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**Research Paper**

# The mental health needs and social response of older people in a suburban community: a research with a mixed approach

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***Course objective:*** *To carry out a diagnosis of mental health care needs in older people with cognitive and psycho-affective disorders; that generates guidelines to design a community care model.* ***Methodology:*** *A non-experimental, descriptive and correlational research method is used, with a cross-sectional scope and a mixed approach. The variables studied are: depression, age and cognitive alterations. The Minimental Folstein test and the Yesavage test were applied to a sample of 142 elderly people from the community of Lerma, Campeche. Similarly, a semi-structured interview was conducted with 7 informants who experienced both alterations.* ***Results:*** *Older people who participated in the research present mild stage depression and mild cognitive impairment. The five-year age in which these conditions occur most is between 60 and 65 years. Depression and age are risk factors for the individual to experience cognitive alterations. The main causes that promote these alterations are: family dynamics, the lack of social policies for the protection of old age and the shortage of specialized personnel for psychogerontological care at the first level of care and in the community.* ***Conclusion:*** *A community care model is designed for the prevention of cognitive and psycho-affective disorders. In such a way, that it contributes to improving the mental health of the elderly in the community.*
***Keywords:*** *Diagnosis of mental health care needs; community care model; old people; Campeche.*

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## I. INTRODUCTION

Currently there is a worldwide increase in the population of older people. All of this is configured in longer-lived societies; It is projected that by the year 2050, there will be a figure of 2 billion individuals in this age group. In this sense, in the state of Campeche there is a figure of 67,879 older people. Same, which will increase in the next few years to 86,600. Depression and dementia are diseases that impact the mental health of the gerontological subject, the family and the health services. For this reason, it is necessary to identify the mental health needs experienced by this age group, to generate guidelines that allow the design of a community care model that helps prevent cognitive and psycho-affective alterations that put their quality of life at risk.

Mexico is a country that is no longer young since projections made indicated that the demographic interest in the aging population comes from the fact that it is increasing both in relative and absolute numbers, and the changes in social organization will be large (1 ). Figures from the Pan American Health Organization (2) indicate that the world is undergoing a demographic transformation: by 2050, the number of people over 60 will increase from 600 million to 2 billion, and the percentage of people from 60 years or more to double, going from 10% to 21%. The increase will be greater and faster in developing countries, where the elderly population is expected to multiply by four in the next 50 years (3).

According to data from PAHO (4), it is estimated that around 15% of older adults at the international level suffer from a mental disorder; being dementia and depression the most common. In this sense, it refers that older adults can suffer from mental disorders that must be known, since more than 20% suffer from a neuropsychiatric disorder such as the aforementioned pathologies (5). Thus, both clinical manifestations primarily require family attention, care and support in order to guarantee the well-being of this age group.

However, the WHO (6) recognized the lack of investment in mental health care by governments. For this reason, from scientific research it is essential to design actions that promote psychogerontological research.

That said, it is necessary to emphasize that depression and cognitive disorders are not situations typical of old age. However, social determinants are influencing factors in the appearance of signs such as sadness, hopelessness, and psychosomatic disorders. As well as, alterations in attention, memory, calculation, language and executive functions; that could be associated with dementia and depression. For this reason, proper assessment by specialized mental health personnel and from an interdisciplinary approach is necessary.

## II. MATERIALS AND METHODS

The study was carried out with a mixed methodology using a non-experimental, descriptive, correlational and cross-sectional research design. In this sense, it was divided into two phases. The first quantitative phase consisted of identifying the number of older people living in the Lerma community. In such a way, that, by means of a statistical equation for population proportions, a sample of 142 study subjects from a universe of 900 was determined. After that, the Minimental instruments of Folstein and Yesavage were applied to identify risk factors for suffering alterations. Cognitive and psycho-affective. Similarly, through snowball sampling, older people who decided to participate in the research and who met the inclusion criteria, such as experiencing signs and symptoms of depression and memory problems, were integrated. Given this, the hypothesis was established stating that depressive symptoms in the old age stage and chronological age are factors that influence the appearance of cognitive alterations that could become a major cognitive disorder. On the other hand, in the second phase with qualitative orientation, a semi-structured interview script was designed that aimed to make a diagnosis of the needs for mental health care in 7 informants who experienced both clinical manifestations, using two dimensions: access to health and quality of life. The information collected was processed using statistical software for the social sciences (SPSS) and discourse analysis.

