MENTAL HEALTH OF ELDERLY IN INDIA: A STUDY

Dr. Shalini Marwaha*
Dr. Rajinder Kaur**
Ms. Inderpreet Kaur***

Abstract: World Health Organisation gives a comprehensive definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease. It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders. The definition acknowledges mental well-being as one of the important component of healthy life. The present study attempts to deal with the problem of mental disorder especially in elderly people. For this purpose the paper looks into the various types and causes which are responsible for the problems of mental health of elder persons, various national and international protections which are given to the elderly people are also studied and judicial attitude towards the elder persons have also been highlighted in this paper.

Keywords: Dementia, Elderly, Loneliness, Mental Disorder, Mental Health.

1. INTRODUCTION

It is a characteristic of man that his spirit may still triumph when his physical powers abandon him.

W. VON. WYSS1

Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.2 A sound mind in a sound body has been recognised as a social ideal over the centuries. Mental health is a balanced development of the individual’s personality and emotional attitudes which enables him to live harmoniously with rest of the society. Mental health is not an exclusive relation between persons. It is related with the community he lives in and the bigger society of which community is only a part. It is related with the social and educational institutions which build

* Professor, Department of Laws, Panjab University, Chandigarh.
** Professor, University Institute of Legal Studies, Panjab University, Chandigarh.
*** Research Scholar, Department of Laws, Panjab University, Chandigarh.
his life and establish him as a human being. It is the mental health that determines the individuals earnings, life style, happiness, leisure, stability and security.\(^3\)

The word mental disorder has been assigned different meanings under different legislations. The Hindu Marriage Act, 1955, defines “Mental Disorder” as a mental illness, arrested or incomplete development of mind, psychopathic disorder or any other disorder or disability of mind and includes schizophrenia.\(^4\) The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, also explains “Mental illness” as any mental disorder other than mental retardation.\(^5\) “Mentally ill Person” has been considered under The Mental Health Act, 1987, which provides that mentally ill person a person who is in need of treatment by reason of any mental disorder other than mental retardation.\(^6\) The Hindu Marriage Act, 1955, also lays emphasis on the term “Psychopathic disorder” which states psychopathic disorder as a persistent disorder or disability of mind, whether or not including sub-normality of intelligence which results in an abnormally aggressive or seriously irresponsible conduct on the part of the other party, and whether or not it requires or is susceptible to medical treatment.\(^7\) The Indian Lunacy Act, 1912, describes the term “Lunatic” as an idiot or person of unsound mind.\(^8\)

2. MENTAL HEALTH IN INDIA

Today, the mental disorders stand among the leading causes of the diseases and disability in the world, it has become necessary to generate the awareness of mental health especially in countries like India where too many misconceptions are existing. For example the most common misconception is that the India has low percentage of the population suffering from mental disorder and needs to be handled first so that the approachability to mental health services can be enhanced. The concept of mental health in India encompasses only the treatment of seriously mentally ill person admitted in the mental hospital, otherwise it has no implications to them. Though the morbidity rate of mental disorders is surprisingly high in India. In India, there has being a very recent change that few people have started acknowledging the relevance of general mental health.\(^9\)

---

4 Section 13(1).
5 Section 2(q).
6 Section 2(l).
7 Section 13(1).
8 Section 3(5).
3. HEALTH OF ELDERLY

As everyone knows, the number of old people in the world is increasing rapidly.\(^{10}\) Presently, India has around 90 million elderly and by 2050, the number is expected to increase to 315 million, constituting 20 per cent of the total population.\(^{11}\) However, as average life expectancy continues to increase and the proportions of general population over age 65, over 75, and 85 grow rapidly, all statistics indicate an increasing prevalence of diseases, disability, and depression. Our social institutions seem swamped with the numbers of older people requiring stimulation, support or basic care. There is no question that the need for appropriate, human, and effective public programs is great and still growing.\(^{12}\)

