A STUDY OF THE MENTAL HEALTH STATUS OF OLDER ADULTS IN AHILYANAGAR CITY, MAHARASHTRA.

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Abstract:

Background: By 2030, one in six people in the world will be aged 60 years or over. India, too, is witnessing an exponential growth in the number and proportion of older adults, comprising over 10% of the population. The mental health of older adults is a growing concern in India that is unnoticed and overlooked by the people. Data from a recent epidemiological study in India indicated that 17.13 million older adults (total population, 83.58 million) are suffering from mental health problems. **Aim of the study:** To assess the mental health status of older adults and explore possible ways of interventions to improve the mental health of older adults. **Research design:**

A descriptive research design was utilized. **Setting:** The Study was conducted in an urban area selected randomly from Ahilyanagar City, Maharashtra (India). **Sample:** A simple random sample composed of 50 older adult men and women who satisfied the study's inclusion criteria. **Tools of data collection:**

Two tools were used to collect the study data: Tool I: A structured interview questionnaire to collect data on demographic characteristics. Tool II: Mental Health Inventory developed by C. T. Veit and J. E. Ware, Jr. (1983)

Results:

Relationship with family members has a low positive correlation (.330) with mental health of older adults, and the correlation is statistically significant at a moderate level (0.01< P > 0.05). Negative poor correlations have been established between mental health status and demographic variables like educational status and source of income. It's also reflected in the research study that there is a significant number of older adults with low mental health status. **Recommendation:**

A health education program for older adults about mental health is recommended. There is a need to raise awareness in the public and other professionals about the unmet needs of geriatric mental health, develop adequate human resources, and strengthen intersectoral collaboration.

Keywords: Aging, older adults, mental health status, mental health inventory

Introduction:

Ageing is a continuous, complex, and dynamic process. Population ageing is associated with a rise in the proportion of the population termed as 'old', usually at 60 or 65 years and above. Increased longevity, decline in fertility, and compression of morbidity have contributed to an increase in the older adult population. Population ageing is an inevitable and irreversible demographic reality that is associated with improvements in health and medical care. The population of older adults is growing everywhere. It is no longer an exclusive characteristic of industrialized society. India is also heading towards a similar demographic pattern to other developing countries. India is experiencing a dramatic increase in its older adults' population. As of July 1. 2022, approximately, 149 million persons aged 60 years and above in comprising around 10.5 percent of the country's population. The United Nations Population Fund (UNFPA) projects that this population, which will make up 158 million people by 2025, is the one that is ageing at the fastest rate. This unprecedented rise in the ageing population will have significant implications for health, economy, and society in India. Hence, it can be assumed that aging is a challenge in 21st-century Indian society.

Figure 1: Population by broad age groups in percentage, India, 1950–2050
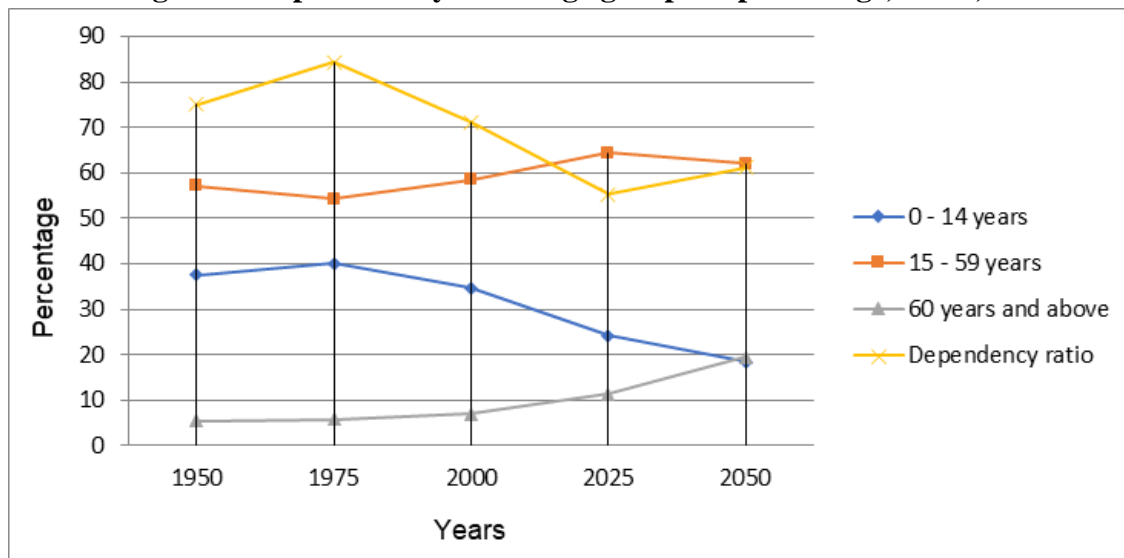
. Source: United Nations (2019), World Population Prospects, the 2019 Revision, United Nations, New York.

