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ELDERLY CARE IN INDIA: REVIEWING MENTAL HEALTH NEEDS IN THE CONTEXT OF REGULATORY POLICIES

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Abstract: This research paper investigates the mental healthcare needs of the elderly population in India, focusing on Delhi-NCR, and evaluates the effectiveness of existing regulatory policies in addressing these needs. Employing a qualitative exploratory design, the study involves semi-structured interviews with a diverse sample of elderly participants to gain insights into their health issues, challenges in accessing healthcare, and the impact of family, community, and government policies. Thematic analysis reveals seven key themes, highlighting significant physical and mental health concerns, reliance on family support, community involvement, inadequate healthcare services, and insufficient government policies. The study's findings underscore the urgency of improving healthcare access, fostering open dialogue, and enhancing community support to better meet the needs of India's aging population. Recommendations include the need for trained geriatric specialists, simplified assistance programs, and better healthcare facilities to ensure comprehensive support for the elderly.

Keywords: Elderly population; Mental Health Awareness; Mental health needs; Mental healthcare; Qualitative exploratory design

I. Introduction

Aging is an ongoing, irreversible, and universal process that starts at conception and continues until death. The stage of life referred to as elderly generally begins when an individual's productive capacity decreases and economic dependence increases (Shilpa et al., 2018). According to the National Elderly Policy, individuals aged 60 and above are classified as elderly. The phenomenon of population aging is a significant global issue in the current century. In countries with large populations, such as India, there is a substantial number of people aged 60 and above.

India, with a population of 1.31 billion, is the second largest country in the world, accounting for 17% of the global population (United Nations, 2015). According to the United Nations Population Division, India's population is projected to surpass China’s by 2028. As India's population increases, the rise in the number of older adults is particularly significant. Currently, the growth rate of individuals aged 60 and older is three times higher than that of the overall population (Sathyanarayana et al., 2014). This demographic shift brings about a range of complex health, social, and economic challenges that this diverse and heterogeneous nation must quickly address (Agarwal et al., 2016).

Addressing the unmet care and support needs of an aging population is rapidly becoming a public health priority. Developing services and solutions that cater to older individuals is essential. Chronic illnesses and functional dependence are primary physical health concerns, while depression and cognitive impairment represent significant mental health issues. These problems often merge, becoming integral aspects of life for the elderly. Common issues include tension, frustration, depression, unnecessary fear, distress, and anxiety. The selection of these health problems is based on their frequent occurrence among the elderly population (Patil & Itagi, 2013).

Physical ailments such as hypertension, diabetes mellitus, respiratory diseases (including bronchial asthma and chronic obstructive pulmonary disease), ischemic heart disease, and osteoarthritis are common chronic illnesses among the elderly (World Health Organization). While these physical conditions often receive prompt medical attention, the psychological challenges associated with aging are frequently neglected. This neglect is often due to a lack of awareness, misconceptions, and societal insecurities. The emotional and psychological issues faced by older adults can range from subtle changes in mood or behavior to complex psychiatric disorders. Elderly individuals are particularly vulnerable to feelings of neglect, loneliness, emptiness, worthlessness, and helplessness, largely due to insufficient support systems (Green et al., 1992). A study by Hansson et al. (1987) found that loneliness is linked to poor psychological adjustment and dissatisfaction with family and social relationships. Dependence on family members and financial constraints further undermine their self-confidence and self-esteem. Additionally, various psychosocial factors play a significant role in the onset and progression of mental health disorders in the elderly.

1.1 Review of Literature

The elderly population in India encounters a multitude of health needs and challenges, as discerned from comprehensive research efforts. One of the recurring themes within this demographic is the pervasive burden of chronic health conditions. Studies conducted by Singh et al. (2016) and Patel et al. (2018) have illuminated the prevalence of conditions such as diabetes, hypertension, cardiovascular diseases, and arthritis among the elderly, underscoring the profound impact of these ailments on their overall well-being. This prevalence is not only a healthcare challenge but also a socioeconomic concern, demanding effective management and prevention strategies.

Mental health issues, notably depression and anxiety, also loom large within India's elderly population. A cross-sectional study conducted in Mysore on individuals aged 60 years and above identified anxiety, insomnia, somatic symptoms, and depression as the most prevalent mental health issues (Kashyap et al., 2012). Evidence shows a linkage of perceived discrimination among older adults by their family members with their poor health including weak emotional states such as anxiety and depression (Srivastava et al., 2021).

Research conducted by Chowdhury et al. (2017) and Chatterjee et al. (2020) underscores the alarming rates of these conditions among the elderly, with contributing factors including feelings of loneliness and the limited accessibility of mental health services. A cross-sectional study conducted in Odisha found that most of the elderly individuals, being unemployed, were neglected by family members; they felt loneliness, sadness, and depression (Biswal et al., 2021). Recognizing and addressing mental health is imperative, as it is intricately linked to the overall quality of life for elderly individuals.

