International Journal of
Geriatric Nursing

ISSN: 2581-9062
Volume 4, Issue 1, 2021
DOI (Journal): 10.37628/IJGN

http://nursing.journalspub.info/index.php?journal=ijgn&page=index

Review IJGN

Understanding Geriatric Counselling: The Scope of Inclusion in India's Health Context

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Abstract

In the Indian context, majority of the aged individuals are cared/maintained by their own children or their immediate family members. As age advances, a lot of physical and emotional changes seem to put these care givers in dilemma. The lack of awareness on management modalities, day-to-day schedule changes and increasing emotional needs makes geriatric care challenging. In order to tackle the issue appropriately and for maintaining a healthy quality of life, there should be efforts directed towards care givers' education, opening up communication channels and how to counsel the elderly within a home context. To facilitate further, it is highly recommended to train the care givers in geriatric counselling so as to understand the necessary tips for preventing an emotional breakdown and to use up the resources and remedies available within our community settings. Since there is much scarcity of resources, literature and research that underline the extend of effectiveness of geriatric counselling in India, let us hope that this study will open up a discussion further and may bring fruitful outcomes.

Keywords: Counselling types, elderly culture, geriatric counselling, guided counselling, techniques in counselling

INTRODUCTION

Aging is a natural process that may present challenges before many individuals and their families. All adults may experience a variety of issues affecting physical mental and social health as they approach and pass through elderly years. During this period in order to cope effectively with transition changes, they require support and guidance from an expert [1]. Geriatric counselling in later years helps elderly to manage their emotions, find new sources of enjoyment and meaning, and find new support systems. It can help people face their fears of death and deal with grief as friends and family members pass on. Including family or care takers in the process makes them able to assist elderly in dealing with their emotions, developing appropriate communication channels and effective inclusion of community resources [2].

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Received Date: December 26, 2020
Accepted Date: April 09, 2021
Published Date: April 30, 2021

Citation: Gowtham Dev, Vinny Narayan. Understanding Geriatric Counselling: The Scope of Inclusion in India's Health Context. International Journal of Geriatric Nursing. 2021; 4(1): 23–32p.

DEFINITION OF GERIATRIC COUNSELLING

Geriatric counselling is a process that offers assistance for older adults to cope with the difficulties that they may experience in their transition periods from middle to older years [2]. Geriatric counselling is focused on elderly individuals with complex problems and includes the usage of an interdisciplinary team to improve their functional status and quality of life, by comprehensively addressing intellectual impairment, immobility, instability, incontinence and iatrogenic disorders [3].

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PRINCIPLES OF GERIATRIC COUNSELLING

Principle of Universality

There is no single characteristic that accurately describes "older adults," as this cohort encompasses an array of different life experiences, personality traits, and goals for counselling. Thus, counselling the elderly must begin with basic knowledge of the aging process, such as normal versus pathological aging, fact versus fiction, and stereotypes. Counsellors should be well versed in the physical, mental, and emotional aspects of older clients that are built upon a foundation of respect, empathy, and support.

Principle of Adaptation

Once an elderly client shows the need for counselling, several adaptations have to be made in the traditional counselling format. Counsellors need to be aware of the social context in which their older adult clients exist and the challenges of navigating an aging world. For many older adults, entering into counselling is a new and possibly intimidating experience. Education about the counselling process may assist in rapport building and setting appropriate expectations. By outlining the logistics of the sessions (e.g., how long each meeting will last, the cost, and duration of therapy) and describing the process of therapy, the counsellor can potentially alleviate concerns, allowing older clients to be active participants in the course of treatment.

Principle of Client Conceptualisation

Social Conceptualisation

The counsellor should try to understand the broad historical timeline of events that may have influenced an elderly person's perspective on life. (e.g.: Indian freedom struggle, declaration of independence, period of emergency, changes in politics, demonetisation etc.). A general awareness of these events and their consecutive effect on elderly life may help the counsellor, in identifying and understanding client's current stage in life.

