

Population aging in Canada: Potential impacts on clinical practice and higher education in psychology

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ABSTRACT

Canada is currently undergoing a major demographic shift, in which the proportion of senior citizens is growing more rapidly than any other age group (Statistics Canada, 2010). The present article examines the influence that an aging population could have on higher education and clinical practice in psychology, and proposes that both educators and clinicians will need to increasingly engage with issues affecting the elderly, work with older students and clients, and address ageism in society. The article concludes by suggesting that psychology begin preparing for these changes now, in order to mitigate the difficulties that could accompany an aging population.

Countries all over the world are currently seeing major demographic shifts. Birth rates are declining and life expectancy rates are increasing around the globe, the combined effects of which have resulted in an aging population. Indeed, with people living longer and fewer children being born, the world's population age eighty and older is expected to increase by 233% between 2008 and 2040 (United States Census Bureau, 2009). Canada, for its part, is no exception to these demographic trends. Whereas the median age in Canada was 27.2 years in 1956, it had reached 39.5 years in 2002, and is projected to climb to 46.9 years by 2056 (Statistics Canada, 2010). The proportion of seniors within the population is also increasing: Canadians age 65 or older represented 13.7% of the population in 2006, and this proportion is expected to reach between 25% and 30% by 2056 (Statistics Canada, 2010). Such changes will have a significant impact on the Canadian economy and social structure, and the field of psychology itself will not be immune to the far-reaching effects that population aging will have on the country as a whole (United Nations, 2007; Laidlaw & Baikie, 2007). The present article examines the implications that shifting demographics will have on psychology as a discipline, both in education and in clinical practice.

Demographic change and higher education

An aging population will have major implications for university education in Canada, including that offered by psychology departments at both the graduate and undergraduate levels. While gerontology education is currently a very specialized field within universities, an increased demand for services that meet the needs of the elderly will necessitate that gerontology be made more prominent within higher education (Anderson, 1999). As such, it is likely that as population aging becomes more and more evident in Canada, course material related to gerontology will be integrated into all areas of psychology, rather than being considered exclusively within the realm of geriatric psychology. This way, students will be exposed to information about aging throughout their education, and will thus be better prepared to enter a workforce that will increasingly serve the elderly.

Given that the working-age population is projected to shrink relative to the non-working population in coming years, labour shortages may become a major problem, especially within health-related professions (Center for Health Workplace Studies, 2006). For this reason, Anderson (1999) suggests that educational institutions will need to form closer partnerships with community employers, in order to ensure that upcoming professionals are equipped with the skills necessary to work with elderly clients. Service providers, employers, and the general public will increasingly look to universities to supply sufficient numbers of well-trained professionals, in order to keep up with the high demand for services (Anderson, 1999). Psychology, then, is one of the professions that will need to work in closer concert with community organizations in order to ensure that future psychologists are being trained with the skills that are needed to serve an aging population.

As the proportion of young people declines in Canada, universities, including psychology programs, will also need to cater to larger numbers of older students (Grigsby, 1991). Indeed, the shrinking of the nation's working-age population will necessitate that older adults be kept working for as long as possible, and many of these older workers may need to be retrained for careers in health services

(including health psychology), and other high-demand occupations (Healthy Aging and Wellness Working Group, 2006; Grigsby, 1991). Furthermore, the constantly evolving nature of the current job market requires that older employees regularly learn new skills and upgrade their education and training (The Education Resources Institute, 1996). Neal (2008) points out that many members of the aging Baby Boomer generation have now reached financial stability, and are thus able to build new careers based on personal interests and a desire to contribute to society. For these reasons, post-secondary institutions are likely to see a spike in the proportion of adult learners returning to academia for continuing education and retraining. Educational institutions and all departments within them will need to closely examine their policies, practices, and infrastructure to ensure that any barriers to accessing education are removed for these older students (Anderson, 1999).

In addition to eliminating barriers within their own ranks, institutions of higher education will be called upon in coming years to help combat ageism in society at large (Anderson, 1999). Ageism, as first defined by Butler (1969), refers to bias against an individual due to his or her age. Research suggests that ageism continues to be a major problem in society, as stereotypes of the elderly as incompetent and worthy of pity are pervasive, and consistent across cultures (Cuddy, Norton, & Fiske, 2005; Hummert, Garstka, & Shaner, 1997). The elderly are also underrepresented in the mass media, and even when they do receive representation on television and in print sources, depictions are generally negative and only partially-developed (Vasil, & Wass, 1993). Therefore, psychology as a discipline must not only scrutinize its own practices for ageist content, but must also play a role in educating and ending discrimination within the general public. Considering psychology's long history of investigating social biases and discrimination, the discipline is poised to play a lead role in challenging some of society's ageist assumptions.

According to Anderson (1999), the aging population and the general public will also increasingly look to universities for information on normal and successful aging, as well as on specific problems that may be faced by the elderly. The areas of health and rehabilitation psychology will be particularly well-equipped to deal with such questions, and these fields have already been identified as two of the fastest growing domains in psychology (Frank, Gluck, & Buckelew, 1990; Trull, 2005).

