
RESEARCH ARTICLE

Analysis of Mental Health Conditions and Coping Strategies for the Elderly

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ABSTRACT

With the arrival of the aging society, the mental health of the elderly population has been a social concern, and the psychological care work of the elderly population has become one of the important tasks of social work in China. This paper, through the questionnaire survey method, combined with the interview method, through the Beijing and Qingdao each 10 communities, 50 community health care workers and 500 elderly people and their families, the results shows that: the overall level of community mental health services is not high; 25.4% of the elderly people's overall happiness experience time is less than half of the time, the elderly people's sleep problems are more prominent, and the elderly people's self-esteem level is not high in general. Based on the analysis of the factors influencing the level of mental health of the elderly, this paper combines the current situation of community mental health services and puts forward suggestions for measures to improve the mental health of the elderly.

KEYWORDS

Older population; Indicators of well-being of older people; Mental health of older people; Measures to improve the mental health of older people

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1. Introduction

Surveys show that 80%-90% of China's elderly population have different degrees of psychological problems, personality disorders or bad behavioral habits, about 27% of the elderly have anxiety, depression and other psychological problems affecting normal physical and mental health, 0.34% of the elderly suffer from schizophrenia, 0.75% of the elderly suffer from dementia. Every year, the elderly who commit suicide due to psychological problems nationwide account for 36% of the total number of suicides (Li et al., 2021), and the psychological state has an important role in the recovery of chronic diseases and the psychological state is even more decisive for the happiness index and quality of life of the elderly. However, since mental illnesses of the elderly are usually manifested in the form of physical discomfort, the elderly themselves, their family members and community hospitals are usually unable to recognize the true state of illness, and therefore a large number of psychological problems of the elderly are neglected. Meanwhile, community medical service centers are unable to provide appropriate professional services for the time being, and the mental health of the elderly is in a worrying situation.

In order to analyze whether the elderly in different cities and community living environments all have problems at the mental health level, this paper adopts a self-developed questionnaire on the mental health of the elderly combined with the interview method and conducts a survey on 10 communities in each of the two cities of Beijing and Qingdao, 50 community healthcare workers and 500 elderly people, to learn about the mental health status of the elderly, their access to medical care, and their community attention, etc., and to find out the mental health status of the elderly, their access to medical care, and their community attention, according to the analysis on the Based on the analysis of the factors affecting the mental health level of the elderly, it is proposed that actions need to be taken at the levels of the elderly themselves, their families, the community, and the government to improve the psychological condition of the elderly. In particular, the community, the grass-roots organization that has the most

contact with the elderly, should actively take corresponding measures and, at the same time, draw on the relatively perfect community psychological service system, effective working methods, and grid-based working model of foreign countries to create an easy-to-practice, comprehensive service model for the elderly in the community, so as to improve the state of the mental health of the elderly and enhance the quality of life of the elderly in their later years.

2. Mental Health of the Elderly in Beijing and Qingdao

2.1 Subjects

This study is divided into two parts to conduct the survey; the first part is to interview and investigate 50 healthcare workers in 10 communities in Beijing and Qingdao; the second part is to investigate 500 elderly people in 10 communities in the two places (Inclusion Criteria: Elderly people's age \geq 55 years old, clear consciousness, cognitive ability to complete the questionnaire; willingness to participate in this survey). 550 questionnaires were distributed, 530 were retrieved, 522 were valid questionnaires, and the validity rate of the questionnaires was 94.9%.

2.2 Survey Methods

The survey tools for the mental health of the elderly in this study include the Mental Health Scale and the Influential Factors Related Scale. The assessment tools for mental health include: World Health Organization Five-item Well-being Index (WHO-5), Asens Insomnia Scale and General Self-efficacy Scale, and the assessment tools for influencing factors include: General Situation Questionnaire, Simple Coping Scale, Eysenck's Personality Scale and Collaborative Social Support Scale. Personality Inventory, and the Collaborative Social Support Scale. The questionnaires for community services are the Self-administered Community Mental Health Services Questionnaire and the Community Healthcare Workers Mental Health Related Knowledge and Skills Questionnaire.

