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Mental Health Problems of Elderly in India: A Critical Analysis

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ABSTRACT: It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders. A sound mind in a sound body has been recognised as a social ideal over the centuries. Mental health is a balanced development of the individual's personality and emotional attitudes which enables him to live harmoniously with rest of the society. Mental health is not an exclusive relation between persons. It is related with the community he lives in and the bigger society of which community is only a part. It is related with the social and educational institutions which build his life and establish him as a human being. It is the mental health that determines the individuals earnings, life style, happiness, leisure, stability and security. The concept of mental health in India encompasses only the treatment of seriously mentally ill person admitted in the mental hospital, otherwise it has no implications to them. Though the morbidity rate of mental disorders is surprisingly high in India. In India, there has being a very recent change that few people have started acknowledging the relevance of general mental health. The Indian family system is often held at high position for its qualities like support, strength, duty, love, and care of the elderly. The responsibility of the children for their parents' wellbeing is not only recognized morally and socially in the country, but it is a part of the legal code in many states in India. But urbanization, modernization, industrialization, and globalization have brought major transformations in the family in the form of structural and functional changes. As a result of these socio-demographic changes, old aged at times are forced to shift from their own place to some institutions/old age homes.

KEYWORDS: Mental ,Disorders , Health , Elderly and Family.

I. INTRODUCTION

The changing demographic scenario and population projections of India indicate that the growth rate of Indian old aged is comparatively faster than other regions of the World. Since recent past, due to marked increase in life expectancy, rise in number and proportion of old aged the population of old aged is increasing at a fast pace. In India at present, old aged constitute 7.6% of total population. Within three decades, the number of old aged has more than doubled i.e. from 43 million in 1981 to 92 million in 2011 .The life expectancy at birth has also increased from 62.5 years in 2000 to 66.8 years in 2011. Rapid growth in percentage and proportion of old aged in the country is associated with major consequences and implications in all areas of day-to-day human life, and it will continue to be so. As a result, the aged are likely to suffer with problems related to health and health care, family composition, living arrangements, housing, and migration.

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India. In India, there has been a very recent change that few people have started acknowledging the relevance of general mental health.

II. REVIEW OF LITERATURE

Review of selected literature is an essential part of every research process. It helps us to examine and evaluate what has been said earlier on the research subject.

Ajay, Abhay, & et al, (2010) The researchers have studied morbidity pattern among residents of Old-age homes in urban area of Nagpur. From the results of the study it is concluded that majority of the elderly were dependent economically, neglected, living alone and suffering from various health problems. Morbidity profile of the residents of Old-age homes shows anaemia, arthritis, hypertension, cataract, impaired hearing, asthma, diabetes etc. Health education regarding stress management, exercises, yoga etc. should be given to the elderly residents. There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of disabled elderly.

Harshal & Poonam, (2010) “Health Survey among Elderly Population Residing in an Urban Slum of Pune City” is a study of medico-social problems in the elderly population in an urban slum in Pune city. The objectives were to study socio-demographic factors, morbidity pattern, and pattern of addiction and utilization of the available health care facilities among elderly population. Senile cataract was the common illness followed by osteoarthritis. Addictions such as tobacco chewing, alcohol and smoking were also common especially among males.

Monica, Lehl, & et al, (2010) In “A Study of Prevalence of Depression in Elderly with Medical Disorders” the scholars have made an attempt to assess the depression among the elderly. It is often associated with medical illness and is bi-directional leading to further potentiating of morbidity.

III. METHODOLOGY

It was an exploratory study and was carried out in old aged of different villages of Darbhanga District. Prevalence of mental and physical health problems among inhabitants of old aged was explored. Contact was made with old aged and their consent to participate in the study was taken. Survey Psychiatric Assessment Schedule (SPAS), Mini Mental Status Examination (MMSE), Mood Disorder Questionnaire (MDQ) Schedule for Clinical Assessment in Neuropsychiatry (SCAN) were used as screening and assessment tools. All the participants were categorized into three sub-groups—young-old: 60 to 69 years; old-old: 70 to 79 years; and oldest-old: 80 years and above and data analysis was done by employing percentages and test of significance. A total of 50 inhabitants (25 males and 25 females) of three old aged had given their consent to participate in the study. Age wise and socio-demographic details of participant old aged are given. Further, data is analyzed in view of age and gender.

