

Mental health and aging in India

SHABNAM ANSARI*¹ AND TEJPREET KAUR KANG²

¹Post Doctoral Fellow and ²Professor and Head

Department of Human Development and Family Studies, College of Home Science
Punjab Agricultural University Ludhiana (Punjab) India

ABSTRACT

Aging is a universal phenomenon associated with deteriorating socio-psycho-physiological changes. Depression, is a common mental health concern in the older population. By the year 2020 depression will be the single leading cause of Disability Adjusted Life Years in the developing countries like India. Several studies on different countries shows that a high proportion of elder people suffer from depression, loneliness and anxiety. These problems may arise in connection with major life changes such as the death of a spouse or a sudden decline in health. Depression often occurs together with other disorders such as dementia, heart disease, stroke, diabetes, cancer etc. further degrading the quality of life among afflicted older persons. Researches shows a positive relationship between involvement in social activities and mental health. Older adults who are engaged in social networks, for instance, have fewer depressive symptoms. Engagement in social activities, may also be an important predictor of mental health in older adults. Today approximately 20% of elder adults have suffered from mental illness, yet only half of them, who acknowledge such problems receive treatment and only a fraction of those receive specialized mental health services. This paper explores the gerontological mental health problems among the Indian as there is a clear need for a thorough discussion of the issues concerning their mental health and depression levels to increase the life expectancy of India.

Key Words : Mental health, Aging, Disability, Depression

INTRODUCTION

Mental health is the combination of our emotional, psychological, and social well-being.

The way one thinks, feels and acts is affected by the mental well being of an individual. Mental health plays a key role in our day to day life as it is reflected in our actions. To keep one's mind in a good condition it is important for oneself and as well as for the society. People with mental health problems must be treated as quickly as possible. Positive mental health allows people to work with their utmost potential, deal with stress effectively, and work productively which is a plus point for the overall development of the society.

According to WHO (World Health Organization), mental health is "a state of well-being in which the individual realizes his or her own abilities, one can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution towards his or her community". WHO stresses that mental health "is not just the absence of mental disorder".

According to the "Mental Health Action Plan 2013–2020" (WHO, 2013), mental health is an

integral part of health and well-being and includes not only individual characteristics but also social, cultural, economic, political, and environmental factors. The report recognizes that depending on the context certain groups, such as older people, are at higher risk of having mental health problems and consequently having higher rates of disability and mortality.

The National Policy on Older Persons was announced by the Government of India in the year 1999. It was a step in the direction of pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons and in keeping with the assurances to older persons contained in the Constitution. The well-being of senior citizens is mandated in the Constitution of India under Article 41. "The state shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in cases of old age". The Right to Equality is guaranteed by the Constitution as a fundamental right. Social security is the concurrent responsibility of the central and state governments.

The policy and plans were put in place by the central and state governments for the welfare of older people. While some states and union territories implemented their policies with vigour, most states- particularly the big ones- were behind perhaps due to financial and operational deficiencies. Pensions, travel concessions, income tax relief, medical benefit, extra interest on savings, security of the elderly through an integrated scheme of the Ministry of Social Justice and Empowerment as well as financial support was provided for Homes, Day Care Centres, Medical Vans, Help Lines etc. are extended currently.

Traditionally, elderly in India have come to accept failing health and dependency as a part of their old age. Disengagement from material life, practice of spirituality are the major essence of their lives. With increasing life span, greater social and household involvement of elderly is happening but it is a challenge for Indian geriatricians to change their mindset so that they begin adopting healthy lifestyles and environment to eliminate the risk factors and remain fit and independent. The main issues concerning aging and mental health are prevention, early diagnosis, recognition of major diseases, treatment and quality of life interventions, at both individual and community level.

Good mental health is as important in later life as at any other stage of life. Everyone has mental health needs whether or not they have a diagnosis of mental illness. Our mental health has a powerful influence on how we feel and act. In fact it is central to overall health and well being and has a profound impact on quality of life. Mental health is routinely identified by older people themselves as pivotal to 'aging well' (Bowling, 2005).

