

Efficacy Of Community Mental Health Services in The Prevention of Depression in Older Adults

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Abstract. Background: Depression is a common mental illness and has a high suicide rate. Community mental health services (CMHS) are key to community recovery for people with mental health problems. The mental health of modern and contemporary elderly people has been seriously damaged due to various reasons, and community mental health service is a special mental health prevention and treatment process. Objective: To examine the preventive effect of community mental health services on senile depression and related variables. Methods: Data were collected from a number of research initiatives covering the years 2000 to 2024. In these studies the time impact Scale was revised to assess community mental health services. The study examined demographic variables, the context of community mental health services, and the mental health and follow-up assessments of the respondents. Results: This study combined evaluation data from eight literature articles, including elderly people with depression and potential depression and other populations in the community. Community mental health services can effectively prevent depression in the elderly, provide all-round psychological support, reduce the incidence and improve the quality of life. Conclusion: Improving community mental health services and strengthening social support are important steps to prevent depression and cope with challenges. In order to fully understand the long-term impact on the mental health of community personnel, further research and analysis are needed, taking into account the multiple factors of economic, cultural and social development. It is very important to provide mental health support and improve the quality of community mental health services.

Keywords: Community mental health services (CMHS); elderly people; Depression.

1. Introduction

1.1. Background of depression

Studies have shown that the prevalence of major depressive disorder ranges from 0.9% to 9.4% among members of private households, from 14% to 42% among those living in institutions, and from 1% to 16% among older adults living in private households or institutions; "Cases" with clinically relevant depressive symptoms in similar Settings varied between 7.2% and 49%. The main predictors of cases of depression and depressive symptoms are physical illness, cognitive impairment, dysfunction, lack or loss of close social ties, and a history of depression [1]. Depression is more common in older people. Methodological differences between studies have prevented consistent conclusions about geographic and cross-cultural differences in the prevalence and predictors of depression. Improved comparability would provide a basis for reaching consistent conclusions [1].

Depression is a relatively complex mental illness. Many methods and strategies have been applied to the research, some of which are not yet feasible. It has important genetic and non-genetic factors, and despite numerous studies, the neurobiology of depression remains poorly understood due to the complexity of the disorder, genetic issues, heterogeneity of predisposition factors, and lack of biomarkers [2].

1.2. Methods and definitions of community mental health services

Community mental health services, from the perspective of concept connotation and extension, belong to the concepts of community service, community construction and community governance, which develop along with the development of the community. Therefore, the work of community

mental health service should be examined in the framework of the whole community development [3].

First, community mental health care includes a) a holistic approach, b) looking at patients in a socio-economic context, c) individual and population-based prevention, d) a systems view of service delivery, e) open access services, f) team-based services, g) a long-term, vertical, life-course perspective, and h) cost-effectiveness in terms of population [4]. It also includes a commitment to social justice, addressing the needs of traditionally underserved populations (such as ethnic minorities, the homeless, children and youth, and migrants), and providing services in acceptable ways where those in need are, as well as accessibility [4].

Second, community mental health care focuses not only on people's impairments and disabilities (from an illness perspective), but also on their strengths, abilities, and aspirations (from a recovery perspective). Thus, services and support are designed to enhance the individual's ability to form positive identities, construct experiences of illness, self-manage illness, and pursue socially valued roles [5].

Third, community mental health care encompasses the community in its broadest sense. As a corollary to the second point, it emphasizes not only the reduction or management of environmental adversity, but also the strengths of the families, social networks, communities, and organizations around people with mental illness [6].

Fourth, community mental health care incorporates evidence-based medicine and practical ethics. A scientific approach to services prioritizes the use of the best available data on the effectiveness of interventions. At the same time, people with mental illness have the right to be informed about their illness (to the extent understood by professionals), to consider available interventions and any available information about their effectiveness and side effects, and to be informed about their condition. Preferences included in the shared decision-making process [7,8].

