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# Exploring Problems Related To Mental Health Of Elderly People Residing At Old Age Homes

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## **ABSTRACT**

Problems have arisen for the elderly as a result of the breakdown of the joint family system, increased industrialization and urbanization, and shifting societal norms. As society's younger generations become less committed to maintaining traditional family structures or showing respect for their elders, the demand for care for the elderly has increased. Therefore, the elderly require critical assistance to improve their quality of life. The purpose of this work is to examine the mental health issues experienced by the older population in nursing facilities. For this exploratory study, data on local nursing homes for the elderly was collected, and 5 facilities were chosen at random. The administrations of these entities were contacted and given their consent for the research to proceed. Participant consent was obtained. Clinical interviews based on the SCAN protocol, the Survey Psychiatric Assessment Schedule (SPAS), the Mini-Mental State Examination (MMSE), the Mood Disorder Questionnaire (MDQ), and the expertise of a qualified research team were all used to evaluate participants.

**Keywords:** Mental Health, Family, Problems, Loneliness, Emotional support.

## **I. INTRODUCTION**

The shifting demographic landscape and population estimates of India show that the percentage of elderly adults (those 60 and over) is growing at a higher rate in India than in other parts of the world. The population of those 65 and older has been growing rapidly in recent years, mostly as a result of the dramatic growth in life expectancy that has occurred during the same time period. At this time, the senior population in India accounts for 7.6% of the country's total. The number of people aged 60 and above has more than quadrupled from 43 million in 1981 to 92 million in 2011 and is projected to treble to 316 million over the next four decades. The growth rate of Indian seniors is definitely higher than that of seniors everywhere else in the world. Similarly, the average lifespan has risen from 62.5 years in the year 2000 to 66.8 years in the year 2011. The rapid increase in the quantity and proportion of older persons in the country has and will continue to have far-reaching ramifications for all facets of human life. Consequently, the

elderly are more prone to experience issues with their health and healthcare, family dynamics, housing, and mobility.

Elderly people in Asia have always relied on their families for both emotional and financial assistance. Furthermore, the Indian family is generally admired for its virtues such as stability, power, responsibility, love, and respect for the old. In addition to being a component of the legal code in several states in India, the idea that children are ethically and socially obligated to provide for their elderly parents is widely accepted. However, the structural and functional changes brought about by urbanization, modernization, industry, and globalization have had a profound effect on the family unit. Because of these societal shifts, seniors may be compelled to leave their homes and relocate to care facilities for the elderly.

This demographic is especially susceptible to physical and mental health issues. Studies of prevalence have consistently found that elderly persons had a far greater prevalence of mental health disorders than younger generations. It appears from the existing literature that little effort is made to comprehend the morbidity and requirements of such aged persons.

The issue of caring for the elderly has grown in significance as nations continue to undergo demographic upheavals and people age at an unprecedented rate. Old age homes, often called retirement communities or nursing homes, have become a popular option for providing elderly people with the specialized care and assistance they need. Although these centers provide medical attention and help with daily living, they also pose special psychological obstacles to the elderly.

## **II. MENTAL CHALLENGES FACED BY ELDERLY RESIDENTS IN OLD AGE HOMES**

### **Loneliness and Social Isolation**

Loneliness and social isolation are major contributors to the deteriorating mental health of the elderly in nursing facilities. Many of the older population may be lonely and isolated since they have lost loved ones such as spouses, friends, and family members. If a person has little opportunities for social engagement and genuine connections, the adjustment to community living may be difficult emotionally.

### **Depression and Anxiety**

Older adults in nursing facilities sometimes suffer from mental health issues such as depression and anxiety. Sadness, pessimism, and anxiety may result from the loss of autonomy, the disruption of routine, and the unfamiliarity with one's environment. These problems can be made much worse by the patient's inactivity, inability to go outside, or lack of independence. Caregivers and medical professionals must act swiftly upon the detection of these signs to provide the necessary assistance and treatment.

### **Loss of Identity and Purpose**

For the elderly, moving into an assisted living facility may be a traumatic experience that strips them of their independence and sense of purpose. Residents may feel inconsequential or irrelevant after years of satisfying duties as parents, professionals, and active members of the community. It is essential for senior living communities to facilitate chances for residents to pursue interests, continue to learn and grow, and feel valued.

### **Cognitive Decline and Dementia**

Dementia and other forms of cognitive decline are widespread among the elderly, and they can be made worse by the living circumstances in nursing facilities. Cognitive decline may be accelerated by being in an unfamiliar setting with low levels of mental stimulation and few opportunities for mental exercise. To lessen the effects of cognitive decline and boost the well-being of its patients, nursing facilities should place a premium on memory games, puzzles, and social connections.

### **Grief and Bereavement**

Residents of old age homes may face many losses or see the deaths of their colleagues due to the terminal nature of the facility. Grief and mourning are never easy to deal with, but they can feel overwhelming in a setting where death is always present. It is crucial for retirement communities to facilitate chances for residents to express their emotions, get counseling, and celebrate the lives of those who have passed away.

