

Older people maintaining mental health well-being through resilience: an appreciative inquiry study in four countries

Abstract

Aim. To explore the experience and strategies of mental health well-being through resilience in older people across the four participating countries.

Background. While there is increasing evidence of the way older people maintain physical well-being, there has not been the same emphasis when examining the ways in which older people enhance their resilience and so promote mental health well-being.

Design. An Appreciative Inquiry approach was used.

Method. A convenience sample of 58 people over the age of 65 years from Australia, UK, Germany, and South Africa were interviewed. Data were analysed using thematic analysis.

Results. Participants described their experiences of mental health well-being in relation to: social isolation and loneliness; social worth; self-determination; and security. Strategies utilised include promoting resilience by maintaining community connections and relationships, keeping active, and emotional, practical and spiritual coping.

Conclusion. The findings highlight the importance of maintaining mental health well-being through resilience. Although there were some variations between countries, these strategies for maintaining well-being transcended culture and nation.

Relevance to clinical practice. Listening to older people through research such as the current study will help to determine what help is needed and how healthcare and policy makers can assist.

Keywords. Appreciative Inquiry, Qualitative Research, Older People, Well-being, Resilience

Introduction

The world population is ageing; a trend that is affecting nearly all countries of the world and is predicted to continue as long as old age mortality continues to decline (United Nations 2007). Ageing brings with it an increased incidence of disability and the need for assistance with activities of daily living (Australian Bureau of Statistics 2003). These facts have helped to raise societal concern about the effects an ageing population will have on health care services and staff who provide care for older people (Department of Work & Pensions 2005, Kendig *et al.* 2007). Concerns in particular about the cost of such services have prompted fear and apprehension about the health of older people. Technological advances in the medical sciences however have helped to move societal concerns from physical to psychosocial well-being (Chong 2007).

The increased incidence of mental illness in an older population raises further concerns about how society can manage to care for this population given the burden of such illness on families and care systems. Common mental disorders such as depression are strongly associated with disability and commonly influence an older person's ability to maintain personal care, housework, social activity and ultimately well-being. Many of the risk factors for depression such as loss and grief, medical illness and disability, social isolation and diminishing social support networks, as well as caregiver responsibilities are common in older people (Jorm 1998). Furthermore, a majority of people over 65 years suffer from a medical illness that makes them vulnerable to depression and other psychological illness such as anxiety (Unutzer *et al.* 1999).

Expectations of ageing

Ageing involves physical, cognitive, social and familial losses. However, in spite of the potential for these factors to perpetuate a doom and gloom attitude, recent research suggests that older people in general are realistic about their health expectations (Sarkisian *et al.* 2006). Expectations around ageing and healthy ageing are assumed to be conditioned by expectations for later life, societal norms, and may also be related to how parents and friends have managed the ageing process (Sarkisian *et al.* 2002). Furthermore, theories of active ageing promote the importance of measures that enhance resilience such as maintaining a societal role and activities that are meaningful and enhance feelings of psychological well-being (Bowling 2008).

Low expectations regarding ageing are associated with lower levels of physical activity and less importance on seeking health care in older people. Having negative perceptions of ageing have also been associated with poorer functioning and increased mortality (Levy *et al.* 2002). Therefore, promoting successful ageing is an important concept and assisting older people to maintain physical and mental health well-being rejects assumptions that focus on disability. This shift helps move the focus away from healthcare practitioners checking for disorder and deterioration, towards a model of working with older people in order to explore strengths and areas of enduring ability (Adams & Moyle 2007).

While research has focused on the physical well-being of older people there has not been the same emphasis or importance on mental health well-being. The majority of papers that refer to mental health well-being of older people tend to be discussion papers that argue the social circumstances that need to be given attention so that psychosocial health of older people can be improved (Chong 2007). Others, such as Drewnowski and colleagues (2003), report that

mental health can be improved through a healthy lifestyle consisting of healthy diet and regular physical exercise. Catton (2009) calls for a focus on 'older people's rights to participate as regular citizens in everyday life' (p.163). Parton and Green (2008), in a study undertaken in South Africa, highlighted the importance of adequate housing, a safe environment and economic security, as well as health and social support to the quality of life of older people.

In spite of an increasing knowledge about the health of older people, it is argued that an observed focus on younger populations may have occurred to the detriment of older people's health. For example, the Institute for Public Policy Research (ippr) in the UK argues that older people's mental health and well-being has been severely neglected when compared to the health of young people (Allen 2008). Its report, Older People and Well-being, found an association between deprivation of older people and poor emotional well-being.

