

# Mental Health Issues among Older People: A Case of the Ghanaian Elderly

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## Abstract

Mental health is one aspect of health care in Ghana that is generally (often) neglected, and this is even worse, especially in the case of elder health care. Research-based information on elder mental health care in Ghana also remains insufficient. In this paper, literature is systematically reviewed on the causes of mental health illnesses in the elderly, some major mental health disorders among the elderly, and how to assist older people in maintaining optimum mental health in Ghana. *Loss of a significant other, marriage and family problems, poverty and financial difficulties, health problems, and elder abuse* were found to be some of the major causes of mental health illnesses among the Ghanaian elderly and in contrast, *depression, anxiety, psychosis, dementia, and memory loss* emerged as some major mental health issues. This paper also found *counselling, social support, physical activities, marriage, and proper medication* as effective ways of assisting older people to maintain optimal mental health status. The paper finally

summarizes the findings and provides recommendations on the way forward as far as elderly mental health issues are concerned.

**Keywords:** *Ageing, mental healthcare, Ghanaian elderly, psychological problems, mental health issues.*

## Introduction

Demographic ageing has become a global concern in recent years. United Nation's 2015 report indicates that Ghana is among the fastest ageing countries in sub-Saharan Africa, as 7% of the country's population was aged 60 years and above as of 2015 (United Nations, 2015). The projection made by the United Nations into Ghana's population by 2050 also shows a significant increase in the older population by 6.3%. Adding to the above, low- and middle-income countries (LMICs), which account for more than 80% of global GDP, are likely to experience rapid demographic ageing because of the combined effects

of decreased fertility and rising life expectancy.

By 2050, there will be a significant increase in the number of elderly people living in low- and middle-income countries (Angel, Vega, & López-Ortega, 2017). The ageing of the population is both a success story and a public health issue. According to extensive studies, the number of elderly persons aged 60 and up will expand at a faster rate in developing nations than anywhere else on the planet. Ageing is viewed as a global concern that will have a significant influence on developing countries; thus, investing in general health (including mental health) early in life will ensure that a large proportion of people reach old age in excellent health conditions (Ayernor, 2012).

The world is in constant evolution and statistics have shown that people are expected to live longer as time progresses. This is presumed to be good news, however, the preparedness of developing countries to address the needs or challenges of the elderly remains significantly low, coupled with ever-changing African family structure (from extended to nuclear), absolute and relative poverty, and unavailability of effective social support schemes for older persons, weak health systems and disease burdens such as HIV/AIDS (MacCracken & Phillips, 2017). These and other relevant factors make up critical issues facing especially the Ghanaian elderly that demand immediate attention.

Ghana is trying to put measures in place to improve its citizens' health and well-being. There is, however, a lot more to

do, especially in terms of improving the lives of the elderly. Access to quality healthcare and addressing all the health needs of the elderly are some of the major health challenges in a developing nation like Ghana. In fact, access to mental health services among the elderly in Ghana is one of the health aspects that receive very little or no attention. Westberg et al. (2022), described mental health problems (issues) as mental health problems were defined as commonly experienced problems of depression or anxiety, as well as behavioural and emotional problems. Depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviours are examples of mental health issues. As data on elder mental healthcare remains insufficient in Ghana, it is difficult to measure the significance of older people's mental health needs quantitatively (Read & Doku, 2012). However, there has been some recent development in mental health research. Nowadays, the emergence of mental health Non-Governmental Organizations (NGOs), the drafting of a new mental health bill, enhanced training for psychiatrists and psychiatric nurses, proposed measures for training new candidates of primary healthcare specialists in mental health, and increased media attention, have all contributed to a new inspiration for mental health in Ghana. In addition, the number of research initiatives and publications on mental health from a variety of fields, such as psychology, sociology, social work, and anthropology, has increased (Read and Doku, 2012).

The objective of this paper is to review literature on the causes of mental health

problems among older people in Ghana, some major mental health conditions affecting the elderly, and how they can be assisted in maintaining good mental health in old age.

Several studies have defined the term 'older people/person' to suit the purpose of their research. However, this paper describes an older person by the United Nations chronological age definition of old age as 'someone who is 60 years and above' (Kowal & Dowd, 2001; Agyemang, 2014). In other words, this review looks at relevant literature on the mental health challenges and or well-being among older people in Ghana by assessing some of the major factors accounting for the mental health problems; common mental health conditions, and how to curb or prevent older people from experiencing mild to extreme mental health problems in Ghana.

