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Received: 11.09.2015
Accepted: 15.10.2015
Published: 30.10.2015

Most common mental problems in the elderly as viewed by medical school students in Poland, Belarus and Greece

Najczęstsze problemy psychiczne wśród osób w podeszłym wieku w opinii studentów uczelni medycznych w Polsce, na Białorusi i w Grecji

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Abstract

Aim: The aim of this study was to investigate the opinions of respondents on the most common mental and psychological problems of the elderly over 60 years of age. **Material and methods:** The study was conducted between January 2013 and November 2014 in three study groups: Polish, Belarusian and Greek students. A total of 600 (200 for each group) respondents were tested with a questionnaire developed by the authors. Women dominated in study groups. Three quarters of the study population consisted of people between the ages of 21 and 25 years. An analysis of the education level of respondents showed that almost 60% of respondents studied nursing, 30% – physiotherapy and 10% – other courses of studies. **Results:** More than half of all respondents (50.8%) were afraid of old age. The vast majority of students in each group (a total of 88.3%) stated that it is better for the elderly not to be alone and to have a family. Loneliness (61.5%), the sense of helplessness (52.7%) and depression (50.8%) were mental problems of the elderly that were most often indicated by the respondents. **Conclusions:** There is a need to educate the younger generations on problems associated with aging and old age, including mental health problems. The study showed significant differences in the perception of mental health problems of elderly people, depending on respondents' country. There is a need for a change in the functioning of the care systems for the elderly, which would involve perceiving a family as an institution able to provide care services for old people.

Key words: senility/old age, mental health, students

Streszczenie

Cel: Celem pracy było poznanie opinii respondentów na temat najczęstszych problemów psychicznych i psychologicznych wśród osób powyżej 60. roku życia. **Materiał i metoda:** Badanie zostało przeprowadzone w okresie od stycznia 2013 do listopada 2014 roku w trzech badanych grupach: wśród polskich, białoruskich i greckich studentów. W sumie 600 (200 w każdej grupie) respondentów zostało zbadanych za pomocą kwestionariusza stworzonego przez autorów. W badanych grupach dominowały kobiety. Trzy czwarte badanej populacji składało się z osób w wieku 21–25 lat. Analiza poziomu wykształcenia respondentów wykazała, że prawie 60% respondentów studiowało pielęgniarstwo, 30% – fizjoterapię, a 10% – inne kierunki studiów. **Wyniki:** Ponad połowa respondentów (50,8%) obawia się starości. Zdecydowana większość uczniów w każdej grupie (łącznie 88,3%) stwierdziła, że sytuacja starszych ludzi jest lepsza, gdy nie są samotni, mają dzieci i rodzinę. Samotność (61,5%), poczucie bezradności (52,7%) i depresja (50,8%) są najczęściej wskazywanymi przez respondentów problemami psychicznymi osób starszych. **Wnioski:** Istnieje potrzeba edukowania młodszych pokoleń na temat problemów związanych z procesem starzenia się i starością, w tym problemów związanych ze zdrowiem psychicznym. Wyniki badania wykazały znaczne różnice w postrzeganiu problemów zdrowia psychicznego występujących wśród osób starszych, w zależności od kraju pochodzenia respondentów. Istnieje potrzeba zmiany funkcjonowania systemu opieki nad osobami starszymi i dostrzeżenia rodziny jako instytucji, która może zapewnić opiekę osobom starszym.

Słowa kluczowe: starość, zdrowie psychiczne, studenci

INTRODUCTION

- According to Klimczuk (2012) there are six main thresholds of old age:
- biological (evaluation of the efficiency and functioning of the body);
 - demographic (the number of years lived);
 - mental (intellectual efficiency, cognitive functions and human adaptability);
 - public (specific roles in society);
 - economic (the place of a man in the working environment);
 - social (the right to social benefits, mainly pensions).

