



## Stress and mental health status among community dwelling elderly

Suresh K, Srisailamaiah M, Srikanth Reddy V

Centre for Research on Ageing, Department of Psychology, S.V. University, Tirupati, Andhra Pradesh, India

### Abstract

Ageing is a universal and inevitable developmental phenomenon accompanied by a number of changes in physical, psychological and social domains. The financial insecurities and the sudden loss of companion, makes it difficult for the elderly adjustment to the sudden change, and they are prone to stress and mental health issues. Social and psychological stressors are part of daily life and may be a source of psychological problems. The ways the people respond to stress are different which has a bearing on their mental health status. This study is an attempt to examine the stress and mental health status among community dwelling elderly of Tirupati, Chittoor district of Andhra Pradesh. Mental health was assessed by using "Mental Health Inventory" by Jagadish and Srivastava (1983). Stress was assessed by "Daily Stress Inventory" by Brantley., Waggoner., Jones., and Rappaport (1987). For purposes of the present study, a total sample of 60 was taken out of which 30 were (60+ years) male and 30 were (60+ years) female living in the community. Results reveals that there were significant differences in stress and mental health status of male and female community dwelling elderly people, stress is correlated with mental health in elderly. The implications were drawn based on the findings.

**Keywords:** community dwelling, elderly, stress and mental health, male and female, urban and rural

### Introduction

Ageing is a universal and inevitable developmental phenomenon accompanied by a number of changes in physical, psychological and social domains. Biological aging refers to regular changes that occur in a mature genetically representative organism living under representative environmental conditions as they advance in chronological age (Dhara and Jogsan 2013) [3]. Social and psychological stressors are part of daily life and a source of mental health problems. Manifested symptoms due to social and psychological stresses depend on the accuracy in understanding, exposure, reactivity and restorative process (Rita Berto, 2014) [15]. The cumulative effect of these, induce anxiety, fears and worry in the aging individual. Psychological disorder in the elderly is highly co morbid with illnesses and cognitive decline. Older adults experiencing loneliness were those with low self-perceived health, poor vision and hearing, lower functional competence, loss of spouse, lack of social network, no leisure time activities (Taylor, Castriotta, Stanley & Craske, 2010) [8].

Depression and anxiety are psychological symptoms of stress. These disorders are important factors affecting mental health that interferes with the professional roles or responsibilities assumed by individuals (Gammon and Morgan-Samuel, 2005) [4]. Depression is one of the most common psychiatric disorders and suicide risk factor in the elderly that cause 24% of completed suicides, reduction of quality of life, increase in drug consumption, care costs and many other social and economic problems in the elderly (Davidia Unutzer J, Patrick DL, Simon G, Grembowski D, Walker E, Rutter 1997) [16]. The urbanization brings deleterious consequences for mental health through the influence of increased stressors and factors

such as overcrowded and polluted environment, dependence on a cash economy, high levels of violence, and reduced social support. There is considerable stigma attached with mental disorders and ignorance regarding information about mental illness and available help and treatment. The mental health care in urban areas is at present limited to psychiatric hospitals and departments of psychiatry in medical colleges. Mental health problems at early stage remain unrecognized and untreated. There is tendency to conceal even severe psychiatric problems due to stigma. It is proposed to develop models for mental health care in urban areas with focus on extension of mental health care to community level. (Indian Council Medical Research, 2005).

The financial insecurities and the sudden loss of loving one, makes it difficult for the elderly to accept the sudden changes and they are prone to stress and Mental Health problems. Social and The way the people react to stress are different, and the elderly often face loss of identity due to their ageing process. Often the stress is caused may be due to a minor problem but since the reflexes are slower, the individual often doesn't know how to handle the situation and may end up with disturbed mental health (Archana Singh and Nishi Misra, 2009) [1]. Though stress and mental health are interrelated factors the effects of stress are not same on the aged and younger person, thus implying age has a particular role in handling stresses. So, stress and Mental Health are relative terms and they depend on the age of the person. (Neil Schneiderman., Gail Ironson., & Scott D. Siegel., 2005) [13].

According to WHO health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity. The concept mental health include objective wellbeing, perceived self efficacy, autonomy

