

Review Article

Mental Health Problem in Older Adults Living Alone: Challenges Issues

Sarinrut Juntapim*

Department of Mental Health and Psychiatric Nursing, Faculty of Nursing, Khon Kaen University, Thailand

Abstract

Among the elderly, including Thailand, the number of individuals living alone is likely to continue to rise globally. Older adults living alone are more likely, particularly with advancing age, to be bad. Loneliness and social alienation feelings are recorded by many. Older adults living alone were more likely to have depressive symptoms. Those living alone appear to be more lonely and suffer greater functional loss, and women living alone are more at risk of poverty with regard to income, especially. Nearly 90% of older individuals who live alone express a strong desire to preserve their freedom. Many fear that they are too reliant on others and want to continue to live alone, despite their loneliness. To help them retain their independence, it is necessary to offer more social services to older adults, physicians should encourage them to participate in daily physical activity and social activities, and should provide referrals to social work to help them do so. For older adults living alone, coordination and distribution of care during convalescence are challenging. Physicians should make sure that home care is available and, if necessary, prescribe additional services. Older adults living alone can be reassured by a passive or individually activated emergency response system that support can be accessed if appropriate.

Keywords: Living alone; Older adults; Mental health

Background

Among the elderly, the number of individuals living alone is likely to continue to increase globally. Almost 29% of the 46 million elderly community-dwelling adults in the US live alone. Around half of the oldest (around 85 years) living in the community live alone. Men are more likely to die before their spouses, and widowed or divorced men are more likely to remarry than widowed or divorced women. Approximately 70 percent of older people living alone are women, and 46 percent of all women aged around 75 years live alone. The number of people aged 60 and over is now about 13 million in Thailand, accounting for 20 percent of the population. For Thailand, population ageing is a relatively recent occurrence; it was only in 2001 that Thailand became an elderly population with more than 7 percent of the population over 65. The rise in family size is part of this shift to an aged society by 2050 [1]. Thais have lived historically in extended-family households with several members. But now, as fertility decreases and the population ages, the total number of older people in households of just three people is [2]. Clearly, social services and monitoring will be required for this group of isolated elderly. By 2020, 11 percent of older individuals were living alone and 21 percent were living with their spouse alone. Living alone, however, does not inherently mean that children (or other relatives) are geographically separated [3].

The Definitions of Living Alone

The concepts of living alone or being single may differ. Official marital status no longer needed today reflects the living arrangements

Citation: Juntapim S. Mental Health Problem in Older Adults Living Alone: Challenges Issues. *Am J Nurs Stud.* 2020;1(1):1007.

Copyright: © 2020 Sarinrut Juntapim

Publisher Name: Medtext Publications LLC

Manuscript compiled: Nov 05th, 2020

***Corresponding author:** Sarinrut Juntapim, Department of Mental Health and Psychiatric Nursing, Faculty of Nursing, Khon Kaen University, Thailand, E-mail: sariju@kku.ac.th

of an individual as single, divorced, and widowed individuals may live alone or with other individuals such as a spouse, kids, parents, or other unrelated individuals. Thus, living arrangements can best define one's social ties rather than official marital status. Moreover, individuals living alone do not constitute a uniform group. Depending on their age, gender, education, and job status, individuals living alone can be at very different stages of life. Moreover, during the life course of a person, living arrangements will change many times. Living alone is understood in this review as only one person living in a household at the time of the research [4] i.e. a single person's household size. Earlier studies have provided contradictory findings on the relationship between mental wellbeing and living alone. Living alone does not, according to some studies, constitute a risk factor for mental health [5] On the other hand, several writers have identified depression associations, poorer health and quality of life experiences, and isolation experiences [6,7] In addition, research indicates that individuals living alone face difficulties that can put a potential pressure on their mental well-being, such as financial problems and higher cost of living because they do not have the scale value of those living with another adult [8,9].

Situation for Older Adults Living Alone

In most nations, the number, and often the percentage, of older people living alone is increasing. More than 40 percent of women aged 65 or older live alone in some European countries. Traditional living arrangements are becoming less common even in communities with strong traditions of older parents living with children, such as in Japan. Living alone in old age has often been equated with social isolation or family abandonment in the past. In several cultural environments, however, research indicates that older people tend to be in their own homes and communities. Elderly people living alone have been found to need the most emotional treatment on the part of the mind [10-12]. One of the concerns that elderly people in disadvantaged households are very concerned about is [13]:

- **Elderly people alone** have discovered that the element of vulnerability depends on relationships with others around

them, i.e. elderly people who live alone at home, but if they live in the neighborhood of their children's home, family members. As someone cares about them, they are also likely to be safe,

