



Comparison of Mental Health of the Elderly Living in the Household (with Children) with the Elderly Living in Nursing Homes in the Cities of Tabriz and Urmia (Iran) in 2018

Mahoory, Parisa¹, Aghdasi, Ali Naghi² and Seyyedvalilou, Mirmahmood^{3*}

¹Department of General Psychology, Islamic Azad University, Tabriz Branch, Iran.

²Department of Educational Psychology, Islamic Azad University, Tabriz Branch, Iran.

³Department of Clinical Psychology, Islamic Azad University, Science and Research of Tehran (West Azerbaijan Branch), Iran.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

During the contemporary period, man has undergone transformations in terms of lifestyle, social relations, and economic affairs throughout all human history. These changes, in some cases, have had a reversible effect on human health, due to the lack of coordination with the evolutionary processes that man has acquired over the course of tens of thousands of years of social evolution. One of these dimensions is the mental health of the community; among other things, the mental health of the elderly is of particular importance due to human capital and future generations. In this research, the main goal is to achieve the current state of mental health of the elderly living in the home (in the neighbourhood) and living in the nursing home and compare these two. The concept of mental health in this research is based on various approaches, from the point of view of global

*Corresponding author: E-mail: m.seyyed_valilou@yahoo.com;

health ontologists and role theorists (Conrad Lorenz), self-actualisation and realization (Yong and Allport), humanists (Maslow), the network of sustainable social networks Adler), theories of psychoanalysis (Freud, Ericsson, Kurt Levine, Carl Rogers) and theories with other approaches have been suggested. The concepts and variables used in this research are mental health and ageing and 28-GHQ measurement tools, which are components of depression, anxiety, social functioning and physical condition of the elderly living in the home and the nursing home. The research method is Ali-Comparative and 100 non-Alzheimer's sample of 50 men and women from Tabriz and 50 men and women from Urmia, including 100 people, 50 people living at home and 50 people living in nursing homes. In analysing data, descriptive and inferential statistics and t-test were used. The results of this study revealed that the mental health of men living in nursing homes has a better mental health status than the women living in nursing homes; and, conversely, women living in the home have a higher mental health status than men living at home.

Keywords: Mental health; elderly; home (as children); nursing home.

1. INTRODUCTION

During the contemporary period, man has undergone a change in the ways of life, social relations and economic issues more than all human history. Regarding the prevalence of various types of mental illnesses in the community, the importance of efforts to promote the mental health of individuals in each society is more pronounced. The most important issue in this regard is the prevention of issues that cause the mental health of people in the community to be disrupted and consequently have negative consequences. Prevention of these factors is also possible when familiarising with the current state of mental health in the community of people we are trying to prevent. Because familiarity with our current situation is hoping for us and for helping us to apply appropriate methods to eliminate mental health problems and apply appropriate tools in this regard.

Normal ageing is the most common pattern, characterised by individuals maintaining a plateau of psychological functioning through their late 50s and early 60s and then showing a modest decline in cognitive functioning through their early 80s, with more dramatic deterioration in the years before death. In contrast, successful agers are characterised by being genetically and socioeconomically advantaged and maintaining overall cognitive until right before their death [1].

In a study on elderly, Farquhar [2] pointed out that the early findings also indicated that there was more to quality of life than health, indeed, social contacts appear to be as valued components of a good quality of life as health status.

The mental health of elderly people is of paramount importance for breeding generations.

Therefore, in this research, we have tried to compare the mental health of the elderly living in the home and the residents of the nursing home and we have tried to compare this between the two cities (Tabriz and Urmia). The quality of life issue has been raised as a broader concept of health. Therefore, evaluation of the quality of life in the elderly group of the community can lead to more familiarity with different aspects of their life.

In this research, the most important goal is to achieve the current state of mental health of the elderly sample and compare these two.

