Mental Health/Psychiatric Issues in Elder Abuse and Neglect

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KEYWORDS

• Dementia • Abuse • Mental health • Neglect

KEY POINTS

- Elder abuse and neglect more frequently occur in people with dementia, particularly those with significant neuropsychiatric symptoms, compared with the older general population.
- People who screen positive for elder abuse are more likely to report depression, anxiety, and harmful use of alcohol.
- Those who are most dependent on others for care, especially when challenging behaviors cause the delivery of this care to be difficult and stressful, are particularly vulnerable.
- People who provide care to others are more likely to act abusively if they are depressed, experience anxiety, or have alcohol use disorders.
- Mental health services are often involved in the management of abuse, through assessing the capacity of people to decide whether to leave or report abuse, counseling them on how to handle abusive situations, and managing the psychological effects of abuse.
- Interventions to increase detection are urgently needed; potential barriers to reporting that should be considered when designing these interventions are reviewed.

PSYCHIATRIC RISK FACTORS FOR ABUSE

Dementia

People with dementia are particularly vulnerable to abuse because of impairments in memory, communication abilities, and judgment that make it difficult for them to avoid, prevent, or report the abuse. Many are reluctant to report abuse perpetrated by those on whom they depend.

Ninety percent of patients with dementia develop neuropsychiatric symptoms, including psychosis, overactivity, aggression, depression, and anxiety.[1] People who have neuropsychiatric symptoms are likely to be at increased risk of abuse. These symptoms and resultant challenging behaviors, including agitation, can cause frustration for carers. Some carers, especially those working long hours or who have

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psychiatric symptoms themselves (as discussed later), may react abusively. Abuse seems to be particularly prevalent in 24-hour care facilities, perhaps because of the high level of cognitive and neuropsychiatric morbidity among older people living in care homes (most of whom have dementia), together with the nature of the relationships between people with dementia and professional care workers compared with family carers. Although family relationships may be difficult and challenging, a family member acting as caregiver usually has a knowledge and understanding of the patient that predates the dementia. By contrast, the professional carer may only have known the person since they developed dementia, and thus may have less understanding of the person behind the illness. This unfamiliarity can contribute to a decrease in empathy and respect for that person's humanity, thus removing social and emotional barriers to abusive behavior.

Prevalence estimates are influenced, and possibly underestimated, by the fact that many people with dementia are unable, frightened, or embarrassed to report abuse. A wide range of prevalence figures are reported in the literature, possibly because of the different populations studied and the methods used to measure abuse.[2] No research study, to the author's knowledge, has asked older people with dementia to self-report abuse. Thus, although health care professionals who suspect or have evidence of abuse will ask people with dementia whether they feel safe, have fears, or recall abuse, and many people with dementia can give at least a partial account of their experiences, the number of people with dementia who would report abuse if asked is unknown. In this section we review the evidence that there is an association between abuse and neglect and dementia in studies interviewing family carers, professional carers and finally in studies that have used objective measures of abuse.

Family carers reporting abuse

A survey was conducted of family carers of people with dementia referred to older people's mental health team services in London (United Kingdom) and the surrounding area. Based on the Modified Conflict Tactics Scale, nearly half of the carers reported any abusive acts within the past 3 months and a third reported that abusive acts were happening "at least sometimes."[3] Using the severe violence subscale of the Conflict Tactics Scale, a previous study found that 5% of carers reported physical abuse in the year since diagnosis.[4] In other studies involving carers of people with dementia, 37% to 55% reported any abuse.[5–8] The act of abuse does not imply intent, and in many cases the carers may not have viewed their own actions in this light.

Evidence from these studies showed that people with dementia and neuropsychiatric symptoms were most likely to experience abuse from carers. In the CARD (Carers and Relatives of People with Dementia) study, carer abusive behavior was associated with neuropsychiatric symptoms in the person with dementia, and in particular with aggression toward the carer, but not with severity of dementia.[9] Cooney and colleagues[6] interviewed 82 Irish family carers of people with dementia and found significant associations between carer-reported verbal abuse and behavioral problems in the person with dementia. It is noteworthy that carers will admit to actions such as hitting, yelling, and rough handling of a loved one. Clinicians should therefore not shrink from asking about abusive behaviors in a direct and empathetic manner.

Professional carers reporting abuse

Professionals working with people with dementia have also reported high rates of abusive behavior. In one study that used a valid and reliable measure to examine elder abuse by professionals, 16% of a random sample of nurses and care attendants who