Globally, the average life expectancy is more than 60 years and it is highly diversified (Zielińska-Więczkowska *et al.*, 2008). Women in the world live, on average, six years longer than men, although also in this case significant differences are noted. In Africa, some countries are facing the problem of life expectancy under 40 years old (e.g. Botswana, Rwanda). Currently, Andorra has the longest life expectancy for both women (on average almost 87 years) and men (almost 81 years) (Synak, 2002). It seems that all the efforts to extend the average life expectancy, which could be reached primarily by increasing health awareness and enhancing health potential of people from countries where life expectancy is lower, are a very serious challenge (Zielińska-Więczkowska *et al.*, 2008).

Social support is an important factor in determining mental health. The literature (Sęk and Cieślak, 2005) describes a hypothesis that social support, as a measure of the degree of integration of a person with the environment, is an independent factor influencing mental health. Regardless of the level of stress, an individual well integrated with the supporting environment should be healthier than a person not experiencing social support. Thus, the weakening of social bonds is a consequence of individual predisposition to mental disorders (Sęk and Cieślak, 2005).

Axer (1983) distinguishes three basic systems of social's support:

- institution or a network of institutions that provide people with medical, psychological, social as well as support programmes that meet the needs of customers, mainly through the resources from their natural environment;
- aid organisations led by professionals and other organisations formed spontaneously: associations, volunteer groups, support groups, bringing together people with similar problems, preventing their isolation, giving a sense of belonging, allowing for an exchange of experiences, information, and protecting the interests of its members;
- people from the immediate surroundings of a person whose feelings, attitudes, behaviour contribute positively to that person.

Some studies (Łuszczynska, 2004; Berkman and Syme, 1979) confirmed the positive impact of social support on health. Łuszczynska (2004) noticed that such impact may be

treated as a link between the causes of stress and its effects and can also help in the elimination of behaviour harmful to health as well as in an adoption of healthy behaviours. It has been proved (Berkman and Syme, 1979) that people with poor family relationships and fewer friends often consume alcohol, smoke more cigarettes, lead a sedentary lifestyle, and have a mortality rate that is higher than usual.

Social support is important at the stage of changing health behaviours, especially during the implementation and maintenance of a particular behaviour. Łuszczynska (2004) in her studies indicates that the demand for social support was a direct factor to maintain and increase physical activity of patients after myocardial infarction.

Sick, infirm or elderly people particularly need social support (Berkman and Syme, 1979). Family is the most significant social group providing support for such people. For seniors, it is necessary to specify their life situation, in particular health, fitness and social status, lifestyle, mental and living conditions. It is also important to define the role of the local environment in the comprehensive fulfilment of the seniors' needs as they are at higher risk of loneliness and isolation (Olejniczak, 2013). Social support provides seniors with a sense of belonging, which adds to their strength and the sense of well-being (Skałbania, 2009). Studies (Olejniczak, 2013) show that people with low social support are at risk of serious illnesses (e.g. cancer, rheumatism, heart attack) and psychological disorders (e.g. endogenous depression, personality disorders). Despite this, however, it is difficult to clearly show the impact of social support on human health (Olejniczak, 2013).

The everyday life problems feared by the elderly may include not only the loss of the ability to fulfil social roles, or illnesses, but also loneliness, disability, living in poverty, or a feeling of uselessness.

Many elderly people cannot accept ageing and find it difficult to adapt to the ageing process. As Baltes and Baltes (1990) define the adaptation to old age as a way to deal with:

- daily problems by taking the personal control over the prospect of aging and quality of life in a situation of experiencing the loss of the most important values, i.e. health, fitness and physical attractiveness (due to the deterioration of body functions, or a gradual weakening of the function of most organs, as well as the so-called plural pathology, that is the simultaneous occurrence of a number of problems arising from the disparities of the metabolic and catabolic processes);
- loss of loved ones (spouse, relatives, friends);
- loss of social and economic status as a result of retirement;
- loss of being needed and prestige;
- vision of upcoming death.

Therefore, the elderly are particularly vulnerable to mental disorders such as depression, dementia, delirium, personality disorder or paranoid schizophrenia. Increasingly common addictions to alcohol and drugs represent an equally significant problem in this age group.

