

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/384422546>

# Mental healthcare for older adults among countries in World Psychiatric Association Zone 10

Article in East Asian Archives of Psychiatry · September 2024

DOI: 10.12809/eaap2415

CITATIONS

0

READS

217

12 authors, including:



**Kuanysh Altynbekov**

Republican Scientific and Practical Center of Mental Health of the Ministry of Heal...

23 PUBLICATIONS 218 CITATIONS

SEE PROFILE



**Jamila Ismayilova**

National Mental Health Center, Baku

24 PUBLICATIONS 260 CITATIONS

SEE PROFILE



**Yekaterina Lyan**

Tashkent Medical Academy

2 PUBLICATIONS 1 CITATION

SEE PROFILE



**Egor Chumakov**

St Petersburg University

77 PUBLICATIONS 323 CITATIONS

SEE PROFILE

# Mental healthcare for older adults among countries in World Psychiatric Association Zone 10

Oleg Skugarevsky\*, Nataliia Petrova\*, Nikolay G Neznanov, Kuanysh Altynbekov, Zarifjon Ashurov, Liliia Panteleeva, Nadir Ismayilov, Tatiana Galako, Jamila Ismayilova, Natalia V Semenova, Yekaterina Lyan, Egor Chumakov

\* Contributed equally

## Abstract

**Objectives:** This study aimed to compare mental healthcare services for older adults aged  $\geq 65$  years among countries in World Psychiatric Association (WPA) Zone 10.

**Methods:** A culturally sensitive questionnaire was developed and sent to the presidents of national psychiatric associations of the eight countries in WPA Zone 10 (Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Russia, and Uzbekistan).

**Results:** Psychiatric associations of six countries responded to the questionnaire (Armenia and Moldova did not respond). The prevalence of mental disorders among older adults (aged  $\geq 65$  years) varied from 2.6% in Russia (among those aged  $\geq 60$  years) to 3.5% in Azerbaijan, 4% in Uzbekistan, 12.1% in Kazakhstan, and 13.8% in Kyrgyzstan (no data were available for Belarus). Specialised gerontopsychiatric care is provided in all six countries, except for Kazakhstan.

**Conclusion:** The prevalence of mental disorders in older adults differed among countries in WPA Zone 10. Improving gerontopsychiatric care is a target for healthcare planners in WPA Zone 10.

**Key words:** Aged; Epidemiology; Geriatric psychiatry; Mental health services

Oleg Skugarevsky, Belarusian State Medical University, Minsk, Belarus  
Nataliia Petrova, Saint Petersburg State University, Saint Petersburg, Russia  
Nikolay G Neznanov, VM Bekhterev National Medical Research Center for Psychiatry and Neurology, IP Pavlov First Saint Petersburg State Medical University, Saint Petersburg, Russia  
Kuanysh Altynbekov, Republican Scientific and Practical Center of Mental Health, Asfendiyarov Kazakh National Medical University, Almaty, Kazakhstan  
Zarifjon Ashurov, Republican Specialized Scientific-Practical Medical Centre of Mental Health, Tashkent Medical Academy, Tashkent, Uzbekistan  
Liliia Panteleeva, Kyrgyz-Russian Slavic University, Kyrgyz State Medical Academy, Bishkek, Kyrgyzstan  
Nadir Ismayilov, Azerbaijan Medical University, Baku, Azerbaijan  
Tatiana Galako, Kyrgyz-Russian Slavic University, Kyrgyz State Medical Academy, Bishkek, Kyrgyzstan  
Jamila Ismayilova, The National Mental Health Center of the Ministry of Health of The Republic of Azerbaijan, Baku, Azerbaijan  
Natalia V Semenova, VM Bekhterev National Medical Research Center for Psychiatry and Neurology, Saint Petersburg, Russia  
Yekaterina Lyan, Republican Scientific and Practical Center of Mental Health, Asfendiyarov Kazakh National Medical University, Almaty, Kazakhstan  
Egor Chumakov, Saint Petersburg State University, Saint Petersburg, Russia

**Address for correspondence:** Dr Egor Chumakov, Saint Petersburg State University, Saint Petersburg, Russia. Email: [chumakovegor@gmail.com](mailto:chumakovegor@gmail.com)