Nutritional concerns, particularly malnutrition and undernutrition, continue to plague a substantial portion of the elderly population (Government of India, 2020). Inadequate nutrition not only contributes to physical frailty but also compromises the immune system, making elderly individuals more susceptible to illnesses.
Also, various studies in India have analyzed the risk factors such as lower levels of income, not working, not receiving any pension, not owning any asset, being a woman, and not having an adult child for care and support that are associated with mental health issues among older adults (Muhammad et al., 2020). Studies reported that living in a multigenerational family without a spouse and having a lower household income were significantly associated with poor mental health in both men and women (Bhatia et al., 2007).

The challenge of accessing healthcare services, particularly in rural areas, remains a formidable barrier for the elderly. Research studies have consistently highlighted the inequities in healthcare accessibility,

leading to delayed diagnoses and treatment (Reddy et al., 2018). The lack of geriatric healthcare specialists in rural regions further exacerbates this issue.

As life expectancy continues to rise in India, the demand for long-term care and palliative care services escalates (Rao et al., 2019). Ensuring that these services are accessible and of high quality is crucial, as they play a pivotal role in providing dignity and comfort during the later stages of life.

To improve the quality of life for senior citizens in the country, several policies have been introduced. Notably, the Rashtriya Vayoshri Yojana (RVY) is a central sector scheme funded by the Senior Citizens' Welfare Fund. This program provides aids and assistive living devices to senior citizens from the Below Poverty Line (BPL) category who suffer from age-related disabilities. The devices include walking sticks, elbow crutches, walkers/crutches, tripods/quad pods, hearing aids, wheelchairs, artificial dentures, and spectacles. Additionally, the Varistha Mediclaim Policy supports seniors by covering the costs of medicines, blood, ambulance charges, and other diagnostic expenses. In 2010-11, the Ministry of Health and Family Welfare (MoHFW) launched the National Programme for the Health Care of Elderly (NPHCE) to address various health-related issues faced by elderly people. The major objectives at the district level under the NPHCE include providing dedicated health facilities in district hospitals, community health centers (CHCs), primary health centers (PHCs), and sub-centers (SCs). These initiatives highlight the pressing need for a comprehensive and accessible healthcare ecosystem tailored to the unique health needs of India's elderly population. Such a system should encompass preventive measures, increased availability of geriatric specialists, and improved mental health support. Addressing these multifaceted challenges is imperative to enhance the overall well-being and quality of life for India's elderly citizens.

Upon conducting a thorough review of the existing literature, it has become apparent that significant disparities exist between the current health needs and the prevailing policies. As a result, the purpose of the present study is to ascertain whether older individuals possess awareness of these policies and, if so, to assess the efficacy of these policies in addressing their specific needs.

1.2 Rationale

India is witnessing a significant demographic shift with an increasingly aging population. This demographic transition presents both opportunities and challenges for the healthcare system and the broader society. Understanding the current mental health needs of the elderly and reviewing them in reference to regulatory policies is of paramount importance to address the unique healthcare requirements of this vulnerable and growing segment of the population. This research paper aims to provide a comprehensive rationale for such an investigation. Overall, this research paper's rationale lies in the urgency of addressing the evolving health needs of India's aging population and evaluating the effectiveness of existing regulatory policies. This investigation is not only essential for the well-being of the elderly but also for the sustainability and equity of the healthcare system in India.

II. Research Methodology

2.1 Aim: To identify the mental healthcare requirements of the elderly population in India and review the effectiveness of existing regulatory policies in addressing these needs.

2.2 Objective: Understanding current mental health needs and reviewing them in reference to the regulatory policy for elderly in India.

2.3 Research Questions:

- What are the mental health issues commonly faced by the elderly population in India?
- What are the main challenges faced by the elderly in accessing healthcare services, both in terms of affordability and availability?

- Is there a gap between the present healthcare needs and the existing healthcare policies for the elderly population in India?

2.4 Research Design: The present study employed a qualitative research design to explore the perspectives and experiences of elderly individuals in India regarding their mental health and the impact of healthcare policies and services. Qualitative research is a methodology researchers use to gain deep contextual understanding of users via non numerical means and direct observation. The research design adopted for this study is exploratory research design. It is carried out when a topic needs to be understood in depth.

2.5 Sample: To construct our participant sample, a rigorous process was implemented to ensure diversity and representation within the study. The sample comprised ten individuals, evenly distributed with three females and three males, aged 60 years and above, purposefully drawn from the broader target population of Delhi-NCR. Employing a purposive sampling approach, participants were selected based on their willingness and suitability to participate, ensuring alignment with the characteristics of the broader target demographic.

Table 1: Participant demographic details

Participants	Age	Gender	Socio-Economic Status
P1	72	F	Middle Class
P2	70	M	Middle Class
P3	65	M	Upper Class
P4	73	M	Middle Class
P5	69	F	Upper Class
P6	71	M	Upper Class
P7	80	M	Middle Class
P8	75	F	Upper Class
P9	74	F	Upper Class
P10	73	F	Middle Class

2.6 Data Collection: A Semi-Structured Interview method was utilized to explore the health needs, experiences with healthcare services, challenges faced, and suggestions for improvement among the elderly population. The particular study was guided by the research questions.