4. TYPES OF MENTAL DISORDERS IN THE ELDERLY

The classification of mental illness in the aged has undergone fundamental changes over the years, but the taxonomy proposed by Roth and his colleagues has now been generally accepted.\(^{13}\) The general classification for old age mental disorders from Roth (1955) and in Slater and Roth (1969) Clinical Psychiatry, Chapter 10, divided psychiatric features into five categories: 1. Affective Disorder 2. Late paraphrenia 3. Acute or sub-acute delirious state 4. Senile dementia 5. Arteriosclerotic psychosis.\(^{14}\)

1. Affective Disorder: The affective disorders have been sub-classified into neurotic and endogenous depressions, and neurotic disorders as such have since been found to be prevalent among the aged.\(^{15}\) Endogenous Depression is a sub-class of clinical depression or major depressive disorder, which is a mood disorder. The meaning of the term endogenous is “from within,” thus, it can be concluded that this form of depression refers to depression from within. From the scientific aspect, the nature of this form of depression is primarily biological and genetic.\(^{16}\) Neurotic depression, on the other hand, doesn't involve psychosis and as a result is a long-lasting, low-level depression. This kind of depression, now more commonly known as dysthymia or dysthymic disorder, generally does not interfere with a person's

\(^{14}\) Ibid.
\(^{15}\) Ibid.
ability to carry on his or her normal activities... The defining features of dysthymic disorder include a chronically low mood that doesn’t interfere profoundly with daily activities. Those with dysthymia suffer from depressed moods for two years or more.

2. Late Paraphrenia: The term "late paraphrenia" refers more to paranoid states in the elderly which are not due to a primary organic or affective cause. In late onset paranoid illness there tends to be less damage to personality or to emotional responsiveness than in illness at a younger age, and thought disorder is rarely seen. Hallucinations may be experienced in several modalities, and delusional thinking can range from elaborate and bizarre delusional systems, to simple (but mistaken) ideas that are understandably related to the actual circumstances of the patient.

3. Acute or sub-acute delirious state: Delirium is an acute or sub-acute organic mental syndrome characterized by disturbance of consciousness, global cognitive impairment, disorientation, the development of perceptual disturbance, attention deficits, decreased or increased psychomotor activity (depending on the type of delirium), disordered sleep-wake cycle, and fluctuation in presentation (eg, waxing and waning).

4. Senile dementia: ‘Senile dementia’ is an outdated term that used to be used when it was thought that memory loss and confusion was a normal part of ageing, rather than being caused by specific diseases like Alzheimer's. These days, it is more common to refer to dementia, or early-onset dementia if the person is under 65. Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Memory loss is an example. Alzheimer's is the most common type of dementia. Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a

18Ibid.
decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities.²³

5. Arteriosclerotic psychosis: Clinically, arteriosclerotic psychosis is frequently associated with hypertension and follows a number of cerebrovascular accidents. Intellectual impairment and other symptoms show marked fluctuation in the course of the illness, and total disintegration, as seen in senile dementia, does not show until very late in the illness. Prognosis in arteriosclerotic dementia is better than for senile dementia, but even so, within two years of diagnosis, mortality is 70% (Roth, 1955).²⁴

5. CAUSES OF MENTAL DISORDER IN ELDERLY

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time.²⁵ Following is the list of factors responsible for mental illness in the elderly:

1. Physical disability²⁶ or illness: Mental health has an impact on physical health and vice versa. For example, older adults with physical health conditions such as heart disease have higher rates of depression than those who are medically well. Conversely, untreated depression in an older person with heart disease can negatively affect the outcome of the physical disease.²⁷

2. Diseases of the adrenal, thyroid, pituitary, or other glands: These glands help regulate emotion, perception, memory, and thought processes. When they don’t function well, these mental processes are affected.²⁸

3. Medications: Seniors take many more medications than other age groups. Coupled with a slower metabolism, these substances can stay in the body longer and quickly reach toxic levels. Moreover, because many older people take more than one medication and may drink