In summary, the traditional view of older people emphasises experiences of loss and decline. However, there is a growing body of work which challenges this view as an inadequate explanation for experiences which older people themselves identify as associated with well-being, autonomy, togetherness, security, (Majeed & Brown 2006, From *et al.* 2007) and which they manage through self-care (Hey *et al.* 2007) and inner strength (Nygren *et al.* 2007). As Reed (2008) argues, it is essential to explore further the 'capabilities and ideas of older people maintaining their own health' (p. 76). This formed the focus of this multi-national study into the maintenance of well-being by older people (Reed *et al.* 2008). This paper presents the findings of the data in relation to maintaining mental health wellbeing through resilience.

Aim

The aim of this study was both to explore the experience of older people and their sense of developing healthy living, and the strategies they employ to respond to this perceived risk, as well as how these experiences relate with comparable literature and across the four participating countries; Australia, Germany, South Africa and UK.

Method

The study addressed the aims through a multi-national Appreciative Inquiry (AI) design. Appreciative Inquiry is a strength-based approach, which explores and appreciates the positive approaches used by participants (Reed 2006, Reed *et al.* 2008). AI is associated with Action Research in that it seeks to establish a basis for development and change. It does this by exploring the social world of the participants in an inclusive way, eliciting data about their perceptions and experiences of their social world. While AI has a focus on the positive, it elicits accounts of a wide range of experiences, including negative ones, but it's appreciative stance facilitates the development of a supportive environment for discussions (Patton 2003).

There are a number of different variations to AI research, but this study was based on the 4-D cycle developed by Cooperrider, Whitney and Stavros (2003). Data collection focussed on the first two phases, with the later two being quite context specific within each participating country. These stages are:

- Discovery – appreciating what gives life. In this phase there is a quest to find out about the respondents' situation and what give it its energy and nature.
- Dreaming – imagining what might be. In this phase, participants work to develop ideas of what the future might or could be.

- Designing – determining what will be. In this phase, participants work to develop plans for the future.
- Delivery – planning what will be. Here the energy moves towards action planning and working out what will need to happen to realise the design.

Participants and Settings

Participants included people over 65 years who were living in their own home or independently, and who had the capacity to provide consent for participation. Fifty-eight people agreed to participate from Australia ($n=21$), Germany ($n=9$), South Africa ($n=18$), and the UK ($n=10$) (see Table 1). In Germany, Australia and the UK participants were recruited from naturally occurring groups of older people, such as societies or campaign associations. Such groups were less readily available in South Africa, and participants were recruited via different means, ie. through community organisations and forums, at retirement villages or state health care facilities. There was therefore a difference between participants, with focus group members possibly being accustomed to being together, and participants in individual interviews engaging without peer support or direction. The differences across the sample were likely to be extensive in other ways, however, given the cultural, economic, and environmental composition of each country (Lawton 1980). The sample was therefore a convenience sample, dependent on the opportunities each country project lead had to identify and invite participants. While the aim of the research method employed was not to reach data saturation, nevertheless, in general participants had similar perceptions about how to maintain mental health well-being through resilience.

Insert Table 1 about here

Ethical consideration

The ethics boards from the four participating countries approved the study. The researchers explained the purpose of the study and the right for participants to withdraw at anytime.

Written informed consent was received from all participants.

Data collection

Data collection took place in 2007 and because of the difficulties of getting people together in South Africa was collected in a combination of individual interviews (12 individual interviews in South Africa) and focus groups (Australia, UK and Germany). The interviews were audio-recorded or documented and non-English data was later translated into English. An interview template was used that reflected the first two stages of AI: 1) discovering (participants were asked to outline the strategies they used to respond to physical, psychological and social challenges), and 2) dreaming (participants were asked to build on their answers to the above to design an ideal world) (see Read *et al.* 2008).

Data analysis

An initial analysis of the transcribed interviews was undertaken first by two members of the research team with expertise in older people and mental health. This team read and individually highlighted sections of transcripts that related to maintaining mental health well-being and then came together to compare and share these elements of the transcripts. The team then explicated their interpretations of the elements to arrive at a preliminary list of content themes. A team member with expertise in mental health reviewed the raw data and themes and further understanding of the content was developed. The team then reviewed the analysis, discussed and confirmed the final content themes.

Findings

The influence of mental health on well-being

When considering the impact of mental health on well-being, analysis of interviews with older people revealed the following four themes: 1) Social Isolation and Loneliness, 2) Social worth, 3) Self-determination, and 4) Security. Displaying positive and negative elements of well-being these four themes reveal how mental health influences older people's well-being.

