



Elderly Health and Mental Well-being: Examining the Relationship Between Physical and Psychological Care

Sridevi C M

Assistant Professor, University of Madras/St.Thomas College of Arts and Science, Chennai, Tamil Nadu- 600107, India

Email Id: sridevicm@gmail.com

ABSTRACT

As the number of elderly people in India continues to rise, it is becoming increasingly important to address the linked difficulties of maintaining both physical and psychological well-being. Within the context of India's ageing population, particularly in rural areas, this study investigates the relationship between physical health and mental well-being in senior adults, with a particular emphasis on the specific issues that are experienced by this group. It emphasises the significance of social support in the process of enhancing mental health, with both emotional and instrumental assistance contributing to the reduction of feelings of loneliness, concern, and depression. Additionally, the study underlines the dangers that are posed by social isolation, gender inequities, and restricted access to mental health care. These are all factors that have a disproportionate impact on elderly women, particularly in rural areas. In addition, it highlights the significance of integrated care approaches, which incorporate both physical and psychological health, in order to enhance the outcomes for aged people.

Keywords: *Elderly Health, Mental Well-being, Physical and Psychological Care, Social Support, Aging in India, Geriatric Care, Gender Disparities, Community-Based Interventions*

INTRODUCTION

India's demographic composition includes an ageing population that is projected to rise in the coming years. The domain of geriatric mental health is distinct from other mental health fields due to the special demands of elderly populations, which presents numerous obstacles. These obstacles manifest at all levels of care and therapy, from acknowledging a mental health issue to pursuing assistance and adhering to treatment protocols. The nation has issues such as a shortage of qualified specialists, insufficient geriatric mental health infrastructure, and a lack of financial resources for senior mental health. Mental health issues in the elderly can be precisely diagnosed and efficiently addressed if assistance is sought promptly; yet, there is a mistaken belief that these issues are a natural consequence of ageing. Grover S., 2014 The extraordinary rate of demographic ageing presents a significant public health concern for geriatric mental health in India. (De Sousa & Lodha, 2018).

The term "ageing" describes the gradual but inevitable changes that take place in a person's biology as they grow older. According to Thadathil et al. (2015), another way to look at ageing is as a mental condition that has nothing to do with how old you are physically. Dependence on others grows as people age because they give up some control over their lives. Şahin et al. (2019) noted that a significant social risk factor in old age is the decline in social interactions caused by less participation in social activities. Because there is a lack of comprehensive research on the topic of social support and QOL in the elderly, this study was motivated by the need to fill that gap in the existing literature.

Any kind of help a person gets from other people, whether practical or emotional, is considered social support. Anything that helps a person feel good about themselves is considered "emotional support," and that includes caring, love, and tenderness. Examples of concrete forms of aid include child care, housekeeping, and transportation. According to Charles and Kulandai (2020), having a large social support system is essential for leading a long and healthy life. People, being social beings, rely on the material and immaterial support of others to cultivate a feeling of belonging and connection through various forms of communication. Those who have lived a long life will inevitably face the social and emotional challenges that come with old age, which is more than just a biological phase. A social dimension emerges in this setting when some elderly people rely on others for help due to complex health conditions. Anxiety, despair, loneliness, and a generalised feeling of hopelessness brought on by health issues or the death of a spouse or loved ones are exacerbated by



this reliance, leading to a decrease in the quality of life for the elderly. When all of these worries add up, it lowers the standard of living for the elderly.

The Demography of Aging in India

India's population is at 1.31 billion, making it the second largest in the world and accounting for 17% of the worldwide population. The growth rate of those aged 60 and above is currently thrice that of the whole population (Pti, 2024). Significant progress in medicine, public health, nutrition, and sanitation has resulted in substantial populations reaching advanced age. The disparity in percentage share of the ageing population between rural and urban areas has led to a greater proportion of elderly persons living in rural regions. The elderly population exceeds 100 million, with forecasts estimating it would reach 324 million, representing 20% of the overall population, by 2050 (Nichols et al., 2022). In extensive epidemiological research, women have exhibited a greater prevalence of mental health difficulties compared to men, maybe attributable to inherent biological and societal risk factors. Older women are more susceptible to social insecurity, health issues, and heightened emotional and financial vulnerabilities (Singh A, 2014). Reduced educational attainment is correlated with elevated dementia rates, particularly among females. As previously stated, the majority of the elderly reside in rural regions and may possess limited educational attainment. The growing elderly population in India, together with socioeconomic considerations, presents a problem for geriatric mental health.

