

Abstract

Depression can bring about negative consequences to individuals' life and affect the relationships they have established. This study aims to examine whether family connections, an active social life, and individual functioning increase the functioning of older Hispanic individuals' mental health. This cross-sectional study is a secondary analysis of the National Survey of Hispanic Elderly People with 2,299 participants. Data were collected using self-report questionnaires; participants were allowed to have another member with them or a translator. Significant results were shown in participants with an inactive social life and depressive symptoms. Individuals with high individual functioning showed lower depressive symptoms. Individuals with no severe problems in the family reported low depressive symptoms compared to individuals reporting severe problems in the family. This study contributed to the implications for practice by enforcing the importance of protective factors such as family, active social life, and individual functioning.

Introduction

Significance of the Study:

- The population of older Latino adults over 65 is projected to increase from 3.6 million to 21.5 million by the year 2060 (Administration for Community Living, 2018).
- The prevalence rates of any depressive disorder were 8% for Hispanic individuals, compared to 2.9% for non-Latino White individuals (Jimenez et al. 2020).
- Protective factors for aging Hispanic individuals include social support from family and friends, positively impacting physical and mental health needs.

Research Questions:

- Is social support protective against depression for older Hispanic individuals?
- How do family connections protect older Hispanic individuals from developing depression?
- Is an active social life a protective factor against depression for older Hispanic individuals?

Hypothesis:

- The study hypothesizes that family connections, an active social life, and social support increase functioning on older Hispanic individuals' mental health.

Literature Review

- Many older adults can live independently with little to no assistance from professionals, family, or friends. In 2019, about 22.3% of adults between the ages of 65 to 74 reported they experienced poor health compared to 29.3% of the population ages 75 and over (Administration for Community Living, 2019).
- Mobility allowed older individuals to have healthy levels of functioning and perform Instrumental Activities of Daily Living.
- Lack of community and social support can be a risk factor for depression. Living alone was a risk factor for higher depressive symptoms among Hispanics (Russell & Taylor, 2009). Social support modified living alone and depression among Hispanic participants.
- Mobility and social participation are positively associated with the proximity of resources, recreational activities, and social support (Levasseur et al., 2015).
- An increase in family strain was associated with double the risk of developing symptoms of depression (Lerman-Ginzburg et al., 2021). Problems within the family create a significantly higher risk of experiencing depressive symptoms.

Methodology

Research Design

- The current study is a secondary analysis of The National Survey of Hispanic Elderly People (NSHEP) data.
- The NSHEP is a cross-sectional study consisting of one wave of data collection in 1988, followed by a posttest given the following year.

Sample and Data Collection

- This national sample consisted of 2,299 participants 65 and older, with 937 Mexican Americans, 386 Puerto Rican Americans, 714 Cuban Americans, and 280 other Hispanics.
- Data was collected through telephone interviews.

Measures

Independent Variables: Individual Functioning, Active Social Life, and Family Relationship

- Individual functioning was measured using the six-item Instrumental Activities of Daily Living (IADL). Participants were asked "Because of your health or physical problem do you have difficulty preparing meals, managing their own money, using the telephone, shopping for personal items, doing heavy housework, and doing light housework."
- Social life and social relationships were measured by three items asking whether the respondents participated activities in the past two weeks (i.e., get together socially with friends or neighbors/go to a show, movie, sports event, meeting, etc./go to church)
- Family relationships were measured by the participant's response to the question "Is having too many problems or conflicts in the family a serious problem for R?"

Dependent Variable: Depression

- Depression was defined by the participant's response to "In the last few weeks, as R felt depressed or unhappy?"

Results

Mann-Whitney Tests

- Active social life and depression: The scores of active social life was significantly low among participants with depression (*Mean Rank* = 1045.01) compared to participants without depression (*Mean Rank* = 1184.54; $U = 619784, p < .001$).
- Individual functioning and depression: The scores of individual functioning was significantly high among participants without depression ($M = 1255.28$) compared to individuals with depression ($M = 883.70$; $U = 732050.500, p < .001$).

