

RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

Improving mental health and quality of life of aging population

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Abstract

Purpose: Old age has interested humanity since ancient times. Initially, old age was associated with wisdom; scientists looked for the causes of aging and death in order to prolong life. Currently, we are faced with the phenomenon of an aging population, but at the same time old age is perceived rather negatively. The accumulation of this discontent with the predominance of the elderly over the young gives rise to the problem of mutual understanding and mutual acceptance of generations. The task of psychologists in this case is to prevent the growth of tension in society and help in establishing contact between representatives of different generations.

Due to the complex nature of old age and the many different losses that can be mentally and physically difficult for people in this period of life, it is extremely important to unite specialists from different professions - doctors, psychologists, social workers involved in the care, treatment and support of an elderly person. According to the 2019 World Population Prospects, by 2050, one in six people in the world will be over age 65, up from one in 11 in 2019. By 2050, one in four persons living in Europe and Northern America could be aged 65 or over. In 2018, for the first time in history, persons aged 65 or above outnumbered children under five years of age globally. The number of persons aged 80 years or over is projected to triple, from 143 million in 2019 to 426 million in 2050 (United Nations www.un.org/en/global-issues/ageing).

Mental health and quality of life of this population have been searched by special institutions, independent researchers, state and non-government organizations. The main aim of this study is to do deep research according to literature analyzing and survey results with elderly population in Azerbaijan.

Design, Materials and methods: The main aim of the article is to describe psychological aspects of aging using literature materials and case materials from the survey in 2019-2020, in Azerbaijan.

The present study was designed to assess mental health issues of elderly population. Participants (n = 200) were elder groups from Azerbaijan, who completed the WHO QOL Scale, the PHQ-9 and survey Questionnaire.

Conclusion: According to the findings of the research, it was determined that there was a significant differences

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on measures of depression across most demographic categories and figures of depression symptoms between participants with and without a family support ($F=1,725$; $df=152$; $t=-2,5$; $sig.p=0,191$). However, it was determined that there was a distinctive indicators of Quality of life of older adults, and also about their future expectations ($F=2,3$; $df=198$; $t=-7,1$; $sig.p=0,131$).

According to the literature and the results of the surveys, older adults' mental health problems and QOL indicators related to conditions, where they live. The depression figures increase when they are faced with different abuse, discrimination. WHO develop special programs to support the mental health of older adults include the development of scalable psychological interventions to address various mental health problems, research and guidance on interventions to reduce social isolation and loneliness, and cost-effective solutions to prevent abuse of older adults (WHO, 2023).

Keywords: Aging, psychological features of aging, mental health problems of elderly population

1. INTRODUCTION

The current dramatic change in the number of older adults has already had profound effects on everyone's lives. Through the first few decades of the 21st century, older adults, driven by the baby boomers, will be a major economic and political force. There is legitimate concern that the cost of entitlement programs that support older adults, such as Social Security and other pension systems, as well as medical care, is one of the largest expenditures in the countries' budgets, forcing intergenerational conflict over shrinking public resources. The researchers mentioned that the costs of these programs that support older adults will be borne by smaller groups of taxpayers in younger generations (J.C.Cavanaugh. F.B.Fields, 2018).

According to WHO (World Health Organization) around 14% of adults aged 60 and over live with a mental disorder. WHO mentioned this facts that the Global Health Estimates (GHE) 2019, these conditions account for 10.6% of the total disability (in disability adjusted life years, DALYs) among older adults. Depression and anxiety have been mentioned as the most common mental health conditions for elderly population. Unfortunately mental health conditions among older people are often underrecognized and undertreated, and these people don't try to seek help related to the stigma surrounding aging conditions (WHO, 2023).