Older adults face numerous physical, psychological, social, and economic issues apart from the age-related health problems. In India, these problems get aggravated due to urbanization, migration, disintegration of joint families, traditional community ties, fast-paced changes, independent choices made by children, and changes in the value system in modern industrial society. These adults try to manage and cope with socio-economic, cultural, physical, and health problems in their way. However, how they manage and balance their situations depends on the individual capabilities and their backgrounds.

Understanding Mental health

The World Health Organization defines health as: 'A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity'

The World Health Organization suggests that mental health should be considered as a state of well-being, and there is no health without mental health. The World Health Organization defines mental health as 'a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community'. Mental well-being is defined as a state in which individuals are aware of their abilities, are able to deal with stressful situations in life, are able to work productively and efficiently, and are beneficial to society. A person's mental health is affected by individual factors and experiences, the environment, and societal and cultural norms. Mental health is part of the general health, and several personal attributes contribute significantly to the mental health status of people. Change in lifestyle, retirement, financial insecurity, decline in physical and mental abilities, feeling of being left alone, less social interactions can cause psychological distress on mental health issues. The Longitudinal Ageing Study of India (LASI), launched in 2016 by the Ministry of Health and Family Welfare, has conducted a full-scale national survey and a seminal study on the status of the ageing population in India. According to the survey, around 20% of the older adults in India have mental health issues, and almost a third of the older adult population exhibits depressive symptoms. Mental health conditions among older people are often underrecognized and undertreated, and the stigma surrounding these conditions can make people reluctant to seek help. Therefore, it is necessary to recognize the importance of mental health concerns among older adults. Equally, there is a need to create awareness about mental health issues among older adults, caregivers, and mental health professionals.

Review of relevant studies

Several studies have been reported from across the world regarding geriatric mental health, quality of life and life satisfaction among older adults.

A study was conducted by Ernandes Gonçalves Dias, Ângela Thais Nascimento, and Luciana Gonsalves Da Silva (2022) on the Impact of Social Isolation on the Emotional Health Status of Older Adult People in Brazil. The study aimed to understand the impact of social isolation on the emotional health status of older adults living in a city in the north of Minas Gerais, Brazil. It is a descriptive, qualitative study with data collected between February and March 2021. The presence of fear, agony, and uncertainty about the future was identified, in addition to being more anxious. It is recommended that older adults receive support and support from health professionals to clarify doubts and diagnose emotional changes.

Tang, Shuangshuang; Lee, Harry F; Feng, Jianxi (2022) found that Laopiao in urban China are thought to suffer poor mental health owing to their floating status. 'Laopiao', float to cities where their sons or daughters live to look after their children and grandchildren. The study explored the inter-relationship among social capital, the built environment, and mental health in urban China. A survey was conducted with 591 older adults and the laopiao. It was concluded that mental health determinants are dissimilar between the two groups of older adults. Bonding social capital promotes mental health in both groups, while bridging and linking social capital only contributes to the mental health of the laopiao. Findings suggest that different policy measures should be implemented for different groups of older adults in urban China to improve their mental health.

Pragya Lodha, Avinash De Sousa (2018) wrote a review article on Geriatric mental health: The challenges for India. The article addresses the challenges before the clinician the various challenges faced by geriatric mental health. Articles that assessed geriatric mental health and its challenges in

India were identified by the authors through searches of the PubMed, EMBASE, and Google Scholar databases for articles published in English between January 1995 and December 2017 in India in the current era. The authors then reviewed the identified studies and were able to determine the general and specific challenges faced by geriatric mental health in India. Several social factors like retirement, financial issues, and parents in India and Children Abroad directly affect the mental health of the geriatric age groups. Multiple social, psychological, and biological factors determine the level of mental health of a person at any point in time. Authors concluded that mental health problems are under-identified by health-care professionals and older people themselves, and the stigma surrounding mental illness makes people reluctant to seek help. It is suggested that older people face special physical and mental health challenges that need to be recognized. There is a need to raise awareness in the public and other professionals about the unmet needs of geriatric mental health, develop adequate human resources, and strengthen intersectoral collaboration.

