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Research Paper

A Study of Mental Health Among Elder People Living in Home and Old Age Home

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ABSTRACT

Mental disability and mental health care have been neglected in the discourse around health, human rights, and equality. This is perplexing as mental disabilities are pervasive, affecting approximately 8% of the world's population. Furthermore, the experience of persons with mental disability is one characterized by multiple interlinked levels of inequality and discrimination within society. Efforts directed toward achieving formal equality should not stand alone without similar efforts to achieve substantive equality for persons with mental disabilities. Total sampling collection 60 male and 60 female total sampling collection 120. mental health among elder people living in home and old age home. The results were statically analysed using 2 X 2 X 2 ANOVA Test.

Keywords: *Metal health, Old age home, Elder people*

The states of a person's mental health have a significant impact on their quality of life. Mental health can help to work toward full potential in all aspects of life. Improved mental health is also linked with better physical health. Research has found that positive mental health can reduce the risk of heart attacks and strokes. Poor mental health is linked with issues like increased stress, sleep problems and smoking. Many factors contribute to mental health problems including biological factors such as genes or brain chemistry, Life experiences, such as trauma or abuse and Family history of mental health problem.

Meaning of Mental Health

Mental health is all about how people think, feel, and behave. Mental health specialists can help people with depression, anxiety, bipolar disorder, addiction, and other conditions that affect their thoughts, feelings, and behaviors.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we

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handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Concept of Mental Health

To understand the concept of mental health clearly, it is necessary to understand the concept of mental diseases. If a person learns to behave maladjusted to the surrounding circumstances, we call him abnormally deranged or mentally ill. Here, mental illness is a categorical term used to designate maladaptive behaviors acquired only through learning. Why behave like that? It is not defined by that word. Thus, mental health is also simply a description of the habit of dealing with one's circumstances in a well-adjusted manner.

The concept of mental health is difficult to express in simple terms. When it comes to coining a singular definition of mental wellness, psychologists disagree. Following the Industrial Revolution, different new situations and issues in an individual's life occurred as a result of changes in the social, economic, and scientific arena. Individuals appear to be confronted by all of these scenarios. Good mental health is defined as the ability to face obstacles bravely without showing signs of stress, tension, or conflict while maintaining a positive attitude. As a result, mental health is defined as the ability to achieve a perfect equilibrium in one's thinking, feeling, and acting. When we talk about health, we don't only mean bodily well-being; we also mean mental well-being. The ability to control emotions while maintaining a healthy mind is the epitome of well health. Human beings can also be deduced to be psychosomatic units having a well-balanced physical and mental essence. An individual's overall behaviour is influenced by both physical and mental health. An individual's personality is a result of both physical and mental health.

What is Old Age

Old age, also called **senescence**, in human beings, the final stage of the normal life span. Definitions of old age are not consistent from the standpoints of biology, demography (conditions of mortality and morbidity), employment and retirement, and sociology. For statistical and public administrative purposes, however, old age is frequently defined as 60 or 65 years of age or older.

Old age has a dual definition. It is the last stage in the life processes of an individual, and it is an age group or generation comprising a segment of the oldest members of a population. The social aspects of old age are influenced by the relationship of the physiological effects of aging and the collective experiences and shared values of that generation to the particular organization of the society in which it exists.

Difference between elderly people living in homes and old age homes

Old age homes are meant for senior citizens who are unable to stay with their families or are destitute. For older people who have nowhere to go and no one to support them, old age homes provide a safe haven. These homes also create a family like atmosphere among the residents. Senior citizens experience a sense of security and friendship when they share their joys and sorrows with each other. Old-age homes are usually dull and gloomy, lack proper facilities, and are understaffed. Misconceptions about the independent living of Senior Citizens arise from the poor conditions of Old-age homes and lack of awareness of the difference between old-age and senior-living homes like a place for sleeping, dining hall, common bathrooms, and visitors lounge. Whereas Senior Living Homes are basically dwelling apartments, with added infrastructure and household help for the comfort of senior citizens. Every resident is the owner of their own property, and visitors are not confined to

the visitors' lounge. family structure has been the socio-economic backbone of the average Indian. During ill health or emergency or any critical position, family members were taking the responsibilities and sharing the burden to help each other. The families also were sharing the responsibility to look after their elderly by giving them all kind of support including emotional, psychological, behavioural or economic. They were getting full respect and value. Their advices were also being received by younger generation and were revered and honoured. They were living in the family till the end of their life.