## III. RESULTS

**Quantitative research phase**

The Folstein and Yesavage Minimental instruments were applied to a total of 142 participants and divided by five-year age (Table 1). The female gender had a greater participation in the research with 63.8%. On the other hand, the prevalence of mild stage depression and mild cognitive impairment are the clinical conditions that were identified in the study subjects in 16.20% and 20.42% respectively (Table 2). In this sense, the correlation between depression, cognitive impairment and age was studied using a simple linear regression model, obtaining that depression in the stage of old age and at older age increases the incidence of suffering disorders by 0.45%. Cognitive (Table 3). Older people reported never having received an assessment that allowed them to know their degree of depression and memory disturbances.

**TABLE 1. Population of n = 142 older people in the community of Lerma, Campeche divided by five-year periods and more**

| Ages per quinquennium | | Frequency | Percentage | Valid percentage | Accumulated percentage |
|---|---|---|---|---|---|
| Valid | 60 to 65 years | 68 | 47,9 | 47,9 | 47,9 |
| | 66 to 70 years | 26 | 18,3 | 18,3 | 66,2 |
| | 71 to 75 years | 21 | 14,8 | 14,8 | 81,0 |
| | 76 to 80 years | 11 | 7,7 | 7,7 | 88,7 |
| | 81 to 85 years | 8 | 5,6 | 5,6 | 94,4 |
| | 86 and more | 8 | 5,6 | 5,6 | 100,0 |
| | Total | 142 | 100,0 | 100,0 | |

***Source:*** *own elaboration based on results.*

**TABLE 2. Prevalence of mild stage depression and mild cognitive impairment in n = 142 older people studied**

| Mental health disorders | Level | Percentage |
|---|---|---|
| Depression | Mild | 16.20% |
| | Established | 6.34% |
| | Risk free | 77.46% |
| cognitive impairment | Mild cognitive impairment | 20.42% |
| | Suspicion of cognitive impairment | 2.82% |
| | Dementia | 1.41% |
| | No memory disturbances | 75.35% |

***Source:*** *own elaboration based on results.*

**TABLE 3. Simple linear regression model for the correlation of depression, age and cognitive impairment variables in n = 142 informants**.

| cognitive impairment | Coefficient | Std. Error. | t | p >I t I | 95% Confidence | Interval |
|---|---|---|---|---|---|---|
| Depression | **.4493366** | .1102111 | 4.08 | **0.000** | .2314297 | .6672435 |
| Age | **.0394433** | .0078244 | 5.04 | **0.000** | .0239731 | .0549134 |
| Constant | -1.810397 | .5374115 | -3.37 | 0.001 | -2.872955 | -.7478393 |

***Source:*** *own elaboration based on results.*

**Qualitative research phase**

A semi-structured interview script was designed based on two dimensions: mental health care and quality of life. For this purpose, it was applied to 7 informants detected with cognitive and psycho-affective alterations. In this sense, the information analysis subcategories were divided into: health self-care, community participation, socioeconomic profile, health promotion, and lifestyles. In such a way, that the results were the following:

Health self-care

Health self-care must be made up of a series of strategies whose main goal is the integral well-being in the daily life of an individual (7). For this reason, they were questioned about those strategies for health self-care, to which they answered the following:

- "Well, I am distracted by sweeping the patio, making food and sometimes I go to church on Sundays"
- "Almost none, right now with my operation it is difficult for me to do things"
- "This last time I went to have my tests done [two months], but right now I don't know why I haven't been to the doctor, I have them, but I haven't been able to go"
- "Well, I think I'm fine like this for now, when I get older ... older [Older] if I'm going to ask for help [laughs]"
- "Well, I turn to my god Jehovah, I ask him in prayer and I think that he gives me strength and gives me more encouragement so that I can move forward"
- "I don't leave my house because I don't have money to pay for a doctor"
- "Before the health center was close to me and I went regularly, since they passed it back [where the community ends] it is already difficult for me to go.

