MENTAL HEALTH STATUS AND SELF-CARE BEHAVIORS REGARDING MENTAL HEALTH OF ELDERLY PERSONS IN MUANG DISTRICT, NONTHABURI PROVINCE, THAILAND

Wilaiporn Khamwong, PhD
Jatuporn Hnoosawutt, MSN
Tantawan Yamboonruang, PhD
Suppaluk Thanirat, PhD
Sasiya Buaphut, MSN

Boromarajonani College of Nursing, Changwat Nonthaburi, Thailand

ABSTRACT

The purposes of this descriptive research were to study mental health status and self-care behaviors regarding mental health of elderly persons in Muang district, Nonthaburi province, Thailand. The sample consisted of 380 elderly persons. The research instruments included: 1) Personal Information, 2) Thai Mental Health Indicator–15 version 2007 (TMHI–15), and 3) Self-Care Behaviors Regarding Mental Health. The internal consistency reliabilities of Thai Mental Health Indicator–15 version 2007 (TMHI–15) and Self-Care Behaviors Regarding Mental Health were examined by Cronbach’s alpha coefficients being 0.81 and 0.72, respectively. Data were analyzed by descriptive statistics.

The results revealed that the elderly persons had better than average mental health (36.8%), average mental health (46.8%) and below average mental health (16.3%). For self-care behaviors regarding mental health, most elderly persons had often done following the news such as reading newspapers, watching TV or listening to the radio (61.1%); joining groups or club activities (58.2%); religious activities (46.1%); exercises (43.9%) and recreation activities (43.4%), respectively.

It can be seen that the findings had given useful necessary data for developing health care plans and implementing mental health promotion activities for the elderly persons to promote their capacities in providing self-care regarding mental health and improving their quality of lives.

Keywords: mental health, self-care behavior, elderly, aging

1 Financial support for this research is provided by Praboromarajchanok Institute for Health Workforce Development, Ministry of Public Health, Thailand

2 All correspondence concerning this article should be addressed to Wilaiporn Khamwong, Boromarajonani College of Nursing, Changwat Nonthaburi, Thailand. Contact: wionwanna@yahoo.com
Introduction

Social changes and advances in medicine and public health have resulted in longer lives of the population and dramatically increase elderly population in worldwide. According to data from World Population Prospects, the number of elderly persons has increased substantially in most countries and regions. Between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56 percent, from 901 million to 1.4 billion. By 2050, the global population of elderly persons is projected to more than double its size in 2015, reaching nearly 2.1 billion (United Nations, 2015; World Health Organization, 2015). The number of elderly persons is expected to grow fastest in Latin America and the Caribbean with a projected 71 percent increase, followed by Asia 66 percent, Africa 64 percent, Oceania 47 percent, Northern America 41 percent and Europe 23 percent (United Nations, 2015).

In Thailand, the proportion of elderly population has grown rapidly and will continue to do so in future decades. Since 1960 the number of elderly people in the Thai population has increased seven-fold from approximately 1.5 million to 10.7 million by 2015 or 16 percent of the total population. Future population aging will occur even more rapidly with the number of elderly persons projected to increase to 19.1 percent by 2020, 26.6 percent by 2030 and 32.1 percent or approximately 20 million by 2040 (Office of the National Economic and Social Development Board, 2012). Moreover, within the next few years, persons aged 60 years and older will outnumber children under age 15 for the first time in Thai history. This situation is a result of continually declining fertility and mortality which are the key drivers of population ageing globally. In addition, the elderly population is forecast to increase in the municipal and urban areas. In 2010, a total of 3.3 million elderly resided in the municipal areas, accounting for 39.7 percent. The number is expected to have increased to 11.6 million or 59.8 percent in 2040 due to the urbanization trend in Thailand (Foundation for Older Persons' Development, 2016).

