



Ceasing to drive

MENTAL HEALTH & WELLBEING

This evidence theme on ceasing to drive is a summary of one of the key topics identified by a scoping review of the mental health and wellbeing research.

Key points

- Being able to drive is strongly related to feelings of independence and life satisfaction in older adulthood.
- Evidence from one systematic review suggests that ceasing to drive is consistently associated with depressive symptoms.
- Another review showed that certain interventions may help to reduce feelings of depression and increase engagement in meaningful activities when people stop driving.

Ceasing to drive in older adulthood

Being able to drive is strongly related to feelings of independence and life satisfaction in older adulthood. [1] While being older is not necessarily a barrier to safe driving, [2] there are multiple factors in older adulthood that may impact a person's ability to drive safely, such as visual impairment or cognitive impairment (e.g., dementia). [3] Ceasing to drive can be either voluntary or involuntary and may or may not involve the removal or relinquishment of the individual's driver's licence. In Australia, the requirements for licence renewal in older adulthood differ from state to state. Some states require yearly medical clearances after people reach a certain age, while some states only require regular self-assessments. [2]

There is also a link between health outcomes and ceasing to drive. It is not currently known whether health concerns cause people to stop driving or whether ceasing to drive causes health to decline. This experience is likely different from person to person. [4]

Ceasing to drive is also associated with a greater likelihood of residential aged care admission. Specifically, people who no longer drive are five times more likely to be admitted to long-term care when compared to people who continue to drive. [5]. This may be because these people are experiencing functional or cognitive decline, or because transportation issues may limit people from living independently.

Implications of ceasing to drive for mental health

We found two reviews focused on ceasing to drive and outcomes for mental health and wellbeing.

One review reported that ceasing to drive was significantly associated with depression in four of its five included studies. Overall, those who had stopped driving were almost twice as likely to have depressive symptoms. [4]

The second review included two intervention studies aimed at supporting older adults with the process of ceasing to drive. [6] In one study, 47 people with a diagnosis of dementia were randomly allocated to a general dementia support group, or a specific driving cessation support group for people living with dementia. [7] In the driving cessation group, facilitators worked with the participants to use appropriate coping strategies (including problem-focused and emotion-focused coping strategies). Compared to the general dementia support group, participants in the driving cessation support group had a significant decrease in depressive symptoms, and 74 per cent of the group reported that the sessions had helped them to cope with not driving. [6, 7]

Another study from the same review [6] trialled a community-based education and support program facilitated by a trained health professional and a peer leader (an older adult who had successfully retired from driving). [8] This psychoeducational intervention was for people without dementia and involved weekly meetings for six weeks in groups of 8–15 people. While the study did not measure benefits for mental health or wellbeing directly, there were significant related benefits at completion, for example, participants showed a higher number of excursions outside the home and walked and used public transportation more often. [8]

Even after three months, individuals who participated in the program reported:

- Being more confident in staying involved in the community and remaining engaged in activities that were meaningful to them
- Higher satisfaction with transport. [6, 8]

Evidence limitations

The reviews highlighted some concerns about the methods used in several of the studies. For example:

- Few studies have examined the issue of ceasing to drive in older adulthood, despite it being an important consideration for older people and their families. [4, 6]
- What the intervention involved was often unclear. [6]
- Measures to assess the effectiveness of interventions were often not validated. [6]
- There were some important factors that were not taken into consideration by the researchers, including gender differences. This is important because the decision and act of ceasing to drive have been shown to impact men and women differently. [6]

What can an individual do?

- Be alert to the risk of depression in someone who is about to or has recently retired from driving.
- Investigate support groups.
- Suggest the person may want to consider speaking with a mental health professional.

What can the organisation do?

- Home care coordinators or case managers can check with individuals to see if they have access to other transport options (such as public transport, free/discounted cab vouchers, or private vehicle support services).
- Put procedures into place to regularly check in on individuals who are about to or have recently retired from driving.

References

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Cite as: ARIIA Knowledge & Implementation Hub. Ceasing to drive: Mental health & wellbeing. Evidence Theme. Adelaide, SA: ARIIA; 2022 [updated 2023 Jul].

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