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# A Study on the Mental Health of Senior Citizens

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## ABSTRACT

Mental health issues are a significant contributor to morbidity and mortality in older persons. Together with physical impairment, the two main causes of disability adjusted life years (DALYs) in this cohort are dementia and serious depression, which account for one-quarter and one-sixth of all DALYs, respectively. For the treatment of depression and dementia, mental health professionals now have more effective drug options. These mental health issues have also been significantly impacted by psychosocial and behavioural methods. Supporting, teaching, and counselling family carers will be the most economical strategy to manage elderly persons with psychiatric problems.Respite care, which can be provided in residential or nursing homes as well as daycare facilities, would be the next level of care to be given priority. Creating an environment that supports such advancements is a crucial prerequisite for enhancing care for elderly people.

## INTRODUCTION

Old age is a natural phenomenon and comes with its own set of challenges.  As the elder population is increasing, their traditional nurturing and life-sustaining influences are slowly becoming less effective. Depression, dementia, and anxiety are commonly seen in old age and have an effect on senior's mental health and well-being. Rapid urbanization in India has caused a lot of problem for the elderly. There are many misconceptions about the process of aging and elders in general; however, depression is commonly seen amongst the elder population. The demand for community care for elders has been part of public discussion since the formal care systems available are not well equipped to provide quality services cater to the needs of the elderly.

The provision of care for the elderly in different countries may differ based on various factors like economy, environment, culture, and demography, many social changes in the society like, breakdown of joint families, increasing urbanization, work-life imbalance etc. forcing traditional societies like India to establish institutions and old age homes for elders. However, the important question is whether these changes are efficient and helpful in maintaining psychological well-being of elders in the country. It has been observed that most of the institutions and old age homes that care for the elderly have no program or facility for mental health care and only take care of the essentials like food, shelter, and basic health. Elders in old age home feel lonely as compared to elders living with their family. Elders at home and those living in the community have better psychological health, are more independent and happier as compared to those living alone or in old age homes.

However, being with a family doesn't always guarantee social and mental well-being as there are many cases of abuse and exploitation against the elderly. With an increase in the elder population in the country, elder health has become one of the primary concerns. Providing a safe community for elders is a better solution than institutionalizing them or placing them in old age homes, but they're, not enough funds or social security schemes to take care of them. Hence the need of the hour is to provide services and facilities for the elders to improve their quality of life.

Mental Health for seniors is a serious concern as it leads to depression, dementia, and anxiety which further affects the physical health of the elders. Due to rapid urbanization and industrialization, families are not able to take care of the elders and therefore not able to contribute or provide help towards their mental and physical well- being. Lack of awareness on elder healthcare, inadequate training of the caregivers and lack of healthcare facilities are the main challenges that surround the future of geriatric psychotherapy in India. The problem of mental health and the psychiatric problem needs to be tackled with the utmost care and a multidisciplinary approach needs to be followed. Providing a safe community for elders is very much needed in our society, and steps need to be taken to promote physical and mental well-being for the elders of our country.

Research suggests that seniors benefit from supportive social connections and close personal relationships but suffer as a result of disrupted personal ties and loneliness.

Health-care providers, especially those in primary care, can play a central role in promoting mental health for seniors by working with mental health professionals, local governments, civil society organizations, families, and communities to provide comprehensive mental health care and supportive

environments. In addition, older people should be encouraged to actively participate in their communities and in society at large, while policymakers should ensure that seniors' mental health concerns are addressed in national health planning and policies. Depression is one of those conditions that is often taken for granted because it is easily misunderstood as general tiredness, the result of having a bad day or experiencing a negative phase. The reality is that it is a debilitating mental health disorder that occurs in 7% of the older population, according to the WHO. Depression in the elderly, commonly referred to as geriatric depression, may mirror the symptoms of a general depression diagnosis for any age group, and because the symptoms occur in conjunction with other illnesses, the disorder may go undiagnosed and untreated.

the extent of the symptoms may not meet the criteria of a full-blown depressive episode, leading doctors to assume that treatment is not imperative. In fact, caregivers or doctors may not even realise something is wrong because the common (yet faulty) assumption is that 'feeling blue' is a part of ageing. If you or your loved one are going through a difficult time and depressive feelings are interfering with day-to-day functioning, it's time to consult a specialist. A study cited in the International Journal of Geriatric Psychiatry reported that older adults might exhibit symptoms of anxiety that may not warrant a diagnosis of an anxiety disorder but have a real impact on their ability to function normally. Generalised Anxiety Disorder and Specific Phobias are the most prevalent anxiety disorders, with social phobias, panic disorders, post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD) being less common. The key defining feature of an anxiety disorder is a constant, excessive worry about everyday events and issues which should not cause such severe uneasiness. Although it is normal for the elderly to worry about health problems and financial affairs, a constant state of worry is cause for concern. Medication and therapy can be very effective in helping the elderly cope with anxiety and an effective treatment plan is instrumental in improving the quality of life.