Yousra Mohamed Ali Alawady et al (2023) conducted a research study on Life Satisfaction, Mental Wellbeing, and Social Participation Among Older adults. The objective of the study was to assess Life satisfaction, mental well-being, and social participation among older adults before and during covid COVID-19 pandemic. The study was conducted in a rural area selected randomly from Sharkia Governorate, Egypt, and the sample comprised 300 older adults. The short Warwick-Edinburgh Mental Well-being Scale was used to collect the data related to Mental Well-being. The total mean score of mental wellbeing among the studied older adults was 20.95±.52 before covid COVID-19 pandemic compared to 9.63±4.23 during covid COVID-19 pandemic. Most people have a strong need for social relationships in which they find solidarity, affection, and connectedness. Given the study findings, researchers recommended that a health education program for older adults about Life satisfaction, mental wellbeing, and social participation is necessary.

Aim of the study:

1. To study the living conditions of the older adults.
2. To assess the mental health status of older adults and explore the factors affecting mental health status of older adults.

Hypothesis

H1: The demographic variables such as gender, age, education, and type of family have a significant association with the mental health of the older adults.

H2: The living conditions of the older adults have a bearing on the mental health of the older adults.

H3: There is significant relationship between relationship with family members and mental health status of older adults.

Materials and methods:

Research design:

This study attempted to examine the mental health status of older adults and the factors that affect their mental health levels. The descriptive research design was used to meet the study's objectives and describe the mental health status of older adults and related matters. Quantitative technique was used to gain a comprehensive understanding of the research topic.

Study setting: In this present study, older adults of Savedi, Ahilyanagar are the universe of the study. The current study participants were was carried older adult men and women who were chosen at random from several colonies within Savedi area, an area of Ahilyanagar city.

Study sample: A random sample composed of 50 young older adults aged 60 years or above, free from any physical and mental disorders, and able to communicate, was selected in the recruitment of this study. The researcher selected respondents for this study by using a simple random sampling method.

Inclusion and exclusion criteria: The older adults who have reached the age of 60 years or above reside at the Savedi sub-urban area in Ahilyanagar are included in the study, while the rest of the population in other parts of the city are excluded.

Tools of data collection:

For data collection, a structured questionnaire was developed by the researcher. It consisted of two parts.

Part (1) Personal information: It consisted of demographic characteristics of the older adults, which include age, gender, age, educational level, marital status, the source of income, type of family, number of children, living arrangements, and relations with family members.

Part (2) Mental Health Inventory (MHI-18): The Mental Health Inventory was developed by C. T. Veit and J. E. Ware, Jr. (1983) for the use of the general population. It's mainly used to measure psychological distress and well-being, and also for evaluating mental health status. The Mental Health Inventory short version includes 18 items in which the respondent uses a 6-point Likert-style response, and it can generally be done without help.

Scoring system: The Mental Health Inventory (MHI 18) short version has the answers on a six-point Likert scale; none of the time scored "1", a little bit of the time scored "2", some of the time scored "3", a good bit of the time scored "4", most of the time secured "5" and all the time scored "6". The higher the score, the more the mental well-being. A total score was calculated by summing responses over all 18 items, with possible scores ranging from 18 to 108. Higher score of 75% or more (>12.6) indicates high mental wellbeing.

Statistical analysis: Data entry was done with the help of MS Excel, and statistical analysis was done using the SPSS 22.0 statistical software package. Major findings of the study have been tabulated and analyzed with the help of the Statistical Package for Social Sciences (SPSS). Cross tabulations and correlation matrices were prepared taking into consideration the demographic variables of the participants. The key findings of the study are presented in Tables 1- 4.

Limitations of the Study

1. Due to time constraints, a larger sample could not be covered for the study
2. As a questionnaire tool was used for data collection, there was no further exploration of matters related to mental health

However, despite these limitations, the responses were enough to conclude to fulfill the objectives of the study.