OBJECTIVES

The main objective of the current study is to explore the relationship between physical and psychological care in the elderly, and how these factors collectively influence their overall health and mental well-being.

LITERATURE REVIEW

Using the Psychological Well-Being Scale developed by Sisodia and Choudhary, Tandon (2017) aimed to assess the mental health of older adults. The results showed a significant difference in mental health between individuals living in family homes and those dwelling in nursing facilities. Emotional regulation acts as a buffer for subjective well-being, according to research by Yadav and Chanana (2018), who also looked into the relationship between the two. In their study of elderly Taiwanese people, Salman and Lee (2019) looked at how “depression, spiritual well-being, and self-perceived health” were all connected. They found that spiritual well-being mediated the relationship between depression and health, positively correlating with self-perceived health and negatively with depression. Active older adults demonstrated greater emotional and spiritual wellness than sedentary older adults during the COVID-19 pandemic, according to research by Dehghanpour et al. (2021). When looking at the early effects of the COVID-19 pandemic on happiness, Kivi et al. (2021) found that people were happier when they were less socially isolated and more anxious about society as a whole. There are significant differences in emotional well-being depending on where an individual resides, according to research by S and PC (2023) that contrasted institutionalised home contexts to family environments.

RESULTS AND DISCUSSION

Social Factors that Play a Role in Geriatric Mental Health Problems

The mental health of older persons is affected by a complex interaction of social, psychological, and biological factors that may change over time. In addition to common life stressors, numerous elderly adults have difficulties such as restricted mobility, chronic pain, frailty, and various physical or mental health conditions that impede their capacity for independent living. Moreover, older persons are more susceptible to age-specific life events, like bereavement, retirement, or infirmities. In India, various socioeconomic variables intensify these issues for the ageing demographic. Approximately 80% of older persons reside in rural locations, hindering their access to healthcare and other services. Moreover, quite a minor percentage (2.76 million out of 28 million) of the elderly obtain government pension payments, predominantly benefiting urban demographics. Women constitute 51% of the old population, encountering distinct obstacles, while the rising number of individuals aged over 80 intensifies systemic pressures. Approximately 30% of the elderly reside beneath the poverty threshold, exacerbating their challenges (Reynolds et al., 2022).

Social determinants of health, encompassing non-medical factors like nutrition, education, work, and housing conditions, profoundly affect health outcomes and contribute to health disparities. Older adults with mental health disorders are particularly impacted by these determinants, which can be classified into three categories: general social determinants,



including stigma surrounding mental illness and healthcare disparities; specific mental health-related factors, such as societal perceptions of ageing and inadequate justice systems; and age-related challenges, including ageism, workforce shortages, and social isolation.

Beneficial social determinants such as knowledge, resilience, purpose in life, and community involvement significantly contribute to the well-being of older persons. It is essential to address these determinants at both the individual and community levels to prevent mental diseases and enhance general well-being (Alegria et al., 2018). Ageism, characterised by prejudices and discrimination related to age, imposes considerable obstacles to mental health, frequently resulting in diminished self-perception among the aged and exacerbating adverse health consequences. Likewise, the stigma surrounding mental illness in older persons, including the marginalisation of dementia patients, intensifies mental health issues. The deficiency of healthcare personnel specialised in geriatric care, along with the escalating caregiving responsibilities imposed on family members, exacerbates the situation. Loneliness and social isolation, common among older persons, are associated with significant health problems, such as depression, anxiety, and physical deterioration, with repercussions comparable to smoking or obesity. Nevertheless, attributes such as wisdom and resilience—qualities that often enhance with age—can alleviate the impacts of loneliness and promote improved mental health. Interventions designed to enhance these attributes, including the promotion of intergenerational connections and the provision of psychosocial support, demonstrate potential in alleviating isolation and raising quality of life. Furthermore, the significance of meaning in life, linked to improved health outcomes and suicide prevention, is especially crucial in advanced age. Life review therapy programs, which promote reflection on an individual's life experience, can enhance mental health and life happiness. Community engagement efforts, such as age-friendly communities and compassionate cities, offer significant social support and improve mental health by promoting inclusion, involvement, and leadership possibilities for older persons (Kang & Kim, 2022).

