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**MA Healthcare**  
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The *British Journal of Community Nursing* is published by

MA Healthcare Ltd, St Jude's Church,  
 Dulwich Road, London SE24 0PB

Tel: +44 (0)20 7738 5454 | Web: [www.bjcn.co.uk](http://www.bjcn.co.uk)

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Cover image: [Viglietti/peopleimages.com](https://peopleimages.com) via Adobe Stock



ISSN 1462-4753  
 Printed by Pensord Press Ltd,  
 Blackwood, NP12 2YA

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# Stress and older people

Stress Awareness Month has been held every April since 1992 in order to increase public awareness of the stress epidemic. Community nurses will recognise that many older people they care for experience stress, which adversely impacts on their health and wellbeing. This editorial will explore some of the causes of stress in older people. It will then outline resources that are available to support the older person in effectively managing stress and explore the potential of mindfulness practices in alleviating symptoms of distress, anxiety and depression.

Stress can be defined as a feeling of being under abnormal pressure—whether from an increased workload, an argument with a family member or financial worries (Mental Health Foundation, 2016).

Stress is universal, and experiencing it in small amounts, for short periods, can help an individual build resilience and motivation. However, excessive amounts of stress affects physical and mental wellbeing. Persistent exposure to physiological, psychological or environmental stressors lead to chronic inflammatory changes, which adversely impact on the person's physical and mental health (McManus et al, 2022).

The World Health Organization (WHO) (2022) published a news release on the effects of the COVID-19 pandemic, estimating that anxiety and depression has increased globally by 25%. During this period, mental health and wellbeing were adversely affected in older age groups, with significantly increased levels of depression, anxiety and loneliness being recorded. Self-reported quality of life also considerably reduced (Gaggero et al, 2022).

Older people may be faced with adjustments to several changes that can induce stress. These stressors include bereavement, loneliness, illness, pain or financial worries. Mental health concerns are common in older adults. It is estimated that between 37–43% of older adults have symptoms of anxiety or depression, and that these symptoms are given a lower priority by both older people themselves and the healthcare professionals caring for the older person (World Health Organization, 2017). Older adults are more likely to perceive themselves as experiencing low mood, stress or distress, rather than identifying these feelings as depression or anxiety (Moult et al, 2018). As a result, older adults are less likely to seek or receive professional help and are up to seven times less likely to be referred for psychological therapies by general practitioners (Frost et al, 2019).

The Mental Health Foundation (2016) provides a [useful self-help booklet](#) that is free to download, which explains the symptoms of stress, with helpful strategies to manage it. An important first step is identifying stress as a cause of distress for the individual. The 101 top tips in the booklet has something to help everyone manage stress. The booklet does not specifically explore stress in older people, but it is a good starting point and will help the reader become better informed about the causes of stress and ways to relieve it.

Mindfulness is the practice of attending to the individual experience on purpose, being in the moment with an attitude of openness, curiosity and without judgement. It can be practised individually or can take place in a group setting. The National Institute for Health and Care Excellence (NICE) guidelines recommend that mindfulness-based cognitive therapy (MBCT), but not mindfulness-based stress reduction (MBSR), be considered as a treatment for older people presenting with symptoms of mild to moderate anxiety and depression (NICE, 2019). Good-practice guidelines clearly specify that no one should teach MBCT to people with depressive symptoms if they are not qualified to do so.

There is promising evidence that supports the benefits of MBCT and MBSR. These therapies improve clinical outcomes, such as excessive worry and depression. Exploring the effects of mindfulness on psychological health research suggests that older adults engage well with IAPT services (NHS Digital, 2018) and older adults have equal success rates with therapy when compared with the rest of the population (Gould et al, 2012). In a study exploring the effects of MBSR, the researchers measured outcomes of a group of older people that had taken part in mindfulness techniques, including meditation and mindful movement. The results demonstrated that overall, emotional distress significantly improved, reduced worry and depressive symptoms; the participants' skills in managing stress also improved (Young and Baime, 2010; Wetherell et al, 2017).

The Improving Access to Psychological Service (IAPT) was launched in England in 2008.

Individuals can self-refer themselves to these services. Currently, it appears that older people make fewer direct referrals to IAPT, and health professionals discuss the option of psychological therapies significantly less compared with younger adults (Lakra et al, 2012).

Age UK (2022) has produced an information guide titled, 'Your mind matters', to encourage older people to talk about mental health. The booklet aims to remove stigma, raise awareness, provide advice and gives a list of resources aimed at supporting them to look after their mental health. There are a range of other resources, including posters and videos, available on the Age UK website. The booklet is also [available for download](#) from their website, and community nurses are urged to use this to start a conversation with older people to routinely explore mental health, stress and wellbeing.

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**Patricia Robinson**

**Senior Lecturer, Independent Prescribing Team, School of Sport and Health Sciences, University of Brighton; Board Member of the British Journal of Community Nursing.**

*p.a.robinson@brighton.ac.uk*

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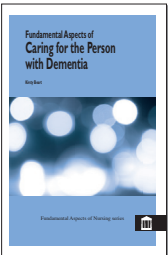
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Fundamental Aspects of Caring for the Person with Dementia



**By Kirsty Beart**

This book begins by asking you to try to imagine the life you have now changing beyond all recognition. One day you wake up and don't know where you are. You ask someone near you where you are but they seem unable to understand your question. Why do they not understand, what is wrong with them? It is hard to contemplate this and to fully comprehend the emotional turmoil caused by the symptoms of a dementia type illness.

This book has been written with the intention of helping its readers to understand the perspective of the person who has been labelled as suffering with dementia, as well as that of the carers and the professionals. It is split into two sections to help the reader identify the parts they need to read at different times or for varying purposes. Section 1 offers information and debate about the theoretical issues and explanations of dementia and memory loss. Section 2 moves into the more practical side of this text. Many areas of concern for carers and professionals alike are similar and this section brings their ideas and perspectives together so that they might be able to benefit from each other.

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