



MIND MATTERS

Rotary
RID 3030 India

Action Group on
Mental Health
Initiatives

MONTHLY NEWSLETTER OF THE DISTRICT ACTION GROUP ON MENTAL HEALTH INITIATIVES

JULY 2022 ISSUE 16

EDITORIAL



"AGING BODIES, AGELESS SELVES"

'I am not the Body, I am not the Mind, I am the eternal Self'. This is the main dictum of Hindu philosophical thought! How true it is if you look at it from a psycho-spiritual perspective.

In the developmental process, aging of the body and of the mental faculties is normal. But the spirit of the person never dies. I have closely watched my parents progress into their nineties from their sixties, as I moved in-house with them thirty-five years ago. I have experienced their growing impairments and had to make several adjustments within myself to match up with their changing needs.

BUT, yet, in spite of their growing frailties, I have seen them having all their needs intact like any other adult- desire for good food, good clothes, friends, love for family members, travel, latest news, sharp intellect! Their spirits, if you care to listen to them with your head and heart, with love and empathy, remains the same as ever! The spirit is alive and kicking!

It is this spirit which needs to be nurtured and kept alive. Providing medical support and nursing care is very important, but a holistic approach to well-being will give them a continued sense of being loved and wanted. The psycho-social support structure is equally important for satisfaction. Besides senior-living homes, the best option is always home-care among the family, as we have done, making all the necessary arrangements and adjustments. We are happy to bring you the experience of highly qualified professionals in Geriatrics, Dr. Soumya Hegde, Dr. Varun N, Dr. Madhu Bagga, Dr. Sneha Goyadani. Rotarian Retd Wg Cdr Sabharwal is passionately spearheading the Rotary Action Group on Alzheimer's.

Let Seniors Live Gracefully!

Rita

Rita Aggarwal

GERIATRIC MENTAL HEALTH

PROJECT REPORTS

"HEALTHY MINDS COMPETITION"

On account of Mental Health Awareness month which is celebrated in May DAGMHI 3030 India had organised a competition - Healthy Minds. The competition was open for all and the participants were asked to generate a proposal of around 500 words about 'A unique way to spread mental health awareness'. We are happy to announce the winners! Rtn Dr Pranita Gujarathi - RC of Nasik Godavari

Rtr. Vedika Kabra, - Rotaract club of Nasik Youth Force, Nashik
Miss. Amruta Anil Ingle, - KDMC School, Akola

Mrs. Alka Kothawade, Nashik
From the project ideas received, DAGMHI 3030 is going to initiate 'Anxiety Awareness Program' initially in Nashik followed by the District 3030. Interested Rotary & Rotaract clubs can contact on 9922825999 if they want to conduct this or any other Mental Health Awareness Program in their clubs.

DAGMHI will be offering these programs to non-Rotarians also.

**-Dr. Aabha Pimprikar,
President, DAGMHI.**

"MENTAL HEALTH PROJECT FOR TRAFFIC POLICE PERSONNEL"

The traffic police and officials are always stressed out due to their duties and responsibilities. This leads to life style diseases as well as strained relationships with family and friends. Rotary Club of Nagpur Vision came up with a unique initiative to address this issue. They conducted various interactive & activity-based sessions at different locations in Nagpur from 13 June to 15 June 2022. Rotarian & Psychologist Kashish Jeswani explained about stress, stressors and technique to deal with the stress. She also conducted a short relaxation session. This program was conducted in collaboration with DAGMHI 3030. DAGMHI director Dr Shantala Bhole explained about District Action Group for Mental Health Initiative and activities. Around 100 police personnel (men & women) were benefitted from the activity.

