COGNITIVE SCIENCES AND HUMAN DEVELOPMENT

Challenges and Strategies of Mental Health Professionals Working with the Elderly in Malaysia

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ABSTRACT

Malaysia is expected to be an ageing nation by 2030, in which the elderly will make up at least 15% of the total population. As a result, there is a growing demand for well-trained mental health professionals (MHPs) to address the psychosocial and mental health issues faced by the elderly. To provide quality mental health care for the elderly, it is crucial for MHPs to equip themselves with the necessary knowledge, skills, and competencies to understand their unique needs and challenges. The aim of this qualitative phenomenological study was to explore the challenges and coping strategies of MHPs working with the elderly. Through in-depth interviews with five MHPs, the study identified several challenges, including stereotypes held by the elderly towards mental health services, communication barriers, and the impact of COVID-19 on the mental health of the elderly. The MHPs addressed these challenges using coping strategies such as increasing mental health awareness and support for the elderly, using appropriate communication methods, and facilitating access to mental health care. Future studies with a more significant number of MHPs from diverse demographic backgrounds and varying levels of working experience are recommended to gain a deeper understanding of the challenges involved in psychotherapy with the ageing population and identify optimal ways to overcome them.

Keywords: challenges, strategies, mental health professionals, elderly

1   INTRODUCTION

The ageing population is a global phenomenon, especially in developing and developed nations. Ageing is a natural and complex process that is inevitable. It is characterised by physiological changes and cell degeneration over time, resulting in a gradual decrease in mental and physical capacities and an increased risk of health problems and mortality (WHO, 2022). As we grow old, healthy ageing has become our primary goal. The World Health Organisation (WHO) defined the term "healthy ageing" as the process of developing and maintaining functional abilities in preparing one for healthy and quality ageing (Rudnicka et al., 2020). The Department of Statistics Malaysia (DOSM) reported that by 2030, more than 15% of Malaysia's population will be 65 and above (Adnan et al., 2020; Chee, 2020). The ageing population is attributed to factors such as lower fertility and longer life expectancy, which have significantly contributed to the extent of the aged population (Ramely et al., 2018). Factors such as a lower fertility rate and longer life expectancy contribute significantly to the extent of the aged population. DOSM also reported that the life expectancy at birth in Malaysia has increased by 1.3 years, from 74.3 years in 2011 to 75.6 years in 2021, with women having a higher life expectancy (78.2 years) than men (72.8 years).

There is a growing demand for well-trained mental healthcare professionals (MHPs) to address the specific needs of the elderly in Malaysia (Yusof et al., 2022). Elias (2018) conducted a review which revealed high prevalence rates of loneliness, anxiety, and depression among the elderly residing in long-term care settings. In Malaysia, the rates of loneliness were reported to be the highest at 95.5%, while anxiety and depression rates were 38% and 85.5%, respectively. National Health and Morbidity Survey (NHMS) 2018 (Institute for Public Health, 2019) reported that 5.3% of the elderly screened positive for depression, and a novel approach to screen for dementia revealed a prevalence of 8.5% among the elderly. To overcome social and health issues that are commonly stigmatised, better awareness, strong family support, and other community and societal measures are necessary for both the elderly and their caregivers. The common themes encountered in therapy with the elderly include life transitions, losses, physical health complaints, social isolation, and interpersonal conflicts (Tegeler et al., 2020). Living alone, experiencing multiple losses, and growing older and weaker increased the risk for the elderly to experience social isolation and loneliness. Munawar et al. (2021) also found that the elderly have lower levels of mental health literacy than the younger generation and may refuse to seek help from mental health professionals because they perceive the services as ineffective. The authors also highlighted the need for future work to fulfil the psychosocial needs of the elderly by increasing their mental health literacy.

