A Health Policy Analysis: Mental Health of the Taiwan Aboriginal Elderly People

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ABSTRACT

Health policy profoundly affects the mental health of elderly population. The purpose of this paper is to analyze the issues concerning mental health of the Taiwan aboriginal elderly people including the historical development, political, social, and economic issues, along with their implications. Furthermore, this paper also aims to provide the suggestions for nursing professions, and to highlight the recommendations for health policy administrators to enhance mental health of the Taiwan aboriginal elderly people. (Tzu Chi Nursing Journal, 2002; 1:4, 13-20.)

Key words: health policy, Taiwan aborigines.

Introduction

During the past century, there has been an unprecedented increase in the number of people who live to the age of 65 and older. By the year 2020, more than 1,000 million people in the world will be over 60 years old (Nakajima, 1997). Since 1994, Taiwan has become an "elderly country." The Population in Taiwan increased from 19 millions in 1987 to 23 millions in 2001. Now, the number of older Taiwanese makes up more than 8% of the entire population (Department of Health, 1997). By the year 2010, the elderly population will be more than 10% in Taiwan. It has long been known that stressful states are linked to physical and mental health, especially in the elderly population. An important dimension of emotional stress is community environment (Preston & Crawford, 1990). Because of the high mountains in the middle of Taiwan, Taiwan is divided into two major regions: Eastern Taiwan and Western Taiwan. More than 30% of the population is aboriginal groups, and more than 9% is the elderly people who have lived in the eastern region since 1993 (Hualien County Government, 2000). Owing to the completely different culture, life style, and religion from the Taiwanese, the aboriginal elderly health problems are incomparable to the Taiwanese. The Taiwan aboriginal population does not have access to mental health services.
Suicide has fallen into one of the consequences for lack of mental health services. Approximately 97% to 100% of the Taiwan aboriginal elderly suicides suffered from mental illness before committing suicide (Cheng, 1995). The high suicide rate among the Taiwan aboriginal elderly people is a prominent health policy issue.

Suicide was the 10th leading cause of death among the Taiwan aboriginal (Hualien County Government, 2001), and the leading cause of preventable death thereof. Similiarly, in the United States, suicide ranked the ninth in leading causes of death, with victims over the age 65 running the highest risk in 1994 (Bharucha & Satlin, 1997). The suicide rate increases with age, the rate among the elderly being four to five times the average in Taiwan (Yip, 1996). Loneliness was one of the earliest reasons identified behind late-life suicide attempts (Batchelor & Napier, 1953). It also addressed as the major reason why older persons might consider or commit suicide (Gallup Organization, 1992). In addition, depression, chronic illness, mental illness, previous suicide attempts, family histories of suicide, alcoholism (Sorenson, 1991), and social isolation (Katona, 1994) are salient factors related to suicide among elderly people.

While rapid industrialization and urbanization improve the life environments for elderly people, suicide issues among the elderly still remain unclear and unexamined, especially in Eastern Taiwan. Extension of life expectancy includes not only the prolonging of life, but the extension of quality years in older life. Comprehensive review of the multifaceted issues to solve the problem or to prevent the event can enhance elderly people well-being. The purpose of this paper is to analyze the issues concerning suicide among the Taiwan aboriginal elderly people; furthermore, this paper aims to provide the suggestions for nursing professions, and to highlight the recommendations for health policy administrators to enhance the mental health of the Taiwan aboriginal elderly. The historical development of the problem, and political, social, economic issues with their implications are examined in the following sections.

Historical Development of the Problem

According to the World Health Organization (1946), health is a state of complete physical, mental, and social well-being, and not merely the absence of diseases or infirmities. Human life expectancy is getting longer, but unfortunately, many health problems happen to the aging population. Mental health is generally felt to be of paramount importance to well-being, especially in old age. Mental health is also strongly associated with the prevalent rate of suicide among the elderly, and influenced by the satisfaction of their living conditions (Chen, 1995). In Taiwan, there are three determinants which have an impact on satisfaction with respect to the living conditions of the elderly population: sources of income, cohabitation with family members, and health status (Chen, 1995). Financial problems have been cited as an important factor of suicide among the elderly (Gallup Organization, 1992).

