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Global mental health for older adults

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In times of trouble, older people and children are the most vulnerable age-groups in society. Writing from Europe, the wars going on in the East and the disruption of the lives of so many who are forced to seek refuge is the first compelling example that comes to mind. We can only barely grasp what the effects will be on the mental health of the millions of people involved and have yet to think up an effective way to help. Older people carry the wisdom, but also the burden of our recent history and their mental health reflects a lifelong interaction between personal and environmental developments. This is both intriguing and frustrating, as a full understanding of lifespan mental health requires more than science is at present able to digest. To better this situation, it is necessary to acquire good data about the mental health among older people from places across the globe. The American Journal of Geriatric Psychiatry has a strong interest in global mental health and the current issue contains four articles arising from Japan (Oyama et al), Lebanon (Karam et al), Ireland (Lutomski et al) and the Netherlands (Meesters et al).

Suicide is one of the most devastating effects of mental illness and efforts to prevent suicide are going on across the world. Suicide is especially prominent among older adults and often associated with depression. The Oyama paper reports on a large and sustained universal prevention program in Japan, aiming to reduce suicide by improving the public awareness and knowledge about depression, coupled with systematic screening and efforts to improve access to treatment among older people. Given the fact that less than 25% of Japanese elderly with depression seek treatment, this strategy would seem to be wise. There are many reasons why universal prevention is difficult to study (Cuijpers et al 2008) and often the effects are short lived. In their study, Oyama et al test whether the effects of their intervention last over 6 years. The results of the study are remarkable and encouraging for all of us invested in reducing the rates of suicide among older people. As in any good study, the paper raises as many questions as it answers, the most important of which may be concerning the mechanism of action of the intervention.

Moving from Japan to Lebanon, Karam et al report the first large community based study concerning the prevalence and correlates of mental illness among elderly in the Middle East. Using standardized instruments within the World Mental Health surveys framework, the study yields data that can be compared to those from other countries and cultures. As the study was part of a larger survey, involving adults of all ages, the authors were also able to compare the prevalence of mental disorder in Lebanon across age. The results are similar to what has been found elsewhere in that the prevalence of full blown common mental disorders attenuates across the lifespan. Given the large scale exposure to war, the high levels of Post Traumatic Stress and the strong correlations of mental disorder with war-experiences is understandable. As in Japan, it is striking that only a small minority of those with mental illness seeks

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