2. THE CONCEPT OF MENTAL HEALTH

The concept of mental health is twofold: the theoretical background (including the concept of health in various psychological theories) and the research background (national and global), insofar as the volume of the article allows, can be considered.

2.1 Theoretical Background

The World Health Organization has defined health as a complete physical, psychological and social well-being, not just the lack of illness and discomfort [3]. Health is considered in the general view of the psychological, social and physical aspects, and its relation with the environment is also considered. Psychological well-being is a definition that psychologists, social sciences and behavioural scientists have presented about the fit and proper psychological function of humans. The concept of health and mental illness has undergone many changes during the course of time. In an ethical book, Aristotle wrote that every human being should be so healthy that he had been able to develop human actions. Since human beings have the

highest intelligence, then the best life is wisdom and mental health, a kind of life in which reasoning governs it perfectly. The naturalistic concept on mental health proposed by Aristotle was ignored in the Middle Ages; from the seventh and sixth centuries, psychological health was defined as righteousness. After the sixteenth century, psychological health was again defined as naturalistic. As the emergence of psychiatry and clinical psychology in the late 19th century, psychological health was typically defined as the lack of mental illness [4].

Psychological health could be defined in three ways: First, the self-consciousness of the term accepted by Freud (1856), McDougall (1871), George Berkeley (1685), and many of the ontologists and theorists, such as King Lawrence. The second definition was involved with self-actualisation and self-realisation and the actualisation of internal and internal psychological abilities through a kind of psychological transformation. Jung (1875), Allport (1897), and humanists like Maslow (1908) accepted this view. The third definition of mental health could be stated as a person had been able to integrate with the Sustainable Social Networking Network, Adler (1870), and many sociologists accepted this definition [5].

2.2 The Concept of Ageing in Different Theories

According to the definition of the glossary, adulthood means a fully grown and mature person. Elderly people were usually confronted with specific problems and issues. One of these problems was the lack of activity and power of young people. Most old men retired from their jobs or they could not continue the same job as before, so they often feel unsafe and lonely and lose social status. They imagined that they no longer needed their existence, and others did not care for them; their reality was very much like a child whose grandfather rejected him.

Women and especially housewives were more prosperous because they can continue to work at home and often take care of their grandchildren. Perhaps this was one of the reasons for women's livelihood because the activities they were interested in did not end 60 or 70 years of age. It's important for older people to feel that others were still in need of their own and were able to keep their daily activities as close as possible. If they feel so important and immune to this level, would most likely not be exposed to mental

illness and the body that was so common in these ages. Margaret Wagner commented that some people think Normal behaviours and elderly people, such as disregard for clothing and food, selfishness and lack of reverence, and reliance on the past, were abnormal behaviours, although these behaviours often resulted in the neglect of the surrounding. For example, in the case of physical inactivity may involve physical causes such as rheumatism, but sometimes there were other reasons that had a psychological nature and surrounding they should not pay attention to these reasons. Girls and boys of the elderly should not leave their parents thoroughly, and they should be given immeasurable attention because if they were rejected, they would feel insecure and anxious and humble, and if they support them, on the contrary, more than that, feelings of reliance and lack of independence were exacerbated.

If older people were not allowed to work, they would be compelled to go a long way in the world of dreams and past memories, while they would be healthier and happier with their proper activity, physical and mental life. In this context, Luton opined that if older people's daily lives and useful activities were not occupied, their physical and mental health would be damaged. One-third of the patients admitted to mental hospitals were those who were more than forty-five years old. If the community of our peoples had been barren, futile, and overwhelming, they were constantly immersed in the past, then they would likely increase their number in mental hospitals [6].

The problem of retirement, especially given the rising life expectancy in the countries on the one hand, and the unchanging old retirement age rules of 60 or 30 years old, on the other hand, is a serious problem for a group of people. The most important thing in retirement is to feel worthwhile and necessary. Maintaining a relationship with past care and part-time work and counselling (by getting a salary or an honorary one) is also a great help for a person's sense of being [7].