Social Isolation and Loneliness

Participants identified the impact of loneliness on the mental health well-being of older people. For some older people their mental health was influenced by feelings of social isolation, which included a sense of inadequacy in the older person's social network, being without family and feeling unconnected to society. When looking for a solution to older persons' social isolation and loneliness participants considered government had some responsibility in assisting older people to limit social isolation and maintain well-being. As one older person stated:

Health authority, council, government should realise that people who are socially isolated, they are depressed people and the circle of depression is affecting mental health, affecting physical health...

(UK Participant)

Being alone was viewed as a negative experience that impacted on well-being and this experience frequently cumulated in a fear of being alone. Conversely, participants reported that feeling loved, receiving attention from family and friends and feeling connected with these groups could positively impact well-being. For others feeling part of a close community or simple 'human interactions' were factors identified as contributing to emotional well-

being. Perceptions of whether one can maintain well-being relates to older persons relationships with others. This point is illustrated in the following excerpts:

I would think that being here [retirement village], once you get to know the people, makes a big contribution towards their emotional well-being. (Australian participant)

The love and attention my husband and I get from the children is very important to me. (South African participant)

Social worth

Participants indicated that reactions to societal attitudes could also influence the psychological well-being of older people. Feelings of being undervalued or disregarded by society were often raised and in particular when negative stereotypes or age-based generalisations were reported. Such perceptions also incorporate feelings of under appreciation by society when compared to younger generations. Participants expressed disbelief in the negative stereotypical views they felt was often reflected in government policies and the mass media. This was in spite of their perception that they have contributed to society and therefore are worthy of greater acknowledgement in policy and healthcare. Such views were strongly represented by UK participants:

You open magazines and it's all for younger people. And I mean, I think this is what they think, that they are the centre of the universe. (UK Participant)

I mean it comes from government doesn't it? That we don't feel that we are valued because when it comes to anything to do with the pension or finance, they can't afford it. They can afford other things. They can't afford if for old people. (UK Participant)

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Indeed such reactions seemed to result in participants feeling useless or of little value and feelings of dejection. Such views may accumulate and have a negative influence on the well-being of older people:

I'm surplus stock...and that's how I feel. It's just big business, and like all business, you get rid of unwanted stock. (UK Participant,)

I don't mind being told I'm old. I know I'm old. But it shouldn't mean what it does mean. It means you're old so you have no value, you're a problem. (UK Participant)

This theme of under appreciation in society also resonated with participants who felt that their expertise and professional or personal experiences were especially undervalued. This resulted in them feeling they were not needed or not a valued part of the community and therefore having limited or no connection to society:

I think that way too much potential on true knowledge and experience is wasted. Pushed away into the corner. (German Participant)

People with skills, working experience; they reach retiring age...that's it. All of that [expertise] is apparently lost. It's of no value. (UK Participant).

Self-determination

The impact of self-determination on the well-being of older people was also highlighted in the interview data. In particular, participants mentioned independence and autonomy as influential factors on self-determination.

It is important I can do what I want. I don't want to be patronized. Then I'm not content at all.
(German participant)

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We can't complain about anything. We drive where we want to be and go where we want to go... We are not dependent on anyone. (South African participant)

Security

In discussing self-determination participants related this to feelings of security or self-assurance which were seen as important in assisting older people to maintain well-being, as two participants explain:

I think too that security is being able to do what you want to do. (Australian Participant)

I still have the pleasure because I am able to do what I want... (UK Participant)

Some participants felt that security was closely tied to a loss of confidence in later years.

...as you get older, you lose some confidence, you lose some power. (Australian Participant).

In particular, feelings of vulnerability and a preoccupation with personal safety were found to impact on well-being in older people. Security fears that were often related to fear of the dark and of arriving home in the dark discouraged older people to leave their homes:

I think security to the majority of older people and I think, I agree, is the fact that you feel safe...[that] you're not frightened if someone is going to come in or knock you about, or that I think is a very important factor with a lot of older people and I think particularly [the] afraidier (sic.) you become I think the more importance that takes up within your thoughts. (Australian participant)

Strategies for maintaining mental health and well-being through resilience

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Participants were asked to discuss strategies that they used to maintain well-being through resilience. Responses are categorised under six themes as they relate to strategies older people use or find helpful for building and maintaining resilience. These themes are: 1) Keeping active, 2) Relationships, 3) Community connections, 4) Practical coping, 5) Emotional coping, and, 6) Spiritual coping.

