SOCIAL INFLUENCES ON MENTAL HEALTH OF THE ELDERLY

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Abstract: *As they age, older people face significant health challenges influenced by both external factors such as social and environmental elements, and internal factors such as biological decline. Focusing on the mental health of the elderly, we see that disorders such as anxiety, depression and insomnia can occur at this stage, with a significant impact on the quality of life. We also bring in attention some of the social influences on the mentioned illnesses, such as social isolation, widowhood, inability to meet with peers or death of friends and neighbours. These challenges require a personalised and careful approach to the care of the elderly, bearing in mind that the elderly are exposed to a wide range of health problems and risks.*

Keywords*:* elderly, social influences, anxiety, depression, suicide, insomnia, dementia*.*

1. Introduction

Ageing is a process manifested by a gradual decline in molecular, cellular, tissue and body functionality. As individuals advance in age, they become more vulnerable to disorders and are more likely to develop disease, which increases the risk of mortality (Booth and Brunet, 2016).

The global population is ageing rapidly. Today, the older segment of the population, i.e., people age 65 and over, accounts for 7% or more of the total population in many regions of the world - with the notable exceptions of Africa and parts of Asia, as well as Latin America and the Caribbean. Projections indicate that by 2050, only 33 countries will have a proportion of older people below 7% of the total population, which is a significant decrease from 115 countries in this situation in 2015, show He, Goodkind and Kowal, (2016).

As a senior, maintaining an active social life can bring a multitude of benefits to mental health. Engaging actively in social and mental activities represents an affordable and low-risk approach to preventing anxiety, depression, suicide, insomnia or even dementia.

2. Understanding ageing

Old age comes with many significant changes in the way a person perceives themselves and the world around them. These changes affect working life, relationships with family and friends. Some of these changes occur within a specific time frame and require immediate adaptation (Sion, 2003: 228-231).

Nowadays, people in the transition to old age are generally in a better psycho-affective state, enjoy better health and have more financial stability than previous generations. They tend to be more like middle-aged adults than older adults. For example, most people aged 65 to 75 enjoy similar health to middle-aged adults. Although some abilities may obviously be impaired, they are still able to function well (Sion, 2003: 228-231).

To investigate the causal relationship between social networks and health status, various explanations have been proposed. Rennemark and Hagberg (1999) found that there are two types of links between social factors and health status. First, social aspects of an individual's environment, such as social class, number of friends and the lifestyle associated with these aspects, were found to have a direct impact on health and well-being. Second, social functions, such as the presence of a close friend and the feeling of being valued, act as protective mechanisms against psychological stress, thus contributing to the promotion of health and well-being. The aforementioned authors argue that it can be assumed that people

with healthy social structures and adequate social functions perceive, report and, in fact, exhibit physiological reasons for less severe symptoms of health conditions.

3. Social factors influencing mental problems in the elderly

Older people often find themselves with smaller social networks as their friends are likely to disappear over time and their children become more independent and, for various reasons, move to other places (such as for education, jobs or to live with their partners), and some of the people with whom they previously had contact may have died (Levula et al., 2015).

It is clear that poor mental health is correlated with both social isolation and subjective aspects such as perceived social support or feelings of loneliness, aspects that have attracted increasing interest from researchers in recent decades (Wang et al., 2018). Social isolation refers to the absence of social relationships, while loneliness refers to the perception of social isolation, not social isolation per se. In older adults, both social isolation and loneliness have been shown to negatively impact a range of health-related aspects.

Although the association between social networking and depression is well recognized (Santini et al., 2015), it has not yet been fully established whether loneliness causes depression or depression contributes to feelings of loneliness, or whether both scenarios may be present, with contrasting results in the literature. The relationship between anxiety and social factors has been less studied than that with depression, but researchers have explored both directions of this relationship: anxiety disorders can affect social support, contacts with extended family, and the quality of neighbourhood relationships, and social difficulties experienced by patients with depression or anxiety can predict a diagnosis of depression or anxiety, notes Domènech-Abella et al., 2019.

4. Mental health problems of the elderly

4.1. Anxiety

Zhao et al., (2022) consulted a series of studies from around the world and discovered that anxiety is a prevalent mental health concern in the elderly, impacting social functioning, overall quality of life, and life satisfaction, and potentially leading to suicide. Recognized as a crucial coping mechanism for anxiety, perceived social support refers to the assistance an individual perceives from their social network. A study conducted in Italy, authors note, revealed that perceived emotional support was negatively associated with anxiety symptoms in older outpatients. Additionally, factors such as gender and social support played influential roles in anxiety levels. Protective effects of social support were identified, mitigating anxiety in older adults, while elderly Arab women reported higher anxiety levels compared to men (Zhao et al, 2022).