2.3 Research Background

The importance of mental health issues had been led to a lot of research in Iran and the world. These researches, each with different questionnaire tools, had examined different dimensions of mental health such as depression, anxiety and other categories in various ways. In

this section, it is referred to some of the research that relates to the subject matter of the research.

Heydari et al. [8] suggested the implications for policy and practice. Their study emphasized the importance of planning programs to increase elderly peoples' social assistance and improve medical, health and counselling services for them. They also suggested for a further need to improve and strengthen formal care in the nursing home and reorienting health services both in the community and homes for the elderly.

Evans et al. [9] concluded that the findings of their study should be extended to more heterogeneous populations of senior citizens given the present focus on healthy individuals living independently in their community. Perhaps frailer elders would be more vulnerable to poor housing quality. Positive characteristics of housing quality might be associated with mental health, too. Interior design could foster personalisation and remembrances of significant, enjoyable life events and activities.

The study of Subasi and Hayran [10] was aimed to evaluate the quality of life of the elderly living in nursing homes. The data regarding the socio-demographic characteristics and life satisfaction index (LSI-A) of the participants were collected by means LSI-A score of these elderly people who spent some time in leisure activities was significantly higher than those who did not.

One of the basic concepts of the complex world of man, whose age was his height, was the concept of health. The World Health Organization considers health as a state of complete physical, psychological and social well-being, and not just a lack of illness or disability [11]. In another definition, health had been defined as in one way it recognizes united action that aims to maximize individual power. The health required that a person keeps the balance between the paths with the environment, where the action reveals itself [12]. In general, health definitions had emerged from patterns that are component the views of different scholars had been based on these approaches, three main patterns in the definition of health had always been considered:

- A - Model of Medicine: This model mainly focused on the biological and physiological explanation of health.
- B - Environmental pattern: This pattern had emerged from the new ecosystem analysis

and environmental hazards to human health. In this model, health could be defined according to the quality of individual compromise with the environment when the conditions change.

- C - General pattern: This model defined the health in terms of the general population and included the biological, physiological, psychological, emotional, social, spiritual and environmental aspects of individuals; and focused on optimal health, disease prevention, and state Positive psychological and emotional focus [13].

This model would believe that health was not static, it was a dynamic process that reflects everyday decisions and activities [12]. The establishment of this model led to the emergence of a new interdisciplinary realm, which by adopting a general approach and applying this strategy in research methodology, seek to respond to unresolved puzzles of one-dimensional views on health and disease [14].

3. PURPOSE OF THE RESEARCH

In this research, the main objective of the study was to achieve the current state of mental health of the elderly living in the home (near the children) and the nursing home and compare them.

4. RESEARCH QUESTIONS

1. What is the state of mental health of the elderly according to gender?
2. What is the mental health status of the elderly according to the status of the home (home and nursing home)?
3. What is the mental health status of the city (Tabriz and Urmi)?
4. What is the status of the GHQ28 quadruple scale in terms of gender?

5. CONCEPTS AND VARIABLES USED IN THE RESEARCH

Mental Health: Mental Health means mindfulness and mental health, and it is meant to indicate a positive state and mental health that can contribute to creating a valuable system for the development of mobility, individual, national, and international development [15].

Mental Health: A set of factors that have an important role in preventing the development or progression of the process of deterioration of

cognitive, emotional and behavioural disorders in humans [6].

Success could be termed as the changes that occur over time. This process had positive and negative aspects and includes the dynamics of biological processes, perception, development, and puberty, meaning that ageing lasts throughout life. Ageing could be thought to be a phase in which the reduction and decay of the body and the thought of a person occurs, and in fact, only a certain aspect of growth and evolution is shown [16].

