Understanding Mental Health Challenges in the Elderly: Insights from the Self-Reporting Questionnaire (SRQ) at Sempaja Healthcare Center

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ABSTRACT

Background: Indonesia's aging population is expanding rapidly, leading to a rise in elderly individuals confronting serious health challenges. The primary mental health issue in this group is excessive stress, which is often associated with emotional disorders, social isolation, and a reduced quality of life. To address this, the Ministry of Health of the Republic of Indonesia has established mental health screening policies to improve healthcare quality for the elderly. Nonetheless, further exploration of the prevalence and characteristics of mental health issues in this population is essential to inform effective interventions. Objectives: This study aims to offer an overview of mental health among the elderly within the Sempaja Healthcare Center's service area. Methods: A descriptive cross-sectional study was conducted using the Self-Reporting Questionnaire (SRQ) for data collection. Consecutive sampling was applied, resulting in a sample size of 99 elderly participants. The SRQ identified symptoms of mental health disorders, and the data were analyzed to assess the prevalence and characteristics of these mental health concerns. Results: Among the 99 participants, 40 elderly participants were identified as having mental health issues. Most elderly individuals with mental health disorders experienced emotional disorders (42.5%), with the majority in the 60-74 age group (90%), female (55%), having completed primary education (45%), unemployed (72.5%), and married (70%). These findings indicate that certain demographic groups are more vulnerable to mental health challenges. Conclusions: This study emphasizes the importance of the need for targeted mental health screenings and interventions for the elderly, especially among high-risk groups. Strengthening mental health services and promoting educational programs that address stress management and social support may significantly improve the well-being and quality of life of elderly individuals through mental health screening and addressing mental health issues among the elderly population.

Keywords: elderly, emotional disorders, mental health screening, mental health, wellbeing

INTRODUCTION

Indonesia is experiencing the phenomena of an aging population which is characterized by a growing number of people entering elderly age (60-years old). Globally, the number of people aged 60 years and older was 1 billion. Approximately would increase to 1.4 billion by 2030 (World Health Organization, 2023b). According to the National Central Statistics, Indonesia's old population exceeded 29.3 million persons, accounting for approximately 10.82% of the population. In 2021, the World Health Organization (WHO) reported that approximately 15% of the elderly suffer from mental health issues. Depression and dementia are the most frequent mental health diseases in this age group, which affect around 5% and 7% of the global old population, respectively. Other mental health disorders that are frequently encountered among the elderly are amnesia, insomnia, sleep apnea, and Alzheimer's disease (Nugroho, 2021).

Excessive stress, loneliness, and social isolation are the leading causes of mental health disorders among the elderly. According to the WHO, various causes might cause stress in the elderly. Decreased functional ability of the body, causing the aged to become tired easily, develop various ailments, and lose mobility. Another issue is that the elderly are more likely to go through a period of sorrow following the death of someone or a drop in economic status due to retirement. Furthermore, the elderly are particularly prone to verbal, physical, psychological, financial, and sexual harassment (World Health Organization, 2023b). Considering this problem, there is a need to make efforts to improve mental health in the elderly through mental health screening and education about mental health (Mandira et al., 2023).

The Republic of Indonesia's Ministry of Health requires local/district governments to conduct a mental health screening according to guidelines for persons aged 60 and over in their workplace at least once a year. The purpose of this study is to have a better understanding of the elderly's mental health. This research is expected to be a forum for running a mental health screening program for the elderly and providing information to the public about the importance of knowing the symptoms of mental health disorders, particularly in the elderly, in order to maintain the elderly living healthy and productive socially and economically in the community.