- **The elderly who live on their own and have no close family and grandchildren.** Anxiety and fragility will occur due to lack of treatment, especially in the event of an emergency.
- **The elderly are alone with their spouses** and have found that this group of elderly people is very comfortable because they are not lonely if both of them are still in good health. People are talking to each other here. But if one of them is ill, the pain inevitably follows, because the other has to take care of it. For young people from other provinces to work in Bangkok, the word "elderly live in cross-generational households" is popular. Or leave the countryside to work in the area, and young people with children in the same hometown leave their children to their parents to raise them. This community of elderly people are also happy to collect their grandchildren. But if the child remits insufficient funds to cover the costs, she would worry.
- **Older individuals living with their parents** have become more common. The parents are still alive, but after retirement age, the children grow up. This group of older people, especially if their parents are addicted to bed, is very stressed. In caring for their elderly parents together, this brings more burden on the elderly and "the elderly live with non-relatives," such as their elderly friends. High stress has been discovered and the fact that it is not a parent begs the question of who is going to take care of who. This leads to the following feeling that, while many people are together, they feel like they are alone.

Mental Health in older Living Alone

Compared to older adults with other household members, older adults living alone were more likely to report feeling anxious (38%) or depressed (27%) compared to older adults with other household members (31% reported feeling anxious, 19% reported feeling depressed). Previous research has consistently portrayed adults living alone as a low-well-being vulnerable group [14-16]. Compared to older people living with a partner, Women also record less satisfaction with life among older adults living alone [17], which the authors attribute to their relative health and socio-economic disadvantage find that aging without children is more common among those living alone, stressing the availability of assistance [18], point out that those living in large households report a better quality of life than those living in small households or alone [19]. Nonetheless, the lack of relatives and other sources of encouragement does not in itself mean living alone. Older individuals living alone appear to depend on communication and support from children, siblings, and other relatives as well as non-kin (friends, neighbors) [20,21]. In addition, living alone could be a question of degree. Members of the adult family may not live together, but they are still very close: in the same house, street, or neighborhood. More than five decades ago, Depression is considered a major public health issue. Depression causes a great deal of suffering, reduces physical and social functioning, and even increases the risk of elderly suicide. For older people, living alone faces grave challenges. Older adults living alone are more likely than those living with a spouse or family member to report feelings of depression [22,23]. Early mortality is also at high risk [24] There

are many explanations why there is loneliness associated with living alone. First of all, living alone increases the risk of social isolation, particularly among those who do not have kids or live far from them. Socially isolated individuals receive significantly less emotional and instrumental support than those who are not socially isolated, increasing the risk of depression in turn. Older men living alone are at higher risk of social isolation because in late life they have a more difficult time maintaining social relationships than older women. Second, disadvantaged and economically insecure adults who live alone are more likely, which also raises the likelihood of depression earlier in the world, the association between depression and living arrangements was studied. And these outcomes can vary across cultures and societies. It is notable that Western countries' research concentrated more on living conditions, whether living alone had a different influence on depressive symptoms or not. An American study found that there were more depressive symptoms in older individuals living alone than those living with others [25]. The same evidence that people living alone and living with strangers are more likely to have depressive disorder than people living with partners was also found in another study in Finland. There are, however, more distinct systems in Asian living arrangements. Most previous studies have shown that elderly people living with children are associated with an increased risk of depression abroad: people living alone and living with children in Singapore are associated with higher levels of depressive symptoms [26]. Older adults living alone, living with an unmarried child, living with grandchildren are more likely to experience depressive symptoms in Korea. In Thailand, a higher risk of depression in the elderly was projected for children living in the district. Another research found an inverse association between living with an infant and the incidence of depressive symptoms. A important human resource is the elderly. Children ought to pay attention to both physical and mental wellbeing. For both the family and community, as you have provided many advantages. The era of respect that children honor is the Psychological Elderly. Having kids raised as adults is the age of happiness. Reduced tasks, free time to do stuff completely focused on passions or passions. Around the same time, though, old age is the time of life that transitions from middle age to full old age. This relates to a wide variety of physical, mental and social changes in the elderly that can trigger mental health issues. Older adults living alone are more likely, particularly with advancing age, to be bad. Many record feelings of depression and social alienation. Fresh or deteriorating signs can be unnoticed in those with health conditions or sensory deficits. Many have trouble adhering to recommended regimens of treatment. Some older individuals who live alone do not prepare complete, nutritious meals because they have physical restrictions and because eating is a social activity, making under nutrition a concern. Almost 90 percent of older individuals living alone express a strong desire to preserve their freedom, despite these issues. Many fear that they are too reliant on others and want to continue to live alone, despite their loneliness. Physicians should enable them to engage in daily physical exercise and social activities to help them retain their independence and should include referrals for social work to help them do so. For patients living alone, coordination and distribution of care during convalescence are challenging. Physicians should make sure that home care is available and, if necessary, prescribe additional services. Patients can be reassured by a passive or individually activated emergency response system that support can be accessed if appropriate.