**Submitted:** 29 March 2024; **Accepted:** 8 July 2024

## Introduction

The world population of people aged  $>65$  years was 703 million in 2019 and is expected to increase to 1.5 billion by 2050.<sup>1</sup> Population ageing is a challenge for social and

healthcare providers, including mental health services, because up to 25% of older people have mental health problems.<sup>2</sup> Mental health conditions among older adults are often overlooked and undertreated; many individuals are ashamed or hesitate to seek help owing to the stigma of mental illness.<sup>3</sup> This can lead to missed diagnosis and treatment and reduced quality of life. Mental disorders in older adults exacerbate the burden of illness on their microsocial environment, the healthcare system, and society.<sup>4,5</sup> The increased demand for psychological services among older adults, particularly with respect to the emotional and psychological difficulties caused by chronic illnesses, is increasingly relevant.<sup>6,7</sup> The COVID-19 pandemic was a significant contributor to the increasing mental health difficulties among older adults.<sup>8-10</sup> This study aimed to compare mental healthcare services for older adults aged  $\geq 65$  years among countries in World Psychiatric Association (WPA) Zone 10.

## Methods

The study was initiated by the representative of WPA Zone 10, which comprises eight countries: Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Russia, and Uzbekistan. A culturally sensitive questionnaire was developed and sent to presidents of the national psychiatric associations of the eight countries in WPA Zone 10 between

February and March 2023. Only six national psychiatric associations (Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Russia, and Uzbekistan) responded and provided data on the prevalence of mental disorders among older adults and mental healthcare services available to them. Diagnoses were based on the ICD-10.

## Results

The proportion of older adults varied greatly among the six countries that responded: from 4.8% in Kyrgyzstan to 6.7% in Uzbekistan, 7.7% in Kazakhstan, 15.96% in Belarus, and 16.0% in Russia (data were not available for Azerbaijan). The respective mean life expectancies of men and women, were 64 and 78 years in Belarus, 65.5 and 73.1 years in Kazakhstan, 68 and 76 years in Kyrgyzstan, 67.6 and 77.8 years in Russia, and 71.7 and 75.8 years in Uzbekistan (data were not available for Azerbaijan). The proportion of older people living in social care institutions was 0% in Kazakhstan, 0.2% in Kyrgyzstan, and 0.5% in both Russia and Uzbekistan (data were not available for Belarus and Azerbaijan).

Psychiatric associations of six countries responded to the questionnaire (Armenia and Moldova did not respond). The prevalence of mental disorders among older adults was 3.5% in Azerbaijan, 3.7% in Russia (calculated from the provided rate of 2.6% among those aged  $\geq 60$  years), 4% in Uzbekistan, 12.1% in Kazakhstan, and 13.8% in Kyrgyzstan (data were not available for Belarus). Public specialised gerontopsychiatric care was provided in all six countries except Kazakhstan. In Kyrgyzstan, specialised gerontopsychiatric care was mainly provided in private centres, according to the Global Burden of Disease 2019 study.<sup>11</sup> In Russia, there were over 1500 gerontological institutions; almost 90% of which were municipal and state institutions; some had gerontopsychiatric units.

The prevalences of older adults with selected mental and behavioural disorders in Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Russia, and Uzbekistan are shown in the Table. Comparisons among countries were challenging owing to the lack of unified approaches to statistical reporting.

## Discussion

Among the six countries of WPA Zone 10 that responded to the questionnaire, the proportion of older adults varied greatly, with a mean being 10.23%. Among countries in the WPA Zone 10, the proportion of older adults with mental disorders was  $<8\%$ , which is lower than that in other parts of the world.<sup>3,12,13</sup> However, owing to the lack of data or unified statistical reporting in some countries, it is difficult to estimate the prevalence of each mental and behavioural disorder. It should be noted that the prevalences of affective disorders and vascular dementia stand out. Post-traumatic stress disorder seems to be the most difficult to diagnose, as it was not reported in five out of six countries in the region,

despite its lifetime prevalence in older adults can be as high as 5.5%.<sup>14</sup>

The mental healthcare system for older adults varies considerably across countries of WPA Zone 10. Public specialised gerontopsychiatric care is available in four of the six countries that responded to the questionnaire. The lack of provision of psychiatric care for older people is also relevant in other regions of the world.<sup>15</sup> Delays in the diagnosis of mental disorders in older people is common.<sup>16</sup> Therefore, it is important to increase access to mental health services and early interventions for older adults.<sup>6,17</sup>

Consistent with a previous study,<sup>18</sup> providing and receiving mental health services among older people in countries of WPA Zone 10 remains challenging. Older people with mental health problems usually require more personal care, more hours of care, and more intensive supervision than older people with other chronic illnesses.<sup>19</sup> Unfortunately, there is a lack of evidence to inform the provision of such care for older people with mental health problems (including depression, anxiety, and schizophrenia) other than dementia.