The Social Research Center of the Republic of

Azerbaijan conducted a study called "Elderly in Azerbaijan: care and well-being" and a report on the results of that study was published in 2020. The research was conducted among 1212 people covering 9 economic geographical regions. They have explained the concept of care as a stable recurring aggregate of its distribution among various social factors and institutions. The authors emphasized that the participation of various social factors in the provision of care for the elderly depends not only on the tradition and legislative framework, but also on the extent to which citizens believe in the care provider, and the level of compatibility of the service he can provide with the norms and ideals of care (The Social Research Center of the Republic of Azerbaijan, 2020).

According to this study it was mentioned that a person's wishes regarding who and how he will live his old age determine many of his life choices in his earlier years. Perceptions of normal and desirable aging affect the dynamics of the family institution in general, relationships between relatives, and determine subjective satisfaction. It also provides an opportunity to further refine the attitudes towards the actors the respondents trust as care providers; If you need care in old age, what kind of living arrangement would you prefer? - the question consists of three subsections and five answer options. Here, it is studied whether a person wants to live with his child, other relatives and in a nursing home.

The majority of respondents unequivocally prefer the family model of care (living with

their own child) (92.3%). Only 7.5% are against it. The majority of those who do not agree with the possibility of living in a nursing home is also expected and indicates a negative attitude towards institutional care. An interesting point is also the negative attitude of the respondents to the prospect of living with other relatives as much as to the prospect of living in a nursing home.

According to this study, most of the expectations are more related to the family institution and the state. 68.8% of the respondents fully agree with the opinion that the main responsibility for meeting the needs of the elderly rests with the family, and 62.1% with the state (social workers). This shows, on the one hand, the continuation of the tradition of family care, and on the other hand, high expectations for state care. That is, according to the respondents, the most ideal form of care for the elderly is care shared between the family and the state (The Social Research Center of the Republic of Azerbaijan, 2020).

According to the researches and statics of the countries between now and 2030, the following changes will have set in (J.C.Cavanaugh. F.B.Fields, 2018):

- The proportion of older adults in the world will nearly double;
- The elderly population's education level will be higher and more organized than past generations. Their technology using skills will be developed in general;
- The increasing number of elderly population demands special Social Security benefits, Medicare/health care benefits, and other benefits accrued throughout their lives;
- The dependency ratio of this statistics will change, too (J.C.Cavanaugh. F.B.Fields, 2018).

All of these facts let us to highlight the importance of this study, and research related to psychological issues of aging and also analyzing quality of life of elderly population.

LITERATURE REVIEW: Old age is analyzed in various areas of psychology. Within the framework of existentialism, old age is viewed

not just as natural, but as a favorable period of life, the goal of which is to achieve wisdom. Old age frees a person from the dictates of external circumstances: he ceases to fulfill many responsibilities related to work and raising children. As a result, he gains greater freedom than during adulthood.

According to the life-span perspective emphasizes that human development takes a lifetime to complete. It sets the stage for understanding the many influences we experience and points out that no one part of life is any more or less important than another (Baltes, Lindenberger, & Staudinger, 2006).

Basing their theories on these principles, Baltes et al. (2006) argue that life-span development consists of the dynamic interactions among growth, maintenance, and loss regulation. In their view, four factors are critical:

1. As people grow older, they show an age-related reduction in the amount and quality of biologically based resources.
2. There is an age-related increase in the amount and quality of culture needed to generate continuously higher growth. Usually this results in a net slowing of growth as people age.
3. People show an age-related decline in the efficiency with which they use cultural resources.
4. There is a lack of cultural, "old-age friendly" support structures. Taken together, these four factors create the need to shift more and more resources to maintain function and deal with biologically related losses as we grow old, leaving fewer resources to be devoted to continued growth.

In psychoanalysis, E. Erikson considered old age as the final phase of a person's life, the last of eight age stages. He saw the meaning of this period in summing up life and accepting its results, being satisfied with them, which corresponds to a positive path through this stage. Negative personality manifestations (hypochondria, aggression, senile dementia, etc.) are symptoms of the passage of old age along a negative path, and not normative age characteristics.

