

Mental Health, Resilience and Proactive Coping: Ageing Well in Australia

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Introduction

Australia's population is rapidly ageing. Currently 12% of the population are aged over 65 years and by 2021 this will increase to 18% (CoA, 2001).

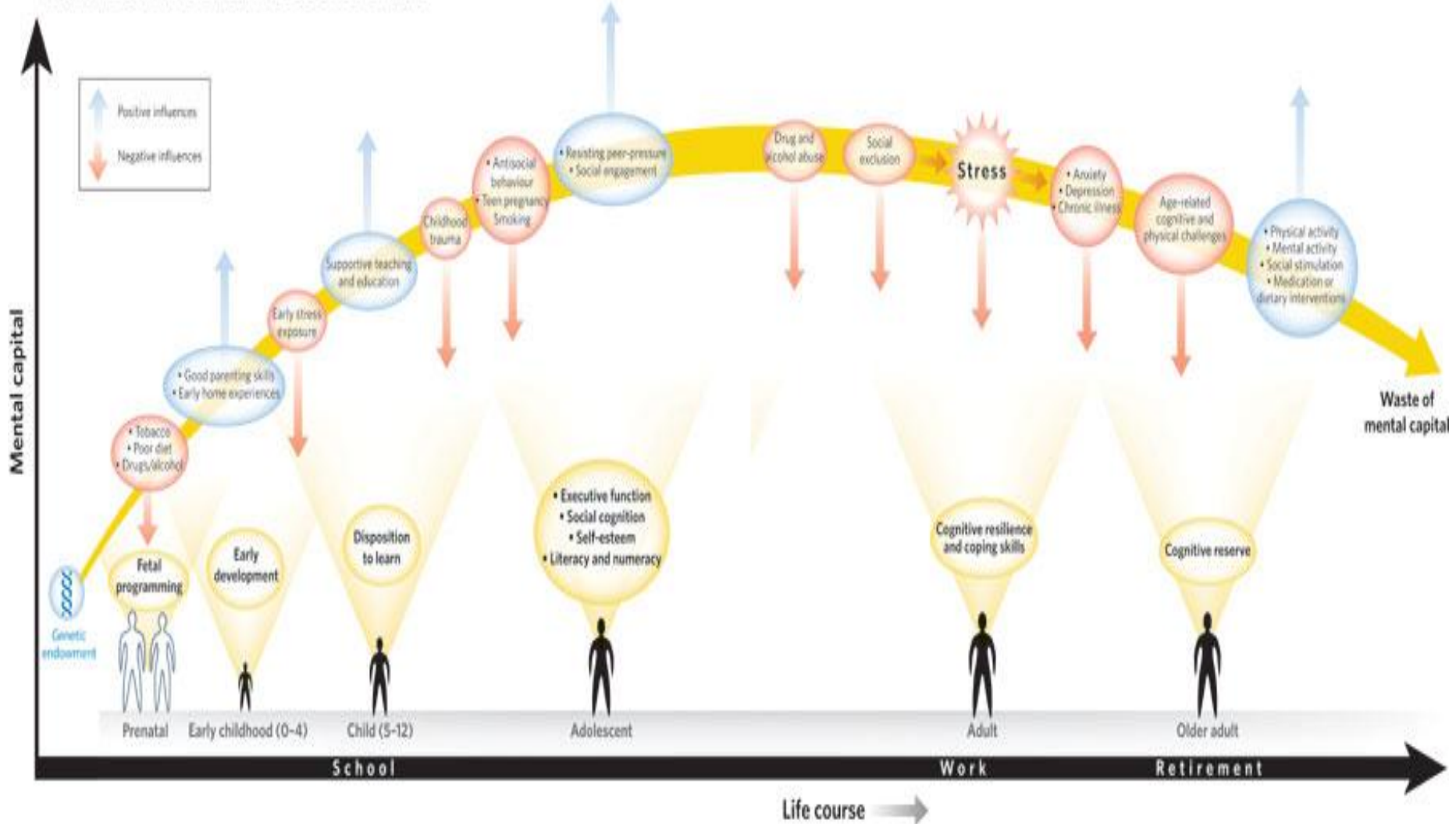
The National Mental Health Strategy's (2009) aim is to promote mental health in older people. This strategy takes a positive proactive approach to mental health and healthy ageing.



