MENTAL HEALTH AND ELDERLY: THE CASE OF MEKEDONIA HUMANITARIAN ASSOCIATION ADDIS ABABA ETHIOPIA

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ABSTRACT

The main purpose of this study was to assess the prevalence, risk factors and coping mechanisms of depression among institutionalized elders in Mekedonia Humanitarian association. The study mainly attempted to answer research questions such as the prevalence of depression, risk factors of depression and coping mechanism of depression among elderly. In order to achieve the stated objectives, mixed research design approach was used. For this reason, questionnaire and an in depth interviews were used to collect data from sample of 70 elderly. Data were analyzed using descriptive statistics such as percentages, means, standard deviations and qualitative data were translated, transcribed and interpreted accordingly. The result indicated that symptom of depression were higher among institutionalized elders which accounts about 58.3%. Adverse life events, economic (financial) problems, physical health problems and problem with social support were identified as salient risk factors of depression among elderly. To cope up depression elderly's use positive appraisal, seeking social support and self-controlling mechanisms. It is recommended that improving the availability and quality of mental health services in the care center and awareness creation programs are needed to deliver adequate care to this group.

Keywords: Depression, coping, risk factors, elders, institutionalized, Mekedonia

INTRODUCTION

Background of the study

Mental illness is a significant public health problem worldwide. Major depression is one of the most prevalent of all psychiatric disorders and one of the most disabling of medical disorders.

It is a serious, recurrent disorder linked to diminished role functioning, quality of life, medical morbidity, and mortality. The World Health Organization ranks depression as the fourth leading cause of disability worldwide and projects that by 2020, it will be the second leading cause of death (Bromet, 2011).

According to the World Health Organization (WHO), every year about 120 million people throughout the world suffer from depression while only 25% of them have access to effective treatment. The Global Burden of Disease study identified depression as the main cause of years lost to disability worldwide in 2001, amounting to about 9.5% of all losses (Lopez, 2006).

Depression or the occurrence of depressive symptom is a prominent condition amongst older people, with a significant impact on the well-being and quality of life. Scholars depict that the prevalence of depressive symptoms increases with age. Depressive symptoms not only have an important place as indicators of psychological well-being but are also recognized as significant predictors of functional health and longevity. Community-based data indicate that

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older persons with major depressive disorders are at increased risk of mortality and reduction in cognitive functions (Bruce, 1994).

In developed countries, prevalence of old age depression has been found to range between 7% and 36% in the community and to be close to 40% in institutional center (Gallo and Lebowitz, 1999). Study conducted in district of Colombo identified that prevalence of depression in an institutionalized elders with population (n=100) was 56%, of which 23.2% had severe depression (Wijeratne *et al,* 2000).

On study conducted in Turkey to estimate the prevalence of depression among institutionalized elders it was found that 58.3% of the total study population was having depressive symptoms (45.1% in males and 54.9% in females (Mine, 1999 as cited in Wijeratne *et al*, 2000)

The rate of depression in old age increases significantly for those who have chronic health problems, especially medical conditions such as Alzheimer's, Parkinson's disease, heart disease, and cancer that interfere with functional abilities. Depression also occurs in some elderly people who require home healthcare or hospitalization. In addition, older people often have to contend with significant stressful life changes such as the loss of a spouse (Kivela and Pahkala, 1991).

Old age Studies on depression suggested that gender and marital status is associated with depression. Females, widowed, divorced or separated individual shows increased risk of depression when compared with other population (Stephenson-Cino *et, al*., 1992 as cited in Osborn *et al* 2003.)

Study by Baldwin et al., (2002) Kockler and Heun (2002), Koenig & Blazer, (2004), National Survey of Mental Health and Wellbeing (2007), Baldwin, 2008 and Barry et al. (2009) identified females are at greater risk of developing depression throughout the lifespan, including the later years, with a female to male ratio of 2:1. Older women are also more likely to have anxiety disorders, such as generalized anxiety disorder and depression, than older men. Those studies revealed that females are prone to depression than male counterparts.