These social concerns exacerbate psychological anguish and present considerable impediments for senior mental health care providers, who frequently lack the resources to tackle these overarching social issues within mental health services.

Rehabilitation Facilities for the Elderly and Interventions in Oldage Homes

Shifting family dynamics, economic strains on children, and rising neglect and abuse have resulted in the deterioration of conventional familial care for the elderly. For individuals experiencing isolation, health issues, despair, or loneliness, senior living facilities might provide a feasible remedy. In India, four primary resources for geriatric mental health include state-funded government psychiatric hospitals and nursing homes, private psychiatric hospitals, non-governmental organisations (NGOs), and informal family carers. Considering that family members frequently serve as the principal and most accessible carers, India could advantageously implement training programs for these individuals, representing a more economical alternative to residential care. The state and federal governments presently allocate insufficient funding for day care centres and respite care, and there is a significant deficiency in home-based rehabilitation treatments to mitigate carer strain (Dubey et al., 2011).

Diverse modalities of early intervention could be more extensively utilised in India. Community-based therapies are essential as they enhance the subjective well-being and autonomy of the aged, while developing cost-effective programs is a difficulty. Outpatient clinics, especially those with both internists and psychiatrists, offer crucial screening and follow-up for mobile geriatric patients, while memory clinics serve as a significant resource for individuals experiencing early memory problems. Domiciliary visits by community psychiatric nurses facilitate the integration of primary care and specialist services, thereby decreasing hospital admissions and enhancing home care delivery. Geriatric day care services, provided by select NGOs and state governments, deliver diagnostic and ongoing care for patients with functional or organic illnesses, as well as support for their families. Nonetheless, explicit criteria for referral have yet to be defined.

Residential care and nursing facilities accommodate elderly adults with substantial medical requirements, encompassing cognitive deficits, melancholy, and behavioural issues. The quality of medical care in these environments is frequently subpar; nevertheless, training for care assistants and nurses may enhance residents' functional capabilities. Hospital care, encompassing both acute and long-term services, is crucial for managing serious mental health disorders; nevertheless, deficiencies persist in the provision of specialised wards and care units for the elderly demographic in India. Respite care enables carers to rest while guaranteeing that the elderly receive adequate care, demonstrating a reduction in familial stress and an enhancement in the general well-being of both the elderly and their carers. Home-based care, predominantly administered by family members, remains the favoured choice for several elderly folks in India. Nonetheless, elements including urbanisation, migration, and alterations in family dynamics—particularly the reduction of joint families—present obstacles to the accessibility of family carers (Eastwood PE et al, 2023).

The disintegration of conventional family structures, especially within a patriarchal society, has led to heightened pressure on female carers, typically daughters-in-law, who are anticipated to undertake complete responsibility for the care of elderly relatives. More extensive homes are generally linked to less carer strain; yet, even voluntary caregiving may adversely



impact the caregiver's emotional and physical well-being. Geriatric individuals with serious mental problems, particularly those with psychosis, necessitate continuous care, so imposing extra strain on carers. Research indicates that family carers of individuals with Alzheimer's disease or analogous diseases frequently endure considerable psychological anguish, particularly when they lack comprehension of the behavioural and psychiatric manifestations of dementia. This ignorance may result in blame and allegations of insufficient care, hence intensifying the carers' distress. Despite the pressing demand for community-based services to assist carers, such resources are nearly absent in India, resulting in a lack of assistance for both the elderly and their carers. The deficiency of community-based mental health services poses a significant obstacle to geriatric care in India, impeding access to suitable care for the old and elevating the risk of mental health issues for both seniors and their carers. The rehabilitation of older adults, particularly those residing in old age homes, continues to pose a considerable problem in tackling geriatric mental health in India (De Sousa & Lodha, 2018).

