The Effects of Family Support on Elderly Mental Development

Sulastri[a], Dedek Saiful Kohir[b], [a,b]Nursing major, Poltekkes Kemenkes Tanjung Karang, Sumatera, Indonesia, Email: [a]sulastri@poltekkes-tjk.ac.id

Mental development of the elderly is influenced by various factors such as social relations, social environment, psychological factors, and social activities. This study aims to determine the relationship between family support and mental health and the quality of life of the elderly in Desa Bagelen, Kecamatan Gedong Tataan, and Kabupaten Pesawaran. The research design used a correlation study with a cross-sectional approach. The sampling technique used was multistage random sampling and the sample consisted of 95 people. The results showed that there was a relationship between family support and the mental health of the elderly with a p-value of 0.001. The results of the study also showed that there was a relationship between family support and the quality of life for the elderly with a p-value of 0.002.

Keywords: *Family support, Mental Development, Depression, Elderly*

Introduction

The world currently has a significant elderly population; the number of people aged 60 years and over is estimated to be more than 7%. The world's elderly population reached 962 million in 2017, showing a more than 2-fold increase compared to the 1980 figures of 382 million elderly worldwide. This figure is expected to increase significantly by 2050. The prediction is that the elderly population will number 2.1 billion by 2050 (BPS, 2019). With respect to the elderly sector of society in Indonesia, it was as much as 8.1% in 2015, and is expected to increase to 9.5% in 2020, 11.1% by 2025, and by 2030 it is expected to reach 12.9% (Kementerian kesehatan RI, 2018). This is expected to have both positive and negative impacts on a large number of senior citizens in Indonesia in the future. Positive impacts can be expected if the elderly are healthy, active, and productive. On the other hand, if the elderly have health problems this will have multiple impacts which will be seen reflected in health care costs, decreased revenue, increased disability, and lack of social support, as well as an environment that is less than friendly to the elderly population (Ika Maylasari, S.ST. et al., 2019).

A range of problems, especially psychological issues, often accompany aging. Anxiety and depression in the elderly have been studied throughout the world, and some authors regard it as one of the most pressing issues faced by modern society. Social isolation and loneliness can cause mental health problems to increase. Research who focused on the prevalence of anxiety and depression in a cohort of seniors in Portugal found that 9.6% of those aged 65 experienced symptoms of anxiety, while 11.8% suffered with depression. Furthermore, elderly people experiencing anxiety and depression have a higher likelihood of having physical ill-health also. Clearly, serious treatment is needed for this problem in order to improve the welfare of the elderly (Sousa, Rodrigues, Gregório, ..., 2017).

The incidence of depression in the elderly has been established in several studies. Depression can more seriously affect groups of individuals who are already vulnerable. The prevalence of depression among international migrants is further affected by demographic factors and education. Research shows that newly arrived migrants are especially susceptible to depression. Prevention strategies and improved psychological assistance is needed in order to ensure migrant mental health and welfare. Further studies should be conducted to better understand the risk of psychiatric disorders among members of the migrant population (Sarokhani, Parvareh, Dehkordi, ..., 2018).

In older age, a person will experience multiple physical, cognitive and psychosocial changes. It has been ascertained that healthy aging results in physical and cognitive function declines that are more gradual. Substantial empirical evidence supports the protective effect of an active lifestyle and leads to a slowing of age-related degeneration processes. There is debate about when the decline begins and how high the psychosocial characteristics are which affect age-related changes. In this study, psychosocial factors refer to factors that include psychological and social processes and meanings that affect the individual, as well as general factors affecting the wider human society (Finkenzeller, Pötzelsberger, ..., 2019). Most mental health problems in the elderly relate to cognitive decline.

Cognitive deficits are often observed in the major depressive disorders and impair long term psychosocial functioning. However, the relationship between cognitive deficits and psychosocial functioning has not been studied. Advanced Research aims to systematically review the literature on the relationship between specific cognitive disorders and psychosocial functioning. Additional studies can be identified by searching reference lists. Following the inclusion and exclusion criteria, it was found that the domains of cognitive deficits in executive function, attention, memory, and global cognition are associated with psychosocial dysfunction in the domain of quality of life and social functioning, and employment, globally. The relationship to cognitive function has also been observed in longitudinal studies, which shows that only specific cognitive domains affect the psychosocial outcomes during long-term illness. Older age and a greater severity of symptoms seem to impact cognitive dysfunction and psychosocial relations, but little is known about the role of several other clinical factors, such

as the problem of psychosis and duration of illness (Finkenzeller et al., 2019). Cognitive dysfunction aggravates and contributes to the emergence of depression in the elderly.

