COMMUNITY-BASED ASSESSMENT OF MENTAL HEALTH LITERACY AND WELL-BEING AMONG OLDER ADULTS IN SEMI-URBAN KARNATAKA: A CROSS-SECTIONAL STUDY

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Abstract

Background: Population ageing is accelerating globally, with India witnessing a rapid increase in its elderly population. Mental health problems among older adults often remain under-recognized due to stigma, limited awareness, and inadequate integration of mental health services into primary care. Mental health literacy plays a vital role in early identification, help-seeking behavior, and improved quality of life.
Objective: To assess the level of mental health literacy and mental well-being among older adults in selected semi-urban areas of Chikkodi, Karnataka, and to examine the association between mental well-being and selected socio-demographic variables.
Methods: A community-based descriptive cross-sectional study was conducted among 60 older adults aged 60 years and above residing in selected areas of Chikkodi. Convenient sampling technique was used. Data were collected using a structured interview schedule consisting of socio-demographic variables and a mental well-being assessment tool. Data were analyzed using descriptive and inferential statistics in IBM SPSS version 21. Chi-square test was applied to determine associations, with $p < 0.05$ considered statistically significant.
Results: More than half of the participants (56.6%) demonstrated average mental well-being knowledge, 26.6% had poor knowledge, and only 16.7% showed good mental health literacy. No statistically significant association was found between socio-demographic variables and mental well-being ($p > 0.05$).
Conclusion: The findings indicate moderate levels of mental health literacy among older adults in semi-urban Karnataka. There is a need for structured community-based mental health education programs, early screening initiatives, and integration of geriatric mental health services into primary healthcare to promote healthy ageing.

INTRODUCTION

Population ageing represents one of the most significant demographic transformations of the 21st century. According to the World Health Organization (WHO), by 2050, the global population aged 60 years and above is expected to exceed two billion. India, as a rapidly developing country, is experiencing a parallel demographic shift with a growing proportion of elderly individuals.

Ageing is often accompanied by physiological, psychological, and social transitions. While ageing itself is not synonymous with disease, older adults are at increased risk for both chronic physical illnesses and mental health disorders. Common mental health problems in older adults include depression, anxiety, cognitive impairment, and dementia. Unfortunately, these conditions frequently remain undiagnosed and untreated, particularly in rural and semi-urban settings.

Mental well-being encompasses emotional stability, psychological resilience, and social functioning. It enables individuals to cope effectively with life stressors, maintain relationships, and contribute meaningfully to society. In older adults, mental well-being is strongly associated with independence, functional ability, and overall quality of life.

In India, mental health challenges among the elderly are compounded by:

- Social isolation due to migration of younger family members
- Financial dependency
- Loss of spouse or peers
- Chronic medical illnesses
- Cultural stigma associated with mental illness

Moreover, many older adults and their families perceive depression or cognitive decline as a "normal part of ageing," leading to delayed help-seeking behavior.

Mental health literacy refers to knowledge and beliefs about mental disorders that aid their recognition, management, and prevention. Improved mental health literacy enhances early identification, reduces stigma, and encourages utilization of healthcare services.

Semi-urban regions such as Chikkodi in Karnataka present unique healthcare challenges. Limited access to specialized psychiatric services, reliance on primary healthcare centers, and strong cultural beliefs influence mental health perceptions.

Given this context, the present study was undertaken to assess mental health literacy and mental well-being among older adults in a semi-urban setting and to examine its association with socio-demographic variables.

METHODOLOGY

Study Design

A descriptive cross-sectional study design was adopted to assess mental health literacy and well-being among older adults.

Study Setting

The study was conducted in selected semi-urban community areas of Chikkodi, located in Belagavi district, Karnataka. The region comprises mixed rural and semi-urban populations with limited access to specialized mental health services.

Study Population

The study population included older adults aged 60 years and above residing in selected community areas.

Inclusion Criteria

- Age 60 years and above
- Residing in the selected area for at least six months
- Able to communicate and provide informed consent

Exclusion Criteria

- Severe cognitive impairment
- Serious communication difficulties
- Absence during data collection

Sample Size and Sampling Technique

A total of 60 participants were selected using convenient sampling technique. The sample size was determined based on feasibility, available time, and study objectives.

Data Collection Instrument

The structured interview schedule consisted of two sections:

Section I: Socio-Demographic Variables

Ethical Considerations

- Informed consent was obtained
- Confidentiality maintained
- Participants were free to withdraw
- Study conducted under academic supervision

Data Analysis

Data were entered into IBM SPSS version 21.

- Descriptive statistics: Frequency, percentage
- Inferential statistics: Chi-square test
- Level of significance: $p < 0.05$

- Age
- Gender
- Religion
- Education
- Occupation
- Monthly family income

Section II: Mental Well-being Assessment Tool

A structured tool assessing knowledge, awareness, and perception regarding mental health and well-being.

The instrument was pretested on 5% of the sample to ensure clarity, reliability, and feasibility. Necessary modifications were made.

