

# Mental health of elderly Asians in the UK

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**Elderly Asians constitute a small proportion of the population compared to elderly Caucasians, but this is growing rapidly. They share many of the disadvantages of the white elderly, as well as being non-white and alien. Many elderly Asians have now accepted that they will stay in the UK for good, which may contribute to increased stability in their mental health.**

**E**lderly people over the age of 65 years constitute nearly 16% of the population in England and Wales according to estimates from the last census (Office of Population Censuses and Surveys (OPCS), 1991). The proportion of ethnic minority older people in the population compared with elderly whites is small but growing, and it was estimated that between 1981 and 1991, those over the age of 65 years from ethnic minority groups increased 168.6% from 61 200 in 1981 to 164 306 in 1991 (Owen, 1993).

### STRUCTURE OF THE ASIAN POPULATION

The structure of the Asian population differs considerably from the white population, in that there is a large proportion of children and a smaller older population. Males outnumber females, unlike the white population (OPCS, 1991). A similar pattern was found in the Indian sub-continent (Rao, 1979) and surveys conducted in four wards in inner city Birmingham (Ritch et al, 1996). The latter study showed that the average age of ethnic minority groups was lower than that of the indigenous population, that ethnic minority individuals were mainly in the younger age group and that there was a preponderance of men.

Elderly Asians do not form a homogenous group, with different languages, religion, customs and culture. The main religio-cultural groups are Moslems, Sikhs and Hindus, but there are smaller number of Buddhists, Christians and others. The extended family system among Asians has often been assumed as a support system by the caring agencies, and has been used as an excuse for not providing adequate services for this group

(Ananthanarayanan, 1989, 1994). This stereotyped view is still widely prevalent among the caring agencies, to the disadvantage of this vulnerable group (Department of Health, 1998).

### LIFESTYLE CHARACTERISTICS

Elderly Asians share many of the characteristics of the white elderly, added to their disadvantages, namely being non-white and in most cases alien, which Norman (1985) refers to as 'triple jeopardy'. They are more likely than their white counterparts to live in over-crowded and substandard housing in inner city areas, have poor nutrition, little knowledge of health and social services, and limited access to a telephone and transport (Norman, 1985). Social isolation and the culture shock of having been transplanted into an alien society seem to affect most immigrants (Mezey, 1960; Clare, 1974; Garza-Guerrero, 1974; Murphy, 1977) and the elderly among them may have more mental health problems.

It could be hypothesized that those who migrate relatively early in their adult lives adjust better to a new environment than those who migrate late in their lives. Surveys of Asians conducted in Birmingham showed that Asians were better adjusted on most indices (psychological symptoms, life events, employment, housing and satisfaction) than their British peers (Cochrane and Stopes-Roe, 1977). They also found, among Indian males, the length of residence was negatively related to symptom levels.

On the basis of both inpatient and community studies, Cochrane and Stopes-Roe (1981) speculated that the complex restricted nature of migration from the Indian sub-continent deterred all but the most determined and psy-

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chologically robust migrants, resulting in a reduced morbidity among the immigrants now living in Britain. They also attributed the psychological health of Indians to being young at migration, being accustomed to life in England and socially integrated. Whether these advantages still have a protective influence among the elderly Asians who grow older in the UK is not known.

### **PSYCHOLOGICAL PROBLEMS**

Cochrane and Bal (1989) compared hospital admission for 1971 and 1981 and found that there was a general reduction in admission for all diagnostic categories for Indians and Pakistanis, but an overall increase in admissions for alcoholism among Indians. This was attributed to a high level of alcohol consumption by the Sikhs well into their middle age compared to other groups. A higher rate of depression has been found in Asian women (Smarje, 1995) and an increased rate of suicide was reported among Asian women in an earlier study (Adelstein and Mardon, 1975). They also reported that the rates of suicide among Asian men and elderly of both sexes were generally lower than those in the indigenous population.

To date no epidemiological studies on the psychiatric morbidity of the elderly Asians in the UK have been reported in the literature. Nevertheless, surveys have been undertaken on social problems and physical ill-health by various research workers, notably in Birmingham (Bhalla and Blakemore, 1981; Blakemore, 1983), inner Bristol (Fenton, 1985) and in Leicester (May and Donaldson, 1981; Donaldson and Odell, 1984; Donaldson, 1986). The Leicester surveys are important in that they focus on the physical ill-health of elderly Asians, who were compared with elderly whites in nearby Melton Mowbray.