The present study has limitations. Not all countries in the region responded to the questionnaire. The reason why Armenia and Moldova did not respond is not known. Differences in statistical reporting systems between countries preclude detailed comparisons of specific categories. More studies are warranted to identify cultural, economic, organisational, and other factors that affect the prevalence of mental disorders in older adults.

## Conclusion

The prevalence of mental disorders in older adults varies significantly among countries in WPA Zone 10. It is beneficial to develop a unified system for assessing the sociodemographics and prevalences of mental disorders in older adults, based on the ICD-11. Improving gerontopsychiatric care is a target for healthcare planners in WPA Zone 10.

## Contributors

OS, NP, and EC designed the study. OS, NGN, KA, ZA, LP, NI, TG, JI, NVS, and YL acquired and analysed the data. NP and EC drafted the manuscript. All authors critically revised the manuscript for important intellectual content. All authors had full access to the data, contributed to the study, approved the final version for publication, and take responsibility for its accuracy and integrity.

## Conflicts of interest

All authors have disclosed no conflicts of interest.

## Funding/support

This study received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

**Table. Numbers of older adults (aged  $\geq 65$  years) with selected mental or behavioural disorders per 100 000 population among six countries in World Psychiatric Association Zone 10**

Mental or behavioural disorder	No. of older patients per 100 000 population (proportion of older adults varies from 4.8% in Kyrgyzstan to 6.7% in Uzbekistan, 7.7% in Kazakhstan, 15.96% in Belarus, and 16.0% in Russia)					
	Azer- baijan	Bela- rus	Kazakh- stan	Kyrgy- zstan	Russia (data for patients aged $\geq 60$ years)	Uzbeki- stan
Organic psychoses and/or dementia (F00-F05, F06 (part), F09)	-	-	-	-	834.8	-
Dementia in Alzheimer's disease (F00)	-	33.7	9.7	-	-	6.0
Vascular dementia (F01)	-	102.4	96.9	-	334.5	5.0
Unspecified (mixed) dementia (F03)	-	42.5	16.0	-	-	3.0
Delirium not induced by alcohol and other psychoactive substances (F05, F06 (part))	-	17.3	1.3	-	-	0.3
Organic hallucinosis (F06.0)	-	-	32.5	-	-	0.5
Organic catatonic disorder (F06.1)	-	-	1.2	-	-	-
Organic delusional (schizophrenic-like) disorder (F06.2)	-	-	31.6	-	-	1.0
Organic depressive disorder (F06.32)	-	-	27.8	-	-	6.0
Organic anxiety disorder (F06.4)	-	-	14.0	-	-	7.0
Mild cognitive disorder (F06.7)	-	-	1.5	-	-	7.0
Organic non-psychotic disorders (F06 (part), F07)	8.0	481.2	-	-	900.5	-
Alcohol dependence syndrome (F10.2, F10.3, F10.8, F10.9)	1.7	174.7	375.1	283.2	582.4	1.0
Chronic non-organic psychoses, unspecified psychotic disorders (F22, F28, F29, F84.0-4, F99.1)	-	-	-	-	23.7	-
Schizophrenia, schizotypal and delusional disorders (F20-F29)	-	100.8	-	-	-	-
Chronic delusional disorder unspecified (F22.9)	1.8	-	0.9	23.3	-	0.1
Affective psychoses, affective non-psychotic disorders (F30-F39)	-	-	-	-	100.3	-
Bipolar affective disorder (F31)	-	-	-	49.7	-	-
Depressive episode (disorders) (F32, F33)	-	20.7	18.4	549.4	-	6.0
Recurrent depressive disorder (F33)	1.0	-	6.7	-	-	4.0
Neurotic, stress-related and somatoform disorders (F40-F48)	3.4	159.4	-	-	229.2	-
Generalised anxiety disorder (F41.1)	-	-	0.7	215.0	-	3.0
Mixed anxiety and depressive disorder (F41.2)	-	-	10.0	-	-	7.0
Obsessive-compulsive disorder (F42)	-	-	1.5	-	-	1.0
Posttraumatic stress disorder (F43.1)	-	-	0.5	-	-	-

## Data availability

All data generated or analysed during the present study are available from the corresponding author on reasonable request.