3. Analysis of the Mental Health Status of the Elderly

3.1 Happiness Indicators

The World Health Organization's happiness indicators assess the individual's experience of happiness from five aspects, with a total mean score of 3.59 ± 1.11 , and the proportion of elderly people who experience less than half the time with less than 3 points, i.e., the overall experience of happiness, is 25.4% and about 1/4 of the elderly have a low experience of happiness. The survey results show that the proportion of elderly people who feel happy and relaxed less than half the time accounts for 14.0%, and those who feel happy and relaxed more than half the time account for 86.0%. The proportion of older people who felt peaceful and relaxed less than half the time was 16.0%, and the proportion of older people who felt it more than half the time was 84%. Feeling energized and refreshed less than half the time (22.9%) and more than half the time (77.1%). Older adults wake up feeling fresh and well-rested less than half the time and more than half the time (20.4%) and more than half the time (79.6%). The percentage of time when life is full of interesting things is 28.3% for less than half of the time and 72.7% for more than half of the time. On the whole, the proportion of surveyed older persons with a sense of happiness is the highest, indicating that older persons have a better overall feeling, but there are still 14.0% of older persons who lack a sense of happiness, which is a problem that needs to be paid attention to in the work on the elderly. The proportion of older persons whose lives are always full of interesting things is the lowest, accounting for 22.1 percent. This indicates that the lives of the elderly need to be filled with more interesting things and that the community should organize a variety of meaningful activities for the elderly, especially those that are socially meaningful and reflect the value of the elderly.

Table 1: Proportion (%) of older persons with different experiences of well-being

Happiness Experience Content	All the time	Most of the time	More than have of the time	Less than half of the time	A fraction of the time	No time
I feel happy. I feel good.	32.3	38.8	14.9	9.5	3.5	1.0
I feel peaceful and relaxed.	27.4	39.8	16.9	10.0	4.0	2.0
I feel energized and full of energy	27.5	35.3	15.3	13.4	6.5	3.0
I wake up fresh and get enough rest	22.4	35.8	21.4	13.9	4.5	2.0
My day is full of interesting things	22.1	30.6	18.7	13.7	12.9	2.0

3.2 Sleep Condition of the Elderly

Using the Asens Insomnia Scale for investigation and statistics, among the surveyed subjects, the total score is less than 4 points accounted for 30.3%, 4-6 points accounted for 49.8%, and more than 6 points accounted for 19.9%, i.e., 49.8% of the older adults are in the state of mild insomnia, and 19.9% are in the state of severe insomnia. 19.9% of the older adults are mildly affected by the mood during the day due to the problem of sleep, and 6.0% are significantly and seriously affected by the mood due to poor sleep. 22.96% of the older adults are mildly affected by physical functioning during the day due to sleep problems, and 4.5% are significantly and seriously affected. The mood of older adults was significantly and severely affected by poor sleep. 22.96% of older

adults had mild effects on daytime physical functioning due to sleep problems, and 4.5% had significant and severe effects. 51.7% of older adults had mild daytime sleepiness due to nighttime sleep quality problems, and 3.5% had significant and severe daytime sleepiness. Overall, the results of this survey show that the quality of sleep of the elderly is affected by a high percentage and that the quality of sleep of the elderly is a health issue of concern.

3.3 Self-esteem Level of the Elderly

Self-esteem level is divided into 4 levels from 1-4; below 2 points is a low self-esteem level, between 2-3 points is a medium level, and above 3 points belongs to a high level of self-esteem. The self-esteem of the elderly is at a very low level of 0.5%; the average level of self-esteem is 69.2%, and the high level of self-esteem is 30.3%. This survey shows that most elderly people have an average level of self-esteem, and although the percentage of low self-esteem is low, it is important to note that the percentage of elderly people with high self-esteem is only 30.3%. The level of self-esteem of the elderly population still needs to be improved. From this, we can see that the community can organize a variety of activities to respect the elderly and social activities for the elderly to give full play to their spare time so as to enhance the recognition and acceptance of the elderly, and thus raise the level of self-esteem of the elderly.