It was identified that the informants do not adopt strategic measures for self-care of their health. In this sense, religious beliefs and social paternalism represent a viable alternative for them.

**Community participation**

Encouraging social and recreational activities in older people allows them to stay useful, develop interests and life plans, as well as preserve psychomotor and cognitive skills that promote well-being and personal satisfaction (8). The older people interviewed stated that they had little participation with these activities as mentioned below:

- "No, I don't like any of that"
- "Well… when there are here at the police station to make [handicraft gestures] crafts…. Well I'm going. And when doctors come, then I go "

- "They invite you to the activities, but they don't come back; because there is no one who has a group that is leading and everything, they invite you and if you want, see if not too "
- "[Head shake and denial sounds] mmm [pensive], no. "I don't leave my house because I don't have money to pay for a doctor"
- "They only come to carry out activities when they ask for the vote [anger]"
- "These types of activities are hardly carried out in the town, the people are short [problematic] later and that's why I'm better off in my little house [home]"
- "The commissioner does good things but people do not respond from the heart [with good intentions] towards what he does"

There is a lack of management for leisure and free time activities that in turn allow the development of social and health promotion strategies to benefit the integration and community participation of the elderly.

**Socioeconomic profile**

The economic environment and social exclusion are risk factors that affect poverty, financial instability and the economic dependence of older adults on their relatives (9). In such a way, that this is aggravated for those elderly people who do not have social security, as a consequence of not having had a formal work activity that allows them to retire.

Given the following factors described in the previous paragraph, in the interviews carried out with the informants it was possible to identify the presence of said problem and that older adults express as follows:

- "I'm not going to tell you that I earn a lot of money, but at least there is something to buy"
- "Sometimes my daughter gives me fifty [pesos] When she has a little more she gives me more"
- "Well, I've been insured since I started working from here to there with Elsa María, [Lerma's policy in the 80's]"
- "I am not the one to ask, I don't like to ask, even if I need things, I don't ask anyone for anything"
- "I regret not having looked for a shanty [work occupation] at the time, now I have to live off what my children sometimes give me, I can't ask them either because they don't have enough wool [money]"
- "He helped me with the SEDESOL program [social development program], however, this is not enough and more than that my old [husband] does not work and we take care of the grandchildren"

- "My children sometimes give me money, sometimes not, they are shrimp farmers and when they get off the boat they come to see me [visit]"

Occupation, economic income and social inclusion, as priority issues when designing policies that allow promoting the rights of the elderly for social development that allows them to have access to greater employment and self-employment opportunities.

**Health promotion**

The goal of health promotion is for individuals to have better control of their own health (10). In this sense, it encompasses a series of social and environmental interventions focused on protecting the health and quality of life of the population. The informants stated that they did not know the meaning of health promotion and did not receive them often in the community:

- "Well, let them visit me to be in good health"
- "Well, let them care more about us as in other towns"
- "In Lerma there are those courses that are going to invite you if you want to go do this and do the other one and there in the police station, there it is"
- "I would like those services, [health] to go out and live with others"
- "Maybe if they made groups for the old people [older people] we would not have sadness nor would our heads fail [memory problems]"
- "The activities that must be carried out in the community must be aimed at everyone and not just for the compiches [people closest to the commissioner]"
- "They used to make them a long time ago, now they abandoned us"

Health promotion not only guarantees the participation of a population in the adoption of healthier lifestyles, but it is also a public health alternative that promotes the prevention of diseases and health disorders that generate considerable expenses for the governments.