In senior-living homes, one can continue to cook in their own kitchens or come to community dining cafes for a break, or not cook at all. All our meals are well-nutritional and delicious, our menus keep changing, and our cooks are experts at their jobs compared to old age homes. There are vast lifestyle differences between old-age homes and senior-living homes. Senior-living homes have a calendar full of activities that are curated to make the residents healthy and happy along with strengthening the bonding among them compared to, old-age homes.

REVIEW OF PAST STUDIES

A study done by **Indarjeet Singh Gambhir et al. (2014)** to assess the prevalence of dementia and cognitive decline and its various risk factors in the elderly population of more than 60 years in Eastern Uttar Pradesh. It was a camp-based study was conducted on rural population of Chicagoan block of Varanasi district from February 2007 to May 2007. A total of 728 elderly persons of age >60 years were randomly selected from 11 villages; in 11 camps. Mean age of the population was 65.75 ± 5.78 years. About 14.6% elderly had severe cognitive impairment scored <17. 42.9% found moderate cognitive impairment HMSE score <23. Literate people had statistically significant higher mean HMSE score (26.1 ± 3.9) than illiterate people (22.9 ± 4.9). Other risk factors found female gender, malnutrition, and obesity. Prevalence of dementia was 2.74%; in male 2.70% and in female 2.80%. Most common type of dementia was Alzheimer (male 1.5%, female 1.5%) followed by vascular (male 1.2%, female 0.6%) and others 0.6% (male 0%, female 0.6%). Under nutrition was very common, ranging from 25% to 70% in different Obesity was more common in male (4.6%) than female (1.7%). Females had lower mean body mass index (BMI) (20.0 ± 4.1) than males (20.66 ± 4.1). However, these observations lacked statistical significance (P > 0.05).

D. Saldanha et al. (2010) in a study on prevalence of dementia in an urban centre of Pune. It was a community based cross sectional on a sample of 2145 elderly people over 65 years data was collected on the basis of a structured proforma. Mini Mental State Examination (MMSE) was used as a screening tool. Mean age of the sample was 71.94 ± 6.58 years. females were found 60.5 % and males constituted 39.5 %, people with dementia was more in the „Illiterate" group 4.1%, and it found low in higher levels of education, Majority 48.3% were married, higher number of people with dementia among the „never married" group (25%). Lower socio-economic status found 60%, 34.8% in „high middle" group and 25% in those from „high" group. Social network and dementia showed that worsening of network was associated with increased proportion of elderly with dementia.

R. Samuel et al. (2016) done a study on elderly to assess Cognitive impairment and reduced quality of life among old-age groups in Southern Urban India: home-based community residents, free and paid old-age home residents in Chennai. A total of 499 elderly from three old-age groups were interviewed in this cross-sectional study (173 elderly home-based community-dwellers, 176 paid-home and 150 free-home residents). All the participants were interviewed for their socioeconomic condition, medical morbidity, self-reported worry and

anxiety, disability and QOL. Mean age of participants were 72.5 (5.6) years, 69.9 (6.2) years and 66.5 (4.4) years for the paid-home, free-home and home-based community-dwelling elderly respectively. Higher proportion of community-dwelling elders reported high blood pressure (60.6%), diabetes 52.9%), arthritis (87.7%) and>2 chronic illness (77.4%) than free-home or paid-homes. Heart disease was more common among paid home elders (18.5%). The mean MMSE scores among residents were 21.5 (SD 5.5) in free-home, 25.5 (SD 4.6) in paid-home and 24.6 (SD 3.5) in the community. Based on the education-adjusted MMSE cut-offs, 42.7% of free-homes residents, 32.4% of paid-home residents and 21.9% of community-dwelling elderly had cognitive impairment. In free homes, female gender and moderate-severe disability were associated with cognitive impairment. Low education was associated with cognitive impairment in paid homes. Among community-dwelling elderly, older age, low education, presence of blood pressure and severe disability were associated with cognitive impairment in community-dwelling elderly.