Depressive illnesses are among the most prevalent of the psychological problems in Ethiopian communities, affecting Ethiopians of all ages, socioeconomic classes, and educational levels. Depression continues to be like the "common cold" for many immigrant/refugee. Over 80 per cent of all serious depressions can be treated successfully. Even so, relatively few Ethiopians who experience symptoms of depression seek professional help (Tedla, 2010).

Where there is no provision for programs of social security or other financial support for the elderly, many of them are unable to work due to illness or age, unable to care for themselves and their grandchildren's. Due to this fact, studying elders' mental health will help to understand problems of elderly population and for planning their care and appropriate management.

RESEARCH QUESTIONS

Having this understanding and observing no research carried out on elder population concerning mental health, the researcher was interested in examining the prevalence of depression, its risk factors and coping mechanism among elderly people who found in the institution. Based on this fact the researcher aimed to answer the following basic research questions.

1. What is the prevalence of depressive among elderly in the institution?
2. What are possible risk factors of depression among elderly in institution?
3. What possible coping mechanism due elder uses to cope up depression in the institution?

METHODS

Study Design

To attain the objective of the study the researcher used triangulation mixed procedure. According to Creswell (2006), in this design the investigator collects both forms of data (quantitative and qualitative) at the same time during the study and then integrate the information in the interpretation of the overall result. Using the mixed method, the researcher collected and analyzed data both quantitatively and qualitatively. Using mixed approach in a given study could help in concurrently triangulating the information, thereby minimizing the weakness of one approach.

Study Area

Makedonians Humanitarian Association (MHA) is dedicated organization in providing housing, clothing, food, counseling, information and other necessities to elderly and people with disabilities. In pursuit of its mission, MHA focuses on the most vulnerable and disadvantaged elder people and those with disabilities to meet their priority social agendas and supports them by using varied approached and strategies. The Makedonians Humanitarian Association (MHA) is an indigenous non-governmental, not-profit and independent organization, founded on 07 January 2010. The purpose of MHA is to support elderly people and people with disabilities who otherwise have no means of survival by providing them with shelter, clothing, food, and other basic services. The organization is an Ethiopian Resident Charity under the legal supervision of the Ethiopian Federal Government Charities and Societies Agency and headquartered in Addis Ababa, Ethiopia. The beneficiary residents were homeless people picked up from different parts of the country.

Sample Size

Non-probability-sampling method was used to draw samples from the entire population. Samples were drawn from 157 elderly's found in Mekedonia humanitarian association. From the total population found in the care center 70 elderly's were selected purposely to carry out this research work. Among 70 participants 60 of them were participated filling questionnaire and other 10 were interviewed.

Method of Data Collection Instruments

A well-designed questionnaire-containing variable related to socio demographic characteristics was used to assess background information's. Standardized geriatric depression scales (GDS by Yesavage, et al (1986)) with good psychometric property of 15 items were used to assess prevalence of depression. Revised Ways of Coping Scale (Folkman et al. 1986) describing eight different cognitive and behavioral strategies were used to assess coping strategies of depression. In line with questionnaire, semi-structured interview questions were used to collect data.

Pilot Study

All questionnaires and interview questions were translated to Amharic language after they have been prepared and checked for their appropriateness. Finally, after correcting minor mismatches in forwarding and back warding translation; the item was pre-tested. The purpose of pilot testing was to help the researcher to determine recruitment rates, retention rates, and

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eligibility criteria, clarity in determining who meets and who does not meet the eligibility requirements and to check whether the translated instruments measure their intended construct and their internal consistency.

Table 1. Result of Pilot Study

Measures	Previous Alpha Result	Obtained Cronbach Alpha Result	Description
Geriatric depression scale	0.84	0.744	Developed by Yesavage in 1984
Ways of coping mechanism	0.61 up to 0.79	0.574 to 0.796	Developed by Lazarus and Folkman(1986)

Methods of Data Analysis and Organization

After completing and crosschecking, data was organized in line with the objectives and research questions of the study and analyzed using mean, standard deviation and percentages. Furthermore, data collected through interviews were organized and presented in a narrative form after transcribed thematically.