Keeping Active

Several sub-categories were identified in the types of activities that older people reportedly engage in to enhance mental health and well-being. These include, physical activities, mentally stimulating activities and meaningful activities. The experiences of two participants are reported:

If I'm not healthy, then physically and mentally I'll probably break down. (South African participant)

...I consider that your mental health is more important than your physical health because if you have your mental health you can take care of your physical health. But if you're not mentally [healthy] then your physical health can deteriorate. (Australian participant)

The majority of participants reported keeping mentally active through continued learning, new interests or novel activities, as well as mentally stimulating games and through volunteering. Older people also identified that more challenging activities can enhance well-being by giving a sense of accomplishment and achievement.

There are lots of games like that that keep your brain active. You know it keeps you bright and doing. (Australian participant)

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So for me, well-being is also that I can exercise my mind, so that I can do something that is not so simple and just easily goes away. Then I also feel well. I also feel important for myself. (German participant)

I am a voluntary caretaker for handicapped people...the things that are straining like, for example working with handicapped people, that's something good for you ultimately. You're doing something there for your health. (Australian participant)

Relationships

Another approach for maintaining well-being highlights the importance of human contact and relationships for older people. Participants reported mental health benefits from maintaining relationships:

I love to be with people. It keeps my mind alert and my body healthy. I'd say spiritually I benefit from it...feel I'm useful to someone or to something. (South African participant)

I also think it's important to keep the friends that you've had over many years. They will help you anyway... (German participant)

In particular, participants expressed that being involved and maintaining healthy family contacts were other ways in which relationships could enhance well-being in older people. Grandchildren frequently took an active presence in available opportunities for older people. Participants reported successful involvement and enjoyment where grandchildren contributed to the lives of others in the community through activities such as playing musical instruments. Additionally, when participants felt able, taking on a caregiving role was another way older people reportedly maintain well-being through relationships.

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What makes me happy is to deal with people to listen to people. Look, you don't always have the answers to questions or problems, but I think just to have that ear to listen to you. (South African participant)

Community Connections

The third group of resilience strategies reveals the strength of community connections for maintaining well-being. Older people report that health is maintained through continued and constant contact with all age groups and members of the community. For many participants, the key is to interact as part of the wider community and not isolating oneself according to age group.

I think it's important that when you come into a [independent living retirement] village like this that you keep up the interaction with the community. Don't think of yourself as being in a home, in the village. (Australian participant)

I think that it is actually very important for old people to live in a community such as this where there is cross-connection with the younger people. (South African participant)

Practical coping

Another category of approaches used by older people to build resilience in order to maintain well-being were those which used practical based coping strategies to minimise the effects of aging on well-being. For example, the following participants describe using generally proactive strategies:

What I want to say additionally is about self-responsibility. I think that's important. Not to later make god, or the church or the government or the party or someone else responsible. As far as I am

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able, one cannot do everything...but as far as one can do something, one should do things self responsibly and not wait until something comes from above. (German participant)

If you see something that needs doing, do it, don't wait for somebody else, don't wait for them.

(Australian participant)

Participants also reported using practical focused coping strategies such as setting goals or planning for the future. This also included financial planning and creating budgets to maintain financial security.

To me, when I retired I found that I had to set goals [such as] nourishment, mental stimulation, voluntary work, sport, and family...and set goals right from the start and so far after 19 years of retirement I still maintain them to some degree. (Australian participant)

I would recommend thinking about [well-being] already at a certain age, also when one is 50.

Should I already register now at a senior home? (German participant)

For other participants, actively minimising responsibilities is one way to maintain well-being.

For instance, the maintenance of our property is a big responsibility taken off us. And I feel that we all have had that in mind that if we keep living we inevitably are getting older and needing more help with our living. (Australian participant)

Emotion focused coping

When maintaining well-being, participants also commonly use emotional coping strategies.

While distraction and occupation were considered to be important ways of maintaining well-

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being others reported altering goals or standards according to ones age as a way to maintain well-being. Comments frequently centred on being realistic and reasonable when considering the limitations and expectations of later life.

