EFFECTS OF A GROUP THERAPY MENTAL HEALTH PROGRAM AND KORAT SONG ON DEPRESSION IN THE ELDERLY AT HUA THALE, MUEANG DISTRICT, NAKHON RATCHASIMA

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Abstract

Objectives: The present study was based on a quasi-experimental research design aimed at studying the effects of a group therapy mental health program and Korat songs on depression in the elderly at Hua Thale, Muang District, Nakhon Ratchasima.

Methodology: The sample group was composed of elderly people aged 60 years and up residing at Hua Thale, Muang District, Nakhon Ratchasima, with mild to moderate depression as assessed by the TGDS evaluation form. Purposive sampling was used to obtain eight subjects for the sample group. Depression was evaluated before and after participation in the program. The sample group received the program created by the researcher. The research instrumentation was composed of the following: 1) the group therapy mental health program and Korat songs for elderly patients with depression; 2) demographic data questionnaire and 3) the Thai Geriatric Depression Scale (TGDS) developed by the brain rehabilitation group by Nipon Puangwarin and colleagues (1994). The first two instruments were checked for content validity by qualified experts consisting of three psychological nursing professors, namely, Professor Kochakorn Kaewprom, Professor Prapaporn Sumram, and Professor Thassanee Thipsungnern. The reliability of the third instrument was calculated by using Kuder-Richardson Formula 20 (KR-20) to produce a value of 0.93. Data analysis was conducted using descriptive statistics and t-statistics.

Findings: The research found the elderly to have less depression after participation in the group therapy mental health program and Korat songs with statistical significance at 0.05 (t = 11.72).

Keywords: Mental Health Program, Group Therapy, Korat Songs, Depression.

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1 Financial support for this research was provided by Boromrajonani College of Nursing, Nakornratchasima, Thailand.
Background and Significance of the Problem

The world’s population of people aged 60 years and up accounts for 12 percent of the global population. Hence, the world’s population is transforming into an aging society. Thailand has become an aging society since 2005 with an overall population growth of only 0.5 percent. Moreover, based on population estimates from the Office of the National Economic and Social Development Board, Thailand will fully transform into an aging society with a ratio of people aged 60 years and up to 20 percent by 2021. The country will become a top-tier aging society with the population consisting of people aged 60 years and up at 28 percent by 2031 (Situation of Thai Elderly, 2014). Based on a survey report of Thai elderly in 2014, the population in the northeastern region of the country is composed of up to 31.9 percent elderly, ranking first in Thailand with up to 423,934 older adults in Nakhon Ratchasima alone (National Statistics Office, 2014).

Elderly people are at the end-stage of life. They experience physical, psychological, social and environmental impacts causing cognitive degeneration and loss of security in life. Additionally, depression is a frequently encountered mental health problem in the elderly. According to a study in the health of the elderly in the four regions of Thailand from 2005–2006, depression is as high as 87 percent (Institute of Geriatric Medicine, Department of Medicine, 2007). Depression impacts the elderly by causing sadness, decreasing self-esteem, reducing emotional happiness, causing loss of social function and increasing the use of health care services and eventual death (Nahathai Wongprakaran, 2015). The presenting symptoms of depression in each elderly person might vary, e.g., decreased appetite, constant and prolonged physical pain (Sudsabai Chulathappa, 2009).

The best treatment for depression combines the use of anti-depressants and lifestyle changes (Sompop Ruangtrakul, 2004). Treatment by anti-depressants alone has not been found that any medication can treat depression with 100 percent effectiveness. There is a high prevalence of side effects from medication use, especially among the elderly with impacts on quality of life and medical expenses. Mild depression can be treated by using mental therapy and social methods such as consultation, treatment, behavioral and cognitive changes and use of behavioral therapy (Thamchura Udom, 2004). According to the literature review, organization of recreational groups in the elderly with depression at the elderly welfare development center in Phuket caused the distress of the experimental group after participation in the program to be lower than before participation in the program with statistical significance at 0.01 (Parichart Khamchu, 2008).