Australian Government is committed to a society where people can age positively and healthily, where older people are highly valued and where they are recognised as an integral part of families and communities (Li, 2011).

Theoretical framework: Mental Wealth

MENTAL CAPITAL OVER THE COURSE OF LIFE



Introduction

- This model of Mental Wealth (Beddington et al., 2008) captures two main aspects of mental development: mental capital and mental well-being.
- Mental capital encompasses both cognitive and emotional resources. It includes:
 - people's cognitive ability,
 - their flexibility and efficiency at learning, and
 - their 'emotional intelligence', or social skills and resilience in the face of stress.

Introduction

- Mental well-being, on the other hand, is a dynamic state that refers to individuals' ability to
 - develop their potential,
 - work productively and creatively, and
 - build strong and positive relationships with others and contribute to their community.
- Resilience to stress and negative life events may engender proactive coping strategies to cope with stress and negative life events (Beddington et al., 2008).

Introduction

- According to the World Health Organisation (WHO), mental health is “a state of well-being in which the individual realize his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (2001, p.1).
- One of the defining factors of mental health is the absence of symptoms or mental disorders.
- Accordingly, the present study operationally defines mental health as the absence of a set of mental disorders identified by the Clinical Assessment Scale for the Elderly (CASE) (Reynolds & Bigler, 2001).
- These mental disorders include anxiety, cognitive competence, depression, fear of ageing, obsessive-compulsiveness, paranoia, psychoticism, somatisation, mania and substance abuse.

Introduction

- Older people are at high risk for developing mental disorders (Hsu et al., 2005).
- Gender has been identified as an influencing demographical factor of older people's mental health (e.g., fear of ageing) in literature (Lasher & Faulkender, 1993).
- The causal association between absolute income and health is well established (Lordan, Rao & Bechtel, 2012).
- The relationship between individual's education level and mental health remains unclear. However, inequity in mental health services use by education level is consistent across service types (Steele, Dewa, Lin, & Kenneth, 2007).

Hypotheses



- H1: Age difference would affect mental health.
- H2: Gender would affect mental health.
- H3: Income difference would affect mental health.
- H4: Difference in education would affect mental health.
- H5: Resilience would positively correlate to proactive coping.
- H6: Resilience and proactive coping would positively influence mental health.

Method: Participants (N=198)



Demographic characteristics

Variable	<i>n</i>	%
Gender		
Male	77	39.1
Female	120	60.9
Location		
Townsville	108	54.5
Melbourne	52	26.3
Sydney	36	18.2
Brisbane	2	1
Income		
Low <\$64999	132	73.3
Medium \$65000 - \$129999	33	18.3
High >\$130000	15	8.3
Education		
Primary	9	4.7
Secondary	85	44
Tertiary	61	31.6
Post Grad	38	19.7

Method: Instruments

- Demographic information
- Proactive Coping Inventory (PCI) (Greenglass, Schwarzer, Jakubiec, Fiksenbaum, & Taubert, 1999)
- Resilience Scale (RS-14) (Windle & Young, 1993)
- Clinical Assessment Scale for the Elderly (CASE) (Reynolds & Bigler, 2001)
 - Anxiety
 - Cognitive competence
 - Depression
 - Psychoticism
 - Fear of age
 - Obsession-compulsion
 - Paranoia
 - Somatization
 - Mania
 - Substance abuse

Results: H1: Age difference would not affect mental health

Age and Mental Health

<u>Variable</u>	<u>Age Groups</u>			<i>F</i>	<i>p</i>	η^2
	50-60	61-70	>71			
Paranoia	17.24 _a (3.83)	16.47 (4.20)	15.17 _b (2.72)	4.4*	.02	.05
Anxiety	39.16 (13.25)	36.95 (12.81)	36.55 (16.05)	.68	.51	.007
Cognitive Competence	50.62 (17.10)	49.00 (13.08)	54.16 (21.98)	1.07	.35	.012
Depression	31.78 (9.54)	30.06 (10.72)	32.95 (14.10)	.87	.42	.010
Fear of Ageing	24.09 (6.30)	24.66 (7.64)	24.57 (9.17)	.12	.89	.001
Mania	22.59 (7.85)	21.90 (6.70)	23.02 (7.50)	.31	.74	.003
OCD	26.33 (6.79)	25.24 (4.67)	25.18 (7.12)	.63	.54	.007
Psychoticism	26.89 (5.07)	25.83 (4.67)	25.55 (5.67)	1.28	.28	.014
Somatisation	23.84 (6.62)	22.82 (5.30)	26.39 (13.68)	2.30	.10	.024
Substance Abuse	26.27 (9.10)	25.48 (8.14)	22.89 (6.30)	2.49	.09	.03