Medical Illnesses in the Elderly Affected by Psychological Problems

Geriatric patients frequently suffer from many health issues, encompassing both physical (sensory, musculoskeletal) and psychiatric disorders, with certain medical ailments manifesting psychological symptoms, or conversely. The significant incidence of comorbid disorders underscores the robust relationship between physical and mental health, necessitating a holistic approach to care. In later age, emphasis should transition from curative treatments to rehabilitative strategies designed to enhance functionality and reduce preventable handicap, especially in conditions such as dementia and depression.

Distinguishing between psychiatric diseases and symptoms resulting from underlying medical conditions can be difficult, as numerous medical conditions may present atypically and resemble psychiatric disorders. Misdiagnosis may result in significant morbidity and mortality, particularly when organic reasons are neglected in favour of mental intervention. Psychiatrists must possess a comprehensive awareness of medical issues alongside proficiency in psychiatric disorders to prevent diagnostic ambiguity. A collaborative approach among psychiatrists and other medical providers is essential for treating overlapping diagnoses, managing drug interactions, and delivering appropriate geriatric care. Effective management of concurrent physical and psychological conditions necessitates proficient interaction and collaboration among healthcare teams (Reynolds et al., 2022).

Findings

The study found several critical conclusions about physical and psychological care in aged people, notably in India's geriatric population. It stresses the importance of emotional and instrumental social support in mental health, minimising isolation and anxiety. Social isolation increases the chances of depression and purposelessness. Women, especially in rural regions, have significant mental health concerns due to caregiving, financial hardship, and chronic health issues. Lack of mental health services, especially in rural regions, hinders treatment. The study also shows that chronic diseases often worsen psychological suffering, highlighting the need for integrated care. Career strain, especially among women, and resource shortages harm older well-being. Effective community-based interventions and old age home rehabilitation initiatives may improve elderly mental health. However, stigma, ageism, and a lack of educated personnel prevent proper care, stressing the need for holistic, accessible, and integrated senior care systems.

Limitations

The research possesses multiple limitations that must be acknowledged while analysing its results. The geographical emphasis on the geriatric demographic in India, especially in rural locales, suggests that the findings may not accurately represent the experiences of senior folks in metropolitan environments or in nations with distinct healthcare systems and social frameworks. Furthermore, the study's limited sample size constrains the applicability of the results. Extensive research is essential to corroborate these findings and offer a more thorough comprehension of the difficulties encountered by ageing populations. Moreover, data collection presented difficulties, especially with senior adults exhibiting cognitive deficits, as acquiring precise and thorough data can be challenging. A significant portion of the data gathered was self-reported, potentially introducing bias and compromising the credibility of the findings.

CONCLUSION

The research underscores the necessity for a holistic, integrated strategy for geriatric care that encompasses both physical and psychological requirements. Social support, gender-sensitive treatment, and enhanced access to healthcare services are essential for improving the mental well-being of elderly adults in India. Policymakers and healthcare providers must prioritise the establishment of geriatric mental health infrastructure, carer training, and community-based initiatives to



enable the senior population to lead fulfilling, healthy lives. Mitigating the obstacles of stigma, ageism, and the deficiency of mental health practitioners will be crucial for enhancing the overall quality of life for the aged.

