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Mental health status of elder people in Lucknow city

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ABSTRACT

Aging with mental health will create challenges for family, community, social activities, and public services. People living with mental illness are at increased risk of developing physical health problem like- Alzheimer, dementia, and anxiety disorder, and Schizophrenia, personality disorder being generated due to isolation having few supports and living is unstable housing. These factors make the elderly people increasing vulnerable to mental health problems and physical problems of undesirable effects. This study is based on mental health problems and physical problems of elders in old age homes Lucknow. Method: The present study is based on a sample of 400 males and female from Lucknow. It is an exploratory study in which information about old age homes in Lucknow India. The study has been carried out in 5 old age homes. The scale has been used PGI battery for assessment of mental efficiency in the elderly (PGI-AMEE) to assess the mental health and depression of old age people. Result of the present study revealed that depression was found to be most common health problem followed by age. On applying Pearson's coefficient correlation significant negative relationship found between age and mental health.

Key Words : Mental health of elderly, Old age homes

INTRODUCTION

Ageing is a normal progressive process, beginning at conception and ending in death. Ageing is not synonymous with diseases but diseases become more common as age progresses. Usually the diseases present with non-specific multiple symptoms that involve many organs, 1. Increasing age in the elderly is associated with the higher morbidity and frequent use of health services, 2. Their illness tends to be chronic with no simple cure. This makes them more dependent on the family, society and health services (Mohd Aznan *et al.,* 2007). Life expectancy for the elderly in developed and developing countries has increased as a result of improvement in public health and medical advances , and the increase in the absolute and relative numbers of elderly people is one of the major features of the world demographic transition (Gupta and Sankar, 2003; Beaglehole and Bonita, 2004). Just now sixty percent of the elderly people live in developing countries (Yang et. al., 2011). Due to the increased longevity and life expectancy, the quality of life has been considered as an important issue, attracting the attention of the researchers working on aging (Hall *et al.,* 2011). When the World Health Organization (WHO) defined health as ''a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity'', it implied that the

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assessment of health and healthcare should not only include traditional measures of morbidity and mortality, but should also include a broader assessment of the Quality of life (Saxena *et al.*, 2001; Saxena *et al.,* 2002). With attention to these facts, Quality of life is a critical consideration in national and international healthcare policies and decisions in each country. If health policies cannot provide attempts to add peace and mental and physical health to human generation, the advances in this regard are considered to be ineffective and perilous (Fahey *et al.*, 2003).

On the other hand it has been demonstrated that people face different physiological and mental problems as a result of aging that have negative effects on their Quality of life (Do¨nmez *et al.*, 2005; Schwarz *et al.*, 2007; Williams *et al.,* 2009). Age is an important determinant of mental illness. The overall prevalence of mental and behavioral disorders tends to increase with age due to the normal ageing of the brain, deteriorating physical health and cerebral pathology. Lack of family support and restricted personal autonomy are other important contributing factors. Disorders such as depression, anxiety, cognitive and psychotic disorders have a high prevalence in this segment of the population. Studies show that up to 20% being cared for in the community and about 37% being cared for at the primary level are suffering from depression. The Indian aged population is currently the second largest in the world and is projected to rise from 70 million, according to the National Census of 2001, to almost 324 million by the year 2050, with serious social, economic and public health consequences. Global trends in the incidence and prevalence of geropsychiatric disorders are reflected in India too (Dr. Anil kumar, 2011)

Aging is a universal human experience. It is multifaceted and incredibly diverse. This is capturing the world's attention as one of the major challenges of the present century. It represents one of the most profound social and economic challenges facing the globe and is likely to reshape the political, economic, and cultural agendas of the world (Arun, 2004). The world scenario is that by 2025, the aged population is expected to increase more than 830 million. As per 1951 census, the population of elderly in India was 20 million as compared to 57 million in 1991, 77 million in 2001 and it is projected to increase to 177 million by 2025. The number of elderly people would rise to about 324 million by the year 2050. In India, 3.8% population accounts for people above 65 years of age. It is expected that by 2030, elderly population will account for 21.8% of total population. Majority of the elderly are living in rural areas (57.35%) compared to urban areas which is 50.78% (Jayestri *et al.,* 2011).