competence intergenerational dependency and recognition of ability to realize one's intellectual and emotional potential. (Morab, Yadav and Khadi, 2014) <sup>[12]</sup>. People with mental health problems often have worse physical health, as well as worse self perceived health, than those without mental health problems. Mental health and other physical health conditions have separate but additive on well-being. Individuals with both mental health and physical health problems are at particular risk Kennedy (1996) <sup>[9]</sup>. Depression in old age creates many problems in carrying out activities of daily living. In other words, there is on increased dependency on others and health care systems. They have also viewed that depression in later life has serious consequences including increased health cost, distress on care givers, amplified disabilities and increased morbidity and suicide. Loss of a spouse takes a heavy toll on health and is one of the primary causes of depression. Being left alone often prevents many older persons from enjoying life. Use of multiple medicines, retirements, financial crisis, fear of death, bereavement etc. worsen the situation. Weissman, Weissman, Bland, Canino, Faravelli, Greenwald, Hwu, Joyce, Karam, Lee, Lellouch, Lépine, Newman, Rubio-Stipec, Wells, Wickramaratne, Wittchen, Yeh (1996) has observed that those who are divorced or separated are more likely to be depressed than those who are married. Moreover, women are more likely to be depressed than men. Marital status and sex have consistent effect across countries, even through the overall rate of depression differs. The physical problem can complicate mental health of individuals. In the context of importance of the subject, the present study has been undertaken to explore the status of mental health of elderly Among Community Dwelling Elderly and elicit suggestions by the elderly (Morab., Yadav and Khadi, 2014) <sup>[12]</sup>. The population projection made by the UNESCO indicated that the proportions of the aged above sixty likely to go up from 7.1 per cent in 1991 to 12.3 per cent in 2025 in India alone. There is a need to pay proper attention to quality of life of old persons. In almost all the countries of the world, elderly women out number of elderly men. Rapid ageing trends present new challenges to government families and the elderly themselves, (Ramachandran and Radhika, 2006) <sup>[14]</sup>. The world's population is aging rapidly. cording to research conducted in 2006, suggested that people 60 years old and above, will be around 650 million in 2025. In 2050, more than two billion people worldwide will be 60 years of age or beyond. (Ghafari M, Sharifirad G, Zanjani S, Hassanzadeh A. 2012) <sup>[5]</sup>. It is possible that this increase in the elderly people's population will bring about serious problems for communities and special attention should be paid to their physical and mental needs (Beyrami, Alizadehgoradel, Ansarhosein, and Ghahraman Moharrampour. 2014) <sup>[11]</sup>.

### Objectives

In the context of fore going observation a need was felt to analyze the stress and mental health status among community dwelling elderly with the following objectives.

1. To measure the levels of stress among male community

dwelling elderly.

2. To measures the levels of stress among female community dwelling elderly
3. To assess the mental health status among male community dwelling elderly.
4. To assess the mental health status among female community dwelling elderly.
5. To test co-relation between stress and mental health.

### Hypothesis

Keeping the fore said objectives, the following hypotheses were framed.

1. There would be significant differences in stress among male and female community dwelling elderly.
2. There would be significant differences in mental health status among male and female community dwelling elderly.
3. There would be co-relation between stress and mental health among male and female community dwelling elderly.

### Methodology

#### Samples and Tools

For purpose of the present study, a total sample of 60 was taken out of which 30 were (60+ years) male and 30 were (60+ years) female elderly living in urban and rural areas of Tirupati, Chittoor district of Andhra Pradesh. India.

#### Research Tools

1. Stress was assessed by "Daily Stress Inventory" (DSI) by Phillip J. Brantley and (1985) <sup>[2]</sup>.
2. Mental Health Inventory 'has been designed by Jagadesh, and. A. Srivasthava (1983) <sup>[7]</sup>.

#### Procedure

The study was conducted on elderly male and female people who are living in urban and rural area of Tirupati, Chittoor district of Andhra Pradesh. Inida. The assessment of the subjects was done in two sessions; the session was used to develop rapport with the subjects. They were informed about the broad purpose of the study and were requested to cooperate. In the second session each subject was met in person and was given the "Daily Stress Inventory" and "Mental Health Inventory" The entire process of filling the inventories was explained to them clearly. The directions given on the inventory were explained to them. It was also made clear to them that their responses and identity would be kept confidential. It was checked that all the questions are answered by the respondents.

#### Results and Discussion

After collecting data from community dwelling elderly people the scoring of the obtained data was done according to the manuals. Relevant statistical tests like mean, standard deviation "t" test and the Karl-person 'r' method used to check the correlation. The interpretations of the results obtained are as follows.

**Table 1:** Showing the Mean, SD and “t” value of stress among the male and female community dwelling elderly

Gender	N	Mean	SD	“t” Value	Level of Significant
Male	30	32.70	09.78	4.83	0.01
Female	30	19.33	11.56		

According to table 1 the results obtained on stress among the male and female community dwelling elderly. Male mean stress score is 32.70 which is high compared to female mean score 19.33 with the standard deviation 09.78 and 11.56 respectively. The t- value is 4.83, is significant at 0.01 level. Male elderly people have highly stressed than the female elderly people. so we can say that the first hypotheses “There would be significant differences in stress among male and female community dwelling elderly” is accepted.