### **Major Causes of Mental Health Problems in the Elderly in Ghana**

Quarshie et al. (2021) reported several causes of mental health issues among the Ghanaian elderly. For instance, marriage and family problems, poverty and financial challenges, health complications, bereavement, and elder abuse were all identified as key causes of mental health problems among the elderly in the study (Quarshie et al., 2021; Storey, 2020).

#### **Marriage and family problems**

Marriage and family-related problems are reported to have contributed to mental health problems among older people in Ghana. These problems often emanate

from divorce threats by spouses, issues of childlessness, suspected spousal infidelity, and denial of sex by one spouse (often the wife) (Quarshie et al., 2021). Read and Doku (2012) added that marriage and family problems pose mental health issues to the older person especially when there is consistent spousal conflict or abuse. In addition, the loss of a close family member (such as a child or spouse) causes mental health issues among older persons in Ghana. For example, Gyasi et al. (2019) and Agyemang and Tei- Muno (2022) observed that widowhood and bereavement, which are common in later life, often result in loneliness and living alone, thereby exacerbating mental health issues among older adults. Consequently, the cultural influences and stigma associated with such situations may socially isolate older people, putting them at risk for substantial psychological suffering.

In Africa, Cau et al. (2016) found that when compared to their counterparts who had not experienced a loss, older persons who were alone, widowed, or had lost a significant other reported poor mental health. Quarshie et al. (2021) research also revealed that two older persons in Ghana were reported dead by suicide (evidence of mental instability) following the loss of a significant other.

#### **Poverty and financial difficulties**

Moreover, general poverty and financial difficulties have been revealed by the literature reviewed, to have contributed to poor mental health among older people in Ghana, Africa, and the world at large.

Among the factors that account for the poor mental health conditions of the elderly living in rural and urban parts of Ghana, Quarshie et al. (2021) mentioned financial difficulties in old age. Similarly, Evandrou et al. (2014) conducted research in China which presented strong empirical evidence that older people in China who fall within the lower individual level economic status were more likely to report poorer health status (including poor mental conditions). Older people who are financially stable and economically independent could afford quality mental and general healthcare which would ultimately reduce the risk of poor health in old age (Feng et al., 2013). Correspondingly, older people who have very little financial resources are at greater risk of poor mental state or psychiatric disorder (Litwin, 2011).

### **Health complications**

As ageing comes with the natural deterioration of biological make up through the process of senescence, several health problems arise. Literature on biological theories of ageing clearly shows that the human body gradually loses its ability to fight diseases, which is a factor accounting for elderly people's vulnerability to old-age-related sicknesses. This is the reason why in their study, Blanchet, Fink, and Osei-Akoto (2012) mentioned that chronic age-related diseases such as stroke, tuberculosis, and visual loss contribute to the poor mental health of Ghanaian elderly. Quarshie et al. (2021) also added that such diseases are precipitants of some of the suicide deaths among older people in Ghana. In fact, studies have made it

clear that suicidal thoughts are one of the major psychological or mental health issues associated with people who have been unsuccessful or living in unbearable circumstances in which older people are no exception. For example, older persons who have some serious physical illnesses are vulnerable to attempting suicide and at risk of death by suicide (O'Neill et al. 2018; Waern et al. 2003).

### **Elder abuse and neglect**

Finally, it has been revealed that elder abuse accounts for the poor mental health of older persons globally (Storey, 2020). Elder abuse can cause psychological pain, financial drain, and bodily harm, including death; in fact, elder abuse victims have a three-fold higher mortality rate than non-victims (Dong, 2005). As cited in the World Health Organization and the International Network for the Prevention of Elder Abuse (2002), Action on Elder Abuse (1995) defined elder abuse and neglect as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person" (p.3).

Abuse can occur in various forms: physical, psychological/emotional, sexual, financial/material abuse, and/or intentional or unintentional neglect. As further indicated by Kropp and Hart (2015), at least two new cases of elder abuse or neglect are reported every day in New Zealand. The case is no different in Ghana where the elderly who are abused face psychological impacts. Older people are at risk of abuse because ageing

circumstances have made them vulnerable and some of them also have some chronic diseases that have further weakened them. However, many older people are either unwilling or unable to report abuse because they are afraid of reprisal, which could jeopardize their care while in the hospital or private homes (WHO, 2018). The abuse or neglect may take several forms and include psychological, physical, emotional, and sexual abuse. The types of abusers may also include family members of the elderly, informal and formal caregivers, and friends (Yon et al., 2019).