A. Adler's ideas are very productive for analysis

aging: in terms of his theory, old age can be viewed as a struggle with feelings of inferiority caused by physiological changes, changes in social status and other characteristics of old age (D.Rayqorodski, 2004).

C. G. Jung considered old age a time favorable for self-development, self-knowledge and self-realization of the individual, and called it the period of individuation. At this age, a person is able to accept both his feminine and masculine principles, which contributes to the achievement of internal harmony. In youth, a person is busy building social connections, but living in old age according to the laws of youth is unconstructive. The desire to actively participate in public life, despite age and health status, is an example of such an incorrect attitude. C. G. Jung analyzes the "rebellion against aging," the desperate attempts of an elderly person to maintain the status of a mature person, dictated by rejection of present and future changes in life. This position is manifested in the desire to hide the external signs of aging, to preserve work responsibilities and leisure activities, including the same state as during adulthood, the desire to dress "not like an old woman," a negative reaction to the verbalization of one's age ("Don't call me grandma!").

However, overestimating one's own capabilities can lead an elderly person to poor health and depression. K. G. Jung associates the fear of one's own aging with the fact that many things for an elderly person remain unexperienced, untested, and unrealized. And this dissatisfaction and the understanding that some desires will no longer be realized force a person to look back in an attempt to stretch out his life, to feel younger and full of possibilities (C.Jung, 1994). On the contrary, an elderly person should devote more time to his own inner world, to comprehending his own self. C. G. Jung sees constructive adaptation to the aging process in developing a holistic view of life lived, which becomes possible thanks to the process of self-contemplation aimed at one's own inner world. This does not mean refusing to participate in social life, but external activity should not dominate intrapersonal activity.

Within the framework of the theory of symbolic

interactionism, old age is viewed as a mutual adaptation of an elderly person and society to each other. An elderly person adapts to the peculiarities of life and attitudes of younger generations, to the changed social structure as a whole and to his own aging. In turn, modern society is adapting to an ever-growing number of older people.

One of the generally accepted postulates of activity psychology is the idea that personality always develops in the process of life. And late age is no exception.

Based on the results of a practical study, she draws conclusions about changes in the structure of self-esteem of people with late age: they become fixated on the positive traits of their character, ideal and achievable self-esteem decreases, there is a relatively high level of self-attitude and a retrospective nature of self-esteem, high self-esteem of their own relationships with people and success in work, orientation towards the lives of children and grandchildren. Thus, a person in old age retains positive self-esteem and self-concept (Molchanova, 1997).

So, representatives of various psychological approaches are unanimous that old age is one of the most important periods in a person's life. This is a period of more than just summing up results of one's own life, but also constructive psychological development, movement forward towards the integrity of one's own personality and the achievement of wisdom.

A unified concept of aging in psychology, as well as in biology, physiology and other science, does not exist. And the reasons for this are very similar: the abundance of age-related changes, their heterochronicity, different directions and intensity. Let us consider the main age-related psychological characteristics of old age.

Cognitive features of aging. It was previously believed that the level of intelligence falls with age, but this assumption has now been refuted: "crystallized" intelligence, associated with an increase in life experience and general awareness, even improves with age, while "fluid" intelligence (operational processing of information) actually decreases. Functions

determined by physiology deteriorate: the speed and accuracy of cognitive processes, the functions of classification, comparison and categorization. However, they are compensated for due to the functions of writing, counting, understanding speech, etc.

The preservation of intelligence is associated both with the activity of the individual himself (supporting his intellectual abilities through reading, studying, etc.), and with external and internal factors determined by the intensity of exposure to stimuli (illness, isolation, stress, etc.). A feature of older people is their adherence to familiar stereotypical decisions, as well as the completion of a smaller volume of tasks when it is necessary to involve perception and memory. Additionally, learning rates tend to slow down after age 65. There is difference about a general decline in creativity: for example, in the humanities the level of creativity remains unchanged, while in the exact sciences there is a moderate decline.