Furthermore, a study on the effects of music therapy on depression in the elderly found the elderly who participate in the music therapy program had a lower mean depression score post-experiment than before the experiment with statistical significance at 0.05 (Kanchana Piboon, Puangthong Inchai and Ian Smith, 2009).
Additionally, a group cognitive and behavioral modification program was found to be able to reduce depression among elderly living in communities; the experimental group that received the program had a lower mean depression score than the control group with statistical significance at 0.05 (Kanyanat Supaporn, 2012). The methods above were able to reduce depression in the elderly. However, all of these methods have different limitations regarding implementation. Recreational activities for the elderly decrease feelings of isolation among the elderly and allow them to view themselves as still being significant valuable and useful. However, activities need to consider the physical, emotional and social limitations of the elderly (Sompop Rungruangkit, 2004). Group processes consist of two or more people coming together to engage in a shared activity with mutual contact and interactions to participate in a shared activity, which also include conversations and experience exchanges in group processes (Somporn Rungruangkit, 2009).

In the present research, the Group Therapy concept of Yalom (1995 as cited in Chaowanee Longchupon, 2005) was used with the adoption of Korat songs in conjunction with the mental health program administered to elderly patients with depression in groups. Group therapy can be used in many populations, including psychiatric patients and physiological patients with acute symptoms in addition to patients with chronic illnesses who face death, isolation, despair, and disruptions due to conscience regarding interpersonal relationships. Patients are frequently run away from emotional support due to the fear of being taken away from their families. This leads to depression and social isolation. Thus, the purpose of group therapy is to relieve suffering as well as anxiety and depression. Group therapy can allow members to change for the better as a result of its therapeutic factors. These act as the mechanism that induces appropriate cognitive, emotional and behavioral changes such as perception of work and benefit for others, emotional attachment, universality, learning about human interactions, data provision, venting, behavioral mimicry, resolution of existing family experiences, development of social skills, hope and learning about the facts of life.

From the provision of integrative academic services and education in the Community of Learning Project: Nursing for Mentally Ill People, Urban Community Health Center 1, Hua Thale, 2012–2014 Academic Years, it was found that the problems and requirements of family members in the provision of mental health consultation include elderly abandonment, depression, and stress by up to 78.5 percent (Integration of Academic Services and Education Project Evaluation Report, 2014). Depression is a significant mental health problem in the elderly population living at Hua Thale, Muang District, Nakhon Ratchasima.

**Research Objectives**

1. To compare the differences in pre- and post-test depression in the elderly before and after the administering of the mental health program with the application of group therapy in conjunction with Korat songs.
Research Hypothesis

1. The experimental group’s mean post-test depression score after participation in the program will be lower than the pre-test score before participation.

Conceptual Framework

<table>
<thead>
<tr>
<th>Group Therapy Mental Health Program and Korat Songs</th>
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<tbody>
<tr>
<td>Session 1 - Build Relationships and Search for Internal Values</td>
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<tr>
<td>Session 2 - Knowledge and Understanding about Depression</td>
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<tr>
<td>Session 3 - Experience Exchanges and Depression Management</td>
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<tr>
<td>Session 4 - Mental Health Promotion with Korat Songs</td>
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<td>Session 5 - Mental Health Program Review and End of Therapy</td>
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</tbody>
</table>

Research Methodology

The present research is quasi-experimental research with pre- and post-test measurements to study the effects of the mental health group therapy program and Korat songs on depression in the elderly of Hua Thale, Muang District, Nakhon Ratchasima.

Population and Sample Group

The population consisted of males and females aged 60 years and up living at Hua Thale, Muang District, Nakhon Ratchasima.

The sample group consisted of eight males and females aged 60 years and up with mild to moderate depression based on the criteria of the Thai Geriatric Depression Scale, in which scores ranged from 13–24 points.

The sample group in the research was selected by the researcher by purposive sampling to obtain eight subjects to be placed in the experimental group. The researcher determined the size of the sample group in the present researcher based on the principle that an appropriate sample group size for group therapy should range from about 8–12 people or at least six people (Kanyanat Supaporn, 2012).
Protecting the Rights of the Sample Group

The researcher explained the objectives of the research as well as the research duration and answered questions until the sample group had gained an understanding about participation in the study. Next, the researcher explained that the subjects would be able to withdraw their participation in the research at any time with no requirement to provide any explanation. Also, the researcher explained that the research data would be kept confidential and the research findings would be presented from an overall perspective only. Thus, the researcher asked the sample group to sign in the informed consent forms to participate in the research.