3.4 Status of Mental Health Services for the Elderly in the Community

The survey shows that all 10 communities have community medical service centers, and only 2 communities carry out mental health service programs, while the remaining communities are limited to the screening work for transcendental illnesses that the health system sends specialists to carry out. All community healthcare workers believe that mental health is important to community residents, and 71.4% of community workers indicated that they would be willing to provide services in this area if they had the ability to do so. The rate of mastery of basic knowledge and skills of community staff in mental health services was 43.6%, and the overall mastery of knowledge and skills was poor. 30.6% of the staff have received knowledge training on mental health, and the number of training per capita is 0.4 times/year. Only one community medical service center has a designated liaison with a hospital specializing in mental health. The overall mental health service capacity of the community is weak, and the mental health service work system is not perfect, with much room for development.

4. Analysis of Factors Related to the Mental Health of the Elderly

4.1 Analysis of Survey Results

The World Health Organization's five well-being indices were used as a general indicator of mental health to analyze the related effects of factors including age, insomnia, positive coping, neurotic personality traits, social support, marital status, living environment, and economic status on the mental health of older adults.

4.1.1 Age and mental health

Age was negatively correlated with mental health, and the older the age, the lower the level of mental health.

4.1.2 Insomnia

The degree of insomnia is negatively correlated with mental health; insomnia is an important factor affecting the psychological feelings and happy mood of an individual; mental health services should pay full attention to the sleep condition of the elderly, and effective interventions, such as cognitive behavioral interventions, and improving the quality of sleep of the elderly is an important measure to promote the mental health of the elderly.

4.1.3 Personality Traits

Neuroticism score is significantly negatively correlated with mental health, and neuroticism in personality is an important factor affecting mental health. Despite the stability of personality traits, it is still necessary to pay attention to the personality traits of the elderly in the work of community services so as to make them realize the impact of neuroticism in personality traits and gradually guide them to perfect their personality traits, which is conducive to improving the happiness index of the elderly in their later years of life.

4.1.4 Coping Styles

Positive coping styles are positively related to mental health. It is good for the mental health of the elderly to adopt positive coping styles in the face of events in the family and the community, and community services should guide the elderly to apply positive coping styles in dealing with the problems they encounter.

4.1.5 Social Support

Social support is positively correlated with mental health, and it is necessary to mobilize the social support system available in the family and the community in the work of mental health services for the elderly.

4.1.6 Marital Status

Marital status is also correlated with mental health. Divorced and widowed older people have lower mental health than married older people; therefore, community services should provide more thoughtful mental care for divorced and widowed older people.

4.1.7 Residential Environment

Those who live with their spouses and family members have a high level of mental health, while those who live alone or in nursing homes have a low level of mental health. In community services, programs for mental health services need to be adapted to the living conditions of the elderly.

4.1.8 Economic Status

This survey also shows that the better the economic status, the higher the level of mental health, and that secure old age is the basic condition for the happiness of the elderly in their old age. The economic status of the elderly is an issue that needs to be paid attention to in community services, and the civil affairs departments need to be coordinated to give attention and assistance to those who are in financial difficulties.

4.2 Summary of Other Domestic Research Results

The survey shows that 40.6% of elderly chronic disease patients have different degrees of psychological problems (Zhang et al., 2010). In terms of mental health influencing factors, Zhou's (2019) survey showed that the family environment is an important factor affecting the mental health of the elderly. Li's (2021) study suggested that positive self-regulation of older adults is a core aspect of achieving the goal of healthy aging. Other studies have confirmed that gender, age, literacy level, economic status, and residential status of older adults are also factors that influence the mental health status of older adults living alone in the community (Wang, 2011). The mental health of older adults with chronic pain is generally low, and chronic pain in older adults is an important factor affecting mental health (Zhao et al., 2019). The mental health of older adults with chronic conditions is poorer and is influenced by coping styles, family support and disease symptoms. As age increases, older adults are prone to cognitive dysfunction, and one study showed that the prevalence of older adults with cognitive dysfunction in nursing facilities was 39%, and that cognitive dysfunction can negatively affect the physical and mental health of older adults (Zhang & Yu, 2016). This survey shows that the proportion of older people over 60 years of age with chronic diseases is 54.7%. Such a high proportion of chronic disease prevalence not only puts forward requirements for physical health services for older people but also put forward higher requirements for mental health services.

