

Guest Editorial: Mental Illness in Older Adults

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Article:

Mental illness in older adults is an important issue: It is estimated that 20% of older adults in the general U.S. population have a mental illness (Bartels, Blow, Van Citters, & Brockmann, 2006). Mental illnesses such as depression, anxiety, schizophrenia, bipolar disorder, and substance use disorders affect older adults, yet there is little in the literature about these topics when compared with the volumes that are written about dementia and Alzheimer's disease. A cursory search of the term dementia in the Cumulative Index to Nursing and Allied Health Literature resulted in 18,469 articles; however, the combined search terms mental illness and older adults returned only 98 articles. The numbers improved when specific psychiatric diagnoses were searched. For example, depression and older adults yielded 1,788 articles, and anxiety and older adults resulted in 389 articles, still far fewer than those related to cognitive disorders.

Why has mental illness in older adults received only little attention in the literature? Is it because of the stigma associated with mental illness? Is it the belief that mental illness is not prevalent in older adults? Do symptoms of mental illness in older adults get misappropriated to other diagnoses or to simple personality eccentricities? Is it a lack of knowledge and comfort with older adults who have mental illness? Are funding sources to blame? This issue of the *Journal of Gerontological Nursing (JGN)* will share some important work in the area of mental illness in older adults and demonstrate its relevance to gerontological nursing practice, research, and education.

The article written by my colleagues Sherrod, Quinlan-Colwell, Lattimore, Kennedy-Malone, and I on pages 20-27 focuses on bipolar disorder in older adults that gives gerontological nurses specific evidence-based guidelines, including assessment and intervention criteria and decision-making algorithms, which can be used with older adults experiencing symptoms of bipolar disorder. The study conducted and reported by Lach, Chang, and Edwards on pages 30-37 about the use of the Geriatric Depression Scale (GDS) with older adults with and without dementia provides valuable evidence on the usefulness of the shorter versions of the GDS in populations including adults with mild to moderate dementia. Leutwyler and Wallhagen's article on pages 38-45 reports on a study about building and eroding trust between older adults with schizophrenia and health care providers in an effort to understand physical health and health care disparities. Finally, completing this issue is Carroll's article on pages 47-52 about the thought-provoking topic of capacity for medical decision making.

JGN's Editor, Kathleen Buckwalter, and managing editor, Karen Stanwood, deserve praise for conceiving and planning this issue, which is devoted to such an important topic. I hope you enjoy this issue and that it will inspire other scholarly works on older adults with mental illness.

REFERENCE

Bartels, S.J., Blow, F.C., Van Citters, A.D., & Brockmann, L.M. (2006). Dual diagnosis among older adults: Co-occurring substance abuse and psychiatric illness. *Journal of Dual Diagnosis*, 2(3), 9-30.