Research Instrumentation

1. The instruments used in data collection were as follows:
   
   1.1 Demographic Data. The questionnaire is covering gender, age, religion, marital status, occupation, income, chronic illnesses, history of mental illness, number of family members sharing residence and experience with loss or trauma over the past six months.

   1.2 The Thai Geriatric Depression Scale (TGDS) developed by the mental rehabilitation group of Nipon Puangwarin and colleagues (1994). The scale’s precision using Kuder-Richardson’s formula to produce a score of 0.93.

2. The instruments used in the experiment were composed of the group therapy mental health program and Korat songs based on the Group Therapy concept of Yalom (1995 as referenced in Chaowanee Longchupon, 2005). The program consisted of five sessions taking place once weekly for five consecutive weeks. In Session 1: Build Relationships and Search for Internal Values, the elderly were instructed to share about, “Who I am and what makes me proud of myself?” and “What I am uncomfortable with at present?” to analyze the causes of depression. In Session 2: Knowledge and Understanding about Depression, the subjects were instructed to share key symptoms and situations that caused distress. In Session 3, the experiences in depression management of each subject over the past three weeks were exchanged to summarize problems, obstacles, and management of the problems above and obstacles. Also, knowledge and skills were reviewed on the problems of the group to jointly seek solution guidelines. In Session 4: Mental Health Promotion with Korat Songs, knowledge was provided on depression by the adoption of Korat songs as the communication media, which consisted of learning about depression, socialization skills, depression-reducing activities, and positive self-reassurance. In Session 5, the review was conducted on the health program, and the therapy program that was verified for content validity by three mental health and psychiatric experts was concluded. Two experts had matching opinions, and corrections were made to activities to ensure suitability with the context of the elderly with depression.

Conducting the Research and Data Collection

1. The researcher evaluated the pre-test depression in the elderly using the Thai Geriatric Depression Scale (TGDS).
2. Next, the researcher organized the program activities for a total of five times over five consecutive weeks. The researcher’s role was to act as the administrator of the group therapy.
mental health program and Korat songs in every session. Results were measured after the conclusion of the therapy in Session 5. The depression score of all members of the sample group met the passing criteria for normal with depression scores ranging from 0–12 points.

3. The researcher verified the completeness and accuracy of the questionnaire data before data analysis.

Data Analysis

The following software package or statistics were used in data analysis:

1. The demographic data of the sample group was analyzed by using descriptive statistics. The analysis was conducted using frequency distribution, mean value, and percentage.
2. Pre-test and post-test depression were compared using a paired t-test.
3. Statistical significance was set to be at 0.05.

Research Findings

The present research followed the set hypothesis. In other words, the elderly with depression had lower mean depression scores after the administration of the group therapy mental health program and Korat songs than pre-test scores with statistical significance at 0.05. The details are presented as follows:

Section 1: Demographic Data Analysis

In the present research, most of the eight subjects were females (75.0%). Three subjects were aged from 60–69 years (37.5%). Three subjects were aged from 70–79 years (37.5%) and two subjects were aged from 80–89 years (25.0%). All eight subjects were Buddhists (100%). Five subjects were widowed (62.5%). Six subjects completed primary education (75.0%). Three subjects were unemployed (37.5%). The monthly income of the subjects ranged from 3,001–5,000 baht for three subjects (37.5%). None of the eight subjects had a history of mental illness (100%). Seven subjects had chronic diseases (87.5%); most had hypertension and diabetes mellitus. Half of the subjects (four) had more than five family members (50%). One subject lived alone (12.5%). Subjects lived with their children the most at five subjects (67.5%). Over the past six months, one subject had experienced loss or trauma (12.5%).

Section 2: Pre-test, Post-test Comparison of Mean Depression Scores of the Sample Group that Participated in the Mental Health Group Therapy Program and Korat Songs on Depression in the Elderly
Table 1: Pre-test, Post-test Comparison of Mean Elderly Depression Scores

<table>
<thead>
<tr>
<th>Duration</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>T</th>
<th>df</th>
<th>Sig. (1-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difference in Mean Depression Scores</td>
<td>.50(.10)</td>
<td>.15(.09)</td>
<td>11.72</td>
<td>7</td>
<td>.05</td>
</tr>
</tbody>
</table>

*P < .05

Table 1 demonstrates that the mean post-test depression score of the sample group after the experiment was lower than the pre-test score with statistical significance at 0.05 (t = 11.72, P < .05).

