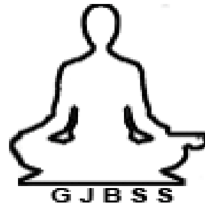

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Residential Decision and Mental Health in the Older Adults

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Abstract

The present study is an attempt to find out if mental health in older adults differs with respect to their residential decisions. The sample included 89 older adults (above 60 years) from Bangalore Taluk, in the state of Karnataka. Mental health was measured using mental health continuum in long form (Keyes, 2002). Results indicated that compelled transients were significantly higher in mental health when compared to the other two groups. There was no significant difference in mental health with respect to sex.

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Mental health is a combination of aggregate levels of symptoms of emotional, psychological and social well-being and absence of recent mental illness (Keyes & Lopez, 2002). Mentally healthy individuals are expected to have a sound relationship with the family and demonstrate at least a moderate level of resilience. They will be capable to move through different stages of life, working peacefully and productively, contributing something to the community (American Psychology Association [APA], 2009). There may be slight variation in the experience of mental health from time to time. While considering the old age population, this variation seems to be high, in a majority. Only a small percentage of them are generally reported to be enjoying an optimum level of mental health and successful ageing. More is heard about their sufferings in connection with dizziness, fatigue, insomnia, lack of appetite etc. According to Stephan, Sutin and Terracciano (2015), older adults have their successful ageing on the basis of the secondary options like residential environment and availability and viability of coping options.

Retired older adults seem to have three broad choices of their residential environment, especially in the developing countries like India. The first and the most accepted choice is to live with their family. Younger adults of the subsequent generation are supposed to be duty bounded to look after the older adults in the family, in a collectivistic culture. However, rapid industrialization in the past three to four decades has transformed many a family into a nuclear type structure. When each member of the family became income sources, behaviours of individualistic societies popped up. Older adults became isolated at home, while all the other members were out for the job. They faced insecurity, lack of attention, lack of control, alienation and helplessness. In this juncture, the second choice emerged, that is to allow them to reside in an old age home. Subsequent generation took a decision to change the residence of the older adults to the old age homes. The emergence of the third choice is also associated with the same juncture. Some of the older adults felt their autonomy curtailed when they are with their family. They felt that the subsequent generation is giving them neither enough consideration nor freedom. Instead, they are being abused financially and emotionally. Hence, they chose old age home as their residence in their own will. Based on their residential-decision, retired older adults thus can be classified into the three broad groups –
(1) Older adults residing with the family by "own will" have a self-determination in continuing with the family. In the present study, they are termed as "determined residents"

(2) Older adults residing in an old age home, "not by own will" are compelled to spend their period of life as transients, in an old age home. In the present study, they are termed as "compelled transients".
(3) Older adults residing in an old age home by "own will" have a self-determination to spent their period of life as transient, in an old age home. In the present study, they are termed as "determined transients".

Among the above three, members in which group may be enjoying a better mental health? Considering the collectivistic orientation, determined-residents will be higher in mental health. Research findings by Suwanmanee, Nanthamongkolchai, Munsawaengsub, and Taechaboonsermsak (2012) support the fact that older adults who were fully involved with the family shall experience a higher mental health. Older adults, who are highly adaptable, and show readiness even to learn and work with the most modern technological innovations, have the capability to enjoy spending time with the subsequent generations. But standing with an individualistic note, the second choice may have more mental health enhancement resources. As they move to old age home in their own will, they would be open to the new experiences in the new residence. They could develop a friendship with the inmates, who may be their peers as per the age. Friendship and well-being are identified to be highly inter-related (Mckee, Harrison, & Lee, 1999). It is quite logical to think that members of the second group may have a low chance for a better mental health because they are forced to have a residential choice by some others. According to Jonggenelis et al (2004), but, one of the main challenges to well being is isolation. Old age homes are institutions with a structural environment. Inmates of such institutions have to follow certain routines, which could let away their feeling of isolation. Further, there is a high probability to receive good attention, at least from a community of the same age.

Discussion related to mental health usually gives importance to sex differences. There is a general assumption that males are better in mental health than females. This assumption is on the basis of the findings in the studies on sex differences in mental illness. For instance, in the findings of McLean, Asnaani, Litz and Hofmann (2011), anxiety disorders disable women than men. Piccenelli and Wilkinson (2000) are sure regarding the sex difference in depressive disorders when they suggest it as a result of certain putative risk factors. Apart from this, a systematic body of knowledge indicating sex difference giving exclusive consideration to mental health seems to be limited. The specific objectives of the present study follow:

Objectives

1. To find out if determined-residents, compelled-transients and determined-transients among older adults will differ in their mental health.
2. To find out if mental health of the older adults differ respect to sex.

Method

Participants

The sample comprised 89 older adults aged above 60 years (29 dwelling in the home with the family and 60 dwelling in Old Age Homes). Data were collected from three old age homes, which included 30 participants who enrolled by "own will" and 30, "not by own will". Data of the rest 29 subjects who lived with the family by "own will" were collected directly from different homes in Bangalore Taluk.

