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MENTAL WELL-BEING KNOWLEDGE AMONG OLDER ADULTS: A COMMUNITY-BASED CROSS-SECTIONAL STUDY

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Abstract

Background

Population ageing is an important global demographic transformation accompanied by increasing health and social care needs. Although ageing is not synonymous with illness, older adults are vulnerable to several physical, psychological, and social challenges that can adversely affect their quality of life. Mental health concerns such as depression, anxiety, loneliness, cognitive decline, and social withdrawal are frequently under-recognized among older adults. Limited mental health literacy, stigma, misconceptions about ageing, and inadequate access to mental health services can delay recognition and treatment. Understanding the level of knowledge regarding mental well-being among older adults is therefore important for planning appropriate community-based health education and supportive interventions.

Objective

To assess the level of knowledge regarding mental well-being among older adults residing in selected community areas of Vadodara District and to determine the association between mental well-being knowledge and selected socio-demographic variables.

Methods

A descriptive cross-sectional study was conducted among 60 older adults aged 60 years and above residing in selected community areas of Vadodara District . Participants were selected

using convenient sampling. Data were collected through face-to-face interviews using a structured interview schedule consisting of socio-demographic variables and a mental well-being assessment tool. The tool was pretested among 5% of the sample to assess clarity and validity. Data were coded and analyzed using IBM SPSS version 21. Descriptive statistics were used to summarize the characteristics of participants and levels of mental well-being knowledge. The chi-square test was used to determine associations between mental well-being knowledge and selected socio-demographic variables. Statistical significance was set at $p < 0.05$.

Results

Among the 60 participants, 56.6% demonstrated average knowledge regarding mental well-being, 26.6% demonstrated poor knowledge, and only 16.7% demonstrated good knowledge. More than half of the participants were aged 60–70 years (51.7%), while 48.3% were above 71 years. Males constituted 58% of the sample and females 42%. Regarding education, 30% had no formal education and only 10% had completed bachelor-level education or above. Forty percent reported a monthly family income between ₹5,000 and ₹10,000. No statistically significant association was identified between mental well-being knowledge and age, gender, religion, education, or income ($p > 0.05$).

Conclusion

The findings indicate that mental well-being knowledge among older adults was predominantly at an average level, with a considerable proportion demonstrating poor knowledge. The findings highlight the importance of community-based mental health education, early identification of psychological concerns, family involvement, supportive social environments, and integration of mental health promotion into routine geriatric care.

Keywords: Mental well-being, older adults, mental health literacy, ageing, community health, elderly, health education

Introduction

Population ageing is one of the most important demographic changes occurring across the world. Increasing life expectancy and declining fertility rates have resulted in a growing proportion of older adults within many populations. The World Health Organization has emphasized that the number of people aged 60 years and above is expected to increase substantially, with the growth particularly pronounced in low- and middle-income countries. The increasing number of older adults creates a need for health systems to address not only physical health conditions but also psychological, emotional, social, and functional dimensions of ageing.

Ageing itself should not be considered a disease. Many older adults remain active, independent, socially connected, and productive. However, ageing can be accompanied by circumstances that increase vulnerability to mental health problems. Chronic illnesses, disability, retirement, financial dependency, bereavement, reduced social interaction, changing family structures, and loss of social roles can influence psychological well-being. These factors may interact with physical health problems and affect an individual's ability to maintain independence and quality of life.

Mental well-being represents an important component of healthy ageing. It encompasses emotional, psychological, and social functioning. A mentally healthy older person should be able to cope with everyday challenges, maintain meaningful interpersonal relationships, participate in social activities, and preserve a sense of purpose and independence. Good mental well-being can also support adherence to treatment, healthy lifestyle practices, social participation, and effective management of chronic illness.

Despite its importance, mental health among older adults is frequently overlooked. Depression and anxiety may present differently in later life and can sometimes be expressed through physical complaints, sleep disturbances, reduced appetite, fatigue, cognitive concerns, or withdrawal from social activities. Consequently, psychological problems may remain undetected or may be interpreted as unavoidable consequences of ageing.

In many communities, mental health continues to be associated with stigma and misconceptions. Older adults may hesitate to discuss sadness, anxiety, loneliness, or emotional difficulties with family members or healthcare providers. Cultural beliefs may also contribute to the perception that psychological distress is a normal part of growing older. Such beliefs can reduce help-seeking behavior and delay access to appropriate support.