Results: The result of the data analysis are presented in the following tables

Table 1: Demographic characteristics of the older adults

Variable	*Category*	*Frequency*	*Percentage*
Gender	Male	32	64.0

	Female	18	36.0
Age group	60-65 years	14	28.0
	65-70 years	22	44.0
	70-75 years	6	12.0
	75-80 years	5	10.0
	80 years & above	3	6.0
Education	Up to 12th Std	27	54.0
	Graduate	7	14.0
	Post-graduate	14	28.0
	Not educated	2	4.0
Marital status	Never married	3	6.0
	Married	45	90.0
	Widow/widower	1	2.0
	Separated	1	2.0
Source of income	Salary	9	18.0
	Pension	26	52.0
	Interest from savings	1	2.0
	Rent from Landed Property	14	28.0
Overall		**50**	**100%**

Table 1 shows the demographic characteristics of the older adults who participated in the study. It was found that two-thirds (64%) of the respondents of the research study were males, while 36% were female. It indicated that the male sample dominated the research study. Three-fourths (72%) of the respondents were young elders between the ages of 60 to 70 years. The literacy rate among the older adults was moderate. They have either studied up to the 12th standard or completed their graduation. A significant proportion (90%) of the older adults were married and were living with their spouses. A small number of participants (6%) were never married. More than half (52%) were pensioners and depended on their monthly pension. 28% of the participants relied on rent from the landed property. It means only a moderate number of the older adults are financially independent and secure. And two-fifths (18%) were still working and drew regular salaries.

Table 2: Living arrangements and relationship with family

Variable	*Category*	*Frequency*	*Percentage*
Type of family	Joint	19	38.0
	Nuclear	31	62.0
	With husband/wife	46	92.0

Living status	Own Sons/daughters	3	6.0
	All above	1	2.0
Relationship with family members	Cordial	32	64.0
	Normal	15	30.0
	Uncordial and strained	3	6.0
	Overall	*50*	*100%*

Table 2 indicates the living arrangements and relationship of the participants with family members. One-third (38%) of the participants were living in a joint family. This finding suggests that the joint family structure and living together with children or extended family members remained valued in the modern era. Whereas three fifths (62%) of the respondents are living in a nuclear family. The majority (92%) of the older adults were living with their husband or wife. Most of the respondents i.e. three-fifths (64%) of the respondents share cordial and healthy relationships with their family members, and 30% share normal relations with some tensions and stressful situations.

Table 3: Mental health status of older adults

Variable	*Category*	*Frequency*	*Percentage*
Mental health status	Better mental health	3	6.0
	Moderate mental health	23	46.0
	Lower mental health	21	42.0
	Poor mental health	3	6.0
	Overall	*50*	*100%*

Table 3 represents the mental health status of older adults. The data is largely concentrated in moderate and lower levels of mental health status. Nearly half (46%) of the older adults indicated moderate mental health status; however, there is a substantial proportion (42%) of older adults were found to have lower mental health status. It highlighted a substantial segment of the population experiencing significant mental health challenges and requiring immediate attention. A relatively very low proportion (6%) of respondents reported better mental health, suggesting that psychological well-being is seldom found among older adults.

Table 4: Correlational analysis (Spearman's rho) of demographic variables and status of mental health

Spearman's rho Correlation / Level of significance	Gender	Age	Education	Marital status	Source of income	Type of family	Living arrangements	Relations with family members	Mental Health Status
Gender	1.000	-.355[*]	.235	-.350[*]	.271	-.047	-.071	.262	.063

		Age	Education	Marital status	Source of income	Type of family	Living arrangements	Relations with family members	Mental Health Status
		.011	.101	.013	.057	.744	.626	.066	.662
Age	-.355*	1.000	-.151	.282*	-.218	-.115	-.103	.194	.111
	.011		.297	.047	.129	.428	.476	.178	.441
Education	.235	-.151	1.000	-.155	.111	-.078	-.066	-.011	-.154
	.101	.297		.282	.441	.592	.648	.941	.287
Marital status	-.350*	.282*	-.155	1.000	-.087	.181	-.211	-.003	.005
	.013	.047	.282		.549	.209	.141	.983	.973
Source of income	.271	-.218	.111	-.087	1.000	-.055	-.363**	-.047	-.065
	.057	.129	.441	.549		.702	.010	.747	.653
Type of family	-.047	-.115	-.078	.181	-.055	1.000	-.093	-.003	**.072**
	.744	.428	.592	.209	.702		.523	.982	.617
Living arrangements	-.071	-.103	-.066	-.211	-.363**	-.093	1.000	.254	.016
	.626	.476	.648	.141	.010	.523		.075	.911
Relations with family members	.262	.194	-.011	-.003	-.047	-.003	.254	1.000	.330*
	.066	.178	.941	.983	.747	.982	.075		.019
Mental Health Status	.063	.111	-.154	.005	-.065	.072	.016	.330*	1.000
	.662	.441	.287	.973	.653	.617	.911	.019	