One of the common beliefs about old age is the belief that memory deterioration accompanies it. Indeed, more than 65% of older adults report memory problems, despite the variety of memory improvement techniques known today. Changes occur in memory mechanisms. Those functions that were leading in adulthood and involved in professional activities are better preserved, that is, they were actively used and trained.

Emotional features of aging. Elderly people often experience a predominance of depressive-anxious mood due to the loss of loved ones and friends, withdrawal from active life, a drop in social self-esteem, the threat of helplessness and dependence on others. In addition, neurochemistry and cerebral circulation deteriorate, which in itself leads to a negative emotional shift. Emotions strongly depend on a person's ideas about the results of his life: if there are regrets about the wrong path and missed opportunities, then depression will increase. However, a negative emotional background is not always an indispensable attribute of old age.

Age-related changes in personality in old age. Very often, old age is accompanied by a strengthening and sharpening of previous personality traits. On the other hand, previously hidden forms of reaction appear, age-related traits that level individuality develop: conservatism, intolerance, reevaluation of the past, resentment, egocentrism, an excessive degree of emotional response, suspicion, stinginess, hypochondriacality, mental rigidity, loss interest in the outside world, narrowing of emotional contacts and connections, a general age shift towards introversion.

A polarity of traits can often be observed: along with stubbornness and inattention to arguments - increased suggestibility and gullibility, along with reduced emotional responsiveness - tearful

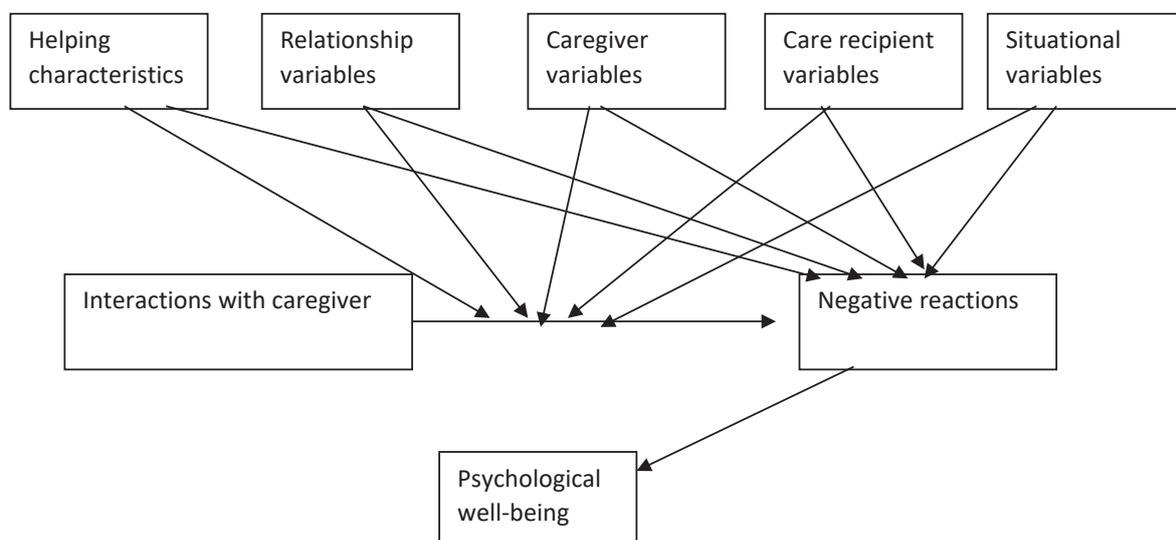


Figure 1. Interpersonal relation model of elderly population (according to Newsom, J. T.)

weakness and sensitivity (Dorogina, 2020).

Interpersonal relationship of elderly population was explained by Newsom, J. T. (1999), and it was described the following figure.

