Status of positive mental health among elderly people of Tehri Uttarakhand

Khyati Sharma, Dr. Arun and Dr. Vivek Mishra

Abstract
The objective of the present study was to determine the status of positive mental health in elderly people of Tehri Uttarakhand. In this study, 600 elderly people from Tehri District of Uttarakhand were chosen purposively. The sample includes 300 male elderly and 300 female elderly. The sample belongs to the age bracket of 60 to 75 years of age. With the help of non-probability sampling, only those elderly without any serious health complications were selected. The Hindi inventory for assessment of positive mental health developed by Agashe and Helode (2007) was used. Result indicative of the scientific fact that 17.7% elderly (N=106) had a lower degree of positive mental health; 52.1% elderly (N=313) possesses a moderate level of positive mental health whereas 30.2% elderly (N=181) possesses a high level of positive mental health. So the percentage of senior citizens with low positive mental health is least in this geriatric group while the majority of the elderly had moderate positive mental health (P<.05). On the basis of results, it may be concluded that the status of positive mental health in elderly population residing in Tehri District of Uttarakhnad was satisfactory and thereby call for an exhaustive study on lifestyle of elderly subjects living in adverse climatic condition.

Keywords: Elderly, positive mental health

Introduction
Mental health mirror a person's quality of life. WHO (2001) considers mental health in terms of general health that is reliant on the physical, mental, and social health of a person. WHO (2001) defined mental health as an attitude of self-confidence towards our abilities and creative mind. A person is useful in the socio-cultural environment if he/she is contributing towards the betterment of society. This quality of mental health often termed as psychological well-being. It is a permanent state in which a person is mentally and physically healthy. According to Schneiders (1965), a person's mental health is not just the presence or absence of mental illness. It has a much broader perspective. According to Schneiders, the adaptability of a person to an ever-changing environment reflects his positive mental health. The vast majority of literature and concepts on mental health care based on its negative shades but some psychologists thought on a positive aspect of mental health. According to them, it is essential to have subjective well-being and an adequate amount of adjustment and vigour to live life happily and constructively. So a person who is not suffering from mental illness may not feel the zest towards life and his/her quality of life may be poor. Ray and Najman (1987) take account of variables such as emotional-behavioural adjustment that are necessary for the productivity of an individual. To contribute towards a society a person needs a certain amount of positive mental health that certainly includes emotional, behavioural, and adaptive capability. The positive concept of mental health has been propagated by Strupp and Hadley. In 1977 they created a model of positive mental health that includes three factors. They are -
(a) self-acceptance which suggests that a person is fully aware of his shortcomings and points and self-worth in the given community, (b) ego strength i.e. our ability to come to terms with negative emotions arising from anxiety and fear and philosophy of human life i.e. attitude of an individual towards his life constructively and optimistically. The population census of 2011 gives a figure of approximately 104 million senior citizens in India. There is no gender disparity in this figure with an almost equal number of males and females who are part of the elderly citizens of our country. According to estimates of the World Health Organization, the
number of senior citizens will increase to 840 million by the end of 2025 in developing countries. So it will require tremendous effort to allocate resources to elderly care. So the time bomb is visible in the elderly population of our country. The health status of elderly people has been studied widely by the researchers in the account of their physical, social and psychological health. Singh et al. (2010) [11], Barua et al. (2011) [12], Boralingaiah et al. (2012) [13], Nodehi et al. (2013) [9], Nair et al. (2015) [9], Sharma et al. (2016) [10], Varghese et al. (2017) [14], Jain and Jain (2018) [15] explored various aspects of psychological problems and mental health issues in geriatric population but so far positive mental health of elderly population in India has not been explored. Hence the present study was planned to assess positive mental health of elderly people with study area being Tehri Uttarakhand.

Objectives
The objective of the present study was to determine the status of positive mental health in elderly people of Tehri Uttarakhand.

Hypothesis
It was hypothesized that the status of positive mental health will be satisfactory in the geriatric population of Tehri District of Uttarakhand.

Methodology
The following methodological steps were taken in order to conduct the present study.

Sample
In this study, 600 elderly people from Tehri District of Uttarakhand were chosen purposively. The sample includes 300 male elderly and 300 female elderly (senior citizens). The sample belongs to the age bracket of 60 to 75 years of age. With the help of non-probability sampling, only those elderly without any serious health complications were selected.

Tools
Positive mental health inventory
The mental health inventory based on the model proposed by Strupp and Hadley (1977) [9] was employed in the present study. This Hindi inventory for assessment of positive mental health was developed by Agashe and Helode in 2007 [1]. This inventory is based on three dimensions i.e. self-acceptance, ego strength and philosophy of life respectively. There are 36 items in this inventory of which 12 items are for every dimension. The respondent needs to tick true or false against every statement. ‘I’ mark is given to response that matches answer given in the author’s manual. The minimum score a respondent can get on this PMHI is 0 and the maximum score of 36 can be attained. This inventory is reliable as per the test-retest statistics presented as reliability coefficient $r = 0.723$ which denotes sufficient statistical confirmation (P<.01). The positive mental health inventory enjoys high construct validity which was obtained by correlating it with Eysenck's N scale ($r = -0.427$, P<.01). According to norms, a score of 16 or below is interpreted as low positive mental health; scores ranging from 17-24 is interpreted as moderate positive mental health and scores over 24 is interpreted as high positive mental health.

Procedure
600 elderly subjects ($\geq$60 years) were purposively chosen from study area which comes under Tehri district of Uttarakhand. The sample has 300 males and 300 females in $\geq$ 60 years age bracket. The administration of positive mental health inventory for data collection was done while following the protocol of survey research. Scoring was done with the help of scoring key given in the manual. The classification of subjects into low, moderate and high level of positive mental health was carried out as suggested by the authors. The result is presented in table and figure number 1.

Result and Discussion
Table 1 depicts the status of positive mental health in selected elderly. The categories of positive mental health namely low, moderate and high are formed as described in the manual of this inventory.

<table>
<thead>
<tr>
<th>Categories of positive mental health</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>106</td>
<td>17.7%</td>
</tr>
<tr>
<td>Moderate</td>
<td>313</td>
<td>52.1%</td>
</tr>
<tr>
<td>High</td>
<td>181</td>
<td>30.2%</td>
</tr>
<tr>
<td>Total</td>
<td>600</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

$\chi^2$ (df = 2) = 109.83, $P<.05$

A perusal of frequency distribution (Table 1) indicative of the scientific fact that 17.7% elderly (N = 106) had a lower degree of positive mental health; 52.1% elderly (N = 313) possesses a moderate level of positive mental health whereas 30.2% elderly (N = 181) possesses a high level of positive mental health. So the percentage of senior citizens with low positive mental health is least in this geriatric group while the majority of the elderly had moderate positive mental health (P<.05).

The status of positive mental health in elderly subjects is also shown in the pie chart 1.

Results showed that the positive mental health of elderly subjects were relatively good. In an exhaustive study Pilania et al. (2019) [7] reported a prevalence of depression in senior citizen to be 34.4%. In this context it can be said that positive aspect of mental health in elderly subjects from Tehri Uttarakhand region is really good and shows that they have managed ageing related psychological problems meaningfully.
Conclusion
On the basis of results, it may be concluded that the status of positive mental health in elderly population residing in Tehri District of Uttarakhand was satisfactory and thereby call for an exhaustive study on lifestyle of elderly subjects living in adverse climatic condition.

References