Discussion of the Findings

The researcher would like to discuss the findings of the research in two separate sections as follows:

Section 1: Demographic Data of the Sample Group

In this research, the demographic data of the sample group showed that the majority of the subjects had chronic diseases (75.0%) and that 12.5 percent of the sample group had experienced a loss or traumatic event over the past six months. The findings concur with a study by Preecha Satawatthamrong (2001) on the prevalence of depression in the elderly, which found that discomforting events over the past three months can potentially lower perception of value and cause sadness, hopelessness, and despair in life. And the chronic disease has been found to be correlated with stress in the elderly. Extended periods of chronic illnesses in the elderly cause emotional changes leading to hopelessness, fatigue, and sadness.

Furthermore, the findings of the present study concur with an investigation by Clayment (1994 as referenced in Pornpan Sudjai, 2009), which found that depression can occur at any age but that the most vulnerable age group to depression is the 40–60 years group because some people might have work problems. Depression in middle-aged people can also be a result of infertility or the inability to have children. In addition, other people might be unable to achieve career advancements as they had hoped.

The study consisted of more females than males, concurring with a study by Chanida Kanchanalap (2000), which studied the incidence of depression and found that women formed the primary risk group with twice as many occurrences as men. This is because modern women need to cope with numerous family, work and health-related stressors. These findings concur with the present study. The majority of the subjects had a chronic disease.
According to a study by Pensri Linsuwanon (2000), single, widowed, divorced and separated people had greater depression than other elderly groups resulting from the elderly’s loss of the ability to adjust or failure to adjust upon becoming widowed, divorced or separated. The finding concurred with the present study, as up to 66.7 percent of the subjects were widows and, therefore, might not have friends in adversity or people to recount their problems too.

Section 2

The findings of the present research support the set hypothesis, i.e., the mean depression score of the elderly after participation in the group therapy mental health program and Korat songs was lower than the pre-test score with statistical significance at 0.05. The findings can be explained as follows: A study by Chitsamorn Wuttipong (2000) studied the results of a mental health program on the self-care behaviors regarding the mental health of the elderly. The finding was explained in that administration of the mental health program affected the mental health self-care behaviors of the elderly in line with the concept of Pender (1996) as referenced in Chitsamorn Wuttipong, 2000). This finding was explained in that previously existing behaviors determined and influenced health promotion behaviors directly and indirectly. In addition, learning through experience is a group process of teaching for the elderly. The elderly were given an opportunity to exchange their experience and influence the relations of fellow elderly to help promote proper behaviors and object to inappropriate behaviors. As a result, group members learned to accept criticisms, listen to others and better know and improve their behaviors successively, leading to mental health self-care behaviors improvements. Also, Korat songs were used to accompany the mental health program. They consisted of local performances of Nakhon Ratchasima, had a unique style of singing and were in the Korat language. They have been extensively passed on with evidence stretching back to 1913. Korat songs emphasized intuition and demonstrated the unity of the Korat people (Cultural Heritage, 2015).

The use of group therapy created therapeutic factors that helped enhance learning and appropriate cognitive, emotional and behavioral changes. Therapeutic elements can occur at any time and have complex and continuous processes (Somporn Rungruangkit, 2009). Similarly, a study was conducted by Chaowanee Longchupon (2004) on the use of palliative group therapy on depression in the elderly with depression. The program format of the study consisted of jointly venting problems. The review above found that depression in the elderly decreased due to mutual interactions creating awareness of internal values, leading to self-reliance. In addition, a study by Suntri Wattanabenchasopa (2000) was conducted on the effects of palliative group psychotherapy on the hope of cancer patients undergoing radiation treatment. According to the findings, the most frequently encountered therapeutic factor was hopefulness, followed by universality and attachments.

Recommendations for Application of the Research Findings

Nursing Practice
In adopting the mental health group therapy program and Korat songs, the therapist should consider the contexts of the care recipients, because the program is specific for the people who use the local Korat language. If necessary, appropriate adjustments should be made to suit the context of the care recipients.

**Research**

Studies should be conducted on the effects of group therapy mental health program and Korat songs in other groups of care recipients apart from the elderly with depression.

**References**


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