**-Dr. Shantala Bhole,
Director, DAGMHI, Nagpur.**

Rotary 3030 India

Action Group on Mental Health Initiatives

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ROTARY CARES FOR MENTAL HEALTH

DAGMHI-DISTRICT ACTION GROUP ON MENTAL HEALTH INITIATIVES

Rotary 3030 India

Action Group on Mental Health Initiatives

VISION
PROMOTION OF MENTAL HEALTH AND REMOVAL OF STIGMA

MISSION
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MAJOR PROJECTS
MONTHLY E-NEWSLETTER 'MIND MATTERS'
TEACHERS TRAINING IN SCHOOL COUNSELING (BY NIMHANS, BENGALURU)
SCHOOL MENTAL HEALTH PROGRAM

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GERIATRIC MENTAL HEALTH

GERIATRIC MENTAL HEALTH - AN OVERVIEW

India has a population of about 1.38 billion, the second largest globally, and comprises nearly 17% of the world's total population. The growth rate of those over 60 years is three times more than the general population. **According to the National Statistical Office (NSO)'s Elderly in India 2021 report, India's elderly population is projected to rise from 138 million in 2021 to 194 million in 2031.**

While most elders have good mental health, it is estimated that nearly 15% of those over 60 years will suffer from a mental illness. Geriatric Mental Health is not yet a priority or even talked about in India. There is little awareness and understanding of the needs of this population.

So why is there a need to treat this age group differently you may ask?

Firstly, with increasing age the risk of co morbid medical illnesses increases. Knowledge about various medical conditions, their treatment and how these conditions could affect one's mental health is important to take into account while evaluating and prescribing. Clinical heterogeneity in the presentation, medications and the multiple doctors that are involved in treatment is a huge challenge for elders with mental illness.



Secondly, there are several psycho social factors which are unique to this age group. Retirement, empty nest syndrome, increased risk of falls, bereavement, loneliness, fear of death. It is important to know how these factors contribute to the symptoms and their maintenance. A holistic approach and not merely a diagnosis and treatment approach needs to be applied.

Perhaps the most important is the difference in symptoms and how common mental illnesses present in an elderly population. **Contrary to popular belief, an elderly person is**

just as likely to suffer from clinical depression or anxiety as a young adult. However, when depressed, they are less likely to verbalise how they feel and mostly feel guilty. They may present with unexplained physical or somatic symptoms and are very likely to even deny feeling low when asked. Their symptoms tend to be masked by their comorbid medical conditions and are often attributed to the latter rather than a separate illness. Due to age related cognitive decline they struggle to communicate how they feel and sadly go unnoticed.

There is also a difference in how treatments are delivered in elders. Medication doses are lower, changes in doses are slower and assessments take longer. Accommodations have to be made for hearing and visual impairments. Visits to clinic are limited due to mobility issues. Awareness of the situation at home, the relationship dynamics, carer's health and other practical aspects of care have to be considered.

Another neuropsychiatric condition in elders that is gaining epidemic proportions is Dementia. The behaviour disturbances that often accompany this condition requires a combination of pharmacological and non-pharmacological interventions. Caregiver training, day care and respite care options are both a challenge and currently unmet need in India.

There is clearly an urgent need to train a workforce that can understand the mental health challenges in this population and be able to deliver age and culturally appropriate solutions.

Making a small difference in the lives of elders adds immense value to their quality of life and makes an even bigger impact on the lives of their caregivers.

**-Dr. Soumya Hegde
M.B.B.S., D.P.M., MRCPsych,
CCT (Old Age Psychiatry)
Geriatric Psychiatrist, Bangalore**

AFTER EFFECTS OF FALLS ON THE ELDERLY - IS IT JUST PHYSICAL?

Falls are the highest marker of frailty and health impairment in older people. When an elderly suffers from a fall, there can be life changing consequences which can lead to admissions in hospitals, surgeries and in worst case scenario, death.

Whilst the physical effects are clear (fractures, pain and muscle strain), there are also the less obvious outcomes of a fall; outcomes that can also have a serious impact on the lives of many. **Fear, isolation, depression, and an unwillingness to engage in activities are all signs in patients who have deep rooted fear of falling, which can greatly impact an individual's mental health.**

The mental health effects of falling along with the physical injuries sustained, makes it vital that older people (as well as their support network) are aware of the risk factors and seek professional support as soon as possible. **The mental effects of falling can exacerbate existing concerns in seniors who already face the highest rates of mental health issues in comparison to the rest of the population.**

In addition to falls and other health issues, older people often lose a spouse and friends as they age. The loneliness and isolation that can come with those losses can cause mental health issues to grow and worsen. The impact if these circumstances can be too much for some to bear thereby worsening their mental health.

