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A Study on Trends of Mental illness and Level of Disability among the Elderly Patients in an Area of Kolkata

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Abstract: ***The present study aimed to explore the trends of mental illness and level of disability among the elderly patients in an area of Calcutta. Accordingly, data had collected from purposively selected sample of 20 elderly (10 Pre senile, 50% and 10 Senile, 50%) patients. The psychiatric case history report and specially designed interview responses of patients were gathered to analyze the level of mental illness and disabilities. Both qualitative and quantitative techniques were used for treatment of data. Interpreted results highlighted that depression and dementia are the common symptoms of mental illness of the elderly population. Besides, severity of symptoms and pattern of disability indicated variation in terms of stage of old age (Pre senile and senile).***

Keywords: Mental Illness, Disability, Elderly Patient, Pre senile and Senile

1. Introduction

1.1. Background of the study

Ageing is an universal phenomenon. Human development shows the series of changes that an individual's characteristically show as they progress in time towards maturity (infancy to old age). In other culture ageing as seen as negative but an awareness awaking now that the stereo types of old age are no rooted, however it may be in the air.

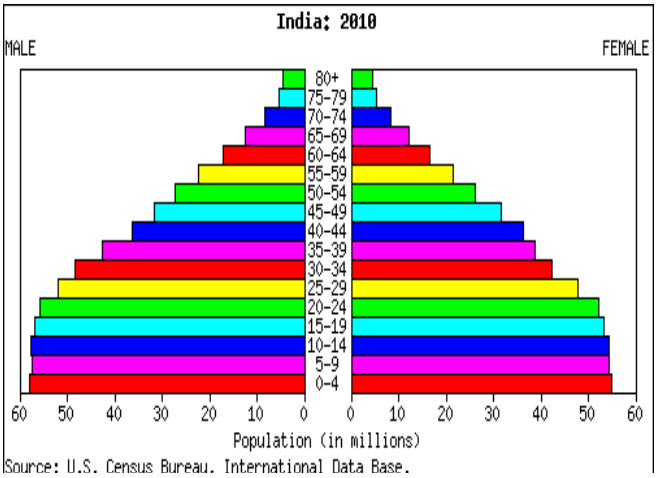
A surprisingly large number of these oldest citizens need little medical care, but many do have health problems. Nationally among 10 % are disabled and isolated, unable even to use public transportation (Longino, 1987-1988). Various studies reveal that the geriatric population suffers from various psychological and social problems as well as physical health problems.

It is recently, that the geriatric population attending psychiatric clinics and hospitals in India have started to increase and started to reflects variety of problems, unknown before us. It is being realized how vast a geriatric population suffers from depression, dementia, anxiety, ideas of reference, loneliness, low self esteem, insecurity, etc. and disability (functional disability / disabilitydue to old age).

The family structure is changing in India and degeneration of our social and moral values lead adverse affects on the mental health of the elderly people.

Demographic Issues
Demographic studies show that Asian nations have a large population of elderly citizens. By 2050 average global life expectancy will rise to seventy-six (76) years and one in five persons worldwide will be over 60 years of age (American Association of Retired Persons, sep-2003).

The following table shows the population of India up to 80+years in the year 2010. The 80+ male & female population crossed 10 million.



According to Population Census 2011, there are nearly 104 million elderly persons in India; 53 million females and 51 million males. It is interesting to note that up to Population Census 1991, the number of elderly males exceeded the number of females. In the last two decades, however, the trend has been reversed and the elderly females outnumbered the elderly males. (Source: Ministry of Statistics & Programme Implementation, Govt.of India)

1.2. Literature Survey

A) Elderly person
When a man reaches the age of sixty, society considered as 'Old' or 'Aged' or 'Elderly'. At the age of 60 they are considered for superannuated from formal job, but they can

enjoy family life with the money comes either as pension or as returns of savings.

Ageing is a process of maturation and it is associated with the complex biological, sociological and psychological changes. The onset of senescence – the period of life span marked by declines in body functioning associated with ageing. Late adult hood is the developmental stage during which people clarify and find use for what they have learnt over the years.