Donaldson (1986) showed that elderly Asians consulted their GPs more than the white population, although no excess of physical disability found. The difference in consultation was attributed to 'illness-related behaviour' which the author suggested was culturally defined. The author also speculated that this illness-related behaviour could be the result of excess anxiety, stress, loneliness and feelings of cultural dislocation in old age. However, he did not attempt to test these assumptions using questionnaires or rating scales.

It has been suggested that people in non-Western cultures 'somatize' their symptoms more frequently than the Western cultures (Kleinman and Good, 1985; Rack, 1982). It

could be argued that the increased rate of GP consultation among the elderly Asians in the Leicester surveys was the result of psychiatric symptoms presenting differently in a culturally appropriate form, which was not detected by the standard Western diagnostic criteria. A significant proportion of elderly Asians were found to be using alternative healers (Donaldson, 1986).

### **STUDIES IN INDIA**

Studies conducted on elderly people in India (Rao, 1979) found no evidence of social isolation and loneliness, probably as a result of extended families and the informal communal network (Kleinman and Good, 1985). It has also been reported that suicide was much less frequent among the elderly in the Indian sub-continent than among elderly Asians in the UK (Raleigh et al, 1990). This may be a result of high self-esteem among the elderly in the Indian sub-continent, where they are held in high respect to the point of reverence by the younger generation. This cultural norm is probably lost among the younger (Asian) generations in the UK being brought up and influenced by the dominant Western culture.

### **CAUSATIVE FACTORS**

It is generally believed that the white elderly in the UK do not have a high expectation of being respected and to be looked after in old age by the younger generations as do the Asian elderly. It could therefore be hypothesized that the failure of high expectation in the Asian elderly possibly leads to low self-esteem. Added to this loneliness, social isolation, inclement weather and Norman's triple jeopardy are other factors which may cause a higher rate of depression and suicide among elderly Asians in the UK than their brethren in the Indian sub-continent. Studies among whites in the UK showed a higher rate of suicide among the elderly compared to the other age groups (Barracough et al, 1974). Low-self esteem probably plays a significant role in depression and suicide in old age in different cultural groups.

Hospital-based point prevalence studies conducted in Birmingham (Ananthanarayanan, 1996) showed a higher rate of depression and very low rate of dementia among elderly Asians compared to elderly whites. The number of subjects studied was small, therefore it is impossible to draw any firm conclusions. McCracken et al (1997), in their study in Liverpool, showed a higher rate of dementia among black and other ethnic minority elderly. Research in the USA showed that ethnic

minority groups may be under- or over-represented as suffering from Alzheimer's disease because of an insensitivity of the instruments used (Bohnstedt et al, 1994).

Lindesay and colleagues (1997) from Leicester have evaluated a Gujarati version of the MMSE (mini-mental state examination) by comparing its sensitivity as a screening instrument for dementia among Gujarati speaking older people and British born whites. They found the Gujarati version of the MMSE was less efficient at detecting milder and less certain cases in the Gujarati group. The authors suggest the Gujarati version of MMSE needs to be further evaluated in a large sample group.

Attitude among the first generations to the host country seemed to have changed over the past three decades. Initially they romanticized their country of origin, wanting to return in their old age (Anwar, 1978). However, this attitude has been largely replaced now among the elderly who have accepted the fact they are here to stay for good (Anwar, 1998). This again makes it important that their mental and physical health needs are met adequately by the caring agencies. HM

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## KEY POINTS

- Elderly constitute nearly 16% of the general population, but among Asians, there is a large proportion of children and a much smaller older population compared to native elderly whites.
- Asian elderly are not a homogenous group; they will have different languages, religion and culture.
- Elderly Asians share many disadvantages like native elderly whites in addition to being non-white and alien — referred to as 'triple jeopardy'.
- Migration affects elderly Asians more because of social isolation and culture shock.
- Studies show Asians are better adjusted psychologically than other groups and this is attributed to being young at migration and social integration.
- A lower rate of suicide among elderly Asians of both sexes is reported compared to indigenous white population.
- No organized study on psychiatric morbidity among elderly Asians has been reported in the literature.
- Studies in India show suicide was much lower among the elderly in India than among the elderly Asians in the UK; this is probably a result of high self-esteem among elderly in India.
- Few studies on dementia among elderly Asians in the UK are inconclusive, because of the small number of subjects studied and the use of 'Western' rating scales which may not be sensitive in this group.
- As opposed to their earlier romanticized view of returning to their country of origin, elderly Asians have accepted they are here to stay for good.