6. CONCEPTS USED IN THE MENTAL HEALTH QUESTIONNAIRE (GHQ-28)

1. Depression - A mood disorder, the two main characteristics of which are disappointment and sadness, in which a person feels incapacitated and worthless in addition to these two characteristics.
2. Anxiety is an unpleasant excitement that is expressed in terms such as - a model of anxiety and fear of horror and fear.
3. Social Function - A person's thinking about his social function in the community and in relation to other people.
4. Physical state - the attitude that a person has in a physical state in relation to health or inadequate health [17].

7. RESEARCH METHOD

The present research method is causal-comparative.

Statistical population: The population of this study includes all elderly people of Tabriz and Urmia towns and residents of the elderly and nursing homes near the children.

Sampling method: A random stratified random sampling method was used to determine the sample size.

The sample consisted of 100 elders, 50 women and men from Tabriz, 50 men and women from Urmia, and 100 of the 50 people living in nursing homes and 50 people living at home.

Information gathering method: A questionnaire was used to collect information. This questionnaire is forbearing. In the first part of the questionnaire, the information required by the

researchers in relation to some variables has been included in order to examine its relationship to the general title of mental health research, and in the second part, the questions have been considered in order to assess the mental health status.

Research tool: The general health questionnaire 28 questionnaires were used in this research.

Method of data analysis: The data analysis method is descriptive and inferential in the present study. T-test was used.

The t-test was used to compare two independent data from a quantitative dataset. In the t-test, the hypotheses H_0 and H_1 were obtained as follow:

$$H_0: \mu_1 = \mu_2 \quad \text{or} \quad H_1: \mu_1 \neq \mu_2$$

The assumption of H_0 could be termed as there is no meaningful difference between the averages of two instances, while the assumption of H_1 implied a significant difference between the average of two samples.

8. FINDINGS

In this study, an estimate of the mental health status of the elderly living in the home and the elderly living in a nursing home in Tabriz and Urmia cities had been made.

Question 1: How is the mental health of the elderly according to their residence?

The average score of the elderly living in the nursing home was higher than the average score of the elderly living at home (near the children) and was based on t , which was less than t Table. There was a significant difference between the mental health of the elderly living at home and at home.

Question 2: Is there a difference between the mental health status of the elderly according to gender?

The average number of men living in nursing homes was higher than the average number of men living at home, and the average number of women living in nursing homes is higher than the average number of women living at home. According to the t -value obtained from t -table, (Men, $t=0/149$) & (Women, $t=0/449$), the difference between gender was significant in terms of mental health.

Question 3: How is the mental health of the elderly in terms of the city?

The mean score of physical symptoms and depression in the elderly of Tabriz was less than the elderly in Urmia, but in the anxiety and social function of the average calculated more than the average of Urmia, therefore, based on t-test, there was a significant difference between the symptoms Physical and anxiety and social function, but the amount of t obtained in depression indicates that there was no significant difference between the two cities.

Question 4: Is there a meaningful gender difference based on the quadruple GHQ-28 scales?

The mean score of physical symptoms and anxiety and social function of women was higher than that of men. The mean of male depression score was more than that of women, and according to the t-value calculated, the mental health sub-scales, which were less than the t-Table with a degree of freedom of 98, were therefore statistically significant.

Table 1. Statistical results of mental health elderly people living in homes

sig	t	Standard deviation	Average	Maximum score	Minimum score	Number	Habitation
2.617	0.77	8.01	19.91	48	4	50	Home
		15.56	33.53	65	4	50	Home for the Aged

Table 2. Results of t-test in relation to mental health status respondents by gender

sig	t	df	Standard deviation	Average	Number	Gender	Habitation
2.617	0.149	98	29.11	22.64	13	Man	Home for the Aged
				18.3	36	Man	Home
2.617	0.449	98	39.33	35.21	38	Female	Home for the Aged
				17.53	13	Female	Home