Paramita Sengupta et al. (2014) in his study assess the Prevalence and correlates of cognitive impairment in a north Indian elderly population. It was a community based cross sectional study on a total sample of 3038 elderl age 60 or above. A pre-tested questionnaire was used to obtain socio demographic information and cognitive impairment was assessed by mini mental state examination. Rural/urban and male/female ratios were 1790/1248 and 1384/1654, respectively. Majority of the respondents found in the age group 61–65 years. The prevalence of cognitive impairment in the study population was 8.8% (95% CI = 8.06 to 9.54). The proportion of individuals with cognitive impairment was higher among women, individuals who were older, unmarried/widowed, illiterate, unemployed, and poorer (P<0.05). (60.8%) had mild impairment, (23.5%) had moderate and 42 (15.7%) had severe impairment. Individuals with severe cognitive impairment (versus mild and moderate) was the highest among individuals aged >80 years (N=19, 38.8%). The odds of having severe cognitive impairment were 4.5 times greater among individuals aged >70 years, in comparison with those aged 61–70 years (odds ratio [OR]=4.50, 95% CI=2.05 to 10.09, P<0.001). The individuals who were cognitively impaired were observed to be more financially dependent on the family (N = 191/268, 71.3%) than those with no cognitive impairment (N = 1718/2770, 62.0%, P=0.003).

A study done in Bareilly district Uttar Pradesh by **Shamsi Akbar et al.(2010)** to assess the Psychiatric morbidity and quality of life of residents in old age homes. It was a Cross-sectional descriptive study in the OAHs in Bareilly District, Uttar Pradesh with a total sample of 40 elderly. A Semi-structured profarma for socio demographic characteristics, Hindi Mental Status Examination (HMSE), Survey Psychiatric Assessment Schedule (SPAS), Schedules for Clinical Assessment I Neuropsychiatry (SCAN), and World Health Organization Quality of life (WHOQOL-BREF) Hindi version was to collect the information. Mean Age of elderly was 68.6 year. While mean of the education was 6.58 yrs. Most of the OAHs residents were females (85.0%), aged between 60-69 years (60.0%), either illiterate or educated only up to 8th (35.0% each), single (never married/widow/widower/ separated/divorced-57.5%) and un-employed were (72.0%). 55 % elderly were cognitively impaired while 80 % inmates were found positive on SPAS. 42.5% of OAHs residents were suffering from some or other psychiatric illnesses. Depression (17.5%) and Dementia (10%) were most prevalent disorders among them. mean of WHOQOL-BREF score of all 40 inmates was 65.75±13.89. elderly without psychiatric illness, 13.0% of them reported their quality of life as „very good" while it has not been reported by any of the residents with psychiatric illness.

S. C. Tiwari, et al. (2012) done a study on the topic mental health problems among inhabitants of old age homes. It was an exploratory study in which information about available old age homes at Lucknow were obtained and three of them were randomly selected. All the heads of these institutions were contacted and permission to carry out the study with taking Consent from the participants. Survey Psychiatric Assessment Schedule (SPAS), Mini Mental State Examination (MMSE), Mood Disorder Questionnaire (MDQ), and SCAN-based clinical interviews were applied for assessment by a trained research staff. A total of 45 inhabitants age of 60 and above were selected for the study. 44.4% were males and 55.6% were females. Majority of the elderly were in old-old (70-79) age subcategory (Male=50%; Female=64%) followed by young old (60-69) (M=35%; Female=20%), and oldest old (+80) (Male=15%; Female=16%). Among these inhabitants, a majority were females (55.6%). (28.9%) were illiterate followed by primary level education (20%) and graduate and above (17.8%). Majority of elderly 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 more common in the young-old group. Majority of the subjects were having multiple physical morbidity in male and female both and females outnumbered males (Male=60%; Females=68%). A community based by Sumana M. et al. (2016) to assess the Prevalence of dementia and other psychiatric morbidities among geriatric population of Sala game primary health centre in Hassan district, Karnataka, India. A community based descriptive study was conducted among 231 individuals in geriatric age group aged 60and above. Geriatric Depression Scale-15 (GDS-15) was used to screen for depressive disorders and Barthel Index to grade their physical activity. Dementia among elderly was screened with a vernacular adaptation of the Hindi Mental State Examination tool (HMSE). 35% elderly were male and 65% were female. About 7.35% were living alone and 45.88% had no formal education. a prevalence rate for dementia was found 5.6%. Dementia was more prevalent among females. The mean age among dementia patients was 75 years. Higher prevalence of dementia was found in females (6.6%), age above 80 years (18.7%), unemployed and labourers (7.4%), illiterates (7.4%), low SES (6.5%) and dependents (7.5%). Dementia was prevalent in 16.9 % of depressive geriatric patients.

METHODS & MATERIALS

Objective

1. To find out difference between elderly males and females in terms of Mental Health.
2. To find out significant difference in elder people living in home and old age home in relation to their residency.
3. To find out significant difference in the Mental Health among elder people living in home and old age homes in relation to their 3 children above and below.