Depression in elderly Brazilians is a problem encountered in geriatric medicine. Geriatric depression is a mental health condition that occurs in older people (Ibowo, 2017). Typical symptoms of lower functioning characterise it, with a decreased interest in activities, insomnia or hypersomnia, fatigue or loss of energy, and motor agitation or retardation can be observed. Many studies exist which predict geriatric depression from the perspective of health informatics based on analytic data mining. However, no research emphasises the performance stacking mechanism, with one classifier ensembles. Therefore, this study investigates the performance related to the stacking approach to predict geriatric depression-related datasets of the Health and Nutrition Examination Survey of Korea (KNHANES) ranging from 2010 to 2015. KNHANES is comprised of large datasets available to the public from national surveillance systems, which aims to assess the health and nutritional status of the Korean people since 1998. It is a cross-sectional, nationally representative survey comprising 10,000 people each year. The problem of depression in the elderly is the result of a complex interaction of biological, physical, psychological and social factors (Lee, 2017).

Depression is now known as a serious medical condition related to mood and cognition. The lack of social support, family support, the environment, and the lack of availability to the community also causes depression in the elderly. The symptoms associated with a depressed mood range from sadness to irritability, loss of interest in daily activities, inability to feel pleasure, feelings of guilt and worthlessness, and thoughts of death and suicidal ideation. Cognitive symptoms include an inability to concentrate and difficulty in making decisions. Physically, people with depression can experience severe fatigue and a lack of energy (Pae, 2017).

Those who are elderly and depressed are especially vulnerable due to factors involving loss, a decline in physical health as a result of aging, and often a lack of family support. A lack of family support will affect how the elderly cope. Inadequate coping methods can cause a crisis that becomes cumulative and prolonged, until finally, it shows up in symptoms of depression. All family members, especially the elderly, need to develop coping mechanisms that will ease various crises and family issues. Coping is derived from an individual's ability to solve problems, to have a positive outlook, strong physical health, sound social skills, and a supportive family. This then leads to adaptive coping, where the elderly cope with the problem and avoid depression (Saju, Kusuma, & Lasri, 2018). Family support systems for the elderly need to address specific issues that arise as a consequence of the aging process.

According to Friedman, family support serves as the collector and the emergence of a stressor disseminator information because the information provided can donate a specific action on the individual suggestions. Aspects of this support are advice, recommendations, guidance, and

providing information. People with a mental health condition are given information by their families about mental illness and its management (Friedman, 2013).

Support of family and social relationships are the focus of social exchange theory whereby human happiness is seen as generally deriving from various aspects of social relations. Work can contribute to feelings of happiness, as well as reading books, making art, and so forth. Reduced social interaction can lead to feelings of isolation, and feeling useless, and the elderly who experience social isolation are prone to depression as a result of this (Hayati & Huda, 2018).

There have been numerous studies of the elderly but there has been little research conducted regarding the effect of family support on the mental development of elderly people who still live in their own homes. Therefore, this study was conducted in order to determine the psychological development related to family support of the elderly.

Methodology

This research utilised a quantitative analytic test and a cross-sectional design. The sampling technique used was multistage random sampling. Samples were taken at random and comprised 95 elderly people. The inclusion criteria for this study were willingness to become a respondent, aged 60 years or over, living at home with family, able to read and write, and did not have impaired vision or hearing. The variable in the research consisted of independent variables that support the family, which includes adaptability (adaptation), partnership, growth, affective, and determination. The dependent variable was elderly mental health problems, such as depression.

Data was collected directly from the respondents by way of a questionnaire. In retrieving the data attention was given to research ethics and to the maintenance of the privacy and confidentiality of all respondents. The family support questionnaire used an A.P.G.A.R Score, which is an instrument for measuring the standard deviation. The instrument used to measure levels of depression and mental health of the elderly was the GDS (Geriatric Depression Scale).

Data analysis software was used. Univariate analysis described each variable and bivariate analysis (chi-square) was used to examine the relationship between variables.