Despite the strong connection between falls and the impact this can have on mental health, majority of adults aged 65 and over know little to almost nothing about their own welfare. For this reason, it is key for therapist to provide loved ones (as well as individuals) with education and resources to not only manage their physical disabilities, but also to develop awareness and insight into their own mental health.

**-Dr. Madhu Bagga,
Senior Specialist Physiotherapist in Older People Medicine, Orthopaedics and Palliative Care. (UK)**





GERIATRIC MENTAL HEALTH

CARING FOR ELDERLY AT HOME WITH ALZHEIMER'S AND PARKINSON'S DISEASE

Neurodegenerative disorders affect the brain and nervous system hindering memory, movement, and communication. The two common conditions included under this umbrella are Alzheimer's Disease (AD) and Parkinson's Disease (PD) and are seen predominantly in the elderly (>60 years). AD and PD are progressive and tend to worsen with time. Advancements in the medical field has helped introduce new drugs into the ambit of care, however their use is limited to temporary enhancement of functioning and independence and not cure.

The report by Alzheimer's and Related Disorders Society of India (ARDSI) in 2020 estimated, over 5.3 million people in India with Alzheimer's and is expected to rise to 7.6 million by 2030. The number of patients with Parkinson's Disease currently is 300-400/100,000 elderly, which is expected to more than double by 2030.

The common symptoms seen are:



These conditions pose a physical and mental burden on the elderly and their family members alike.

Considering the limited utility of medicines, we need to shift our focus on creating a conducive atmosphere through lifestyle and environment modifications that are feasible, available, and culturally acceptable. These include:

SAFEGUARDING HOMES

- ◆ Smartphones for location tracking
- ◆ Medication reminders
- ◆ Fixed routine to avoid confusion
- ◆ Predelineated places of storing everyday use items
- ◆ De-cluttering the house
- ◆ Appropriate footwear to avoid falls and injuries
- ◆ Carry an ID card containing essential information and contact numbers

EXERCISES

- ◆ Short walks in the familiar neighbourhood
- ◆ People with trouble walking can use exercycles, or do chair exercises, gardening etc.

NUTRITION & HYDRATION

- ◆ High fibre foods like greens and locally sourced vegetables and fruits
- ◆ Healthy shakes and smoothies help to provide nutrition in elderly with difficulty eating food
- ◆ Maintain adequate hydration
- ◆ Avoid beverages with caffeine that may increase restlessness and interfere with sleep

SOCIAL ENGAGEMENT & ACTIVITIES

- ◆ Listening to music/books
- ◆ Reading
- ◆ Gardening or crafts, and social gatherings

SUPPORT & COPING

- ◆ "Tender loving care" by family members, reassurance, with retention of dignity and self-respect
- ◆ Calm and stable home environment
- ◆ Avoidance of new situations, noise, or large groups of people

ACTIVITIES OF DAILY LIVING

- ◆ Encourage self performance of day-day activities with supervision and support when required
- ◆ An occupational therapist can show techniques that make daily life easier

SUPPORTIVE THERAPIES

- ◆ Yoga & meditation

A combination of the above help to boost mood and maintain physical health. In addition, they prevent insomnia, depression, constipation and aid in ameliorating the condition-associated symptoms. Personalization of these lifestyle alterations requires due consideration of other co-morbidities to achieve a quick and long-term adoption. It is also important to not entirely change the "way of life" of a person but incorporate it into the present surroundings. Caregivers are an integral part of the care of elderly with AD or PD whose health considerations are seldom a point of focus during the holistic care of patients. Caring for a person with AD or PD is physically and emotionally demanding and can lead to feelings like anger, guilt, stress, discouragement, grief, and social isolation in the caregivers. It is important to encourage them to pay attention to their needs as well by involving friends and family in caregiving, taking breaks and division of tasks, eating healthy meals and getting exercises.

In a nutshell, advancing the life span of humans as an extension brings to the fore, issues of age-related conditions. However, we are not yet prepared to address the problems associated with ageing. It is important that we invest in augmenting the infrastructure and expertise to cater to this population. It is time that the society collectively gets educated on the problems faced by the elderly and remodel, to make it more inclusive of the geriatric population. This can go a long way in

-Dr. Varun N, Consultant, Preventive Health (Geriatrics), Vrudhi Healthcare and Diagnostics, Bangalore.

