

Seniors' Conceptions of Wellbeing

Simone Pettigrew

University of Western Australia



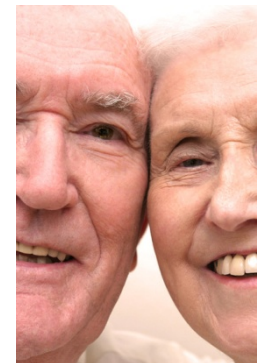
Collaborators

- ☞ Rob Donovan – Curtin University
 - ☞ Melanie Pescud – University of Western Australia
 - ☞ Duncan Boldy – Curtin University
 - ☞ Robert Newton – Edith Cowan University
- ☞ Sponsored by:
- Australian Research Council
 - West Australian Department of Communities
 - West Australian Mental Health Division

Background

- ∞ Importance of mental health in older age
 - Quality of life
 - Related to physical health
 - Neglected aspect of ageing

- ∞ Lack of knowledge of effective mental health promotion methods
 - Conceptions of wellbeing
 - Orientations to mental health
 - Desire for information
 - Regulatory focus – prevention or promotion?



Mental health problems

☞ Anxiety, dementia, and depression disproportionately affect mature adults

☞ Anxiety:

- Age effect confined to women
- Experience peak incidence 45-54 years
 - 1 in 4



Mental health problems

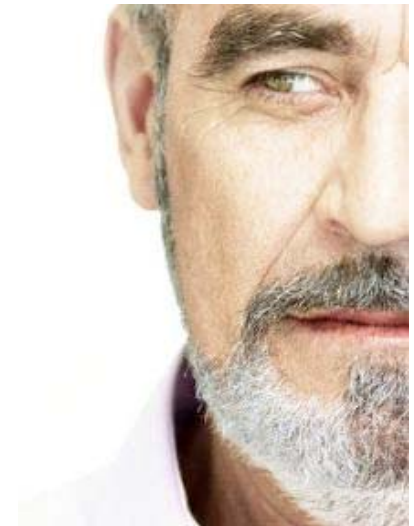
∞ Dementia:

- 5th leading cause of death among Australians aged 65+
 - Almost 17% of disease burden for this age group
 - 0.1% <65 yrs → 25% 85+ yrs
- More common among women

Mental health problems

∞ Depression

- Apparently not as prevalent among older people BUT
 - Depression rates among very old (85+) high
 - 65+ exhibit the highest per capita rates of anti-depressant use
 - Stigma may discourage help-seeking
 - Possible ageism among medical practitioners



Prevention

- ☞ Cognitive activity
- ☞ Social activity
- ☞ Physical activity

- Communications implications

- Infancy



8			4	6		7
					4	
	1				6	5
5	9		3		7	8
			7			
	4	8	2		1	3
	5	2				9
		1				
3			9	2		5

Research objective

- ✎ Explore seniors' conceptions of wellbeing to investigate salience of mental health and how to promote it among members of this group.



