

# Assessment of Mental Health Problems and Social Supports Among Elderly People, in a Selected Rural Community, South 24 Parganas, West Bengal

Swapna Ghosh<sup>1</sup>, Madhusri Manna<sup>2</sup>, Kasturi Mandal<sup>3</sup>

<sup>1</sup>Deputy Nursing Superintendent, Howrah General Hospital, Kolkatta.

<sup>2</sup>Professor, College of Nursing, Asia Heart Foundation, Kolkatta.

<sup>3</sup>Vice Principal, College of Nursing, Asia Heart Foundation, Kolkatta.

Corresponding Author: Madhusri Manna

## ABSTRACT

Old age is associated with various physical disabilities which lead to dependency on others for daily activities. The dependency on others leads to depression. Negligence by family members is one of the most important factors for depression among elderly persons. Study showed that lack of affection and care were precipitating factors for depressive illness in elderly. Late life depression is associated with sex, marital status, literacy, socio-economic status and family and friend care. These factors should be addressed while formulating health services for elderly persons.<sup>1</sup>

The investigator conducted a non-experimental descriptive study on assessment of mental health problems and social supports among elderly people in a selected rural community, South 24 Parganas, West Bengal with the objectives to assess the mental health problems and social supports of elderly people. 160 elderly people were selected by convenient sampling technique. In this study mental health problems refers to anxiety, depression and suicidal thought. Data were collected with the help of interview schedule on Beck anxiety Inventory, 15 item Geriatric Depression scale, Multi-dimensional scale of perceived social support (MSPSS) and Suicide Risk Screening scale. The study findings revealed that elderly people had 36.87% low level anxiety, 33.75% mild levels Depression and 25% moderate level Depression and 35.62% Suicidal thought. Study also showed that 86.87% elderly people had moderate level of Social Support. Result showed that there were negative relationship between mental health problem and social support as evident from r value and which were statistically significant at 0.05 level of significance. Result also showed that there were association between age, occupation, marital status with anxiety of the elderly people. There was association between education with depression of the elderly people. There was association between marital status and social support of the elderly people. Study Findings could be effective in developing awareness programme on improvement of social support of the elderly people and during counseling session of the elderly people with mental health problems along with their family members and friends. Future studies in this area could be conducted to a similar study can be replicated on a larger sample.

**Key words:** Mental health problems, social supports, elderly people, rural community

## INTRODUCTION

Aging the normal process of a time related change, begins with birth and continues throughout life. According to Erik-Erikson, this stage is a culmination of many intra psychic and interpersonal

changes. A high prevalence of mental disorder is seen in old age.<sup>2</sup>

According to the United Nation's projection, the year 2050, every third person in the Universe, will be aged 60 years and above and by the year 2020, The population aged 60 years and above increased to 77

million and expected to be 177 million by 2020.<sup>2</sup>

Although the elderly suffered from medical illness, there is greater contribution to the mental health problems, especially the priority goes to depression, which is pervasive and can diminish the spark of life.<sup>3</sup>

According to the estimates of the World Health Organization, the overall prevalence rate of depressive disorders among elderly generally varies between 10% and 20% depending on cultural situations.<sup>4</sup>

Newman et al carried out a study in Edmonton on a community sample of people over 65 years of age, found the rate of depressive disorders as 11.2%. In India, the principal mental disorders of later life are mood disorders (predominantly depressions) and suicidal thought.<sup>5</sup>

## METHODOLOGY

A descriptive survey research design was used in this study. Data were collected from 160 old age people aged 60 and above from two villages comprised 1200 & 2000 population by total enumerate sampling technique. Data were collected by demographic profile, Standardized Beck anxiety Inventory, 15 item Geriatric Depression Scale, Suicide Risk Screening Scale and Multi-Dimensional Scale of Social Support. After doing pre-testing, reliability of all standardized tool were done by internal consistency and 'r' was calculated by Cronbach's Alpha. Reliability of all standardized tools were respectively .72, .86, .82 and .81 respectively. So tools were valid and reliable. The Data were collected from two villages of Radhanagar subcentre from 22<sup>nd</sup> November, 2018 to 10<sup>th</sup> february, 2019. Ethical permission was taken from Ethics Committee. Informed consent was taken from each participant. Confidentiality was assured. Data were analyzed by descriptive & inferential statistics.