We therefore define community mental health care to include the principles and practices needed to promote the mental health of the local population by: a) meeting the needs of the population in an accessible and acceptable manner; b) Build on the goals and strengths of people with mental illness; c) Promoting a broad network of support, services and resources with sufficient capacity; d) Emphasis on evidence-based and rehabilitation-oriented services [9].

1.3. Purpose of research

The growing elderly population and the mental health problems of older people should be more closely linked to the development of community mental health services (CHMS). At present, there are few studies on the prevention of depression in the elderly by community mental health services, and there is a lack of theoretical support.

This paper aims to summarize and compare the effectiveness of community mental health services in preventing mental health in older adults. This paper will mainly examine and compare studies and subsequently extrapolate the results to hypothesize the effectiveness of community mental health services.

2. Method

A comprehensive search was conducted using Google and the official website of the World Health Organization (WHO) in order to obtain relevant information on community mental health services. The search presented national and regional studies on the effectiveness of community mental health in preventing depression. Then, by searching Google Scholar and PubMed from January 2020 to August 2023, this study studied the effect of community mental health services on the prevention of depression in the elderly, and selected elderly people with an average age of more than 65 years old as the research objects, who had received intervention from community mental health services. Groups such as teenagers and young children are excluded from this paper because they are not relevant to the objectives of this paper. Finally, appropriate literature was selected for this paper, and

all publications selected included one of the following terms: "Community mental health services", "geriatric depression". After identifying the main objectives, the authors went on to search relevant publications, including an overview of the mechanisms by which depression develops, a definition of community mental health service organizations, and an overview of global mental health services.