Table 3. The results of t-test on mental health and its components separately from the city

sig	t	df	Standard deviation	Average	Number	City	Variable
2.617	8.46	98	0.93	0.75	50	Tabriz	Physical signs
			1.26	0.98	50	Urmia	
2.617	0.977	98	3.2	4.19	50	Tabriz	Anxiety
			0.59	1.01	50	Urmia	
2.617	1.002	98	2.89	4.16	50	Tabriz	Social function
			0.74	1.17	50	Urmia	
2.617	3.359	98	0.43	0.34	50	Tabriz	depression
			0.84	1.375	50	Urmia	

Table 4. The results of t-test on the mental health of the elderly GHQ based on gender

sig	t	df	Standard deviation	Average	Number	City	Variable
2.617	8.46	98	0.93	0.75	50	Tabriz	Physical signs
			1.26	0.98	50	Urmia	
2.617	0.977	98	3.2	4.19	50	Tabriz	Anxiety
			0.59	1.01	50	Urmia	
2.617	1.002	98	2.89	4.16	50	Tabriz	Social function
			0.74	1.17	50	Urmia	
2.617	3.359	98	0.43	0.34	50	Tabriz	depression
			0.84	1.375	50	Urmia	

9. DISCUSSION, INTERPRETATION AND CONCLUSION

The importance of mental health issues had led to a lot of research in Iran and throughout the world. These researches, with different questionnaire tools, have examined different dimensions of mental health such as depression, anxiety and other categories in various ways.

Edlin et al. [18] concluded that health recognizes the united action that aims to maximize individual power. In their opinion, health requires a person to keep the balance of the life path with the environment, where the action reveals itself.

The findings of Azadfleh et al. [14] revealed that adopting a general approach and applying the strategy in research methodology, seeks to respond to unresolved puzzles of one-dimensional views on health and disease.

According to Ismaili Shirazi [16], ageing was thought to be a phase in which the reduction and decay of the body and the thought of a person occurs, and, only a certain aspect of growth and evolution is shown.

But the findings of the current research revealed that the research vacuums related to the research issue based on the hypotheses mentioned, the mental health of the elderly had been studied based on gender, place of residence, and four criteria of GHQ-28, and the findings are as follows.

In relation to the elderly, the results of the analyses data in Tables 1, 2, 3 & 4 confirmed the viewpoint of psychologists and research backgrounds.

The aim of this study was to assess the mental health of the elderly living in the home of the elderly and the elderly living at home (near the children). Based on this, among the tools available for evaluating mental health, a general health questionnaire (GHQ-28) was selected.

As in the present study, physical symptoms, anxiety and social function of women were more than men and men than women with depression. In general, women were better than men. The elderly in Tabriz had a better position in terms of physical symptoms and depression than the elderly in Urmia. Conversely, the elderly in the city of Urmia had a better situation in terms of anxiety and social function.

As the results of the t-test in relation to mental health status were obtained by sex, men living in the elderly's home had a better mental health status than women living in the elderly, and, on the other hand, women living in the home had a better mental health status than men were living at home.

Based on the location of the residence, the results of this study indicated that the elderly living at home (near the children) of the elderly living in the elderly had a better mental health status.

10. RESEARCH CONSTRAINTS

The research limitations of the lack of cooperation among some elderly people living in the elderly were due to lack of shuffling, sickness, anger and so on. Or some were illiterate, and questions should be read to them. Even some of the elderly living in the homes was not willing to answer or accept the questionnaire because of their perceptions and misconceptions in the questionnaire.

11. SUGGESTIONS

In addition, the results of this research suggested that attention should be given to the interaction with the elderly:

You should not think tired, sick, depressed, unconscious, isolated, thin, and ... of the elderly, because they make them accept or formulate this false belief about themselves.

They should not leave them out of the realm of life, and at the same time, they should not have any expectations.

Succession people are a valuable source of experience and dialogue and socialising with them are very useful and make us believe that they are still useful

To prevent them from forgetting, their daily activities are reminded or helped to recall.

Retirement workers must, after retirement, have a half-time job to make them feel better about their individual health and social life.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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