5. Current Situation of Geriatric Mental Illness Treatment at Home and Abroad

Long influenced by prejudice against the psychiatric profession, people also associate psychological problems with mental illness. In the new stage of the high incidence of mental illness, most of the population is still reluctant to go to the psychiatric outpatient clinic, fearing that they will be mistaken as suffering from mental illness after consultation, which will affect their studies, career and marriage.

The situation of the elderly, as a vulnerable group in society, is even less optimistic. On the one hand, because the elderly often use physical discomfort as the main complaint when they visit the clinic, it will interfere with the clinician's judgment to a certain extent, thus affecting the timely and correct diagnosis and treatment of anxiety and depression in the elderly. On the other hand, the 2022 expert consensus on the diagnosis and treatment of depressive disorders in the elderly pointed out (Sun et al., 2022) that due to the unclear etiopathological mechanism of depression in the elderly, atypical clinical manifestations, poor treatment compliance, low drug response rate and other problems, the treatment of depression in the elderly is more difficult, and some of them are in a refractory state. 2020, there is an analysis of the study pointed out that among the patients with depression in the elderly, only 4% to 37% of the patients received medication, and after 2 years of follow-up, 33% were in good condition, and 21% died (Lenze et al., 2015). This shows that. The state of anxiety and depression in the elderly is in a state that is difficult to diagnose and treat and has poor results.

6. Coping Strategies for Psychological Problems of the Elderly

To summarize, the psychological problems of the elderly are the result of multiple factors and levels. Therefore, in order to effectively prevent the psychological diseases of the elderly and ensure their psychological health, we should start from multiple angles, targeting various factors and treating the symptoms.

6.1 Individual Level

Aging is an inevitable trend of living organisms, and the degradation of various physiological functions will largely lead to psychological changes in the elderly. The aging process cannot be stopped, but it can be slowed down by adjusting the mindset and lifestyle. Maintain an optimistic mindset and look at things from a positive.

Reading books from time to time can keep the brain active and slow down the aging process of the brain. A reasonable diet can guarantee nutritional supplementation, and grapes, walnuts and other foods contain a variety of anti-aging antioxidant factors that play a role in delaying aging. At the same time, exercise can effectively delay the loss of chromosome telomeres to achieve the effect of anti-aging.

6.2 Family Level

The elderly for the sudden retirement life will not adapt easily to produce irritability, anger and other negative emotion; and most young people go out to work, the negative emotions can not be relieved in a timely manner, which will also aggravate the sense of loneliness of the elderly (Li, 2022). Children should communicate more with the elderly, relieve their loneliness through listening, and enhance their sense of existence and value. Guide the elderly to look at life positively and cultivate healthy hobbies so that they can gradually adapt to and enjoy their retirement life. Care more about the physical health of the elderly and conduct regular checkups.

6.3 Community Level

The community is the grassroots unit with the most contact with and the closest to the elderly, and it can better listen to and understand the demands of the elderly (Ma et al., 2022), so it is of great significance to strengthen the community's services for the mental health of the elderly.

This questionnaire survey shows that all 10 communities have community medical service centers, only 2 communities carry out mental health service programs, and the rest of the communities are limited to the screening of mental illnesses sent by the health system. All of the community health care workers believe that mental health is very important to the community residents, and 71.4% of the workers indicated that they would be willing to provide this service if they had the ability to do so. The rate of mastery of basic knowledge and skills of community staff in mental health services was 43.6%, and the overall mastery of knowledge and skills was poor. 30.6% of the staff received mental health services. 30.6% of the staff have received training in mental health, and the number of training per capita is 0.4 times/year. Only one community medical service center has a designated liaison with a hospital specializing in mental health. The overall mental health service capacity of the community is weak, and the following aspects can be taken into account to carry out work related to the mental health of the elderly.