In Ghana, elder abuse and neglect are prevalent, however, only a few cases can be measured especially from private nursing facilities. For example, as shown in a study by Arthur-Mensah, Amah, and Kyei (2020), the prevalence of self-reported abuse revealed that 3/30 (10%) and 23/80 (28.8%) of people in private and public facilities, respectively, were abused. Relatives were the most common abusers of the elderly, accounting for 19/26 (25.8%), nurses for 4/26 (9.2%), and children for 3/23 (3.8 percent). The experience of elder abuse was directly associated with the nursing facility.

### **Major Mental Health Issues Facing Older People in Ghana**

Substantial empirical evidence has thrown more light on the major mental health issues that affect older people globally. It is estimated that in Ghana, 13% of the adult population is affected by mental health illnesses of various types (Oppong, Kretchy, Imbeah, & Afrane, 2016). Then, a

review of the study conducted by Dong, Simon, Beck, and Evans (2014) emphasizes several cognitive or mental health illnesses (i.e., dementia, disorientation, reduced or loss of memory, reduced perceptual speed, Alzheimer's disease, anxiety, and psychosis) that have been linked to increased vulnerability of older persons (Read & Doku, 2012; Lloyd-Sherlock et al., 2019).

### **Depression**

Studies have revealed that depression dominates all mental health problems affecting older people. In Ghana, a greater number of older people experience depression but only a few individuals have access to treatment (Lloyd-Sherlock et al., 2019). Comparatively, Read and Doku (2012) noted that depression is a more common mental illness among Akan rural women, than men. It is a kind of mental health problem characterized by persistent sadness and loss of interest or pleasure in previously rewarding or enjoyable activities (WHO, 2018). Depression in older adults can be influenced by physiological changes associated with aging and various social factors. Notably, experiences such as abuse, and the loss of a significant other can significantly contribute to the onset of depression in this demographic (Alexopoulos, 2005; Remes, Mendes, & Templeton, 2021).

Moreover, dementia including Alzheimer's disease is found to be mental health issues associated with older people. Dementia is a condition characterized by a decline in cognitive functions such as

thinking, memory, and reasoning, to the extent that it disrupts daily activities and routines (Fleming, Adams, & Petersen, 1995; Knopman, Boeve, & Petersen, 2003). Dementia patients are unable to manage their emotions, and their personalities may shift. Alzheimer's disease is one type of dementia that affects memory capabilities in older persons (Maki and Hattori, 2019).

In Ghana, many older adults live with dementia although there is limited empirical data regarding the prevalence and severity of the condition (Duodu, 2024). However, as cited in Spittel et al. (2019), studies conducted in various West African countries such as Benin (Guerchet et al., 2009; Paraiso et al., 2011) and Nigeria (Uwakwe et al., 2009; Gureje, Ogunniyi, Kola, & Abiona, 2011) have reported varying prevalence rates of dementia among older people aged 65 and older, ranging from 2.6% to 8.9%. According to George-Carey et al. (2012), demographic trends suggest a significant future increase in dementia cases among Ghana's population. Older adults with dementia often exhibit a range of challenges, including difficulty with speech, trouble handling objects, impaired judgment, and repetitive questioning, among other cognitive and behavioural issues (Tetsuka, 2021).

### **Memory loss (forgetfulness)**

Memory loss is said to be a mental health issue associated with old age. As we age, the various organs of the entire human body experience some biological changes which often result in the decline in

effective functions of such organs and the brain is no exception. A study conducted on "Forgetfulness and older adults: concept analysis" by Ballard (2010) shows a relationship between old age and memory loss.

### **Psychosis**

There is empirical evidence that psychosis is one of the many mental health illnesses among older people in Ghana. For instance, the Kintampo Health Research Centre has funded research into psychosis risk factors, mental problems in the elderly, and psychosis epidemiology. The research found that some older people in Ghana have the mental health condition known as psychosis. Psychosis is a severe mental disorder that impairs thoughts and emotions leading to loss of contact with external reality (Read & Doku, 2012). Psychosis as a mental illness has greater negative effects on its victims and among older people. Karim and Burns (2003) argue that features of psychosis can manifest in the form of dementia and affective illness like depression.