Hypothesis:

1. There is significant difference among elderly males and females in terms of Mental Health scores.
2. There is significant difference among the elderly living in old age homes and the elderly living at home in terms of Mental Health.
3. There is no significant difference between the elderly with less than three children and those with more than three children in terms of Mental Health.
4. There is no significant difference among elderly male and female and elderly living in old age home and elderly living at home in terms of Mental Health.

5. There is a significant difference among elderly male and female and elderly with less than three children and those with more than three children in terms of Mental Health.
6. There is a significant difference between aged persons living in old age homes and aged persons living at home and aged persons with less than three children and with more than three children in respect of Mental Health.
7. There is no significant difference among elderly male and female and elderly living in nursing homes and elderly living at home and elderly with less than three children and more than three children in terms of Mental Health.

Participants

Total number of sample 120 people selected from the various old age homes and living homes of Ahmedabad district. The sample of 60 male and 60 female living homes and old age homes. The sample of difference between elderly male and female and elderly living in nursing homes and elderly living at home and elderly with less than three children and more than three children in terms of mental health.

Variables

Independent Variable:

Gender: Male and female
Type of Residence: Old age homes and living homes
Number of children: above and below 3 children

Dependent Variable:

Mental Health of DR. Sharma Kamlesh Mental Health scale.

Materials:

Mental Health constructed and standardized by DR Sharma Kamlesh was used. The test consists of 60 items. 30 Legislator statements and 30 inhibitor statements, Total 60 items. Legislator statement were given score of 2 for yes, 1 for unsolicited and 0 for no. Inhibitor statements in which yes is scored 0, unsolicited is scored 1 and no. If there is a score of 2 is given. 2.01 Extremely poor/low from the performance scores. presented mental health balance test re-test reliability and split test reliability were found to be 0.88 and 0.86.reality the validity of this scale has been found to correlate with Pramod kumars mental health list. It is found to be 0.79 which.

Data Collection and Procedure

In the Present research, Mental Health among elder people living in home and old age home are sample has been selected from Maniben Tribhovandas of Chandranagar and Maniba old age home of Punit Nagar in Ahmedabad city. Permission was taken from all the subjects while collecting the data from them proper instructions were given for filling the questionnaire and report was established properly. 60 Data was collected from old age homes and 60 data collected from at homes so, totally we were collect 120 data. The data was obtained by using particular scoring pattern standardized Mental Health test scoring was done as Mental Health test manual and the results were statically analysed.

Statistical Analysis:

To study the objectives of the present study the Mean and F ratio for sum of square for score of different variables and F ratio 2 x 2 x 2 Anova for the selected sample. For mental health test between elderly people living in old age homes and living at home. Gender and 3 child above and below. Level of significant checked 0.05 and 0.01 levels.

Table 1
Table showing median mental health status with respect to caste.

	A1 (Male)	**A2 (Female)**
MEAN	48.67	36.72
N	60	60

Looking at the above table, it is known that within this the change of caste has been taken. In which the median of male is 48.67 in terms of caste. And the median for females is 36.72. Which is significant at 0.05 LEVEL.

Table 2
Table showing median mental health status with respect to residence.

	B1 (old age homes)	**B2 (living in homes)**
MEAN	42.21	38.18
N	60	60

Looking at the above table it is known that within this the change of accommodation has been taken. In terms of residence, the median of those who lived in an old age home is 42.21. And living at home the median is 38.18. Which is significant at 0.05 LEVEL.

Table 3
Table showing the median mental health status with respect to children.

	C1 (LESS than 3 child)	**C2 (MORE than 3 child)**
MEAN	41.45	38.93
N	60	60

Looking at the above table it is known that within this the change of accommodation has been taken. In which the median of children who were less than three is 41.45. and more than three Children's median is 38.93. Which is pointless.

Table 4
Table showing median mental health status by caste and residence.

	A1B1	**A1B2**	**A2B1**	**A2B2**
MEAN	41.06	46.28	35.03	38.13
N	30	30	30	30

Looking at the above table, it is known that within this the variation of caste and residence has been taken. In which the median of men who lived in old age homes in terms of caste and residence is 41.06. And the median for men living at home is 46.28. The woman who lived in an old age home. The median is 35.03. The median of women staying at home is 38.13. Which is pointless.

Table 5
Table showing median mental health status by gender and children.

