

## **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**

### **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, 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 neighborhood) 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 health ontologists and role theorists (Conrad Lorenz), self-actualization 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 aging 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 analyzing data, descriptive and inferential statistics and t test were used. The results of this study indicate that the mental health of men living in nursing homes has a better mental health status than those living in nursing homes; and, conversely, women living in home have a higher mental health status than men living at home.

**Key words:** 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. " The attempt to industrialize and expand urbanization and mechanized life, which requires the adoption of new ways to live, has a reverse effect on human health and has identified other dimensions in relation to health. One of these dimensions is the mental health of the community. The category that, although not new, has not paid much attention to its specialty"(1). Regarding the prevalence of various types of mental illnesses in the community, the importance of efforts to promote 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 familiarizing 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. 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 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 (2). 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 behavioral 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 says: "Every human being is so healthy that he has 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 of mental health was ignored by Aristotle 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 (3).

"Psychological health can 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 involves self-actualization and self-realization, that is, the actualization of internal and internal psychological abilities through a kind of psychological transformation. Jung (1875), Allport (1897), and humanists like Maslow (1908), have accepted this view. The third definition of mental health is the one that a person has been able to integrate with the "Sustainable Social Networking Network"; Adler (1870), and many sociologists have accepted this definition "(4).

2.1.1. The concept of mental health in psychoanalytic theories:

2.1.1.1. Freud's approach (1856) to mental health:

In Freud's opinion, certain characteristics are necessary for psychological health and is the first feature of self-awareness. That is, everything that may cause a problem in the unconscious, should be self-conscious.

Self-awareness is the main element of psychological health. Of course, psychological health is inadequate, but the final criterion of mental health, another characteristic of Freud, is the logical alienation of public interest and interest.

In Freud's opinion, the ordinary man is the one who has successfully completed the stages of psycho-sexual development, and has not been over-established in any of the stages. Of course, in Freud's approach, less human is considered to be conventional, and each person is somehow inferior to the standard (5).

2.1.1.2. The concept of mental health in the psychological, social and biological theory of Adler (1870).

From Adler's point of view, mental health means having certain goals in life, having a firm and solid philosophy for living, a favorable and sustainable family and social relationship, being useful to one another, daring and daring, decisiveness, controlling

emotions and feelings, having the ultimate goal Perfection and self-realization, accepting bugs, and making efforts to solve mistakes (ibid., 2016).

#### 2.1.1.3. The concept of mental health in Eriksson's theory (1963).

As Freud puts special attention to the unconscious in his theories, Eriksson has a lot of attention to me (Ego) or consciousness in this connection. Describes mental health in relation to me and defines its variables in relation to the "me" category.

"In general, Erickson, in relation to mental health, believes that there are certain traits that distinguish a person with a psychological health from someone who does not have this element. According to Erikson, these attributes are meaningful in the community, and on this basis An individual who lives in society and has a mental health that is free from conflict; he has the ability to use his talents and abilities; be skilled in his work; he has an unlimited initiative; he will take feedback from the moment he is in his profession. And finally, in the process of life, it is clear and understandable to the spiritual theory "(6).

#### 2.1.2. The concept of mental health in the theory of Kurt Lewin (1890):

Kurt Lewin is known to have been a field theory among psychologists. In Lewin's view, field theory is not limited to a specific area, but it includes concepts that can be used to illustrate various psychological truths. In terms of mental health, Lewin suggests that psychological well-being and psychological well-being make it more distinct and more differentiated in his person and his psychological environment; the strength and solidity of the frontiers of the psychiatric system is created.

Therefore, "a healthy person from a psychological point of view, according to Lewin, is one who distinguishes between himself and his psychological environment" (5).

#### 2.1.3. The concept of mental health in the theory of Karl Rogers (1902)

According to Rogers, the greater the mental health of a person, the feeling and experience of freedom of action and choice. In Rogers' approach, a healthy person is an unrestricted mindset (4).