### **Anxiety**

Finally, anxiety cannot be excluded from mental health issues facing Ghanaian older persons. Anxiety is not just about feeling worried but also being nervous and living in a state of uncertainty. Anxiety disorders in older adults can be triggered by a combination of internal and external stressors, as well as age-related changes such as declining health, memory issues, and significant losses (Shri, 2010; Blay & Marinho, 2012). Common ageing worries

can cause anxiety. For instance, many older adults fear collapsing, not being able to afford living expenses and medication, being victimized, becoming dependent on others, being alone, and dying. Anxiety can manifest as poor sleep, excessive concern with safety, loss of interest and pleasure, depression, insomnia, behavioural changes, and cardiovascular issues in the elderly (Dozeman et al., 2007). Bindt et al. (2012) also added that depression and anxiety often occur together, so whenever older people become very anxious about something, depression is also present.

### **Maintaining Optimum Mental Health in the Elderly in Ghana**

Studies established more consistent evidence that physical activities, social support, medication, and counselling are some major ways to help the elderly to achieve optimal mental health in old age.

#### **Social support**

Beginning with social support, studies indicate that it helps older adults to function well, improves their well-being, and reduces mortality among them. For example, Cohen (2004) theorises that social support can have indirect effects on health habits by enhancing mental health and reducing stress among the elderly. Gyasi (2019) found in his study that social support was inversely related to psychological discomfort in the elderly. In effect, the presence of family and friends to provide informal social support in the form of care, communication, emotional bond, remittances, and comfort to the elderly is more likely to improve the

mental health of the older person, thereby preventing loneliness and exclusion (Gyasi, Phillips, & Abass, 2019).

Again, when older people are regularly engaged in physical activities, it helps them maintain optimal mental health. In his study, Gyasi (2019) revealed that older people with good mental health have been engaging in some physical activities. These activities can include walking for 30 minutes each day, dancing, sporting or even helping with housework. Among the elderly who live in rural Ghana, they engage in gardening, cooking, and raising grandchildren as their daily physical activities (Gyasi 2019; Cohen, 2004) which helps them stay active and have improved mental health (Bindt et al., 2012).

#### **Affordable healthcare**

Moreover, while ensuring that older people in Ghana enjoy optimal mental health in old age, there comes the need to provide them with access to quality and affordable healthcare (Oppong, Kretchy, Imbeah, & Afrane, 2016). As mentioned earlier, mental health issues among older adults receive very little attention and it is one reason accounting for increasing mental health disorders in the elderly. Quarshie et al. (2021) even stated that among the elderly who attempt suicide in Ghana are those who receive no form of mental health services or medications.

#### **Marriage**

Marriage is another way through which most elderly can enjoy optimal mental health. For instance, Gyasi, Phillips, and

Abass (2019) indicate that older people who are sexually active and remarry after the death of a spouse are less likely to suffer from mental health illnesses. Marriage provides companionship and serves as a source of comfort for the elderly and by this, they can avoid mental illnesses resulting from loneliness, isolation, and insecurity (Litwin, 2011).

### **Counselling**

Finally, counselling older people is one way of helping them maintain good mental health in old age. A study has shown that older people who get professional counselling services following a trauma, loss of a significant other, or divorce are less likely to suffer from depression, dementia, and other mental-related illnesses (Arian et al., 2002). For instance, a review by Hill and Brett (2005) concluded that counselling is efficacious with older people, especially in the treatment and prevention of mental health issues. In Ghana, counselling older adults will help mitigate the awful effects of ageing and unforeseen circumstances on their mental health.

### **Conclusion**

There are numerous factors that can cause mental illnesses among older people in Ghana and the major ones include loss, family problems, financial difficulties, health problems, and elder abuse. The literature review on mental health

issues among older people in Ghana has reemphasized some of the pertinent issues in elder care and the level of responses to older people's mental health needs in the Ghanaian context. Mental health problems among the elderly are important issues that call for the government's attention and intervention because mental illnesses such as depression, memory loss, dementia, and psychosis in the elderly cannot be underestimated. The paper also discussed some significant mental health disorders among older people where depression, anxiety, psychosis, dementia, and memory loss were emphasized. Having identified these mental health illnesses and their causes, there is a need to help older people maintain good mental health status. As a result, counselling, social support, physical activities, marriage, and proper medication were rediscovered through literature as effective ways of assisting older people to maintain optimal mental health status. With reference to the literature reviewed, there is a need for the implementation of a National Ageing Policy to provide direction to the needs and care for older people required to improve their overall well-being. This policy should consider the provision of geriatric and social support, as well as the implementation of an effective monitoring system that regularises services rendered to older people, especially in private nursing homes and care centres to address their mental healthcare needs.

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