

STUDENTS' PERCEPTION CONCERNING ELDERLY PEOPLE WITH MENTAL HEALTH PROBLEMS

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Abstract: *ARPA project is a strategic project with generous objectives regarding the care of the elderly people facing mental health disorders. The goal of the project is the development of competences with professionals in the field of social work related to support for the elderly people who face mental health issues in such a manner that they would be able to face age related challenges but also the severe problems brought about by such an illness. The project aims a double perspective: dissemination of good practices in Europe on care and accompaniment for the elderly with mental health issues and reduction of social breakdown situations through actions of reintegration in the social life. We wanted to conduct a social enquiry among our students as part of the project to see their perception towards the elderly people, their level of knowledge in terms of mental disorders and palliative interventions when they face such situations. This is a questionnaire-based quality study.*

Keywords: *project; mental illness; elderly people; interventions; qualitative study;*

Project Methodology

The objectives of the project are phased over two years and aim at:

1. Knowledge of the current situation in the five participating countries: Luxembourg, France, Belgium, Greece and Romania. Identifying the existence of social networks to help the elderly with mental health problems. Study of the specialized literature in the field and the elaboration of relevant studies.

2. Knowledge of field needs. What are the needs of elderly people with mental health problems and professionals working in the field in each country and what can be done to alleviate stringent needs.

3. Analysis of results. Based on studies from a socio-cultural perspective, on research into existing networks and literature to improve interventions.

4. Dissemination of results to improve professional skills. Creating a

- platform for the exchange of good practices and communication between professionals in the field.
5. Testing technical solutions: Platform testing and continuous improvement for a proper functionality.
 6. Developing recommendations through the development of a good practice guide on social networks and the analysis of social and cultural contexts.

Conceptualization-aging

Due to the fact that fewer children are born, demographics have fallen, and the population of Europe is experiencing an unprecedented aging, it is expected that in 2025 more than 20% of Europeans will be at least 65 years old, and by 2050, the number of elderly over 60 will exceed that of children up to 15 years of age worldwide (Oxford Press, 2014). In Romania, the situation is as follows: one in seven Romanians is over 65, in 2030 there will be a ratio of 1 to 5 persons and in 2060 to 1 in 3. The way man relates to age is different, there are several factors that determine this aspect: the culture they belong to, education, information in the field, age, etc. It is certain that the aging process is an absolutely natural and biological process. It must be seen as a natural stage in human life. After all, it is important to keep a good quality of life at an older age. At what age is a man considered old? And here is a series of discussions, generally when the person retires and no longer performs a socially useful activity. Thus, old age is considered after 65. Old age brings with it a certain fragility, a decrease in physical strength, often accompanied by various physical conditions. On the other hand, the level of valorization, the social status of retired persons decreases with the aging. The majority of older people evaluate their quality of life positively on the basis of social contacts, dependency, health, material circumstances and social comparisons.

There are various studies on aging and the difference between anagraphic age and biological age (Proceedings of the National Academy of Sciences). These serious studies conducted on a group of 1,000 people over a period of 30 years have provided precious information that prove huge differences among subjects in terms of aging rhythm. Then we ask ourselves the question which factors determine these substantial differences. The answer also comes from studies that have demonstrated two key factors that determine aging: lifestyle and genetic heritage. If genetic inheritance is implacable, a healthy lifestyle, social activity, movement, hypoallergenic nutrition along with an optimistic attitude are ingredients that are necessary for an old age without difficulty.

Columbia University and USC have analysed the countries where the elderly are best cared for and based on their findings have ranked them as follows:

The John A. Hartford Foundation
Index of Societal Aging



Distinctive characteristics

Improving the quality of life of older people who have acquired a mental illness is a major objective and can be achieved by activating social, demographic, psychosocial and biological factors. Poverty, social isolation, loss of independence are causes that worsen the mental health of older people. Promoting mental health involves creating conditions for elderly people to enjoy life, and their personal qualities and talents, developing creative activities, and participating actively in social life. An elderly person who has contacted a mental illness faces issues related to that mental illness in addition to age-related problems. Fear of stigmatization can lead to isolation behaviours of the person in question that gradually loses confidence and self-esteem, which ends with the degradation of family relationships and alienation.