2.7 Procedure: The procedure for conducting this research involved several meticulously planned steps to ensure comprehensive and reliable findings. Initially, an interview guide was meticulously developed based on the predefined research questions, ensuring it covered key areas such as health issues, challenges in accessing healthcare, and perceptions of existing policies. This guide was designed to be flexible, allowing for the exploration of topics in depth while maintaining focus on the core objectives of the study. Following the development of the interview guide, ethical approval was obtained from the relevant institutional review board, ensuring that the study adhered to ethical standards and protected the rights and well-being of the participants.

For participant recruitment, a purposive sampling strategy was employed to select individuals aged 60 years and above from the Delhi-NCR region. This strategy ensured a diverse and representative sample, including an equal number of male and female participants. Potential participants were approached through community

centers, healthcare facilities, and social networks. They were provided with detailed information about the study, and informed consent was obtained, emphasizing the voluntary nature of participation and ensuring confidentiality and anonymity.

Semi-structured interviews were then conducted with each participant. These interviews lasted approximately 45-60 minutes per participant and were audio-recorded with the participants' consent. The semi-structured format allowed for flexibility, enabling participants to share their experiences and perspectives in detail while ensuring that key topics were covered. The audio recordings were subsequently transcribed verbatim, ensuring an accurate and comprehensive representation of the participants' responses.

Thematic analysis was employed to analyze the data, with coding techniques used to categorize and interpret the data. This process involved identifying common themes and patterns related to the research questions, such as health issues, access to healthcare, and policy effectiveness. To enhance the accuracy and credibility of the findings, member checks were conducted by sharing preliminary findings with a subset of participants. This step ensured that the interpretations accurately reflected the participants' experiences and perspectives, and any discrepancies were addressed based on their feedback. Final step was the findings that were synthesized into a comprehensive report. This report highlighted key insights and recommendations, discussing the implications for policy and practice with evidence-based suggestions for improving mental healthcare for the elderly in India. The detailed and systematic approach to data collection and analysis ensured that the study's findings were robust and reliable, providing valuable insights into the mental healthcare needs of the elderly and the effectiveness of existing policies.

III. Results

The findings of the study are obtained through thematic analysis of the qualitative data. As a result, seven distinct themes emerged, shedding light on the current mental health needs of the elderly in Delhi-NCR, India. These themes encompass a range of issues including physical health concerns, mental health challenges, the role of family and community, the effectiveness of healthcare services, the impact of government policies, and recommendations for improving elderly well-being. Physical health issues such as arthritis, high blood pressure, diabetes, and mobility limitations significantly impact daily life. Mental health challenges are pronounced, with many elderly individuals experiencing loneliness, emotional emptiness, and difficulties coping with the loss of loved ones. The role of family is critical yet complex, providing necessary medical and financial support but often neglecting emotional needs, leading to feelings of isolation. Community involvement offers a sense of belonging but also presents barriers to seeking mental health support due to stigma and lack of awareness. Healthcare services are frequently seen as inadequate, with significant challenges in access, cost, and scheduling. Government policies are often insufficient in providing comprehensive support, with issues related to medical coverage, pension schemes, and accessibility to benefits. Based on these insights, recommendations focus on improving healthcare access, fostering open dialogue, and strengthening community support to better meet the needs of the elderly population.

Table 2- Thematic Analysis

Themes
Physical Health issues
Geriatric health concerns
Discomfort
Uneasiness
Arthritis, high blood pressure, diabetes
Unable to hear
Multimorbidity
Dependency on medications
Vision deterioration
Mobility Limitations

Themes
Impacts daily life
Mental Health issues Loneliness emotional emptiness Emotional struggles after the loss of a spouse Coping with the passing of a loved one
Family Role Reliance on family for health needs Medical assistance from family Relieving financial burdens through family assistance Family's financial support for healthcare expenses Family provides security and comfort Family brings happiness Ignorance from family for emotional needs Family fulfills only physical health needs Family neglecting attitude towards mental health needs Feeling left alone in family
Community Role Sense of Belonging through Community Bonding Bonding with neighbors Engage in diverse activities Discouraging seeking mental support outside the family Reluctance to face community judgment Reluctance to reach out for emotional/mental support Preferring to suffer silently Mental health unawareness Mental health hesitation
Healthcare services Poor mental healthcare services Challenges in access to mental healthcare Hesitation to Discuss Mental Health Reluctance to Seek Professional Help Difficulty in scheduling medical visits Transportation Challenges Cost Concerns Financial constraints for healthcare
Government policies Medical coverage is concern Limited government support Inadequate pension scheme Increasing cost of living Accessibility of affordable housing remains a concern Limited coverage of expenses by the pension scheme Difficulty in accessing benefits of scheme Limited knowledge of government policies Relying on family members for assistance with policies Confusion and limited knowledge about government policies Limited support from organizations Gaps in addressing real-life issues Inadequate Financial policy Need for simplified and accessible assistance programs
Recommendations for elderly well-being Enhanced Healthcare Access Trained Geriatric Specialists needed

Themes
Encourage Open Dialogue Seek Professional Help Strengthening the Sense of Community Simplified Assistance Processes Better Facilities Improved Healthcare Accessibility

IV. Discussion

The present study aimed to understand the current mental health needs of elderly individuals in India and review these needs in the context of existing regulatory policies. Participants consistently highlighted why, as elderly individuals, they often struggle to seek mental health assistance, citing common barriers such as societal stigma, lack of emotional support from family and community, unawareness about mental health issues, confusion and limited knowledge about government policies, and restricted access to services. Additionally, they pointed to government inaction and inadequate policies as significant obstacles. These shared experiences reveal the widespread challenges elderly individuals face in accessing mental health support and emphasize the urgent need for systemic changes to address these barriers.