Sreevani (2007) A study was conducted in 2005 to assess the emotional problems among 50 elderly people in a selected old age home at Kolar District. Study revealed that most of the respondents (54 %) were between the age group of 60-70 years, 32% between 71-80 years and remaining (14%) above 80 years. Most of the respondents (68%) were male and 32% of them were females. Majority 80% of the subjects were suffering with major health problems. There was a association between sex and emotional problems of elderly people, there was significant association between emotional problems and general health status of elderly people. Nisha (2007) has conducted a study emotional wellbeing of elderly staying in old age home versus elderly staying in the family. The major findings of the study was that, majority of the senior citizens (90%) from old age home had a borderline emotional wellbeing, 5% of them had positive emotional wellbeing and rest of them had a negative emotional wellbeing, whereas among senior citizens staying in the family, 92% of them had a positive emotional wellbeing and 0.8% had border line personality. Pradeep Kumar (2012) showed more females than males and the largest age group was the old-old. In a survey of all old age homes in the state of Kerala, India 64% was females and 36% in old-old age group compared to 32% in young-old and 21% in oldest old group.13 Thus the age and gender structure

of the sample can be assumed not to skewed. In the present study most of the males were educated (60%), financially independent (75%) and thus may be considered as having better socio-economic status. In contrast, majority of the females had poor socio-economic status as 32% of them were illiterate or just literate (12%), widow (88%) and financially dependent (84%).

Reddy (2005) stated that global population ageing is an important challenge and action has to be taken by virtually all countries. The geriatric population was about 600 million in 2000. It is expected to raise up to 1.2 billion in 2025 and 2 billion in 2050. About two thirds of all older persons are living in the developed countries this figure, by 2025 will be about 75%. In developing countries like India these figures have changed the nature of demands on the health care system. Health delivery system has to accommodate the needs of the older population. White *et al.* (2006) conducted study on cognitive, emotional and quality of life outcomes in patients with pulmonary arterial hypertension. Results shows that cognitive sequelae occurred in 58 percent (27/46) of the pulmonary arterial hypertension patient's. Patients with cognitive sequelae had worse verbal learning delayed verbal memory, executive function, and fine motor scores compared to patients with out cognitive sequelae. 26 percent of patients had moderate to severe depression and 19 percent had moderate to severe anxiety. Depression, anxiety and quality of life were not different for patients with or without sequelae. Patients had decrease quality of life, which was associated with worse working memory. Andreoletti *et al.* (2006) conducted a study on age differences in the relationship between anxiety and recall. The results shows that a negative relationship between cognitive-specific anxiety and memory, such that greater anxiety was related to poor recall, but this was so only for middle aged and older results suggest that managing anxiety may be a promising avenue for minimizing episodic memory problems in later life .

Objectives :

– To know the mental health of elderly in old age home.

– To know the various health problems experienced by the elderly their management of the same.

Hypothesis :

– There is no significant difference between mental health and age of elderly.

– There is no significant difference between mental health and gender of elderly.

METHODOLOGY

The present study is based on urban sample of 400 individual aged 60 and over. Six old age homes selected in Lucknow city selected for the data collection. Purposive random sampling was used in this study. The sample size of the study was restricted up to 400 samples. Sample selection is the important procedure to deal with the study. The data collected using a PGI battery for assessment of mental health efficiency in the elderly and observation technique through an old age home survey. The data on institutionalized was collected for most of the individuals included in the present study were 60 years of age or above. The data was collected using an especially scale design by Dr. Adarsh Kohli, Dr.S.R. Sharma, Dr. Dwarka Pershad department of psychology. The final data collection, the interview schedule was tested on a small sample and subsequently finalized upon successful testing. The interview schedule was divided in to five sections. The first section included question regarding general information of the respondent. The second section included

question old age people memory. The third section included question standard ten test. The fourth section included sub test related to measure of perception and motion equity. The last section included questions related to depression of aging people regarding the personal interest and hobbies of old age people. P.G.I. battery of mental efficiency (MEE) is a useful tool for the aged. It is simple, easy, quick and promising tool. It takes into account the different aspects which are affected in old age, including the depression which colors their efficiency level and if moderately high can give an impression of pseudo-dementia by giving a profile for normal as well as depressives, one can differentiate between those who are within normal range and those whose mental efficiency has really gone down. The areas measured is quite vast and comprehensive one and include memory, perceptual motor functions motivation, alertness, orientation, etc., and likely to prove useful in assessing the mental efficiency level of the elderly.

RESULTS AND DISCUSSION

Finding the study as obtain on the analysis of data collection by the manual for PGI battery for assessment of mental efficiency in the elderly. The study was carried out 5 old age homes are given Table 1.