It is traditionally the family and, in particular, the adult married children, who are considered to be the most reliable financial support of the elderly in Taiwan. Therefore, financial status is seldom a problem to Taiwan elderly people. However, Mackensie and Popkin (1987) pointed out that among individuals aged 60 and older, as many as 70% of them may have had a physical illness directly causing suicide. In addition to poor health, chronic sleep problems (Mellick, Buckwalter, & Stolley, 1992) and disability have also been demonstrated as the clinical indicators of suicide in the elderly (Kennedy & Lowinger, 1993; Yu, 1995).

The third factor of satisfaction in living condition is the cohabitation with family members. Three-generation family style was common in Taiwan's society. The elderly used to be esteemed and revered by their family and society because of their senior knowledge and consulted with salient events. However, the rapid aging of the population is reducing the number of children who are likely to look after their parents, and other family members while three generations living together is decreasing (Huang, 1995). The situations are especially true in Eastern Taiwan which is isolated from the rest of the island by the towering peaks of the Central Mountain Range, and this isolation has left
the region sparsely populated and relatively pollution-free. However, in Eastern Taiwan, there is a considerable outflow of young people because of the underdeveloped environment. The unsatisfied living condition causes depression of the elderly. Depression among the elderly may have severe consequences, suicide being one of the examples. As the population of older people in Eastern Taiwan increases, concerns about mental health and the delivery of mental health care to these elderly people becomes increasingly more important.

**Political Issues**

Health policy profoundly affects the mental health of the elderly population. In 1995, Taiwan began to implement its National Health Insurance plan (Department of Health, 1997) to secure Taiwanese health. However, mental health problems cannot be simply resolved by the health insurance program. Government legislation on behalf of the older people has attempted to improve the lives and promote their general well-beings. Quality of life influences mental health. In order to enhance elderly mental health, the Senior Citizen Welfare Law was promulgated in 1980. Care of the elderly is a deep concern of Taiwan government in forming social welfare programs. Community development has been an important program to promote social welfare. Therefore, the government recently engaged in promoting community development. The implementation of the Rules for the Community Development was promulgated in 1995, which integrates the resources of the social welfare system and the community development field in order to create the community welfare service network, and effectively carry out social welfare services at local levels.

The development of mental health care for elders receives increasing emphasis in Taiwan. To keep up achievements accomplished in the past, the government invested a huge amount of financial resources every year to take care of community senior citizens. The policy of the Health Department in the prevention and care of mental illness in recent years has promoted positive care and rehabilitation. For example, the Mental Health Law introduced in 1990 was intended to expand access to outpatient psychiatric care for all Taiwanese. The law has provisions for the establishment of psychiatric care systems and facilities, and the care, protection, and rights of psychiatric patients. The law thus provides the legal basis for the prevention and care of mental illness.

Some other factors are strongly related to mental health in the political issue: centralized medical resources, fragmented policies, and the high turnover rate of caregivers. The medical resources in Taiwan are over centralized; the policies are fragmented and do not insure equity, quality, and access. Barriers, such as a lack of trained professionals and organizational barriers (lack of transportation and cost), prevent elderly persons, especially those living in rural areas, from receiving mental health services (Smith & Buckwalter, 1993). Manpower imbalance poses major problems for Taiwan's health care system. Rural and remote areas suffer from an acute shortage of qualified medical personnel. The survey (Hualien County Government, 2000) revealed that turnover rate of health care providers in Eastern Taiwan is as much as 50%. The government therefore offers incentives such as increasing pay and commuting subsidies to medical personnel serving in rural and remote areas (Department of Health, 1997). Even though the Taiwan government was holding its third ten-year program to train health care providers who will work in the rural areas, health and health care resources in Taiwan, however, are unevenly distributed. The related policies are also fragmented. All of these factors cause the quality of services to be under average.

**Social Issues**

Several social factors affect suicides of the elderly population, such as social support, transportation, stigma, and the levels of public and caregivers understanding of the issue. There is also a considerable population outflow of the aboriginal community in Eastern Taiwan, while the western region is in the pattern of urbanization and industrialization (Hualien County Government, 2000). More and more elders in the east are living alone. Depression is a highly prevalent but underrecognized and undertreated mental health problem in the elderly population. Untreated depression is associated with serious negative consequences
for the elderly patients (Kurlowicz, 1997). Suicide seems to be a probable solution to problems of the elderly.