## REVIEW OF LITERATURE

- **Time-Use and Mental Health in Older Adults**

(2018; Hui FohFoong, Sook Yee Lim)

Time-use of older adults can be different than in earlier life, especially during the transition from pre- to post-retirement or after experiencing major life events, and the changes could affect their mental health. However, the extent and nature of such research in gerontology have not been examined to date.

The time-use study aims to examine how a person occupies time. Although identification of time-use in older adults has been labelled as an important direction, literature on how older adults spend their time still lacks, especially in Asian countries. Most of the existing empirical studies are from developed Western countries. The time-use research in older adults started as early as 1997 when McLennan reported that older people aged 65 and above in Australia spent most of their time in personal care, domestic, and leisure activities. Gauthier and Smeeding concluded that older adults from nine countries in Europe and North America spent more time watching television, reading, and listening to the radio after they stopped working in paid jobs. In Asia, according to Punyakaew et al., older adults in a Thailand suburban community spent around 8.6 h on rest and sleep, followed by 6.3 h on leisure activities and 4.9 h on work.

- **Mental Health Considerations in Older Adults**

(2019; Samina Miah)

There is a large amount of evidence to suggest that there are mental health issues within the over 65 population. Despite this, mental health services remain under-utilised by older adults and they have a higher likelihood of undetected and untreated mental illness. Many of the elderly do not receive an assessment for their mental health. Mental health is becoming an increasing part of the workload for a paramedic and there is still a stigma attached to those who engage in providing care for the mentally unwell. Many have a 'take them all to hospital' approach to these patients, which is not suitable if we look at the changing role of the paramedic whereby

paramedics are becoming further involved in psychosocial care, warranting the investigation into what paramedics can consider and do to better geriatric mental health care. Lack of education, physical illness, self-management/self-care abilities and non-pharmacological treatments all were found to play a significant role in older adult mental health care. Education, illness and poor self-management all intertwined as risk factors for mental health illness in older adults and exist as barriers, for older adults, to mental health care utilisation. Two randomised controlled trials investigated non-pharmacological treatments for late-life mental health and found them to be promising alternatives to pharmacological interventions. There is a knowledge-gap amongst paramedics. Paramedics need to undergo educational programmes to increase their awareness of mental health in the geriatric population and the way in which they present. They must also promote better mental health amongst older adults.

- **Coping and Depression in Old Age:**

(2013; Bjørkløf G.H., Engedal K., Kouwenhoven S.E.)

The interest in the relation between coping and depression in older persons is growing, but research on the concepts and instruments of coping in relation to depression among older persons is scarce and systematic reviews are lacking. With this background, I wanted to gain a systematic overview of this field by performing a systematic literature search. Resources and strategies of coping are significantly associated with depressive symptoms in late life, but more research to systematize the field of coping and to validate the instruments of resources and strategies of coping in older populations is required, especially among older persons suffering from major depression and cognitive decline.

older persons in the general population suffer from symptoms of depression, and 2–4% suffer from a major depressive disorder. Among older people living in an institution, a systematic review reports a median prevalence of major depression of 10%, and of depressive symptoms in 29% of the residents. Another study showed that about 50% of elderly people in long-term care suffer from depressive symptoms and 20% from major depression. A further study reported that about 30% of all referrals to the specialist psychiatric health service are older people suffering from depression. Since older persons constitute the fastest growing part of the population and because depression is among the most common psychiatric disorders in this group, the future cost of depression to the patient, the carer and the health services will be significant.

prognostic factors for depression in older persons the following variables were found to lead to a poor prognosis: older age, chronic somatic comorbidity, more functional limitations, a higher baseline depression level and the locus of control (LOC) being more external than internal. In a systematic review comparing the prognosis for depression in different age groups, remission rates of depression show little difference between middle-aged and older persons, but relapse rates appear higher in older persons. Depression in older people is related to increased mortality. This makes it important to further investigate the prognosis for older persons suffering from depression and to include the concept of coping, as this factor is reported to be relevant in the understanding of depression in older persons.