3. Result

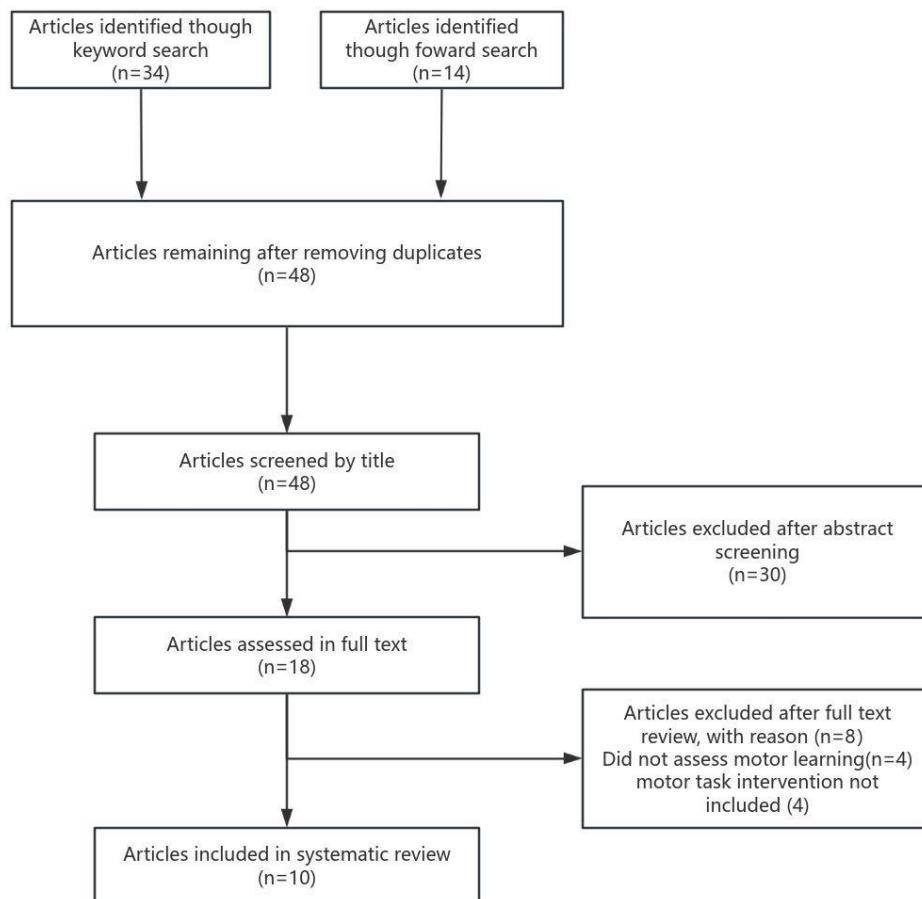


Fig. 1 The process of study selection

Table 1. Characteristics of included studies

Name	Area	Year	Population	Sample size	Measurement scale	Finding
Zhang Xin	China	2015	Age over 65 years old	90	CES-D	The number of depressed people decreased significantly
Luo Shiyou	ShenZhen	2013	Age over 65 years old (Gender balance)	114	DSM-IV	The number of depressed people decreased significantly
Yang Lei	HeNan	2018	Age over 60 years old	373	SRHMS/LSIA/Self-made questionnaire	The number of depressed people decreased significantly
Zhu Jun	ZheJiang	2016	Age over 60 years old (Females are numerous)	96	ICD-10	The number of depressed people decreased significantly
Zhang Hongyan	JiangSu	2023	Age over 65 years old	100	SCL-90	The number of depressed people decreased significantly
Zhan Guilai	ShangHai	2015	Age over 60 years old	1000	GWB/GAD-7/PHQ-9	The number of depressed people decreased significantly
R Haringsma	Netherlands	2005	55-85 years old (69% female)	119	DSM-IV/CES-D	The number of depressed people decreased significantly
H Oyama	Yasuzuka	2006	Age over 65 years old	4940	SDS/RDC	The suicide rate was 64% lower for women and 49% lower for men
H Oyama	Nagawa town	2006	Age over 65 years old	1685	ICD-9	Suicide rate drops
H Oyama	Matsudai town	2006	Age over 65 years old	15440	(Unspecified)	The suicide rate for women is not significantly lower for men

CES-D: (Center for Epidemiologic Studies Depression Scale)

DSM-IV: (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition)

SRHMS: (Self-rated Health Measurement Scale)

LSIA: (Life Satisfaction Index A)

ICD-10:(International Classification of Diseases, Tenth Revision)

SCL-90: (Symptom Checklist 90)

GWB: (General Well-Being Schedule)

GAD-7: (Generalized Anxiety Disorder-7)

PHQ-9: (Patient Health Questionnaire-9)

SDS:(Self-Rating Depression Scale)

RDC: (Research Diagnostic Criterion1)

ICD-9: (International Classification of Diseases, Ninth Revision)

3.1. Study selection

The survey was compiled from Google Scholar and pubmed and produced a total of 8,200 articles. The time span is 2005 to 2023. The research methods of the literature collected in this study were mostly multi-batch and multi-times questionnaire survey and later follow-up, and 48 matching items were generated from the search. By filtering the titles and abstracts retrieved according to the relevant inclusion criteria for this study, the number of publications was reduced to 18, and after a final review of personnel requirements and content, the final number of included studies was narrowed to 10 (Figure 1). The main reasons for excluding retrieved publications were the small survey area of trial participants or the age of participants who did not meet the inclusion criteria. The final 10 trials provided data for efficacy estimates in the analysis. These surveys included 23,957 participants with an average age of 60 years and older, providing evidence of variables associated with community mental health services in the prevention of depression in older adults.

3.2. Study characteristics

The specific characteristics of the studies included are as follows (Table 1): (1) The literature design population selected in this study is an elderly population with an average age of over 60; (2) In some studies in the designed literature, the number of subjects of gender is different but not absolutely average, and the number of female subjects is relatively high. (3) The population size was sufficient and statistically significant. (4) Although the mental health interventions conducted in all literature studies are not the same, they all belong to the relevant service contents of community mental health services.

3.3. Synthesis of results

The results of multiple studies showed that the experimental group of elderly people who received community mental health services had significantly less depression than the control group, and the difference was statistically significant. This is further evidence of the remarkable effectiveness of community mental health services in preventing depression in older people. Therefore, the promotion and application of these services is of great significance to improve the mental health level of the elderly and reduce the social burden. To sum up, community mental health services play a significant role in preventing depression in the elderly. By providing a full range of personalized psychological support and interventions to older adults, combined with social activities and health talks, these services not only reduce the incidence and recurrence of depression, but also improve the quality of life and mental health of older adults. Therefore, in order to strengthen the mental health security of the elderly, we should continue to strengthen and improve community mental health services to ensure that more elderly people can enjoy timely and effective mental health support.

