

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.ajgponline.org

Editorial

The Spectrum of Ageism, Mentalism, and Ableism: Expressions of a Triple Jeopardy

Kiran Rabheru, M.D., C.C.F.P., F.R.C.P., D.A.B.P.N.

ARTICLE INFO

Article history:

Received June, 28 2021

Accepted June, 28 2021

Globally, mental health systems have been in crisis for decades, prompting calls for a “revolution” in mental health.¹ Today, there are 703 million people aged 65 or older, a number that is projected to reach 1.5 billion by 2050.² Of these, approximately 20% will have mental health conditions such as dementia, depression, anxiety and substance use, often complicated by physical and psychosocial comorbidities culminating in disability.³ These ominous trends have been accelerated by the COVID-19 pandemic with widespread increases in brain health challenges.

The COVID-19 tragedy combined with the extensively entrenched societal ageism, has created a dual pandemic, leading to a widespread and devastating impact on older persons’ lives everywhere. This deplorable situation has created an urgent ethical,

moral, and legal imperative to establish effective ways to enhance and protect the human rights of older persons.^{4–11} The impact of the twofold pandemics has laid bare decades of discriminatory shortcomings of society towards the plight of older persons, especially those who live with mental health conditions and psychosocial disability. Previously implicit biases towards older persons (ageism), coupled with discrimination against mental symptoms or conditions (mentalism), and prejudice against people with disabilities (ableism), have become much more explicit during the period of the COVID-19 pandemic. We have all witnessed agonizing and distressing stories of older persons previously functioning well who have succumbed due to the flagrant violations of their basic human rights. These include many reports of immeasurable suffering as a result of social isolation

From the University of Ottawa, Professor of Psychiatry, Ottawa, Ontario, Canada. Correspondence and reprint requests to Kiran Rabheru M. D., C.C.F.P., F.R.C.P., D.A.B.P.N., University of Ottawa, Professor of Psychiatry, 1-72 Queen Elizabeth Drive, Ottawa, Ontario, Canada K2P 1E4 e-mail: kiranrabheru@hotmail.com

Geriatric Psychiatrist, The Ottawa Hospital

Professor of Psychiatry, University of Ottawa

Board Member, International Psychogeriatric Association (IPA)

Chair, Steering Group, Global Alliance on the Rights of Older People (GAROP)

Chair of the Board, International Longevity Centre (ILC) Canada

© 2021 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.jagp.2021.06.019>

The Spectrum of Ageism, Mentalism, and Ableism: Expressions of a Triple

and loneliness, precipitous decline in physical health, increased frailty, severe cognitive, functional and behavioral changes, insurmountable fear, paralyzing anxiety, symptoms of depression often accompanied by suicidal behavior and medically assisted suicide, not to mention the devastating impact on the families and loved ones. Older persons have been left behind, made invisible, and marginalized with respect to their human rights in every sense; ethically, based on an individuals' subjective wisdom of right from wrong; morally, based on widely-shared communal or societal norms; and legally, based on a state's or community's recognition and regulation of the actions of its members and possible enforcement by the imposition of penalties.

The existing Universal Declaration of Human Rights (UDHR)¹² of 1948, and the subsequent nine core human rights treaties¹³ based on the UDHR template, e.g., the right to protect children, women, and persons with disabilities, are applied today on a permanent basis at global and regional levels. The UDHR was a milestone document when adopted in 1948, setting out for the first time, 30 fundamental universal human rights, but with the notable exception of the rights of older persons. A key fact to remember is that the phenomenon of aging was not a major consideration in 1948, when the average life expectancy was 64.6 years,¹⁴ versus 82.66 years¹⁵ in 2021.

The World Health Organization global report on ageism published in March 2021 states that one of every two people are ageist against older people.¹⁶ The most comprehensive global review of the health consequences of ageism is a meta-analysis published in 2020, with over 7 million participants¹⁷ demonstrating poor health outcomes in 95.5% of studies, with a strong association between mental health conditions and ageism. Individuals with internalized negative representations of old age had higher prevalence of psychiatric conditions with depression being the most frequent in 6.33 million cases globally. The first major study of the economic impact of ageism published in 2020¹⁸ considered the impact of discrimination aimed at older persons, negative age stereotypes, and negative self-perceptions of aging on health in persons aged 60 years or older as predictors of ageism in the United States. It estimated that over a one-year period, the financial impact of ageism on health care was \$63 billion. Furthermore, it predicted that reduction in ageism is likely to result in health

benefits for older persons and be cost-effective, especially for less-developed countries, where a large increase in the numbers of older persons is anticipated in the future. An exemplary Brain Capital Grand Strategy (BCGS)¹⁹ has recently been proposed embracing the concept of brain health and brain skills as contributors to the world's Brain Economy, integrating emotional, behavioral, and cognitive strengths of all persons across the life span. Brain health is critically shaped by the social, economic, physical, and cultural environments in which people live, work, and play. Compromised brain health greatly increases the risk of disorders across the life span, hindering the achievement of the person's full human potential. The Strategy calls for alignment of diverse public and private entities, innovation and action across all levels, sectors, and systems of society across the world to focus on brain health and produce brain skills as an essential element to catalyze progress. However, for BCGS to succeed with effective interventions impacting the brain health and brain skills of older persons, a critical prerequisite will be combating ageism and inclusion of human rights in all policies by governments to promote health and well-being, as well as social and ethical determinants of health and illness.