**Table 2:** Showing the Mean, SD and “t” value of mental health status among the male and female community dwelling elderly

Gender	N	Mean	SD	“t” Value	Level of Significant
Male	30	128.61	22.31	5.12	0.01
Female	30	186.56	15.28		

According to table 2 the results obtained on mental health status among the male and female community dwelling elderly. Female mean score is 186.56 is high compare to male mean score 128.61 with the standard deviation 15.28 and 22.31. The t- value is 5.12 is significant at 0.01 levels. Female elderly people have high mental health than the male elderly people. so we can say that the second hypotheses “There would be significant differences in mental health status among male and female community dwelling elderly” is accepted

**Table 3:** Showing the correlation between stress and mental health

Group	Variables	N	Mean	SD	“r”
Male	Stress	30	32.70	09.78	0.74
	Mental Health		128.61	22.31	
Female	Stress	30	19.33	11.56	-0.81
	Mental Health		186.56	15.28	

According to table 3 the results shows that there is 0.74 correlation between stress mental health status among male elderly people and -0.81 negative correlation between stress and mental health among female elderly people. It means if the stress increases among elderly people they have low mental health and if stress decreases, they have high mental health status. So that we can say there is a negative relationship between stress and mental health among female elderly people. So we can say that the third hypotheses “There would be co-relation between stress and mental health among community dwelling elderly” is accepted.

### Conclusion

There would be significant difference between stress and mental health among community dwelling elderly. Male elderly have high stress compared to female elderly. Female elderly have better mental health than male elderly. There is correlation between stress and mental health among community dwelling elderly.

### References

1. Archana Singh, Nishi Misra. Loneliness, depression and sociability in old age, Indian psychiatry Journal. 2009; 18(1):51-55.
2. Brantley P, Waggoner C, Jones G, Rappaport N. A daily stress inventory: Development, reliability, and validity, Journal of Behavioral Medicine. 1987; 10:61-74.
3. Dhara RD, Jogsan YA. Depression and Psychological Well-being in Old Age. Journal of Psychology and Psychotherapy. 2013; 3:117-123.
4. Gammon J, Morgan-Samuel H. A study to ascertain the effect of structured student tutorial support on student stress, self-esteem and coping, The Journal Nures Education Praticce. 2005; 5(3):161-171.
5. Gholamreza Sharifirad, Mohtasham Ghaffari, Samaneh Zanjani, Akbar Hassanzadeh. The effectiveness of educational intervention based on PRECEDE model on the level of stress among the elderly at elderly clubs. Journal of education and health promotion, 3(4):161-169.
6. Indian Council of Medical Research. Mental Health Research in India, DIVISION of Noncommunicable Diseases Indian Council of Medical Research V. Ramalingaswami Bhawan Ansari Nagar, New Delhi, 2005.
7. Jagdish D, Srivastava AK. Mental Health Inventory. Manovaigyanik Parikchhan Sansthan, Chawkaghat, Varanasi, UP, 1983.
8. Kate B, Wolitzky-Taylor, Natalie Castriotta, Eric Lenze J, Melinda Stanley A, Michelle Craske G. Anxiety disorders in older adults: a comprehensive review, Journal of Depression and Anxiety. 2010; 27(2):190-211.
9. Kennedy GJ. The epidemiology of late-life depression. In: Kennedy GJ, editor. Suicide and depression in late life: Critical issues in treatment, research and public policy. New York, John Wiley and Sons, 1996, 23-37.
10. Lin EH, Katon W, Von Korff M, Tang L, Williams JW, Kroenke K, *et al.* Effect of improving depression care on pain and functional outcomes among older adults with arthritis: a randomized controlled trial. The Journal of the American Medical Association. 2003; 290(24):128-134.
11. Mansour Beyrami, Jaber Alizadeh Goradel, Servin Ansarhosein, Nasim Ghahraman, Moharrampour. Comparing Sleep Quality and General Health among the Elderly Living at Home and at Nursing HomeIranian, Journal of Ageing. 2014; 8(4):47-55
12. Morab Yadav, Khadi. Mental health of rural elderly, Karnataka, Journal of Agriculture Science. 2014; 27(3):330-332.
13. Neil Schneiderman, Gail Ironson, Scott Siegel D. Stress and Health: Psychological, Behavioral, And Biological Determinants, Annu Rev Clinical Psychology. 2005; 3(1):607-628.
14. Ramachandran R, Radhika R. Problems of elderly women in India and Japan. Indian Journal Gerontology. 2006; 20:219-234.
15. Rita Berto. The Role of Nature in Coping with Psycho-Physiological Stress: A Literature Review on Restorativeness, Journal Of Behavioural Science. 2014; 4(4):394-409.

16. Unutzer J, Patrick DL, Simon G, Grembowski D, Walker E, Rutter C, *et al.* Depressive symptoms and the cost of health services in HMO patients aged 65 years and older. A 4-year prospective study. *The Journal of the American Medical Association.* 1997; 77(20)1618-1633.
17. Weissman MM, Bland RC, Canino GJ, Faravelli C, Greenwald S, Hwu HG, *et al.* Cross-national epidemiology of major depression and bipolar disorder, *The Journal of the American Medical Association.* 1996; 27:293-299.