Figure 1
Active Social Life Among Individuals With and Without Depression

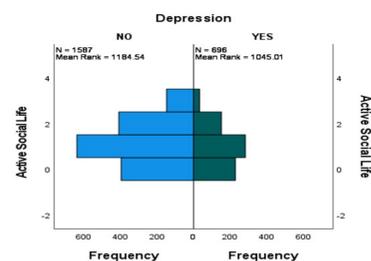


Figure 2
Individual Functioning Among Individuals With and Without Depression

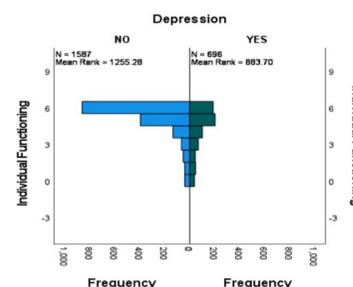


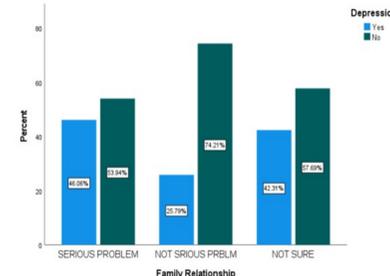
Table 1
Sample Characteristics (N=2,299)

Characteristic	f	%
Gender		
Male	832	35.8
Female	1477	64.2
Age in years	M = 73.37	SD = 6.79
Racial origin		
Mexican American	773	33.6
Cuban- Cuban American	713	31.1
Puerto Rican- Boricua	368	16.0
Hispano- Spanish American	164	7.1
Other	280	12.2
Marital status		
Married	1083	47.1
Widow	815	35.5
Divorced	160	7.0
Single	99	4.3
Not Married Cohabiting	14	0.6
Never married	128	5.6
General health		
Excellent	327	14.2
Good	727	31.6
Fair	965	42.0
Poor	262	11.4
Not Sure/OK	18	0.8
Speak English		
Yes	936	40.7
No	1055	45.9
Speak English well		
Well	184	8.0
Fairly	428	18.6
Poorly	324	14.1
Poverty		
Below Poverty	953	41.5
Above Poverty	732	31.8
Don't know	614	26.7
Living status		
Alone	553	24.1
With spouse	1048	45.6
Other	698	30.4

Chi-Squared Test

- A chi-squared test was calculated comparing the frequency of depression endorsement in the seriousness of family problems. A significant association was found, $\chi^2(2) = 78.11, p < .001$, while a Cramer's V statistic suggested a weak relationship (.19).
- About one-fourth of Individuals who reported having no serious problems in the family was reportedly depressed (25.8%), while almost half of individuals reporting having serious problems in the family or not sure about the nature of the family problem were depressed (46.1% and 42.3% respectively).

Figure 3
Perception of Family Relationship in Older Adults With and Without Depression



Discussion

Summary of Findings

- The first key finding consisted of the influence of individual functioning on Hispanic individuals and depressive symptoms among older Hispanic adults. Participants without depression show high scores of individual functioning compared to participants with depression. This result is consistent with existing research, as many studies have consistently reported that individual functioning is one of the protective factors against developing depressive symptoms.
- The second key finding consisted of individuals with a low active social life were at risk of developing depressive symptoms compared to individuals with high scores of social life. An active social life was measured by asking the participant if they participated in church events, went to the movies, or participated in activities with friends. Hispanic older adults engaged more in those activities were less likely to report having depression.
- The third key finding was found between individuals reporting to have severe problems in the family and depression. Individuals who were not sure about the nature of the problems in the family also showed a significant association with depression. In comparison, individuals who reported having no severe problem with the family did not have a significant association with depression. The tension between the family and individual can be a risk factor for developing depressive symptoms.

Strengths & Limitations

- The study also recognized some limitations, such as limited protective factors. The impact religion, age, access to mental health services, or socioeconomic status have on an individual's mental health was not considered. The study was also cross-sectional; a longitudinal study could have benefitted from seeing how the selected protective factors influenced mental health. The participants could have benefitted from being assessed during different stages of their life, as aging individuals experience significant life events such as the death of a loved one, limitations in mobility, and the preparation for the end of life.
- The current study's strengths include a focus on the Hispanic population, the sample fit with the study, and diversity among the Hispanic participants.

Implications for Research and Practice

- Future research can include protective factors of depression in older adults. For example, religion, socioeconomic background, and access to services can affect the individual's risk for developing depressive symptoms. Future research can also include an assessment of different stages of the participant's life. Considering the milestones aging individuals experience is also essential. A longitudinal study allows for follow-up interviews and re-assessment of depressive symptoms over time. New interventions could be applied, including psychoeducation for the individual's support system.

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