Instruments

1. Mental Health Continuum in long form (Keyes, 2002) is used to measure mental health of the subjects in the sample. The scale has 35 items in 3 dimensions – emotional well being, psychological well being and social well being. Higher the score, higher each dimension and hence, higher will be the mental health of the respondent. According to Keyes & Ryff (1998), the scale has a very good internal

reliability. In the present sample, internal reliability (Chronbach's alpha) of the scale is 0.797

2. Personal Data Sheet: Personal details such age, sex, and demographic variables were collected using personal data sheet.

Procedure

Using purposive sampling method, the participants were chosen from three old age homes in Bangalore Taluk. Each participant was informed about all the aspect of the study. Data were collected after receiving the voluntary consent from the each participant. After the data collection, further doubts (if any) regarding the study were clarified.

Results

The sample of the present study comprised 89 participants, 40 females and 49 males. Among the total sample, 60 were transients (resided at old age home) and 29 were determined-residents. Of the total 60 transients, 30 were determined-transients and 30 were compelled transients. Table 1 summarizes the sample structure

Table 1

Cross tabulation – Summary of the sample on the basis of their will to reside and current residence

Sex	Older adults			Total
	Determined residents	Compelled transients	Determined transients	
Female	15	14	11	40
Male	14	16	19	49
Total	29	30	30	89

Among the total sample, 15 determined residents, 14 compelled transients and 11 determined transients are females. 14 determined residents, 16 compelled transients and 19 determined transients are males. In total, there are 40 females and 49 males.

To find out if determined residents, compelled transients and determined transients differ in their mental health, one way ANOVA was used. Results are summarized in Tables 2.

Table 2

ANOVA – Difference in mental health of determined residents, compelled transients and determined transients among older adults

Variables	Older Adults	*N*	Mean	*SD*	*F*
Emotional Well Being	Determined residents	29	24.76	2.76	100.6**
	Compelled transients	30	30.53	1.93	
	Determined transients	30	22.27	2.20	
Psychological Well Being	Determined residents	29	48.00	6.86	159.6**
	Compelled transients	30	66.57	4.83	
	Determined transients	30	41.20	5.22	
Social Well Being	Determined residents	29	47.00	6.02	48.44**
	Compelled transients	30	56.07	4.62	
	Determined transients	30	40.50	7.48	
Mental Health	Determined residents	29	119.76	10.56	218.3**
	Compelled transients	30	153.17	6.43	
	Determined transients	30	103.97	10.38	

**p< .01

Results of one way ANOVA (Figure 2) indicated that determined residents, compelled transients and determined transients among older adults differed significantly in their

Emotional well being ($F = 100.6$, $p < .01$) Psychological well being ($F = 159.6$, $p < .01$), and Social well being ($F = 48.44$, $p < .01$) and thereby in their mental health ($F = 218.3$, $p < .01$). Contrary to the expectations, compelled transients were the highest ($M = 119.76$, $SD = 10.56$), determined residents were the second highest ($M = 153.17$, $SD = 6.43$) and determined transients were the lowest ($M = 103.97$, $SD = 10.38$) in mental health.

Compelled-transients were the highest in psychological well being ($M = 66.57$, $SD = 4.83$). Determined-residents were the next group who are higher in psychological well being ($M = 48.00$, $SD = 6.86$). Determined transients were the lowest ($M = 41.20$, $SD = 5.22$) in the psychological well-being. Similarly, compelled transients were the highest in social well being ($M = 56.07$, $SD = 4.62$). Determined-residents were the next group who were higher in social well being ($M = 47.00$, $SD = 6.02$). Determined-transients were the lowest ($M = 40.50$, $SD = 7.48$) in the social well-being.

Post hoc analysis (Scheffe method) indicated the following

1. Compelled transients were significantly higher ($MD = 33.41$, $p < .01$) in mental health than determined transients; determined residents were significantly higher in mental health ($MD = 15.79$, $p < 0.01$) than determined transients. Likewise, Compelled transients were significantly higher ($MD = 49.20$, $p < .01$) in mental health than determined transients. Determined transients were the lowest in mental health.
2. Compelled transients were significantly higher ($MD = 5.77$, $p < .01$) in emotional well being than determined residents; determined residents were significantly higher in emotional well being ($MD = 2.49$, $p < .01$) than determined transients; and compelled transients were significantly higher ($MD = 8.27$, $p < .01$) in emotional well being than determined transients. Determined transients seem to be the lowest in emotional well being.
3. Compelled transients are significantly higher ($MD = 18.77$, $p < .01$) in psychological well being than determined residents; determined residents are significantly higher in psychological well being ($MD = 6.80$, $p < .01$) than determined transients; and compelled transients are significantly higher ($MD = 25.37$, $p < .01$) in psychological well being than determined transients. Determined transients seem to be the lowest in psychological well being.
4. Compelled transients are significantly higher ($MD = 9.07$, $p < .01$) in social well being than determined residents; determined residents are significantly higher in social well being ($MD = 6.50$, $p < .01$) than determined transients; and compelled transients are significantly higher ($MD = 15.57$, $p < .01$) in social well being than determined transients. Determined transients seem to be the lowest in social well being.