Physical Conceptualisation

An example would be, older clients exhibiting physical declines like difficulty in hearing and suitable provisions for reducing the client-counsellor frustrations like, the counsellor speaking louder in a deeper voice and possibly more slowly. If clients have decreased eye sight, the written materials should be in large prints; if older clients experience physical limitations, preventing them from completing paperwork or providing a signature is important.

Cognitive Conceptualisation

In order to ensure better client understanding, counsellors may decrease the pace of therapy. In those elderly with changes in memory functioning, counsellors may need to use more repetition, provide hands-on material, and focus on events and emotions that are more easily recalled. Complex and jargon-filled interpretations will not likely to be successful, as many older adults may be more receptive to pragmatic and problem-solving techniques.

Principle of Applicability

Elderly confined to self and family, to alleviate their worry of becoming a care burden to their family, requires inclusion of spouse/family members/caregivers in the counselling process. Older adults, who live independently in the community, experience different challenges than those living with family/with the help of a caregiver/in an assisted living facility or in a long-term care facility. Counsellors need to understand the system in which the client lives, so that they can recognise better and appreciate the corresponding challenges, which may arise [4].

PROCESS OF GERIATRIC COUNSELLING

The method of counselling will help in considering the resource requirements, client expectations and the specific counselling procedures to be initiated. However, there is a general geriatric counselling process, which is outlined below:

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Step 1: Preparing for Counselling Sessions

Older and disabled adults may seek assistance through a variety of ways. They may ask the care provider directly or they may ask for an individual appointment with an expert counsellor. The counsellor and the client should schedule a mutually convenient date, time and location for a counselling session. Counsellors should reach the counselling site about 10 min early to make ensure that everything is in order and to greet the clients when they arrive.

Step 2: Opening

Introduce yourself to the elderly. Address the client in the manner they prefer. Open the session with a brief introduction, summarising your role as a counsellor and the mission and scope expected of the process. Explain how you can help the elderly by providing objective information to enable him or her to reach well-informed decisions.

Step 3: Elderly Contact Form

The name of the elderly, date, basic demographic information, type of assistance needed, and amount of time spent on counselling, and the counsellor's name should be recorded on the contact form. Following the contact form is a good way to keep the counselling session focused and on track. If a spouse, relative, friend or other representative is seeking help on the elderly's behalf, record that contact person's information also.

Step 4: Problem Identification

At this stage, ask elderly to summarise his or her reasons for meeting with the counsellor. This is the counselling need or reason for contact and should be indicated on the contact form. If multiple concerns are expressed, all that are presented to the counsellor should be identified on the form. If during counselling process, it is identified that the client has a different or more serious physical/mental/social problem than the one(s) the client has presented, that information too has to be included or recorded as a narrative or summary section on the contact form. During this phase, counsellor will collaborate with the elderly in order to discover, what specific goals are to be set and work towards. This stage entails planning therapy, based on what the counselee is seeking and to understand from his/her viewpoint, what life would be like without the existing problem(s).

Step 5: Action Plan

The counsellor and the counselee should discuss and agree upon a course of action to be taken to resolve the client's most pressing problem. Encourage clients to act on their own behalf. Keep the counselee an involved participant in the process of resolving his or her health problems. It may be more time consuming initially, but the effect will be longer lasting. A simple checklist included with counselling materials and used to remind the client of the actions they need to take after the counselling session is over, will be helpful. This stage consists of working in close harmony with the elderly, with due understanding and sympathy for his/her innermost feelings. In the course of this process, the counsellor is able to synthesise and integrate counselee's potentialities, need and aspirations and direct them towards appropriate goals.

Step 6: Processing

Once the counsellor and elderly have agreed upon a plan of action, the next step is to implement it. Generally, there are three distinct categories in the processing step of any counselling session. They include the elderly's need for information, claims for assistance and advocacy. Some cases will require more than one approach and in that situation, it is better to focus on the most serious, pressing problem.