The COVID-19 pandemic has exacerbated more serious mental health problems in both community-dwelling seniors and residents of long-term care facilities. The pandemic significantly disrupted the established healthcare system in Malaysia. Among the vulnerable and high-risk groups of COVID-19, the elderly were particularly at risk due to their long-term health issues, which increased the likelihood of experiencing severe side effects. Moreover, as one ages, his or her metabolism rate decreases, and immunity weakens, making him or her more susceptible to infections. Furthermore, Malaysia imposed a nationwide lockdown in March 2020 to prevent the spread of disease and overload of the healthcare system (Shah et al., 2020). The restriction of visitors or admission of new residents, which were not allowed in care homes during the pandemic,

safeguards the elderly and staff (Hasmuk et al., 2020). Face-to-face contact was also not allowed among the elderly and their family members, as they may consist of at-risk individuals (Chee, 2020). The residents were unable to spend quality time with their families, which may exacerbate grief, loneliness, tension, relationship breakdown, and uncertainty about the future, intensifying their vulnerability and quality of life.

Socioemotional Selectivity Theory (SST) proposes that as individuals age, they become more selective in their social relationships and prioritise those that offer emotional meaning and satisfaction (Carstensen, 2021). This theory has significant implications for mental health services as the elderly may require more individualised and relationship-oriented care. Various psychosocial interventions and psychotherapies have been shown to be effective in treating mental health issues in the elderly (Liu & Gellatly, 2021; Saunders et al., 2021; Tegeler et al., 2020). The three main types of MHPs in Malaysia are psychiatrists, clinical psychologists, and counsellors. The collaboration between psychiatrists, clinical psychologists, and counsellors is vital when working with the elderly with complex health issues. However, limited research and literature are available on the experiences of MHPs working with the elderly. To address this research gap, this study aims to explore the challenges and coping strategies used by MHPs when working with the elderly.

The following research questions were explored:

1. What are the challenges faced by MHPs working with the elderly?
2. How do MHPs overcome the challenges faced in working with the elderly?

2   METHODOLOGY

This study employed a phenomenological qualitative design to explore and gain a deeper understanding of the experiences of MHPs who work with the elderly in Malaysia. Phenomenological research involves collecting and analysing rich, in-depth participant data through interviews, observations, and other qualitative techniques. The aim is to identify the patterns and themes that emerge from participants' lived experiences, providing a deeper understanding of the phenomenon being studied (Grossoehme, 2014; Qutoshi, 2018).

Three open-ended questions guide the interview sessions:

(i)   What do you foresee as the general challenges of working with the elderly on their mental health?
(ii)   What do you foresee as the challenges of working with the elderly facing mental health issues due to the COVID-19 pandemic (or similar situations)?
(iii)   Can you describe some of the effective interventions or strategies that you used in working with the elderly on their mental health?

In this context, 'mental health professional' refers to a counsellor or clinical psychologist. Respondents were recruited through purposive criteria sampling procedure. The inclusion criteria of respondents were (1) individuals registered with the Board of Counsellors Malaysia and Malaysian Society of Clinical Psychology and (2) provided psychotherapy with the elderly in clinical settings in the past one year. Primary data collection for this study took place between May and June 2022. According to Creswell & Miller (2010), the sample size recommendation for the phenomenological study ranged between 5 and 25. Face-to-face semi-structured interviews were conducted with five (5) mental health professionals. Table 1 presents the summary background information of the respondents. This sample comprised three (3) counsellors and two (2) clinical psychologists, aged between 27 to 56 years old, who were chosen to participate in this study from government clinics, non-governmental organisations, and private institutions.

Table 1. Summary of background information of the respondents.

Sample	Gender	Age	Ethnic	Clinical Settings
C1	Female	56	Chinese	Private institutions
C2	Female	29	Malay	Government clinics
C3	Female	41	Chinese	Non-governmental organisation
CP1	Male	27	Chinese	Non-governmental organisation
CP2	Female	30	Malay	Government hospital

Notes: C-Counsellor; CP-Clinical Psychologist

The authors contacted potential respondents via phone call or email to explain the purpose of the study and schedule a one-to-one interview session. The data was collected using an in-depth semi-structured interview. The authors contacted the respondents who agreed to participate and were interviewed using Zoom videoconferencing software, with their consent recorded. Interviews lasted between 30 to 45 minutes and were conducted in English. The data from each interview was transcribed verbatim and analysed using thematic analysis. The transcript was manually analysed to identify the emerging word, phrase, or paragraph patterns. Keywords were collected, categorised, and suitable themes were developed in alignment with the research questions of this study.