References

1. Brixi H, Jitsuchon S, Skoufias E, Sondergaard LM, Tansanguanwong P, Wiener M.

- Reducing Elderly Poverty in Thailand: The Role of Thailand's Pension and Social Assistance Programs. Washington DC: World Bank. 2012.
2. HelpAge International. Ageing in the 21st Century: A Celebration and A Challenge. New York: UNFPA. 2012.
 3. HelpAge International. Policy Mapping on Ageing in Asia and the Pacific Analytical Report, Chiang Mai: HelpAge International East Asia/Pacific Regional Office. 2015.
 4. International Labour Organization. 2018. World Social Protection Report 2017–19. Geneva: ILO.
 5. Knodel J, Chayovan N. Population Ageing and the Well-Being of Older Persons in Thailand. Ann Arbor: Population Studies Center, University of Michigan, Institute for Social Research. 2008.
 6. Knodel J, Prachuabmoh V, Chayovan N. The Changing Well-Being of Thai Elderly: An Update from the 2011 Survey of Older Persons in Thailand. Chiang Mai: HelpAge International. 2013.
 7. Pension Funds Online. Pension System In Thailand. 2019.
 8. UNDESA. Health and Well-Being in Older Age. New York: United Nations. 2000.
 9. United Nations. Urban and Rural Population by Age and Sex, 1980-2015. 2014.
 10. United Nations. Living Arrangements of Older Persons: A Report on an Expanded International Dataset. New York: United Nations. 2017.
 11. United Nations.. World Population Prospects 2019. 2019.
 12. de Jong Gierveld J, Dykstra PA, Schenk N. Living arrangements, intergenerational support types and older adult loneliness in Eastern and Western Europe. *Demographic Res.* 2012;27:167-200.
 13. Davidson K, Daly T, Arber S. Older men, social integration and organisational activities. *Social Policy Society.* 2003;2:81-9.
 14. Doubova (Dubova) SV, Pérez-Cuevas R, Espinosa-Alarcón P, Flores-Hernández S. Social network types and functional dependency in older adults in Mexico. *BMC Public Health.* 2010;10:104.
 15. Dykstra PA. Older adult loneliness: Myths and realities. *Eur J Ageing.* 2009;6:91-100.
 16. Grundy E. Ageing and vulnerable elderly people: European perspectives. *Ageing Society.* 2006;26:105-34.
 17. Gaymu J, Springer S. Living conditions and life satisfaction of older Europeans living alone: A gender and cross-country analysis. *Ageing Society.* 2010;30:1153-75.
 18. Margolis, Verdery. Living arrangements of older persons: a report on an expanded international dataset. New York, NY: Department of Economic and Social Affairs, Population Division (ST/ESA/SER.A/407). 2017.
 19. Dykstra PA. Cross-national perspectives on intergenerational family relations: The influence of public policy arrangements. *Innovation Aging.* 2018;2:1-8.
 20. Larsson K, Silverstein M. The effects of marital and parental status on informal support and service utilization: A study of older Swedes living alone. *J Aging Stud.* 2004;18:231-44.
 21. Fiori KL, Antonucci TC, Akiyama H. Profiles of social relations among older adults: a cross-cultural approach. *Ageing Society.* 2008;28:203-31.
 22. Fiori KL, Antonucci TC, Cortina KS. Social network typologies and mental health among older adults. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences,* 2006;61:25-32.
 23. Victor CR, Scambler SJ, Bowling ANN, Bond J. The prevalence of, and risk factors for, loneliness in later life: A survey of older people in Great Britain. *Ageing Society.* 2005;25:357-75.
 24. Fiori KL, Smith J, Antonucci TC. Social network types among older adults: A multidimensional approach. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences,* 2007;62:322-30.
 25. Gaymu J, Springer S. Living conditions and life satisfaction of older Europeans living alone: A gender and cross-country analysis. *Ageing Society,* 2010;30:1153-75.
 26. Yeh SC, Lo SK. Living alone, social support, and feeling lonely among the elderly. *Social Behavior and Personality: An International Journal,* 2004;32:129-38.