



CONTEMPORARY PAPER ON THE MENTAL HEALTH AND INFLUENCE OF QUALITY OF LIFE OF ELDERLY PEOPLE

¹**Dr.V.Subhathra**,M.A(SW),M.Sc (PSY) PhD. (Research Supervisor)
Principal, Aiman College Of Arts and Science for women, Trichy.

²**Shinoj Abraham**, MSW (Research Scholar), Bharathidasan University, Trichy.

INTRODUCTION

A report released by the United Nations Population Fund and HelpAge India suggests that India had 90 million elderly persons in 2011, with the number expected to grow to 173 million by 2026. Of the 90 million seniors, 30 million are living alone, and 90 per cent work for livelihood. Kerala had the highest proportion of elderly (i.e., 10.5%) to general population among the other states and union territories in India. About 75% of the elders above the age of 60 years were living in rural areas.

MENTAL HEALTH

mental health is *"emotional, behavioral, and social maturity or normality; the absence of a mental or behavioral disorder; a state of psychological well-being in which one has achieved a satisfactory integration of one's instinctual drives acceptable to both oneself and one's social milieu; an appropriate balance of love, work, and leisure pursuits"*

- Good mental health is a sense of wellbeing, confidence and self-esteem. It enables us to fully enjoy and appreciate other people, day-to-day life and our environment. When we are mentally healthy we can:
 - form positive relationships
 - use our abilities to reach our potential
 - deal with life's challenges

Current estimates of mental illness rates in older adults range from 15 to 25%, and the number of older adults with a serious mental illness is expected to climb from about 4 million in 1970 to nearly 15 million by 2030. In addition to mental disorders common in all age groups, there are cognitive problems that, while not unique to older adults, occur with increasing frequency with age. These cognitive impairments exist on a continuum from normal age-associated memory decline (AAMD) to mild cognitive impairment (MCI) to dementias, such as Alzheimer's disease and vascular dementias. These mental illnesses are further complicated by frequent comorbidity with medical problems, substance use problems, and social problems such as loss of loved ones and changes in living situation.

Psycho social variables leading to mental/emotional problems in the elderly.

- **Female sex** More elderly women than men are prone to developing psychological problems.
- **Widowed state** Recent death of spouse, loss of companionships, income etc.
- **Unemployed** condition leading to insecurity and dependency on others.
- **Low social class** Lack of awareness, due to poor education Neglect of problem.
- **Living alone** Feeling of neglect, loneliness, social isolation.

Mental Health in Old Age

- **Physical illness** or disability.
- **Sensory deficit** Impaired vision or hearing.
- **Nuclear families.**
- **Special stressors** Retirement, loss of status, fall in

OLD AGE

Aging is not a disease, but the final stage of the normal life cycle. It is the period of moving away from some previous and more desirable period, the prime of life or the years of usefulness. Aging is a normal, inevitable, and universal phenomenon. It is generally associated with fateful decline in functional capacity of the organs of the body decreased ability to cope with the stress

of the diseases or trauma. The problem of old age haunts everyone at some moment of our life. Whether we wish it or not, we will carry to it by the laws of nature. Some people age gracefully. “Aged people are overburdened, devitalised by losses like that of the spouse, friends, normal physical health, mobility, income, independence and authority.” They are also nearer to death. Shakespeare compares life with a ‘brief candle’. It is directly related to its speed at burning. A number of other factors make an old age person experience despair and depression. They have to put up with conflict within the family, diminishing social support, a lonely life and a feeling of insecurity. Social changes have their problems. The disintegration of the joint family systems, poor social support, increased social mobility, minimal community and state resources a faster pace of moving life and changing attitudes towards old people have threatened their very existence. The inevitable physical, psychological and social changes and the ability of the old person to adjust to these changes determine his or her mental health to a very large extent. But the characteristics of the old age often lead to poor adjustment and unhappiness, physical illness such as angina pectoris, arthritis, gynaecological disorders and prostrate troubles are particularly common at this time and may increase the disability of the old person.

Krueger et al (2009) Aging was associated with disabilities and social vulnerabilities on an alarming rate, including increasing institutionalization of elderly individuals. This scenario raised serious concerns and challenges to ensure quality of life and well-being of elder citizens. Evidence suggested that the critical components of successful ageing were social engagement, social connectedness, social networks and social integration.