A total of 400 respondents of 5 old age homes were their constant to participate in the study. The detail age wise and detail older adult Fig. 1 and Table 2, respectively, further data is analyzed in view of age and gender.

The Table 1 shows that 39% respondent belongs to 60-70 years. 29% respondents had 71-80 years and 32% respondents were 81 above years

Table 1 : Distribution of respondent on the basis of age group

Sr. No.	Age group	Respondents	Percentage	Total
1.	60 -70 years	155	39%	155
2.	71 -80 years	117	29%	117
3.	81 -above	128	32%	128
Total		400	100%	400

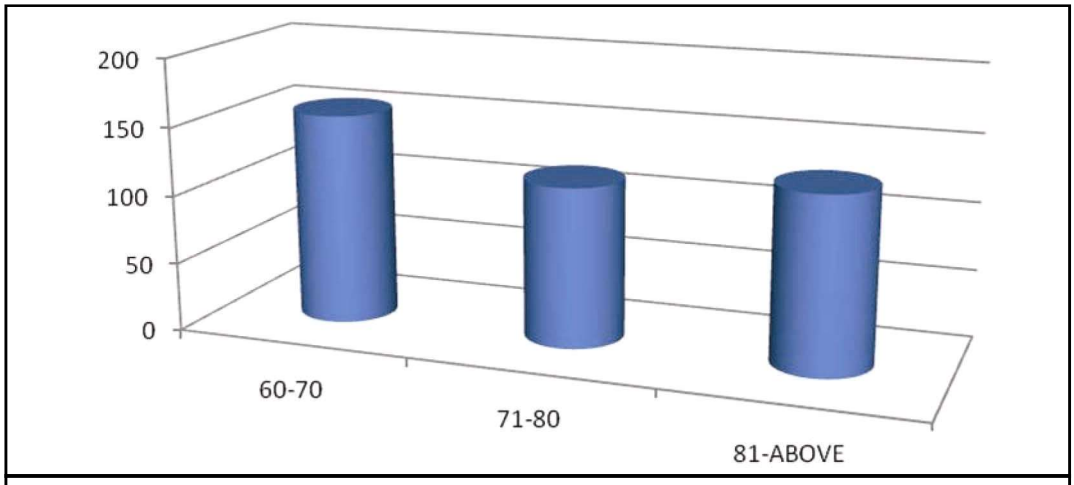

Fig. 1 : Graphical representation according to age

Table 2 and Fig. 2 show that 29% were male respondents and 71% female respondents.

Table 2 : Distribution of respondent on the basis of gender.

Sr. No.	Respondent	Frequency	Percentage	Total
1.	Male	115	29%	115
2.	Female	285	71%	285
	Total	400	100%	400

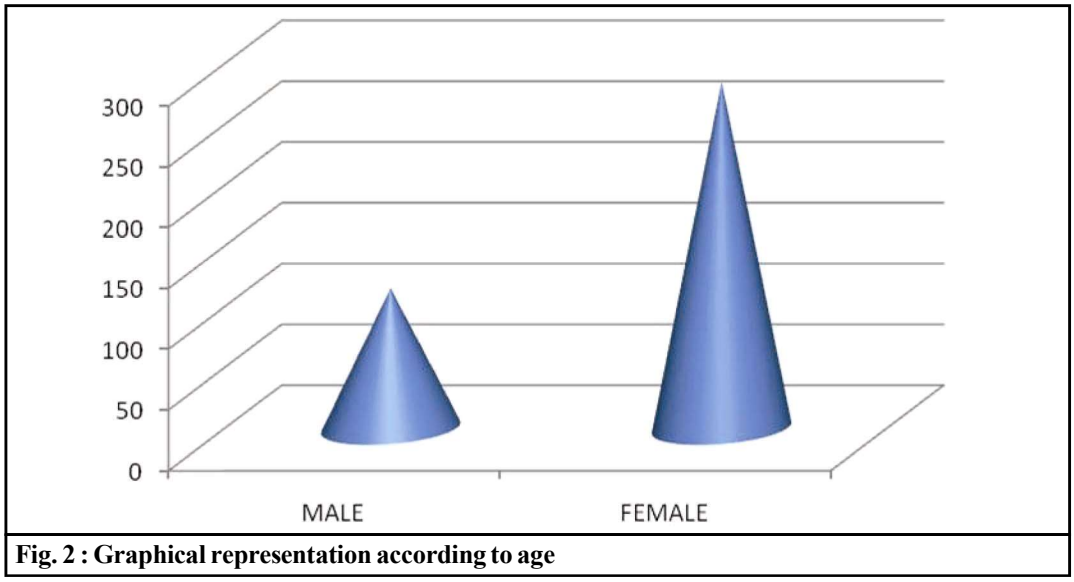

Fig. 2 : Graphical representation according to age

The data in Table 3 and Fig. 3 showed that 18% respondent belongs to illiterate category. 28% respondent high school education level. 10% respondent intermediate and 25% belong to under graduate level. Only 6% respondent had post graduate level.