The Indian context presents additional challenges. Older adults may experience social isolation, loss of loved ones, economic dependency, chronic diseases, and changes in family relationships. Traditional family structures are also changing, and older people may increasingly experience periods of living alone or reduced interpersonal interaction. The uploaded study identifies stigma, traditional beliefs, limited awareness, and inadequate recognition of mental health concerns as important factors affecting the mental well-being of older adults.

Mental health literacy is therefore an important element of healthy ageing. Individuals who understand common mental health symptoms, risk factors, available support, and the importance of early intervention may be more likely to recognize problems and seek assistance. Family members, caregivers, community health workers, nurses, and primary healthcare providers can contribute significantly to improving awareness.

Community-based assessment of mental well-being knowledge can provide useful information for designing health education programmes. Vadodara District provides a relevant community setting in which to explore this issue because the population includes rural and semi-urban communities. Understanding the knowledge profile of older adults can help identify the need for broader awareness programmes and community interventions.

The present study was therefore undertaken to assess knowledge regarding mental well-being among older adults in selected community areas of Vadodara District and to determine whether knowledge was associated with selected socio-demographic variables.

Materials and Methods

Study Design

A descriptive cross-sectional research design was adopted. The design enabled the researchers to assess the level of mental well-being knowledge among older adults at a particular period and examine its relationship with selected socio-demographic characteristics.

Study Setting

The study was conducted in selected community areas of Vadodara District, Gujarat, over a one-month period. Vadodara District represents a mixed rural and semi-urban community setting. The community-based setting was considered appropriate for assessing mental health knowledge among older adults in their usual living environment.

Study Population

The study population consisted of older adults aged 60 years and above residing in the selected communities.

Inclusion Criteria

Participants were included if they:

- Were aged 60 years and above.
- Had been residing in the community for at least six months.
- Were willing to participate.
- Were able to understand and respond to the questions.

Exclusion Criteria

Individuals were excluded if they:

- Were absent during the period of data collection.
- Had severe cognitive impairment.
- Had communication difficulties that prevented completion of the interview.

These criteria were intended to ensure that participants could understand the questions and provide meaningful responses.

Sample Size and Sampling Technique

A total of 60 older adults were included in the study. Convenient sampling was used to select the participants. The sample size was determined according to the feasibility of the study and its objectives. Although the sample was relatively small, it provided information for descriptive analysis and preliminary assessment of associations.

Data Collection Instrument

A structured interview schedule was used for data collection. The instrument consisted of two major components.

Part I: Socio-Demographic Variables

Information was collected regarding:

- Age
- Gender

- Religion
- Educational status
- Occupation
- Monthly family income

Part II: Mental Well-Being Assessment Tool

The second component assessed participants' knowledge and perceptions regarding mental health and mental well-being.

The tool was pretested among 5% of the sample to assess clarity and suitability. Necessary modifications were made following pretesting before the main data collection.

Data Collection Procedure

Data were collected through face-to-face interviews. The interview method was selected to accommodate differences in literacy levels among the participants and to facilitate clear understanding of the questions. It also enabled the researchers to establish rapport with older adults and clarify questions when necessary.

Data collectors were trained to maintain consistency during administration of the instrument.

Data Analysis

Data were coded and entered into IBM SPSS version 21. Descriptive statistics, including frequency and percentage, were used to summarize socio-demographic characteristics and levels of mental well-being knowledge. The chi-square test was used to examine associations between mental well-being knowledge and selected socio-demographic variables. A p-value below 0.05 was considered statistically significant.

RESULTS

Socio-Demographic Characteristics

A total of 60 older adults participated in the study.

Table 1. Socio-Demographic Characteristics of Participants (N = 60)

Variable	Category	Frequency	Percentage
Age	60–70 years	31	51.7%
	>71 years	29	48.3%
Gender	Male	35	58.0%
	Female	25	42.0%
Religion	Hindu	37	61.7%
	Muslim	16	26.7%
	Christian	7	11.7%
Education	No formal education	18	30.0%
	Primary	17	28.3%
	Secondary	9	15.0%

	Higher secondary	10	17.0%
	Bachelor and above	6	10.0%
Monthly income	₹5,000–10,000	24	40.0%
	₹10,000–20,000	18	30.0%
	>₹20,000	18	30.0%

The largest proportion of participants belonged to the 60–70-year age group (51.7%). Participants above 71 years represented 48.3% of the sample. Males accounted for 58% and females for 42%.