3   RESULTS

Based on the findings, the experiences of MHPs working with the elderly were categorised into two main themes, including the challenges they face when working with the elderly and the coping strategies they use to overcome these challenges.

3.1   Theme 1: Challenges faced by mental health professionals

The findings identified that MHPs encountered three major challenges when working with the elderly, including stereotypes of the elderly towards seeking mental health services, communication barriers, and the impact of COVID-19 on the mental health of the elderly. These challenges made it difficult for MHPs to connect with the elderly requiring mental health services.

3.1.1 Stereotypes of the elderly towards seeking mental health services

Most respondents stressed that the elderly still lack awareness when discussing mental health issues (C1, C3, CP1, CP2). C1 stated that the elderly often do not recognise or acknowledge their mental distress or emotions. Mental health is still considered taboo or a stigma that is not worth mentioning, nor is it appropriate to seek professional help. The respondents also told us that some of the elderly were reluctant to attend therapy, especially those referred by psychiatrists (C3, CP1, CP2). CP2 further explained that therapy is not a common coping strategy for them, and they are rarely seen in therapy sessions. Sometimes the elderly prefer an immediate solution to the issues instead of exploring their underlying struggles and causes (CP1). C1 also described that the elderly do not want to be a financial or emotional burden on their families. They are used to being the breadwinners or the pillars of their families, and they feel that they have to be strong to support and protect the family, so they rarely show their vulnerabilities to others, especially their loved ones. They often perceive vulnerability as a sign of weakness.

> *"Sometimes the elderly people are not keen to join counselling sessions. They seldom admit their problems or vulnerabilities. They are used to keeping most things to themselves. They are not ready for sessions." (C3)*

3.1.2 Communication barriers

The respondents identified the communication barriers when providing psychotherapy to the elderly, including language preferences, repetition, and generation gaps. Firstly, MHPs faced difficulties communicating with the elderly in languages that were unfamiliar. All respondents stated that most of the elderly preferred to speak in their dialects. Communicating in familiar languages could help the elderly feel safe and open to sharing in therapy. (C1,C3,CP1). For instance, Mandarin is the common Chinese Language; other dialects are Hokkien, Hakka, Cantonese, and Teochew.

> *"Another challenge is the language barrier, such as showing how the Chinese language comes with many different dialects. (The) elderly are more open to sharing their stories if the counsellors are able to speak using their familiar dialects." (C1)*

The elderly tended to talk non-stop during therapy sessions, especially when they trusted and depended on their counsellors (C1). Moreover, the elderly were found to constantly repeat the same stories or get distracted by irrelevant information during therapy (C1, C2, C3). According to the respondent's experiences (C1), she did not assume that the elderly were being repetitive because of forgetfulness but believed there might be a hidden meaning behind the seemingly important stories they were telling. The elderly may feel empowered when they discover they can share their life stories with someone willing and interested in listening to them (C1, C3).

> *"They are like nagging or repeating the topic again. When they talk about topic A, they suddenly jump to another story and easily get distracted by their own stories and experiences." (C2)*

Furthermore, the respondents (C2, CP1 & CP2) acknowledged that the generation gaps sometimes made the discussions difficult, and some of the elderly held certain prejudices or stereotypes that young MHPs could not help them deal with their issues. CP1 stated that the elderly often assumed that young MHPs did not understand them, which led to difficulties building trust in therapy. Additionally, some respondents mentioned that age differences might contribute to communication difficulties. They preferred talking to MHPs in a similar age group or background to themselves, believing this could help them be better understood.

