

Mental Wealth in Old Age: Ageing Well in Australia

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Introduction

Ageing Population

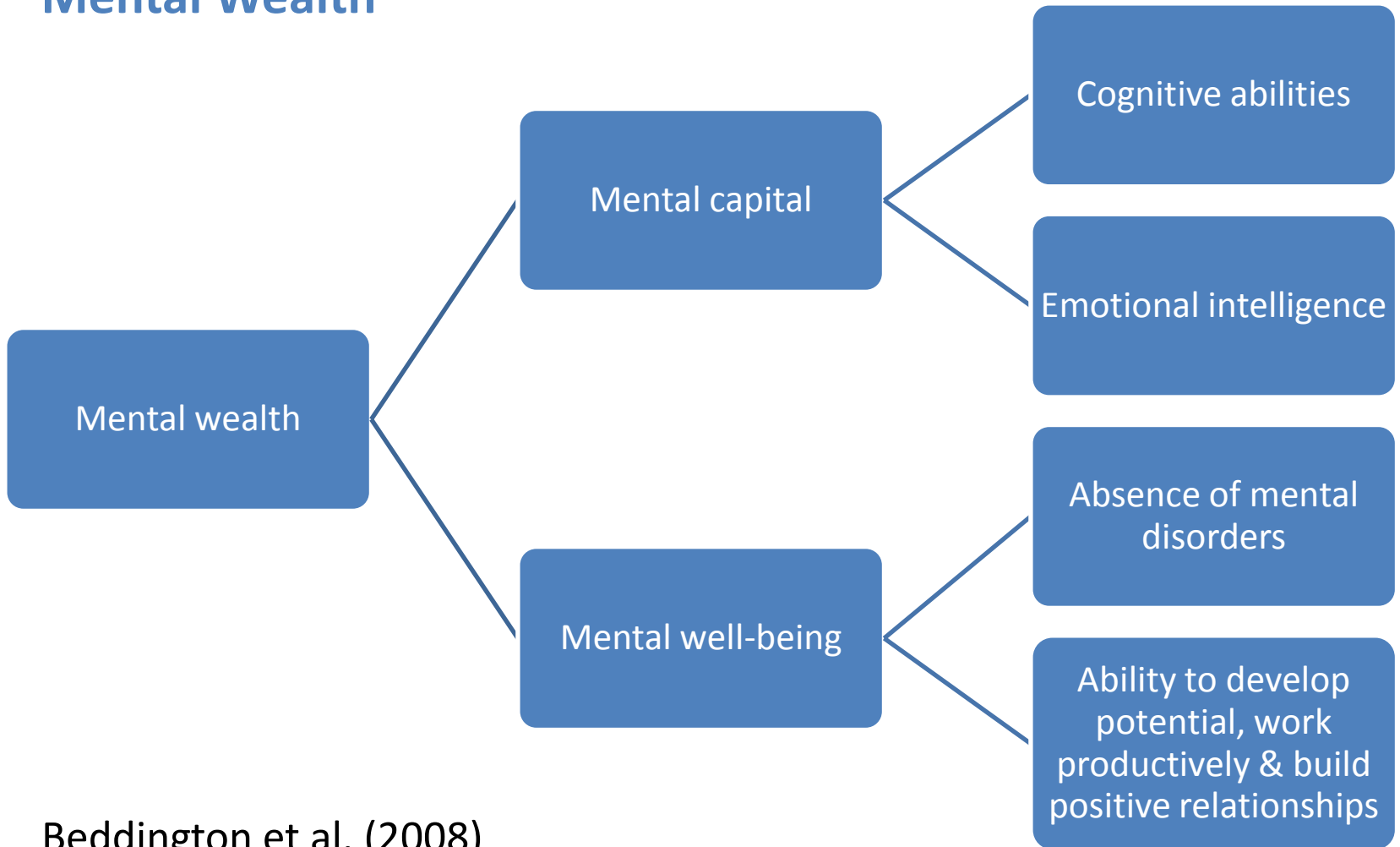
The United Nations' report, *World Ageing Population 2007*, indicates that from the 1950s to 2007 the proportion of older persons has risen from 8% to 11%. It is expected to reach 22% in 2050.

Australia's population is no exception to this trend – in Australia 12% of the population is over 65 and this is projected to increase to 18% in 2021 (CoA, 2001).

As our population ages, questions around how to best promote mental health into older age become more relevant, especially given the Australian Government's commitment to positive ageing (Li, 2013)

Introduction

Mental Wealth



Beddington et al. (2008)

Introduction

Resilience

Resilience - “a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development,” (Masten, 2001, p. 228).

Common life challenges requiring resilience in older life may include: chronic illness (Aldwin & Igarashi, 2012), reductions in personal autonomy, diminished cognitive function and the death of friends and family (Tomas, Sancho, Melendez & Mayordomo, 2012).