If the elderly lack a social support system that will decrease their motivation to look for preventive services (Lu, Liu & Yu, 1998). Social support may have subsequent effects on health, particularly on mental health (Fuller & Larson, 1980; Miller & Russell, 1980). Unfortunately, lack of social support is a common phenomenon of the Taiwanese elderly aborigines. Family members are a significant resource of social support. Poor family support causes depression among the elderly (Lu, Liu & Yu, 1998). However, because of the young people’s outflow, the declining number of family available for caregiving to the elderly is apparent in the community. To date, no research could be located to examine the extent to which Taiwanese elders experience this lack of source for help. However, nearly 25% of the American elders who attempted suicide could not identify any source for help (Gallup Organization, 1992).

Public transportation is another important social issue. Insufficient public transportation causes social isolation (Keister & Blixen, 1998). Transportation is often unavailable and inaccessible in Eastern Taiwan. Consequently, some older adults may be miss the opportunity to seek vital health services because of decreased access to transportation; moreover, the inconvenience of transportation may cause the difficulties of establishing a social network.

The other concern of social issues is that older adults are less willing to accept a mental health referral, the probably because of the stigma of mental illness or bias about old age or the inadequacies of psychiatric care (Lasoski, 1986). Fifty-one percent of all suicides of the Taiwan aboriginal elderly people had consulted health care professionals by the previous month (Cheng, 1995). Elderly people can benefit from the skills of a community mental health provider who usually forms a trust worthy therapeutic relationship and acts as a mediator between the client and the community, or the client and other health professionals, and even between the client and government departments. However, more than 75% of the elderly people had not talked about suicide before the attempt (Gallup Organization, 1992).

The public and caregivers’ understanding of the issue is another important social factor. Suicide intentions in old age are expressions of mental disorders that need intensive, professional cares. Some health care providers may misunderstand that elderly people do not like to make decisions regarding their own health. The misunderstandings cause huge barriers of the elderly people to pursue health. A study revealed that only 29% of the population were aware of the fact that suicide rates are higher among the elderly than the young even though it is widely believed that successful suicide is rare in old age (McIntosh, 1985).

Traditionally, community health services "avoided the care of the mentally ill" because people with mental illness usually disrupted our safety and security (Walsh, 1986). Dorsett (1994) indicated that negative attitudes of mental health professionals toward the mentally ill elders were continuous barriers in the mental health system. Therefore, mental health care providers need to understand the various historical, sociological, and cultural factors of the society that have influenced the provision of mental health services to elderly people.

**Economic Issues**

Poverty always results in lack of access to health services. Some investigators (Miller & Russell, 1980; Pohl & Fuller, 1980; Schwirian, 1982) demonstrated the positive influence of financial security on mental health. It was estimated that when elderly people retired, money income dramatically decreased around 55% (Gallup organization, 1992). However, due to the remarkable economic growth and government supporting policies in Taiwan, the economic environment seem of to be less important than social and political environment to in suicide (Chuang & Huang, 1996). In order to help older citizens stay healthy, the government provides a free annual health examination, medical treatment discounts, and subsidies.

In Taiwan, senior citizens who are unable to earn a living or have no relatives to rely on will be allowed to live at a public or private retirement home with all living expenses paid by the city government. In order to care for those senior citizens, any person aged 65 or older in a fami-
ily of low income as 1.5 times the subsistence requirement will be entitled to a monthly living allowance of NT $3000 (Ministry of the Interior, 2002). Additionally, half-price or free bus fare and admission to social, educational, and recreational facilities are provided for the elderly to improve their social life and to reduce economic burden. In conjunction with a series of activities to celebrate Old People’s Day, the elderly are also given respectful gifts of presents and money.

Elderly citizens suffering from illness or infirmities receive a discount on health care expenses at the hospital or clinic for treatment. Those persons aged 70 or over whose monthly income is below 2.5 times the standard minimum cost of living can apply for a subsidy covering 70% of medical treatment costs (Ministry of the Interior, 1995). However, as a typical Taiwan family style usually displays, the grown children have the responsibility to support their old parents even though they may not live with their older parents.