Although most older adults with generalized anxiety disorder report onset in childhood or adolescence, between 30 and 40% report onset later in life, suggesting that late-onset anxiety is not a rare phenomenon (Le Roux, Gatz and Wetherell, 2005). The same is true for panic disorder and post-traumatic stress disorder that first appear later in life, Woods and Clare, 2008 (p. 104-108) extract from the literature. Post-traumatic stress disorder (PTSD) is found to be common in older adults. It is an anxiety disorder characterized by a traumatic event that is experienced or relived even long after its initial occurrence. This, in turn, leadrenns to avoidance of certain stimuli and changes in normal reactivity (such as a narrow range of affect) and lack of future perspective. Although most cases of generalised anxiety disorder seem to start early in life, some older adults do not report such a history before their current anxiety problems. Those older adults with generalized anxiety disorder who report an early onset of anxiety, argue Woods and Clare, 2008 (p. 104-108), tend to have more severe anxiety and are more likely to additionally have depressive symptoms.

4.2. Depression

Social isolation is a significant risk factor for functional difficulties in older individuals, leading to feelings of emptiness and depression when important relationships are lost. Singh and Misra (2009) observe that positive relationships offer a sense of control and independence, while the absence of relationships can result in isolation and depression. The distinction between obligatory family relationships and voluntary friendships underscores the importance of perceived internal control over social interactions in alleviating loneliness. As individuals age, forming new friendships becomes more challenging, but those with greater resources maintain social "capital" that facilitates the pursuit of new relationships and social involvement.

Patients suffering from depression at the end of life have a variety of clinical features and history, as well as concurrent medical conditions. Compared to older adults who experience a depressive episode in their youth, those with onset of depression later in life are at greater risk for neurological abnormalities. These can include obvious deficits on neuropsychological tests and age-related changes in the brain that go beyond normal limits. Furthermore, these patients are at increased risk of developing dementia in later life. In older adults with depression, low mood may not be as common as in younger adults with the same condition. Instead, irritability, anxiety and somatic symptoms may be more present. It is also important to note that psychosocial stressors, such as the loss of a loved one, can trigger a depressive episode in older adults. However, it is essential to distinguish between these transient reactions to major life events and a diagnosis of depression, according to Taylor's (2014) observations.

In addition to its association with other health problems, depression can predict further cognitive impairment and even dementia. This finding opens a debate as to whether depression might be a direct risk factor that can be treated or should be considered more as an early manifestation of dementia. The results of a meta-analysis suggested that there is reason to view depression as a risk factor for the later development of dementia. Several subsequent studies have confirmed this hypothesis. Depression appears to be a strong predictor of cognitive decline, with the ability to consistently predict a decline in global cognitive functioning and information processing speed, regardless of the relevant factors that might influence it, according to van den Kommer et al. (2013).

4.3. Suicide

It appears that the elderly have a higher suicide rate than young people. Although there are far more suicide attempts in teenagers and young adults. Approximately 2 to 4 seniors who attempt suicide succeed (Brooks, Burrss, and Mukherjee, 2018). This statistic may be explained, in part, by the increased social isolation associated with older age, making no one available to detect or prevent such actions. Another important factor in “successful suicide” among the elderly could be their frailty, as they are less able to tolerate violent trauma caused by self-harm. Depression and social isolation are consistent and independent risk factors for suicidal behaviour, the authors also argue. A crucial risk factor is untreated depression, which often goes unrecognised. Studies indicate that family members and friends can accurately identify these risks. highlight Brooks, Burrss and Mukherjee (2018).

Apart from the supportive roles of family and friends, various other social risk factors contribute to suicide among older individuals. These factors include social isolation, neglect, absence of religious affiliation, social conflict, economic constraints, and depressive states, claims Lyndon et al, (2021). The lack of religious affiliation has frequently been linked to elevated suicide rates, not solely because religion offers a sense of purpose and hope, but also because the belief systems and spirituality are presumed to serve as coping mechanisms.

In many respects, older people perceived that their lives had come to an end. They were facing the loss of aspects of life that made it valuable in their eyes. The impact of illness, functional decline and, in some cases, tensions within the family made life unbearable. The

sense of loss of autonomy and freedom of action negatively affected their self-esteem and they felt they were losing themselves. They had a realistic perception of the future: they expected further functional decline. However, their attitude towards approaching death was one of acceptance, and many of them had expressed a wish to die for some time already, according to Kjølseth et al., 2010.

4.4. Insomnia

Kamel et al. (2006) point out that sleep disorders can negatively affect health-related quality of life, increasing the risk of accidents, sickness, and chronic fatigue. Poor sleep quality is associated with memory problems, reduced concentration, and decreased performance in psychomotor activities. Sleep disturbance is also associated with a higher risk of falls, cognitive decline, and increased mortality.