REFERENCES

1. Alegría, M., NeMoyer, A., Bagué, I. F., Wang, Y., & Alvarez, K. (2018). Social determinants of mental health: Where we are and where we need to go. *Current Psychiatry Reports*, 20(11). <https://doi.org/10.1007/s11920-018-0969-9>
2. Charles, S., & Kulandai, A. (2020). Perceived social support and quality of life of pensioners. *Journal of Xi'an University of Architecture and Technology*, 7(3), 1153-1165.
3. De Sousa, A., & Lodha, P. (2018). Geriatric mental health: The challenges for India. *Journal of Geriatric Mental Health*, 5(1), 16. https://doi.org/10.4103/jgmh.jgmh_34_17
4. Dehghanpouri, Ebrahimi, Donyapour and Mokaberian (2021). The old adults' emotional wellness and spiritual well-being with an emphasis on physical activity during COVID-19 pandemic. *Iran J Health Sci*, 9(4), 20-34.
5. Dubey, A., Bhasin, S., Gupta, N., & Sharma, N. (2011). A study of elderly living in old age home and within family set-up in Jammu. *Studies on Home and Community Science*, 5(2), 93-98. <https://doi.org/10.1080/09737189.2011.11885333>
6. Eastwood PE et al (2023) Depression in care home residents: strategies for reducing the risk. *Nursing Times* [online]; 119: 5.
7. Grover S. (2014) Future of psychiatry in India: Geriatric psychiatry, a specialty to watch out for. *J Geriatr Ment Health*, 1:1-5
8. Kang, H., & Kim, H. (2022). Ageism and Psychological Well-Being among Older Adults: A Systematic review. *Gerontology and Geriatric Medicine*, 8, 233372142210870. <https://doi.org/10.1177/23337214221087023>
9. Kivi, Hansson and Bjälkebring (2021). Older adults' well-being during the COVID-19 pandemic in a Swedish longitudinal study. *Journal of Gerontology: PSYCHOLOGICAL SCIENCES*, 76 (2), 1-6.
10. Reynolds, C. F., Jeste, D. V., Sachdev, P. S., & Blazer, D. G. (2022). Mental health care for older adults: recent advances and new directions in clinical practice and research. *World Psychiatry*, 21(3), 336-363. <https://doi.org/10.1002/wps.20996>
11. Reynolds, C. F., Jeste, D. V., Sachdev, P. S., & Blazer, D. G. (2022). Mental health care for older adults: recent advances and new directions in clinical practice and research. *World Psychiatry*, 21(3), 336-363. <https://doi.org/10.1002/wps.20996>
12. S and PC (2023). Emotional wellbeing among elderly living in institutionalized home and non-institutionalized home. *Acta Neurophysiologica*, 4 (3), 1-3.
13. Şahin, D.S., Özer, Ö., & Yanardağ, M.Z. (2019). Perceived social support, quality of life, and satisfaction with life in elderly people. *Educational Gerontology*, 45(1):69-77. <https://doi.org/10.1080/03601277.2019.1585065>
14. Salman and Lee (2019). Spiritual practices and effects of spiritual well-being and depression on elders' self-perceived health. *Applied nursing research*, 48, 68-74.
15. Singh A, Pradhan SK (2014). Menopausal symptoms of postmenopausal women in a rural community of Delhi, India: A cross-sectional study. *J Midlife Health*. 5:62-7.
16. Tandon (2017). A study on psychological well-being among elderly. *International Journal of Home Science*, 3(1), 1-3.
17. Thadathil, S.E., Jose, R., & Varghese, S. (2015). Assessment of domain-wise quality of life among elderly population using WHO-BREF scale and its determinants in a rural setting of Kerala. *Int J Curr Med Appl Sci*, 7(1):43-46.
18. Yadav and Chanana (2018). Emotional regulations and well-being among elderly. *International journal of scientific and research publications*, 8(2), 1-5.
19. Pti. (2024, July 12). *India's population to peak in early 2060s to 1.7 billion before declining: United Nations*. The Hindu. <https://www.thehindu.com/news/national/indias-population-to-peak-in-early-2060s-to-17-billion-before-declining-united-nations/article68395623.ece>
20. Nichols, E., Steinmetz, J. D., Vollset, S. E., Fukutaki, K., Chalek, J., Abd-Allah, F., Abdoli, A., Abualhasan, A., Abu-Gharbieh, E., Akram, T. T., Hamad, H. A., Alahdab, F., Alanezi, F. M., Alipour, V., Almustanyir, S., Amu, H., Ansari, I., Arabloo, J., Ashraf, T., . . . Vos, T. (2022). Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease Study 2019. *The Lancet Public Health*, 7(2), e105-e125. [https://doi.org/10.1016/s2468-2667\(21\)00249-8](https://doi.org/10.1016/s2468-2667(21)00249-8)