Results

Table 1. Characteristics of Respondents (n = 95)

variable	amount	%	Total
Gender	woman	Male	95 (100)
	67 (70.5)	28 (29.5)	
Level of education	higher education	Middle education	95 (100)
	66 (69.5)	29 (30.5)	
Profession	Pension	Does not work	95 (100
	80 (84.2)	15 (15.8)	

Table 1 shows that the majority of female respondents were 67 (70.5%), 66 people had received higher education (69.5%), and 80 people were retired (84.2%). Table 2 shows the majority of family support on aspects of adaptation of 60 people (63%), moderate dysfunction partnership (57.9%), growth (52.6%), and effective category dysfunction (57.9%). The category of dysfunction involved 50 people (52.6%). The total support of the family (APGAR score) showed moderate family dysfunction in 60 people (63.2%).

Table 2. Distribution of Respondents based on Family Support (N = 95)

Family support	dysfunctional Medium	High dysfunctional	Total
Adaptation	60 (63.2)	35 (36.8)	95 (100)
Partnership	40 (42.1)	55 (57.9)	95 (100)
Growth	50 (52.6)	45 (47.8)	95 (100)
Affect	55 (57.9)	45 (42.1)	95 (100)
Resolve	50 (52.6)	45 (47.8)	95 (100)

Table 3 shows that out of 95 respondents, 56 of the elderly (58.8%) respondents had moderate depression. Table 4 shows that 60 respondents were in a dysfunctional family. There was a total of 33 respondents (55%) who had mild depression, and 27 respondents (45%) with moderate depression. 35 elderly respondents were in a highly dysfunctional family, and subsequently, of these, a total of 6 respondents (17.1%) had mild depression, and 29 respondents (82.9%) had moderate depression.

Table 3. Distribution of Respondents based on Mental Health Problems (N = 95)

Variable	amount	%	Total
Mental Health (Depression)	amount	%	
Mild	39	41.1	
Moderate	56	58.9	

Table 4. Distribution of of Respondents by Family Support effects on Mental Health (Depression)

Family support		Depression		p
		Mild	Moderate	
Dysfunctional	amount	33	27	
Family - moderate	%	55.0	45.0	0,001
Dysfunctional	amount	6	29	
Family - High	%	17.1	82.9	

A p-value, based on the Chi-Square test, was obtained. The value of 0.001 was found to be less than 0.05, so it can be concluded that there are relationships between family support and the mental health of the elderly (incidence of depression). There was a known ODS ratio of 5.9, which means that the elderly with medium level family dysfunction were likely to have better mental health (lighter depression) by 5.9 times compared to the elderly with high levels of family dysfunction.

Discussion

Depression is a common problem experienced by the elderly. The symptoms of depression can affect every aspect of elderly lives, impacting energy, appetite, sleep, as well as manifesting in a lack of interest in work, hobbies, and relationships. Depression is not a sign of weakness or a character flaw. It can happen to anyone, at any age, independent of background or life accomplishments. While major life changes, such as retirement, death of loved ones, and the decline in health, experienced in aging can sometimes trigger depression, they do not necessarily have to result in the condition of depression. Whatever challenges are faced as people get older, there are steps that can be taken to feel happy and hopeful again and enjoy the golden years (Dey, 2017). There are many conditions that can lead to depression in the elderly, such as a lack of family support (Muda, Hariyanto, ..., 2017).

Family support through interpersonal relationships can help with protection against stress, and stable family ties help when elderly people face problems. Family support affects the elderly, including the busyness of family members, poverty levels, and poor education, and whether or not the family wanted to be bothered with problems (Friedman, 1998, in Muda et al., 2017).

Family support, including social support, is a pleasure perceived as caring, respect, and help received from another person or a group. Environments that provide this support are family, friends, or community members. Family support is considered to be the primary support for the elderly in order to retain good health in the face of physiological changes.

The results showed a significant relationship between family support and the elderly, especially with respect to mental health problems. The research hypothesis stated that there is a relationship between family support and mental health problems experienced by the elderly. The need for social support by the family is critical. The results emphasise that the elderly are in need of support and that the interaction with the next generation, as well as other relatives, are important for mental health and wellbeing (Rahmadiliani, 2019),

Other research which supports these results showed that family support is indispensable for the elderly and can increase their lifespan. Seniors who received psychological support were not as depressed (Khorni & Supratman, 2017),

Results of other studies indicate that the support of family can reduce stress in the elderly, especially in those who have dementia. The results showed that the majority of respondents were in the age range of 60-74 years old and one of the risk factors for dementia is being aged over 65. There is a definite relationship between the level of stress and dementia in the elderly.