Note. * = $p < .05$

Results: H2: Sex difference would not affect mental health

Gender and Mental Health

Variable	Gender		T	Df	p	Mean Difference	η^2
	Male	Female					
Substance Abuse	27.31 (1.06)	23.80 (.71)	2.76*	181	.007	1.27	.041
Anxiety	37.52 (14.78)	38.12 (13.19)	-.28	179	.78	-.59	.0004
Cognitive Competence	51.97 (18.19)	50.43 (17.06)	.56	174	.57	1.54	.002
Depression	30.41 (11.72)	32.31 (10.76)	-1.11	180	.27	-1.90	.007
Fear of Ageing	23.93 (7.44)	24.68 (7.50)	-.68	184	.50	-.76	.002
Mania	23.63 (7.24)	21.73 (7.43)	1.73	184	.09	1.90	.02
OCD	26.68 (7.83)	25.10 (5.94)	1.47	186	.14	1.58	.01
Paranoia	17.05 (3.84)	16.14 (3.72)	1.54	175	.13	.91	.01
Psychoticism	26.19 (5.62)	26.27 (4.80)	-.10	185	.92	-.08	.000
Somatisation	23.66 (8.42)	24.51 (8.91)	-.66	186	.51	-.85	.002

Note. * = $p < .05$

Results: H3: Income would not affect mental health

Income and Mental Health

Variable	Income Group			F	η^2
	Low <\$64999	Medium \$65000 - \$129999	High >\$130000		
Paranoia	16.32 _a (4.04)	16.49 (2.72)	19.27 _b (3.61)	3.80*	.05
Somatisation	24.87 _a (9.06)	20.94 _b (4.45)	22.66 (6.51)	3.19*	.04
Substance Abuse	24.03 _a (7.62)	27.93 _b (8.66)	32.36 _{ac} (10.25)	8.54*	.09
Anxiety	38.82 (15.27)	35.75 (9.60)	38.34 (10.26)	.625	.008
Cognitive Competence	52.73 (18.94)	49.30 (13.80)	49.93 (12.84)	.575	.007
Depression	32.83 (12.73)	28.47 (5.60)	29.29 (4.81)	2.31	.03
Fear of Ageing	24.91 (8.18)	23.06 (4.32)	24.49 (7.40)	.788	.009
Mania	22.79 (7.79)	21.44 (5.12)	24.43 (7.40)	.886	.01
OCD	25.87 (7.05)	25.42 (5.00)	27.87 (7.18)	.679	.008
Psychoticism	26.40 (5.40)	25.75 (4.18)	27.02 (5.63)	.336	.004

Note. * = $p < .05$

Results: H4: Difference in education would not affect mental health

Education and Mental Health

Variable	Education Level				F	p	η ²
	Primary	Secondary	Tertiary	Post Grad			
Substance Abuse	21.13 (2.90)	23.44 _a (7.43)	25.55 (7.99)	29.20 _b (9.82)	4.90*	.003	.08
Anxiety	34.28 (4.06)	38.61 (16.15)	37.11 (10.27)	36.80 (13.34)	.365	.78	.006
Cognitive Competence	44.00 (8.35)	52.00 (20.67)	50.39 (15.78)	49.95 (12.40)	.569	.636	.01
Depression	33.48 (7.68)	31.85 (12.94)	30.71 (8.09)	29.66 (9.49)	.477	.698	.008
Fear of Ageing	29.88 (11.97)	24.58 (8.57)	23.51 (5.61)	23.55 (4.94)	1.934	.126	.03
Mania	21.95 (7.84)	22.73 (8.15)	22.48 (6.78)	21.81 (6.58)	.138	.937	.002
OCD	21.63 (4.66)	26.09 (7.33)	26.10 (6.53)	24.63 (5.11)	1.49	.219	.02
Paranoia	15.98 (2.51)	16.02 (3.76)	16.80 (3.63)	17.09 (4.29)	.847	.470	.01
Psychoticism	27.77 (4.89)	26.38 (5.51)	25.68 (4.79)	26.04 (4.65)	.494	.687	.008
Somatisation	25.56 (15.99)	25.31 (10.05)	23.73 (6.64)	22.14 (6.02)	1.218	.305	.02