Ageing is the period of age that obviously represents the accumulation of changes in a human being over time (Bowen and Atwood, 2004), encompassing physical, psychological and social changes (Jirapa Tengtrirat et al., 2012; Wipaporn Mapobsuk, 2012). It can be concluded that the body deterioration increases with advancing age. The survey of National Statistical Office (2014) found less than half (45.7 percent) of Thai elderly persons perceived that they had good health. Physically, it was found that the elderly persons had common chronic diseases including hypertension 41.4 percent, diabetes 18.2 percent and osteoarthritis 8.6 percent. Moreover, there are significant changes of psychological state with getting irritability and high anxiety easily because of having illnesses and deterioration of body systems. It was found that the elderly persons lived alone and stated feeling lonely 10.4 percent (National Statistical Office, 2014), and had depression 8.6 percent (Department of Health, 2013). In addition, ways of elderly lives were changed from retirement and decrease of social activity participation. These changes caused in feelings of losing roles, and low self-esteem or worthlessness. Besides, the elderly persons confronted with several dependencies including daily living activities, economic, health care, social and psychological aspects in order to meet their most basic needs. Physical, psychological and social neglects for long periods of time had impacts on mental health of the elderly persons (Walaiporn Nunsupawat, Jirapa Siriwattanamethanon & Promjit Honboonherm, 2009). Increase in average life expectancy and deteriorating changes in physical, psychological and social aspects of the elderly persons can lead to mental health problems (Department of Mental Health, 2012). Thus, many elderly persons were at risk of developing mental disorders, neurological disorders or substance use problems as well as other health conditions such as hypertension, diabetes, hearing loss and osteoarthritis. Approximately 15% of adults aged 60 and
over suffered from a mental disorder and 6.6% of all disability (disability adjusted life years-DALYs) among over 60s was attributed to neurological and mental disorders. The most common neuropsychiatric disorders in this age group were dementia and depression. Anxiety disorders affected 3.8% of the elderly population, substance use problems affected almost 1% and around a quarter of deaths from self-harm were among those aged 60 or above (World Health Organization, 2016).

Self-care behaviors regarding mental health are necessary for all people, especially, elderly persons. The intended self-care behaviors can enhance good mental health. The individuals need to continuously do these self-care behaviors with intention and goal-directed for psychological support and promoting development in each cycle of life in both normal mental health and having mental health problems. The goal-directed behaviors can be occurred after the individuals have continuously thinking processes about how to achieve the goals (Snyder et al., 1991). According to the changes as mentioned above, the elderly persons must adjust themselves at most. Those changes do not have only impacts on their daily living but also mental health status. Thus, if the elderly persons have appropriate preparation and self-care, they can have both good physical and mental health, and optimal quality of lives.

In Nonthaburi Province, the proportion of elderly population has also increased rapidly. 195,663 (16.14 percent) out of 1,211,924 total population were elderly persons (Department of Older Persons, 2016). In Muang District of Nonthaburi Province, there were 7,064 elderly persons (11.42 percent) from 61,857 total population (Thailand Information Center, 2012). Nonthaburi Province located in metropolitan areas. Its social characteristics had changed from agriculture or countryside society to industrial or urban society. These changes had an impact on the family structure. Most extended families became nuclear families. Many elderly persons were neglected and lived alone. The preparation for supporting and solving problems of the elderly persons was urgently needed. Therefore, the researchers were interested in studying mental health status and self-care behaviors regarding mental health of the elderly persons in Muang district, Nonthaburi province, Thailand. This study would provide basic data that were useful for developing health care plans and implementing mental health promotion activities for the elderly persons in order to promote their capacities in providing self-care regarding mental health and improving their quality of lives.

**Purposes of the Study**

The purposes of this descriptive research were:

1. To study mental health status of elderly persons in Muang district, Nonthaburi province, Thailand.
2. To study self-care behaviors regarding mental health of elderly persons in Muang district, Nonthaburi province, Thailand

**Research Methodology**

Descriptive research was conducted using self-administered instruments.

**Sample**

The purposive sample consisted of 380 elderly persons. The inclusion criteria of study sample comprised the following: 1) Age 60 years or over, 2) living in Muang district of Nonthaburi province, 3) voluntary participation.
Data Collection

The data were collected by distributing the research instruments to the elderly persons. The instruments were composed 3 parts:

1. Personal Information included gender, age, marital status, religion, educational level, family members, club membership, health problems, and issues caused in unhappiness or worries.