3.1.3   Impact of COVID-19 on the mental health of the elderly

The respondents shared the typical impacts of COVID-19 on the mental health of the elderly. The elderly encountered cumulative effects of multiple losses during the pandemic, which profoundly impacted their overall well-being. C2 stated that mourning in their cultural practices was restricted during the pandemic, affecting the grieving process of the elderly. The elderly did not find proper outlets to express their grief and cope with the losses. Moreover, the elderly also found it challenging to adapt to new changes and the frequent updates of SOP. The confusion heightened their fear, anxiety, and uncertainty, resulting in the deterioration of their mental health.

> *"The symptoms are usually much worsened when they come to us as they are trying to avoid coming to the hospitals due to fear of contracting COVID-19 and also due to SOP. They are afraid of dying and became apprehensive and extra cautious." (C3)*

Moreover, the elderly faced limited access to mental health services during and post-pandemic. The respondents highlighted that most of the time, the elderly were recommended to opt for telehealth as a safe and convenient option for obtaining mental health services at home to minimise the risk of contracting COVID-19. However, C1, CP1 and CP2 discussed that most were not tech-savvy, making it difficult for them to reach out or utilise teleconference platforms to seek mental health services during the pandemic. C1 further elaborated that even the tech-savvy elderly also found it challenging to express their concerns through virtual therapy via phone or teleconference. MHPs also encountered difficulties in providing assessments or interventions through virtual therapy.

3.2   Theme 2: Coping strategies used to overcome the challenges faced

In response to the challenges mentioned above, respondents were asked about their coping strategies for managing and overcoming them. MHPs indicated several coping strategies, including improving mental health awareness and support for the elderly, using appropriate communication methods, and facilitating access to mental health care. MHPs were found to be mentally prepared and practical in handling these challenges. They also were concerned that if these issues were not addressed or ignored, they might further exacerbate the mental health and ageing process of the elderly.

3.2.1   Improving mental health awareness and support for the elderly

Most respondents suggested that organising psychoeducation outreach programmes could effectively raise mental health awareness in the community and encourage the elderly to seek help. C1 emphasised the importance of social support from families and others for the overall health and well-being of the elderly. She initiated psychoeducation workshops and group activities for community-dwelling and institutionalised elderly to increase their social participation. During these activities, she observed those who seemed to be experiencing emotional distress and invited them for individual therapy if necessary. Similarly, CP2 recommended MHPs approach community settings such as places of worship and recreational parks where the elderly usually gather. They also suggested providing community activities and resources to help the elderly stay active and healthy (C2, C3, CP2).

> *"I think it can start with the community. I think there are group activities in the community, or government homes for the elderly, or we can start some activities in the community, and then reach out to the elderly who need counselling. Additionally, we can provide the elderly in the community with some of the counselling resources. MHPs can also participate in their community activities and take the initiative to get to know the elderly better." (C1)*

3.2.2   Using appropriate communication methods

MHPs could address communication barriers by validating and acknowledging clients' feelings when they repeat the same stories. They also need to be aware of how to respond or engage in conversations when working with the elderly about their negativity and tendency to complain to avoid offending them quickly. Additionally, MHPs could focus on guiding the elderly to achieve the goals and objectives of therapy by interpreting the hidden meanings behind their repetitive stories (C2). C1 suggested that MHPs could help clients summarise and highlight the main points of their stories and express gratitude for their willingness to commit to the sessions. By respecting and appreciating clients' wisdom and experiences, MHPs can entertain their curiosity and interest, making them feel validated, valued, and appreciated (C1, C2, CP2). C3 stated that MHPs must adapt their communication methods, such as speech rate, volume, and tone of voice, to improve communication with the elderly. Respondents mentioned that universities in Malaysia offer no comprehensive programmes focusing mainly on ageing and therapy for those in the age range. Instead, knowledge and skills were gained only through courses, workshops, and other multidisciplinary approaches (C1, C3). CP1 expressed interest in learning more about the issue but found it challenging to access related agencies providing such workshops or courses.