Note. * = $p < .05$

Results: H5: Resilience would positively correlate to proactive coping



Resilience and Proactive Coping

Variable	Resilience	Proactive Coping
M	79.94	159.64
SD	11.44	20.76
Resilience		.48 (.000) **

Notes. Resilience ranges from 19 to 98. Proactive coping ranges from 0 to 216.

** Correlation is significant at the 0.01 level (2-tailed).

Results: H6: Resilience and proactive coping strategies would positively influence mental health

Pearson's Product Moment Correlations for Protective Factors and Mental Health Indicators

<u>Variables</u>	<u>Protective Factors</u>	
	Proactive Coping $r(p)$	Resilience $r(p)$
Anxiety	-.14 (.07)	-.32 (.000)**
Cognitive Competence	-.29 (.000)**	-.24 (.001)**
Depression	-.17 (.03)*	-.38 (.000)**
Fear of Ageing	-.05 (.54)	-.14 (.06)
Mania	-.11 (.16)	-.19 (.01)*
OCD	-.21 (.006)*	-.27 (.000)**
Paranoia	-.05 (.51)	-.16 (.033)*
Psychoticism	-.13 (.08)	-.21 (.004)**
Somatisation	-.04 (.63)	-.12 (.09)
Substance Abuse	-.03 (.69)	-.05 (.51)

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Discussion

- **Effect of age**
 - People between the ages of 50-60 years have elevated paranoid symptoms compared to those above 60 years of age, in particular those above 70 years of age.
 - Retirement is approaching
 - Change of social and personal roles
 - Fear of dependency
 - Fear of loss of social status

Discussion

- **Effect of gender**
 - Males are better than females on the parameters of anxiety, depression, fear of ageing, psychoticism and somatization. Females are better than males on the parameters of substance abuse, cognitive competence, mania, obsession-compulsion and paranoia.
 - Only substance abuse between males and females is significant.
 - Males outnumber females among drug users and clients attending drug treatment services (European Monitoring Centre for Drugs and Drug Addiction, 2005).
 - Males were more likely to drinking alcohol and have alcohol use disorders (Cheng & McBride, 2012).

Discussion

- **Effect of income**
 - People with medium incomes are better in mental health than low- and high- income groups.
 - People with high income have elevated paranoia symptoms and substance abuse than their counterparts with low and medium incomes.
 - People with low incomes have significantly higher somatization symptoms.
 - Somatization was the most commonly reported internalizing symptom in a sample of low-income urban adolescents (Reynolds, O’Koon, Papademetriou, Szczygiel, & Grant, 2001).
 - Somatic symptoms are more commonly reported by certain groups of patients with depression, including older adults and those earning a lower income (Tylee & Ganshi, 2005).

Discussion

- **Effect of education**
 - People with highest qualifications of primary school are better in the parameters of substance abuse, anxiety, cognitive competence, Obsession-compulsion and paranoia than their counterparts with qualifications above primary schools.
 - People with postgraduate qualifications are better in the parameters of depression, mania and somatization.
 - Substance abuse is significantly higher in the groups of higher qualifications.
 - This is consistent with the finding that substance abuse is significantly higher in the groups of higher incomes.