This is the stage of crisis – 8 'Integrity vs despair' of Erik Erikson. He sees older people as confronting a need accept their lives- how they have lived – in order to accept their approaching death. They struggle to achieve a sense of integrity of the coherence and wholeness of life, rather than give away to despair over inability to relief their lives differently (Erik Erikson and Kivnick – 1986). Peak, 1955 also expanded on Erikson's discussion on psychological development of old age.

B) Mental Illness / Disorders

It is a vast subject broad in its limits and more difficult to define preciously than the colours of a mountain at sunsets (Park& Park 1995). According to (ICD -10) classification of mental and behavioural disorders and (DSM –IV) diagnostic and statistical manual of mental disorders, the main divisions of mental disorders are neurosis and psychosis. The major illnesses are called psychosis and minor illnesses are called neurosis. In psychosis persons are out of touch with reality like schizophrenia, manic depressive psychosis, etc and in neurosis person is unable to reach normally to life situations, example personality disorders.

There is another type of disorders is called organic mental disorders due to organic causes like dementia, etc.

C) Disability

Disability is described by WHO by describing impairment, disability and handicapped(international classification of impairments, disabilities and handicapped, Geneva, WHO 1980). In terms of these system 'impairment' that is a loss or abnormality – of structure or functions as manifest psychologically by interference with mental functions such as memory, attention, etc. 'disability' is defined as (restriction or lack of ability to perform an activity in a manner or within the range of considered normal for a human being) example activities of daily life, dressing, feeding, etc.

In case of elderly persons disability is a major issue due to ageing and disease. The conceptual model of geriatric rehabilitation was first initiated by (Nagi- 1969 & Wood – 1975) and recent work on geriatric rehabilitation by Glodsteim and Beers – 1998. Due to various mental health problems and physical problems elderly are facing various disabilities in memory, learning, language, communication, attention and in daily living.

Recognizing the recent demographic trends of old age people as well as gravity of mental and physical disabilities, present author is interested to have fresh look about the current trends of the mental illness and disabilities among the local population and suggest database for management programme accordingly the present investigation has been planned with following aims:

1) To explore the symptoms of mental illness among the old population of Calcutta
2) To identify the status of physical disabilities among the old age people
3) To study the degree of association between disabilities and mental illness and suggests some measures for problem management

2. Methodology

2.1 Title: A study on trends of mental illness and level of disability among the Elderly patients in an area of Kolkata.

2.2 Statement of the Problem

The present study aimed at finding out the pattern of mental illness and symptoms of disability among the elderly patients in an area of Kolkata.

The mental illness of this study was considered the component as variables of mental illness referred by International Classification of Disease mental and behavioral disorders and Diagnostic and Statistical Manual of mental disorder 1995 (DSM IV) (ICD-10) W.H.O. (1992).

The levels of disability in this study was considered as skill performance including seven components (A. Language & communication, B. Memory and learning, C. attention / concentration, D. Problem solving & conceptualization, E. Daily living, F. Self appraisal & judgment, G. Stamina & tolerance) as suggest by researches of (Goldstein and Beers – 1998).

In addition to this, the study aimed to compare the trends of mental disorders and disabilities among the elderly patients of pre-senile and senile stage. Here comparison includes similarities and dissimilarities of the two groups of patients in terms of mental health symptoms and disability symptoms.

The patients in this study considered as those who have registered their names in hospitals and private clinics.

Keeping in view of the above-mentioned statement, the objectives of the study has considered two parameters of issues.

2.3 Objectives

1) To assess the disability among the elderly patients among senile and pre senile groups.
2) To study the nature of similarities and dis-similarities among the indicators of mental disability and mental health symptoms, among senile and pre senile groups.

2.4 Explanation of Terms:

2.4.1 Elderly Persons

Elderly person or Geriatric population considered in our study as 60-85 years. Two categories have suggested to

describe today's elderly people, the young old and the old-old (Neugarten & Neugarten, 1987). In this study 60-70 years are considered as pre-senile stage and above 70 are considered as senile stage.