These variables influence interpersonal relationship between elder people and their caregivers, children. Negative reactions that are the results of these interactions effect people's well-being, and mental health. Some of the authors mentioned ethnic diversity related to this issue (Waites, 2009; Gladding, 2002).

Weibel-Orlando highlighted Native American grandparents appear to have some interactive styles that differ from those of other groups (Weibel-Orlando, 1990). These elder population provide their family members with a way to connect with their cultural heritage, and they are also likely to provide a great deal of care for their grandchildren (Mutchler, Baker, & Lee, 2007). These differences can be observed related to religious factor.

The environmental factor and various situations affect well-being and quality of life elder population. The basic premise of Lazarus' theory is that people evaluate situations to assess their potential threat value (John C. Cavanaugh, 2015). Situations can be evaluated as harmful, beneficial, or irrelevant. When these situations are as harmful or threatening, people also realize the different coping reactions to avoid the harmful situation. This process results in a coping response. Outcomes of coping may be positive or negative depending on many contextual factors.

According to literature review the aging process has own features not only in mental and physical aspects, and also interpersonal relations, defense style and coping reactions.

2. METHODS

During the research participants ($n = 200$) were elder group population from Azerbaijan, and completed the WHO QOL Scale, the PHQ-9 and survey Questionnaire.

The following item were expressed in survey questionnaire as open-ended questions: age, family content, interpersonal relationship

satisfaction, future plans.

PHQ-9 is used to assess level of depression. According the assessment tools technique, the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. The total scores were analyzed following the interpretation:

Minimal depression 1-4;

Mild depression 5-9;

Moderate depression 10-14;

Moderately severe depression 15-19;

Severe depression 20-27.

WHOQOL Scale was developed by the World Health Organization (WHO) and published in 1995. It was developed over several years and from 15 centers around the world. The questions stem from multiple statements about quality of life, health and well-being from people with and without disease, and health professionals. It has been tested for reliability and validity (WHO, 1996, 2000).

3. LIMITATION

The first limitation of the research is related to gender factor. The research has been realized in Azerbaijan, and the participants were male elderly population. So the findings can not be generalized for the both gender, and all population. The next limitation is related to assessment scales. There was used PHQ-9 to check depression level, and WHO QOL questionnaire for quality-of-life assessment. Emotional state of elderly population can be focused for the future researches.

4. RESULTS AND DISCUSSION

The survey results were concluded, and analyzed using SPSS program version. The age of the participants was $63,61 \pm 4,2$ (min.55, max.84); majority of them – 194 people (97%) mentioned that suffered various physical health

problem, only 3% (6 of the participant) had any health problems. Majority of them (62,5%) mentioned that people respect and take care of them considering aging factors, while 37,5% of them think that aging factor doesn't influence their relationship and people's attitude.

The next question describes the daily mood of the elderly population, and majority of them (89.5%) mentioned changeable mood. Only 8% of them express positive emotions in the daily mood.

The next question that is about future plans of participants had two options: 13% of elderly people were describing their future dreams, while majority of them – 87% (174 participants) didn't have any plans for future lives.

The depression score of the participants was $9,09 \pm 3,5$ (min.1; max.19), and it corresponds mild and moderate depression level of PHQ-9 assessment tool. The distribution of the figures was shown the following bar chart.

The participants who feel family support and care their depression score was significantly less than who didn't have any relatives support, $8,6 \pm 3,2$ and $14,5 \pm 0,7$ respectively ($F=1,725$; $df=152$; $t=-2,5$; $sig.p=0,191$). This difference was noted between two groups, who had future plans, and didn't have, $4,88 \pm 2,6$ and $9,71 \pm 3,2$ ($F=2,3$; $df=198$; $t=-7,1$; $sig.p=0,131$).