FINDINGS

This section deals with the findings of data gathered from the research participants. The findings included analysis of data gathered concerning the prevalence, risk factors, coping mechanisms of depression.

Table 2. Demographic Characteristic of Participants

No	Variable	Status	N	%
1	Gender	Male	33	55.0%
		Female	27	45.0%
		Total	**60**	**100 %**
2	Age of respondents	60-70	13	21.7%
		71-80	23	38.3%
		81-90	18	30.0%
		91-100	6	10.0%
		Total	**60**	**100%**

Data was collected from elderly who were found in Mekedonia Humanitarian association rehabilitation center. The study consists of 33 male and 27 female elderly's. Majority of elders who participated on this study found between the ages of 71-80, which accounts about 38% of the study participants.

Prevalence of Depression among Institutionalized Elders

Standardized item of geriatric depression scale (GDS) was used to measure elderly depression level.

Table 3. Prevalence of geriatric depression among institutionalized elders

No	Scale level	F	%
1	0-4 (normal)	4	6.7%
2	5-8 (mild)	8	13.3%
3	9-11 (moderate)	13	21.7%
4	12-15 (severe)	35	58.3%
	Total	60	

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Data obtained from the research participants revealed that 8 (13.3%) mild, 13 (21.7%) moderate, 35 (58.3%) severe, level of depression. These number indicates that majority of elderly in the care center are suffering from severe depression.

Corresponding to the indicated data an interview with elders from institution identified that elderly in *Mekedonia Humanitarian association rehabilitation center* are suffering from depression. Those elders mentioned that they are experiencing illness, death of loved ones, impaired functioning and lack of independence. All this negative life events and the living situation in the rehabilitation center make those elders to feel depressed according to information obtained. The following life history was taken from an interview with elderly at the care center.

> *"I have the most tragic life which is lengthy. I always feel like I have done something wrong in my life when I think about my situation. I have been here for 5 years but I did not remembers the day I slept very well. I am always in bad dreams while I try to sleep at night. I always feel disturbed, hopeless and sometimes I used to cry when I think about my life". (An interview with 79 years old man from the care center)*

The above extracts illustrate that elderly's in the center experiencing depression due to different negative life events. Elderly has reported feeling of emptiness, worry, hopeless, tearfulness and lack of sleep.

Risk factors of depression

There can be multiple causes for depression in elderly however, this research try to identify the most common causes of depression in *Mekedonia Humanitarian association rehabilitation center.* To further explore issues related to risk factors of depression, elderly's were asked to narrate things that make them feel depressed all the time. Accordingly, the most common risk factor for depression was identified through thematic analysis. The finding presented as follows:

Lack of Social support and relationship

Interview with elderly at Mekedonia Humanitarian Association Rehabilitation Center *revealed that* elderly's feels as if they were pushed aside from the larger community for being in care center. They indicated that breakdown of familial relationship has caused many of them to feel that they have been "pushed to the side," and forgotten. Missing ones family circle, absence of social gathering and lack of visiting families are among factors that make them feel empty, hopeless, sad and isolated. Lack of affection from their family and society makes them feel depressed most of the time. .

In general, absence of social support, feeling of isolation, limited participation in community activities, being isolated from relative or family members are risk factors to get depressed. 70 years old interviewed explained the situation as follows:

> "*I have no visiting family for the last 5 years. Life without friends and family is always difficult to accept. I missed my neighbor, village and all-important things in my life. This time I prefer death than anything.*

Adverse life events

Adverse life events like death of loved ones and unemployment makes elderly to feel numb, isolated and unable to carryout normal daily activities and face problem like nightmare, loss of appetite, sleep disturbance. Large number of institutionalized elderly experienced depression due to sorrow feeling and bereavement. During interview, most of the participants