## RESULT

**Table-1:** Frequency and percentage distribution of demographic characteristics of elderly persons according to their Age, Sex, Religion, Educational Status, Occupation, Nature of Residence, No of family members. N=160

Sl.No	Sample Characteristics	Frequency	Percentage
<b>1</b>	<b>Age</b>		
	60-70years	87	54.37
	71- 80years	50	31.25
	81-90years	21	13.12
	Above 90 years	2	1.25
<b>2</b>	<b>Sex</b>		
	Male	79	49.37
	Female	81	50.62
<b>3</b>	<b>Religion</b>		
	Hindu	160	100
<b>4</b>	<b>Educational Status</b>		
	Illiterate	69	43.12
	JustLiterate	25	15.62
	I-V	20	12.51
	VI-VIII	17	10.52
	IX-X	15	9.37
	XI-XII	6	3.75
	Graduateand Above	8	5.0
<b>5</b>	<b>Occupation</b>		
	Home maker	95	59.37
	Government Employee	3	1.87
	Private Employee	3	1.87
	Business	22	13.75
	Labourer	17	10.62
	Others	20	12.51
<b>6</b>	<b>Nature of Residence.</b>		
	OwnHouse	152	95
	RentedHouse	8	5
<b>7</b>	<b>No. of Family Members</b>		
	3	32	20
	4	45	42.51
	5	32	20
	More than 5	51	31.8

The Data presented in table 1 indicates that, out of 160 elderly persons, 54.37% of the elderly people belonged to the age category of 60-70 years, and only 1.25% of the elderly people belonged to the age category of above 90years.

Data further reveals that the elderly people were 50.62% female and 49.37% male. Data also shows that, all elderly people belonged to Hindu religion, which was 100%.

The data depicts that, 43.12% of the elderly people were illiterate, and 5% was educated up to graduate level and above.

The data also reveals that 59.37% of the elderly people were dependent on home maker, whereas only 1.87% belonged to Government Employee and Private employee occupation.

Data also reveals that 95% of the elderly people lived in Own House, whereas

only 5% belonged to live in Rented House. The data further shows that, 42.51% of the elderly people had 4 family members,

whereas 20% only elderly people have 3 family members and 5 family members.