Theme 1. Physical Health issues

This theme explores the prevalent physical health challenges faced by India's elderly population, including conditions like arthritis, high blood pressure, and diabetes, significantly affecting their day-to-day functioning. These issues are compounded by sensory impairments such as hearing loss and vision deterioration, leading to heightened dependency and reduced social interaction. Moreover, the presence of multiple chronic conditions concurrently, known as multimorbidity, adds complexity to their healthcare needs, necessitating comprehensive treatment approaches. Additionally, mobility limitations due to age-related decline or chronic health conditions further diminish their independence and overall well-being. Robust regulatory policies are crucial for ensuring the provision of tailored healthcare services to address these diverse needs, thereby upholding the dignity and well-being of India's elderly population.

The aforementioned theme is exemplified by the verbatim excerpts provided below:

P1: "I am a 72-year-old woman, I have been dealing with several physical health issues and chronic conditions."

P2: "Arthritis has been a constant companion, making it difficult to move around comfortably."

P3: "High blood pressure and diabetes have been a concern, and I personally like sweets so it's really hard to control such things."

"Sometimes I forget to take my medicines, so my grandson takes care of me, making sure I have them on time."

P4: "I got into an accident years ago, so I got surgery on my hand where a rod has been inserted in my hand, and that still hurts."

"Medical expenses are quite high, maybe we can afford sometimes but not everyone can afford the care they need."

P5: "Healthcare services can be overwhelming, and I've personally experienced delays in receiving the care I need."

"This can be frustrating sometimes, especially when dealing with chronic conditions that require regular check-ups."

P6: "I am so glad that my children take care of me. Whenever they have to go on a vacation, they make prior arrangements with his sisters so that any of my daughters can visit me and stay for days and take care of me."

P7: "I've also had issues with my eyesight. My vision has deteriorated over the years, and I now need glasses to read."

P8: "I often experience joint pain."

P9: "High blood pressure and diabetes require me to monitor my diet and take medication regularly"

A study by Patel et al. (2019) highlights that arthritis, high blood pressure, and diabetes are prevalent among India's elderly, significantly impacting their daily lives. Sensory impairments like hearing loss and vision deterioration increase dependency and reduce social engagement. The study also notes that multimorbidity complicates healthcare management, and mobility limitations due to chronic conditions further diminish independence and quality of life. The findings emphasize the need for robust regulatory policies to ensure tailored healthcare services for the elderly. Another study by Raghupathi et al. (2020) reveals that elderly individuals frequently suffer from multiple chronic conditions, leading to increased healthcare service utilization. Mobility issues and sensory impairments not only hinder daily activities but also limit access to healthcare facilities. The study underscores the inadequacy of the current healthcare system to address the complex needs of the elderly, advocating for more robust policies and services tailored to their unique requirements.

Theme 2. Mental Health issues

This theme explores the intricate mental health issues faced by the elderly in India, focusing on loneliness, emotional emptiness, struggles after the loss of a spouse, and coping with the passing of loved ones. Loneliness is exacerbated by the disintegration of joint families and urban migration, leading to depression and anxiety. Emotional emptiness arises from a lack of meaningful engagement post-retirement, with regulatory frameworks lacking provisions for mental stimulation. The loss of a spouse triggers profound grief, with limited access to grief counseling and support. Continuous exposure to loss demands robust mental health support systems, but current policies and services are fragmented and insufficient. Addressing these issues requires comprehensive regulatory policies, better implementation, and accessible mental health services to support the elderly's psychological well-being.

The aforementioned theme is exemplified by the verbatim excerpts provided below:

P1: "Sometimes loneliness and anxiety. I believe that these are psychological health issues that many of us face as we age."

P2: "Losing loved ones and friends, coupled with physical limitations, lead to feelings of isolation and sadness."

"Whenever I have company with my children and grandchildren brings warmth to my life."

"I enjoy spending time with my grandchildren, cooking, and participating in local events and gatherings."

P3: "I was feeling very sad and alone when my husband died, I couldn't take that pain. I was crying, and I still feel that somewhere inside me whenever I am alone."

P4: "I am unable to go on vacations with anyone because of my health."

P5: "How bad it feels when you have no one left with you and you are all alone, I can connect because I have a loved one with the same condition."

"I know one of my acquaintances who lived alone in the house. She was a widow, and her children used to visit once a month."