	A1C1	**A1C2**	**A2C1**	**A2C2**
MEAN	46.92	44.43	35.83	37.43
N	30	30	30	30

Looking at the above table, it is known that within this the change of residence and children has been taken. In terms of residence and children, the median of those who lived in an old

age home and had less than three children is 46.92. And those who lived in old age homes and had more than three children had a median of 44.43. The median for households with less than three children is 35.83. which in the house. Those living with more than three children have a median of 37.43 which is significant.

Table 6

Table showing median mental health status with respect to residence and children.

	B1C1	**B1C2**	**B2C1**	**B2C2**
MEAN	43.63	32.73	39.28	45.13
N	30	30	30	30

Looking at the above table, it is known that within this the change of residence and children has been taken. In terms of residence and children, the median of those who lived in an old age home and had less than three children is 43.63. And those who lived in nursing homes and had more than three children had a median of 32.73. The median for households with less than three children was 39.28. The median of households with more than three children is 45.13 which is significant.

Table 7

Table showing median mental health status by sex, residence and children.

	A1B1C1	**A1B1C2**	**A1B2C1**	**A1B2C2**	**A2B1C1**	**A2B1C2**	**A2B2C1**	**A2B2C2**
MEAN	99.46	64.08	88.02	96.93	75.07	66.13	68.93	83.08
N	15	15	15	15	15	15	15	15

Looking at the above table, it is known that within this the change of residence and children has been taken. In terms of caste, residence and children, the median of men who lived in old age homes and had less than three children is 99.46. And the median for men who lived in old age homes and had more than three children is 64.08. The median for women who lived in nursing homes and had less than three children was 88.02. And the median for women who lived in nursing homes and had more than three children is 96.93. The median for men who lived at home and had less than three children was 75.07. And for men who lived at home and had more than three children, the median was 66.13. The median for women who lived at home and had less than three children was 68.93. And the median for women who lived at home and had more than three children was 83.08.

RESULT AND DISCUSSION:

ANOVA table showing mental health by sex, residence, and children.

Summary Table						
Source of variance	**df**	**Sum of square**	**Mean sum of square** **SS/df**	**F**	**Table of value**	**Leval of significant**
SSA	1	5796.3	5796.3	20.40	3.92	S
SSB	1	1936.03	1936.03	6.81	3.92	S
SSC	1	760.03	760.03	2.67	3.92	N.S
SSAB	1	168.03	168.03	0.59	3.92	N.S
SSBC	1	8433.63	8433.63	29.69	3.92	S
SSAC	1	1872.3	1872.3	6.59	3.92	S
SSABC	1	740.03	740.03	2.60	3.92	N.S
SSError	112	31812	284.03			
SST	119	51518.36				

Ns = Non significant | S= 0.05 leval of significant

Looking at the above table, it is known that within this the change of caste has been taken. In which the F value of caste reference is 20.406. whose T value is 3.93. Which is significant at 0.05 level. The F value of residential reference is 6.816 and T value is 3.92 which is significant at 0.05 level. With regard to children Given that their F value is 2.675 and T value is 3.92 which is insignificant. In terms of caste and residence Given their F value is 0.591 T value is 3.93. which is in consequential. their f value in terms of residence 29.692 and T Value is 3.92 which is significant at 0.05 level. In the context of caste and children, his Value is 6.591 T Value is 3.92 which is significant at 0.05 level. Caste in terms of children and housing Their F value is 2,605 T value is 3.92 which is insignificant.

Looking at the table above, it is known that men will have better mental health than women because men are more independent and open- minded. They take any situation easily so their mental health can be better than that of women.

The mental health of the elderly living in old age may be better than that of the elderly living at home because the children of those living at home do not have good mental health due to the constant interference of people around them, but not all those living in old age homes are the same. have and they Leaving aside the worry of the home, the old age home has everything, so it can be said that their level of worry decreases, so their mental health is better than the elderly living at home. Older men who have less than three children may be mentally healthier than other older men because they have already planned for their old age in life, and because they have fewer children, they are less likely to expect someone to take care of them. Can be mentally healthy. Elderly women living at home with more than three children may have good mental health because any one son takes care of them and is lucky to have a son in the house, so this attitude can be said to maintain good mental health.

CONCLUSIONS

1) No significant difference is found in the mental health status with respect to children, Caste and residence, Sex, residence and children.
2) There is a significant difference between mental health status with respect to caste, residence, Gender and Children, Residence and children.

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Conflict of Interest

The author(s) declared no conflict of interest.

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