The WHOQOL assessment method result was described in the following bar chart:

5. CONCLUSION

According the literature review it was noted that age-related changes in mental activity represent a new structural formation, and not the sum of deficit changes. Of course, old age is characterized by a decrease in mental activity and integrating types of activities, but tasks that require the use of past experience and firmly mastered knowledge are solved productively.

In old age, there is an increased tendency towards rigidity and conservatism. Many older

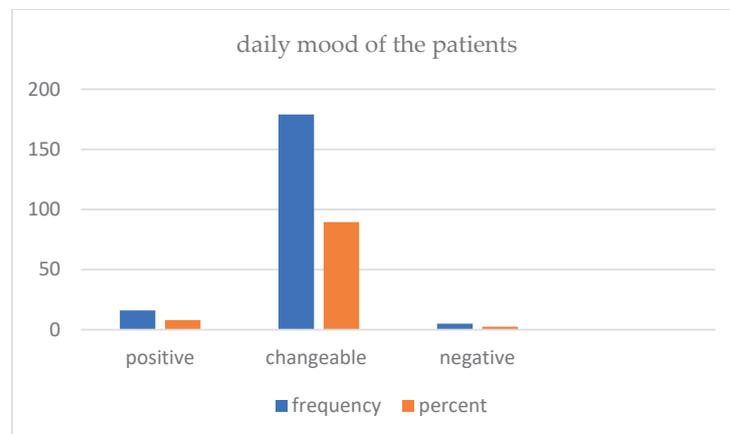


Figure 2. The daily mood of the patients

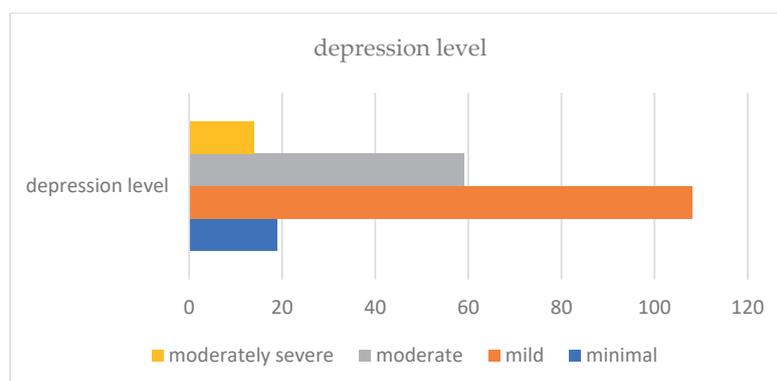


Figure 3. The distribution of depression score

people find it difficult to adjust to changes in their lives. They cause anxiety and, therefore, a desire to adhere to familiar patterns of behavior (for example, one can understand the insistence of many older people not to buy new household appliances or not to use new technologies).

However, aging is accompanied by a number of psychological and personal changes. The central change that occurs during the aging process is a change in worldview (a person's system of views, assessments and ideas about the environment, the world and man's place in it). It concerns two main aspects: firstly, activity and involvement in the environment, and secondly, an increased preoccupation with the inner world, a tendency to become inwardly focused. This tendency seems to be associated both with a decrease in the need to cope with the difficulties of the outside world (career, self-realization), and with a reassessment of values and acceptance of one's entire life. Such preoccupation with the inner world can lead to the discovery of new meanings and interests (art activities, the desire to invest in one's own family, etc.). However, if this tendency is negative, then communication with other people can cause a feeling of missed opportunities, guilt, depression and excessive self-absorption.

The survey results highlighted the depressive

mood, low level of interpersonal relations, also low level of satisfaction of life, relationships, future plans, and expectations. These figures were mentioned according to PHQ-9, and WOL surveys.

The WHO highlighted that mental health promotion and prevention strategies for older adults can be focused on supporting healthy ageing strategies. If there are physical and social environments that support well-being, it can be helpful to them.