"I feel so bad and hurt that how we are taken for granted and left alone."

P6: "Family support is absolutely crucial in daily life."

"At least I am living with my family. I feel so grateful and happy."

P7: "The presence and help of my family and friends not only maintain my physical well-being but also provide emotional comfort which makes me feel better."

P8: "I share stories, experiences, and laughter with my friends around my house which is a great source of emotional strength and also I could connect with them when they share their perspectives because we are from the same age group."

P9: "Staying active and engaged helps me lift my spirits."

"I keep myself engaged in religious practices and visiting the jain temple almost every week."

P10: "Life has changed quite a bit for me since my wife passed away. It's been really difficult, and I often find myself dealing with feelings of grief and loneliness. We were together for so long, and not having her around has left a big void in my life."

A study titled "Mental Health and Aging: A Study of Elderly Living in Old Age Homes and Within Family Setup in Lucknow District" by Sharma et al. (2021) supports the above discussion. It found that elderly individuals in old age homes experience higher levels of loneliness and depression than those living with family, due to social isolation. The study highlights the prevalence of emotional emptiness from a lack of engaging activities, especially for those who have lost spouses. It also points to the limited availability of mental health services and the cultural stigma against seeking help, underscoring the need for better regulatory policies and mental health services tailored to the elderly. Another investigation titled 'Psychological Well-Being of Elderly People Residing in Old Age Homes in India: A Cross-Sectional Study' by Kumar and colleagues (2020). This research found that elderly individuals in old age homes often suffer from significant emotional struggles and grief, particularly after the loss of a spouse, and face difficulties coping with the passing of loved ones. The study also highlighted an absence of organized mental health support and grief counseling services, which intensifies feelings of loneliness and emotional void. The findings highlight the urgent need for comprehensive mental health services and supportive policies to improve the psychological well-being of the elderly, reinforcing the necessity for better regulatory frameworks discussed earlier.

Theme 3. Family Role

This theme explores the role of family in the lives of elderly individuals, highlighting the extensive support they provide, particularly in health and well-being. Families often play a crucial role in addressing the health needs of their elderly members, offering both direct medical assistance and alleviating financial burdens associated with healthcare expenses. This financial support is essential in ensuring access to necessary medical treatments, thereby providing a sense of security and comfort for the elderly. Additionally, the emotional benefits of family support are significant, as the presence and care of loved ones can bring immense happiness and a sense of belonging. However, this dynamic is complex and multifaceted. While families may diligently fulfill the physical health needs of their elderly members, there can be instances where emotional and mental health needs are overlooked. This neglect can lead to feelings of loneliness and isolation among the elderly, as they may feel ignored or unsupported in their emotional struggles. Thus, the family's role is pivotal but can vary greatly, sometimes providing comprehensive support while at other times falling short in addressing all aspects of health and well-being for their elderly loved ones.

The aforementioned theme is exemplified by the verbatim excerpts provided below:

P1: "The presence and help of my family not only maintain my physical well-being but also provide emotional comfort."

P2: "In times of distress or when I'm feeling down, their care and attention are like a soothing balm."

P3: "Having my family around is a constant source of joy and support, especially my grandchildren."

P4: "Loneliness is a significant issue for me and many elderly individuals, and personally the company of my children and grandchildren brings warmth to my life."

P5: "Talking about family support, my daughters both come and visit me frequently, which makes me feel good and relaxed."

P6: "Family support is absolutely crucial in daily life."

"At least I am living with my family. I feel so grateful and happy."

P7: "Yes, absolutely, my family has been a tremendous source of emotional support and care"

P8: "Having my son, daughter-in-law, and my two mischievous grandkids around is like a daily dose of happiness."

P9: "They assist me in scheduling appointments, accompanying me to medical visits. Without their assistance, I honestly couldn't handle all these health concerns."

This nuanced understanding is supported by the findings of Wang et al. (2019), who investigated family support's impact on elderly living satisfaction in Shaanxi Province, China. Their study revealed that emotional and decisional support from family significantly enhance living satisfaction, while daily living support did not have a significant impact. Furthermore, mental state and social integration mediated the positive effects of emotional and decisional support on living satisfaction, highlighting the critical roles of emotional well-being and social engagement in the overall satisfaction of the elderly. Another research by Bražinová and Chytil

(2023) investigated family as a source of social support for older adults facing limitations in self-sufficiency. Their study highlights that family support is effective if geographic proximity and high-quality relationships are present. However, older adults often prefer formal sources of support, turning to family primarily in extreme situations. These insights emphasize the importance of understanding the diverse support needs of the elderly and the critical role of gerontological social work in addressing these needs comprehensively.

Theme 4. Community Role

This theme encapsulates the role of community in the lives of elderly individuals, particularly in relation to their mental health needs. A strong sense of belonging through community bonding can be beneficial, as elderly individuals often find comfort and connection through interactions with neighbors and engaging in diverse activities. These interactions can foster a supportive environment, enhancing overall well-being. However, community dynamics can also present challenges. There is often a discouragement of seeking mental health support outside the family, coupled with a reluctance to face community judgment. This reluctance can lead elderly individuals to refrain from reaching out for emotional or mental support, preferring instead to suffer silently. Additionally, a lack of awareness about mental health issues within the community and hesitation to address such topics can further hinder access to necessary support. Thus, while community bonds can provide a sense of belonging and engagement, they can also contribute to significant barriers in addressing the mental health needs of elderly individuals.