> *"When they jump from topic to topic or repeat a certain one, then I will not focus on nagging, but focus on the counselling objectives to maintain professionalism. When we show respect to them and the experiences shared by them, they will respect and follow our intervention too." (C2)*

Moreover, the respondents emphasised the importance of gathering and reviewing information about the elderly's background using registration forms. This information includes their gender,

ethnicity, age, marital status, religion, and preferred language. This pre-assessment aims to match the elderly with the most suitable MHPs based on their language preferences and other demographics. MHPS must have knowledge, skills, and a positive attitude towards working with the elderly from diverse cultural backgrounds (C1, C3, CP2). If the mental health issues of the elderly are beyond the competence of their MHPs, they must be referred to other professionals who can provide better assistance. MHPs also can improve their communication by practising empathetic and compassionate listening to bridge the gap between generations.

3.2.3 Facilitating access to mental health care

To address the restrictions caused by the pandemic, C3 expressed gratitude for the 24-hour crisis hotline services introduced by the government and non-governmental organisations during the COVID-19 pandemic, such as Talian Kasih and Mercy Malaysia. These psychosocial hotlines are still operating post-pandemic and effectively serve as avenues for emotional validation and support in the community. The hotline volunteers were well-trained to provide emotional support in different languages in order to cater to the diverse ethnic groups of Malaysia. However, she recognised that mental health care services that responded to the psychosocial needs of rural communities were still limited and needed to be improved in the future.

The respondents also highlighted that psychosocial groups were effective interventions that provided support and mental health care to the elderly with mental health issues and their families or caregivers. A support group among people with shared experiences may help the elderly feel connected and empowered, motivating them to manage their mental health. In the support group, MHPs or facilitators could also share self-help tips with the elderly, such as practising relaxation techniques or engaging in new hobbies to enhance their coping skills. (C2, CP1, CP2). MHPs have to assist and facilitate the elderly in obtaining mental health care. C1 explained that for the elderly who struggle to express themselves in virtual talk therapy, MHPs could wisely use online visual aids, such as emotion or metaphor cards, to help them reflect on and express their experiences.

4   DISCUSSION

This study aimed to understand the experiences of MHPs working with the elderly. The findings revealed two main themes related to their experiences: the challenges MHPs faced when working with the elderly and their coping strategies to address those challenges. MHPs encountered three major challenges when working with the elderly, including stereotypes of the elderly towards seeking mental health services, communication barriers, and the impact of COVID-19 on the mental health of the elderly. In response to these challenges, we also provided findings on three coping strategies: improving mental health awareness and support for the elderly, using appropriate communication methods, and facilitating access to mental health care.

The negative perceptions of having a mental illness and seeking mental health services can act as a barrier for the elderly seeking psychotherapy from MHPs. This finding was consistent with a review by Munawar et al. (2021), which found that the elderly tended to have low levels of mental health literacy and are reluctant to seek help from professionals. Despite the increased efforts to raise mental health awareness in recent years, adverse mental health stereotypes persist among the

elderly. They may not acknowledge their emotional distress and view mental health issues as a sign of vulnerability. Moreover, negative perceptions of ageing are linked to poor well-being, poor health and functioning, physiological decline, and a lack of healthy behaviours. The study by Warmoth et al. (2016) also showed that the elderly are less likely to seek help for their physical and mental health when they hold negative attitudes towards ageing. MHPs discussed several interventions or effective strategies to address this issue. Organising psychoeducation or community outreach programmes, as well as actively engaging with community-dwelling or institutionalised elderly, can help raise mental health awareness among the elderly. Educating the elderly about the therapy process may help set appropriate expectations and build rapport with them. Once they understand this, most concerns related to ageing can be alleviated, which could subsequently lead to active engagement in therapy sessions. Additionally, a multidisciplinary approach can be employed by working closely with other aged care professionals, such as geriatricians, physiotherapists, and caregivers, to overcome the possible barriers caused by stigma.