			Students			Total	p
			Belarus	Greece	Poland		
Are you afraid of old age?	Yes	n	56	172	77	305	<0.001
		%	28.0%	86.0%	38.5%	50.8%	
	No	n	93	18	58	169	
		%	46.5%	9.0%	29.0%	28.2%	
	Hard to say	n	51	10	65	126	
		%	25.5%	5.0%	32.5%	21.0%	
Total		n	200	200	200	600	
		%	100.0%	100.0%	100.0%	100.0%	

Tab. 1. Fear of old age in the opinion of students

Kowalik (1997) considers the following problems as the most important for seniors:

- loss of physical fitness and mental agility (less speed and power, problems with vision and hearing, damage to the senses of smell and taste, reduction of basic cognitive functions); loneliness (associated with the death of a spouse, friends);
- feeling of loneliness (loosening of family ties);
- concern about having a decent standard of living (lack of sufficient financial resources, sense of independence, lack of proper care from relatives); sense of inferiority (retirement, loss of the role of professional and social prestige, excess leisure time);
- the loss of health and suffering from chronic diseases.

In Belarus, aged patients with mental disorders are treated in general psychiatric wards together with other mentally ill people. Belorussian Alzheimer Association introduces scientifically based standards for the medical care of the elderly. There are no geriatric psychiatry as a medical specialty, special postgraduate training for nurses or psychiatrists and certified specialists in this field, community based psychogeriatric services and facilities. In Poland, old age psychiatry is not defined as an important field (Tataru, 2004). In Greece, psychiatric hospital beds have been reduced, psychiatric units in general hospitals have been developed, a substantial number of community mental health services have been established and the standards of care have been improved (Karastergiou *et al.*, 2005).

There have been many publications on ageing, but very few pertain to the assessment of the young by elderly people. The main aim of this study was to investigate the opinions of respondents on the most common mental and psychological problems in old age (over 60 years of age).

MATERIAL AND METHODS

The study was conducted between January 2013 and November 2014, after consent from the Bioethics Committee of the Medical University in Bialystok (statute No. R-I-002/651/2012) was obtained. Respondents gave their written consent to participate in the study.

The study was conducted in three study groups: Polish, Belarusian and Greek students. A total of 600 (200 for each group) respondents were asked to complete a questionnaire created by authors. The questionnaire consisted of 54 questions on health problems associated with old age in biological, mental and social dimensions. The paper focuses on mental health problems in old age in the opinion of medical students. The questionnaire was not validated, but was consulted with a statistician.

Women dominated in study groups (86.5% of the study population). Three quarters (75.0%) of the study population consisted of people between the ages of 21 and 25 years. The analysis of the education level of respondents showed that almost 60% of respondents studied nursing, 30% – physiotherapy and 10% – other fields of studies,

			Students			Total	p	
			Belarus	Greece	Poland			
Situation of older people is better when they are not lonely, have children and a family	Yes	n	183	182	165	530	<0.001	
		%	91.5%	91.0%	82.5%	88.3%		
	No	n	6	7	14	27		
		%	3.0%	3.5%	7.0%	4.5%		
	It doesn't matter	n	5	6	7	18		
		%	2.5%	3.0%	3.5%	3.0%		
	Hard to say	n	6	5	14	25		
		%	3.0%	2.5%	7.0%	4.2%		
	Total		n	200	200	200		600
			%	100.0%	100.0%	100.0%		100.0%