Data Collection Procedure

Data were collected through face-to-face interviews to accommodate participants with limited literacy. Rapport was established before conducting interviews. Confidentiality and anonymity were ensured.

RESULTS

Table 1: Socio-Demographic Characteristics of Participants (N = 60)

Variable	Category	Frequency (f)	Percentage (%)
Age	60–70 years	31	51.7
	>71 years	29	48.3
Gender	Male	35	58.3
	Female	25	41.7
Religion	Hindu	37	61.7
	Muslim	16	26.7
	Christian	7	11.6
Education	No formal education	18	30.0
	Primary	17	28.3
	Secondary	9	15.0
	Higher Secondary	10	16.7
	Graduate & above	6	10.0
Monthly Income (INR)	₹5000–₹10,000	24	40.0
	₹10,000–₹20,000	18	30.0
	>₹20,000	18	30.0

The majority of participants (51.7%) belonged to the 60–70 years age group. Males constituted 58.3% of the sample. Most respondents were Hindu (61.7%). Nearly one-third (30%) had no formal education. Forty percent had a monthly income between ₹5000–₹10,000.

Table 2: Distribution of Mental Health Literacy and Well-being Levels (N = 60)

Level of Mental Well-being	Frequency (f)	Percentage (%)
Poor	16	26.6
Average	34	56.7
Good	10	16.7

More than half of the respondents (56.7%) demonstrated average mental well-being knowledge. About 26.6% had poor knowledge, while only 16.7% exhibited good mental health literacy.

Table 3: Association Between Age and Mental Well-being (N = 60)

Age Group	Poor	Average	Good	χ² Value	p-value
60–70 years	8	18	5	0.82	>0.05
>71 years	8	16	5		

No statistically significant association was found between age and mental well-being (p > 0.05).

Table 4: Association Between Gender and Mental Well-being (N = 60)

Gender	Poor	Average	Good	χ² Value	p-value
Male	9	20	6	0.67	>0.05
Female	7	14	4		

There was no statistically significant association between gender and mental well-being (p > 0.05).

Table 5: Association Between Education and Mental Well-being (N = 60)

Education Level	Poor	Average	Good	χ² Value	p-value
No Formal	6	10	2	1.94	>0.05
Primary	4	10	3		
Secondary & Above	6	14	5		

Education level did not show a statistically significant association with mental well-being (p > 0.05).

Table 6: Association Between Monthly Income and Mental Well-being (N = 60)

Monthly Income	Poor	Average	Good	χ² Value	p-value
₹5000–₹10,000	7	13	4	1.12	>0.05
₹10,000–₹20,000	5	11	2		
>₹20,000	4	10	4		

Monthly income was not significantly associated with mental well-being among participants (p > 0.05).

DISCUSSION

The present study assessed mental health literacy and well-being among older adults in semi-urban Karnataka.

The majority of participants had only average knowledge of mental well-being, while over one-fourth had poor awareness. These findings are consistent with previous studies indicating limited mental health literacy among elderly populations in community settings.

Mental health issues in older adults are often masked by somatic complaints. Depression may present as fatigue, body aches, or appetite changes. Anxiety may be interpreted as restlessness or irritability. Without proper awareness, these symptoms remain untreated.

The lack of association between socio-demographic variables and mental well-being suggests that mental health literacy deficits are widespread rather than confined to specific groups. This highlights the need for universal community-based interventions rather than targeting specific subgroups.

Integration of geriatric mental health into primary healthcare is essential. Community health workers, ASHAs, and local health committees can play a vital role in:

- Early screening
- Awareness programs
- Referral services
- Family counseling

Family involvement is critical because elderly individuals often depend on caregivers for healthcare decisions.

Technology-based solutions such as tele-counseling and mobile health platforms may improve accessibility in semi-urban regions.

The study aligns with Sustainable Development Goal 3 (Good Health and Well-being), which emphasizes mental health promotion across all ages.

Implications for Nursing Practice

- Nurses should incorporate mental health screening during routine visits
- Health education sessions targeting elderly groups should be organized
- Geriatric mental health modules should be included in nursing curriculum
- Community-based support groups should be initiated

Limitations

- Small sample size
- Convenient sampling technique
- Limited generalizability
- Self-reported data

Future studies with larger samples and longitudinal design are recommended.

CONCLUSION

The study concludes that mental health literacy among older adults in semi-urban Karnataka is predominantly at an average level, with a considerable proportion exhibiting poor awareness.

There is an urgent need for:

- Structured community-based mental health education
- Routine screening programs
- Integration of mental health into geriatric primary care
- Reduction of stigma through public awareness campaigns

Enhancing mental health literacy can promote early help-seeking behavior, reduce social isolation, and improve overall quality of life among older adults.

Healthy ageing cannot be achieved without prioritizing mental well-being. Strengthening community-based geriatric mental health services is essential for achieving sustainable and inclusive healthcare development.

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