#### 2.1.4. The concept of aging in different theories:

According to the definition of the glossary, adulthood means a fully grown and mature person .Elderly people are usually confronted with specific problems and issues. One of these problems is the lack of activity and power of young people. Most old men have retired from their jobs or they can not do the same job as before, so they often feel unsafe and lonely and lose social status. They imagine that they no

longer needed their existence, and others did not care for them; their reality is very much like a child whose grandfather rejected him.

Women and especially housewives are more prosperous because they can continue to work at home and often take care of their grandchildren. Perhaps this is one of the reasons for women's livelihood, because the activities they are interested in do not end 60 or 70 years of age. It's important for older people to feel that others are still in need of their own and are able to keep their daily activities as close as possible. If they feel so important and immune to this level, they will most likely not be exposed to mental illness and the body that is so common in these ages. "Margaret Wagner writes in this regard:" Some people think Normal behaviors and elderly people, such as disregard for clothing and food, selfishness and lack of reverence, and reliance on the past, are abnormal behaviors, although these behaviors often result in neglect of the surrounding. For example, in the case of Physical inactivity may involve physical causes such as rheumatism, but sometimes there are other reasons that have 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 are rejected, they will feel insecure and anxious and humble, and if they support them on the contrary More than that, feelings of reliance and lack of independence are exacerbated.

If older people are not allowed to work, they will be compelled to go a long way in the world of dreams and past memories, while they will be healthier and happier with their proper activity, physical and mental life. In this context, Luton says: "If older people's daily lives and useful activities are not occupied, their physical and mental health will be damaged. One third of the patients admitted to mental hospitals are those who are more than forty-five years old. If the community of our peoples has been barren, futile, and overwhelming, they are constantly immersed in the past, then they will likely increase their number in mental hospitals" (7).

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 counseling (by getting a salary or an honorary one) is also a great help for a person's sense of being(8).

## 2.2. Research Background:

The importance of mental health issues has led to a lot of research in Iran and the world on the issue. These researches, each with different questionnaire tools, have examined different dimensions of mental health such as depression, anxiety and

other categories in various ways. In this section, we refer to some of the research that relates to the subject matter of the research.

One of the basic concepts of the complex world of man, whose age is his height, is 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" (9). In another definition: "Health is one way it recognizes united action that aims to maximize individual power. In his opinion, the health requires that the person keeps the balance of the balance and the path with the environment, that is, where the action reveals itself"(10). In general, health definitions have emerged from patterns that are component the views of different scholars have been based on these approaches , three main patterns in the definition of health have always been considered:

A - Model of Medicine: This model mainly focuses on the biological and physiological explanation of health.

B - Environmental pattern: This pattern has emerged from the new ecosystem analysis and environmental hazards to human health. In this model, health is defined according to the quality of individual compromise with the environment when the conditions change.

C - General pattern: "This model defines the health in terms of the general population and includes the biological, physiological, psychological, emotional, social, spiritual and environmental aspects of individuals; and focuses on optimal health, disease prevention, and state Positive psychological and emotional focus" (11).

"This model believes that health is not static, it is a dynamic process that reflects everyday decisions and activities" (10). The establishment of this model has led to the emergence of a new interdisciplinary realm, which by adopting a general approach and applying this strategy in research methodology, seeks to respond to unresolved puzzles of one-dimensional views on health and disease (12).

### 3. Purpose of the research:

In this research, the main objective of the study is 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 Urmia ) ?

4. What is the status of the GHQ28 quadruple scale in terms of gender?

5. Concepts and variables used in the research:

5.1. 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 (13).

5.2. 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 behavioral disorders in humans (7).

5-3. Success is a change that occurs over time. This process has positive and negative aspects and includes the dynamics of biological processes, perception, development, and puberty, meaning that aging lasts throughout life. Aging is 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 (14).