6.3.1 Health Promotion

The community can help the elderly learn more about daily health care and mental health care by setting up health bulletin boards and distributing pamphlets. Help the elderly to raise the importance of their own mental health, and enhance the awareness of self-care, positive self-regulation, and maintain a good mental state. The community can also join hands with local hospitals to conduct regular health checkups for the elderly in the community and provide targeted health education.

6.3.2 Health Guidance

Many elderly people have a combination of diseases and need to take the necessary medication in their daily lives. For this reason, it is necessary to take into account the type of disease and medical advice of the elderly as well as the specifics of the medication, instructing them to use the medication in strict accordance with the medical advice and to go to the hospital immediately to receive checkups and professional guidance from the doctor when they become unwell. It also teaches the elderly all kinds of health and wellness knowledge, especially for the causes, prevention and treatment of common cardiovascular and cerebrovascular diseases of the elderly to explain in detail.

6.3.3 Mental Health Services for the Elderly

By organizing and carrying out healthy and beneficial cultural and sports activities for the elderly in a variety of forms, the spiritual and cultural life of the elderly is enriched. The community is the main place of daily life for many elderly people, and it is also an effective place to intervene in the mental health of the elderly. More than 90% of the nation's elderly people age at home, so the community model of aging is the more common way of aging for a long time to come. Establish community psychological counseling rooms, group psychological activity rooms, psychological lectures and psychological knowledge exhibitions, etc., to help them improve their mental health and subjective well-being from the perspectives of self-worth enhancement, adaptation to urban life, and self-knowledge and understanding.

6.3.4 Create Psychological Salons

A psychological salon is a form of free and lively, participatory thematic discussion, a more relaxed form of activity. Psychological salons in the community are publicized to recruit interested older people to participate after the organizer determines the theme. Leaders with psychological expertise preside over the event and are responsible for the flow of activities, site control, and focus of the theme. Under the guidance of the host, the elderly freely express their opinions around a theme, and through the exchange of ideas and emotions, they achieve the purpose of clearing up their doubts, understanding and growth. The psychological salon

pursues an atmosphere of respect, equality, harmony and warm communication through multi-person interaction, communication, emotional catharsis, self-expression and other means of in-depth discussion of typical problems, giving people inspiration and reflection.

6.4 Government Level

For the elderly, mobility difficulties and complicated processes are the main factors limiting their activities outside. Relevant government organizations can establish green channels for the elderly and simplify the process so that they can enjoy convenient social services. Relevant staff need to be more patient and meticulous in answering questions and providing quality services to the elderly. For elderly people with financial difficulties, it is hoped that the government can set up a relevant relief fund so that more elderly people can receive good treatment. For the elderly in remote villages, specialized medical teams can be set up to provide them with regular routine check-ups.

7. Reflections and Prospects on the Mental Health Service Model for the Elderly Population

The community mental service system in foreign countries is relatively well-developed. The community mental health service in the United States has pioneered a comprehensive service model used for practice and oriented to the elderly in the community. In this model, psychologists are composed of three parts: volunteer workers, mid-level professionals and senior professionals. In addition, the United States has placed special emphasis on training community physicians in screening and management skills for mental disorders (Patel et al., 2016). In the UK, the National Older People's Service (NOS), which specializes in older people's issues, was formally established in 2001, and a set of national standards was introduced so that older people with mental health problems can receive a complete range of mental health services provided by the NHS and commissioning agencies. Canada has established a small community-based care network and has also set up a special program of services to deal with mental illness, and established community mental rehabilitation agencies. Foreign community mental health service centers are staffed mainly by psychiatrists, psychological counselors, health care practitioners and social workers (Huang & Ye, 2020), forming a multi-professional interdisciplinary fusion team combining psychology, medicine, nursing and sociology workers. Community mental health services are basically initiated by the government and directly managed or guided by the implementation of clear objectives, professional staff, system, content diversity, work mode in line with the needs of the residents and rich in characteristics, community mental health work system is more mature, providing a basis for our country to learn from.

