



# Dementia and mental health

## MENTAL HEALTH & WELLBEING

This evidence theme on dementia and mental health is a summary of one of the key topics identified by a scoping review of dementia research.

### Key points

- Mental health conditions (including depression and anxiety) are common among people living with dementia.
- Detecting mental health conditions in people with dementia is complicated as symptoms of dementia, depression, anxiety, and other conditions can be quite similar.
- Some non-pharmacological therapies show promise in treating depression and anxiety in older adults living with dementia. These include cognitive behavioural therapy and modified problem-solving therapy.
- Music-based interventions are a highly-researched approach to treating mental health conditions among people with dementia, but their effectiveness is not clear.

### What is the issue?

Dementia is a condition that impacts a person's thinking, behaviour and ability to perform everyday tasks. [1] There are more than 100 different causes of dementia, including Alzheimer's disease and vascular dementia. [1] For more information about dementia in general, see our dementia care topic.

Mental health conditions such as depression and anxiety are common among people living with dementia. [2] People with dementia living in residential aged care are particularly at risk of developing symptoms of depression. [3] However, detecting mental health conditions among people with dementia is complicated due to the overlap of symptoms of dementia, depression, anxiety, and other conditions (e.g., psychosis, mania, traumatic stress). [4]

Depressive symptoms are present in between 20 and 50 per cent of people living with dementia. [3, 5] Signs of depression in dementia include:

- Loss of interest in previously enjoyed activities
- Low energy
- Difficulty sleeping
- Loss of appetite and/or weight
- Feelings of sadness and worthlessness
- Being unusually emotional, tearful, angry, or agitated
- Increased confusion. [5]

Less is known about the prevalence of anxiety among people living with dementia who are receiving aged care services. However, a recent study suggested that anxiety was present in between approximately 39 per cent of people diagnosed with dementia. [6] Sometimes anxiety occurs because of changes in the brain associated with dementia, and sometimes it occurs in response to changes in someone's environment. [7] Signs of anxiety in dementia include:

- Restlessness, pacing, or fidgeting
- Doing the same things over and over
- Becoming upset when someone leaves
- Following people around closely. [7]

In part due to the difficulties detecting mental health conditions in residential aged care, people may not receive the mental health care they need. [8] Both anxiety and depression are treatable, and outcomes are often better if these conditions are noticed earlier. [7, 9] If you are worried about someone's mental health, you might choose to speak to them about it and/or suggest seeking help from a general practitioner or other health professional.

There is also a growing number of screening tools for detecting depression or anxiety in older adults, [3] including ones suitable for use with people with dementia. To learn more about using screening tools to detect mental health conditions, see the [screening tools](#) theme on our website.

## What does the research tell us about dementia and mental health?

Overall, the research suggests that for people living with dementia:

- Depression and anxiety are linked to lower quality of life. [10]
- Symptoms of depression and anxiety have increased since the beginning of the COVID-19 pandemic. [11]
- Caregiver distress may lead to increased depressive symptoms and decreased psychological wellbeing for the person living with dementia. [12]

For both people with and without dementia, most research is focused on depression rather than other mental health conditions such as anxiety, psychosis, mania, or traumatic stress. [13]

## Potential treatments

Many of the included reviews focused on interventions to reduce mental health conditions among people living with dementia. We focused on non-pharmacological approaches only, but pharmacological approaches are also an important component of treating mental health conditions among people living with dementia.

Conducting research in dementia is particularly complicated due to issues with ethical recruitment and retention, as well as the progressive nature of dementia. [14, 15] Therefore, traditional research approaches (such as randomised controlled trial models) may be less likely to demonstrate whether an approach is effective or not among this population. However, some of these approaches may provide short-term comfort and are still very worthwhile trying with individuals.

Some studies found that both problem-solving therapy and modified cognitive behavioural therapy (CBT) could reduce symptoms of depression in older adults with mild symptoms of dementia. [13] The modifications in the CBT studies included:

- Having another individual such as a spouse or carer attend the sessions to support with learning the skills and undertaking homework tasks
- More emphasis on behavioural rather than cognitive interventions
- Use of visual cues in the form of reminder cards or written summaries
- More time spent practicing strategies during the session
- Explicit discussions of the individual's diagnosis
- Allowing for more off-topic discussions. [13]

The use of music has been extensively studied in people living with dementia. This can involve listening to or engaging with music in either individual or group settings. Although music-based interventions have undergone extensive research, their effectiveness remains uncertain. This is because some studies reported that music was effective in reducing depression and anxiety, and others reported no benefit. [16-20]

Other interventions with mixed findings of this type include:

- Reminiscence therapy [21]
- Activity-based interventions and recreational therapy [20, 22]
- Massage and touch [23]
- Light therapy [24]
- Information and communication technology-based interventions (e.g., cognitive training using a touchscreen tablet, or exercising using a virtual reality headset) [25]
- Interventions identifying goals of care. [26]

Some interventions have not yet been shown to be effective in improving the mental health and wellbeing of people living with dementia. These approaches include:

- Engagement with lifelike dolls [18]

- Reality orientation (a therapeutic technique which focuses on providing information about the person's environment to orient a person to their surroundings) [27]
- Being in gardens and outdoor spaces. [28]

## Evidence limitations

The reviews we identified highlighted some concerns about the methods used in some of the studies. This reduces the degree of certainty we might have about what works to reduce depression and anxiety among people with dementia. For example:

- There is little research about mental health and wellbeing among people living with dementia during their transition to residential aged care despite this being a particularly vulnerable time in people's lives. [26]
- The type and severity of individuals' dementia was not always clear in the studies, making it difficult to tell who might benefit from certain approaches. [10, 17, 24]
- Specific details about how the researchers conducted some studies were often not provided. [27]
- Some studies only had a small number of participants. [11, 13, 17-19, 28]
- It was sometimes unclear how researchers tailored certain interventions to suit the individual. [22]
- Compared to depression in this population, anxiety and other conditions are less researched and rarely or never reported on. [20]
- Most studies focus on ways to reduce symptoms of mental health conditions, but few suggest ways to improve people's wellbeing to prevent these problems occurring in the first place or to improve overall quality of life.

## What can an individual do?

Although there are mixed findings about what is effective to improve mental health and wellbeing among people living with dementia, many of the approaches are safe and may be effective for some people. Consider the preferences of the people in your care and what they may benefit from. You may also:

- Refer or escalate concerns you might have about someone's mental health.
- Listen to people non-judgementally, provide reassurance and support, and respond to changes in behaviour calmly.
- Be aware that dementia can often impact an individual's motivation.
- If a daily activity becomes challenging, talk through the activity in advance, and provide reassurance and support to build confidence.
- Encourage individuals to continue their exercise routine.
- Participate in mental health training and gain confidence in talking about mental health with the older people you work with.

## What can the organisation do?

- Implement regular screening for mental health conditions.
- Have clear processes in place to refer individuals to a GP or other practitioner (e.g., a psychologist, counsellor, social worker, or other mental health provider) who can assist with providing support and initiating next steps.
- Provide regular staff training to enable confidence and knowledge about mental health.
- Put clear procedures in place so staff know what to do if they notice that a person's wellbeing is low.
- Create a culture of understanding among staff regarding the impact dementia can have on motivation and task initiation.
- Encourage and support staff to come forward with any concerns.
- Employ someone with mental health expertise within your organisation and have clear referral pathways to external mental health providers.

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