## Ethics approval

This study did not involve collection or analysis of patients' personal data.

## References

1. United Nations, Department of Economic and Social Affairs, Population Division. 2019. World Population Ageing 2019: Highlights (ST/ESA/SER.A/430). United Nations.
2. Spasova S, Baeten R, Coster S, Ghailani D, Peña-Casas R, Vanhercke B. Challenges in Long-Term Care in Europe. A Study of National Policies. European Social Policy Network (ESPN), Brussels: European Commission (2018). Accessed 1 June 2023. Available from: <https://ec.europa.eu/social/main.jsp?langId=en&catId=1135&newsId=9185&furtherNews=yes&furtherNews=yes>.
3. World Health Organization. Mental health of older adults. Accessed 1 March 2024. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>.
4. Gontijo Guerra S, Berbiche D, Vasiliadis HM. Changes in instrumental activities of daily living functioning associated with concurrent common mental disorders and physical multimorbidity in older adults. *Disabil Rehabil* 2021;43:3663-71. [Crossref](#)
5. Neumann L, Dapp U, Jacobsen W, van Lenthe F, von Renteln-Kruse W. The MINDMAP project: mental well-being in urban environments: design and first results of a survey on healthcare planning policies, strategies and programmes that address mental health promotion and mental disorder prevention for older people in Europe. *Z Gerontol Geriatr* 2017;50:588-602. [Crossref](#)
6. Abdi S, Spann A, Borilovic J, de Witte L, Hawley M. Understanding the care and support needs of older people: a scoping review and categorisation using the WHO international classification of functioning, disability and health framework (ICF). *BMC Geriatr* 2019;19:195. [Crossref](#)
7. Ho CSH, Wong SY, Chiu MM, Ho RCM. Global prevalence of elder abuse: a meta-analysis and meta-regression. *East Asian Arch Psychiatry* 2017;27:43-55.
8. Webb L. COVID-19 lockdown: a perfect storm for older people's mental health. *J Psychiatr Ment Health Nurs* 2021;28:300. [Crossref](#)
9. van Tilburg TG, Steinmetz S, Stolte E. Loneliness and mental health during the COVID-19 pandemic: a study among Dutch older adults. *J Gerontol B Psychol Sci Soc Sci* 2021;76:e249-e255. [Crossref](#)
10. Louie LLC, Chan WC, Cheng CPW. Suicidal risk in older patients with depression during COVID-19 pandemic: a case-control study. *East Asian Arch Psychiatry* 2021;31:3-8. [Crossref](#)
11. Global Burden of Disease 2019 study. Accessed 1 June 2023. Available from: <https://ghdx.healthdata.org/gbd-2019>.
12. World report on ageing and health. 2015. Accessed 1 June 2023. Available from: <https://www.who.int/ageing/events/world-report-2015-launch/en/>.
13. Ausín B, Muñoz M, Santos-Olmo AB, Pérez-Santos E, Castellanos MA. Prevalence of mental disorders in the elderly in the community of Madrid: results of the Mentdis\_ICF65+ Study. *Span J Psychol* 2017;20:E6. [Crossref](#)
14. Pless Kaiser A, Cook JM, Glick DM, Moye J. Posttraumatic stress disorder in older adults: a conceptual review. *Clin Gerontol* 2019;42:359-76. [Crossref](#)
15. Andreas S, Dehoust M, Volkert J, et al. Affective disorders in the elderly in different European countries: results from the MentDis\_ICF65+ study. *PLoS One* 2019;14:e0224871. [Crossref](#)
16. Aakhus E, Granlund I, Odgaard-Jensen J, Oxman AD, Flottorp SA. A tailored intervention to implement guideline recommendations for elderly patients with depression in primary care: a pragmatic cluster randomised trial. *Implement Sci* 2016;11:32. [Crossref](#)
17. Wong MMC, Chan CF, Li SW, Lau YM. Six-month follow-up of cognitive impairment and depressive symptoms in late-onset depression. *East Asian Arch Psychiatry* 2015;25:146-9.
18. McKay R, Jackson K, Stevens J. Implementing recovery-oriented practice in older people's mental health services: the NSW experience. *Aust Health Rev* 2022;46:426-31. [Crossref](#)
19. Newbould L, Tucker S, Wilberforce M. Enabling older people with mental health needs to engage with community social care: a scoping review to inform a theory of change. *Health Soc Care Community* 2022;30:1286-306. [Crossref](#)