These lead to the complication of the disease. That's why it is absolutely necessary for the family and the close ones to be aware of the problems that are related to the symptoms of certain diseases, to intervene early. Such situations require preventive measures, health education, mental health promotion, treatment according to the illness and the person concerned and palliative intervention that is often long-lasting and needs continuous treatment. Elderly people with mental health problems have certain symptoms that can be identified by their close ones who are able to intervene and help them overcome the problems they face. The warning signs are easily noticed if we pay attention to the following:

- lose the pleasure of living and no longer enjoy anything;
- they no longer feel useful and see no purpose in their lives;

- experience strong feelings of guilt;
- isolate from family, friends, society;
- experience strong panic, fear, anxiety;
- lose interest for the most pleasant concerns and hobbies;
- show a state of lethargy, lack of energy;
- have difficulty in ending an activity, weak concentration;
- irritation, uncontrolled nervousness;
- hear voices and see things that other people do not see;
- believe that other people conspire against them;
- have violent tendencies towards themselves and others;
- feel unable to cope with day-to-day problems and activities;
- show substantial changes in their daily eating and sleeping habits (G.Kelemen, 2017).

Psychiatric conditions associated to the elderly people

Degenerative changes in the brain come along with aging in the biological aging phase, around the age of 65-70 years. Even in the normal aging process, the neurotransmitter activity is reduced: dopamine, serotonin, acetylcholine, noradrenaline, GABA, glutamate, etc., which are chemicals that provide the transmission of nerve impulses between neurons, but in the elderly with mental problems the issue is more complicated. They face diminished learning capacity, reduced memory, lack of attention, etc. All these are accompanied by emotional disturbance: irritability, psychomotor agitation, aggression, depression, etc., and the elderly react to these transformations through panic, sadness, discouragement, frustration, anxiety, etc. The effects of these processes are cognitive and emotional changes. When the brain is atrophied, there is an inability to perform simultaneous actions, to process information from multiple and simultaneous sources, lower concentration power and attention up to a functional level, diminished thinking ability, and difficulties in almost all plans of psychic life.

Among the most common symptoms in the elderly is the anxiety-depressing one, caused by the physical illnesses that arise with aging and dementia. The state of anxiety determines the patient's ailment characterized by suffering and unhappiness. Anxiety brings about associated manifestations such as sleep disturbance, loss of appetite, weight loss, constipation, loss of joy of living.

Parkinson's disease is manifested through symptoms of tremor and muscle stiffness, slow or limited movement. It is a slow-evolving disease that sometimes goes unnoticed by family, friends, and even by the person in question. Symptoms can only develop on one part of the body, or on both.

Dementia is an abnormal atrophy of cerebellum and cerebral hemispheres, genetically as well as environmentally determined, to which vascular factors are added causing the reduction of cerebral oxygenation. The consequence are the progressive cognitive disorders.

Bipolar disorder may also occur in the elderly and should be treated even if the onset is late.

Schizophrenics and schizophreniform disorders. Schizophrenia is a serious illness whose onset in older age is not excluded. Delusion or confusion in the elderly is an acute disorder with symptoms of varying degrees of severity, with unpredictable and dramatic evolution.

Degenerative disorders caused by Alzheimer's disease cause significant changes in brain functions due to nerve cell loss and to the linkages between them. Early intervention requires periodical control, a neuro-geriatric evaluation with memory tests for the detection of dementia, especially if the family perceives small disturbances in the behaviour of the elderly.

Household care of elderly people with or without disabilities is also required in Romania. Home care in their normal living environment is the best alternative to specialized centres for the elderly

or other types of institutions.

Home care is the best option because it allows families to remain united by preventing rupture and allowing dependent elderly people to stay at home and receive the necessary care. It is well known that the elderly prefer to receive care in a comfortable, family environment rather than in a protective institution.