Older people consider mental health to be characterised by: a sense of well being, the ability to make and sustain relationships, and the ability to meet the challenges and circumstances which later life brings. Having a role; good social relationships with family, friends and neighbours; an adequate income, being physically fit and living in a supportive neighbourhood, are promoting of mental health. Deteriorating health, loss of independence, loneliness, fear of death, living in poor housing and neighbourhood and decreased income are undermining factors of mental health. The negative impact of losses and physical illness are key risk factors (Godfrey and Denby, 2004). How well an older person adjusts to late life challenges is a key factor in determining ongoing mental health (Victor, 2005). 'Having an optimistic outlook and psychological well being, having good health and functioning; having good social relationships, preventing loneliness; maintaining social roles; living in a neighbourhood with good community facilities and that feels safe; having an adequate income; and maintaining a sense of independence and control over one's life' (Bowling, 2005).

Aging is the process of becoming older. In humans, aging represents the accumulation of changes in a human being overtime (Bowen *et al.*, 2004) encompassing physical, psychological,

and social changes. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand.

Available knowledge about the aging process and mental health is still insufficient and the challenges of aging populations claim more research efforts into clinical conditions, older people's needs, and pathways of care. With the increase in average life expectancy, chronic conditions inherent to aging, such as dementias (in particular Alzheimer's Disease), are inevitably growing along with related behavioral and psychological disorders, which highlights the need for specific interventions in elderly mental health problems. Beside dementia and mild cognitive impairment, other issues like frailty, delirium and the risk for mental health problems or the unmet needs of older people, require substantially more attention from professionals and policy agents.

The burden of mental health problems is frequently considered as an inevitable part of the process of aging, worsening the already negative stereotype about being old. Mental health issues, particularly those affecting old age are frequently underestimated, adding to the suffering of a large number of people who could be treated and benefit from diverse social and health care interventions to enhance their well-being. The comprehension of mechanisms underlying diseases, on a time diagnosis, and customized interventions will be much more cost-effective than just allowing the disease to progress, leading to the institutionalization of individuals, which has proved to be an adverse and expensive outcome, both for individuals and the community.

In order to explore the determinants of mental ill health in later life it is useful to draw upon a framework that conceptualises risks to mental health as being located in three broad spheres: Background factors; Stressors; and Protective/Vulnerability factors

Factors affecting mental health among the elderly:

- Personal status
- Health status
- Financial status
- Routine activities
- Personal achievement
- Social relationship
- Loneliness

Mental health promotion according to Lavikainen *et al.* (2000) is seen to be an unclear concept especially in the psychiatric content and also with professionals in that domain. Even at that, mental health still is known to have a strong importance of psychological processes and awareness because it has a major role to play in the interactions and experiences both in an individual or a community level. This can be attained by elements that help to improve good mental health by increasing those factors promoting mental health and reducing the ones that decreases mental health in both individuals and communities.

The stigma of aging, as well as the health and social conditions the elderly commonly face (such as dementia, depression, incontinence, or widowhood), is another social barrier to access of health, manifest in the Indian case in unique ways (World Health Organization [WHO], 2002).

The elderly population (aged >60 years) is expected to increase globally to over 2 billion in 2050. By 2050, the elderly will make up 17% of the population in India and 32% in China—exceeding the percentage of children below 14 years. These growing numbers create an increasing urgency for health policy that more clearly addresses the issues of health care accessibility to this population as the elderly carry more weight in global societies. Our experiences in and with the Indian health care system illustrate the state of health care access for the elderly in a large developing

country (Nilima,2017).