F_ACTUAL : ALZHEIMER'S

Prevalence in India - An estimated 1.6 million Indians have Alzheimer's.

- ◆ More than 4 million of Indians suffer from different types of dementia.
- ◆ The World Alzheimer's Report 2015 led by King's College London estimates that these numbers will double every 20 years.
- ◆ According to the 'Dementia India' report published by Alzheimer's and Related Disorders Society of India (ARDSI), the states of Uttar Pradesh and Maharashtra alone are predicted to have more than 5,00,000 patients by 2026.

Prevalence in the United States - An estimated 6.5 million Americans age 65 and above have Alzheimer's or dementia that makes about 1 in 9 people (10.7%).

- ◆ The percentage of people with Alzheimer's dementia increases with age:
65-74 Years: 1.75 million (27.0%)
75-84 years: 2.41 million (37.2%)
85+ years: 2.31 million (35.7%)
- ◆ People younger than 65 can also develop Alzheimer's / dementia.
- ◆ Researchers believe about 110 of every 100,000 people, about 200,000 Americans, have younger onset dementia.

MANY CASES GO UNDIAGNOSED!

A large number of cases of Alzheimer's go undetected because

1. Lack of awareness of the symptoms.
2. Symptoms are assumed to be due normal aging process.

References:

- ▶ [https://eldr.co/health/brain-nervous-system-disorders/alzheimers-disease/alzheimers-in-india-key-facts-and-numbers/#:~:text="](https://eldr.co/health/brain-nervous-system-disorders/alzheimers-disease/alzheimers-in-india-key-facts-and-numbers/#:~:text=)
- ▶ <https://www.alz.org/alzheimers-dementia/facts-figures>

-Retd.Wg Cdr D.P.Sabharwal, Chairman ADRAG India, (Alzheimer's Dementia Rotary Action Group).

CARE LEARN SHARE
A guide for Alzheimer's caregivers

HANDLING ALZHEIMER'S WITH COURAGE



GERIATRIC MENTAL HEALTH

REHABILITATION IN GERIATRICS

Ageing by itself is not a disease, rather it's a condition that needs to be nurtured and must be counteracted by proper Rehabilitation.

Geriatric Rehabilitation should focus on restoring the functional Independence and Well-being rather than the disease. The ultimate aim should be 'quality of life' than its quantity.

Geriatric population suffer more because of the psychological setbacks due to their physical disabilities and impairments.

Furthermore, there exist challenging problems in treating older people due to the fact that nearly every organ-system is potential to disease. Common impairments include- Fractures and osteoporosis • Stroke • Bed sores • Joint replacements • Lymphedema • Neuropathy • Disc disorders • Pain syndromes • Parkinson's disease • Arthritis • Cancer • Chronic pulmonary disease • Contractures • Cardio diseases • balance and impairment in senses.

In my 15 years of practice, I have noticed that the geriatric individuals have impaired short-term memory and cognition, leading to a slow pace of rehabilitation. Therefore, I plan a program of individual physical activity and rehabilitation, keeping in mind the patient's overall health status.

Geriatric Rehabilitation Involves –

Prevention and Therapy– Prevention of disability & the restoration of function – Mobility and exercise **"use it or lose it"** concept. Emphasize task-specific exercise. Assessment of patient's ADL (activities of daily living) and hindrances in achieving them. Assistive devices and proper orthotics should be used.

Acceptance and Accommodation- Accommodation to the irreversible effects of aging requires patient education.

Recognizing the mental status- Differentiate between Delirium, Dementia and Depression. There may be Emptiness syndrome, Identity crisis and Lack of family attention. We encourage motivation to develop hobbies and socializing.

Position Changes will improve Functional Mobility- such as Getting up and Sitting down a chair, turning to sides, Reaching up and Bending over to some angle.

Arthritis & other joint related diseases- needs to have intensive exercise and Rehab protocol.

Neurological disorders - Intensive rehabilitative program that includes- Occupational Therapy, Physio therapy, Cognitive rehabilitation, Behavioral management, Dysphagia management and speech therapy.