With regard to education, 30% had no formal education, while 28.3% had primary education. Only 10% had completed bachelor-level education or above. In terms of income, 40% reported a monthly family income of ₹5,000–10,000, while 30% each reported income of ₹10,000–20,000 and above ₹20,000.

Level of Mental Well-Being Knowledge

Table 2. Level of Mental Well-Being Knowledge Among Participants (N = 60)

Level	Frequency	Percentage
Poor	16	26.6%
Average	34	56.6%
Good	10	16.7%

The results demonstrated that the majority of participants had an average level of mental well-being knowledge. Specifically, 34 participants (56.6%) demonstrated average knowledge, 16 participants (26.6%) had poor knowledge, and only 10 participants (16.7%) demonstrated good knowledge.

These findings indicate that although some participants possessed adequate awareness, a substantial proportion had insufficient knowledge regarding mental well-being. The relatively small proportion with good knowledge indicates a need for strengthening mental health literacy among older adults.

Association with Socio-Demographic Variables

Table 3. Association Between Socio-Demographic Variables and Mental Well-Being Knowledge

The study found no statistically significant association between mental well-being knowledge and age, gender, religion, education, or monthly income ($p > 0.05$).

The absence of significant associations suggests that limited knowledge was not restricted to a particular demographic category. Instead, gaps in mental health knowledge appeared across different groups of older adults.

DISCUSSION

The present study assessed mental well-being knowledge among 60 older adults in selected

community areas of Vadodara District. The principal finding was that more than half of the participants had an average level of knowledge, while approximately one-fourth had poor knowledge. Only a small proportion demonstrated good knowledge.

The findings indicate that mental health literacy among older adults requires greater attention. Mental well-being is closely connected with healthy ageing, social participation, independence, and quality of life. However, psychological problems in older adults may remain unnoticed because their symptoms can overlap with physical complaints or be interpreted as normal ageing.

The average knowledge identified in this study may reflect limited exposure to formal mental health education. Physical health concerns such as diabetes, hypertension, and other chronic diseases often receive greater attention during routine health services, whereas psychological well-being may receive less emphasis. The source manuscript similarly identifies limited mental health education and the persistence of stigma and cultural beliefs as possible explanations for inadequate awareness.

Another important finding was the absence of statistically significant associations between mental well-being knowledge and age, gender, religion, education, or income. This finding suggests that mental health knowledge gaps may be distributed across the wider older population rather than being concentrated in one particular socio-demographic group.

The lack of association with educational status is noteworthy. Although education can potentially influence health literacy, the present findings did not demonstrate a statistically significant relationship between education and mental well-being knowledge. This indicates that formal education alone may not be sufficient to ensure mental health awareness. Community exposure, health education, family communication, healthcare contact, and culturally appropriate awareness activities may also play important roles.

Similarly, the absence of an association with income suggests that financial status alone may not determine awareness of mental health. Older adults from different economic backgrounds may share common misconceptions and limited access to mental health information.

Mental well-being should be viewed as an integral component of healthy ageing rather than as a separate or secondary healthcare concern. Good mental health can support physical health management, cognitive functioning, social relationships, and life satisfaction. Conversely, untreated depression, anxiety, loneliness, and other psychological problems can contribute to functional decline and reduced quality of life.

The findings reinforce the importance of early identification. Nurses and other healthcare professionals who regularly interact with older adults are in a strategic position to recognize changes in mood, behavior, sleep, appetite, social interaction, and cognitive functioning. Routine communication with older adults can provide opportunities to identify individuals who may require further assessment or referral.

Community-based education can be particularly useful in settings where specialist mental health services are limited. Educational programmes can address common misconceptions about ageing and mental health, explain warning signs of psychological problems, encourage healthy social engagement, and provide information about available support services.