- **The impact of loneliness on the mental health of the elderly**

(Nancy Chepkirui; 2015)

The general health and loneliness of the elderly are vital aspects in present discussions in the Western world. Philosophers have had discussion in olden times about loneliness, although they talked about positive loneliness. However, negative feelings of loneliness may also be mixed feelings, that is positive and negative but negative ones are most outstanding ones. According to Savikko (2008) loneliness is a subjective psychological condition which it can be difficult to define and also to measure and more to that, being alone does not necessarily mean by itself that is leads to social isolation or loneliness, or while having a strong social network or high level of social engagement does not necessarily fight loneliness. Also, loneliness is more common in older age groups like widows, widowers and residents who are living alone and it is being associated with poor income, former physical heavy work, and insufficient education. Even though those elderly who are living in the cities are often better and less lonely than those who lived in small cities and villages, loneliness still prevails. Needs for daily help for day to day matters, few outdoors activities, poor functional status, poor subjective health, poor vision and impaired hearing, lack of contacts with children and friends all these causes loneliness and for more personal and self-reported cause are death of spouse, illness, lack of friends, meaningless life, living conditions, absence of relatives, illness of spouse, these makes the elderly to be isolated and in the course they become more depressed and lonely as they are all highlighted as causes of loneliness. It is said that loneliness is strongly connected to genetics and has factors like situational variables, such as physical isolation, moving to a new location and divorce, death which is so significant in a person's life and also loneliness can be a symptom of a psychological disorder like depression. Loneliness has internal factors such as low self-esteem, people who lack the confidence in themselves, those that often believe they are not worthy of the attention or regard of other people. All these can lead to isolation and chronic loneliness. According to the (WHO 2001, p. 1) health is the state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. Loneliness is very common among the elderly, which is also associated with both positive and negative aspects. Accordingly, health must involve some kind of balance between mental, physical, emotional, spiritual and social well-being.

## RESEARCH METHODOLOGY

A Research Methodology discusses and explains the data collection and analysis methods you used in your research. A key part of your thesis, dissertation, or research paper, the methodology chapter explains what you did and how you did it, allowing readers to evaluate the reliability and validity of your research and your dissertation topic.If you're designing a research study, then it's helpful to understand what research methodology is and the selection of techniques and tools available to you. It's a logical, systematic plan to resolve a research problem. A methodology details a researcher's approach to the research to ensure reliable, valid results that address their aims and objectives. It encompasses what data they're going to collect and where from, as well as how it's being collected and analysed.

It should include:

- The type of research you conducted

- How you collected and analysed your data

- Any tools or materials you used in the research

- How you mitigated or avoided research biases

- Why you chose these methods

Having a sound research methodology in place provides the following benefits:

- Other researchers who want to replicate the research have enough information to do so.

- Researchers who receive criticism can refer to the methodology and explain their approach.

- It can help provide researchers with a specific plan to follow throughout their research.

- The methodology design process helps researchers select the correct methods for the objectives.

- It allows researchers to document what they intend to achieve with the research from the outset.

**TITLE OF THE STUDY:**

"A STUDY ON MENTAL HEALTH IN SENIOR CITIZENS"

**SUB-TITLE OF THE STUDY:**

"A STUDY ON MENTAL HEALTH OF SENIOR CITIZENS IN NAGPUR"

- **KEY WORDS:**

mental health; depression; senior citizens; counselling; medical history; suicide; dementia; anxiety; medications; diabetes; high blood-pressure; Alzheimer; mental distress; substance abuse; obesity; psychiatrists

- **RESEARCH APPROACH:**

A research approach is the procedure selected by the researcher to collect, analyse, and interpret data. In this study the researcher has approached the topic using the mixed methods approach, that is, a little bit of both; qualitative and quantitative. The qualitative approach deals with the subjective analysis of the respondents of the questionnaire made especially for the senior citizens, keeping in mind that quantitative and external factors such as age, demography, etc.

- **OBJECTIVES:**

1)To bring the focus and inclusivity on mental health for all age groups, and not just theyouth of today.

1) To understand exactly what factors, affect the senior citizens mentally, apart from only physical problems of the body.