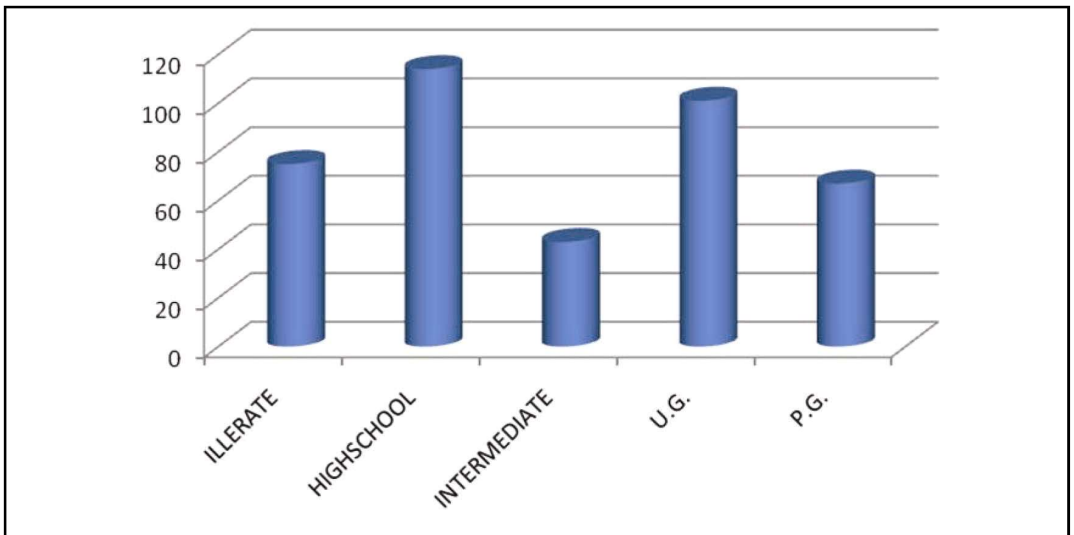

Fig. 3 : Graphical representation according to education level

Table 3 : Distribution of respondent according to education level

Sr. No.	Education	Frequency	Percentage	Total
1.	Illiterate	75	18%	75
2.	High School	114	28%	114
3.	Intermediate	43	10%	43
4.	Under Graduate	101	25%	101
5.	Post Graduate	67	16%	67
Total		400	100%	400

Table 4 and Fig. 4 showed the distribution of respondent on the score obtain according to depression category. Result showed that 7% respondent were normal category. Most of the respondent 65% belong to moderate category and 28% respondent had severe category.

Table 4 : Distribution of respondent according to depression scale

Sr. No.	Category	Frequency	Percentage	Total
1.	Normal	28	7%	28
2.	Moderate	260	65%	260
3.	Severe	112	28%	112
Total		400	100%	400