2. Thai Mental Health Indicator–15 version 2007 (TMHI–15) of Apichai Mongkol and colleagues (2009) had 15 items with 4 rating categories (not, little, very and most). The indicator was divided into 4 domains including 1) mental state 2) mental capacity 3) mental quality and 4) supporting factors. The scores were divided into 3 groups: better than average mental health (51-60 points), average mental health (44-50 points), and below average mental health (43 points or below).

3. Self-Care Behaviors Regarding Mental Health was developed by the researchers. The questionnaire consisted of 9 items with 4 rating categories (never, sometimes, often and very often).

The content validity of the research instruments was done by three experts in mental health and psychiatric nursing. The internal consistency reliabilities of Thai Mental Health Indicator–15 version 2007 (TMHI–15) and Self-Care Behaviors Regarding Mental Health were examined using Cronbach’s alpha coefficients, which were 0.81 and 0.72, respectively.

Protection of Human Subjects

The researchers explained the purposes of the study, data collection and the ways of presentation of the study results to the sample. Participation in this study was voluntary. The sample confidentialities would not be disclosed. The results would be presented in the overall only for the public and the relevant organizations including the municipality, sub-district administration organizations and sub-district health promoting hospitals in order to promote the elderly persons’ capacities in providing self-care regarding mental health and improving their quality of lives.

Data Analysis

The data were analyzed by using descriptive statistics.

Results

The results of the study can be concluded as follows:

1. Personal Information

The majorities of the elderly were female (72.4%) and around 60-70 years old. Most elderly persons were married (61.1%); Buddhists (99.4%); graduated at the primary school level (56.3%); lived with spouse, their children and grandchildren (23.9%). Moreover, most elderly persons had no income and only received the old age allowance each month from the government (73.2%) and were not a member of any clubs in the communities (55.8%). In addition, most elderly persons had chronic diseases (70.5%) with hypertension (36.9%), diabetes (14.9%), skeletal and muscular diseases (13.3%) and hyperlipidemia (11.6%), respectively. The issues that mostly caused in unhappiness or worries of the elderly persons were health problems (40.7%), family members (28.4%) and financial problems (24.7%).
2. Mental Health Status

The results revealed that the elderly persons had better than average mental health (36.84%), average mental health (46.84%) and below average mental health (16.32%) (as shown in Table 1).

Table 1: Mental Health Status of Elderly Persons (N= 380)

<table>
<thead>
<tr>
<th>Mental Health Status</th>
<th>Number (n)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better than average mental health</td>
<td>140</td>
<td>36.84</td>
</tr>
<tr>
<td>Average mental health</td>
<td>178</td>
<td>46.84</td>
</tr>
<tr>
<td>Below average mental health</td>
<td>62</td>
<td>16.32</td>
</tr>
<tr>
<td>Total</td>
<td>380</td>
<td>100.00</td>
</tr>
</tbody>
</table>

3. Self-care Behaviors Regarding Mental Health

For self-care behaviors regarding mental health, most elderly persons had often done including following the news such as reading newspapers, watching TV or listening to the radio (61.1%); joining groups or club activities (58.2%); religious activities (46.1%); exercises (43.9%) and recreation activities (43.4%), respectively. The other self-care behaviors revealed that most elderly persons had only done sometimes including doing fun or entertaining activities (65.0%), talking with others when feeling unhappy or worried (64.7%), travel or going to other places (63.9%), and social networking online activities (49.2%), respectively (as shown in Table 2).