The elderly are supposed to have at least one health screening every year. The Self-Reporting Questionnaire (SRQ) is the World Health Organization's approved mental health screening instrument. The benefits of mental health screening include the ability to detect or predict a person's risk of developing mental diseases such as psycho-emotional diseases (PED), psychoactive/drug use, psychotic disorders, and post-traumatic stress disorder (PTSD). Psychotic symptoms during childhood have been related to an increased chance of developing schizophrenia and other mental diseases in adulthood (Newbury et al., 2018). Psychotic symptoms, such as hallucinations and delusions, are not confined to clinical psychotic diseases; they can also arise in other conditions such as major depressive disorder (MDD) with psychotic features (Kehinde et al., 2022).

METHODS

The design of this study was descriptive *study* with a *cross-sectional approach* using primary data in the form of the mental health status of the elderly obtained from *Self Reporting Questionnaire* (SRQ). The research was carried out in the Sempaja Healthcare Center, located in South Sempaja and West Sempaja, North Samarinda District, Samarinda City, East Kalimantan, Indonesia. The population of this study is all elderly people in the working area of the Sempaja Health Center, 706 elderly in 2023. The research sample is the elderly in the Sempaja Health Center with 99 elderly people that met the inclusion and exclusion criteria. The instrument used in this study is the Self-Reporting Questionnaire 29 (SRQ-29). The data analysis uses univariate analysis that results in the frequency and percentage distribution of each research variable.

This research has been passed through ethical clearance from KEPK Faculty of Medicine Mulawarman University no 184/KEPK-FK/VII/2024.

RESULTS AND DISCUSSION

Table 1. Elderly Mental Health

Indications of Mental Health Disorders	Frequency	Percentage
Yes	40	40.4
No	59	59.6
Total	**99**	**100**

Screening Overview

The data in this study were obtained from the medical record data of the Sempaja Health Center and the results of *Self-Reporting Questionnaire 29* (SRQ-29) of the elderly in the working area of the Samarinda Health Center. The number of samples from this study was 99 patients with details of 40 patients indicated for mental health disorders, while the other 59 patients had no indications of mental health disorders. This relatively high prevalence suggests that nearly half of the elderly population in the Sempaja health care center area is at risk of experiencing mental health

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problems. According to the WHO, depression and anxiety are the most common mental health disorders in elderly people (World Health Organization, 2023a). According to Global Health Estimates (GHE) 2019, these illnesses account for 10.6% of all disabilities (measured in disability adjusted life years, DALYs) among older persons. According to GHE 2019, over one-quarter of suicide fatalities (27.2%) occur among adults aged 60 and up worldwide. Mental health disorders in older adults are frequently underrecognized and undertreated, and the stigma associated with these conditions can make people unwilling to seek help (World Health Organization,

2023b). This underscores the need for consistent mental health screening and services for this demographic.

Furthermore, mental health in elderly people is more caused by the cumulative impacts from life experiences and other stressors in younger age. Also combined loss of physical function capacity, abilities and social environments. A basic life survey (Riskesdas) in 2018) reported that the highest prevalence of depression is in elderly people (Indonesia, 2019). This is aligned with Teting et al.'s (2022) research which found that the majority of mental health disorders was depression, 86.4%.
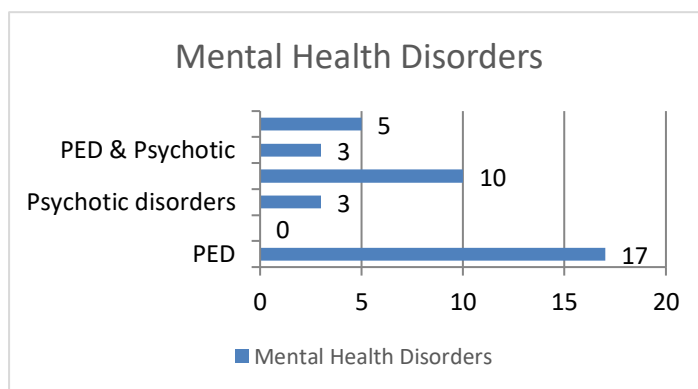

Figure 1. Elderly Mental Health Disorders

Table 2 shows that people with hypertension tend to experience headache with a This research is aligned with the research conducted by Annisa **et** al. which found there was high prevalence mental health disorders in the elderly (Anissa et al., 2019; Sari, 2017). Mulyati et al. (2018) highlighted that the aging

process is often not well anticipated mentally by the elderly, which can lower their quality of life. High stressors and unpleasant life experiences can also worsen the mental health and psychosocial conditions of the elderly (Ayuni, 2018).