Step 7: Closing

At the close of the session, summarise the information reviewed and procedures followed during the session. Review (provide a written list, or a predefined checklist) of any follow-up activities to be

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taken, either by the counselee or counsellor as a result of the counselling session. Indicate whether and when another counselling session is needed, and what procedures should be followed to make another appointment, if necessary.

Step 8: Documentation

Provide an evaluation form to the elderly, where they can state their honest opinion regarding the quality of the counselling services received. While the client is completing the evaluation form, the counsellor should complete the rest of the client contact form, including the decisions and resolutions made under mutual agreement. With incomplete or untimely documentation, opportunities are lost—opportunities; to measure and take pride in our accomplishments, to communicate success, improve performance and develop new skills or materials to address elderly that counsellor need to advocate effectively, and to convince the society, family and care givers to offer a feeling of concern and thereby to uphold the quality of life of elders [3, 5, 6].

TYPES OF GERIATRIC COUNSELLING

Supportive Counselling

It is most often used with elderly, who have difficulty facing their problems alone. In supportive counselling, the goal is not to create a chronic dependency upon the counsellor, but to give temporary support and help the elderly to gain strength and the resources to cope.

Confrontational Counselling

It seeks to point out to the client his or her negative actions. The counsellor guides the counselee into seeing, what misdeeds were committed and to realise the hurt that might have been caused to others. The idea is that hiding one's immoral actions only creates guilt, frustration, and anxiety.

Educative Counselling

It focuses on teaching the client. Undesirable learned behaviour may have to be unlearned. The counsellor in this case is a teacher and people may come to the counsellor with questions on physical issues, mental issues, social issues, spiritual issues, or even with adjustment issues. Often elderly clients may need help in making certain critical decisions.

Preventive Counselling

It is used to stop problems before they start or to prevent things from getting worse. Areas like "How to keep health in old age," "How to prepare for retirement," or sessions to adjust with frailty are examples of preventive counselling.

Spirituality Counselling

It is a great necessity, as the elderly often seeks for an opportunity to get on to the way to 'Almighty'. Sometimes there will be persons, who want to find spiritual answers and may be seeking for a purpose in life. Through spirituality counselling the counsellor can discover some psychological issues that need immediate intervention.

Depth Counselling

It is a long-term relationship in which deep-seated problems of the elderly are uncovered and dealt with in detail. The counselling process is extended and demands the skills of a counselling professional, requires multiple sessions and constant adherence to the therapy.

Informal Counselling

It takes place in a casual setting. Perhaps on a hospital visit, or during an informal home visit, the counsellor may be drawn into a conversation, where his/her help might be asked for. Informal counselling at times is also considered as incidental counselling, but it may not be of therapeutic purpose always [5].

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TECHNIQUES IN GERIATRIC COUNSELLING

The Use of Questions

Crafting interview question requires careful thought. Too many narrow questions may leave gaps in information. Improperly framed leading questions at best can distort the facts, and may confuse the client about what the counsellor believe is important. Too many detailed questions may cause anxiety that inhibits, rather than enhance your client's ability to recall key points. Questions that call only for the client's conclusion without probing the underlying facts are virtually useless in furthering development of the case. There are four primary categories of questions: open-ended, yes-or-no, limited focus, and leading. Each has advantages and disadvantages-beneficial or detrimental-to securing an accurate account of the client's situation. Open-ended questions allow the greatest latitude as to subject matter and details. Leading questions are the opposite: they leave little room for the client to improvise and, in fact, generally suggest the answer. Yes-or-no questions and limited focus questions lie somewhere in between and are used to channel the discussion and fill in gaps.

