an obligation to provide care and advocate for vulnerable populations. On an individual level, it is critical that nurses educate themselves on assessing individuals for risk factors of depression. The College of Nurses Ontario [CNO] (2002) outlines that nurses must be able to identify abnormal/unexpected client responses and take action appropriately (p.8). Elderly depression is drastically underestimated, under-recognized and undertreated due to depressive symptoms being often attributed to physical illness (Tanner, 2014). This results in a lack of appropriate treatment and diminished QOL. To combat the undertreatment of elderly depression, nurses must educate themselves on up-to-date best practice guidelines and new research on elderly depression. The CNO (2002) advises nurses to maintain and continually improve their competence and to enhance their practice through self-education (p.3). During client interactions, nurses must constantly screen for signs and symptoms of depression during assessments. These assessments must use a holistic approach that considers and addresses the impact the social determinants of health have on individuals and populations as advised by the CHNC Practice Guidelines (CHNC, 2019). By assessing signs, strengths, knowledge and resources, nurses can help elderly individuals with depression by creating interventions that are client-centered and goals

that are achievable (CNO, 2006). Professional growth through self-education is essential for nurses to apply strength and asset-based interventions to improve elderly depression, however on an individual level, this health issue cannot be solved, and requires assistance from a communal and policy level.

Individual efforts may not be enough to address depression amongst the elderly population. A health issue this massive and widespread requires action from a communal and policy level. On a communal level, nurses must advocate for better nursing education in the healthcare community, so future nurses are much more equipped with the skills and knowledge to address depression in the elderly population. The RNAO (2016), encourages nurses to advocate for policies enabling sufficient funding for and access to qualified faculty, adequate clinical placements, and collaborative relationships to support quality practice education for nursing students (p.10). By including much more effective practical mental health assessments, community promotion and advocacy skills in nursing school curriculums, nursing students will be able to continually advance in line with the increasing demands of a complex healthcare system as well as a growing elderly population (RNAO, 2016). Advocating for improved nursing education allows future nurses to build a better future where the prevalence and impact of depression on the elderly is significantly reduced due to excellent nursing interventions.

On a policy level, nurses must further advocate for healthy public policy that addresses the social determinants of health. The CHNC guidelines highlight the importance of advocating and engaging in political action and healthy public policy actions to facilitate healthy living (CHNC, 2019). Nurses play a massive part in the healthcare system which gives them an opportunity to use their presence to advocate for better funded services, resources, performance standards and policies that impact communities (CHNC, 2019). Nurses can work with governments and policy makers and advocate for decisions that optimize health in communities. Legislation and policies that better fund social services for elderly

individuals such as daycares, exercise programs, etc., that increase social support have the potential to decrease depression significantly.

Depression in the elderly population is a serious health concern for community health nursing, and healthcare in general. As time goes by, the number of elderly individuals will increase and so will the number of elderly individuals with depression causing the need for strength and asset-based interventions that decreases the risk for depression. Nurses must advocate on a communal and policy level to help fund social programs and nursing education, as well as advocate for legislation that addresses the social determinants of health impacting this population. Nurses must also self-educate on interventions and risk factors this population experiences as outlined by several nursing organizations. It is critical that nurses advocate, build strengths, and empower individuals to make lasting changes in this community.

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