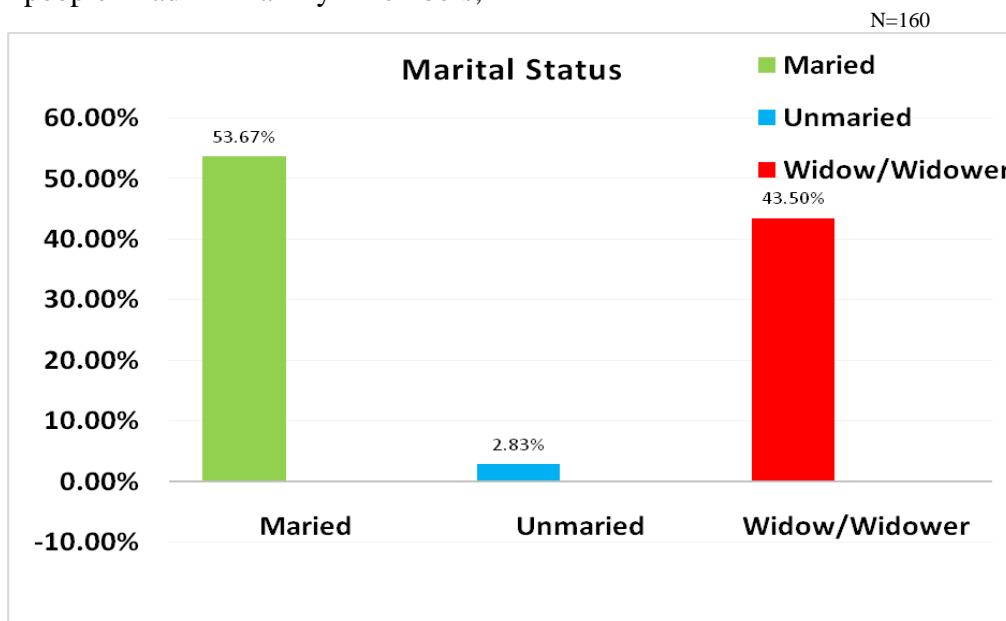


Figure -1 showing percentage distributions of elderly people according to Marital Status

Data presented in figure 1 indicates that, 53.67% elderly people were married, whereas only 2.83% elderly people are Unmarried.

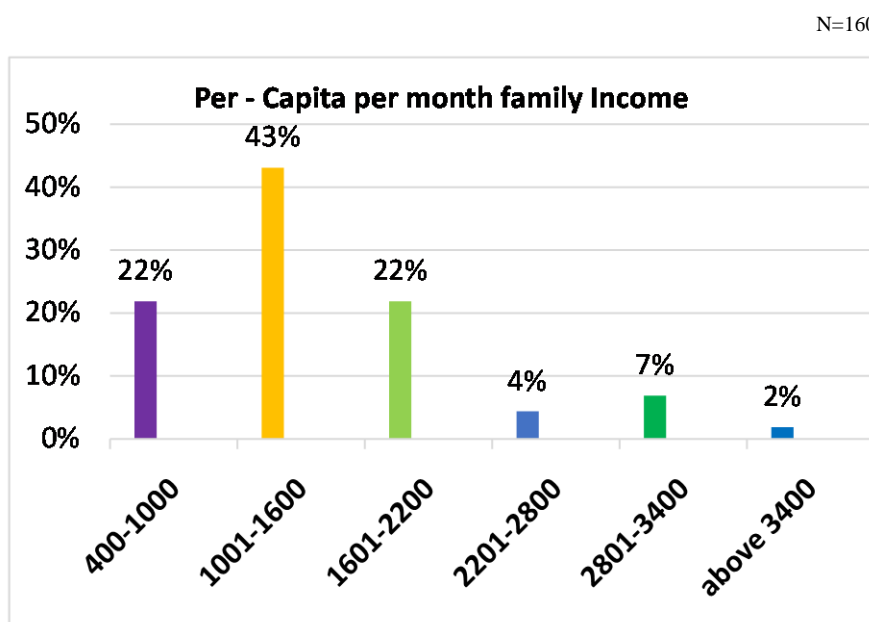
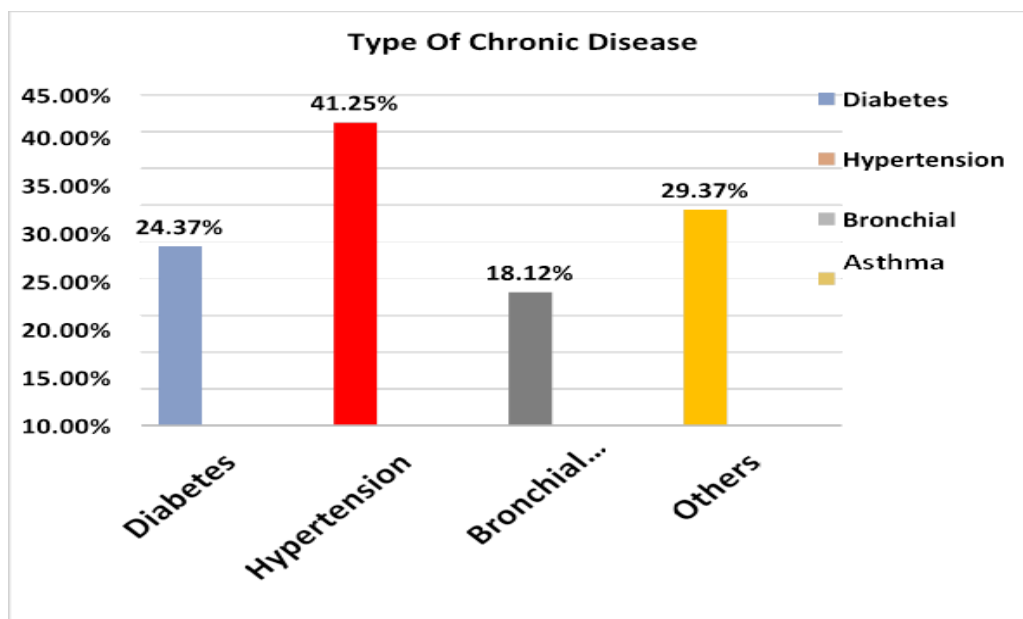