The aforementioned theme is exemplified by the verbatim excerpts provided below:

P1: "We share stories, experiences, and laughter, which is a great source of emotional strength and it makes me feel relaxed."

P2: "In the community, there are a lot of old ladies around my house. We arrange kitty parties, do yoga together in the nearby park, arrange get-togethers on birthdays, and we enjoy and spend some time together."

P3: "Engaging in community activities helps me feel connected and lessens the impact of emotional challenges."

P4: "In the community, there are a lot of old ladies around… who arrange get-togethers on birthdays."

P5: I come from a culture were discussing mental health openly is not very common. In our community, there is a stigma attached to mental health problems, and many people prefer to keep their struggles hidden. This can make it challenging to reach out for help or discuss issues with friends and neighbors.

P6: In our culture, seeking help from counselors or therapists for emotional support was not something that crossed our minds back in the day. We've always been taught to keep our problems within the family. Plus, there's a fear of being labeled as "mad" or "crazy" by the community if they found out you were visiting a counselor. It's seen as a matter of shame, and we'd rather endure our struggles silently than face that kind of judgment.

P7: Many people believe that going to a counselor meant you were somehow mentally weak or unstable. It was seen as a sign of vulnerability, and people often thought that they should handle their emotional issues on their own. Privacy concerns were also a worry, with people fearing that their personal problems would no longer be personal.

P8: To be honest, I haven't seen many people my age openly discussing mental health. It's kind of a touchy subject for many. I think there's a fear of being judged or stigmatized, which sadly might be preventing many people from getting the help they could really use.

This duality of community influence is supported by Chang and Levy (2023), who examined the protective effects of neighborhood social cohesion and physical order on elder abuse in India. Their study found that high neighborhood social cohesion and physical order significantly reduced the likelihood of elder abuse by 38% and 48%, respectively, highlighting how strong, well-ordered communities can protect elderly individuals. These findings underscore the critical role of fostering community bonds to enhance well-being and safety while also addressing barriers to mental health support for the elderly. Another study by Chen and Zhang (2024) highlights the impact of community participation (CP) on the subjective well-being (SWB) of older adults, emphasizing the mediating role of sense of community (SoC) and the moderating role of neuroticism. Their study reveals that CP positively influences life satisfaction, positive affect, and depressive

symptoms, with SoC mediating these associations. Additionally, neuroticism negatively moderates the relationship between CP and SoC, suggesting that lower neuroticism amplifies the benefits of CP on SoC. These findings underscore the importance of community engagement in promoting well-being while also addressing the barriers that hinder elderly individuals from seeking necessary mental health support.

Theme 5. Healthcare services

This theme covers the attitude and viewpoint of elderly people towards the healthcare services available to them, particularly in relation to their mental health needs. Many elderly individuals perceive the mental healthcare services provided as poor, facing numerous challenges in accessing the necessary care. There is often a hesitation to discuss mental health issues, leading to a reluctance to seek professional help. Additionally, scheduling medical visits can be difficult, compounded by transportation challenges and cost concerns. Financial constraints further limit access to adequate healthcare, making it harder for elderly individuals to obtain the support they need. Overall, these barriers contribute to a general dissatisfaction with the healthcare services available, as many elderly people feel that their mental health needs are not being effectively addressed.

The aforementioned theme is exemplified by the verbatim excerpts provided below:

P1: "My neighbor, Mr. Sharma, faced a health emergency... and there was a significant delay in receiving care."

P2: "We need to focus on increasing the accessibility of healthcare services, especially in rural and remote areas."

P3: "Well, in our community, healthcare services for the elderly can sometimes be a bit tricky. You see, there are hospitals and clinics around, but sometimes it takes a while to see a doctor or get a medical appointment."

P4: "The cost will be a concern, especially if you don't have good insurance."

P5: "For someone of my age, like me, transportation to these places can be a challenge."

P6: "Oh, absolutely, there are financial constraints when it comes to accessing healthcare, it's relatively easier for me because my son and daughter-in-law are always there to assist me with all the necessary expenses and arrangements."

P9: "They assist me in scheduling appointments, accompanying me to medical visits. Without their assistance, I honestly couldn't handle all these health concerns."

These findings are echoed in Kafczyk and Hämel's (2023) study on primary mental healthcare (PMHC) for older adults in India, which underscores the impact of social perceptions and community norms on healthcare access. Through thematic analysis of interviews with key stakeholders, the study emphasizes the need for low-threshold access and the role of community health workers in providing sensitive care. It also highlights the influence of social cohesion and traditional values in fostering supportive environments, while advocating for education to empower communities and older individuals regarding mental health. These insights underscore the imperative of integrating community perspectives into healthcare strategies to enhance service effectiveness and address the specific needs of elderly populations in India, thus informing the development of more inclusive and accessible health care policies and interventions.