MHPs also discovered that the elderly often exhibited repetitive behaviour or became easily distracted by irrelevant information. They may also experience physical declines, such as difficulty hearing or poor vision, which can impede the effectiveness of therapy. To address the communication barriers, MHPs must be aware of their tone and volume when speaking, possibly speaking slowly and clearly, to ensure they are understood during therapy sessions. Additionally, MHPs could prepare written materials in larger font and letter sizes for clients experiencing vision decline. Supplementary methodologies may also contribute to solving these issues (Tatemoto et al., 2021). For instance, an online translation tool is currently available, and it is user-friendly and effective in assisting individuals to overcome language differences and barriers. Sometimes, the elderly also request assistance from a translator or interpreter—either a caregiver or a family member as a companion that could help them convey their needs and specific expectations in their messages. MHPS must equip themselves with effective communication skills to better engage in and facilitate conversations with the elderly, providing them with a supportive and warm environment to explore underlying emotions and thoughts. Validation is another helpful technique for addressing the repetition tendencies in their stories, reassuring them that MHPs are there to compassionately acknowledge their experiences instead of ignoring them completely. It is crucial to validate the characteristics and needs of the elderly, promoting their resources and sense of autonomy. Understanding the characteristics and needs of the elderly can help develop trust and empathy between MHPs and their elderly clients during sessions, leading to practical therapeutic effects that help them better cope with transitions and losses related to ageing.

This study also examined the impact of the COVID-19 pandemic on the mental health of the elderly. Many elderly individuals are experiencing increased levels of grief, fear, anxiety, and helplessness. The frequent changes in SOP and restrictions on visitation and cultural bereavement have profoundly affected the overall well-being of the elderly. Moreover, the fear of contracting COVID-19 or dying from it has deterred the elderly from seeking professional mental health services, exacerbating their mental health issues. Similarly, Tegeler et al. (2020) also highlighted the need for psychosocial support for vulnerable elderly individuals during the COVID-19 pandemic and for greater flexibility among MHPs to provide psychotherapy. In our study, MHPs were also flexible in implementing more effective strategies and interventions to facilitate access to mental health care for the elderly during the pandemic, including using technology, psychosocial

support groups, meaningful group engagement activities, and sharing self-help tips to enhance their coping skills. Furthermore, MHPs also actively assisted elderly individuals who had difficulty using technology or expressing themselves during virtual therapy by providing guide manuals, tutorial videos, or online therapeutic tools, such as emotional or metaphoric cards.

5   CONCLUSION

Overall, this study highlighted the challenges faced by MHPs when working with the elderly and the coping strategies they utilised to address these challenges. The findings suggested that negative stereotypes associated with mental health, communication barriers, and the negative impact of COVID-19 on mental health were significant challenges faced by MHPs when working with the elderly. To address these challenges, MHPs recommended coping strategies such as improving mental health awareness and support of the elderly, using appropriate communication methods, and facilitating access to mental health care.

Our study suggested that training and awareness programmes should work simultaneously to meet the demands of aged care services. To provide effective treatment and intervention, MHPs need to be aware of the social needs and preferences of the elderly and their unique life experiences. They can equip themselves with the relevant knowledge, specific skills, and competencies through accessible resources such as comprehensive courses in gerontology and aged caregiving training, as well as continuous practical experiences. As SST emphasises the importance of providing emotional support and a sense of connection with the elderly, MHPs can incorporate SST by creating a supportive and warm environment, establishing a positive therapeutic relationship, and utilising interventions that promote emotional well-being.

It is important to note that our study only involves five MHPs. Future studies should involve a larger number of MHPs from diverse demographic backgrounds and with varying levels of working experience to gain a more comprehensive understanding of the challenges and identify optimal ways to address them. Additionally, collecting qualitative and quantitative data on the elderly suffering from mental health problems or undergoing psychotherapy with MHPs may provide valuable findings into their experiences and perspectives on their challenges in seeking and receiving mental healthcare.

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