Figure 2: percentage of sample according to per capita per month family income

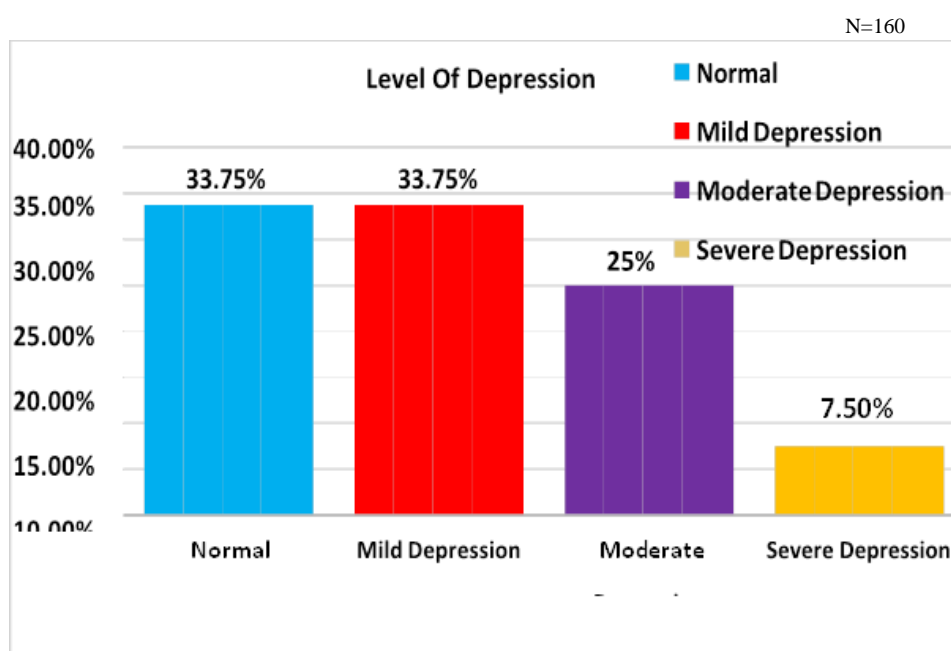
Data presented in figure-2 reveals that, 43% elderly people had their family per capita per month income was Rs 1001 – 1600 whereas only 2% elderly people had their family per capita per month income above 3400.



\*Note- Data are not mutually exclusive and exhaustive.