Introduction

Proactive Coping

Coping - behavioural and cognitive efforts to deal with perceived demands on the individual (Hefferon & Boniwell, 2011)

Problem-focused and emotion-focused coping (Greenglass, Schwarzer, Jakubiece, Fiksenbaum & Taubert, 1999)

Proactive coping – behavioural and cognitive efforts to deal with perceived stressful events/demands before they occur

Hypotheses

H1: Proactive coping strategies would positively correlate with resilience

H2: Resilience would positively influence mental health

H3: Proactive coping would positively influence mental health

Method

Proactive Coping Inventory (PCI; Greenglass, Schwarzer, Jakubiece, Fiksenbaum & Taubert, 1999). The PCI is made up of seven scales:

- Proactive coping
- Reflective coping
- Strategic planning
- Preventive coping
- Instrumental support
- Emotional support
- Avoidance coping

Resilience Scale (RS-14; Wagnild & Young, 1993)

Clinical Assessment Scale for the Elderly (CASE; Reynolds & Bigler, 2001):

- Depression
- Anxiety
- Cognitive competence
- Psychoticism
- Fear of ageing
- Obsession-compulsion
- Paranoia
- Somatization
- Mania
- Substance Abuse

The study has a sample size of 302 older Australians. The ages of participants in the sample ranged from 50 to 93 ($M = 64.7$, $SD = 10.05$).

Results *Participant demographics*

Variable	<i>n</i>	%
Gender		
Male	127	42.1
Female	175	57.9
Location		
Townsville	107	35.4
Melbourne	51	16.9
Sydney	133	44.0
Brisbane	11	3.6
Income		
Low (\leq \$41,599)	133	44
Medium (\$41,599 - \$129,999)	108	35.8
High (\geq 130,000)	39	12.9
Data missing for variable	22	7.3
Living Arrangement		
Living with spouse in own home	219	72.5
Living with spouse in rental home	8	2.6
Living alone in own home	46	15.2
Living alone in rental home	7	2.3
Living with family members	17	5.6
Living in care facility	4	1.3
Retirement Status		
Retired	153	50.7
Not retired	93	30.8
Data missing for variable	56	18.5

Results *Descriptive statistics*

Scale	Possible Range	Observed Range	<i>M</i>	<i>SD</i>
Resilience	14-98	34-98	80.03	10.98
Proactive Coping	14-56	18-56	40.34	6.63
Reflective Coping	11-44	12-44	32.51	6.07
Strategic Planning	4-16	5-16	12.12	2.27
Preventive Coping	10-40	12-40	30.49	5.62
Instrumental Support Seeking	8-32	9-32	22.57	5.15
Emotional Support Seeking	5-20	5-20	14.31	3.82
Avoidance Coping	3-12	3-12	8.32	2.11

Results

Resilience levels among the sample

Resilience Level	<i>n</i>	%
Low	18	6
Medium	131	43.4
High	146	48.3
Missing	7	2.3

Results

PCI scale levels among the sample – Part 1

Coping Style	<i>n</i>	%
Proactive Coping		
Low	60	19.9
High	229	75.8
Missing	13	4.3
Reflective Coping		
Low	54	17.9
High	230	76.2
Missing	18	6.0
Strategic Planning		
Low	64	21.2
High	222	73.5
Missing	16	5.3
Preventive Coping		
Low	53	17.5
High	238	78.8
Missing	11	3.6

Note: Low: under the possible medium score; High: above the possible medium score

Results

PCI scale levels among the sample – Part 2

Coping Style	<i>n</i>	%
Instrumental Support Seeking		
Low	85	28.1
High	209	69.2
Missing	8	2.6
Emotional Support Seeking		
Low	94	31.1
High	194	64.2
Missing	14	4.6
Avoidance Coping		
Low	92	30.5
High	198	65.6
Missing	12	4.0

Results

H1: Proactive coping strategies would positively correlate with resilience

Pearson's product moment correlations between the RS-14 and PCI scales

	Proactive Coping	Reflective Coping	Strategic Planning	Preventive Coping	Instrumental Support Seeking	Emotional Support Seeking	Avoidance Coping
<i>r</i>	.574	.463	.399	.431	.141	.205	.081
<i>p</i>	.000**	.000**	.000**	.000**	.016*	.001**	.172

* $p < .05$. ** $p < .01$.

Results

H2: Resilience would positively influences mental health

H3: Proactive coping would positively influences mental health

Summary of stepwise regression analysis for resilience and coping variables predicting mental health – Part 1

Predictors	R^2	R^2 adj	F	B	$SE B$	β
<i>Anxiety</i>	.126	.123	38.06**			
Constant				72.50	5.65	
Resilience				-.43	.07	-.36**
<i>Depression</i>	.166	.163	52.51**			
Constant				62.76	4.35	
Resilience				-.39	.05	-.41**
<i>Cognitive Competence</i>	.120	.113	17.89**			
Constant				95.17	7.53	
Resilience				-.39	.10	-.25**
Reflective Coping				-.41	.17	-.15

*p < .05. **p < .01. N.B. Only resilience and coping variables found to be significant in the analysis were included in this table.

