Situational Depression in Seniors

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Abstract (Summary): In a sample neighbourhood such as Malvern with an elderly population that makes up 9% of its residence, health care and access to health becomes a vital concern for community leaders. This research report will attempt to investigate the relationship between situational depression and community planning. This study addresses the question whether funding and social program delivery is a predictor for becoming depressed in late life. We hypothesize to find that more government funding will result in more programs developed to assist the elderly, which impacts the health-related variables and social situational factors on the onset of depression in late life. Also accessibility and equity of social programming is a significant determinant of situational depression in seniors.

Keywords: Health, Seniors, Social Funding, Social Support, Situational Depression
Situational Depression in Seniors

Abstract

Background: In a sample neighborhood such as Malvern with an elderly population that makes up 9% of its residence, health care and access to health becomes a vital concern for community leaders. This research report will attempt to investigate the relationship between situational depression and community planning. This study addresses the question whether funding and social program delivery is a predictor for becoming depressed in late life. We hypothesize to find that more government funding will result in more programs developed to assist the elderly, which impacts the health-related variables and social situational factors on the onset of depression in late life. Also accessibility and equity of social programming is a significant determinant of situational depression in seniors.

Methods: Data on the causes of situational depression were analyzed using various methods of data collection. Interviews with health professional from Rouge Valley centenary Hospital, and from the Malvern Family Resource Center were conducted. Information that was narrated in two community events and seminars were also used in this report. Specific academic sources that were related to the research question were utilized in break down the significant components of the research.
Results: indications that both funding and program delivery were needed to improve senior’s health status. The impacts of the lack of social programming for the elderly were shown to have a negative effect on a community level.

Discussion: situational depression is considered to be the most common mental health problem among the elderly population in communities across Canada. A cooperative effort between health care promoters and policy makers is need to prevent situational depression highly prevalent in the elderly.

Introduction:
Situational depression is one of the leading causes of disability in elders, and represents significant costs to individuals, families and society as a whole. Situational depression, sometimes referred to as reactive depression indicates a depressive episode or incident which appears to be a response to recent psychosocial stress (CIHI, 2010). The elderly have a much higher incident rate of depression and also have a much higher incident rate of completed suicide. The distinction of situational depression is artificial because it could be the external stressors. So when someone says situational and that person is dealing with a situation of being under housed, living in poverty, dealing with chronic stress, even malnourished or any other medical problems. Situational depression defers from other types of depression, as its name implies, it is caused by life's situations, or tragic events. Some of the leading causes of it are loss of a spouse, the physical inability, and emotional inability to cope with stress or illness. Their depression is reality and it’s appropriate and they have it because there is
something that happened that brought along that depression. When they learn to cope with their loss, then the depression is cease. No one sex is affected more by situational depression, nor any sexual orientation, or ethnic origin. Situational Depression leads to clinical depression which then leads to suicidal depression which brings a decline in the enrichment part of life (Muramatsu, 2010).

The sample region used in this research was Malvern. It was name of the thirteen priority neighbourhoods in Toronto in 2008. Similar to the other priority neighbourhoods, Malvern saw an increase in its senior population. With 9% of the total population over the age of 65, community leaders and health promoters are investing time, money, and energy in the increase elderly population (City of Toronto, 2006).

**Methods:**

We conducted multi-level analysis using personal interviews with social workers, social program providers, and psychiatrist to provide a holistic breakdown of what situational depression, how it affects seniors, and ways to deal with it. We interviewed a social worker by the name of Pauline Cooper, who is currently assigned at centenary hospital. Pauline was helpful in clarify how situational depression defers from other forms of depression. She explained the various factors that cause situational depression and how it mostly effects the elderly population. She also illustrated some the obstacles in the health care system that results in uneven distribution of health care resources, and why immigrant and low income seniors are the most vulnerable demographic to experience these inequalities. We also
interviewed Tanya Walsh, who is also a social worker with the hospital, who provided insight on specific barriers in providing social assistance to seniors more specific to the Malvern community. Dave Sora, the program director at the Malvern Family Resource Center elaborated on the various programs that are currently available to the seniors residing in Malvern, and he also went into detail with the programs that he wanted to introduce in the upcoming future, geared towards making the elderly residence more active and make them a vibrant part of the community. We also attended two seminars focused on elderly health and community planning. One took place at Malvern Family Resource Center, and the other at the hospital, both outlining different ways to improve seniors' health levels. Finally we examined two literature documents that detailed mainly focused on the social determinants of health, and ways in which social intervention would have a positive impact on population health. First, *Functional declines, social support, and mental health in the elderly*, authors Naoko Muramatsu and Donald Hedeker outline how elderly mental health is influenced by community based services and makes a significant difference if absent. Secondly, *Social Determinants of Health: The Canadian Facts*, authored by Juha Mikkonen and Dennis Raphael explain the social causes that impact health, and mention seniors health outcomes based on their social settings.

**Results:**

Funding: Providing monetary funding is the most critical aspect of improving and assisting seniors who suffer from situational depression. More and more Canadian are aging, and paying for their health care is a growing concern, and the current government is finding it
hard to accommodate these seniors. Supporting and organizing funding for seniors initiatives is an area policy makers have ignored to address, and failed to devote time and energy towards it. Accessing government grants for senior social programs are hard to find, and the ones that are available are not sufficient for the community services that plan to introduce social programs for seniors (Pauline, 2010). Dave pointed out that grants for elderly health initiatives are hard to come by and creates massive competition, which also creates distrust in community program providers, who are all fighting to receive those grants (Dave, 2010). During the Harrison government, money that was allocated for the health care sector was missed used or never saw its way to the front line patient service sector, which restricted health care provider to better serve the populations (Pauline, 2010).