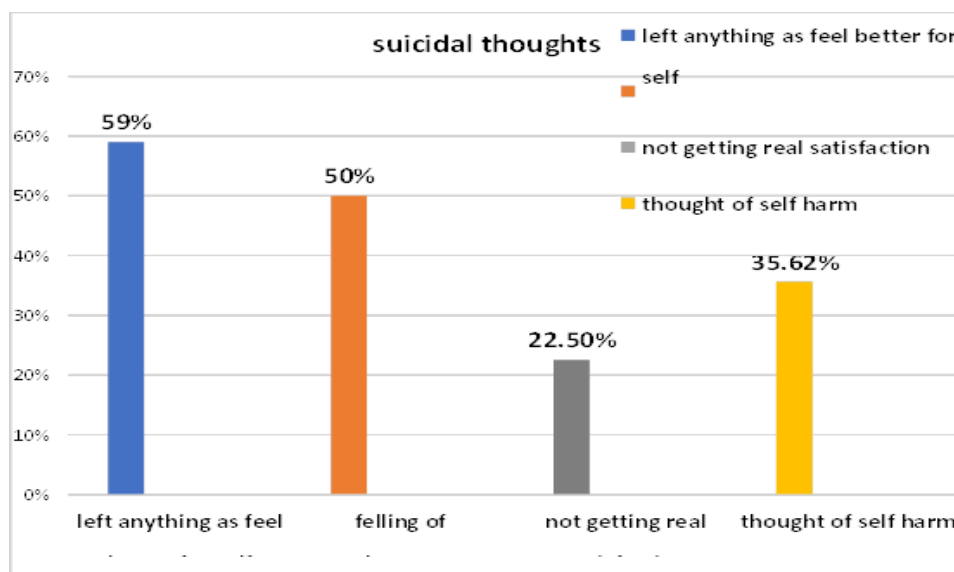
Figure 3: Percentage distribution of elderly people according to chronic disease.

The data presented in figure 3 shows that maximum elderly people i.e. 41.25% suffered from chronic disease hypertension and minimum i.e. 18.12% suffered from Bronchial Asthma.



Data presented in **figure 4** reveals that, maximum i.e. 33.75% elderly people had mild level depression and 25% elderly people had moderate levels of depression.

Note- Data are not mutually exclusive and exhaustive.



\*Note- Data are not mutually exclusive and exhaustive.

Figure – 5 Percentage distribution of sample according to suicidal thought.

Data presented in figure 5 reveals that 35.62% elderly people had suicidal thought.

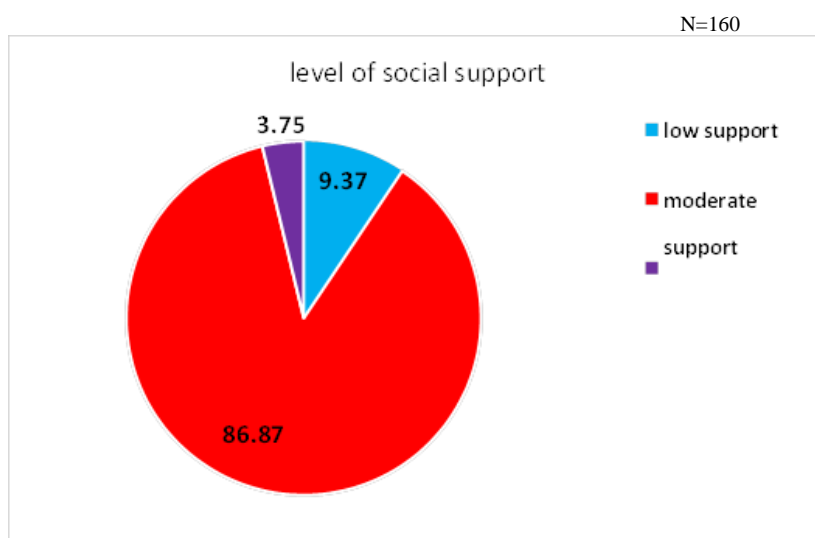


Figure-6: Frequency and percentage distribution of Social Support of elderly people.

Data presented in Figure-6 reveals that, most of the elderly people i.e. 86.87% had moderate level social support whereas only 3.75% elderly people had high levels of social support.