Current status and gaps :

In India, 28.3% of older people in rural and 36.8% in urban areas suffer from one or more diseases: non-communicable disorders, under-nutrition, locomotive impairment, and re-emerging infections. Two third of the Indian elderly population live in villages, half are of poor socioeconomic status and of these 70% are women, all of which further jeopardises their health status and access to care. The focus of public health in developing countries has been maternal and childcare and infectious diseases thus far, but as the proportion of the elderly in the global population starts to increase, priorities need to shift.

There is a compelling need for future studies to address the aforementioned issues in order to better understand how older people make economic and social decisions. This is especially important given the impending demographic shift to an older society. The prejudice and stereotypes may limit meaningful participation in society, e.g., jobs, and affect the mental health state of old people, who may even internalize and play into the stereotypes in self-fulfilling prophecies (Taylor and Walker, 1994, 1998; Levy, 2001; Coudin and Alexopoulos, 2010). A better understanding of the actual changes in old age can help foster a more inclusive society that taps on the expertise and skills of those older. This in turn may help alleviate feelings of social isolation, loneliness and depression (Perlman and Peplau, 1981). Understanding these issues is pertinent to implementing early interventions aimed at preventing a wide range of mental health problems, and has broad implications for social policies aimed at the elderly.

Mental health promotion interventions can be used in alleviating loneliness among the elderly:

There are very few up to date researches that has been raised to evaluate the effects of mental health promotion interventions among the elderly either direct or indirect. There are some available studies that have been grouped either under public health or some other interventions which are mainly used for those risk factors in mental health, political and larger environmental political interventions that are known to be used as an improvement tool in mental health among the elderly. Even though there are some studies that have been grouped to improve the mental health among the elderly, there are considerable effective interventions which are known to fight those risk factors in mental health among the elderly and they are grouped based social supports, home based supports, exercise and music, career supports, reminiscence and interventions that improve self-esteems, morals, activities fighting loneliness (Cattan *et al.*, 2005).

Activities that can be helpful in uplifting the mental health status of elderly:

To improve the existing situation of the older adults with reference to mental health certain activities can be very helpful. Activities that help in developing a sense of worth and a source of income as well as certain recreational activities like group based social support, exercise, music have a positive effect (Cattan *et al.*, 2005). Development of policies and programme can also be very helpful.

Studies conducted by European Union 2005 suggest that certain changes when made can be very effective in improving the mental health status. The changes suggested below were found to be effective among the European countries these changes can be act as a role model and can be implemented in India.

Group-based social support intervention:

This support intervention helps to tackle mental health problems among the elderly like widow ship, living alone, social isolation and improves self-esteem, morals and social activities. This is in the sense that, most of the interventions have been included in some kind of structured activities and professionally leading education programs which help in self supports, direct groups discussion and direct social activation. So far these planned activities have been proven to improve effectiveness. According to Hedelin and Svensson (1999) preconditions for successful social network and social support development have been identified as “the existence of people who were interested in socializing and in participating in activities; that the activities were frequent and regular and provide the practical means to participate; that there was a leader, either a professional or an older lay person with the relevant skills and interest who acted as a coordinator and a fixed resource for the group” The work of Lampinen *et al.* (2006), shows that 20 per cent of women and 30 per cent of men experience loneliness which is because of poor mental well-being with its predictors which are physical and leisure activities and he proposed that since mental well-being in later life is linked with activity, better health and mobility status which will be a target for preventive measures in future.

Exercise and music:

Evidences shows that using exercise and music helps improve the mental health among the elderly and also promote self-esteem, good health, happiness and wellbeing and reduces depression (Cattan *et al.*, 2005 and Young and Dinan, 2005). Music has been discovered to help people to understand their self in relations to others. Music is used to express emotions, communicate feelings and ultimately to increase and maintain the sense of well-being says Hays and Minichiello (2005). Even though these researchers argued if music could provide a cultural and normative bridge between individuals and it is also used as a means of contacts and also to link socially with others.