Potter and Perry (2005) states that ageing is a life spanning process of growth and development from Birth to death. Old age is an integral part of the whole, bringing Fulfillment and self actualization. The ageing process occurs in every living species, as also in human beings by graying of hair, wrinkling of skin, hardening of arteries, aches and pains in joints and weakening of eye sight .The way that older adults adjust to the changes of ageing depends on the individual. For some individuals adaptation and adjustment are relatively easy, where as for other individuals coping with ageing changes may require the Assistance of family, friends and health care professionals.

COMMON PROBLEMS OF AGED

1. Problems arising out of retirement, less income, joblessness

Retirement and less income surely pose a problem for many of the aged people as they may have a large family to support. Joblessness is a common feature in a country like India, where the population is very high and the economic and psychological problems too. This may be caused by way of stress and tension.

2. Problems arising out of bereavement

When the aged are alone and have nobody to care for, they may emotionally breakdown. Again death or moving away of a loved one may also cause sudden psychological problems which may even lead to mental problems.

3. Emotional insecurity

Old age is a time when people may need support and help from others. They may need human support system on which they can rely on; they may feel contented and courageous when loved ones are near and when they feel this is lost, they may have emotional insecurity.

4. Economic insecurity and dependency

This is a very common feature of old age. Aged people do not have the income to support all their economic requirements and they have the tendency to depend on others for their needs.

5. Social insecurity

This is also part and parcel of life old age. They feel that they have been cut off from the society and community living, as they are not able to mingle with others freely as they use to.

6. Health Problems

This again is very common problem. One thus grows old, their body becomes weak and their body bones grow brittle. Their bodily defense system and immunity start to decrease and as a result they have health problems and they start to have medicines as life support systems.

QUALITY OF LIFE

Quality of life is the general well-being of individuals and societies, outlining negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, religious beliefs, finance and the environment. QOL has a wide range of contexts, including the fields of international development, healthcare, politics and employment. It is important not to mix up the concept of QOL with a more recent growing area of health related QOL.

Thomopoulo (2010) Males had better quality of life and less feelings of loneliness than females. Specifically, elderly women seem to suffer from loneliness in comparison to the elderly males. It was also found that old (60 - 74 years old) had better quality of life, higher scores at subscales of Quality of Life Index and lower loneliness than oldest old (75 and above years old). Marital condition has also a great effect on quality of life and loneliness of elderly, married elderly had better quality of life and lower loneliness than divorced and widowers. Married with a marital disruption (divorce) had an unsatisfied quality of life. But the great fall of quality of life was when the disruption was considered from one partner's death.

Baemholdt (2011) examined the association between the 3 dimension of QOL and needs and health behaviours in a nationally representative sample of adults 65 years and older. The difference in association with different dimension of QOL confirms that this is a multidimensional concept. Since depression, memory problems, and ADL fimction were all associated with some dimension of QOL.

SUGGESTIONS

Research has consistently demonstrated the importance of social and family relationships in the definition of good quality of life and mental Health To adequately address the concerns and priorities of the elderly population, changes in public attitudes towards ageing are an important component and one to which many countries are turning attention. In the immediate future, priorities are revolving around the practicalities of oldage financial security and pension schemes, health care coverage, social security, productivity and care giving. It is encouraging that inter generational solidarity and the protection of the rights of older persons are ranked highly as future priorities by a majority of developing countries.

CONCLUSION

Well-being of an elderly person will gain more importance in the coming years, as the people becoming elderly after a couple of decades will definitely be more educated, healthy and conscious of their rights than the present elderly population. The younger people's attitudes towards the elderly would indirectly contribute to the well-being of the growing population of the aged in developing countries. Planning for the future years is now viewed as important and ageing is seen as a process which requires life long preparation. Aspects such as re-employment of retired elderly, pension schemes, planning daily activity patterns, satisfying family and community life etc. are rich areas for future research. Living a full life and reaching frail old age, the older person may look for care and comfort from his fellowmen, providing him psychological succour and social security.

References

Thomopoulou I., Thomopoulou D. and Koutsouki, D. (2010). The differences at quality of life and loneliness between elderly people. *Biology of exercise*. Vol 6.2.

Krueger et al., 2009 Krueger, K. R., Wilson, R.S., Kamenetsky, J.M., Barnes, L. L., Bienias, J.L., and

Baemholdt, M; Hinton, I; Guofen, Y; Rose, K; & Mattos, M. (2011). Factors associated with quality of life in older adults in the United States. *Springer Science-^Business Media B. V.*

Potter and Perry (2005.). *Fundamentals of nursing*. 5th edition. N.Delhi: Harcourt pvt ltd; 2005.

www.google.com