2) As Social Workers, it's important to be flexible and explore our skill set, and implement them for all age groups, irrespective of class, caste, background, and general life situations.

3) Getting old is an irreplaceable and an inevitable part of life, hence it's a vital step towards understanding beforehand, through our grandparents, and other elderly relatives, their everyday struggles and basic requirements that we could fulfil for them, and avoid for ourselves as well at a later stage in life.

- **VARIABLE:** Senior Citizens

- **HYPOTHESIS**: Let us assume that old people are both mentally and physically fit and are happier than the youth that face more anxiety and depression.

- Senior Citizens are better off staying in old age homes as they receive better mental and physical care than their own home.

- Physical fitness is the prime necessity and comes before the mental health

- **LIMITATAION:**

1)The responses can get repetitive as the main goal of all senior citizens could be to remain healthy and fit.

2)Not all senior citizens could be at the position to talk or understand the level at which they need to be assessed, depending upon their health concerns, like lack of hearing ability, memory, bed-riddenness, lack of speech, etc.

3) Questionnaires would need alteration depending on the fact whether the person stays in an old age home, or at his/her own house. The factors change in both scenarios.

- **RESEARCH DESIGN:**

The research design for this study is a mixture of qualitative research and a little of philosophical research as well. A philosophical research design is another research design type. The philosophical research design can help you analyse and understand your research problem. This design type builds on philosophical argumentation techniques. The three key areas of philosophical research design are:

**Epistemology**: Epistemology focuses on knowledge and certainty.

**Ontology**: Ontology focuses on human nature and existence.

**Axiology:** Axiology is the study of values, and it applies especially to ethics.

This study revolves around different aspects of how a human being goes through different stages of life and finally reaches the final stage, that is the old age. And something that is a prime focus and need is the mental health of senior citizens. Considering their background, where they come from,

their views on life, their optimism and what lessons would they pass on to the coming generations regarding mental health, physical health, the challenges they face, and their general outlook on life. Hence, the study is thoroughly detailed and qualitative and gives the reader a lot to work upon and think about.

- **UNIVERSE:**

The universe in this study consists of the population of senior citizens and the people of the old age homes, between the age range of 65-90 and above**.**

- **TOOL:** Survey conducted through questionnaire and structured interviews.

- **PROCEDURE**:

Procedures for data collection and management were reviewed and proved by the Human Research Review Committee to insure informed consent and protection of the rights of human subjects. This researcher arranged with the licensed nursing home to be on-site at times that were least disruptive to residents' daily routines. The nursing home staff provided a comprehensive list of residents, including birth dates and type of unit (long term care or sub-acute). A table of random numbers was used to reorder the names of those 80 years old or older. Those residents from the long term care units were re-ordered first. Randomly selected residents from the sub-acute units were added in order to achieve an adequate sample size. This researcher approached residents in the order determined by the random numbers and type of unit over a 10-week period. Each potential participant who did not have a guardian noted in the clinical chart, was able to hear adequately and could communicate orally was asked to listen to an explanation of the research project. All residents who were willing to participate signed an Information/Consent form or gave oral permission to the interviewer to proceed. After receiving consent, the researcher began by asking questions from the personal data survey of each respondent in order to establish rapport.

- **DATA PLAN AND ANALYSIS:**

The questions framed for this study had various categories to it such as aspects of psychological health, physical health, age, demography, dementia, nutrition, financial conditions, daily routine questions, etc. The data was analysed keeping the objectives in mind**.** Due to the small sample size, the researchers analysed the data by hand, using the well-known technique of Thematic Analysis. First, the researcher collected answers from the surveys and familiarized themselves with the data by reviewing all the information multiple times. Next, the researchers organized the data into recurring themes, language, patterns, meaningful words, opinions, and beliefs through the form of coding. Next, the researchers categorized the data to identify themes that corresponded with the research questions through the coding. Finally, the research team mapped and interpreted the data. This process is consistent with Labra et al.'s (2019) framework for thematic analysis in social work. Via SPSS, the researchers determined the frequency distributions of the sample concerning gender, age, race, education level, annual income, length of time practicing in mental health, area of expertise, and social work license.

- **SUMMARY:**

This chapter focused on the methods that were implemented in this study and the researchers' use of them in examining the views and opinions of social workers whose clients were of the senior population and receiving services for their mental health needs. The researchers outlined the study design and the steps involved in obtaining potential participants, how to collect qualitative data, and sample size. Besides, the protection of human subjects and data analysis were discussed.