Table 2. Mental Health Overview

Characteristic		Mental health disorders	
		Yes = 40 (100%)	No = 59 (100%)
Age			
	60-74 years old	36 (90%)	54 (92%)
	74-90 years old	4 (10%)	5 (8%)
Sex			
	Man	18 (45%)	29 (49%)
	Women	22 (55%)	30(51%)
Education level			
	Not school	1 (2.5%)	0
	Elementary school	18 (45%)	12 (20.3%)
	Junior high school	9 (22.5%)	12 (20.3%)
	Senior high school	7 (17.5%)	21 (35.7%)
	Diploma	1 (2.5%)	2 (3.4%)

	Bachelor/ master/ doctoral	4 (10%)	12 (20.3%)
Working status			
	Not working	29 (72.5%)	53 (89.8%)
	Working	11 (27.5%)	6 (10.2%)
Marital Status			
	Married	28 (70%)	51 (86.4%)
	Divorced (due to death)	10 (25%)	1 (1.6%)
	Divorced (separate)	2 (5%)	7 (12%)

The majority of elderly people with mental health disorders are aged 60–74 years, including 36 people (90%) from the sample. Older people over 65 years of age have a higher risk of developing mental disorders, mainly due to declining health conditions and increased need for social support (Lyons et al., 2018; Yuli Hastuti et al., 2019) The majority of elderly people who do not experience mental health problems are also aged 60–74 years, comprising 54 people (90%) of the sample. This suggests that mental health challenges are more pronounced in younger elderly groups, possibly due to transitional life changes such as retirement, loss of social roles, or emerging health issues that accompany aging. Interventions targeting this age group could be particularly beneficial in mitigating the onset or progression of mental health problems.

Important protective factors include social support such as involvement in religious activities, physical activity, and higher education, which can improve well-being and reduce the risk of mental health disorders of the elderly (Chu & Chan, 2022; Goallec et al., 2021; Hay et al., 2017). Additionally, factors such as physical activity have been shown to improve quality of life, physical health, and mental health, as well as reduce the risk of age-related diseases (Collin et al., 2021). Family support and good family functioning also play a protective factor against negative perceptions of aging(Guo et al., 2021)

Most of the elderly with mental health disorders are women (55.5%). This aligns with broader research indicating that elderly women are often more vulnerable to mental health problems due to factors like longer life expectancy, hormonal changes, and social circumstances such as widowhood or caregiving roles. Tailored mental health programs addressing the specific needs of elderly women may be necessary to reduce this gender disparity. This research is aligned with research by Shalafina et al. (2023) which states that 76.1% of the elderly who experience mental health disorders are women. Mental health disorders in the elderly are more often experienced by women because they tend to be more exposed to stress and experience hormonal imbalances related to menopause. Different social perceptions of emotional control between men and women also affect the prevalence of emotional disorders. Most of the elderly who do not experience mental health disorders are also female (51%). Factors such as socioeconomic status and participation in social activities play an important role in maintaining the mental health of elderly women(Kong et al., 2019).