---

²³ Ibid.
alcoholic beverages, there is a high risk that drugs will interact, causing confusion, mood changes, and other symptoms of dementia.29

4. Malnutrition caused by poor eating habits: The brain requires a steady supply of proper nutrients, and poor eating habits or problems with digestion can upset the way the brain functions. For example, pernicious anaemia, a blood disorder caused by a problem with B12 absorption, causes irritability, depression, and dementia. Too little sugar in the bloodstream also causes confusion and personality change. Changed eating habits may result from dental problems, where difficulty chewing can cause seniors to omit certain important foods from their diet.30

5. Diseases of the heart or lungs: The brain also requires a great deal of oxygen to work properly. If diseased lungs cannot draw enough oxygen into the blood or a diseased heart fails to pump enough blood to the brain, lack of oxygen can affect the brain and behavior.31

6. Physical neglect and maltreatment: Older adults are also vulnerable to physical neglect and maltreatment. Elder maltreatment can lead not only to physical injuries; but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety.32

7. Long-term illness (e.g., heart disease or cancer).33 Long term physical conditions impose a considerable emotional burden on patients and carers, and this can change over time.34

8. Dementia-causing illness (e.g. Alzheimer’s disease):35 Dementia is caused by damage in the brain. The most common causes of dementia are called neurodegenerative diseases, and include Alzheimer's disease, frontotemporal dementia, and dementia with Lewy bodies. With

---


30 Ibid.
31 Ibid.
these diseases, the brain cells degenerate and die more quickly than is part of the normal ageing process.\textsuperscript{36}

9. Social and economic insecurity: Poverty and associated conditions of unemployment, low educational level, deprivation and homelessness are all strong markers for mental illness. These adverse conditions prevail in the populations of many rich as well as poor countries. Mental illness and poverty are considered to interact in a negative cycle; that is, not only is the risk of mental illness among people who live in poverty higher, but so too is the likelihood that those living with mental illness will drift into or remain in poverty.\textsuperscript{37} In India overall, 74 per cent of elderly men and about 41 per cent of elderly women report receiving some personal income. However, the majority fall in the low income category. The distribution shows that 43 per cent of all elderly receive no income.\textsuperscript{38} Accordingly, both the poor as well as people with mental disorders constitute vulnerable groups requiring targeted social and financial protection or assistance.\textsuperscript{39}

In addition, older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement,\textsuperscript{40} change of environment, like moving into assisted living, illness or loss of a loved one, or alcohol or substance abuse.\textsuperscript{41} All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people.\textsuperscript{42}

\textbf{6. \textsc{International Initiative}}

The question of ageing was first debated at the United Nations in 1948 at the initiative of Argentina. The issue was again raised by Malta in 1969. In 1971 the General Assembly asked the Secretary-General to prepare a comprehensive report on the elderly and to suggest guideline for the national and international action. In 1978, Assembly decided to hold a World Conference on the Ageing. Accordingly, the World Assembly on Ageing was held in

\begin{footnotes}
\end{footnotes}
Vienna from July 26 to August 6, 1982 wherein an International Plan of Action on Ageing was adopted. The overall goal of the Plan was to strengthen the ability of individual countries to deal effectively with the ageing in their population, keeping in mind the special concerns and needs of the elderly. The Plan attempted to promote understanding of the social, economic and cultural implications of ageing and of related humanitarian and developed issues. The International Plan of Action on Ageing was adopted by the General Assembly in 1982 and the Assembly in subsequent years called on governments to continue to implement its principles and recommendations. The Assembly urged the Secretary-General to continue his efforts to ensure that follow-up action to the Plan is carried out effectively. 43 On 14 December 1990, the United Nations General Assembly (by resolution 45/106) designated 1 October the International Day of Older Persons. 44 In 1992, the U.N. General Assembly adopted the proclamation to observe the year 1999 as the International Year of the Older Persons. 45 The U.N. General Assembly on December 16, 1991 adopted 18 principles which are organized into 5 clusters, namely-independence, participation, care, self-fulfillment, and dignity of the older persons. 46 In 2002, the Second World Assembly on Ageing adopted the Madrid International Plan of Action on Ageing, to respond to the opportunities and challenges of population ageing in the 21st century and to promote the development of a society for all ages. 47