## **III. CONTRIBUTING FACTORS TO MENTAL HEALTH CHALLENGES AMONG ELDERLY PEOPLE**

### **Social Isolation and Loneliness**

Isolation and loneliness are major contributors to the mental health problems experienced by senior residents in nursing facilities. Moving into a dorm or other shared living situation might mean less time spent with friends and family and less opportunities to form deep bonds with others. Isolation, caused by a lack of social contact and positive reinforcement, has been linked to negative effects on psychological health.

### **Loss of Independence and Control**

Moving into a retirement community usually means giving up some measure of autonomy. Elderly people may lose the ability to make their own choices and alter their habits and preferences as they age. This loss can cause hopelessness, anger, and a loss of self-esteem, all of which are detrimental to mental health.

### **Lack of Meaningful Activities**

Older people's mental health might suffer when they are alone and not actively participating in life. Boredom, indifference, and a lack of meaning can set in when people don't have appropriate opportunity for intellectual stimulation, hobbies, physical activity, and social contacts. Maintaining a healthy mental state requires attention to one's physical health and emotional well-being as well.

### **Communication Barriers**

Mental health issues are already common among the elderly in nursing facilities, and communication hurdles only make matters worse. Effective communication can be hampered by a variety of factors, including but not limited to language hurdles, cognitive decline, hearing loss, and the absence of appropriate assistive equipment and technology. Frustration, social retreat, and the belief that one is misunderstood or disregarded can result from an inability to effectively communicate one's needs, preferences, or emotions.

### **Limited Support Systems**

Individuals residing in nursing facilities for the elderly may be cut off from their usual networks of family and friends. It's not always enough to rely on the personnel for social and emotional assistance. Isolation, vulnerability, and mental health issues may result from a lack of family participation, limited community engagement, and inadequate external services.

### **Environmental Factors**

Older people's mental health problems may be exacerbated by the institutional settings in which they live, such as nursing homes. Factors such as institutional settings, lack of personal space, noise levels, and limited access to nature or outdoor spaces can impact mental well-being. To improve mental health, it is important to provide a setting that is both relaxing and stimulating.

## **IV. MATERIALS AND METHODS**

It was an experimental research done with residents in retirement communities. The researchers looked into how common mental and physical health issues were among the senior citizens living in care facilities. Five of ten retirement communities were chosen at random, and their administrators were contacted to ask for permission to conduct the research.

Contact was made with residents of these nursing facilities for the elderly, and informed permission was obtained from each participant. The Mini Mental Status Examination (MMSE), the Mood Disorder Questionnaire (MDQ), and the Schedule for Clinical Assessment in Neuropsychiatry (SCAN) were employed for this purpose. A competent and SCAN-trained research team used these instruments. Subjects were interviewed and their medical records (including doctor's orders, medication lists, and hospital discharge

summaries) were scanned to determine the prevalence of physical morbidity. MMSE, MDQ and SPAS were utilized to screen the old age home prisoners. Positive and negative examples were separated using the tool's preexisting standards. Positive subjects from these assessments were then questioned using a SCAN-based clinical interview to confirm the diagnosis. Professionals with appropriate qualifications in mental health conducted the screening and SCAN-based clinical interview. Qualitative data, including prescriptions, test reports, and patient explanations (about physical symptoms/illness), were included in determining the prevalence of physical morbidities among the population.

Participants were divided into three age groups (young old, 60–69 years old, old old, 70–79 years old, and eldest old, 80 years and older) for the purposes of data analysis (percentages and test of significance were used).

## V. RESULTS

Table 1 shows that over half of the population experienced depression in 2017. Dementia was shown to be the most common subsequent condition in men (20%), followed by anxiety (10%) and schizophrenia (5%). Among women, anxiety disorders accounted for 16% of all diagnoses. Males (20%) were more likely than females (4%) to suffer from dementia. The young-old were found to have a higher prevalence of mental health issues. Only one man in each age group of senior men did not have a diagnosable mental health condition. Everyone in the group of young-old women was experiencing mental health problems. Depressive disorders accounted for 16% of elderly women, with dementia at 8% and anxiety at 4%. None of the women in the oldest-old category were discovered to have mental illness, which came as a surprise. Fishers' Exact P-value=0.2379 (males) and 0.0212 (females), respectively, was determined to be statistically insignificant for different groups of men of varying ages.

**Table 1 Inhabitants suffering from mental health problems**

Description	Male					Female				
	No psychiatric disorder	Depression	Dementia	Anxiety	Schizophrenia	No psychiatric disorder	Depression	Dementia	Anxiety	Schizophrenia
Young old 60-69	5	25	0	5	0	0	12	0	8	0

Old 70-79	5	20	15	5	5	36	16	4	8	0
Oldest 80 and above	5	5	5	0	0	16	0	0	0	0
Total	15	50	20	10	5	52	28	4	16	0

## VI. CONCLUSION

If we care about the health and happiness of our aging population as a whole, we must address the unique mental health difficulties that our residents in nursing homes experience. An atmosphere that fosters mental health, participation, and a sense of purpose may be created in retirement communities by recognizing and actively working to mitigate difficulties including isolation, depression, loss of identity, cognitive decline, and sorrow. When surveyed, more than half of those living in retirement communities reported experiencing mental health issues. In terms of mental illness, depression was by far the most prevalent. Residents at nursing homes all suffered from some sort of physical disability.

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