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reported that loss of close family members; unemployment, bereavement and sorrow are among determinant factors of depression. 62-year-old man living in the elders care center gave the following statement:

> *"I was strong good-looking man before death of my wife. She was the only good thing in my life. We were not lucky to have children's in our marriage life. After death of my wife, I left with feeling of helpless and empty. I will never be in such situation if she was alive".*

Health status of elders

Elders frequently reported they were unable to walk long distance, felt pain in their legs and encountered back pain to mention some. Poor health condition is putting them at disadvantage in terms of getting involved in different social activities. Those elders in an institution identified, living condition, absence of variety of food, limited access of medical services, are among determinant factors for one's poor health condition.

> *"I lost my sight before I came to the care center. It is difficult to me to take care of myself this way. I am always dependent and seek support for tiny issues. The future is worst when I think of it. I lost all my strength and could not able to perform any activity due to illnesses".*

Economic status of elders

Individual with low income and have no access to necessity are always in depression. Finding from an interview revealed that poor nutritional status and economic problems of elderly people in the institution attributed to a number of psychosocial factors like depression and stress. The following extract was taken from an elder person living in Mekedonia humanitarian association.

> *"I was among people who leave comfortable life when I was in my village before 20 years. I feel bitter and dejected when I think life I am living now. When I was working, I could care for my family and myself. Nowadays, there are more times that I do not eat than when I do. I feel depressed and my hope will go off when I think of my income".*

Coping mechanisms of depression

People cope up problems in several different ways. Different styles of coping can be aimed at solving the problem and thus eliminating depression, or decreasing the negative consequences of depression. People will try to reduce the negative feelings of depression, one way or another. The following finding depicts how elders try to overcome depression.

Table 3. Coping mechanisms of institutionalized elders

Sub-scales	Mean	Std. Dev
Positive reappraisal	12.75	2.488
Distancing	12.43	2.382
Seeking social support	10.48	3.427
Plan-ful problem solving	9.85	2.557
Accepting responsibility	7.53	2.528
Self-controlling	7.13	2.325
Escape avoidance	6.87	2.639
Confronting	6.12	2.380

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Assessment of coping mechanisms in the home of elderly shows that the most frequently used coping strategies were positive reappraisal followed by distancing and asking social support.

Participants from institution stated they used to cope from depression using mechanism like, praying, and sleeping more than usual, reading bible.

> *"I feel bad and my thoughts make me awake night from my bed. Here it is difficult to talk one's own feeling to others. I used to read bible and try to sleep when bad feelings come to my mind. I didn't share my feelings to someone else. I know I do share my emotion if I have some visit family. Generally when I read bible bad emotions will go off me. When I feel depressed I try to shift my bad emotions to good times I passed. Early morning I used to go to church to pray for good times". (An interview with 78 years old women living in an institution)*

DISCUSSION

The study identified that 58.3% of elderly in institution reported severe depressive symptom. This implies that majority of institutionalized elders tend to show symptom of depression. Elders mentioned that they are experiencing illness, death of loved ones, impaired function, isolation, disability and loss of independence than other groups of population. Such cumulative effects of negative life experiences become an overwhelming to an older person to develop depressive feeling. On the other hand, in Ethiopia elderly join care center when they fulfill the requirement of poor person. This means to be institutionalized one must be desperate, have no supporting family and helping relative and the like. These facts make those institutionalized elders to feel depressed and alone. Loneliness, feeling of isolation and having no one to support them could lead institutionalized elders to be in depression.

This study is consistent with a study conducted by McDougall, (2007) in England district of Colombo, which states that out of 100 institutionalized samples studied, majority (56%) was depressed. According to this study, prevalence of depression was higher among those who came to the homes of the Elderly due to family conflicts and an absence of a caregiver, compared to other reasons for admission.

In this study, adverse life event, feeling of isolation, losing social support, economic dependency, unemployment, living with illnesses which protect them to perform certain tasks, bereavements and sorrow are among determinant factors for depressive symptoms.