Pain Management- Acupuncture and Physiotherapy modalities are very beneficial in reducing pain.

Strategies for reducing risks of falls and fear of falls-

Checking on visual impairments.

Audio-vestibular dysfunction – vestibular exercises and Hearing aid.

Musculoskeletal dysfunctions - Screening for Vit. B12 and vit D deficiency timely, Muscle strengthening exercises, Balance and Gait Training, Appropriate walking aids, Corrected footwear.

Postural Hypotension- Maintain adequate fluid intake, exercise in horizontal position, change posture, use of compression garments.

Bladder dysfunction- which is very Common complication and sometimes devastating to patient self-esteem. Also it may lead to bed sores. Bladder Training and changing positions play a key role in its rehabilitation.

Ergonomic modifications- at home and workplace for safety and prevention of injuries. Eg. Grab bars in toilets, non-slip tiles and low height shelves etc.

Play and Leisure – the 2nd innings of life needs to be as joyful as our childhood. We can relate it to the song "Dil to Baccha hai ji.... Thoda kachaa hai ji!"

-Dr. Sneha Goyadani
Occupational Therapist, Acupuncture specialist. Nagpur.

AGELESS & BOUNDLESS CREATIVITY

Several years ago a research on aged 90 plus Nuns in Switzerland revealed they had healthy happy brains, for they creatively engaged themselves in puzzles, cross-words, Sudoku and mathematics! Creativity is ageless and boundless. Let's seek inspiration from real life.

MORARJI DESAI:

INDIAN PRIME MINISTER AT 81! BHARAT RATNA, NISHAN-e-PAKISTAN, LED THE CIVIL DISOBEDIENCE MOVEMENT, LIVED TILL 99 YEARS!

MURLIDHAR DEVIDAS 'BABA' AMTE:

GAVE UP LAW PRACTICE TO FORM ANANDVAN, JOINED NARMADA BACHAO ANDOLAN AT 76! RAMON MAGSAYSAY AND TEMPLETON AWARD. ACTIVE TILL 94!

MOHANDAS KARAMCHAND 'MAHATMA' GANDHI:

MOST INFLUENTIAL LEADER, SALT SATYAGRAH AT 61 YEARS, QUIT INDIA MOVEMENT AT 73 YEARS, POLITICALLY AND SOCIALLY ACTIVE TILL 79 YEARS.

LATA 'DIDI' MANGESHKAR:

WORLD'S LARGEST RECORDED NUMBER OF SONGS- MORE THAN 30,000! SANG IN 20 REGIONAL LANGUAGES, SANG TILL HER END AT 92 YEARS, BHARAT RATNA!

MOTHER TERESA:

AT 72 YEARS, IN 1982, TRAVELLED TO THE WAR ZONE OF ISRAEL & PALESTINE TO RESCUE 37 CHILDREN, BHARAT RATNA, ACTIVE TILL HER END AT 87 YEARS!

MAHARISHI MAHESH YOGI:

FOUNDER OF TRANSCENDENTAL MEDITATION, FOUNDED INSTITUTES -INDIA, USA, UK, CHINA, AT 83 YEARS, IN 2000, STARTED WORK ON BUILDING PEACE PALACES- COMPLETED 8 PALACES BY HIS END IN 2008, ACTIVE TILL 91 YEARS!

MICHEALANGELO:

BEST KNOWN SCULPTOR, PAINTER, ARTIST, IN THE WORLD, FAMOUS FOR SISTINE CHAPEL FRESCO, ST.PETER'S BASILICA MURAL, STATUE OF MOSES, STARTED THE SISTINE CHAPEL AT 67 YEARS AND FINISHED AFTER 9 YEARS AT 76 YEARS, LIVED TILL 89 YEARS!

PABLO PICASSO:

PAINTED DARING EXPRESSIONS TILL 90 YEARS! TOP RANKED PAINTER OF 20TH CENTURY, AT 86 YEARS COMPLETED THE 50 FT / 15 MTS TALL SCULPTOR IN CHICAGO, USA, LIVED TILL 92 YEAR!

The list is endless! Get inspired and be creatively active till God's Will!

-Rita Aggarwal.

Consultant Psychologist, Nagpur.

