



Geropsychology in Sweden:

Challenges for the educational curriculum and clinical practice

Anne Ingeborg Berg, Sara Hed, Boo Johansson & University of Gothenburg

In Sweden, as in many other countries, we are facing an aging population. In the Swedish comprehensive public health care system, primary and specialized care is designed to provide all citizens, independent of age, with quality care to promote health for the entire population. According a recent report from the National Board of Health and Welfare, older adults, in comparison to younger adults, lack access to specialized mental health care. Primary care is the typical contact point for older adults, involving both somatic and psychiatric care. Even within the more specialized care, older adults have limited access to adequate psychological treatment, besides pharmacological treatment. Currently, the major challenge of geropsychology, and academic and clinical psychologists, is to address the mismatch between health care policies and the actual care offered.

Interest in geropsychology began in the early 70's when a few persons recognized the need to include aging and late life into the curriculum of developmental, social- and cognitive psychology. This interest was supported by the emergence of geriatric medicine with its focus on more complex compromised health and functioning. Social gerontology also became a field of increasing interest during this period when age norms and discrimination issues were questioned. In common with the emerging interest in various disciplines was the awareness of

a greying society and the need for improved treatment, care and services directed to older citizens. The general lack of knowledge of aging-related outcomes became an imperative to initiate systematic studies of older individuals.

The first meeting for geropsychologists in Sweden was organized at the Institute of Gerontology [<https://ju.se/en/about-us/school-of-health-and-welfare/organisation/department/ifg.html>] in 1980, for many years a center for research and education in behavioral and social gerontology. The program focused on the unique contributions of psychology to understand aging and as a prerequisite for adequate diagnostics and treatment. This was the start for annual meetings among a growing number of psychologists offered positions in hospitals, outpatient settings, and in old age care services. In that period, psycho-geriatrics became a major topic with requests for improved diagnostics and treatment, now often labelled as memory clinics. The geropsychology network was formally transformed into the Swedish Geropsychology Federation (SGF) in 1995, as part of the Swedish Psychological Association. The first, and still only professor chair in geropsychology at a Swedish psych-department was instituted in 1993 at the University of Gothenburg.

Psychologists in Sweden, especially those working in the primary care sector, increasingly find themselves in contact with older adults. Their basic undergraduate curriculums and further clinical training generally fails to prepare psychologists for providing collaborative care, tailored to the needs of older adults. With the exception of a general life span perspective and a module in neuropsychological assessment, the basic curriculum seldom informs and prepares students for clinical geropsychological challenges. Unfortunately, they are often unaware of the opportunities of working with mental health problems among older adults. A major task for SGF is therefore to work for the inclusion of improved theoretical and clinical knowledge on mental health issues in older adults, at all levels of the psychology educational system. A life-span developmental platform is a prerequisite to make students at an early stage aware of the many interesting challenges that they can meet as psychologists working with older adults. For those offered positions in primary care or in specialized units, there is an urgent need also for a more formal education. A mission for SGF is to develop courses and argue for a specialization that secures the expertise, whether psychologists identify themselves as geropsychologists or otherwise meet older patients in their profession. Such a curriculum needs to offer extensive knowledge of aging processes, age-related psychopathologies, comorbidities, differential diagnostics, age-related somatic diseases and pharmacological treatments. In addition, it is important that the curriculum offer extensive knowledge on depression, dementia and cognitive decline. Pain, grief and loss, loneliness, trauma, suicidal behaviour, drug and alcohol use, and existential aspects should also be addressed. Our Norwegian colleagues are currently implementing a model for specialization that clearly demonstrates why geropsychology is a specialization in its own terms.

At a clinic for older adults in Gothenburg, we are currently working on implementation of evidence-based psychological interventions, especially group psychotherapies. A major challenge is the lack of their own aging-related experiences among “younger therapists”, which can infer credibility and adherence. Ageism, the presence of frailty and compromised overall health may prevent a therapeutic alliance and the effectiveness when a therapist meets a patient

presenting a compromised mood. Group interventions, however, can act to validate the separation of normative aging effects from manifestations of actual mental ill-health processes.

In a context where specialization in geropsychology currently is unavailable, and the national guidelines for evidence based treatments for older adults still are vague, we need to share experiences gained within our Nordic and international networks, including APA's Division 12, Section 2.

Anne Ingeborg Berg, PhD, Reg. psychologist, Sahlgrenska University Hospital and Associate professor at the Department of Psychology, University of Gothenburg

Sara Hed, Reg. PhD.candidate, Reg. psychologist, Sahlgrenska University Hospital and Sahlgrenska academy, University of Gothenburg.

Boo Johansson. PhD, Reg. psychologist, Professor emeritus in the psychology of aging at the Department of Psychology, University of Gothenburg

https://sv.wikipedia.org/wiki/Boo_Johansson

All three are also affiliated with the Centre for Aging and Health AgeCap) at the University of Gothenburg, and all are also former or current members of the board of the Swedish Geropsychological Federation (SGF).