7. NATIONAL INITIATIVE

Protections under the constitution

In the Constitution of India, entry 24 in list III of schedule VII deals with the "Welfare of Labour, including conditions of work, provident funds, liability for workmen’s compensation, invalidity and old age pension and maternity benefits." 48

---

46 Ibid.
47 Ibid.  
Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to old age pension, social security and social insurance, and economic and social planning. 49

According to Article 38(1) The State shall strive to promote the welfare of the people by securing and protecting as effectively as it may a social order in which justice, social, economic and political, shall inform all the institutions of the national life. 50

(2) The State shall, in particular, strive to minimize the inequalities in income, and endeavour to eliminate inequalities in status, facilities and opportunities, not only amongst individuals but also amongst groups of people residing in different areas or engaged in different vocations. 51

According to Article 41, “The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.” 52

Legal Protections

1. The Hindu Law

The statutory provision for maintenance of parents under Hindu personal law is contained in Section 20 of the Hindu Adoption and Maintenance Act, 1956. This Act is the first personal law statute in India, which imposes an obligation on the children to maintain their parents. As is evident from the wording of the section, the obligation to maintain parents is not confined to sons only; the daughters also have an equal duty towards parents. It is important to note

49 Ibid.
51 Ibid.
that only those parents who are financially unable to maintain themselves from any source, are entitled to seek maintenance under this Act.\textsuperscript{53}

2. Muslim Law

Under the Muslim law also children have a duty to maintain their aged parents. According to Mulla (Muslim title applied to a scholar or religious leader):

(i) Children in easy circumstances are bound to maintain their poor parents, although the latter may be able to earn something for themselves.

(ii) A son in stressed circumstances is bound to maintain his mother, if the mother is poor, though she may not be infirm.

(iii) A son, although poor, is earning something, is bound to support his father who earns nothing.

According to the Muslim law, both sons and daughters have a duty to maintain their parents under the Muslim law. The obligation, however, is dependent on their having the means to do so.\textsuperscript{54}

3. Christian And Parsi Law

The Christians and Parsis have no personal laws providing for maintenance for the parents. Parents who wish to seek maintenance have to apply under provisions of the Criminal Procedure Code.\textsuperscript{55}


Section 125(1) makes it incumbent for a person having sufficient means to maintain his father or neglects or refuses to maintain his father or mother, may be ordered by first class magistrate to make a monthly allowance for the maintenance not exceeding 500/.


\textsuperscript{54} Ibid.

applicable to all irrespective of their religious faith and religious persuasions, and includes adoptive parents.\textsuperscript{56}

5. National Policy for Older Persons 1999

National policy on older persons The Government of India announced a National Policy on Older Persons in January, 1999. This policy provides a broad framework for inter-sectoral collaboration and cooperation both within the government as well as between government and non-governmental agencies. In particular, the policy has identified a number of areas of intervention -- financial security, healthcare and nutrition, shelter, education, welfare, protection of life and property etc. for the wellbeing of older persons in the country. Amongst others the policy also recognizes the role of the NGO sector in providing user friendly affordable services to complement the endeavours of the State in this direction.\textsuperscript{57}


\begin{itemize}
\item Under the act, maintenance application can be filed by parents and senior citizens (above 60 years) unable to maintain himself/herself, against children (not minor) or relatives (who would inherit and are in possession of the property of the elderly).
\item The maintenance application can be filed by the senior citizen or a parent or any other person or organization authorized by him, if incapable of doing so himself.
\item The maintenance application can be filed either in the district where the elderly resides, or where the children or relatives resides. Notices would be sent and the proceedings should conclude within 90 days from the date of service of the maintenance application on the children or relatives.
\item The case would be referred for conciliation, if appropriate, before hearing. The findings of the conciliation officer (who can be the maintenance officer, NGO representative or anyone on behalf of the elderly) should be submitted to the tribunal within a month. If an applicable settlement has been reached, Tribunal shall pass an order according to that settlement.
\end{itemize}

\textsuperscript{56} Ibid.