This special thematic issue of the AJGP aims to accelerate and build momentum for transforming the current global narrative with strong negativity bias to one where every older person is able to fully enjoy their life. By using a human rights-based lens, each article in this issue aims to reduce the burden of ageism, mentalism, and ableism permeating virtually every aspect of older persons' lives. Each author highlights special viewpoints on the ethical determinants of the mind, brain, and mental health of older persons. Prevention strategies against a perfect storm of ageism and mentalism is featured by Rabheru. Ageism during the pandemic, its manifestation, etiology, and impact is highlighted in an article by Ayalon et al; in two separate articles, Ayalon and colleagues also focus on the right to work and climate change. The right to justice is well captured in an article by Mitchell and team. Hamilton and colleagues underscore the special unmet needs of older women in society, while Verbeek et al. illuminate important aspects of inclusive living and care for older persons with dementia. Dignity and its critical impact on ageism and human rights of older persons is the focus of an

article by Banerjee and Ivbijano. Pesiah and colleagues underscore the importance of a good death and dying well, while Wand and associates focus on the evolving and controversial topic of suicide as an end point of ageism and human rights violation. Two often neglected topics highlighted include sexuality and intimacy by Pesiah et al. and the right to oral health by Gibney et al. A special feature is an editorial by Ms. Claudia Mahler, Independent Expert on the human rights of older persons from the Office of the High Commissioner, Human Rights (OHCHR) United Nations (UN) and Mr. Gerard Quinn, UN Special Rapporteur on the rights of persons with disabilities.

The International Psychogeriatric Association (IPA) and the World Psychiatric Association-Section of Old Age Psychiatry (WPA-SOAP) join the call to action to reduce ageism, change the status quo, and in

the professional roles of each member, to fully embrace and support the human rights of older persons. The IPA and WPA-SOAP has issued a Joint Statement on the Rights of Older Persons with Mental Health Conditions and Psychosocial disabilities with specific strategies supporting human rights in our professional roles working in mental health (see Table 1).²⁰ The IPA and WPA-SOAP are fully committed to support and promote a United Nations (UN) convention on the rights of older persons to safeguard that older persons with mental health conditions and psychosocial disabilities can live free from discrimination and are able to fully enjoy their rights.

Kiran Rabheru is the sole author of the contents of this Invited Editorial.

Kiran Rabheru does not have any conflicts to report.

References

1. World needs "revolution" in mental health care – UN rights expert <https://www.ohchr.org/EN/NewsEvents/Pages/Display-News.aspx?NewsID=21689>
2. United Nations Department of Economic and Social Affairs, Population Division (2020). World Population
3. WHO. Mental health of older adults <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>
4. Tehrani H: Mental health stigma related to novel coronavirus disease (COVID-19) in older adults. *Geriatrics Gerontol Int* 2020; 20:796-797;doi:10.1111/ggi.13985
5. Banerjee D: Age and ageism in COVID-19: elderly mental health-care vulnerabilities and needs. *Asian J Psychiatr* 2020; 51:102154;doi:10.1016/j.ajp.2020.102154
6. Colenda CC, Reynolds CF, Applegate WB, et al: COVID-19 pandemic and ageism: a call for humanitarian care. *J Am Geriatrics Soc* 2020; 68:1627-1628;doi:10.1111/jgs.16663
7. Maxfield Molly, Pituch Keenan A: COVID-19 worry, mental health indicators, and preparedness for future care needs across the adult lifespan. *Aging Mental Health* 2020;doi:10.1080/13607863.2020.1828272
8. Lytle Ashley, Apriceno MaryBeth, Macdonald Jamie, et al: Pre-pandemic ageism toward older adults predicts behavioral intentions during the COVID-19 pandemic. *J Gerontol B Psychol Sci Soc Sci* 2020; XX(XX):1-5;doi:10.1093/geronb/gbaa210
9. Flett GL, Heisel MJ: Aging and feeling valued versus expendable during the COVID-19 pandemic and beyond: a review and commentary of why mattering is fundamental to the health and well-being of older adults. *Int J Ment Health Addiction* 2020; doi:10.1007/s11469-020-00339-4
10. Cruise C, Lashewicz B: COMMENTSSay What?! ableist logic used in misguided attempt to combat ageism during COVID-19. *J Am Geriatrics Soc* 2021; 69:47-48;doi:10.1111/jgs.16932
11. Colenda CC, Reynolds CF, Applegate WB, et al: Reply to: say what?! ableist logic used in misguided attempt to combat ageism during COVID-19. *J Am Geriatrics Soc* 2021; 69;doi:10.1111/jgs.16934, 48-48
12. United Nations Universal Declaration of Human Rights (UHDR) <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
13. The Core International Human Rights Instruments and their monitoring bodies. <https://www.ohchr.org/en/professionalinterest/pages/coreinstruments.aspx>
14. Average life expectancy in 1948 Google accessed April 22, 2021
15. Average life expectancy in 2021 Google accessed April 22, 2021
16. Global report on ageism. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.<https://apps.who.int/iris/bitstream/handle/10665/340208/9789240016866-eng.pdf?sequence=1&isAllowed=y>
17. Chang E-S, Kanno S, Levy S, et al: Global reach of ageism on older persons' health: a systematic review. *PLoS ONE* 2020; 15: e0220857;doi:10.1371/journal.pone.0220857
18. Levy Becca R, Slade Martin D, Chang E-Shien, et al: Ageism amplifies cost and prevalence of health conditions. *The Gerontologist* 2020; 60:174-181;doi:10.1093/geront/gny131
19. Smith Erin, Ali Diab, Wilkerson Bill, et al: A brain capital grand strategy: toward economic reimagination. *Molecular Psychiatry* 2021; 26:3-22;doi:10.1038/s41380-020-00918-w
20. IPA and WPA-SOAP has issued a Joint Statement on the Rights of Older Persons with Mental Health Conditions and Psychosocial disabilities <https://www.ipa-online.org/UserFiles/file/IPAWPA-SOAPjointstatementMarch2021.pdf>