CASE EXAMPLE

> Seventy-year-old Edna Walker was widowed after 52 years of marriage. Before her husband's death, she was actively involved in life and had a part-time job. Since her husband's death, she has found it difficult to get back to normal. There are financial pressures. She is tearful most of the day. She does not sleep well, and many days she feels so tired that she stays in bed. She does not have much interest in food and has lost weight. Ms. Walker's primary care physician thinks she is suffering from depression.

Some adults 55 years and older experience mental disorders that are not a normal part of aging. These disorders include depression, Alzheimer's disease, alcohol and drug abuse, anxiety disorders, and late-life schizophrenia. As the number of older adults increases, mental health challenges will become more of an issue. Alzheimer's disease is the most common form of dementia, accounting for 60 to 80 percent of cases. Currently, someone in the United States develops Alzheimer's disease every 66 seconds. Estimates are that by 2050, a new case will be developed every 33 seconds. This means there will be almost 1 million new cases a year (Alzheimer's Association, 2016). It is difficult to assess and diagnose late-life mental disorders because the physical complaints or symptoms of older adults may not appear to meet the full criteria for such mood disorders as depression and anxiety. In addition, family members may ignore their older relative's symptoms, believing them to be part of the aging process that cannot be changed.

Prevention efforts need to be focused in primary care settings because physicians are the first point of contact for many older adults who are experiencing mental health problems. Specialty psychosocial interventions such as grief counseling, suicide prevention services, and self-help groups have to be readily available and accessible within primary care settings. Social workers who work in non–mental health settings need to have knowledge of the symptoms of mental disorders so that they can make appropriate referrals.

Social Factors

Gender, culture, race, poverty, and age are important variables in correctly diagnosing and treating mental disorders. A client's problems must be seen in the context of the social environment (i.e., family, peers, colleagues, friends) and the larger physical and cultural surroundings. For example, a few mental disorders—including depression, panic disorder, and eating disorders—disproportionately affect women. Women are more likely to experience depression and anxiety than men; it may be the result of biochemical differences or environmental stressors or both (Eaton et al., 2012). Other disorders affect more men than women; men are more likely to develop substance abuse and antisocial personality disorders.

Cultural interpretations of symptoms differ (US Surgeon General's Mental Health Supplement Report, 2001). A specific behavior may be considered

acceptable or normal in one culture or setting and viewed as pathological in another. For example, *ataque de nervios* is a culture-bound syndrome most commonly seen in the Spanish-speaking Caribbean (Oquendo, Horwath, & Martinez, 1992). The syndrome appears suddenly after a psychosocial stressor, such as a funeral or a family fight, and is characterized by violence, a nonviolent frenzy of activity, or hallucinations that may end in convulsions or a suicide attempt. In the Spanish-speaking Caribbean, *ataque de nervios* is considered to be an acceptable way to display distress. The person's family mobilizes immediately to help alleviate the stress, and there is rarely need for medications or hospitalization.

There is a reciprocal relationship between a child's biological state and the environment. Physiological changes may result from exposure to trauma (e.g., abuse, neglect, violence, or separation from a parent) and may interfere with the child's development of the ability to deal with an adverse environment. Biological vulnerability sometimes occurs first, making some children more susceptible to problems when their environment is not nurturing. Social factors that increase biological risk include inadequate prenatal care, which can lead to prenatal damage from low birth weight; exposure to alcohol, tobacco, or illegal drugs, which can trigger or exacerbate mental disorders; exposure to toxic chemicals; and dangerous living conditions. Social work's emphasis on the person-in-environment concept is particularly appropriate for understanding the reciprocity between biological and social factors in promoting mental health.

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The Mental Health Care System LO 2

Mental health services are provided in numerous settings and by a variety of professionals. The various public and private services are together thought of as the mental health care system. This network of services began in the early 1800s and today includes professional social workers.

Historical Background

As long as there have been people, there has probably been mental illness. Explanations of mental illness have changed over time, and public beliefs about mental disorders have strongly influenced treatment. In the United States, according to Lin (1997), there have been five major movements in mental health since the early 1800s. These are the moral treatment movement, the mental hygiene movement, the community mental health movement, the legal advocacy movement, and the consumer movement.

During the early nineteenth century, there was no organized government effort to treat mental illness. People with mental illnesses were regarded as "lunatics," and their families took care of them. The prevailing attitude was that mental illness stemmed from violations of physical, mental, and moral laws. Taking corrective action and enforcing moral behaviors was believed to cure mental illness and was initiated in hospitals. This period of moral treatment lasted until the early twentieth century.