Demographic Change and Clinical Practice

Changing demographics in Canada will have important consequences for clinical practice as well as for psychology education. Given that the number of older individuals with mental health problems is anticipated to increase four-fold between the years 1970 and 2030, clinical psychologists will inevitably work with more senior clients in their day-to-day practice, and will need to become more familiar with

issues affecting the elderly (American Psychological Association, n.d.). Indeed, as population aging becomes more acute, Laidlaw and Baikie (2007) note that psychotherapists will need to be particularly proficient at distinguishing between normal and pathological aging. For instance, it will be critical that psychologists be able to determine whether an elderly person is depressed, or whether he/she is simply being realistic about the state of his/her health and lifespan. Furthermore, changes in life expectancy rates will necessitate that people adjust their perspectives on what it means to be "old." At present, the research literature generally defines an individual as "elderly" or as an "older adult" at the age of 60 or 65 (Lachman, 2004); however, many people do not label themselves as "old" or as "seniors" even at very advanced ages (Abeles, 1997). As people live to be older than ever before, the age at which a person is considered elderly is likely to change, and psychologists will thus need to educate seniors, caregivers, and the general public as to how long the average person can expect to live. They must also play an important role in countering any negative cognitions held by elderly clients about the aging process, and in encouraging optimistic lifespan expectancies (Laidlaw & Baikie, 2007).

Working with an increasing number of clients in their eighties, nineties, and into the one-hundreds will also prove to be a challenge for practicing psychologists (Laidlaw & Baikie, 2007). While clinicians do work with clients of this age already, larger numbers of the "oldest old" (those 85 years of age and older) needing psychological treatment will require that clinicians engage more often with complex and multifaceted problems that have been chronic and persistent over many years (Abeles, 1997). Indeed, some issues may be severe and resistant to treatment, especially if the antecedents and consequences of problematic behaviours have become firmly entrenched in the daily routine of the senior over many decades or a lifetime (Laidlaw & Baikie, 2007). According to Abeles (1997), psychological problems in older adults may not always present in accordance with classic (defining) symptoms, but may rather be non-specific in nature (i.e., refusal to eat), thus making diagnosis more difficult. Problems may be further complicated by a large number of physical comorbidities, which will require careful consideration by clinicians (Laidlaw & Pachana, 2009). Longer life-expectancies will also pose new challenges for couples: relationships can be expected to last for many years longer than in previous generations. Couples may live together for an extended time into the older years, and thus, the positive or negative relationship dynamics that exist between couples may be intensified, an issue that will have to be taken into account by psychologists (Laidlaw & Baikie, 2007).

Practicing psychologists in the near future can also expect to deal with more palliative care issues, as they will inevitably begin to see an increasing number of older clients who are nearing the end of their lives, and who may be hav-

ing difficulty adjusting to the end-of-life process (Laidlaw & Baikie, 2007). Similarly, psychologists will need to be prepared for greater exposure to cases of dementia, which is seen more often in elderly clients (Laidlaw & Pachana, 2009). Of particular concern is the estimation that by the year 2030, 7.7 million people age 65 and over will have Alzheimer's Disease, a 50% increase from the current prevalence rate (Alzheimer's Association, 2011). Similarly, rates of Parkinson's, the second most common neurodegenerative disease after Alzheimer's, are expected to rise in coming years due to the aging population (Parkinson Society British Columbia, 2009). Higher rates of dementia and palliative care issues, in turn, will have consequences for caregivers of the elderly, who may also need psychotherapy. Many middle-aged adults, for example, will find themselves in situations where they are caring for both dependent children and their elderly parents (Chisholm, 1999). As the burdens on this "sandwich generation" increase, so too will their need for support and resources, and clinicians will be increasingly relied upon to provide these things (Laidlaw & Pachana, 2009).

Another unique challenge to be taken up by clinical psychologists involves being prepared to meet the demands of diverse populations, given that a growing number of older adults are immigrants to Canada or are members of ethnic minority groups (American Psychological Association, n.d.). Very little research has been conducted on what the particular needs are, if any, of seniors from ethnic minorities, and it will therefore be essential for clinical psychologists to exercise the utmost sensitivity when working with these populations (Laidlaw & Pachana, 2009). Clinical psychologists must also be equipped to deal with the particular issues faced by elderly women, as women typically live several years longer than their male counterparts (Canadian Broadcasting Corporation, 2010). For this reason, women are more likely to face chronic illness, widowhood, and living alone, all of which contribute to specific psychological issues (such as depression) that must be addressed by the psychologists involved in their care (WebMD, n.d.; Laidlaw & Pachana, 2009).

Conclusion

It is clear that shifting demographics in Canada will have a significant impact on both higher education and clinical practice in psychology. In order to be able to successfully meet the challenges that will be brought about by an aging population, it is important that psychology programs and clinicians begin to prepare now for the changes ahead. If anticipated in advance, psychology as a discipline could have a major impact on mitigating the potential difficulties associated with population aging. Indeed, if the discipline can draw on its strengths and resources, psychology is poised to produce and train professionals who can take the needs of the elderly into account, challenge ageist assumptions, and provide competent service to an aging population.

Résumé

Le Canada fait actuellement face à un changement démographique majeur, où la proportion des personnes âgées croît plus rapidement que celle de tout autre groupe d'âge (Statistique Canada, 2010). Le présent article examine l'influence qu'une population vieillissante pourrait avoir sur l'enseignement supérieur et la pratique clinique en psychologie, et propose que les enseignants et les cliniciens devront de plus en plus faire face à des questions touchant les personnes âgées, travailler avec des étudiants et des clients plus âgés, et s'attaquer à la question de l'âgisme dans la société. L'article termine en suggérant que la psychologie doit commencer à se préparer pour ces changements maintenant, afin d'atténuer les difficultés qui pourraient accompagner une population vieillissante.

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