Paraphrasing

Paraphrasing is a key tool for checking accuracy of communication and provides an accuracy check. By paraphrasing back to the client, what the client has said; (i) the counsellor can find out if the message that was heard is what was intended by the speaker, (ii) keeps the counsellor and counsellor's opinions out of the way, while giving the older person a chance to explore problems and needs in his or her own way, (iii) tends to reduce aimless repetition, as the older client knows that the counsellor has understood the message and hence the client is not likely to repeat things, (iv) shows that the counsellor is interested and paying attention, (v) gives the older person a feeling of support, a chance to hear and examine what was said, allows to consider the meaning of what was said and thus gain direction toward possible solutions and (vi) provides the opportunity for hearing thoughts voiced in another way, which often helps the thoughts make more sense. Some key occasions to paraphrase are when counsellor thinks that the older person is not sure, whether or not you are understanding his or her meanings; the older person has let loose with a rush of words; and counsellor thinks that counselee wants to disagree with what was said [2].

Checking Credibility

Beyond the facts, one must also investigate factors affecting older client's ability to perceive, what he or she reported and to remember and recount it accurately, on a later date. There is likelihood of encountering conflicting reports, and then it will be important to understand the basis for the client's version. Checking the following factors which influence elderly will tell counsellor, whether he/she needs to probe elderly memory in greater depth.

Significance of the Event

If the event was personally important to elderly or occurred when little else was happening, former will likely have paid greater attention to it and to the details surrounding it.

Emotional Factors

If client was concerned about his or her own safety or well-being, he/she may not have observed details around the event. Also, client may have been thinking about something else at the moment, when the event occurred. Assess the amount of stress that the client experienced at the time, caused either by the event or by other factors in client's life.

Physical Factors

Age, health, intoxication, fatigue, vision problems, and defects in hearing all contribute to the manner in which the experience was observed and retained.

Expectations

All people have biases and prejudices, through which they view events and the people around them. Perceptual distortion caused by stereotyping may be unconscious, but has a very real effect nonetheless.

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Environmental Factors

Ask about time of the day, street lighting, room lighting, weather conditions, location of the sun, noise level, distance from the event, and other activities taking place near the event [3–6].

CULTURE ISSUES IN GERIATRIC COUNSELLING

Care of elderly necessitates addressing several cultural issues, as the needs and problems of the elderly vary significantly according to their age, socioeconomic status, culture and beliefs, living status and other such background characteristics and also because their social and cultural rights are often neglected/abused, that may go unreported [7].

Types of Elderly Culture in Indian Perspective

In independent cultural contexts, the elderly is regarded as separated from others and personal goals often are accorded priority over in-group goals, whereas in interdependent cultural contexts, the elderly is understood as connected to others and part of an encompassing social unit, wherein in-group norms have priority over personal needs.

Common cultural issues include:

- *Purpose in Life*: From birth, individuals try to figure out what is important in life through socio-cultural artefacts such as schooling, work, gender roles, and social relationships. Gradually, individuals learn to resolve conflicts between societal demands and personal desires, by means that include, but not limited to, internalising societal demands and turning them into personal goals. These personal goals are estimated as the soul principles, that a person in his/her later stages evaluates self and measures how far he/she attained it to a level of satisfaction. In current cultural purview, changes in family structure, indifferent attitude towards elderly and economic incompetency are identified as hindrances that outweigh elderly from achieving the purpose of life.
- *Caste Diversity*: Caste based discrimination is a major cultural issue. The presence of caste and sub-caste groups divides the society into artificial groups. The health and felt needs of the elderly are the same, but the delivery of services may differ for people belonging to lower castes. Discrimination at level of care, based on caste and creed (related to admission to health facility, follow up care, appropriate referral) is also reported in northern part of India. Elderly in many population sub-groups is denied necessary domiciliary care in connection with religious rituals.
- *Respect for Elders*: Traditionally, Indian elderly were engaged in the role of advisor in many families (food preferences, educational guidance, economic calculation etc.), technical (agriculture, sessions, journey guide etc.) and health matters (type of medicine, home remedies etc.). The inter-generational advent of technologies and changes in the joint family system, and the changed outlook and aspiration of younger generation has posed a critical damage to the elderly role. In most scenarios, their words are invalid and considered illogical. This fast refraction in culture pushed the elderly from the forefront of family to isolated corners of the family [8].