Table-2 Mean, standard deviation, 'r' and 't' value of Mental Health problem with social support of elderly persons. N= 160

Variable	Mean	SD	r	't'
Anxiety	25.8	14.55	-0.337	18.78*
Depression	6.65	21.84	- 0.031	56.56*
Suicidal thought	6.45	21.85	-0.207	58.26*

\* $t_{158} = 3.29$ ,  $p < 0.001$

Data presented in table indicated that there was negative relationship between Social Support and Anxiety among elderly people of selected rural community which was found to be statistically significant as evident from 't' value (18.78) which was greater than table value at 0.001 level of significance.

It also indicated that there was negative relationship between Social Support and Depression among elderly people of selected rural community which was found to be statistically significant as

evident from 't' value (56.56) which was greater than table value at 0.001 level of significance.

It indicated that there was negative relationship between Social Support and Suicidal thought among elderly people of selected rural community which was found to be statistically significant as evident from 't' value (58.26) which was greater than table value at 0.001 level of significance.

Hence research hypothesis is accepted and null hypothesis is rejected. So, there is negative relationship between Social Support and Mental Health Problems at 0.001 level of significance.

So, there is negative relationship between Mental Health problems and Social Support among elderly people of selected rural Community.

**Table- 3 Chi Square value shows association between Anxiety and selected Demographic Variables. N- 160**

S/N	Variables	Chi- square	df	a-level	Table Value
1.	Age	44.38*	6	0.05	12.59
2.	Sex	2.25	2	0.05	5.99
3.	Education	16.57	12	0.05	21.03
4.	Occupation	18.59*	10	0.05	18.31
5.	Marital Status	18.34*	4	0.05	9.49
6.	Type of family	5.01	2	0.05	5.99

The data presented in table 3 shows that in case of association between Anxiety and selected demographic variables of the elderly people, there was association between Age, Occupation, Marital status of the elderly people which was statistically significant at 0.05 level of significance as obtained values were higher from the table value. So, there was association between anxiety and age, education, and marital status.

**Table- 4 Chi Square value shows association between Depression and selected Demographic Variables. N- 160**

S/N	Variables	Chi- square	Df	a-level	Table Value
1.	Age	6.45	9	0.05	16.92
2.	Sex	3.36	3	0.05	7.82
3.	Education	32.73*	18	0.05	28.87
4.	Occupation	12.89	15	0.05	24.99
5.	Marital Status	9.38	6	0.05	12.59
6.	Type of family	6.72	3	0.05	7.82

The data presented in table4 shows that in case of association between Depression and

selected demographic variables of the elderly persons, there was association between depression and education of the elderly people at 0.05 level of significance as obtained values were higher from the table value. So, there is association between depression and education.

**Table- 5 Chi Square value shows association between Social Support and selected Demographic Variables. N- 160**

S/N	Variables	Chi- square	df	a-level	Table Value
1.	Age	9.63	6	0.05	12.59
2.	Sex	5.91	2	0.05	5.99
3.	Education	12.59	12	0.05	21.03
4.	Occupation	13.10	10	0.05	18.31
5.	Marital Status	13.19*	4	0.05	9.49
6.	Type of family	0.43	2	0.05	5.99

The data presented in table 5 shows that in case of association between social support and selected demographic variables of the elderly people, there was association between social support and marital status of the elderly people which was statistically significant at 0.05 level of significance as obtained values were higher from the table value. So there is association between social support and marital status.

## DISCUSSION

In the present study findings, the overall prevalence of mental health problems are 36.87% anxiety, 33.75% depression and 35.62% suicidal thought among the elderly people.

The findings of the present study are consistent with other study conducted by Vishal et al found the prevalence of depression to be moderately high 39.04% out of 105 elderly people in Surat city.

Another study conducted by Chowdhury & Rasania, report that depression 23.6%, was the most common psychiatric disorder followed by anxiety disorder 10.8%.