...I feel that at this stage of my life it would be unreasonable for me to expect much more than what is available and will continue to be available. (Australian Participant)

For others not focusing on age and acceptance of older age were key approaches to assist in sustained well-being. However an important aspect of acceptance was not to give up on doing things that are enjoyable because of ageing, to think positively or maintain a sense of humour:

...if you think positively, I think that is important because you then forget all your own troubles and you concentrate more on other people who have less than you have. (South African participant)

And I think laughter...laugh as much as you can. It keeps you healthy. They say laughter is the music of the soul. (South African participant)

Spirituality

The final approaches highlight a theme of spiritual strategies used by some older people in order to maintain well-being. In a study of quality of life and Jewish older people in South Africa, over half of the participants felt that as they grew older, religion played an increasingly important role in their lives (Parton & Green 2008). This may occur by having a faith or/and prayer and advice from ministry members, as is the case with the following participants:

But my husband and I, we are lucky to have great faith and that means more to us than anything else in the world...(Australian participant)

It makes it worth while to say a prayer. I believe a prayer will get you through everything. (South Africa participant)

Discussion

Drawing on perceptions and understandings of the older participants, the findings highlight the importance of maintaining mental health well-being through resilience and the varied approaches and strategies used by these older people. The data presented in this paper are based on the views of people aged 65 years and over living in Australia, Germany, South Africa and the UK. The findings demonstrate that although the responses from older people in the four countries may have emphasised different strategies or conclusions due to differing social and political frames of reference, in general participants had similar perceptions about how to maintain well-being.

The importance of place of residence and socio-economic status cannot be underestimated, in particular as studies have demonstrated that the health of residents is perceived to be worse for those living in rural compared to urban areas (Australian Institute of Health and Welfare 2000, Lau & Morse 2008). Indeed, the key factors identified by Parton and Green (2008) as influencing older peoples' quality of life were active involvement in civic or religious organisations, ageing in place, followed by financial security (allowing independence and increasing health). Catton (2009) also emphasises the core sociological dimensions of gender, ethnicity, societal diversity, poverty, class and cultural differences which influence an older person's experiences of mental health well-being. In this study, the UK participants, in particular, emphasised

their experiences of feeling 'unwanted' in a society more youth orientated. Given Sarkisian and colleagues (2002) and Levy and colleagues (2002) findings that negative perceptions and expectations of ageing are associated with poorer functioning and increased mortality, it is clearly important to address societal attitudes such as ageism.

The key to maintaining mental health well-being, as reported by this sample of older people, seems to relate to building resilience by older people keeping mentally active and participating in their community and relationships. There was little to indicate that older people seek to maintain and improve their mental health well-being through diet and exercise, as encouraged by Drewnowski and colleagues (2003). Indeed, the association of cardiovascular risk factors, which are amendable to modification through health promotion activity, and vascular dementia were not acknowledged or discussed by the participants. This mirrors only in part the suggestion by Allen (2008) that well-being may be protected by taking an active grandparenting role, exercise, education and learning, volunteering, personal resilience, religion and respect. With the exception of exercise and personal resilience, all of these factors mentioned by Allen reflect aspects of participation in community and relationships. In the present study, the nature of this participation shows some variation between the different countries (e.g. UK participants reporting being 'unwanted' by society and South African participants emphasising religion) but a larger sample which is purposefully sampled is required to determine systematic variations between older people in different countries.

Healthcare practitioners may be able to support resilience in older people, supporting their efforts to maintain and build community networks and relationships so that they can manage the transitions of ageing and family movement while encouraging the building of essential communication and network skills. Such an approach might be to encourage older people to

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build communication and network skills so that they are enabled to connect and stay connected with society through, for example, telephone and computer communication, paying visits and attendance at social meetings. Furthermore, government incentives may assist local communities to engage with others in their community through activities such as neighbourhood watch so that members develop a care and respect of older people.

Given the number of strategies that older people use to maintain well-being these strategies need to be promoted within the community and linked to interventions that can be trialled to explore their role in assisting older people and in relieving burden on the health care system. Furthermore, assessment and planning for enhancing resilience in order to maintain the well-being of older people needs to take place in partnership with older people (Reed 2008).

Strengths and limitations

Although the wide spread of participants from four countries was a research strength, the lack of a common language, not only English but a common health and policy systems language, was also a limitation of the study. This required the researchers to engage in regular communication using electronic mediums, as well as a face to face meeting to ensure each understood the cultural context of participants as well as what they were trying to convey. While translations of materials from one language to another are never easy, having a member of the research team from each of the four countries reduced the challenge of data translation.

Relevance to clinical practice

The findings have important implications for policy and health promotion. The exchange of ideas put forward by participants offers the opportunity to encourage an empowering

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environment for older people while recognising that older people themselves use several strategies to maintain mental health well-being. The participants stress the importance of having their voices heard by politicians and healthcare services so that policies and services meet the needs of older people, an approach also advocated for by Catton (2009). Listening to older people through research such as the current study will help to determine what help is needed and how healthcare and policy makers can assist.

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