Methodology of research

In order to ascertain the students' awareness level regarding the issue of elderly people with mental problems we conducted a study based on a questionnaire, applied to 500 students, 250 of the undergraduate years and 250 of the final graduate years and master students from the following study programmes: Educational Sciences, Psychology and Social Work. The questionnaire was uploaded to google.doc, and students were asked to respond honestly to the 12 questions:

1. Which is, in percentage, the share of the elderly in the overall population structure?
2. Aging takes place at the same biological, psychological and social pace? Explain
3. Comment upon the differences between the 4 ages: chronological, biological, psychological and social.
4. What is old age and how do you explain aging?
5. Classify the periods of human aging:
 - a. shift towards old age s: from to years;

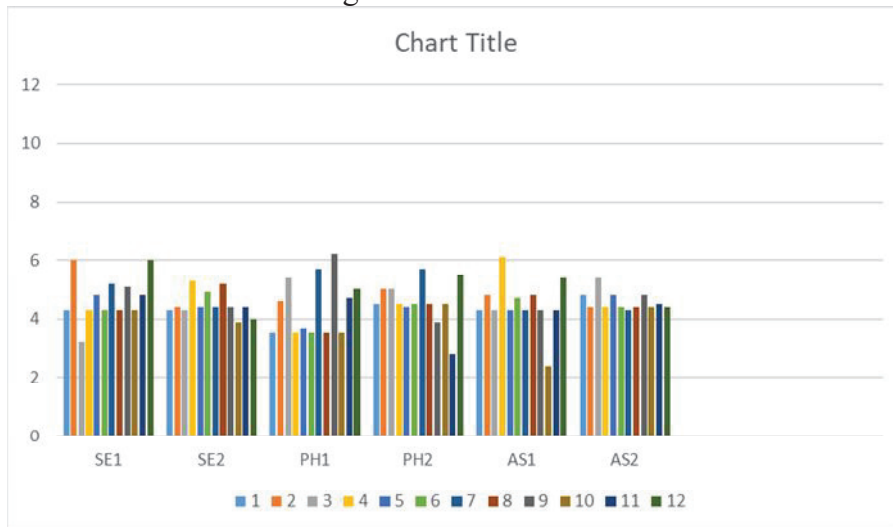
- b. middle old age: fromto years;
 - c. old age: over years
6. Aging is caused by:
- a. the destruction of genetic information involved in cellular protein formation, an existing program in the genetic code, errors occurring in the process of transmitting information, from DNA to RNA.
 - b. Progressive biochemical failures, the accumulation of unnecessary or toxic substances in the body cells such as free radicals.
 - c. the failure of some physiological coordination systems in an attempt to properly integrate body functions such as the immune system.
7. Can aging be delayed?
8. Explain in your words what you know about the following geriatric disorders:
- a. Atherosclerosis;
 - b. Cognitive decline;
 - c. Anxiety-depressive syndrome;
 - d. senile osteoporosis;
 - e. Alzheimer;
 - f. senility;
 - g. dementia.
9. What is your attitude towards an elderly person:
- a. ironical;
 - b. indifferent;
 - c. considerate;
 - d. respectful;
 - e. empathic.
10. Who cares for an elderly person incapable of caring for her/himself?
11. Are you familiar with settlements for the elderly?
2. How can society improve the elderly's health and quality of life?

Data interpretation

We notice, when comparing the data that students in the early years of study have less information on the issues of elderly people with mental health problems, while students in the final year have more nuanced and more objective perceptions. We also notice a qualitative difference in terms of student knowledge about the various psychiatric disorders, the ways of intervention and care of students from the Social Work programme as compared to those enrolled in pedagogy and psychology.

The qualitative difference is noticeable at Master programmes, as students enrolled in Social Work Services have more information in this field. They have provided more competent answers than the students from other Master study programmes. However, we have to state that master

students provided more accurate answers than the undergraduate students from the 1st and 2nd year of study. We notice significant differences with 3rd year students in terms of knowledge and attitude.



Conclusion

Our study proves one aspect, students, especially those from pedagogy do not know the issues faced by older people and do not know issues related to mental illness. The involvement of students in the faculty's projects brings about information and the ability to intervene when needed, but especially makes them aware of the existence of such problems. These studies contribute to raising the awareness that it is particularly important to teach students how to care for the elderly, and especially how to relate to an elderly person suffering from mental illness. Students should be instructed with the knowledge that is absolutely necessary for empowerment so that they can recognize certain symptoms and manifestations of mental illness, but above all know how to act when they have family or close relatives who show a symptom a mental illness and to intervene effectively.

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