CAUSES OF MENTAL DISORDER IN ELDERLY :

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. Following is the list of factors responsible for mental illness in the elderly:

- **Physical disability or illness:** Mental health has an impact on physical health and vice versa. For example, old aged with physical health conditions such as heart disease have higher rates of depression than those who are medically well. Conversely, untreated depression in an older person with heart disease can negatively affect the outcome of the physical disease.
- **Diseases of the adrenal, thyroid, pituitary, or other glands:** These glands help regulate emotion, perception, memory, and thought processes. When they don't function well, these mental processes are affected.
- **Medications:** Seniors take many more medications than other age groups. Coupled with a slower metabolism, these substances can stay in the body longer and quickly reach toxic levels. Moreover, because many older people take more than one medication and may drink alcoholic beverages, there is a high risk that drugs will interact, causing confusion, mood changes, and other symptoms of dementia.
- **Malnutrition caused by poor eating habits:** The brain requires a steady supply of proper nutrients, and poor eating habits or problems with digestion can upset the way the brain functions. For example, pernicious anaemia, a blood disorder caused by a problem with B12 absorption, causes irritability, depression, and dementia. Too little sugar in the bloodstream also causes confusion and personality change. Changed eating

habits may result from dental problems, where difficulty chewing can cause seniors to omit certain important foods from their diet.

- **Diseases of the heart or lungs:** The brain also requires a great deal of oxygen to work properly. If diseased lungs cannot draw enough oxygen into the blood or a diseased heart fails to pump enough blood to the brain, lack of oxygen can affect the brain and behaviour.
- **Physical neglect and maltreatment:** Older adults are also vulnerable to physical neglect and maltreatment. Elder maltreatment can lead not only to physical injuries; but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety.
- **Dementia-causing illness :** Dementia is caused by damage in the brain. The most common causes of dementia are called neurodegenerative diseases, and include Alzheimer's disease, frontotemporal dementia, and dementia with Lewy bodies. With these diseases, the brain cells degenerate and die more quickly than is part of the normal ageing process.
- **Social and economic insecurity:** Poverty and associated conditions of unemployment, low educational level, deprivation and homelessness are all strong markers for mental illness. These adverse conditions prevail in the populations of many rich as well as poor countries. Mental illness and poverty are considered to interact in a negative cycle; that is, not only is the risk of mental illness among people who live in poverty higher, but so too is the likelihood that those living with mental illness will drift into or remain in poverty. In India overall, 74 per cent of elderly men and about 41 per cent of elderly women report receiving some personal income. However, the majority fall in the low income category. The distribution shows that 43 per cent of all elderly receive no income. Accordingly, both the poor as well as people with mental disorders constitute vulnerable groups requiring targeted social and financial protection or assistance.

IV. RESULTS AND DISCUSSION

Table:1
Details of Respondents

Details of Respondents	Male		Female		Total	
	No.	%	No.	%	No.	%
Education						
Illiterate	10	40	8	32	18	36
Just literate	1	4	3	12	4	8
primary	2	8	7	28	9	18
High School	5	20	1	4	6	12
Intermediate	1	4	1	4	2	4
Graduation and Above	4	16	4	16	8	16
Professional	2	8	1	4	3	6
Total	25	100	25	100	50	100
Marital Status						
Married	8	32	3	12	11	22
Unmarried	3	12	0	0	3	6
Separated	1	4	0	0	1	2
Widows	13	52	22	88	35	70
Total	25	100	25	100	50	100
Financial Status						
Dependent	10	40	21	84	31	62
Partially dependent	0	0	0	0	0	0
Independent	15	60	4	16	19	38
Total	25	100	25	100	50	100

Among these inhabitants, a majority were females (55.6%). As the inhabitants in different age categories were not found to be equally distributed or representative as per the proportions in the community, the socio-demographic details are done accounting the gender only. A majority of inhabitants were illiterate (36%), followed by primary level education (18%) and graduate and above (16%). Only 6.7% of inhabitants had professional qualifications. Proportionately majority of females were either illiterate (32%) or having less education (primary = 28%; just literate =

12%). A majority of the inhabitants were widowed (females = 88%; males = 65%). Among males, 15% of inhabitants were married and similar proportion of males was unmarried; whereas in females only 12% were having married status. A majority of the females were financially dependent (84%), whereas a majority of the males (75%) were financially independent.