Finding of the study is consistent with study conducted by Nolen-Hoeksema& Ahrens (2002) and Perlis et al. (2006) which identified that sleep disturbance (insomnia), Stressful life events including factors such as financial difficulties, bereavement, a new physical illness or disability in self or family member, change in living situation, and interpersonal conflicts are among determinant factors for late life depression.

The study share an idea with study conducted by Fiske et al. (2003) and Fiske et al. (2009) deterioration in financial status, poor nutrition, reduced opportunities for education, less access to health care are among the most frequently endorsed stressful life events experienced by older adults. Older adults who are economically disadvantaged are more likely to experience persistent depressive symptoms, consistent with the chronic nature of the stressors associated with low income, including financial strain and exposure to unsafe and unstable environments.

According to this study elderly in the care center stated, to cope up depression they usually pray, sleeping more than usual or prefer to talk with friends to avoid feelings coming to their mind.

This study is supported by study done by George (1996) that confirms Sociability plays an important role in protecting people from the experience of psychological distress like depression and in enhancing well-being. Persons involved with a positive relationship tend to be less affected by everyday problems and to have a greater sense of control and independence

Again another study supporting the finding of this research conducted by Staudinger and Pasupathi, (2000) have noted that older people tend to cope with stressful events in different ways than do younger adults. Older people rely more often on emotion-focused forms of coping, as opposed to active, problem-solving approaches. Emotion-focused coping is more passive than confrontational, emotion focused coping is more individual than interpersonal, and is oriented toward control of distressing feelings rather than toward alteration of stressful situations.

Finding also share an idea with study conducted by Friedman and Furst (2011) which revealed that most people who seek help turn to non-professionals—to family and friends they trust and to respect figures in their communities, especially clergy. People who are willing, and have enough time, to spend with a person who is depressed can be extremely helpful. Talking not about the depression but about anything of interest, having fun, socializing, or even taking a walk can counter depression. Spiritual experience is particularly helpful to people who find comfort through faith or religion

CONCLUSION

Based on the finding, institutionalized elders are more likely affected by being in an institution and isolation from the community. Since this program welcomes senior citizens who are in desperate situation and have no assistance, those who live on the streets and beside church buildings and begging to survive it only provides necessities including health and food. There is no psychological support given for those institutional elders. There is no activity engagements to make the elderly participates according to their capacity in different activities. The absence of engagement in different activity makes those elders to feel inactive and absence of mobility makes those elders to be depressed and feel sick. Moreover, absence of adequate family and social support associated with lose of close caregivers, loss of companionship and health related factors make elders to be dependent and feel depressed.

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RECOMMENDATION

1. The finding of the research revealed that institutionalized elders are suffering from depression due to different risk factors. Therefore, emphasis should be given for elderly in institution. Care must be given in every aspect of mental health rather than supporting them only in material and fulfilling their basic needs.
2. The finding of the research identified that economy is risk factor for elders to be depressed. To lessen this problem the family support program existing in the country should be strengthened and community support mechanisms should be introduced to promote the traditional value and respect of older persons. This is vital because if the family income is raised elderly will become free from problem related to lack of finance
3. Local and international organizations should be encouraged to include older persons within their general programs particularly as many NGOs specifically state that they are working with the poorest of the poor. Not only getting involved in service giving those

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organizations must work with different mental health sectors to improve the status of elders.

4. The findings showed that lack of social support, isolation and Loneliness are among determinant factor for poor mental health status of elders. Depression found more widely among those isolated, forgotten and destitute elders. Therefore, there is a need to promote awareness and coordinate the community so as to make society aware about elder's problem and participate in supporting institutions those give care of elders.
5. Educating elders is needed on how to cope up depression. Since depression is serious and disabling health problem at any age especially elders must be educated on how to cope up depression. Those elders must be consulted to visit mental health centers when they feel depressed. In addition governments and NGO's must establish counseling centers where professional advices were given for elders.

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