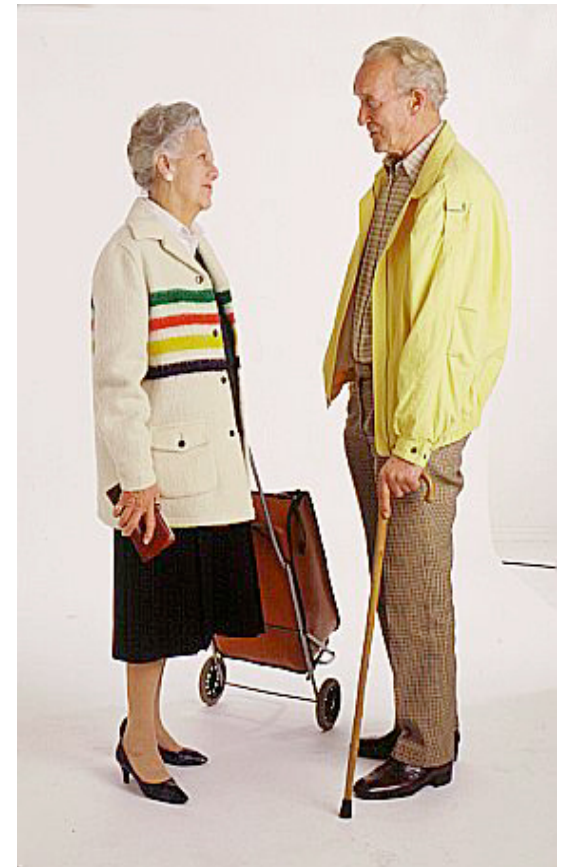
Communicating with older adults

∞ Heterogenous group

- Varied life experiences
- Sceptical of advertising (Yoon et al. 2005)

∞ Processing information

- Older people differ (Yoon et al. 2005)
 - Sensory and cognitive processing complications (Wahl and Heyl 2003)
- Health-related motivations (Moorman and Matulich 1993)
- Implications for health promotion messages



Data collection

- ✎ N=111 West Australians, 40+ years
- ✎ 20 individual interviews
 - 10 male, 10 female
 - Age, work, and health status variation
 - City-based
- ✎ 12 focus groups (n=91)
 - 6 male groups, 6 female groups
 - Age, work, and health status variation
 - 8 city, 4 country
- ✎ All interviews recorded and transcribed verbatim

Interviews

∞ Perceptions of:

- Wellbeing
- Physical health
- Mental health
- Knowledge of protective behaviours



Analysis

- ∞ NVivo qualitative data analysis software
- ∞ 154 nodes
 - Demographics
 - Mental health literacy
 - Attitudes to mental health, mentally unhealthy people, medication, psychologists, etc.
 - Barriers, facilitators, motivators

Findings

Wellbeing:

∞ “Happy and healthy”

- Independence and freedom
- Physically fit

Physical versus mental health

Physical health

- ∞ Viewed through a positive lens
- ∞ Largely within the individual's control

“Able to walk, no heart problems, no lung problems, free of disease.”

“Keeping fit and eating well, regular exercise getting the heart rate up, that's how I would view physical health.”

“Your own responsibility for your own well being. You've got to put some onus on yourself, it's your responsibility.”

Physical versus mental health

Physical health:

- ∞ Free of illness
- ∞ Body weight
- ∞ Something to work towards
- ∞ Multiple avenues of prevention:
 - exercise
 - diet
 - not smoking
 - alcohol moderation
 - limit sun exposure



Physical versus mental health



- ∞ Mental Health confounded with mental illness
- ∞ Largely out of the individual's control
 - Genetics

“Mental health, umm, depression, stress, substance abuse, disorders of the mind.”

“You think lunatics, crazy people who can't control their thoughts, their ideas. You know, ‘Stay away danger, danger, be wary’.”

Physical versus mental health

∞ Stigma

“Mental health is still a closed in issue. How do we open it out so people can feel more comfortable about it and get help? How do they get help without being scared that they will be labelled?”

∞ Particular fear of dementia

“As I get older I’m very aware of the possibility of dementia. I think that is absolutely the worst form of illness anyone could ever get, and if I hear about things that are supposed to help prevent that, or at least delay the onset, I’d be willing to do those sorts of things.”

Regulatory focus



Promotion or prevention? (Crow and Higgins 1997)

∞ Promotion focus

- motivated to make positive changes

∞ Prevention focus

- motivated to maintain the status quo

Regulatory focus



∞ Findings

- Especially motivated to avoid dementia
 - Low awareness of ability to avoid other mental illnesses
- Prevention focus

∞ Recommendations

- Show what can be done to prevent mental illness and preserve mental health
- Focus on specific behaviours
 - Cognitive, physical, social
- Highlight response efficacy of recommended behaviours (effectiveness in achieving outcome)
- “Keeping mentally healthy”

Discussion

∞ Longer term strategies

- Make mental health salient in conceptions of wellbeing
 - Currently “off the radar”
- Re-orient to mental health (not illness)
- BUT – also need to improve knowledge of conditions and symptoms



Thank you