Theme 6. Government policies

The analysis of government policies reveals a significant disconnect between the needs of the elderly population and the support provided by current governmental frameworks. Elderly individuals in India face multifaceted challenges due to existing government policies. A primary concern is inadequate medical coverage, which many elderly citizens struggle to access adequate healthcare due to limited coverage or affordability issues, basically rising healthcare costs, is a substantial financial burden on seniors. The government support available to them is insufficient, resulting in gaps when addressing real-life issues, particularly through the National Old Age Pension Scheme (NOAPS), which fails to keep pace with the increasing cost of living, leaving many elderly individuals struggling to cover basic necessities. The accessibility of affordable housing remains a critical issue. The difficulties in accessing benefits due to bureaucratic processes and limited knowledge of these policies further exacerbate the problem. Many elderly

individuals rely on family members to navigate these complexities, highlighting the necessity for simplified and more accessible assistance programs. The lack of effective communication about available support channels and the limited engagement from organizations underscore significant gaps in addressing real-life issues faced by the elderly. These findings indicate a pressing need for policy improvements, including increased pension amounts, enhanced healthcare accessibility, streamlined assistance processes, and comprehensive awareness campaigns to ensure that elderly individuals are well-informed and adequately supported. Organizations providing support are also scarce, underscoring the need for simplified and accessible assistance programs to address these policy-related barriers.

The landscape of government policies concerning the mental health of elderly individuals in India is fraught with complexities. While there are policies in place aimed at supporting this demographic, research by Prakash et al (2021) highlights a stark reality: these policies are not effectively reaching those in need due to poor implementation and limited coverage. This leaves a significant portion of the senior population without essential support services, exacerbating their vulnerabilities. The Mental Health Care Act of 2017 was heralded as a progressive move, acknowledging the rights and needs of individuals with dementia. However, Gupta (2022) points out that despite its promising framework, the act's real-world application has been constrained, failing to make a substantial impact on those it was designed to protect. Kafczyk T and Hämel K. (2023) further illustrate that the primary mental healthcare system for older persons is not only underfunded but also disjointed across various policy areas. This fragmentation results in uneven access to care and disparities in the quality of services provided, leaving many elderly individuals without adequate mental health support. Prakash et al. (2013) emphasizes that due to these systemic shortcomings, many elderly individuals are forced to rely on informal care sources, such as family members. This reliance is not sustainable and underscores an urgent need for a more cohesive and comprehensive system that can effectively cater to the geriatric mental health needs. Kafczyk T and Hämel K. (2023) in their research argue for a multi-faceted approach to reform. This would include increasing pension amounts to alleviate financial stress, enhancing healthcare accessibility to ensure seniors can receive proper care, streamlining assistance processes to reduce bureaucratic hurdles, and launching comprehensive awareness campaigns to bridge the gap between policy and practice. While there are governmental efforts to address the mental health needs of India's elderly population, significant gaps remain. A concerted effort is required to improve policy implementation, expand coverage, and integrate services to provide a safety net that truly supports the mental well-being of seniors.

The aforementioned theme is exemplified by the verbatim excerpts provided below:

P1: "I've heard about government programs like the National Old Age Pension Scheme through the newspaper and news."

P2: "To be honest, the government assistance for senior citizens in India is quite limited, and it often falls short of meeting our needs, and many of us find ourselves struggling to make ends meet, especially when dealing with rising healthcare costs and other financial burdens in our later years."

P3: "To be honest, there aren't too many policies that provide significant financial support for seniors like me."

P4: "For financial support there is a pension scheme. But the pension we receive is often barely enough to cover basic necessities, and it hasn't kept up with the increasing cost of living."

P5: "Well, I've heard a bit about government policies for senior citizens, but I can't say I'm very familiar with all the details. I know there are some schemes and programs in place to provide financial assistance and healthcare benefits to seniors. My son and daughter-in-law help me with these things, so I don't have to worry too much about it."

P6: The National Program for Health Care of the Elderly (NPHCE) sounds familiar, and I think it's related to healthcare for seniors, but I don't know the details. As for other policies that you mentioned such as Rashtriya Vayoshri Yojana (RVY), Varistha Mediclaim Policy, I'm not really sure what that is. It's all quite confusing, and I'm not very well-versed in these things. I'm lucky to have my family take care of such matters for me.

P7: "While there are some schemes for discounted public transportation and other benefits, they are not always well-implemented, and the process to avail them can be quite bureaucratic and time-consuming."

P8: "To be honest I haven't seen any help from any organizations for older people like us. They may exist, but their assistance appears to be limited. They might occasionally host events, but when it comes to addressing real-life issues, such as healthcare, legal matters, or financial support, it's not always easy to access the help we need."