Culture based Counselling Framework

Purnells model for culture competence can be adapted as a counselling strategy for addressing elderly with culture issues [9]. Consider the following attributes as templates for successful counselling of an elderly;

- *Overview and Heritage:* Includes such things related to the country of origin and the present situation of health, economics and political condition of an elderly person. Educational level of the migrant and the reasons for migration and occupation are inclusive in this domain.
- *Communication:* Includes the language, dialect and ability to make use of the language by the individual. Non-verbal communication patterns such as the meaning of touch, body language, what is acceptable greeting, the issue of space, worldview, the meaning of time, and formality when calling names are important elements in this domain.

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- *Family Roles and Organisation:* Includes ideas which are related to the household, the goals and priorities of family, expectations about children and adolescents as they grow, gender roles, as well as the role of extended families and the social status of a family in a particular community. Elderly perception on single parenting, view of childless marriages or divorce and non-traditional sexual orientations such as lesbianism and homosexuality are included here.
- *Bio-cultural Ecology:* Includes the physiological, physical, and biological differences among ethnic groups such as skin colour, genetics, hereditary diseases and the physiological variations in the way human body metabolises drugs. The causal factors of disease and illness fall into three categories: lifestyle, environment, and genetics. Lifestyle includes such practices and behaviours, which can be easily controlled such as smoking, the kind of food or diet and stress. Environmental causes include such things as our external environment which cannot be controlled by us individually, such as air pollution and the water pollution. It also includes matters that we have little or no control individually, such as the presence of mosquitoes which give malaria, exposure to pesticides and chemicals, and having difficult access to healthcare. Genetically induced causes include diseases caused by genes.
- *High-Risk Health Behaviours:* Includes the use of substance and misuse of tobacco and alcohol. Inadequate exercise and increased intake of calorie, failure to use seat belts, helmets, driving safely; and also not taking preventive measures from contracting sexually transmitted diseases including HIV/AIDS.
- *Nutrition:* Includes the meaning of food and what emphasis is laid on what type of food is eaten, and whether food is used as a means to promote and restore health and the prevention of illness and disease.
- *Death Rituals:* Includes the society's view on death and euthanasia, burial practices, and the attitudes towards bereavement. It is important to understand that death rituals are difficult to change and that change in this regard is very slow.
- *Spirituality:* Includes religious beliefs which have connotations to faith; the use of prayer in the service of an Almighty God; practices that give joy of heart and meaning of life to the elderly.
- *Healthcare Practices:* This includes the meaning of healthcare; is it traditional or magic religious, biomedicine or holistic approach; is the elderly responsible for his or her own health; self-medication practices; views on rehabilitation, blood transfusion, transplantation, donation of organ, and mental health. The description of response to these framework domains needs to be evaluated and based on that, guided counselling should be offered [8, 10].

GUIDED COUNSELLING ON SPECIFIC GERIATRIC MENTAL HEALTH ISSUES

The elderly population of India is steadily increasing. Most common psychiatric illnesses in the Indian elderly population are dementia, depression and anxiety disorders. Resources available, to cater to the needs of elderly in the country are Government and private psychiatric hospitals, non-governmental organisations and the family as caregivers. Lack of awareness, inadequate training opportunities; inequitable distribution of health resources and virtual absence of chronic care disease models, are the challenges that confound the future of geriatric psychiatry in India. Government policies providing social benefits to the elderly population are in place but coverage is inadequate [11].

ISSUES IN THE COUNSELLING PERSPECTIVE

Ageism

Our attitudes to the elderly may be complex and dependent on our own experiences. To a degree, the elderly are stereotyped as a cohesive group, who are generally ill, rigid in thinking, and failing mentally. However, they are actually a diverse group, still largely active members of society. The relationship between the elderly patient and counsellor may be tainted by these stereotypes, as they deal largely with the afflicted aged. Since mental issues often invite the need for interactions between the counsellor and the elderly, in many, both parties become frustrated, because there is no permanent solution. There is uncertainty about how the condition will progress and be treated, and the patient may lose faith, often becoming non-compliant. Here counsellor must attempt to see the individual patient, beyond the elderly façade [12].