According to WHO the key elements of mental health promotion and prevention strategies for healthy ageing include (WHO, 2023):

- measures to reduce financial insecurity and income inequality;
- programmes to ensure safe and accessible housing, public buildings and transport;
- social support for older adults and their carers;
- support for healthy behaviours, especially to eat a balanced diet, be physically active, refrain from tobacco and reduce alcohol use; and
- health and social programmes targeted at vulnerable groups such as those who live alone or in remote areas and those living with a chronic health condition. (WHO, 2023):

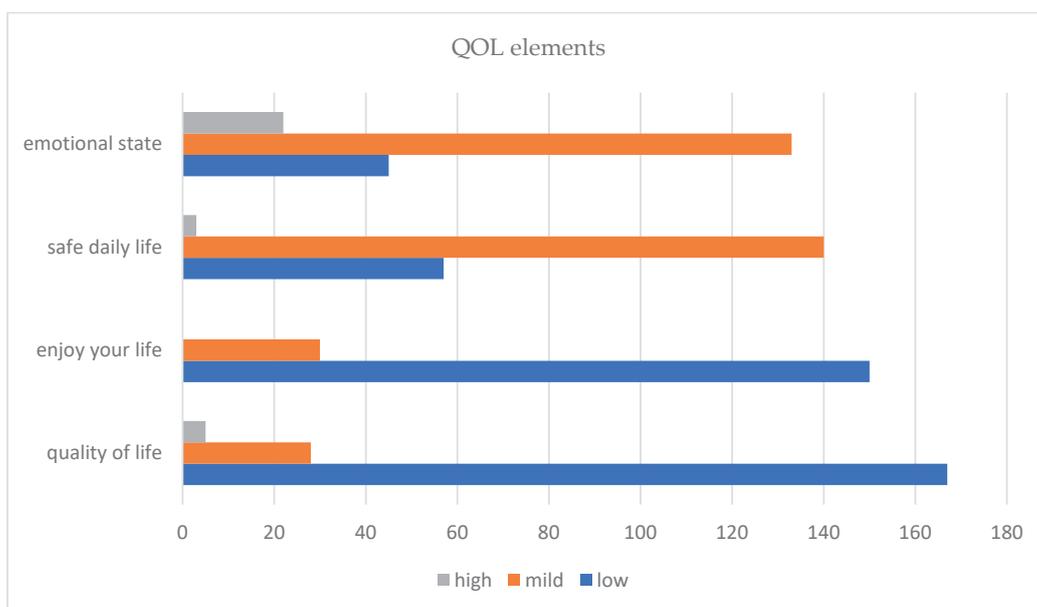


Figure 4. QOL determinants of elderly people

One of the important issues for older adults is social connection, that is the main factor to reduce social isolation and loneliness. In this period of life, some of the social activities can improve positive mental health, life satisfaction and quality of life; they can also reduce depressive symptoms (WHO, 2023). These facts need to include to some of the programs as anti-discrimination policies and laws, educational interventions and intergenerational activities.

As the literature mentioned, caring for aging parents can be both stressful and uplifting. On the stress side, care providers can experience significant health effects from long-term stress. Such stress is sometimes a reason in elder abuse, neglect, or exploitation. Thus, doing what is necessary to help deal with the stressful aspects of providing care is critical. State and communities typically have several sources of help for people who are caring for their aging parents.

Objective social support, marriage, friendship and social contacts, hobbies were mentioned as the special criteria in social engagement and productive activity in elder population (Vailant, 2002).

There are some programs to improve the lives of older people, their families and the communities in which they live; The Decade of Healthy Ageing (2021–2030), and WHO's Mental Health Gap Action Programme (mhGAP) which support mental health care for older adults. The Comprehensive mental health action plan 2013–2030, that signed by WHO Member States aimed to protect aging population. People who work with older adults can use WHO's Mental Health Gap Action Programme (mhGAP) that provides evidence-based clinical protocols for assessment, treatment and intervention steps.

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