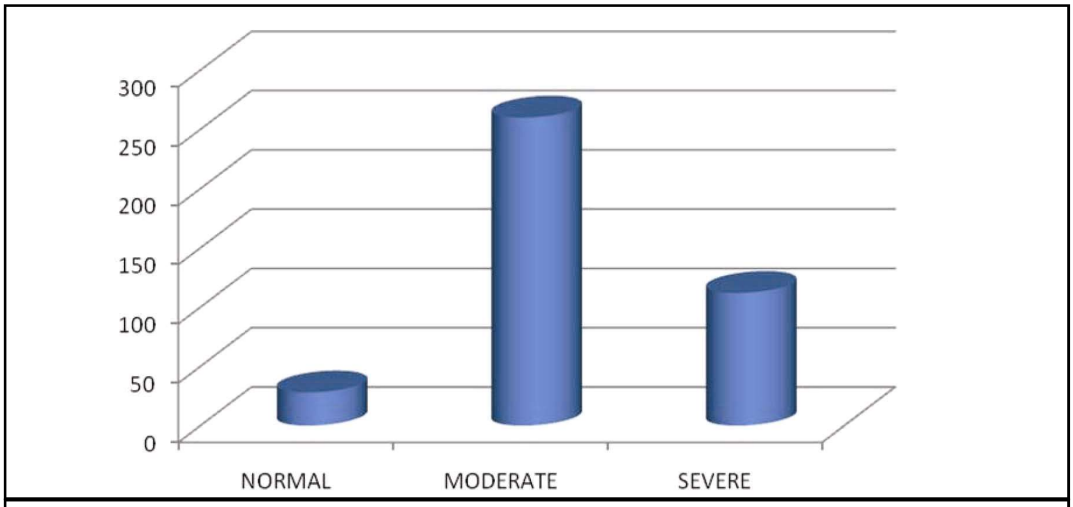

Fig. 4 : Graphical representation according depression level

Table 5 and Fig. 5 showed that distribution of respondent on the score obtain according to mental health result showed the 2% respondent had mild category. Most of the respondent 82% were severe category. 15% respondent belong to moderate category

Table 5 : Distribution of respondent according to score obtain on mental health

Sr. No.	Category	Frequency	Percentage	Total
1.	Mild	10	2%	10
2.	Moderate	60	15%	60
3.	Severe	330	83%	330
Total		400	100%	400

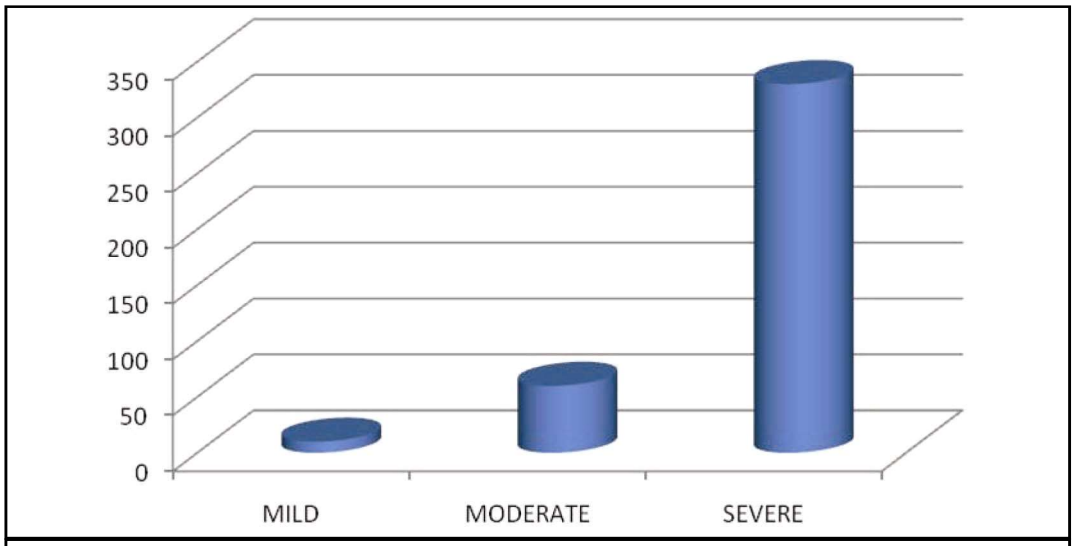

Fig. 5 : Graphical representation of respondent mental health

A total of 7 old age homes were found to functional to Lucknow. Five to them were randomly selected to get and overview of depression and mental health problems among these inhabitants. All of these old age homes were residential and having the provision to accommodate both male and female older adults. Majority of the inhabitants of these old age homes were between the age group of 60 to 81 above. Education literate 18% maximum respondent 28% had P.G. level. Depression was found to be the most common mental disorder, dementia, anxiety and schizophrenia in males and anxiety and dementia in female support earlier finding. The prevalence of mental health problem as well as physical problem was found to be higher in inhabitants of old age homes. The reason could be significantly more psychological stress, lack of family support, lack of medical facilities, restricted environment of old age homes, further similar studies are needed to evaluate finding the study.

Conclusion :

This study examined the mental health status of elder people. The first aim was to find out the mental health of elderly in old age home. The second aim was to find out various health problem experienced by the elderly. The findings reveal that the 65% older people belong to moderate depression category. 28% respondent belongs to severe category. Only 7% respondent were normal category. Most of the respondent had negative effect of mental health. An older person with mental health problem experiences many forms of discrimination as a result; their view and experiences remain largely invisible policy practices and research. This limits both range and quality of services and support that are available to them and lead to inequalities both within the older population and between different age.

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