Published By : Universal Multidisciplinary Research Institute Pvt Ltd
If, children or relatives are ordered by the Tribunal to pay maintenance to the elderly, fail to comply, they are liable to a fine or imprisonment.

Abandonment of the elderly is now a cognizable offence. Anyone responsible for looking after or protecting the senior citizens, leaves him/her in any place with the intention of wholly abandoning, shall be punished and fined.

Role of NGO has also been legislated under the Act e.g. for filling maintenance application on behalf of the elderly if he/she is unable to do so himself/herself, for reconciliation and representation of his/her case if unable to do so and authorized someone else to represent and facilitate.58

8. JUDICIAL RESPONSE

In Vijay Kumar Prasad v. State of Bihar and Others,59 the Apex Court observed that Clauses (b) & (c) of sub section (1) of Section 126 relate to the wife and the children under Section 125 of the Code. The benefit given to the wife and the children to initiate proceeding at the place where they reside is not given to the parents. A bare reading of the Section makes it clear that the parents cannot be placed on the same pedestal as that of the wife or the children for the purpose of Section 126 of the Code. Unlike clauses (b) and (c) of Section 126(1) an application by the father or the mother claiming maintenance has to be filed where the person from whom maintenance is claimed lives.

Bombay High Court in Pandurang Bhaurao Dabhade v. Baburao Baburao Dabhade and another60 held that Giving a plain meaning to the language used in section 125(1) and to the provisions relating to the father and mother in Clause (d) thereof, the only two circumstances which have to be gone into for the purpose of deciding a claim under section 125(1) appear to be that the father or mother must be unable to maintain himself or herself and secondly, the person against whom an order under section 125(1) is sought must have sufficient means to maintain the father or mother and yet neglects or refuses to maintain the father or mother.

The provisions in section 125(1) is a very special provision enabling the Magistrate to make an order against a son or daughter for payment of a monthly allowance for the maintenance of

60 1980 Cr.LJ 256 para 8.
the father or mother who is unable to maintain himself or herself. The provision in section 125 is one of general application and is not related to the personal law of the parties. Implicit in the provision, therefore, is the statutory recognition of the obligation that a son who has sufficient means is bound to maintain a father or mother who is unable to maintain himself or herself. The provision is really in the nature of an ameliorative provision made for the first time recognising the right of infirm parents who are unable to maintain themselves to be maintained by their son or daughter who is possessed of sufficient means as also providing a remedy to enforce that right.\(^{61}\)

Bombay High Court in *Pandurang Bhaurao Dabhade v. Baburao Baburao Dabhade* and another\(^{62}\) concluded that having considered the provisions of section 125(1), it is clear to us that they do not contemplate that the obligation to maintain an aged, infirm parent who is unable to maintain himself or herself can be enforced only if it is preceded by the fulfilment of the parental obligation to maintain and bring up the children during the childhood of the children.

The argument which is advanced before us stems more from amoral indignation at being required to maintain a father who has not cared for the children during the time when he should have done so. However, effect must be given to the intention of the legislature which must be found from the words of section 125(1) alone and the petitioner cannot ask to be relieved from the said statutory obligation on any moral considerations.\(^{63}\)

It appears to us, therefore, clear that since the father in the instant case has been found unable to maintain himself and the petitioner who is a son is fairly well placed and is refusing to maintain him, the father was entitled to an order for maintenance under section 125(1) of the Code of Criminal Procedure.\(^{64}\)

Supreme Court in *Dr. Mrs. Vijaya Manohar Arbat v. Kashirao Rajaram Sawai & another*,\(^{65}\) said that an application under section 125(1)(d) of the Code of Criminal Procedure, 1973, by a father claiming maintenance from his married daughter is maintainable.