**Lifestyles**

Lifestyle is a construction that is equivalent to understanding an individual's way of life (11). This way of living is associated with customs, behavior, environment and interpersonal relationships.

For this purpose, we proceeded to learn about the lifestyles of the elderly people interviewed. With this, aspects that could be involved with depression and memory disorders were identified, for which they answered the following statements:

- "As they are relaxing [Children] and they are stupid [drunk] they start to tell me about things and I'm better in the yard [anxiety] and I don't even pay attention to them. They start talking [talking a lot] with my husband and I better tell him to leave him alone. My husband says that so that he is going to equalize [that there is no point putting himself on the level of his children in the conflict], that we leave them and that they continue talking. All this makes me feel sad and sometimes I forget things "
- "Sometimes I don't want to live anymore, from that day on I don't care about life and sometimes I would like to take me [expression of discouragement] but I say [crying] maybe my God doesn't want to take me yet, but pffff [thoughtful] from that I've been getting sick, what about the heart, what about the sight, what the ears and currently the knee "
- "It happens to me now that I forget things, I am already very slow, my feet hurt a lot and it is no longer the same, you change your rhythm of life"
- "Well, here, we are not going to introduce religions, see, I don't know, but, I entrust myself a lot to God, he always helps me, he is the one who entrusts everything that happens to me, I feel that joy that he gives me ".
- "Sometimes I no longer want to live, I feel that I am no longer useful for my family"
- "From time to time I forget to eat, is that most of the time I am alone and there is no point in trying to make food if no one comes to visit [crying]"
- "God gives me the strength to get ahead, but sometimes I don't feel like continuing to fight, I think I have depression"

It was identified that the risk of experiencing memory disorders and depression by older people is due to social determinants such as lack of resources, social isolation and lack of health services; that put the quality of life of this sector of the population at risk.

## IV. DISCUSSION

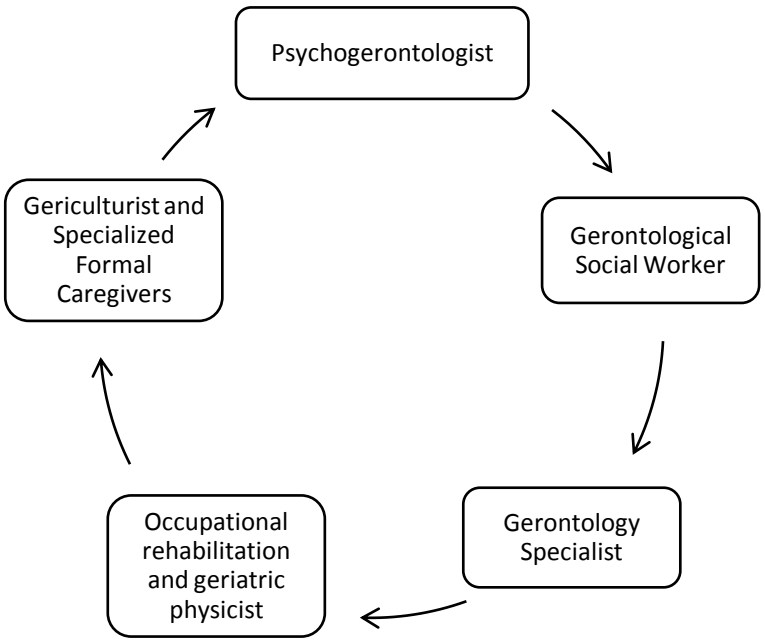
From the results obtained, it can be deduced that mild depression is the most prevalent in older adults of all ages. Similarly, it can be seen that the youngest informants were the ones who most presented this pathological condition. That is why depression is a risk factor for the development of cognitive problems such as dementia (12). In such a way, that this problem is intensified if the elderly person does not have an

occupation that allows them to have sufficient resources to be independent and maintain a stable socioeconomic profile.