2.4.2 Mental illness / Disorders:
Mental illness & disorder considered the (ICD - 10) International Classification of mental and behavioral disorder WHO 1992 & (DSM - IV) Diagnostic and Statistical Manual of mental disorder 1995 concepts of the mental illness & according to DSM – IV "Each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual & that is associated with present distress or disability or with a significantly increased risk of death , pain, disability or an important loss of freedom" . The variables are accordingly: The illness of mental disorder in this study is considered the symptoms like Depression, Dementia, paranoid ideation, anxiety, Bipolar Disorder, Parkinsonism etc. as reported by the mental health practitioners.

2.4.3 Disability:
As per as 'dis-ability' is concern, it should have to explain the term 'impairment' An impairment is a loss or abnormality of an anatomic, Psycho logic, cognitive or emotional structure or function. Ex-decreased muscle strength, loss of short term memory etc. If an impairment is severe it may lead to disability, that isan inability to carry out daily living tasks. Examples are dysfunctions in feeding, dressing, preparing meals or managing money.

2.4.4 Selection & processing of tools:
a) General background of the schedule: An interview schedule was prepared for general information on certain demographic variables like Name, Age, Sex, Address, Marital Status, Occupation etc.
b) Psychiatric history was taken by the investigator to identify the nature of illness / disorders, the variables are referred from ICD – 10 & DSM – IV criterion (disorders like depression, dementia, paranoid ideation, obsessive compulsive Neurosis, Parkinsonism, Epilepsy etc.) with the help of expert in mental health profession.
c) Critical Skills Checklist' (by Lynda J. katz) for skill performance was taken by the investigator.

A seven-item scale which is sub-divide by 34 items isdesignedtomeasureskillperformanceinelderlyperson,incase of geriatricdisability.

This above explained tool was used in several studies of Geriatric Rehabilitation.

2.4.5 Selection of Sample
The sample were selected from the elderly personswho are attending psychiatric clinics and psychiatric department of hospitalsinKolkata.

2.4.6 Size of the Sample
The sample size taken for the study is 20.It consists of male and female patients aged 60 to 85 years of age.

2.4.7 Sampling Method
In this study purposive sampling methods have been used for selecting samples from the universe and 20 samples are collected purposively from the universe.

2.4.8 Treatment Design
The present study is a survey type ofstudyconsists of two variables considering the objectives the study goes through qualitative as well as quantitative analysis as necessary.

2.4.9 Method used for Data Collection
Direct personal interview method has been used for collecting information from the sample group.

2.4.10 Tool used for Data Collection
a) Interview schedule has been used as a tool for Collection of data from thesample.
b) Case history report of the patients has been collected from Physicians.

2.4.11 Source of the Data Collection
Here data has been collected from the primary source and secondary sources. Primary source is respondents and secondary source is case-history records, book, Journals, reports, etc.

2.4.12 Time taken for the study
Study has been conducted in the month of September to November.

2.4.13 Treatment with Data:
a) Responses are collected through general information or background information schedule were checked and initiated for sample description(table 3.1)
b) Responses from psychiatric history schedule and diagnosis of mental disorders were checked by mental health professional expert. The critical skillschecklistforskillperformanceiscalculatedbyfollowingscoringkey.

Technique as mentioned by Lynda J. Katz. The responses arecollated according to the key values (i.e. 1 = very poor, 2 = poor, 3 = Adequate, 4 =Good, 5 =Superior and N = In need of furtherevaluation). In case of taking psychiatric case history, it indicates the pattern of mental illness / mental disorders among the elderlypeople. For above critical skills checklist scale score obtained by one individual was counted. The lower score indicates the higher level of disability or lower skill performance and the higher score indicates the lower level of disability or higher skillperformance.

According to above methodology the interpretation has been proceeding in the Next chapters.