Peer support groups may also provide opportunities for older adults to share experiences and reduce feelings of isolation. Social interaction can promote a sense of belonging and purpose. Recreational activities, group exercise, cultural activities, and community participation may complement formal mental health interventions.

Family involvement is another important component. Family members frequently influence health-seeking decisions among older adults. Educating families about mental health can help them recognize early warning signs and encourage appropriate consultation. Family support may also reduce stigma and improve adherence to recommended care.

Integration of mental health into primary healthcare is particularly important. Older adults frequently interact with primary healthcare services for chronic disease management. Incorporating brief mental health education, appropriate screening, counselling, and referral mechanisms into routine geriatric care could improve early recognition.

Technology may also offer additional opportunities for expanding access to mental health support. Tele-counselling and mobile health platforms could potentially support individuals in underserved communities, although their usefulness would depend on digital literacy, access to devices, connectivity, and willingness to use technology.

The findings are consistent with the broader literature cited in the source manuscript, which emphasizes the burden of depression and anxiety among older adults and the importance of improving access to geriatric mental health services. Previous work has also demonstrated the relevance of integrated care and collaborative approaches in the management of mental health problems among older people.

The present study therefore supports a broad community-level approach to mental health promotion. Since no significant demographic differences were identified, programmes should not be restricted solely to older adults with particular educational, economic, gender, or age characteristics.

Implications for Nursing Practice

Nurses have an important role in promoting mental well-being among older adults. The findings of this study have several implications.

Health Education

Nurses can provide simple, culturally appropriate education regarding mental well-being, common psychological problems, warning signs, coping strategies, and available healthcare resources.

Early Identification

Routine interaction with older adults provides opportunities for nurses to identify changes in mood, behavior, social participation, sleep, appetite, and cognitive functioning that may require further assessment.

Counselling and Support

Basic supportive communication and appropriate referral can help older adults discuss psychological concerns without fear of stigma or judgment.

Family Education

Family members and caregivers should be educated regarding the psychological needs of older adults and the importance of supportive communication and social engagement.

Community Outreach

Community health nurses can organize awareness programmes, group activities, peer-support initiatives, and health education sessions targeting older adults.

Referral

Older adults with suspected depression, anxiety, significant cognitive impairment, or other mental health concerns should be referred to appropriate healthcare professionals for further evaluation and management.

Recommendations

Based on the findings, the following recommendations are proposed:

1. Community-based mental health education programmes should be organized regularly for older adults.
2. Mental health promotion should be integrated into routine geriatric healthcare services.
3. Nurses and community health workers should receive training in basic geriatric mental health assessment and referral.
4. Families and caregivers should be included in mental health awareness programmes.
5. Community-based peer-support and social participation activities should be encouraged.
6. Appropriate screening for depression and anxiety should be considered as part of routine older-adult healthcare.
7. Tele-counselling and other technology-supported services may be explored where appropriate.
8. Larger studies using probability sampling should be undertaken to improve generalizability.
9. Future studies should evaluate the effectiveness of structured mental health education interventions among older adults.

CONCLUSION

Mental well-being is an essential component of healthy ageing. The present study demonstrated that mental well-being knowledge among older adults in selected community areas of Vadodara District, Gujarat was predominantly at an average level, with 56.6% of participants demonstrating average knowledge, 26.6% demonstrating poor knowledge, and only 16.7% demonstrating good knowledge.

No statistically significant association was identified between mental well-being knowledge and age, gender, religion, education, or income. This suggests that mental health awareness

gaps may occur across different socio-demographic groups and that broad community-based approaches may therefore be more appropriate than interventions directed exclusively toward particular demographic categories.

Improving mental health literacy among older adults requires coordinated efforts involving nurses, primary healthcare providers, families, caregivers, community organizations, and policymakers. Health education, early recognition, supportive communication, social participation, family involvement, counselling, and appropriate referral can contribute to better mental well-being.

Mental health should be incorporated into routine geriatric healthcare rather than addressed only after significant psychological problems have developed. Strengthening community-based mental health promotion can help reduce stigma, improve recognition of symptoms, encourage timely help-seeking, and ultimately contribute to healthier and more dignified ageing.

Conflict of Interest

The authors declared no conflict of interest. The source manuscript states that no personal, financial, or professional relationships or external influences affected the design, analysis, interpretation, or reporting of the study.

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