The present study reveals that majority of the participants have reported moderate social support 86.87%.

The other study conducted by Munshi et al found that persons with family support were less prone to depression as against the persons without family support

and depression was 3 times higher in the people without family support 60% against 20%.

## CONCLUSION

The study findings concluded that there were mental health problems i.e. 36.87% anxiety, 33.75% depression and 35.62% suicidal thought among the elderly people. It also showed that 86.87% elderly people had moderate social support. A significant relationship was found between anxiety, depression and suicidal thought and social support ( $r = -0.337, -0.031, -0.207$ ) which denotes the negative relationship between the variables. So there is high social support low mental health problem. A statistically significant association between anxiety and depression and social support and selected demographic variables such as age, sex, education, occupation, marital status, type of family.

**Source of funding:** Self

**Conflict of interest:** None.

## REFERENCES

1. Kamble VS, Dhumale BG, Goyal R, Phalke BD, Ghodke DY. Depression among elderly persons in Ahmednagar, Indian Journal of public health, 2009; 53(4): 253-255.
2. Sankari N, Sathiyavathy N, Sandanalokshym N, Anxiety in the elderly. Nightingale Nursing times. 2009; 5(5):24-25.
3. KurushevJeyashree, Jsarala, S Saranya, S Sangeetha. Depression in elderly and how to reduce it. Nightingale Nursing Times, 2008; 5(5):31-32.
4. Dey AB, editor. Hand book on health care of the elderly; A manual for physicians and in primary and secondary health care facilities. New Delhi; the World Health Organization: Regional office for Southeast Asia, Ministry of health and family welfare, All India Institute of medical Sciences (India):1999.
5. Newman SC, Bland RC, Orn HT, the prevalence of mental disorders in the elderly in Edmonton: A Community survey using GMS- AGE CAT. Canadian Journal of Psychiatry. 1998; 43: 910-14.16.
6. SiddharthRagavan.The glory of grey hair. Mumbai. Times of India. Feb24<sup>th</sup>.
7. Katona C, Livingston G. Impact of screening old people with Physical illness for depression. Lancet 2000 July; 356 (9224):91.
8. Berkman F, Glass T, Brissette I, Seeman T. From social integration to health:Durkheim in the new millennium. SocSci Med 2000: 51:84375.
9. Burr A. Merit making and ritual reciprocity: Tambiah's theory examined. J Siam Soc 1978; 66:102-8.
10. RaoVenkoba A, Madhavan T. Geropsychiatric morbidity survey in a semi-urban area near Madurai, Indian Journal of Psychiatry. 1982; 24(3):25-67.
11. Prakash Indira J. Ageing in India. Geneva: The World Health Organization.1999.
12. Lenze EJ, Mulsant Benoit H, Shear M, Katherine, Schulberg Herbert C, Dewp may Amanda, Begley Amy E, Mjprince. Comorbid Anxiety disorders in Depressed Elderly patients, Am J psychiatry 2000; 157: 722-728. Available from:2000.
13. Beekman AT, Bremmer MA, Deeg DJ, Van Balkom AJ, Smit JH, De Beurs E. Anxiety disorders in later life: A report from the longitudinal aging study Amsterdam. International Journal of geriatric psychiatry2000; 13(10):717-726.
14. Schaub RT, Linden M, Anxiety disorders in the old and very old results from the Berlin Aging study (BASE) Compr Psychiatry 2000; 41:48-54.
15. S.C. Tiwari, Nisha M, Panday, and Indrapal Singh. Mental health problem among elderly person. ChhatrapatiSahujimaharaj medical University, Lucknow, Uttar Pradesh, India.2012 Apr-Jun, 54 (2):144-148.
16. Samuelsson G, MC Camish- Svensson C, Hagbpg B, Sundstrom G, Dehlin O. Incidence and risk factors for depression and anxiety disorders, results from a 34-year longitudinal Swedish cohort study, Aging Mental Health 2005; 9:571-575.
17. Kessler RC, MC Gonagle KA, Zhao S, Nelson CB, Hughes M, Eshleman S. Lifetime and 12 Month prevalence of DSM-III- R Psychiatric disorders in the united states. Results from the National comorbidity survey. Arch General psychiatry 2005; 51: 8-19