There can be no doubt that it is the moral obligation of a son or a daughter to maintain his or her parents. It is not desirable that even though a son or a daughter has sufficient means, his

\(^{61}\) Id. at para 9.
\(^{62}\) 1980 Cr.LJ 256 para 12.
\(^{63}\) Id. at para 13.
\(^{64}\) Id. at para 14.
\(^{65}\) AIR 1987 SC 1100.
or her parents would starve. Apart from any law, the Indian Society casts a duty on the children of a person to maintain their parents if they are not in a position to maintain themselves. It is also their duty to look after their parents when they become old and infirm.\textsuperscript{66}

The parents will be entitled to claim maintenance against their daughter provided, however, the other conditions as mentioned in the section are fulfilled. Before ordering maintenance in favour of a father or a mother against their married daughter, the court must be satisfied that the daughter has sufficient means of her own independently of the means or income of her husband, and that the father or the mother, as the case may be, is unable to maintain himself or herself.\textsuperscript{67}

Kerala High Court’s judgment in \textit{M. Areefa Beevi v. Dr. K.M. Sahib}\textsuperscript{68} observed that Section 2 (y) of the Code (CrPC) says: Words and expressions used herein and not defined but defined in the Penal Code have the meanings respectively assigned to them in that code. So we have to refer to the Indian Penal Code. Section 8 of the I.P.C. reads: The pronoun “he” and its derivatives are used of any person, whether male or female. Therefore the expression “his father or mother” occurring in Section 125 of the Cr. P.C. must be taken to have the meaning “her father or mother.”

Bombay High Court in Baban Alias Madhav Dagadu Dange vs Parvatibai Dagadu Dange\textsuperscript{69} said: According to the definitions given in the General Clauses Act, the expression “father” includes both natural as well as adoptive father and the expression “son” also includes both natural born son as well as an adopted son.

It is true that the General Clauses Act has not defined the expression “mother”. But that does not mean that necessarily the expression should be taken in its restrictive sense. Indeed there are many expressions which have not been defined in the General Clauses Act. The General Clauses Act does not claim to be an encyclopaedia or dictionary which defines all expressions. One has therefore to look, while interpreting such expressions which have not been defined, to the context in which the expression has been used. It would have been a different matter, had the expression “mother” been defined by the General Clauses Act only to mean the “woman” who has given birth to the child, that is to say the natural mother only.

\textsuperscript{66} \textit{Id.} at para 6.
\textsuperscript{67} \textit{Id.} at para 8.
\textsuperscript{68} 1983 CrLJ 412 para 7.
\textsuperscript{69} 1978 CrLJ 1436 para 12.
Indeed the definition of the expressions “father” and “son” in the General Clauses Act would furnish a clue to the interpretation of the term “mother” which has been left undefined in that Act.\(^{70}\)

Now if expression “father” and “son” is to be given wider interpretation, we do not see any valid reason why the expression “mother” also should not be given similar wider interpretation so as to include an “adoptive mother” as well.\(^{71}\)

Such an interpretation would also seem to accord with the legal status of an adopted son.\(^{72}\)

Supreme Court in *Kirtikant D. Vadodaria v. State of Gujarat and another*\(^{73}\) said that a childless step-mother may claim maintenance from her step-son provided she is widow or her husband, if living, is also incapable of supporting and maintaining her.

**9. SUGGESTIONS**

1. A better approach may be to design a social security system, including financial products such as pension schemes and reverse mortgages that enable the elderly to live a dignified life.\(^{74}\)

2. Despite all these attempts, there is need to impress upon the elderly about the need to adjust to the changing circumstances in life and try to live harmoniously with the younger generation as far as possible.\(^{75}\)

3. Certain strategies and approaches at different levels of policy making, planning and programming etc. will have to be adopted in order to harness this vast human resource for promoting the involvement and participation of senior citizens in socio-economic development process on a much larger scale. This participation must result in an end to their social isolation and an increase in their general satisfaction with their life.\(^{76}\)

\(^{70}\) *Id.* at para 13.