Summary of stepwise regression analysis for resilience and coping variables predicting mental health – Part 2

Predictors	R^2	R^2 adj	F	B	$SE B$	β
<i>Obsessive-Compulsive</i>	.095	.092	27.76**			
Constant				41.94	3.07	
Resilience				-.20	.04	-.31**
<i>Psychoticism</i>	.082	.075	11.62**			
Constant				38.10	2.50	
Resilience				-.10	.03	-.20**
Strategic Planning				-.33	.15	-.14*
<i>Mania</i>	.077	.066	7.18**			
Constant				33.10	3.54	
Resilience				-.19	.05	-.28**
Proactive Coping				.26	.09	.23**
Strategic Planning				-.51	.23	-.16*

* $p < .05$. ** $p < .01$. N.B. Only resilience and coping variables found to be significant in the analysis were included in this table.

Summary of stepwise regression analysis for resilience and coping variables predicting mental health – Part 3

Predictors	R^2	R^2 adj	F	B	$SE B$	β
<i>Fear of Ageing</i>	.033	.029	8.80**			
Constant				31.60	3.42	
Resilience				-.125	.042	-.18**
<i>Somatisation</i>	.025	.022	6.76**			
Constant				33.29	3.74	
Resilience				-.12	.04	-.16**
<i>Paranoia</i>	.040	.036	10.70**			
Constant				20.95	1.55	
Resilience				-.06	.02	-.20**
<i>Substance Abuse</i>	.019	.015	5.00*			
Constant				29.14	1.83	
Emotional Support				-.28	.12	-.14*

* $p < .05$. ** $p < .01$. N.B. Only resilience and coping variables found to be significant in the analysis were included in this table.

Summary of stepwise regression analysis with coping variables alone predicting mental health – Part 1

Predictors	R^2	R^2 adj	F	B	$SE B$	β
<i>Anxiety</i>	.034	.031	9.39**			
Constant				53.10	5.02	
Proactive Coping				-.38	.12	-.19
<i>Depression</i>	.052	.049	14.51**			
Constant				46.24	3.91	
Proactive Coping				-.36	.10	-.23
<i>Cognitive Competence</i>	.091	.084	13.19**			
Constant				83.44	6.49	
Proactive Coping				-.46	.19	-.18
Reflective Coping				-.44	.20	-.16
<i>Obsessive-Compulsive</i>	.038	.034	10.41**			
Constant				34.42	2.67	
Proactive Coping				-.210	.065	-.195

*p < .05. **p < .01. N.B. Only coping variables found to be significant in the analysis were included in this table.

Summary of stepwise regression analysis with coping variables alone predicting mental health – Part 2

Predictors	R^2	R^2 adj	F	B	$SE B$	β
<i>Psychoticism</i>	.061	.054	8.49**			
Constant				34.00	1.91	
Strategic Planning				-.45	.14	-.20
Emotional Support				-.17	.08	-.12
<i>Mania</i>	.015	.011	4.00*			
Constant				27.38	2.37	
Strategic Planning				-.39	.19	-.12
<i>Paranoia</i>	.023	.019	6.08*			
Constant				17.77	.78	
Emotional Support				-.13	.05	-.15
<i>Substance Abuse</i>	.018	.015	4.93*			
Constant				29.09	1.83	
Emotional Support				-.28	.12	-.14*

* $p < .05$. ** $p < .01$. N.B. Only coping variables found to be significant in the analysis were included in this table.

Discussion

The relationship between resilience and proactive coping strategies

H1 that proactive coping strategies would positively correlate with resilience was partially supported

There does appear to be a positive correlation between resilience and some proactive coping strategies, namely: proactive coping, reflective coping, strategic planning, preventive coping, emotional support seeking, and instrumental support seeking.

Some of the PCI scales (the proactive coping scale in particular) were found to be significant predictors when resilience was left out of the regression analysis (although they did predict much less variance than resilience)

Avoidance coping was not found to positively correlate with resilience.

Discussion

Resilience and mental health

H2 that resilience would positively influences mental health was supported

Resilience scores were predictive of nearly every mental health variable examined in the study (the exception was substance abuse)

Resilience appears to be particularly important in terms of anxiety, depression and cognitive competence

It appears that resilience acts as a buffer against stress, anxiety, depression and broader mental health issues

Discussion

Proactive coping strategies and mental health

H3 that proactive coping would positively influences mental health was supported

Individual proactive coping scales appear to be less predictive in terms of mental health variables than resilience scores.

Cognitive competence	resilience + reflective coping
Psychoticism	resilience + strategic planning
Mania	resilience + proactive coping + strategic planning
Substance abuse	emotional support seeking

Different proactive coping strategies appear to be more important in terms of different mental health issues.

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