Reminiscence :

Research of Coleman and O’Hanlon (2004), who have reviewed on elderly historical background, types, functions and evaluations of reminiscence which is that part that is being conducted on an individual or in groups where it helps the elderly to recall on their past and also their life experiences in order for the elderly to find meaning in their lives, to teach and inform and also helps to reduce boredom. Also the researchers confirmed that this has been used in therapeutic measures, to deal with depression and traumatic memories, for elderly who lived in sheltered houses it helps to improve their well-being.

Career support :

It has been proven that there are lots of researches which had developed ways of improving mental health for the career of frail elderly people, those with Alzheimers’ disease and also dementia. These researches brought out interventions like respite care, psychosocial interventions, group education and support were the main interventions which were being evaluated. Even though these interventions are not sufficient in improving stress, distress, anxiety, coping skill or depression in a long-term period (Cattan *et al.*, 2005). But according to the researcher, they had indication that an intervention likes the psycho-social intervention which has the use of problem solving and behavioral component will be more effective to those who care the people with dementia (Pusey and Richard, 2001). Even though the above interventions indicate promising and providing support for careers, a researcher like Marriot *et al.* (2000) advocate that “the implementation of the cognitive-behavioral

intervention is lengthy and therefore has resource implications and requires specialist training. Also those critical observations need to be taken seriously when planning mental health promotion support for carers of frail elderly people” (Cattan *et al.*, 2005).

Volunteering :

Volunteering has huge effects on mental health promotion solely because of its social activities aspects as it develops a sense of worth. This was supported by several researchers as quoted “that the reciprocity of volunteering adds to an individual’s sense of well-being, by giving a sense of social support (Van, 2000).

Policy context

An aging population, with its associated mental health consequences, calls for effective action. Old age brings many stressors that may increase mental ill health, such as decreasing functional capacity and social isolation (Cattan *et al.*, 2005), Late life-depression and age-related neuropsychiatric conditions, such as dementia, will increase the burden of mental disorders. Supports, interventions have shown to improve mental well-being in older population (Cattan *et al.*, 2005).

Certain steps can be taken and changes can be made by the policy makers of the country towards developing good health status of the senior citizens for to make easy access to therapies. Certain programme with special reference to elderly can also be initiated. Stop discrimination by age and acknowledge the heterogeneity of older people

- Improve access of older people to effective psychological therapies
- Promote an increase in the social participation of older people
- Ensure that the vulnerable risk group are reached by special programs
- Promote personal autonomy and possibilities for independent living to the fullest possible extent
- Provide adequate means to endorse social participation in all relevant settings
- Apply available evidence-based methods aimed at preventing and reducing physical morbidity, impairment and at increasing mobility
- Ensure help and support programs for those in crisis situation like bereavement,
- Include adequate amounts of gerontological education in the training of professionals working with older people
- Make interventions targeting major risk factors, such as social isolation, loneliness and physical ill-health, available for all citizens

Conclusion ;

Aging and mental health covers the biological, psychological and social aspects of aging as they relate to mental health. In particular it encourages an integrated approach between the various bio-psychosocial processes and etiological factors associated with psychological changes in the elderly. Mental health is both a part of, and intrinsically bound up with, overall well being; identified by older people as a pivotal dimension of quality of life. Mental health outcomes are a product of both life course issues and current access to resources. Poor mental health is not inevitable in old age; much can be done to reduce the incidence and impact of mental ill health and promote mental well being. Role of individual and family, community and efforts at National/Societal level is crucial in promoting mental health. Social support for elderly people needs to be strengthened. More community and day centres for the aged should be developed. Programmes targeting towards

indigenous people, migrants and people affected by disasters need to be established. Programme could be implemented through school like programmes supporting ecological changes in schools or at work place like stress prevention programmes. Various organizations across the globe are now largely focusing on mental health. World Health Organization Mental Health Gap Action Programme aims at scaling up services for mental, neurological and substance use disorders. Effective promotion of older people's mental health requires action across a range of different areas at a number of levels.

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