\(^{71}\) *Id.* para 14.

\(^{72}\) *Id* para 15.

\(^{73}\) 1996(4) SCC 479 para 15.


\(^{76}\) *Ibid.*
4. If the senior citizen has transferred by way of gift or otherwise, his property, subject to the condition that the relative shall provide the basic amenities and basic physical needs to the senior citizen and such relative refuses or fails to provide such amenities and physical needs, Clause 23 (1) says the said transfer of property shall be declared void by the Tribunal, if the senior citizen so desires. This is a welcome provision since it protects naïve senior citizens from exploitation by relatives who intend to renege on their promise subsequently.\(^{77}\)

5. Older people may be supported to “adjust” to the circumstances that they are in. It is necessary to focus on “need” while understanding assessment of people rather than the strengths and the contribution that an individual can make.\(^{78}\)

6. Service development for families of people with dementia in India should keep in mind that the service should be home based, address the diverse medical and psychosocial health needs of the affected persons and their caregivers and be provided at a cost that the family can afford (therefore use public and low-cost service providers).\(^{79}\)

7. Interventions that should not be pursued include the use of multiple medications, which can be detrimental in older age groups, particularly unproven medications such as cerebral activators and neurotropic agents.\(^{80}\)

8. It is important to prepare health providers and societies to meet the specific needs of older populations, including training for health professionals in old-age care; preventing and managing age-associated chronic diseases including mental, neurological and substance use disorders; designing sustainable policies on long-term and palliative care; and developing age-friendly services and settings.\(^{81}\)

9. Promoting mental health depends largely on strategies which ensure the elderly have the necessary resources to meet their basic needs, such as providing security and freedom; adequate housing through supportive housing policy; social support for elderly populations and their caregivers; health and social programmes targeted at vulnerable groups such as those who live alone, rural populations or who suffer from a chronic or relapsing mental or

\(^{77}\) Ibid.
\(^{78}\) This is a part of reduction approach—which the process of reducing a complex, multi faceted reality to a simple, single-level explanation, quoted in Sumita Saha and Ruby Sain, Depression Among the Elderly (2012) p. 9 and 10.
\(^{80}\) Ibid.
physical illness; violence or older adults maltreatment prevention programmes; and community development programmes.\textsuperscript{82}

10. There is no medication currently available to cure dementia but much can be done to support and improve the lives of people with dementia and their caregivers and families, such as early diagnosis, in order to promote early and optimal management; optimizing physical and psychological health, including identifying and treating; accompanying physical illness, increasing physical and cognitive activity and optimizing well-being; detecting and managing challenging behavioural and psychological symptoms; providing information and long-term support to caregivers.\textsuperscript{83}

11. Effective, community-level primary mental health care for older people is crucial.\textsuperscript{84}

12. An appropriate and supportive legislative environment based on internationally accepted human rights standards is required to ensure the highest quality of services to people with mental illness and their caregivers.\textsuperscript{85}

\textbf{10. CONCLUSION}

The present study showed that elder people are facing growing physical and mental health problems which need to be identified. Mental health problems are not recognised by those involved in health-care and elder people themselves. The stigma which is attached to them by the society makes them more reluctant to look for treatment. There is a need of multi-dimensional approach to solve the problem. There should be community level primary mental health care, government should strive through its schemes and legislations to give a dignified life to elder people, health care professionals will be given training and proper treatment should be given to the elder people.

\textsuperscript{82} Ibid.
\textsuperscript{83} Ibid.
\textsuperscript{84} Ibid.
\textsuperscript{85} Ibid.
It is declared that the contribution submitted is a piece of original research work of authors and has not been submitted for publication elsewhere.