3. Interpretation and Tabulation

3.1 Description of the sample

The nature or type of the sample was purposive sample size N = 20,Selected from elderly person attending psychiatric clinics & hospital.The proportion of male (N = 12) & female (N = 8) population. Here the description of sample and general background information are given below:

Variables	Marital Status			No. of Family			Occupation		
Age 60-85	Married	Unmarried	Widow/ Widower	1-5	6-10	11-15	Retired or off from work	Service or Business	House wife
Male (N = 12)	12	--	--	6	5	1	9	3	-
Female (N = 8)	4	--	4	5	2	1	1	1	6

The above table indicated that the all male respondents are married, most of them in medium sized. Family, most of them are retired or off from work. In case of female same number of women are married & widow and most of them occur in small size family and most of them are active home maker. The elderly person or geriatric population are divided into two categories, like 60-70 years **young old** are belongs in the **pre-senile group** and 70 and above (**old-old**) are belongs in the **senile group**

Table 3.2: Difference between two age group of respondents in various demographic variables

Variables	Marital Status				Family Members						Occupation					
Age	Married Widow/ Widower				1-5		6-10		11-15		Retired or off From Work		Service or Business		House wife	
60-70 young old pre-Senile stage	M 4	F 4	M --	F 1	M 3	F 3	M 1	F 1	M --	F 1	M 3	F -	M 1	F 1	M 2	F 2
Above 70 old – old Senile stage	8	--	--	3	3	2	4	1	1	--	6	1	2	--	1	1

The above table indicates that the 1st group 60-70 almost equal status of male, female are married. Most of them lived in small family. Female respondents are more active than male.

The second group 70 & above all male respondents are married and all female respondents are widow. Female respondents are less active than male.

3.3 Interpretation of pattern / trend of mental illness

The trend of mental illness refers to the mental disorders suffered by the elderly person the two group of geriatric Population indicated in the table given below:

Table 3.3: Trend of mental disorder in pre-senile & senile stage

Disease	Age 60-70 Pre-senile stage N=9		Age 70 & above, Senile stage M = 11		Mean Value N=20
Dementia	1	11.1%	7	63.63%	40%
Depression	6	66.6%	3	27.27%	45%
MDP	1	11.1	1	9.9%	10%
Parkinsonism	1	11.1%	1	9.9%	10%
Paranoid ideation	2	22.2%	2	18.18%	20%
Anxiety	1	11.1%	0	0%	5%
Epilepsy	0	0%	1	9.09%	5%

The above table indicated that the trend of dementia among the Senile group is higher (63.63%) than pre-senile group (11.11%) Accordingly depression is the second highest group of disease (27.27%) and depression in pre-senile group is highest (66.6%) than that of senile group. The trend of paranoid ideation is higher 22.2% in pre-senile group that of senile group (18.18). The trend of M.D.P., Parkinsonism accordingly (9.9%) in senile stage it is lower that of pre-senile group (accordingly 11.11%) and 1.1%). Trend of anxiety is nil in senile group (0%) but in pre-senile group it is (11.1%) higher than senile group.

Accordingly, to mean value, depression is highest 45% dementia is second highest disease 40% and the paranoid ideation 20% among the elderly. The lower trends are in M.D.P., Parkinsonism, anxiety and epilepsy accordingly.

3.4 Interpretation of Skill performance (disability) Scale Data:

Interpretation of skill performance scale was administered on the two respondent groups. The data was collected according to the scale scoring key.