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 (15).

7. Research Method:

The present research method is causal-comparative.

7.1. 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.

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

7.3. Sample: a part or subset of society that is chosen by accepted methods, so that studying them is possible and possible instead of society (16). The sample consisted of 100 elders, 50 women and men from Tabriz, 50 men and women from Urmia, and 100 of them 50 people living in nursing homes and 50 people living at home.

7.4. 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.

7.5. Research tool: The general health questionnaire 28 questionnaire was used in this research.

7-6. Method of data analysis: The data analysis method is descriptive and inferential in the present study. T-test was used.

## 8. Findings:

As mentioned, the type of research is descriptive and inferential and t-test was used to analyze the information. 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 Urumia cities has been made.

Based on the hypotheses mentioned, the mental health of the elderly has been studied based on gender, place of residence, and four criteria of GHQ-28, and the findings are as follows.

8-1. Table (1): Distribution of percentage of respondents by sex

Row	Gender	Abundance	Percent
1	man	50	50%
2	female	50	50%
3	Total	100	100%

The table above shows that 50 (50%) respondents are male and 50 (50%) are women.

8-2. Table (2): Percentage distribution of respondents by location

PERCENT	ABUNDANCE	LOCATION OF LIFE
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50%	50	Tabriz
50%	50	Urmia
100%	100	Total

Table (2) shows the percentage of respondents divided by their place of residence. 50 (50%) of the elderly in Tabriz and 50 (50%) are elderly in Urmia.

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

Table 3: 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

As you can see in the table above. The average score of the elderly living in the nursing home is higher than the average score of the elderly living at home (near the children) and is based on t, which is less than t table. There is 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?

Table 4: 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

As shown in the table above, the average of men living in nursing homes is higher than the average of men living at home and also the average of women living in nursing homes is higher than the average of women living at home and also the average of men living in the elderly's home than the average living men In the home more nursing and the average of men and women living in the nursing home is higher than the average of men and women living in the home. According to the t score obtained from table t, the difference between gender is significant in terms of mental health.

As shown in the table, the mean score of women living in the elderly's home (35.21) is higher than the cut-off line (GHQ - 28), indicating that the two standard deviations are higher than the cut-off line and that the mental health status is worse than the four groups Above.

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

8.5. Table (5): 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	<b>Physical signs</b>
			1.26	0.98	50	Urmia	
2.617	0.977	98	3.2	4.19	50	Tabriz	<b>Anxiety</b>
			0.59	1.01	50	Urmia	
2.617	1.002	98	2.89	4.16	50	Tabriz	<b>Social</b>

			0.74	1.17	50	Urmia	<b>function</b>
2.617	3.359	98	0.43	0.34	50	Tabriz	<b>depression</b>
			0.84	1.375	50	Urmia	

As shown in the table above, the mean score of physical symptoms and depression in the elderly of Tabriz is 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 is a significant difference between the symptoms Physical and anxiety and social function, but the amount of t obtained in depression indicates that there is no significant difference between the two cities.

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

8.6. Table (6): The results of t-test on mental health of the elderly GHQ based on gender

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

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

## 9. Discussion, interpretation, conclusion

As the title of this study shows, the aim of this study is 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 are more than men and men than women with depression. In general, women are better off than men. The elderly in Tabriz have a better position in terms of physical symptoms and depression than the elderly in Urmia. Conversely, the elderly in the city of Urmia have 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 have a better mental health status than women living in the elderly, and, on the other hand, women living in the home have a better mental health status than Men are living at home.

Based on the location of the residence, the results of this study indicate that the elderly living at home (near the children) of the elderly living in the elderly have 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 home were not willing to answer or accept the questionnaire because of their perceptions and misconceptions in the questionnaire.

#### 11. Suggestions:

11.1. 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.

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

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

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

11-5. Retirement workers must, after retirement, have a half-time job to make them feel better about their individual health and social life.

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