Tab. 2. Elderly – alone or with family? – students' answers

What are the mental health problems of the elderly?			Students			Total	p	
			Belarus	Greece	Poland			
Loneliness	Yes	n	142	158	69	369	<0.001	
		%	71.0%	79.0%	34.5%	61.5%		
	No	n	58	42	131	231		
		%	29.0%	21.0%	65.5%	38.5%		
Total		n	200	200	200	600		
		%	100.0%	100.0%	100.0%	100.0%		
Helplessness	Yes	n	110	200	6	316		<0.001
		%	55.0%	100.0%	3.0%	52.7%		
	No	n	90	0	194	284		
		%	45.0%	0.0%	97.0%	47.3%		
Total		n	200	200	200	600		
		%	100.0%	100.0%	100.0%	100.0%		
Depression	Yes	n	55	62	188	305	<0.001	
		%	27.5%	31.0%	94.0%	50.8%		
	No	n	145	138	12	295		
		%	72.5%	69.0%	6.0%	49.2%		
Total		n	200	200	200	600		
		%	100.0%	100.0%	100.0%	100.0%		
Dementia	Yes	n	21	45	141	207		<0.001
		%	10.5%	22.5%	70.5%	34.5%		
	No	n	179	155	59	393		
		%	89.5%	77.5%	29.5%	65.5%		
Total		n	200	200	200	600		
		%	100.0%	100.0%	100.0%	100.0%		
Sense of rejection	Yes	n	81	107	51	239	<0.001	
		%	40.5%	53.5%	25.5%	39.8%		
	No	n	119	93	149	361		
		%	59.5%	46.5%	74.5%	60.2%		
Total		n	200	200	200	600		
		%	100.0%	100.0%	100.0%	100.0%		
Disturbances of consciousness	Yes	n	88	52	25	165		0.003
		%	44.0%	26.0%	12.5%	27.5%		
	No	n	112	148	175	435		
		%	56.0%	74.0%	87.5%	72.5%		
Total		n	200	200	200	600		
		%	100.0%	100.0%	100.0%	100.0%		

Tab. 3. Mental problems in old age

such as public health, speech therapy with phonoaudiology and electroradiology. This group consisted predominantly of first-year students (61.0%), 18% were second-year students and the remaining 21.0% were students attending their third year. All participants were full time day students. The data was compiled using Microsoft Excel 2010. Statistical analysis was performed with the Chi-squared test. Statistical hypotheses were verified at the $p = 0.05$ significance level. Calculations were completed using IBM® SPSS® Statistics program, version 20.0.

RESULTS

Respondents were asked whether they were afraid of old age. More than half of all respondents (50.8%) were afraid of ageing. Among the Polish students this percentage was 38.5%, Belarusian students – 28.0%, and among Greek

students – up to 86.0%. The observed differences between the groups were statistically significant ($p < 0.001$). Detailed distribution of responses is shown in Tab. 1.

The vast majority of students in each group (total 88.3%) stated that it is better for elderly not to be alone and to have a family. It was mentioned by up to 91.5% of students from Belarus, 91.0% of students from Greece, and 82.5% of students from Poland. Significant differences between the groups ($p < 0.001$) were noted. Details are shown in Tab. 2. Loneliness (61.5%), sense of helplessness (52.7%) and depression (50.8%) were most often mentioned by the respondents in their answer to the question on mental health problems of the elderly. Very interesting differences can be seen between the answers of respondents with regard to the country of origin. All respondents from Greece pointed to a sense of helplessness as a significant mental health problem among the elderly. The same response was

		Students			Total	p
		Belarus	Greece	Poland		
In what aspects should the aging process be considered?	Biological	n	68	15	21	104
		%	34.0%	7.5%	10.5%	17.3%
	Psychological	n	33	28	21	82
		%	16.5%	14.0%	10.5%	13.7%
	Social	n	16	13	7	36
		%	8.0%	6.5%	3.5%	6.0%
	In all aspects simultaneously	n	83	144	151	378
		%	41.5%	72.0%	75.5%	63.0%
Total	n	200	200	200	600	
	%	100.0%	100.0%	100.0%	100.0%	

Tab. 4. Aspects of aging process in the opinion of respondents

indicated by more than half of the respondents in Belarus (55.0%) and only 6 Polish students (3.0%). Reverse distribution of responses was observed in questions on depression. It was mentioned by up to 94.0% by the students of the Medical University of Białystok, 34.0% of students from Athens, and 27.5% of students from Grodno. The differences between the groups were statistically significant. Details are provided in Tab. 3.