A majority of inhabitants were suffering from depression (Males = 50.0%; Females = 28%). In males, the subsequent disorder was found to be dementia (20%) followed by anxiety (10%) and schizophrenia (5%). Anxiety disorders were found to be second leading disorders in females (16%). Dementia was found to be prevalent more in males (20%) than females (4%). Mental health problems were found to be more common in the young-old group. In males, all elderly except one in each age group were suffering from one or other mental health problem. In the group of young-old females, everyone was suffering from one or the other mental disorders. Sixteen percent old-old females were found to have depression followed by dementia (8%) and anxiety (4%) disorders. Surprisingly, in the oldest-old group, none of the female was found to be mentally ill. All old aged inhabitants were having one or the other physical health problem. A majority of the subjects were having multiple physical morbidity in male and female both and females outnumbered males (Male=60%; Females=68%).

A majority of the inhabitants of these old aged were between the age group of 70 and 79 years followed by young old and oldest old (57.8%; 26.7%; and 15.5%, respectively). In old-old and oldest-old groups, females outnumbered males (Males = 50% and 15%; Females = 64% and 20%), but in the young-old group, males outnumbered females (Males = 35%; Females = 20%) signifying the current trend of feminization of the older adults. Educationally females were maximally illiterate (32%) compared to males (25%) which is in accordance to Census of India, 2011 report. Females (88%) outnumbered males (65%) in terms of their widowed/widower status supports findings of a recent epidemiological study. A majority of females were dependent (88%), whereas a majority of males were independent (75%) in terms of their financial status.

The overall prevalence of mental health problems in inhabitants of old age homes provides a surprising finding that male suffers more than females (Male = 85% and Females = 48%) not in consonance with the latest epidemiological study. Depression was found to be the most common mental disorders. Dementia, anxiety, and schizophrenia in males and anxiety and dementia in females supports earlier findings. Others have also reported that the contribution of depressive disorders was highest in the community studies of elderly. Cognitive impairment was found to be the second highest in the disorders however; the prevalence of dementia in India has been reported to be variable, from 1.4% to 9.1%. Surprisingly, all females of the old-old group were mentally fit, which is against the previous findings, report of an epidemiological study reveal that aged females are found to be more vulnerable to mental health problems than their counterpart males.

All the inhabitants of old age homes were suffering from one or more (multiple) physical illness, no one reported herself as healthy. A majority of the inhabitants were having multiple morbidity (Male = 60%; Female = 68%) supporting the findings of previous studies where it is reported that mental health morbidity is seldom an isolated event in elderly and a minimum of two/three other clinical diagnoses is a rule. The prevalence of mental health problems as well as physical problems were found to be higher in inhabitants of old age homes in comparison to community. The reason could be significantly more psychological stressors, negligible family support, lack of medical (physical/mental) care and facilities, restricted environment of old age homes and financial constraints, etc. Mental illnesses were found to be very common among old aged inhabitants. There is need to screen out various stressor and reasons responsible for developing psychiatric problems in inmates of old aged. Further, similar studies are needed to evaluate the findings of this study.

V. CONCLUSION

The present study showed that elder people are facing growing physical and mental health problems which need to be identified. Mental health problems are not recognised by those involved in health-care and elder people themselves. The stigma which is attached to them by the society makes them more reluctant to look for treatment. There is a need of multidimensional approach to solve the problem. There should be community level primary mental health care, government should strive through its schemes and legislations to give a dignified life to elder people, health care professionals will be given training and proper treatment should be given to the elder people.

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