- **OPERATIONAL DEFINITIONS:**

**Mental Health:** Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.

**Senior Citizens:** an older person, usually over the age of 60 or 65, esp. one who is no longer employed.

# FINDINGS

1. It is found that the highest percentage of respondents (who are senior citizens), are mostly from the age group of 65-69 years (47.4%), and the lowest percentage of respondents are from the age 85-89 years (0%).

2. It is found that out of 20 respondents, 28.5% are male and 66.6% are females, with a frequency of 6 and 14, respectively. In this study, in order to understand the mental health in senior citizens, we cannot just consider age, but we also need to consider the gender of the respondents, to interpret accurate data and draw out conclusions.

3. It is found that out of 20, 35% of respondents experience the feeling of stress and anxiety and only 5% feel depressed. About 25% feel good and satisfied, equally, from which we can conclude that feeling satisfied could be a sign of a good mental health at an old age.

4. It is found that the percentage of senior citizens that find it difficult to do activities due to the presence of various health problems. As we can see that the percentage of people facing issues is less than the ones who don't find it difficult. 33.3% out of 21, have opted as 'yes', although 61.9% have opted no, with a frequency of 7 and 13 respectively, which is a positive thing to look at! Only 4.8% of people out of 21, may or may not have any health problem present in them, due to which, they can or cannot perform activities.

5. The data shows whether health limits and challenges the person to do basic activities such as running, lifting heavy objects or participating in strenuous sports. It is clearly seen that majority of the respondents, i.e., 80.9% out of 21 respondents opted as 'yes' which tells us that health in senior citizens, after a certain age, becomes a challenge. From the data it is also seen that 19% out of 21, have opted 'No', which tells us that health is a subjective concept and differs from person to person.

6. The data shows whether or not health is something that limits the senior citizens from being themselves. As we can see, out of 21 respondents, 52.4% of senior citizens stated that it limits them in some way or the other, even though just a little. Out of those, the second majority pertaining to the list is the 33.3% of respondents, who claim that health doesn't restrict or limit them at all. The remaining are the 4.8% to which health limits a lot, but it's still lesser than those 9.5% of respondents who are yet to figure out more than one way that health limits them.

7. It is found that out of 20 respondents about 70% have sought medical treatment for injuries due to a fall, or any other bodily attributes. From which, 30% are those who did not seek any medical treatment. The frequency of respondents with majority 70% and 30% is 11 and 6 respectively.

8. It is found that out of 21 respondents, 38.1% only 'sometimes' choose to share their feelings. The second majority of respondents with 33.3% out of total chose 'often'. Considering the frequency of the above percentage, that is 8 and 7, respectively, out of 21, we wouldn't necessarily consider it as a good number, as our focus is to bring more awareness regarding mental health among the senior citizens.

9. It is found that out of 21 respondents, 47.6% have opted the option "supportive" and 38.1% opted for "receptive to my needs" with a frequency of 10 and 8 respectively. The lowest percentage stands in the category of 'criticism' where only 1 respondent out of 21 has stated to have faced criticism after having shared their feelings of anger, frustration, worries, etc, to their family members.

10. It is found that many senior citizens need help with household duties, home maintenance or personal care which they cannot do on your own, and from the data we can see that 33.3% of the respondents out of 21, rely on their children to be taken care of. On the other hand, about 28.6% rely on their spouses or partners to be taken care of and in basic household activities. And lastly, the people that don't need to take help for their daily chores at all, are about 23.8% of the respondents out of 21. Each of the frequencies for the above data mentioned, is 5,6 and 7.

11. It is found that out of 21 respondents 33.3% feel sad 'sometimes' and also 'don't know' if they do, depending upon their physical and mental health, behaviour of family towards them, hormonal changes, impact of the medications on their body, etc. During our entire lives we try to figure things out on our own, but old age is such that leaves you questioning about most of the things because the brain functioning reduces and that also leads to dementia, Alzheimer's, etc. A feeling can depend on a lot of factors, and for a senior citizen, it is no different.

12. It is found that out of 21 respondents, about 38.1% of the senior citizens undergo boredom only sometimes, being the highest percentage, and about 4.8% of the respondents out of 21, never feel bored which is the lowest percentage in the above data.