Mental health problems in the elderly are caused by a range of psychological issues. They can also be caused by physical problems and degenerative processes that occur in the elderly. The process of aging in the majority of elderly people can result in a lowering of the quality of life in older women with physical problems. Family support is needed in order to overcome the problems experienced by the elderly so that the levels of stress and depression are not insurmountable. Therefore, to improve the quality of life and mental health in the elderly, it is necessary to demonstrate understanding and manage interventions to address the problems (Harandi, Taghinasab, & Nayeri, 2017; Kwak, Kwon, & Kim, 2016; Liu, Gou, & Zuo, 2016). The involvement of the elderly in social activities needs to be maintained. Thus, the elderly are more likely to still feel needed and appreciated. This will improve the self-esteem of the elderly (Bourassa, Memel, Woolverton, ..., 2017).

Research also shows that the gender of the caregiver affects the quality of care and the comfortability of the elderly themselves (Sharma, Chakrabarti, & Grover, 2016; Tian, 2016).

Growing old can result in a variety of complaints, and decreased socialisation can trigger mental health problems in the elderly. From a developmental perspective, factors associated with age, lifestyle and perceived physical health are closely related and therefore influence the perception of the quality of life in older age (Fastame, Hitchcott, & Penna, 2017; Orden & Conwell, 2016; Orden & Conwell, 2016).

Some research which shows that there are extensive mental health problems in the elderly, such as psychometric examination of multiple morbidities, indicates that psychological problems are higher in people who are older (Jones, Amtmann, & Gell, 2016; Ong, Uchino, & Wethington, 2016).

Social support and multiple interventions should be provided to the elderly to address mental health problems, such as music therapy (Werner, Wosch, & Gold, 2017), efforts to improve health (Nelson, 2016), elderly nutrition (Giacalone, Wendin, Kremer, Frost, ..., 2016), and web-based interventions (Wasilewski, Stinson, & Cameron, 2017).

Considerable time is requiredto perform even a relatively short data collection, such as in the case of gymnastics and the elderly and elderly health examinations. Data collection can be conducted in groups to assist the elderly who are less open and ashamed and this allows mutual trust to build.

Conclusion

The results showed that the relationship between family support and mental health in the elderly resulted in depression at a mild to moderate level. The support of families was assessed using the APGAR score which indicates that the perceived dysfunction was still at a reasonably level high. Families are expected to provide support to the elderly. Support can be in the form of creating a pleasant home atmosphere, sharing information, and mutual listening. Attention and support around aspects of adaptation, help the elderly to increase feelings of usefulness and purpose. This kind of support is expected to decrease feelings of depression in the elderly. Community service for the elderly is indicated based on the research results as well as the building of synergies between the family, the health care system and the public.

REFERENCES

Bourassa, K. J., Memel, M., Woolverton, C., & ... (2017). Social participation predicts cognitive functioning in aging adults over time: comparisons with physical health, depression, and physical activity. *... & Mental Health*.

Dey, A. (2017). *Depression among elderly residents of Kolkata : A comparative study on pre retirement and post retirement conditions of elderly*. *3*(3), 159–162.

Fastame, M. C., Hitchcott, P. K., & Penna, M. P. (2017). Does social desirability influence psychological well-being: Perceived physical health and religiosity of Italian elders? A developmental approach. *Aging & Mental Health*.

Finkenzeller, T., Pötzelsberger, B., & ... (2019). Aging in high functioning elderly persons: study design and analyses of behavioral and psychological factors. *... Journal of Medicine ...*.

Friedman. (2013). *Keperawatan Keluarga*. Yogyakarta: Gosyen Publishing.

Giacalone, D., Wendin, K., Kremer, S., Frøst, M. B., & ... (2016). Health and quality of life in an aging population–Food and beyond. *Food Quality and ...*.

Harandi, T. F., Taghinasab, M. M., & Nayeri, T. D. (2017). The correlation of social support with mental health: A meta-analysis. *Electronic Physician*. ncbi.nlm.nih.gov.

Hayati, N., & Huda, S. (2018). HUBUNGAN ANTARA INTERAKSI SOSIAL DENGAN TINGKAT DEPRESI PADA LANSIA DI DESA PURWOREJO KECAMATAN BONANG KABUPATEN DEMAK. *Prosiding HEFA (Health ...*.

Ibowo, W. (2017). Stimulasi Otak, Dimensia, Lansia PENGARUH KEGIATAN STIMULASI OTAK TERHADAP UPAYA MEMINIMALISIR DEMENSIA PADA LANSIA. *Jurnal Keperawatan Malang*, Vol. 2, pp. 1–7. https://doi.org/10.36916/jkm.v2i1.22

Ika Maylasari, S.ST., M. S., Yeni Rachmawati, S.ST., M. S., Hendrik Wilson SST, S.Si, M., Sigit Wahyu Nugroho, S. A., Nindya Putri Sulistyowati, S. S., & Freshy Windy Rosmala Dewi, S. S. (2019). *Statistik Penduduk Lanjut Usia 2019*. Jakarta.