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4 shows the correlational analysis of demographic variables with the status of mental health. There is a very poor positive correlation between the mental health status of older adults and gender, and this correlation is not statistically significant ($p > 0.05$). The mental health of the participants and age have a poor positive correlation with an insignificant correlation value (0.411). Age variation (60 years to 85 and above) does not have much implication with regard to the mental health of older adults. Mental health and marital status were found to be positively correlated; however, this correlation is not statistically significant ($p > 0.05$). It was noticed that those who are still married and living with their spouse feel emotionally secure and mentally stable. It is found that there is a very poor positive relationship between the type of family and living arrangements of older adults with their mental health status, and the correlation is not statistically significant.

Relationship with family members has a low positive correlation (.330) with the mental health of older adults, and the correlation is statistically significant at a moderate level ($0.01< P > 0.05$). Cordial and strong family relations significantly affect the mental health status of older adults. The study emphasized the importance of positive family relations in promoting a sense of belongingness and reducing isolation as well as other psychological and behavioral problems.

Negative poor correlations have been established between mental health status and demographic variables like educational status and source of income. However, these correlations were not statistically significant.

Discussion:

The research revealed a moderate level of mental health status observed among the older adults. A key factor may be their high level of education and awareness of the mental health concept and self-care practices. They keep themselves busy with their hobbies and socializing with people. They have a positive attitude towards aging and consider it an opportunity to live life to the fullest and make efforts to maintain sound physical health and mental well-being. Despite of this, a prominent number of participants were found to have lower mental health status highlighting the multifaceted and complex challenges faced by older adults. The needs and problems of older adults vary significantly according to their age, socio-economic status, living status, health, and other characteristics. The older adults reported that, due to their age-related illnesses like BP, Diabetes, knee problems, and heart problems, have restricted mobility, which causes loneliness, social isolation, and some mental health concerns.

Along with these findings, it has also been reflected in the study that age, gender, marital status, type of family, and living arrangements do not have a direct impact on the mental health of older adults. Being married and living with a spouse is positively connected with higher levels of mental health and better quality of life. Another major finding of the study is that a significant and strong correlation was established between family relationships and the mental health of older adults. The family aspects of aging have a bearing on the coping and adjustment in old age. It's confirmed from the study that relationships with family members greatly affect the mental health status of older adults. At this age, these people would like to live their remaining life with their children. In the company of their children, they feel happy and secure. Through the research study, it is strengthened that family plays an important role in maintaining the well-being of older adults

Conclusion:

As age grows, older adults suffer from a lack of physical and mental well-being due to improper support received from family members and others. The differential aging phenomena, both physical and mental, appear to depend on environmental and social factors such as residential environment, neighborhood relationship, maintaining friendships, physical health condition, and economic status etc. Multiple social, psychological, and biological factors determine the level of mental health of older adults. Mental health concerns among older adults are unnoticed, unimportant, and go without being given proper attention. As mental health affects physical health, it's necessary to provide the required attention and treatment to the mental health conditions. It needs to be realized that the older adults and their related issues cannot be only addressed by the public or private sectors. It requires an integrated approach and strategies from social, legal, medical, and mental health professionals. A well-developed society is sensitive towards the needs of old aging population and attempts to provide it for them. Hence, as geriatric mental health is a growing concern, it has to be given more significance by policymakers, development practitioners, academicians, and social work professionals working with older adults.

Recommendations: Based on the study's findings, the following recommendations are proposed:
- To improve positive mental health for older adults' social connection is necessary. Meaningful social activities can engage older adults physically and mentally, which will boost a sense of we feeling and belongingness among them.
- Support groups, including senior citizen clubs, creative arts, or recreation groups, can be formed

- A health education program for the older adults about numerous physiological changes that occur with age, life satisfaction, mental well-being, and social participation shall be conducted

- A good-quality and affordable health services, including mental health, shall be provided.

- Age-friendly environments are better places in which to grow, live, work, play, and age. Hence, family education should be provided to the children and grandchildren. It will encourage inter-generational dialogue, which will be helpful to maintain positive mental health.

- **Declaration:**

  I hereby solemnly declare that we are the authors of this article, and it is original, has not been published earlier, and has not been submitted for publication elsewhere.

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