To find out if older adults differ in mental health with respect to their sex, independent sample *t* test was used. Results are summarized in table 3.

Table 3

Mean, Sd and 't' value of variables by sex

Variable	Sex	*N*	Mean	*SD*	*t*
Emotional Well Being	Female	40	26.05	4.22	0.38
	Male	49	25.71	4.18	
Psychological Well Being	Female	40	51.78	11.99	0.13
	Male	49	52.12	12.50	
Social Well Being	Female	40	49.20	7.65	1.29
	Male	49	46.78	9.69	
Mental Health	Female	40	127.02	21.57	0.50
	Male	49	124.61	23.72	

Independent sample *t* test (table 3) did not indicate a significant difference in mental health among the older adults with respect to their sex difference. Findings suggest that both

male and female groups are almost similar in their emotional well being, psychological well being, social well being and mental health.

Discussion

Findings indicated that mental health in older adults differs with respect to the residential decision. Inquiry regarding the importance of decision made on the residence and its association with mental health is limited in the literature. Almost all the studies focus on the factors associated with the residential environment (Yen, Michael, & Perdue, 2009; Sugiyama, Leslie, Giles-Corti, & Owen, 2008) that are contributing to the mental health. The probability of the "decision" itself to be a contributing factor shall not be neglected. The effect can be more cognitive than environmental. Indeed, the environment has a significant role. But, the eventuality of the mental health need not be purely the presence of a good environment. Both decision making and the environment are partly contributing to the mental health of the older adults. Hence in the case of compelled transients, even if the decision is other determined, they are highly mentally healthy. And in the case of determined transients, even though the decision is self-determined, they are lower in mental health. And, in contrast to different previous findings (McLean et al, 2011; Piccenelli and Wilkinson, 2000), sex is not a definite determining factor of mental health in older adults.

In the case of compelled transients, as pointed out before, the decision makers are some others. It is not their decision to move from their home. They moved, may be because of their children's wish. They may be feeling sad, but the incidence of moving from home to old age home was not in their control. Locus of the problem is external to them. Still, they showed a good mental health compared to the determined residents and determined transients. The reason for this may be many. First of all, they might not be personalizing what has happened to them. Fixing the locus of the reason of the present situation to some others, they miss feeling the responsibility of the same.

Second, they currently live in a situation where all the inmates are alike. One will not feel deserted because when they share their feelings, there are others with a similar experience. Similarity will make each of them much closer. They will start sharing and caring, may be better than their own younger ones, because of their mutual understanding of each other's feelings. As Thomas, et al. (2007) noted, more than physical environment, the psychosocial environment is important in the case of mental health. Speculatively, proximity of the peers with similar experience is making them higher in mental health

Determined residents and determined transients, at the same time, have made their own decisions. Determined residents decided to continue at home, even though they had the opportunities to leave home and move to an old age home. Challenges related to old age is there, even though they are living with family. The younger ones at home are from different generations. While comparing with them, the older adults will feel physical infirmity, biological decline, or disabilities (Mishra & Shakraja, 2012) and deteriorations in certain psychological features like the speed of behaviour (Iyer, 2003) during the cognitive tasks of attending, concentrating etc. Comparisons by others, as well as by themselves, in routine activities will lead them to stress, which as per the "Activity Restriction Model of Depression Affect" may bring down mental health (Williamson, 2002). They miss the peers, with similar experiences, which the compelled transients are readily available with. These can be assumed as the causes that made them lesser in mental health when compared to compelled transients.

Further, Qiu, et al. (2010) has noticed that homebound older adults are vulnerable to different types of metabolic and cardiovascular diseases. Such physiological factors also may be contributing to the lower mental health. However, they are better than determined transients in mental health. Even though urbanization has made changes in Indian family systems, the feeling of collectivism still exists. Being at home and with family gives them more confidence

and security. Even though they are alone among a set of youngsters, there may not be a feeling of total isolation. Everybody at home is in one way or other related to them.

Determined-transients are the people who chose to quit home and refuge at old age home. Probably, their leaving of the home is associated with their intolerance of the house hold stressors. They might be experiencing perceived isolation, which is closely related to social disconnectedness and mental health (Cornwell & Waite, 2009). Social disconnectedness could keep them away from the involvement of the peers in the old age home. They would be detached from others, which would, in turn, could have a negative impact on their mental health.

Mental health among the older adults does not differ with respect to their sex difference. Findings suggest that both male and female groups are almost similar in their emotional well being, social well being and psychological well being, as well as, mental health. Findings contrast to the previous assumptions that women are lower in mental health than men (World Health Organization [WHO], 2016). It can be assumed that during older adulthood, both the sexes are equal in their capacity to face the challenges.

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