The vast majority of respondents in all study groups (63.0%) believe that the aging process should be viewed in all the analyzed aspects, i.e. in biological, psychological and social aspects. Analyzing different aspects, Belarusian students most often pointed biological one (34.0%), the Greeks – psychological aspect (14.0%), while the Poles – biological and psychological aspects (both 10.5%). The differences between the groups were statistically significant ($p < 0.001$). Detailed analysis is shown in Tab. 4.

DISCUSSION

Elderly people often cannot accept the new situation in life and find it difficult to adapt to aging. Some studies (Becelewska, 2005; Bromley, 1969; Sęk and Cieslak, 2005; Wiśniewska-Roszkowska, 1982) emphasize that retirement, which is associated with the beginning of old age, the need to change the lifestyle, abandoning the earlier social roles and adapting to new ones.

Szpringer and Kowalski (2010) emphasize the fact that the age-related changes lead to a reduction of independence, loss of sense of security and consequent inability to make own decisions as well as the narrow horizon of looking at the world and reduced intellectual ability.

In our study, respondents from three European countries pointed loneliness (61.5%), feelings of helplessness (52.7%) and depression (50.8%) as the most important psychological problems in old age, but there was, however, wide variation in particular responses of the studied groups. Spanish study (Baladón *et al.*, 2015) demonstrated that anxiety disorders were most common (10.9%) (95% CI = 8.2–14.4), followed by mood disorders (7.4%) (95% CI = 5.7–9.5). Turcotte *et al.* (2015) claimed that five older adults had physical

disabilities, five had mild cognitive impairment and one had psychological problems, leading to moderate to severe functional decline.

In our study, 50.8% of all respondents pointed depression as the most important mental and psychological problem in old age. Among the Greek students the response rate was 31.0%. In the rural Greek regions, the prevalence of depression in late life is high. Papadopoulos *et al.* (2005) demonstrated that the prevalence of mild or more severe depression in Greece was 27%, while the prevalence of moderate to severe depression was 12%. Thus, cognitive impairment was strongly associated with an increased risk of depression.

Szpringer and Kowalski (2010) claim that the elderly should receive supported and care from their families, combined with environmental services provided by non-governmental organizations as well as public and institutional (nursing homes) services, but those only as a last resort. Not all older people have the opportunity to be surrounded by the family. An alternative to these are, for example, nursing homes. In our study, the vast majority of students in each group (total 88.3%) stated that it is better for the elderly not to be alone and to have a family. Turcotte *et al.* (2015) conducted 33 semi-structured interviews, which showed that the needs related to daily activities, such as personal care, nutrition, and housing, were generally met. Unmet needs were mainly related to social activities, involving leisure, other community life activities, interpersonal relationships, and some daily activities, including fitness and mobility.

Among the natural support systems Axer (1983) lists all persons belonging to the inner circle: family, relatives, friends, neighbours, and describes it as the primary support system, which is the most durable and reliable source of social support. According to the author (Axer, 1983), relatives and neighbours are a valuable source of support in crises and unexpected difficulties in situations that require sustained commitment. Theses posed by Axer are also confirmed by our study, as almost 90.0% of all respondents believed that the situation of older people is better when they are surrounded by children and family, and do not have to face loneliness.

CONCLUSIONS

1. There is a need to educate the younger generations about the problems associated with aging and old age, including mental health problems, and to create a positive strategy for the presentation and perception of seniors as well as to break the existing stereotypes about old age.
2. This study shows significant differences in the perception of mental health problems in older people, depending on the country from which respondents came from. Greece is a country that particularly diverges from the rest.
3. There is a need for changes in the functioning of the care systems for the elderly whose aim is to perceive a family as an institution that can provide care services for the elderly, as it is a proven fact that a family has the most beneficial effects on the aging process.

Conflict of interest

The authors do not report any financial or personal relationships with other persons or organizations that could adversely affect the content of the publication and lay claim to this publication.

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