

www.cambridge.org/cjg

Book Review / Compte rendu

Cite this article: Ebert P. (2022). Alisoun Milne. *Mental Health in Later Life: Taking a Life Course Approach*. Bristol, UK: Policy Press, 2020. *Canadian Journal on Aging / La Revue canadienne du vieillissement* 41(2), 294–295. <https://doi.org/10.1017/S0714980820000483>

We live in a time when we are living longer and the proportion of older adults in the population is growing. Therefore, there has been increased focus on the resources needed to manage mental illness and dementia in later life. However, this focus is most often rooted in medical management and the health-care-related needs of older adults after concerns have arisen. In *Mental Health in Later Life*, Alisoun Milne takes a different approach to this traditional thinking. Instead of focusing on the more conventional medical causes and management of mental illness and dementia, she uses an important, timely, and relevant approach to mental wellness in later life that emphasizes the roles of social and structural inequalities and the lived experiences of older adults. As Milne says, “older adults ‘arrive’ in later life with a life course” (p. 76). In other words, “older people’s mental health is a product of both earlier life course experiences and experiences specific to later life” (p. 81). Within a United Kingdom context, Milne joins other academics to explore the influences of life course experiences; the socio-political context; and gender, health policy, and age-related factors on mental health. Importantly, this book engages the reader with new and complementary ways of thinking about mental health and the promotion of mental wellness.

The life course approach combined with a focus on social and structural inequalities resonates throughout the 10 chapters of the book, as each examines critical issues associated with mental health and wellness. Chapter 1: Demography, Topography and Mental Health Problems in Later Life places socio-demographic data and the social policy of the United Kingdom in context. The result is a clear understanding that the United Kingdom’s population is an aging society, and that therefore, concerns about mental health and dementia are increasing. Chapter 2: Mental Health, Psychological Well-being, Successful Ageing and Quality of Life continues to set the stage for the rest of the book by focusing on what is known about mental health in later life and providing foundational definitions as well as the main theoretical concepts and intersections needed for the following chapters. Also highlighted are some of the disagreements between older adults and health professionals with regard to several key concepts. Chapter 3: The Life Course, Inequalities and Mental Health in Later Life explores the importance of taking a life course perspective to examining the contributions of societal inequalities on physical and mental health. As Milne states, “there is growing evidence that later life health is a product of the life course” and “health outcomes are shaped ‘independently, cumulatively, and interactively’ by biological, psychological, social, historical and environmental factors throughout a person’s life” (pp. 53–54). She further examines the role of current health policy that focuses on proximal causes of poor health (e.g., diet, smoking, exercise) rather than on distal causes (e.g., poverty, education, abuse).

Further, in Chapter 4: The Impact of Age-related Risks and Inequalities on Mental Health in Later Life, the role and impact of specific age-related risks (e.g., poor physical health, bereavement/loss) and structural inequalities (e.g., ageism) on mental health in later life are discussed. Subsequently, in Chapter 5: Socio-economic Disadvantage and Poverty, Chapter 6: Abuse, Mistreatment and Neglect, and Chapter 7: The Fourth Age, Frailty and Transitions, three different sets of risks and vulnerabilities, which strongly influence the physical and mental health of older adults, are presented specifically. These chapters cover the significant impact that socio-economic disadvantage, abuse, and frailty have on mental well-being in late life. Overall, although these risks are not experienced by all older adults, Milne states that “these are risks that have particular, and particularly negative, implications for mental health in later life” (p. 140). She further discusses how these risks are “intersecting and additive” (p. 140). In Chapter 8: The Mental Health and Well-being of People Living with Dementia, the conventional disease-based model of dementia is challenged by the author’s providing clear evidence of links among social inequalities, life-course experiences, and dementia. In this chapter, Milne highlights novel ways of thinking about the role of the life course and the risks of inequalities in the development and experiences of dementia.

In Chapter 9: Conceptualising Dementia, there is an examination of the links between how we view dementia and how we “manage” individuals living with dementia. In particular, Milne again challenges the traditional biomedical model of dementia. She discusses more expansive theories that include social psychology, personhood, disability, and social citizenship that allow for new opportunities in understanding dementia and in how to support individuals living with it. Chapter 10: Promotion and Prevention reviews a wide range of factors associated with preventing mental health problems and promoting mental wellness in later life. Milne discusses how these factors are part of a person’s life course and are dynamic within a lived experience. She argues that the focus should be on mental health promotion across the life span instead of on

© Canadian Association on Gerontology 2021.