Theme 7. Recommendations for elderly well-being

To effectively enhance the well-being of elderly individuals, several critical areas require attention. First and foremost, improving healthcare access is essential. This includes increasing the availability and affordability of healthcare services, especially in rural and remote areas, and ensuring that these services cater specifically to the needs of the elderly by employing more trained geriatric specialists. Mental health awareness must also be prioritized by fostering an open dialogue about mental health issues and encouraging the elderly to seek professional help when needed. The importance of community and family support cannot be overstated, as these social structures play a vital role in the daily lives of seniors. Strengthening the sense of community through regular social activities and support groups can help mitigate feelings of isolation and provide a robust support network. Simplifying the processes for accessing benefits and assistance is crucial to ensure that elderly individuals, who may not be tech-savvy, can easily navigate these systems. These findings signifying that creating better facilities and launching targeted awareness campaigns can ensure that seniors are well-informed about the resources available to them, thereby improving their overall quality of life and well-being. Therefore, investing in better facilities and improved healthcare accessibility ensures a dignified and supportive environment for our elderly population.

The aforementioned theme is exemplified by the verbatim excerpts provided below:

P1: "I do have some recommendations for policymakers... funding and resources to reach a wider population of elderly individuals effectively."

P2: "I think it's essential to address these emotional challenges as they can impact our overall well-being."

P3: "According to me there is a greater emphasis on training and employing geriatric specialists."

P4: "We should focus on increasing the accessibility of healthcare services, especially in rural and remote areas."

"We need more accessible and affordable healthcare services. Especially in the smaller towns and villages, it's not easy to get good medical care. Maybe they could set up more health centers and mobile clinics for seniors."

P5: "Facilities can be much better specially for old people like us as it's hard for us to travel alone and other physical problems."

P6: "it's important to spread awareness among people of our age because people are going through a lot of our age group, so to make them feel at ease."

P7: Oh, absolutely, there are some areas where our policies for seniors need a bit of fixing. For instance, the money they give us through programs like the National Old Age Pension Scheme isn't enough to cover the increasing costs, especially for healthcare. And in the countryside, it can be tough to find good healthcare.

P8: "Many old people, especially in the rural areas, aren't even aware these programs exist, and the application process can be a real headache. It'd be great if things were made simpler and more seniors know how to get help when they need it."

"It'd be great if they could simplify the processes for availing benefits and assistance. Many of us are not very tech-savvy, and the paperwork can be quite daunting."

P9: "Addressing elder abuse and neglect is another area that requires attention."

P10: "it would be wonderful if they could increase the pension amount we receive. The cost of living and healthcare is going up, and our pensions often fall short. A little extra financial support would go a long way."

To effectively enhance the well-being of elderly individuals in India, a comprehensive and multifaceted approach is essential. Access to healthcare is a critical component, especially in rural and remote areas where medical services are often limited. Expanding the availability and affordability of healthcare services is a significant step, but it is equally important to tailor these services to meet the specific needs of the elderly population. This includes employing more trained geriatric specialists who are equipped to address the

complex health issues faced by seniors (Prakash et al., 2013). Mental health awareness is another vital aspect. Initiatives that promote an open dialogue about mental health can destigmatize these issues and encourage the elderly to seek professional help when needed (Shubham et al., 2021). Community and family support play a crucial role in providing emotional sustenance for seniors. By strengthening community bonds through regular social activities and support groups, we can help alleviate feelings of isolation and build a strong support network that can significantly enhance the mental well-being of elderly individuals. Simplifying the processes for accessing benefits and assistance is essential for ensuring that elderly individuals, particularly those who may not be tech-savvy, can easily navigate these systems. This can be achieved by streamlining procedures and providing clear guidance on how to access available resources (Parkar et al., 2015). These strategies highlight the need for creating better facilities and launching targeted awareness campaigns that inform seniors about the resources available to them. By doing so, we can improve their overall quality of life and well-being. It's about building a society that not only cares for its elderly but also empowers them to live their lives with dignity and independence.

V. Conclusion

This study illuminates the intricate challenges faced by elderly individuals in India, encompassing diverse dimensions such as physical health, mental well-being, familial dynamics, community interactions, healthcare accessibility, and governmental policies. The findings underscore pervasive issues including societal stigma, financial constraints, and inadequate healthcare services that collectively undermine the quality of life for the elderly. Particularly notable are the complexities associated with multimorbidity and the profound impact of loneliness and societal neglect on mental health.

Family and community roles emerged as crucial but variable factors influencing elderly care, sometimes failing to address mental health adequately due to cultural norms and insufficient awareness. Meanwhile, existing governmental policies, though in place, often falter in effective implementation, leaving many elderly individuals without necessary financial and healthcare support.

Addressing these challenges demands a holistic approach integrating improved healthcare accessibility, enhanced mental health services, strengthened familial and community support structures, and robust governmental policy reforms. Efforts must prioritize destigmatizing mental health issues, educating both elderly individuals and their families about available support systems, and streamlining bureaucratic processes to ensure equitable access to resources.

By fostering a more inclusive and supportive environment, India can uphold the dignity and well-being of its elderly population, thereby promoting a society that values and respects its aging citizens. Future research and policy initiatives should continue to delve into these complexities to enact meaningful change and ensure a dignified and secure life for all elderly individuals in India.

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VII.References

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