4. Discussion

4.1. Overview of community mental health services impact

With the rapid development of society and the intensification of the aging trend of population, the mental health problems of the elderly have gradually become prominent, especially the prevalence of depression has increased year by year. In view of this problem, community mental health services as an important part of primary medical services, its impact on the prevention of depression in the elderly has gradually attracted attention.

4.2. Preventive and supportive roles in elderly people

Community mental health services have a profound and positive impact on depression in the elderly. For people who have suffered from depression, these services not only provide them with

professional and continuous psychological counseling and treatment, but also help them rebuild a healthy lifestyle and social network by organizing various social events and health talks. This comprehensive support has significantly reduced the recurrence rate of depression in these elderly people and significantly improved their quality of life.

In addition, the intervention of community mental health services has also effectively reduced the incidence of depression in the elderly. The expertise and extensive experience of the service team enable them to accurately identify the psychological needs of the elderly and provide them with personalized psychological support and interventions. This not only alleviates the psychological pressure and negative emotions of the elderly, but also significantly reduces the suicidal tendency caused by depression, providing a solid guarantee for the life safety of the elderly.

It is important to note that the impact of community mental health services is not limited to older people who already suffer from depression. These services also focus on older people with mental health problems by providing mental health support and interventions to help them build a positive attitude towards life and their ability to cope with stress. This all-encompassing service model helps to improve the overall mental health of older people, enabling them to better enjoy their later years.

4.3. Continuous improvement and cultural sensitivity

To better meet the mental health needs of older people, we need to continuously improve the quality and coverage of community mental health services. This includes making services more professional, targeted and effective, and ensuring that older people have easy access to the support and assistance they need. At the same time, we should also strengthen publicity and education, improve the mental health awareness of the elderly, encourage them to actively participate in various mental health activities [10].

In addition, long-term follow-up studies and attention to cultural factors are essential to evaluate and optimize the effectiveness of services. By understanding the psychological needs and preferences of older people, and the impact of local culture on mental health, we can more precisely design and implement mental health services to ensure that they are relevant to the actual needs and cultural contexts of older people.

4.4. Gender-specific considerations

In terms of gender differences, studies have found that women have more obvious preventive effects than men after receiving psychiatric counseling and other interventions. This may be related to the fact that women are more prone to mood swings and psychological stress in the face of stress. Therefore, when providing mental health services for the elderly, it is necessary to pay special attention to the psychological needs of women and provide them with more support and help.

In conclusion, community mental health services play an irreplaceable role in preventing depression in the elderly. By constantly improving and optimizing the content and methods of services, we can better meet the mental health needs of the elderly and jointly build a healthier and harmonious society.

4.5. Limitations

Some of the limitations of this review may be due to the broad methodology used in the selection of interventions. To ensure the accuracy and reliability of the study, it is necessary to develop strict inclusion criteria, rigorous study design, and in-depth analysis of participant characteristics. This includes clearly defining the age, sex, and health status of the study subjects, using design methods such as randomized controlled trials, and understanding the socio-economic and cultural background of the participants.

5. Conclusion

In exploring the role of community mental health services in the prevention of depression in the elderly, cultural and social context, two key factors, must be deeply considered. Culture, which covers language, beliefs, values and other aspects, has a profound impact on how people perceive and deal with mental health issues. The acceptability and expectations of mental health services of older people may vary widely in different cultural contexts. At the same time, social background, such as social status and economic level, also have direct and indirect effects on the mental health of the elderly. Future research should pay more attention to the profound impact of cultural and social background on the mental health of the elderly in order to provide more targeted recommendations for improvement of community mental health services. With the advancement of science and technology and the development of society, we are expected to provide more personalized and comprehensive mental health support for the elderly through more accurate data analysis and innovative service models. This will not only help improve the quality of life of the elderly, but also have far-reaching significance for building a healthy and harmonious society.

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