Table 3.4: Indicating the value of skill performance scale data of two different groups

	Pre-Senile group Age 60-70 years N=9					Senile group Age 70 above N=11				
	Very poor	Poor	Adequate	Good	Superior	Very poor	Poor	Adequate	Good	Superior
Language & Communication	33.33%	11.11%	55.55%	0%	0%	27.27%	54.54%	18.18%	0%	0%
Memory & Learning	33.33%	22.22%	44.44%	0%	0%	63.63%	27.27%	9.09%	0%	0%
Attention / Concentration	22.22%	22.22%	55.55%	0%	0%	63.63%	09.09%	18.18%	09.09%	0%
Problem solving & Conceptualization	33.33%	44.44%	11.11%	11.11%	0%	45.45%	45.45%	9.09%	0%	0%
Daily Living	22.22%	44.44%	22.22%	11.11%	0%	45.45%	45.45%	9.09%	0%	0%
Self appraisal & Judgment	33.33%	44.44%	22.22%	0%	0%	54.54%	45.45%	0%	0%	0%
Stamina & tolerance	11.11%	77.77%	11.11%	0%	0%	54.54%	27.27%	18.18%	0%	0%

The above table indicates that the value of skill performance scale data of two groups according to seven sub-divided categories. In pre-senile group (Language communication) value is higher (55.55%) adequate than that of senile group (18.18% adequate, 54.54% poor).

In memory & learning pre-senile group performance is better (44.44% adequate and 22.22% poor and 33.33% very poor) than that of senile group (9.09%) adequate, 27.27% poor and 63.63% are very poor).

In attention and concentration senile group performance is lower (63.63% very poor, 9.09% poor, 18.18% adequate and 9.09% is good) than that of pre-senile group (55.55% adequate and 22.22% poor and very poor)

In problem solving conceptualization senile group performance is lower (72.72% very poor and 18.18 poor) Whereas id pre-senile group (44.44% poor and 22.22% very poor category)

In daily living senile group performance is (45.45% very poor and 45.45% poor and 9.09% are adequate) whereas in pre-senile group (44.44% poor and 22.22% belongs to adequate category).

In stamina and tolerance pre-senile group performance is maximum in poor category (77.77% poor, 11.11% adequate) Whereas in senile group (54.54% very poor, 27.27% poor and 18.18% are adequate).

4. Major Findings & Concluding Remarks

According to chapter1 the present study is conducted under the title 'A study on trends of mental illness and level of disability among the elderly patients in an area of Kolkata'. The present findings highlighted the following facts:

a) The mental health illness symptoms of dementia 63.63% &depression 66.6% more common among the elderly patients (table no3.3)
b) Among mental health symptoms depression was higher in among the pre-senile group (66.6%) than the senile group (27.27%). Againthe percentage of population with dementia symptoms was relatively higher among the senilepopulation (63.63%) than that of the pre-senile population. (11.1%)
c) Different types of ageing disabilities were observed among the groups. Further marked differences observed between Pre-senile and senile group in terms of the level of the performance skill level in different ability. (Table 3.4) In three different performance skill (Memory and Learning, Attention and concentration, Problem solving and conceptualization) senile group performance is Very lower (accordingly 63.63**%,** 63.63%, 72.72% very poor category) than that of pre-senile (33.3%, 22.22% and 33.33% was very poor). In attention and concentration (55.55% adequate) in pre-senile than that of senile group (18.18%) are adequate.
d) To achieve the objectives general information schedule, Psychiatric case history report was taken and Skill performance scales for Geriatric rehabilitation wereconsidered for data collection and analysis in this study.

5. Conclusion

1) Depression and dementia are the common mental health disease of elderlypopulation.
2) Mental health symptoms show variation with stage of oldage senile & pre-senile group.
3) Old age people indicated different trends of disabilities but such
4) Disabilities varies with their stage of ageing
5) Disabilities in interaction with mental illness create severe problems among the old people and such problems indicate that much care for consideration during treatment of mental illness of one problem during treatment of other. Present study indicates that health care and rehabilitation should give appropriate attention to the components of mental illness ñ theirdisabilities.
6) In most of the cases disabilities is ageing whereas associated with different mental health illness problems and therefore in treatment and management of one problem (mental illness or disabilities) care should be given to the other types of problems.

6. Future Scope

Present investigator most humbly suggest for following consideration-

1) To verify the liability of present measures and profile of the data by involving larger samples size with necessary stratification.
2) To undertake further researches in this area for generalization of present findings by including all possible treatment condition.

7. Acknowledgement

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