The majority of the elderly who are indicated for mental disorders have the last education as only primary schools, as many as 18 elderly (45%), suggesting a potential link between lower educational levels and increased mental health vulnerability. Limited education may affect health literacy, awareness of mental health issues, and access to resources, thereby contributing to higher risk. Enhancing health promotion efforts to improve mental health literacy in this group could be valuable. The results of this study are aligned with the research of Hartutik and Nurrohmah (2021) which stated that most of the elderly who experienced depression during the COVID-19 pandemic in Indonesia were the elderly with an elementary education background (60%). Most of the elderly who were not indicated for mental disorders had the high school/vocational education, 21 elderly people (35.7%). The results of this study are aligned with research conducted by Shalafina et al. (2023) which stated that most of the elderly who do not experience mental disorders have a higher education, namely high school graduates (43.1%). The level of education can affect their behavior. A person with a higher level of education will find it easier to

find and receive information so that the more knowledge they have. The level of education is also related to cognitive abilities that can be mediators between an event and *mood*. Low education levels are a risk factor for the elderly to experience mental health disorders.(Susanti et al., 2018). Research conducted in Kuala Lumpur states that the elderly with a high level of education will be better able to cope with the causes of stress they experience (Onunkwor et al., 2016).

The high percentage of unemployed participants (72.5%) with mental health issues indicates that lack of engagement in meaningful activities or economic challenges may contribute to psychological distress. This finding highlights the need for programs that provide social support, engage the elderly in community activities, or offer volunteer and part-time work opportunities. The results of this study are aligned with research conducted by Erwanto et al. (2023) which stated that most of the elderly who experience depression in the outpatient work area of the Sidomulyo Health Center is 61%. Most of the elderly whose employment status is not indicated by mental disorders are not working, which is as many as 53 elderly people (89.8%). Employment status is significantly associated with depression rates in older people. Although these relationships are complex and influenced by certain social factors, income plays an important role as an intermediary in linking employment status and mental health (Erwanto et al., 2023). Losing a job not only causes financial stress, but it also affects individuals' views of self-worth and well-being, as well as changing their time patterns and activities. Pension funds are a protective factor from mental health disorders in the elderly. Elderly people who are no longer working but still receive pension funds have better mental health than elderly people who are no longer working and do not have pension funds (Fernández-Niño et al., 2018).

Interestingly, a significant proportion (70%) of those experiencing mental health problems were married. While marriage typically provides social support, it is possible that factors such as caregiving burdens, spousal health issues, or relationship stress may still contribute to mental health challenges. Therefore,

support services should also address the needs of married elderly individuals, not just those who are single, widowed, or divorced. This is aligned with research conducted by Yunitasari et al. (2022) which stated that most of the. elderly who experience mental disorders are married elderly, which is 87%. Most elderly marriage statuses that are not indicated for mental health disorders are married, namely 51 elderly people (86.4%). However, elderly people who still have a life partner or are still married can experience mental health problems. This is related to the interpersonal theory which states that family separation is a risk factor for mental health disorders in the elderly (Hartutik & Nurrohmah, 2021). Support from a spouse has an impact on marital satisfaction and mental health disorders. As they get older, the elderly tend to provide less support for their partners. This is a risk factor for mental health disorders in the elderly who are still married (Karakose, 2022).

The government should provide comprehensive, integrated strategic mental health promotion and prevention programs which empower elderly people to build a social group support program to ensure their condition, including maintaining long-term active physical health, mental health, and eating a balanced diet. There should be emphasis on community-based interventions to reach elderly groups with limited access to healthcare facilities. Educational programs should be developed to raise awareness about mental health in the elderly and to reduce stigma, which may prevent individuals from seeking help.

CONCLUSION

Based on the results of the research and discussion that have been described, it is concluded that 40% of the elderly are indicated for mental health disorders with the percentage of mental emotional disorders (PED) ranking first. Most of the elderly who are indicated to have mental health problems are 60–74 years old, female, primary education, unemployed and married individuals. This study emphasizes the importance of the need for targeted mental health screenings and interventions addressing mental health issues among the elderly population, especially among high-risk groups.

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Strengthening mental health services and promoting educational programs that address stress management and social support may significantly improve the well-being and quality of life for elderly individuals. of mental health screening.

ACKNOWLEDGMENT

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