Differentials and Determinants of the Elderly Mental Health in India

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Abstract

The Indian elderly population is projected to exceed 162 million in 2025 and is expected to grow to 345 million by 2050, according to UN's World Population Prospects, 2024. In some Indian states, the elderly population is growing even faster than national rate 8.6%, such as in West Bengal, where the elderly population is expected to surpass 13 percent of the total population by 2026. Obviously, this is a symbol of development and prosperity, but there are two major challenges associated with old age in India: poor health condition and income insecurity.

Poor health among the elderly is more pressing than income insecurity in West Bengal, particularly concerning psychological well-being. They suffer from various types of illnesses, such as functional impairments, disabilities, and both subjective and objective health complications. To illustrate, about 42 percent of the elderly experienced acute morbidities, and 6 percent were hospitalized in the past year, according to the recent NSS health survey. However, it does not provide information on mental well-being, which is one of the most neglected research areas in India. Therefore, this study tries to fill the gap by analyzing elderly mental well-being and its determinants using data collected from the '*Building a Knowledge Base on Population Ageing in India*' (BKPAI) survey. The survey was conducted in seven Indian states—Himachal Pradesh, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu and West Bengal—and used a general health questionnaire (GHQ) and subjective well-being inventory (SUBI) to measure the mental health of the elderly.

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A multinomial logit regression analysis was used to estimate the outcome, along with application of standard distribution and statistical methods. Our results suggest that about 72 percent of the elderly suffer from mental illness, as measured by GHQ, due to (1) poverty and income insecurity; (2) poor health; (3) lack of family and community support, particularly a confidant; and (4) abuse in old age and absence of a social life. The issue of mental health can be addressed through the right kind of policies, programs, and their successful implementation. The government can establish psychological counseling units and geriatric care centers in the primary health centers. Furthermore, a universal old-age pension could strengthen the elderly's economic well-being in later life. On the social and family front, as a society, we should promote the need for and importance of family support, as well as the mutual benefits of intergenerational bonding. Another option could be community living and sharing without the burden of social stigma.

Keywords: mental well-being, subjective health, functionality, disability, acute and chronic morbidity, income, abuse, mental/psychological well-being, GHQ, SUBI

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