Implications for Nursing

According to Harrington and Estes (1994), in the rapidly changing health care system, nurses must become more politically aware and active in shaping policy and advocating their own interests and for their clients. Professional nurses have taken a leading role in promoting the health of the older adult. Nurses can successfully play an integral role in effecting change in the political and practice areas. More and more master and doctorate-prepared nurses are entering the nursing arena in Taiwan, but seldom demonstrate their nursing value to the public, resulting in unawareness of the importance of nursing in the society. Nursing value can be highlighted through publication of nursing researches, participations in health policy making, providing holistic nursing care, and enhancing our own education level. Therefore, these implications for nursing practice, research, and education are presented as follows:

Nursing Practice

Geriatric nurses who work in various practice settings can reduce the negative effects of depression through early recognition, intervention, and referral of patients with depression. Geriatric nurses in the health care team have to play the role of advocate for the aged. Developing holistic nursing care programs is imperative in improving mental health of the elderly. Multi-disciplinary mental health care teams are comprehensive health care models that are widely applied in the health care arena. In the multidisciplinary mental health service teams, the nurse is the only person who has comprehensive understanding of the community resources and problems. Elderly people suffering mental illness often isolate themselves from the community and from any form of help and, likewise, from mental health professionals. Consequently, when designing a mental health services program, elderly people should be included into the system. Helping elderly people to establish a "mutual help group" should be also a consideration of social support.

Nursing Education

The target population of nursing education includes the public and the nursing professionals. To teach elderly individuals to use community resources and to provide health information concerning their mental health are important issues of community mental health nurses. Cultural and life styles cannot be changed via a short term education program. However, if the basic problem is not eliminated, the Taiwan aborigines will be suffering from the same issue forever. In the long run, educating the community is the best way to achieve the elderly population’s well-being.

Assessing high-risk patients is a complex area, requiring a high level of skill from nurses. In most of the Taiwan's nursing education curricula, holistic nursing courses contributing to the aging are non-existent, thus rendering a limited number of nursing staff able to provide mental health care to the elderly population. Enhancing professional nurses’ awareness of this underrecognized mental health problem among elderly patients is a significant priority. The faculty members of nursing schools should deliberately assess the current curricula to prepare nursing students for mental health care of the elderly society.

Nursing Research

A case finding system for high risk is urgently needed. Geriatric nursing researchers can: (1) develop a concep-
tual framework and standard definitions of mental health as the basis for an elderly healthy life surveillance; (2) develop a comprehensive national research program on promoting healthy life toward the Taiwan elderly aborigines; (3) evaluate outcomes for future health policies and educate health professionals in the mental health of the elderly to foster a broad understanding of the importance of preventive services; and (4) continue to be politically active to safeguard and increase fund for nursing research on issues related to the mental health of older adults.

**Recommendations for Implementing Change**

To eliminate the barriers which prevent access to preventive services in order to permit more effective mental health of elderly people is one of the most important things in the aging society. The following recommendations could be considered to enhance mental health.

**Increasing Funding for Mental Health Programs**

WHO has restructured a global strategy for the healthy aged named "Aging and Health" (Kalache & Kickbusch, 1997). One of the strategies is to adopt community-oriented approaches to enhance the mental health of elderly people. The government has to play a supportive role in the development and funding of new programs for older adults, as a comprehensive preventive service to reduce the prevalent rate of suicide of the elderly people. The government also has to reallocate funding for training programs related to elderly mental health, such as comprehensive long-term care systems in the eastern communities.

**Qualifying Community Mental Health Providers**

Recent survey indicated that approximately 75% of the Taiwan’s elders reveal that when they need care in the future, they would rather choose to be cared for at home, rather than institutionalized (Lai & Wu, 1996; Wu & Lai, 1994). Therefore, community-based nursing is a good answer to satisfy the needs of Taiwan and the demands of the elderly people. However, community-oriented mental health care providers ought to include different professions. All the members should be well-trained by professional organizations to ensure their qualified service. A Gallup Organization Study (1992) revealed that 80% of the older adults attended religious services in the last month before suicide. Therefore, it is important to include the clergy into the health care team. A recent survey (Weaver & Koenig, 1996) found that the elderly are more willing to turn to the clergy than their medical doctors or mental health specialists when contemplating suicide. Therefore, the clergy should be a formal member in the team as well.

**Conclusion**

This paper presents factors related to the problems in the political issue of the Taiwan aborigines. The implications and recommendations for nursing including practice, education, and research are highlighted. Health related quality of life should be reconsidered to enhance the mental health of the Taiwan aboriginal elderly people.

**References**


台灣原住民老人心理衛生政策分析
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摘 要

衛生政策對老人的心理衛生有深遠的影響。本文的目的在分析台灣原住民老人心理衛生的相關議題，包括它的歷史背景，政治，社會，經濟問題以及提供給護理人員相關建議。並提供建言，供衛生政策管理者參考，以促進我原住民老人的健康。(慈濟護理雜誌 2002; 1:4, 13-20.)

關鍵語：衛生政策、台灣原住民。