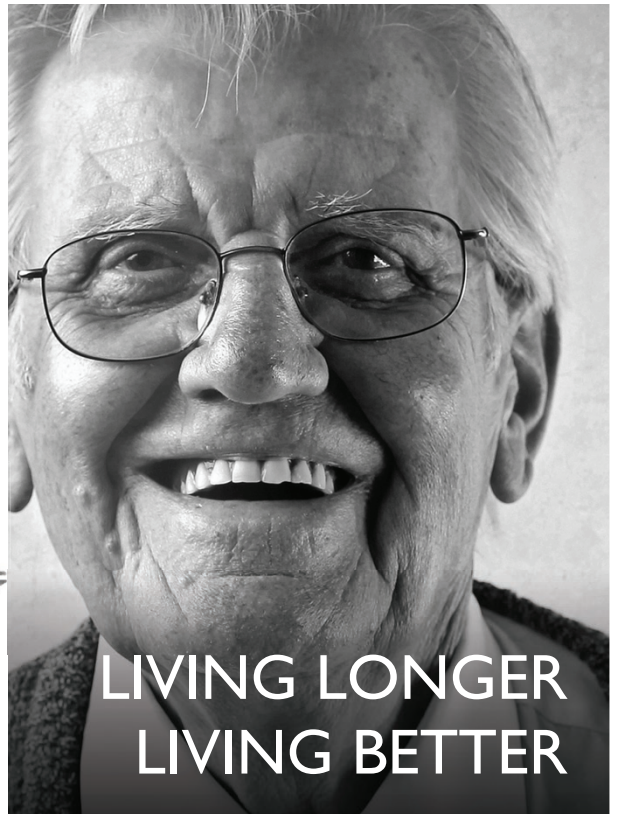
CAMBRIDGE
UNIVERSITY PRESS

management of mental health problems in later life alone. Finally, in the Conclusion, Milne draws information together and challenges us to rethink how we understand, and respond to, dementia and mental health issues by providing a way to combine public mental health, health policy, and service delivery for the promotion of mental wellness for older adults and those living with dementia.

Overall, Milne has written *Mental Health in Later Life* to move beyond current conventional thinking and practices in the fields of mental illness and mental health in later life to consider the social and structural inequalities within the life course of individuals. She clearly presents some of the complex and diverse issues that intersect across the life span that lead to states of mental illness or wellness in later life. In addition, Milne focuses on the promotion of mental health and wellness across the life span instead of focusing on the management of mental illness in older adults after it arises. The result is a well-written and well-researched book that leads to

conceptualizing mental health and wellness in later life through a different lens. This thoughtful book is easily accessible despite the large amount of material covered. Although this book is comprehensive, it does acknowledge gaps in our understanding of the roles that 2SLGBTQIA+ issues and/or experiences of racialized groups within larger societies (e.g., BIPOC) play in long-standing mental health issues in later life. Although this book is intended for academics, it is suitable for a wider audience including students, clinicians, and policy makers. This book can be recommended for professionals working with older adults to develop health policy, or those with a special interest in mental health in later life.

Review by Patricia L. Ebert,
*Seniors Health, Alberta Health Services and University of Calgary –
Department of Psychology & The Hotchkiss Brain Institute*
patricia.ebert@ahs.ca

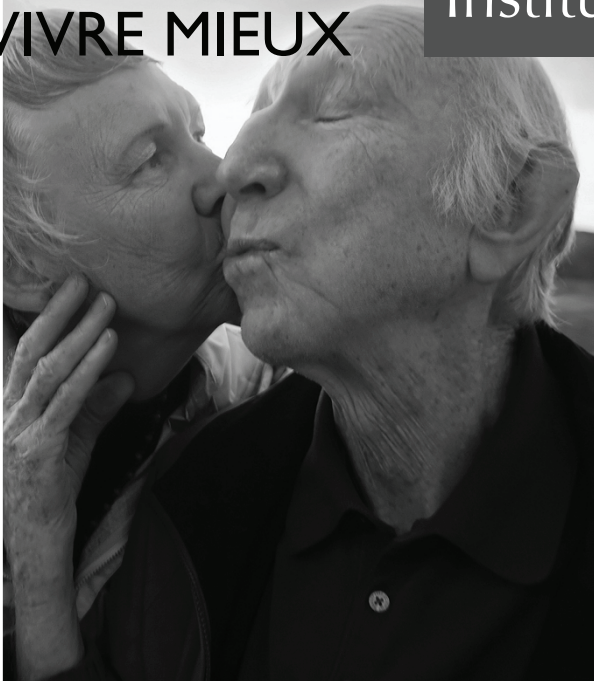


CIHR Institute of Aging

LIVING LONGER
LIVING BETTER

VIVRE PLUS
VIVRE MIEUX

Institut du vieillissement des IRSC



To learn more about us,
please visit:
www.cihr-irsc.gc.ca/e/8671



Pour en apprendre
d'avantage sur nous, visitez :
www.irsc-cihr.gc.ca/f/8671