13. It is found that about 42.9% out of 21 respondents, tend to never forget things such as an address or a telephone number, and around 14.3% out of 21, tend to always forget things. Depending upon the age, diseases or health issues and medications, the memory can differ from person to person. The frequency of the above-mentioned data is 9 and 3 respectively.

14. It is found that about 38.1% of the respondents out of 21, forget things that were just told to them or that they heard. This usually happens during a conversation, and then makes the old people question things again and again. About 33.3% people out of 21 respondents never face this kind of forgetfulness. And of those 4.8% people always face extreme forgetfulness probably due to dementia, Alzheimer's, brain stroke, etc.

15. It is found that about 4.8% of respondents out of 21, always tend to forget about things about family and friends, e.g., where friends live, social occasions that may have happened in the past with those people. From which, 38.1% almost rarely or almost never forget the events that must have already happened in their life.

16. It is found that out of 22 respondents, about 36.4% of the senior citizens, often feel rested enough every morning and seem to have fulfilled sufficient amount of sleep. From which 9.1% of senior citizens never feel rested or enough slept. The frequency of the percentage mentioned is 8 and 2 respectively

17. From the above tabular data, It is found that about 72.2% of the senior citizens feel safe in their own homes, out of 22 respondents. From which 9.1% of the respondents or senior citizens opted for the answer "None of the times", which means that they don't feel safe in their own homes even once. with a frequency of 16 and 2 respectively. This is an important area to work on and draw conclusions on, as it's essential to know what factors don't make senior citizens feel safe at home, and what factors do.

18. It is found that the percentage of senior citizens that have children and that don't, out of 22 respondents. About 86.4% of the senior citizens have children and about 13.6% of the senior citizens don't have children each with a frequency of 19 and 3, respectively. Having children is a huge factor to look upon as many senior citizens are kept in old age homes despite having children. It's important to study the reasons, causes and factors for the same.

19. It is found that 52.4% of the respondents live with their children, and 47.6% do not live with their children. The frequency of the percentage mentioned above is 11 and 10 respectively. This is another factor to pay attention to, because abandonment of parents from children when they become old, is very common these days. Hence this data is important to study and draw conclusions.

20. It is found the number of times and the frequency at which senior citizens socialize and interact with people or step out of their homes. Depending on their age, it becomes a crucial step to take, because as you grow older you tend to isolate yourself more, and that could also be one of the biggest factors as to why mental health deteriorates with age. From the above data about 45.5% of the senior citizens had contact with family or friends by phone, 22.7% had gone out to visit family, and only 9.1% had friends over to visit them. The frequency of each being 10, 5 and 2, respectively.

21. The data shows the financial condition/stability in senior citizens. About 76.2% out of 22 respondents claim to have enough that fulfils their basic requirements, and about 23.8% claim to be comfortable enough as there is no barrier to being able to afford anything. They are happy and satisfied with what they have. The frequency of the above percentage is 16 and 5 respectively.

## CONCLUSION

Earlier, children traditionally used to take the responsibility of their old parents, but now, due to a number of reasons, they leave their parents and go away with their family, making the old people vulnerable to all the ill effects of being staying alone. According to the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, under Section 24, if anybody who has responsibility for the care or protection of a senior citizen leaves him/her in any place, with the intention of wholly abandoning him/her, such person shall be punishable under the Act with imprisonment of either 3 months or fine up to rupees 5000 or both. The offense will be cognizable and will be tried by a Magistrate.

The National Policy on Older Persons of 1999 provides several welfare facilities for the elderly. It is found that a majority of elderly do not know of the existence of such policy and welfare schemes. Thus, it is essential to undertake urgent steps that could help in spreading awareness about the policy and welfare schemes at the ground level, so as to enable them to reap their benefits.

In the last few years, medical science has identified a new group within the senior citizen category, namely that of super-agers. The term refers to people in their 70s and 80s who have the mental or physical capability of their decades-younger counterparts. In recent years, long-term studies on "super agers" from across the globe are studying behaviours, habits and health indicators of < 90 years. Apart from those with dementia and cognitive decline, healthy agers are a subject of interest to researchers. While general health, family history, psychosocial aspects are being studied, the need for improved and targeted integrated-care approaches that are community-based, designed around needs of older persons and with effective coordination and long-term care systems are critical must-haves. This is true for every society, especially those with ageing and super-ageing populations. Older people are a valuable resource for any society and each one of us should carry that realization in our minds!

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