Table 2: Self-care Behaviors Regarding Mental Health of Elderly Persons (N= 380)

<table>
<thead>
<tr>
<th>Self-care Behaviors</th>
<th>X</th>
<th>SD</th>
<th>Levels of Self-care Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>1.Recreation activities</td>
<td>2.76</td>
<td>1.170</td>
<td>60</td>
</tr>
<tr>
<td>2.Exercises</td>
<td>2.73</td>
<td>1.187</td>
<td>63</td>
</tr>
<tr>
<td>3.Religious activities</td>
<td>2.86</td>
<td>1.141</td>
<td>48</td>
</tr>
<tr>
<td>4.Joining groups or club activities</td>
<td>3.15</td>
<td>1.075</td>
<td>30</td>
</tr>
<tr>
<td>5.Following the news (reading newspapers, watching TV or</td>
<td>3.26</td>
<td>1.014</td>
<td>26</td>
</tr>
<tr>
<td>listening to the radio)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.Doing fun or entertaining activities</td>
<td>1.84</td>
<td>0.719</td>
<td>108</td>
</tr>
<tr>
<td>7.Travel or going to other places</td>
<td>1.82</td>
<td>0.703</td>
<td>114</td>
</tr>
<tr>
<td>8.Social networking online activities</td>
<td>1.60</td>
<td>0.665</td>
<td>179</td>
</tr>
<tr>
<td>9.Talking with others when feeling unhappy or worried</td>
<td>1.77</td>
<td>0.636</td>
<td>117</td>
</tr>
</tbody>
</table>
Discussion

This discussion is divided into two parts as follows:

1. Mental Health Status

The results of this study revealed that the elderly persons had better than average mental health (36.8%), average mental health (46.8%) and below average mental health (16.3%). The issues that mostly caused in unhappiness or worries of the elderly persons in this study were health problems, family members and financial problems. Similarly, Narisa Wongpanarak and colleagues (2013) found that most elderly persons (65.5%) did not have mental health problems, but 34.5% had mental health problems. Furthermore, anxiety of the elderly persons was related to health and illness, family and finance (Narisa Wongpanarak, Somsaowanuch Chamusri & Bungon Kumphon, 2013). In another study, many elderly persons had mental health problems, especially anxiety and depression. These mental health problems could be occurred because the elderly persons were neglected, lived alone in the urban areas and had at least one chronic illness (Walaiporn Nunsupawat, Jirapa Siriwattanamethanon & Promjit Honboonherm, 2009), resulting in decline of self-care capacity, disability and dependency; and need of long term care (Siripan Sasat, 2010).

2. Self-care Behaviors Regarding Mental Health

The results of this study revealed that most self-care behaviors regarding mental health often used by the elderly persons were following the news such as reading newspapers, watching TV or listening to the radio; joining groups or club activities; religious activities; exercises and recreation activities. Similarly, Narisa Wongpanarak and colleagues (2013) found that most elderly persons had often done including religious activities, exercises, and social as well as recreation activities. These findings were consistent with self-care concepts of Orem (1991) setting mental health components to seven aspects including self-awareness development, effective communication, effective time management, coping, development and maintenance of social support systems, religious activities, and general physical self-care (Jintana Unipan, 1991). In another study, it was found that the elderly persons had self-care behaviors regarding mental health in a general self-care aspect at a high level. The other aspects comprising self-awareness development, effective communication, effective time management, coping, development and maintenance of social support systems, and religious activities were done by the elderly persons at a moderate level (Napaporn Wongyai, 1999).

Conclusion and Suggestions

It can be seen that the results of this study have given useful basic data about mental health status and self-care behaviors regarding mental health of the elderly persons in Muang district, Nonthaburi province, Thailand. The researchers, other health care personnel and all relevant organizations can utilize the findings for developing health care plans and implementing mental health promotion activities for the elderly persons in order to promote their capacities in providing self-care regarding mental health and improving their quality of lives.

Further studies in this area are still needed, for instance, comparing mental health status and self-care behaviors regarding mental health of the elderly persons in all areas of Nonthaburi province, studying mental health status and self-care behaviors regarding mental health of the
elderly persons in other provinces, identifying factors affecting the elderly persons’ mental health status, and developing the activity models for promoting mental health of the elderly persons who had below average mental health or poor mental health.

Acknowledgements

We would like to express our deepest gratitude to Praboromarajchanok Institute for Health Workforce Development, Ministry of Public Health, Thailand for funding support. We would like to specially thank all elderly persons for their participation in the study.

References