Discussion

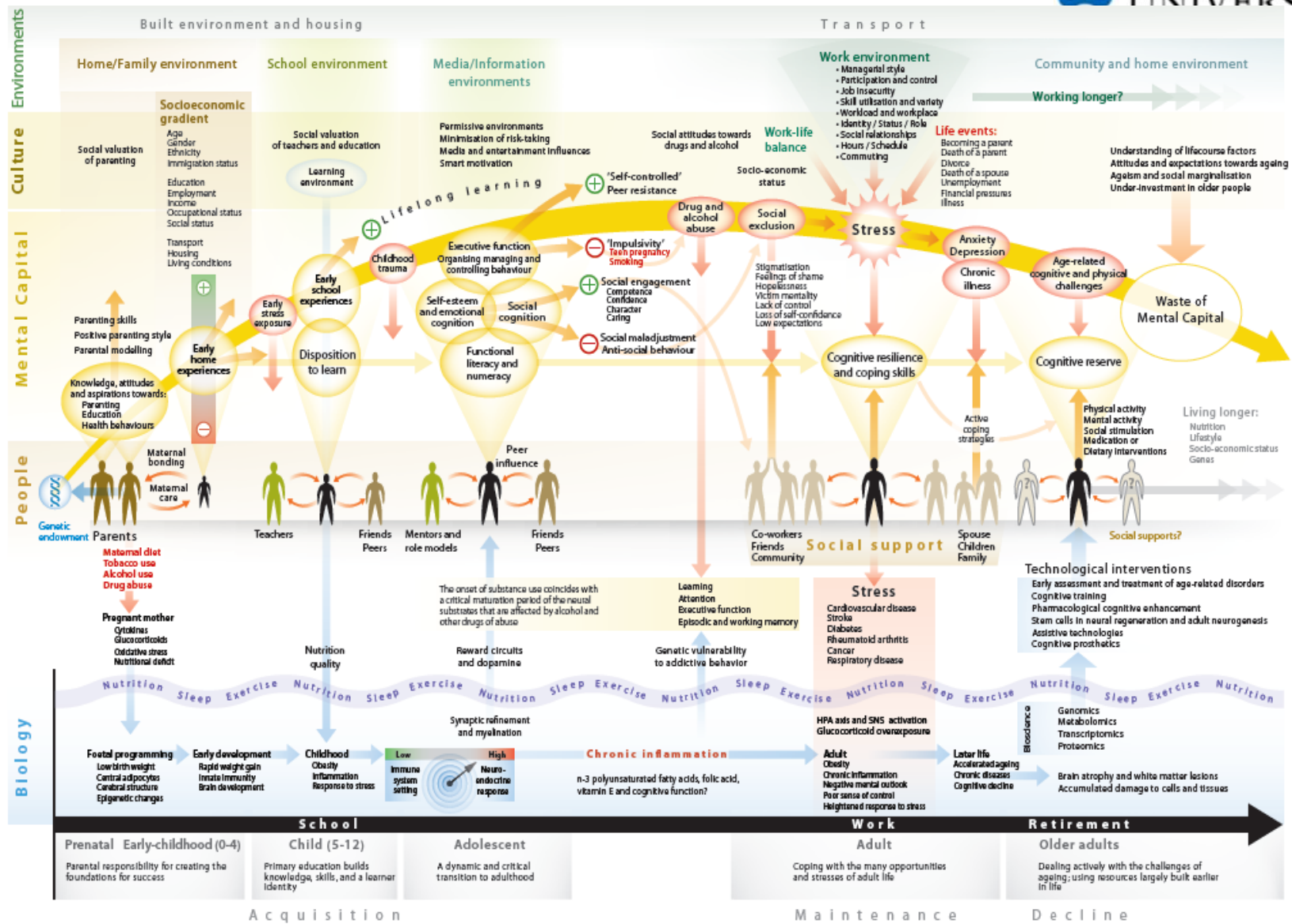
- **Relationship between resilience and proactive coping**
 - As expected, resilience is positively correlated to proactive coping.

Discussion

- **Effect of resilience and proactive coping**

- Resilience appears to be a greater protective factor against the mental health parameters.
- People with a high resilience score (above 74) are better in the parameters of anxiety, cognitive competence, depression, mania, obsession-compulsion, paranoia and psychoticism.
- People with a high proactive coping score (above 109) are better in the parameters of cognitive competence, depression and obsession-compulsion.
- High resilience scores and high proactive coping scores are negatively correlated with mental health indicators, demonstrating low scores in the above mentioned parameters.
 - Resilience acts as a psychological buffer, and appears to be a protective factor against stress, depression and anxiety (Wagnild, 2009).
 - Proactive coping has been linked to lower levels of depression in later life (Greenglass, Fiksenbaum & Eaton, 2006). Furthermore, the current findings support those of Aspinwall and Taylor (1997), people high in anxiety do not use proactive coping as their primary coping tool as they are not efficient in identifying potential stressors.

Discussion



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Questions