Older people state that social health care services should be offered in the community that are within their reach; this with the aim of being involved in activities to strengthen memory and minimize the ravages of depression. In such a way, they feel confident that governments design social policies that involve hiring specialists for their care and attention; In addition to improving the current health infrastructure to implement better models of social and health care aimed at promoting health self-care, promotion and education for health and healthy lifestyles that guarantee a more dignified life for the people of the senior citizens.

That said, a community care model is designed for the prevention of mental health disorders in older people. In such a way, that from an interdisciplinary professional action framework (Figure 1) the gerontological subject, their relatives and the population in general are approached; in order to adopt healthier lifestyles that help prevent risk factors for experiencing cognitive and psycho-affective disorders.

**FIGURE 1. The specialized team for the interdisciplinary approach to the mental health of the elderly in the community**




***Source:*** *own elaboration.*

The practice of psychogerontology constitutes a current challenge for society and national and international public health systems. In such a way, it is necessary to define psychogerontology as that interdisciplinary field between gerontology and psychology; where strategies for the promotion, prevention and rehabilitation of mental health in the elderly are used. All this, applied in the first level health care units and the community.

The essential function of psychogerontological intervention is to carry out an ideal promotion of the cognitive health and emotional well-being of the individual during the aging process (13). Similarly, this intervention must consider the caregiver, the family and the context in which they are found.

In this sense, to carry out an effective psychogerontological intervention it is necessary to establish critical reasoning based on issues that impact the elderly, the caregiver, the family and society. Topics such as: sexuality in old age, the stereotype that exists between old age as a synonym of disease, the inability of the gerontological subject to acquire new learning and detachment from family and society (14) can be addressed.

For this reason, the guidelines that govern the psychogerontological care model for the prevention of cognitive and psychoaffective disorders are established based on the application of psychogerontological praxis in the first level of care and in the community; considering the needs for mental health care identified in the elderly in the community of Lerma, Campeche.

The ten key guidelines to be implemented by the interdisciplinary team for mental health care in old age in the community are the following:

1. Respect and communication between the interdisciplinary team and avoid any act of professional intrusion;
2. Promote the adaptation of the interdisciplinary team to the psychodynamics, culture, customs and knowledge of the habits of the population. In such a way, that there is effective communication between professionals and the community;
3. Reinforce the self-knowledge of the elderly person, promoting the improvement of self-esteem and strengthening identity;
4. Establish mutual aid groups and incorporate older people into these groups. In such a way, that they fulfill a specific function and carry out activities that promote psycho-affective well-being;
5. Prioritize that the activities to be carried out in the community contemplate the participation of the family and establish intergenerational spaces;
6. Apply in each intervention with the elderly, group dynamics that strengthen cognitive capacities to improve attention, orientation, calculation, memory and viso-constructive skills;
7. Encourage older people to participate in decision-making within society. To do this, it is necessary to ensure that they know their rights and obligations. In addition, to meet the political leaders that your community has;
8. Manage socio-cultural events and guided visits to recreation, leisure and free time spaces as a strategy for the inclusion of the elderly in society;
9. Evaluate and propose interventions based on the evidence obtained from the application of the psychogerontological care model and the updated scientific literature;
10. Inform the community about the progress and achievements obtained from the application of the psychogerontological care model.

## V. CONCLUSIONS

With the design of a community care model for the prevention of mental health disorders in older people in the community of Lerma, Campeche, the importance of forming interdisciplinary teams trained to care for these clinical manifestations from the prevention of health highlights. . For this reason, health promotion and education represent essential pillars of public health with a view to improving the quality of life of this sector of the population. Finally, there is still much to do with mental health in old age. For this reason, this model offers the guidelines for its implementation, evaluation of results and development of research protocols on the subject.

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