Jones, S. M. W., Amtmann, D., & Gell, N. M. (2016). A psychometric examination of multimorbidity and mental health in elderly. *Aging & Mental Health*.

Kementerian kesehatan RI. (2018). *Analisis Lansia di Indonesia*.

Khorni, S. Al, & Supratman, S. (2017). *Hubungan antara dukungan keluarga dengan kualitas hidup lansia di desa gonilan kecamatan kartasura kabupaten sukoharjo*. eprints.ums.ac.id.

Kwak, Y. H., Kwon, H. J., & Kim, Y. J. (2016). Health-related quality of life and mental health in older women with urinary incontinence. *Aging & Mental Health*.

Lee, E. S. (2017). Exploring the Performance of Stacking Classifier to Predict Depression Among the Elderly. *2017 IEEE International Conference on Healthcare ….*

Liu, L., Gou, Z., & Zuo, J. (2016). Social support mediates loneliness and depression in elderly people. *Journal of Health Psychology*.

Muda, M. H., Hariyanto, T., & … (2017). Hubungan Dukungan Keluarga dengan Motivasi Lansia dalam Mengikuti Kegiatan Posyandu Lansia di Kelurahan Tlogomas Kecamatan Lowokwaru Malang. *Nursing News: Jurnal ….*

Nelson, T. D. (2016). Promoting healthy aging by confronting ageism. *American Psychologist*.

Ong, A. D., Uchino, B. N., & Wethington, E. (2016). Loneliness and health in elderly: A mini-review and synthesis. *Gerontology*.

Orden, K. A. Van, & Conwell, Y. (2016). Issues in research on aging and suicide. *Aging & Mental Health*.

Pae, K. (2017). Perbedaan Tingkat Depresi Pada Lansia Yang Tinggal Di Panti Werdha Dan Yang Tinggal Di Rumah Bersama Keluarga. *Jurnal Ners Lentera*.

Rahmadiliani, N. (2019). HUBUNGAN DUKUNGAN KELUARGA DENGAN KEPATUHAN LANSIA DALAM MENGIKUTI POSYANDU LANSIA DI POSYANDU LANSIA "SAKURA" SAMARINDA TAHUN 2017. *Jurnal Kebidanan Mutiara Mahakam*, Vol. 6, pp. 1–6. https://doi.org/10.36998/jkmm.v6i1.22

Saju, K. S., Kusuma, F. H. D., & Lasri, L. (2018). HUBUNGAN DUKUNGAN KELUARGA DENGAN TINGKAT DEPRESI LANSIA USIA 60-70 TAHUN YANG MENGIKUTI KEGIATAN KARANG WREDA PERMADI DI …. *Nursing News: Jurnal Ilmiah ….*

Santini, Z. I., Fiori, K. L., Feeney, J., Tyrovolas, S., & … (2016). Social relationships, loneliness, and mental health among older men and women in Ireland: A prospective community-based study. *Journal of Affective ….*

Sarokhani, D., Parvareh, M., Dehkordi, A. H., & … (2018). Prevalence of depression among iranian elderly: systematic review and meta-analysis. *Iranian Journal of ….* ncbi.nlm.nih.gov.

Sharma, N., Chakrabarti, S., & Grover, S. (2016). Gender differences in caregiving among family-caregivers of people with mental illnesses. *World Journal of Psychiatry*. ncbi.nlm.nih.gov.

Sousa, R. D., Rodrigues, A. M., Gregório, M. J., & … (2017). Anxiety and depression in the Portuguese elderly: prevalence and associated factors. *Frontiers in ….* frontiersin.org.

Tian, Q. (2016). Intergeneration social support affects the subjective well-being of the elderly: Mediator roles of self-esteem and loneliness. *Journal of Health Psychology*.

Wasilewski, M. B., Stinson, J. N., & Cameron, J. I. (2017). Web-based health interventions for family caregivers of elderly individuals: a scoping review. *International Journal of Medical ….*

Werner, J., Wosch, T., & Gold, C. (2017). Effectiveness of group music therapy versus recreational group singing for depressive symptoms of elderly nursing home residents: pragmatic trial. *Aging & Mental Health*.