18. Tiple R, Sharma SN, Srivastava AS, Psychiatric morbidity in geriatric people. Indian J Psychiatry 2006; 48:88-94.
19. Chowdhury AS, SK Rasania. A community-based study of Psychiatric disorders among the elderly living in Delhi; The internet Journal of Health. 2008 Volume 7number1.
20. Weele Vander, Gussekloo G M, Craen De, AJM and most Vander, RC. Co- occurrence of depression in elderly subjects aged 90 years and its relationship with functional status, quality of life. International Journal of Geriatric psychiatry, 2009; 24 (6): 595-601. Doi10.1002 / gps, 2162.
21. MS Sherina, L Rampal et. al. Psychological stress among undergraduate medical students. Med J Malaysia. 2004 Jun;59(2): 207-11.
22. Vishal J, RK Bansal, Swati P, BimalTamakuwala. A study of Depression among aged in rural city, National Journal of community medicine.2010,1(1).
23. Singh Veer Bahadur, Nayak KC, Kataria DK, VermaSurendra K, Jain Pankaj, SidhuDevender, Kumar Vijay, Verma KK, Agarwal Harish, Psychiatric Comorbidity in patients Attending Geriatric Clinic at a Tertiary care Hospital. Journal of the Indian Academy of Geriatrics, 2005; 2: 65-69.
24. Sood A, Singh P, and Gargi P. Psychiatric morbidity is non- Psychiatric geriatric inpatients. 2006; Indian. J Psychiatry, 48(1): 56-61
25. Khardia Singh Bahadur Veer. Psychiatric Morbidity in elderly North Indian Females, Rajasthan; August2003,
26. Sheela J, Jayamala M, Health condition of the elderly women. [On line].2008; Available from: [http:// www. Pondiuni.edu.in /Journal](http://www.Pondiuni.edu.in/Journal).
27. Khaw CR, Teo CW & Rashid. AK. Cognitive Impairment and depression among resident of an elderly care home in Penang, Malaysia. The Internet Journal of Psychiatry.2010: volume 1number1
28. Barua A, Korn. Screening for Depression and anxiety in elderly Indian population [On line] 2010; 52(2). Available from: [http:// www. Indian J Psychiatry. Org/ article, asp? ISSN=0019-554](http://www.IndianJPsychiatry.Org/article.asp?ISSN=0019-554).
29. Laurie M. M.Sc. john Cairney PhD, David L. Streiner, PhD. The Suicidal thoughtin older adults: 18 January2010, pages785-797.
30. P.N. Suresh Kumar, P.K. Anish, and Biju George. The suicidal thought in elderly people: Govt. of medical college International Hospital and Research centre. Calicut, Kerala, India.2015 Jul-Sep; 57(3): 249-254
31. J. Wang and X. Zhao.; Social support in elderly patients with depression. International journal of psychosocial rehabilitation. Vol.16 (2); 28-35(2012).
32. Leung Kai- Kuer, Chenching-yu, Lue Bee-Horn, HSU Shin-Tien.Social support and family functioning on Psychological symptoms in elderlyChinese.2006.
33. Munshi YI, Iqbal M, Rafique HS Ahmad Z. Geriatric morbidity pattern and Depression in relation to social support in aged population of Kashmir Valley. The internet Journal of geriatrics and Gerontology. 2008: volum4number1.

How to cite this article: Ghosh S, Manna M, Mandal K. Assessment of mental health problems and social supports among elderly people, in a selected rural community, South 24 Parganas, West Bengal. Int J Health Sci Res. 2020; 10(8):273-280.

\*\*\*\*\*