Insomnia, if left untreated, can lead to significant morbidity rates. Evidence suggests that the greatest risk is in mental illness, where older people with insomnia have a 23% higher risk of developing symptoms of depression. Several studies have shown a link between insomnia and increased risk of depression in older patients. Patel et al (2018) found in a meta-analysis that insomnia was associated with heart disease, with risk rates ranging from 1.47 to 3.90 after adjusting for age and other cardiovascular risk factors. Insomnia and sleep loss were also linked to high blood pressure, myocardial infarction, and possibly stroke.

Due to the prevalence of insomnia in the elderly population and the availability of effective treatments, screening for sleep disorders in the elderly is crucial. Patients need to be educated about the normal changes in sleep related to ageing and be made aware that sleep problems are not inevitable with advancing age. Comprehensive evaluation for insomnia includes a detailed medical history, medication review, a thorough physical examination and appropriate blood tests. In some cases, referral to a sleep disorder specialist may be necessary, as suggested by Kamel et al. (2006).

Jensen et al., (1998) note that the intensity of insomnia showed a correlation with past experiences of loneliness or the anticipation of future loneliness. Research they consulted indicates that maintaining social rhythm stability is crucial for sleep in the context of late-life spousal bereavement. In individuals aged 75 and over, the data revealed a higher prevalence of sleep-related symptoms in socially disadvantaged groups, underscoring the substantial impact of social factors on the quality of sleep among the elderly.

4.5. Dementia

Stuart-Hamilton (2000: 163-186) considers dementia to be a progressive loss of memory, intellectual and language skills, typically accompanied by radical changes in personality and sometimes motor skills. Symptoms vary significantly between patients, but in general the different forms of dementia can be distinguished by their developmental patterns. Several diseases can be mistaken for dementia because of a superficial similarity of symptoms, but they can usually be easily identified. On a physical level, dementias often differ in their patterns and type of atrophy, but the correlation between lesions and psychological symptoms is far from certain. Nearly all intellectual functions deteriorate in dementia (especially Alzheimer's disease, which has been most studied). Although there are some interesting qualitative differences in functioning, it should be noted that these are usually only seen in patients in the early stages of the disease - as the disease progresses, patients usually no longer have sufficient psychological abilities to understand or perform the tasks presented to them. It must also be remembered that in dementia, like many other illnesses, it is not only the patient who suffers, but the illness can also be a great source of stress and burden to their carers (Stuart-Hamilton, 2000: 163-186).

The severity of the symptoms of dementia can lead to an exaggerated view of its prevalence (Stuart-Hamilton, 2000: 163-186). Thus, it is important to remember that only 5-6% of all older people will develop symptoms of dementia and many will have only a mild

form of dementia in later life. It is also inaccurate to perceive dementia as exclusively a disease of old age, as if it were an inevitable consequence of ageing. As noted, all forms of dementia can begin before the onset of old age and some, in fact, are rarely seen after the age of 65. Moreover, the psychological performance of patients with dementia is qualitatively different from that of older people without dementia, demonstrating that dementia is not a natural extension of the ageing process. Stuart-Hamilton, 2000: 163-186, notes that it has been suggested in the literature that because very early-stage dementia is difficult to distinguish from ageing without dementia, there is a continuum. This is plausible, but it can equally be argued that at the onset of many diseases, a patient still shares many of the characteristics of a healthy person. However, this does not preclude the existence of a distinct health condition.

Matsuoka et al., (2011) observe that occurrence of cognitive decline showed a significant association with social disengagement and also individuals engaging in a high level of leisure activities, particularly those that involve intellectual factors, experience a reduced risk of dementia.

5. Conclusions and openings

Older people face many changes in their lives, and it has been shown that some respond differently to these changes than others (Butler and Ciarrochi, 2007). As the years go by, chronic diseases become more and more present in the lives of older people. These conditions impact not only on the body, but also on psychological well-being and social relationships. Chronic diseases can limit an individual's mobility and independence, changing the way they perceive life, relationships with others and their own identity. Sometimes these changes can develop into sadness, but they can also trigger conditions such as depression, anxiety, anger, sleep problems and substance abuse (Morewitz and Goldstein, 2007).

So, we can already see that the future of ageing faces significant challenges as the world's population ages rapidly. It is therefore necessary to focus on developing and implementing innovative programmes and services to address these issues, as it was previously proved that the social life of elderly has a significant impact on their mental health. Technology and telemedicine could play an important role in providing access to mental health care for the elderly, especially in remote or resource-limited communities. It is also crucial to continue research into the mental health of the elderly to better understand risk factors and develop more effective prevention and treatment methods. Collaboration between communities, health professionals, families and older people is essential to create a supportive and encouraging environment for those facing such problems.

In conclusion, ageing brings with it complex challenges, but with collective efforts, education, and innovation, we can ensure that older people get the care and support they need to have a better quality of life.

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