In terms of community mental health interventions, Lesley Owen et al. found that training older adults to learn to use computers and the Internet can improve their sense of well-being (Owen et al., 2015). Other researchers found that music learning and music performance can enhance the happiness index of the elderly population (Boström et al., 2015). In terms of psychological interventions, foreign applications of exercise therapy, positive cognition and positive stress reduction therapy, and forgiveness therapy can improve the mental health of older adults. Cognitive therapy is even more widely used in the mental health promotion of the elderly. In terms of the mental health service model for the elderly at home, Yi et al. (2022) found that the design of the "community nurse-led general practice team home visit service" could significantly improve the symptoms of depression and loneliness of the elderly in the intervention group.

Nostalgia therapy, narrative therapy, and forgiveness therapy, which are suitable for the elderly, have not been fully utilized to address the mental health problems of this special and large group of elderly people. Generally speaking, the relevant service theories of foreign countries have not yet been fully Chineseized, and the current mental health services have scattered goals, poor content, single method, mixed quality of the team, and cannot fully consider the needs of the elderly group. At the same time, there are also the following problems in the research of mental health services: more general social surveys, less systematic theoretical research, more validation of intervention effects, less standardized service system research. In short, China's community mental health service work system is in a blank state in many areas.

The grid-based service model is an operational model that can be borrowed and applied to mental health services. Psychological problems are often hidden, especially the ability of the elderly to express psychological problems is poor, and many psychological problems are easily missed or ignored in the process of community management. Therefore, mental health services for the elderly population need to adopt a service model that circumvents omissions. This grid-based service model relies on a unified mental health management platform and divides the mental health management jurisdiction into unit grids according to certain criteria. The staff will strengthen the investigation of the mental health status of the people in the cell grid and establish a mental health management system.

By strengthening the investigation of the mental health status of the people in the cell grid and establishing a mental health file, the staff can provide follow-up services to each individual included in the grid. Grid-based management focuses on the scientific division of the grid, with a relatively stable number of residents in each grid, a certain number of community staff and psychological professionals, as well as university student volunteers to participate in basic service work. Grid-based mental health services need

to develop service processes, services standards, and service evaluation. The operation of the grid model can ensure that all older people can enjoy mental health services. In conclusion, mental health services for older people need to create an easy-to-practice, integrated service model for older people in the community. First, the government must take a leading role in this work, with overall supervision; second, a stable, long-term and effective team of psychologists must be formed to reach out to the community, which can be composed of three parts: volunteer workers, intermediate professionals and senior professionals; and, third, the mode of operation must be effective and comprehensive, with the grid model of service delivery being an effective way of thinking about the work.

8. Conclusion

Mental health problems of the elderly are a problem faced by countries all over the world. China, as the first populous country, has a large elderly population base and a large number of population with mental health problems; according to the survey in this paper, 1/4 of the elderly have low happiness experience, nearly half of them suffer from mild insomnia, and the elderly with high level of self-esteem only account for 30%, which greatly affects the elderly's mental health. All these greatly affect the mental health of the elderly, and the community health care system has many deficiencies in the psychological service level. This paper gives suggestions for improving the mental health of the elderly from all levels of society, including the government, the community and the family, calling on society and the government to attach great importance to the mental health of the elderly and to give them adequate care. Following the principle of scientific guidance, we will continue to explore the corresponding countermeasures so that the elderly can "enjoy their old age and take care of themselves" so as to prevent the occurrence of psychological crises among the elderly, improve the self-regulation ability of the elderly, and fulfill their due responsibilities and obligations for the elderly to enjoy their twilight years peacefully.

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