**Access:**

According to the Canada Health Act of 1984, access to necessary health services is a right of every Canadian. However, researchers have mainly described access as generally been illustrated to mean the inability of an individual to achieve standard health care due to financial instability. In recent years there has been a growing awareness of the consequences of language barriers in the health care system, service utilization and delivery, has encouraged research studies conducted to the effects of language barriers. Pauline Cooper stated “it is generally agreed that the best communication is achieved where health care providers and patients speak the same language” (Pauline, 2010). Research states that access to health care and the efficiency of health care providers are influenced by language barriers. There is compelling evidence that there is a difference in accessing health care based on the level of
language comprehension of the patient. Patients that are not fluent in an official language
have a hard time going to the diagnosing and treatment phase, while providers fail to meet
ethical standards in providing standard health care to elderly patients that are not well versed.
In some cases, language barriers have resulted in failure to protect patient confidentiality, or
to obtain informed consent (Bowen, 2000).

Dave Sora speaks about the “Ten Year Ban”, which explains the ten year gap between the
ages of 55 to 65, which could establish barriers for accessing social benefits for seniors who
haven’t yet reached the age of 65. Socially a senior is defined as someone who is 55 and over,
because that’s when they receive certain discounts, however the government defined a senior
as someone who is 65 or older and individuals under that age are not entitled to health care
benefits (Dave, 2010).

Dr. Steve Fisherman spoke about access to the mental department at the hospital, and the
problems with accessing the psychiatry department. Even though it is open to the public, and
accessible to the community, to get across they need a referral from their family doctor, one
of the emergency department or the walk in clinics. This service is covered by OHIP, but the
decision to get checked is based on a referral system, and once referred, the specialist decides
the individual required to be hospitalized (Fisherman, 2010). Mobility of the individual also
needs to be addressed when the topic of access in being studies. Mobility is a major concern
for elderly individuals in the Malvern community. Getting from one place to the next is not an
easy task to accomplish in aged individuals. Toronto’s public transit system is not one of the
most accessible transportation systems that elders could rely on. Normal visit to the hospital or walk-in clinics is an impossible mission for seniors, especially during winter time, and the lack of mobile nurses adds on to the crisis (Dave, 2010).

**Discussion:**

Based on the finding for our research project, policy makers need to reform the funding agenda, to better accommodate seniors in improving their mental health status. The federal government should allocate sufficient funds to the provinces/territories to provide acceptable health and social service to the elderly population, and equally delivery these services across the country. The funding should grow at the same rate as the country's gross national product (GNP). Policy makers on three levels of governance should introduce new cost-shared programs to initiate projects in specific areas of need such as the elderly population, community mental health and health promotion. A National elderly Health Council should be inaugurated which would be responsible for strategic research and development of standards for quality assurance programs for health professionals and institutions that target the overall seniors health status. Steps needs to be taken to reeducate the community, its leaders, and health care providers about situational depression, how it effects seniors, and on better and improved ways to implement social programming that prevents situational depression in seniors. Overall, Canada needs to rectify its current strategy for health care. This new approach would include clear goals for health status and a multi-sectoral approach. All three sectors of government should take the responsibility for creating an adequate environment
which is conducive to the achievement of the established goals for elevating elderly mental health status (Dave, 2010).

One of main factors that results in unequal access to health care amongst seniors is language barriers. The slow response of health system in answering the needs of clients for a specific language is an indicator that provides more evidence of a weak health care system, which needs to be improved. Increased attention is needed to advance the social responsiveness of health services, and the cultural competence of providers. In many cases minority communities and newcomers are viewed as the ones who have problems communicating, rather than indicating that the system is the one that is causing these barriers. The health care system needs to train its services providers in working with individuals from various cultural backgrounds, and to be culturally sensitive towards patients. Policy makers need to invest more time and funding into building more multilingual resources that affect the health promotion, health services in every community throughout Canada. The federal government needs to establish a national health interpreter training, interpreter accreditation and standards of service provision (Bowen, 2000).

When looking at mobility issues, health care providers need to provide seniors with a transportation system that fits their lifestyle. Dave speaks about the Malvern Family Resource Center owing a bus, which would be used to pick up and drop off seniors who take part in the activities available at the MFRC. Pauline Cooper points out that there is a shortage of mobile
nurses that are assigned to visit senior homes and elderly residence in Malvern, which needs to be addressed by the health care service providers (Dave, 2010).

**Conclusion**

The elderly population across Canada is vulnerable to becoming victims of situational depression. Life changing events or a chronic stress build-up could result in seniors becoming depressed and detached from the rest of the society. Malvern is no exception to the rule. With an elderly population that makes up 9% of the Malvern population, community health care providers do not have the luxury to ignore them, or short hand them from social programming, required from them to recovery or prevent situational depression. Funding and grants need to be allocated for Malvern to achieve its goals, which the government failed to provide yet. Language barriers need to be met, and there needs to be an improvement in making seniors mobile, and bring them out of their homes and into the workshops. This research project is intended to serve as a starting point for further research amongst health care providers, policy makers, language access programs, researchers, and program developers, in hopes to achieve a higher standard of seniors health care, and overall exceed the current health care system.
Reference List


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