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Disabilities

Elderly patients may have visual or hearing disabilities that hamper their ability to communicate. Sometimes many of them may have a long-term disability or handicap, which may affect their ability to access the counsellor or needed services appropriately. At times, the elderly may feel frustrated and irritated with other's attitudes and may react aggressively or uncooperatively. The counselling materials and procedures or therapies, should be adapted to assist elderly to see, hear and understand information. It is important to allow adequate time for disabled elderly to see, hear, move and understand. When they feel rushed, their disability may be accentuated.

Memory and Mental Deterioration

In most cases, counsellor may be the first person to identify that an elderly is having difficulty with memory and mental functioning. Confusion over what to do, how to cope and adapt with alternative therapies and strategies may become apparent questions, that a counsellor is expected to answer. It may be difficult to approach the elderly directly about this, and should be done with tact. They may make excuses or deny any problems. If possible, family members and/or significant care providers should be notified of their concerns [13].

Learning Style and Time

Difficulty in registering new information and retrieving information can be accommodated by simple format (i.e. short lists) and uncomplicated content. More reinforcement is needed to learn new coping strategies; appropriate and acceptable behaviours should be reinforced regularly. Problem-solving ability can be assisted by providing simple, well-organised materials and relating the same to where it can be possibly implemented [11].

OVERCOMING GERIATRIC MENTAL ISSUES

Elderly make important contributions to the society, not only via the formal workforce (primarily in agriculture), but also in raising grandchildren, volunteering, caring for the sick, resolving conflict and offering counsel, and translating experience, culture, and religious heritage. In a low resource setting, improving lifespan and decreasing mortality was an achievement of the 20th century, and now, ensuring good quality geriatric care is going to be the challenge of 21st century. There is an urgent need for developing appropriate and effective counselling services directed towards this population [14].

Increasing Awareness

An important prerequisite to improving services for older persons is to create a climate that fosters such improvement. Awareness needs to be spread regarding mental health problems, specific needs of the geriatric population and services available in this regard. The existing framework should allow for positive engagement between clinicians, researchers, caregivers and elderly people with mental illness.

Training and Manpower Development

There is a felt need to expand the teaching curriculum across all the disciplines, to include geriatric care components including general physicians, psychiatrists, psychologists, psychiatric nursing and psychiatric social work. Also, there is a need to increase the seats in geriatric medicine speciality and geriatric psychiatry super-speciality courses and developing programs for sensitising general physicians and health workers for screening and appropriate referral. There is an urgent need to establish geriatric centers of excellence catering to a multidisciplinary approach [15].

Home Based Care Programmes

In the current scenario, where training a health professional is a time and resource-consuming affair, countries like India can develop adequate training programs for family members, the major current task force in the service of the elderly in the country. Supporting, educating and advising family caregivers is a cost effective strategy for developing countries, as it requires only one tenth of resources investment in residential care [15].

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Rehabilitation Services

There is an urgent need of a paradigm shift in the care giving model, beyond the current preoccupation with simple curative interventions to encompass long-term support and chronic disease management. Adequate services for establishing continuity of care beyond hospitals to the community level, in the form of day care centers, respite care facilities, half way homes, and old age homes.

NEED FOR RESEARCH

The paucity of population-based research calls for more good quality epidemiological and health services research, which will help to generate awareness, shape health and social policy and encourage the development of better services for patients and their caregivers [16, 17].

CONCLUSION

In a nut shell to sum up, the area of geriatric counselling is still under-developed. Apart from usual psychotherapy attributes there need some formula that can be used in multiple dimensions. There is overall much scarcity of resources, literature and research that underline the extent of effectiveness of different approaches explained earlier in this study. The various avenues underpinning elderly life have to be extrapolated in a deep perspective for developing appropriate counselling strategies. A complimentary training for existing geriatric workforce with special emphasis on geriatric counselling can bring about productive changes to a measurable extent. In an Indian context, the development of a culture adaptive counselling approach is mandated for implementation in the upcoming century.

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