

Application of mindfulness therapy in reducing depression levels in the elderly

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ABSTRACT

The elderly population is part of family members and community members who are increasing in number in line with the increase in life expectancy, the elderly are also one of the vulnerable groups that need serious treatment because naturally the elderly experience a decline both in terms of physical, biological and mental. One of the health disorders that can appear in the elderly is mental disorders. The mental disorder that often appears during this period is depression, the highest prevalence of depression in Indonesia is experienced by the population aged 75 years at 8.9%, 65-75 years at 0%, and 55-64 years at 6.5%, the purpose of this study is to look at the effect of mindfulness on reducing the rate of depression in the elderly. The Evidence Base Nursing (EBNP) practice method is carried out in Linggasari District, Ciamis Regency. The number of respondents was 33 respondents, in eight weeks the respondents were given intervention therapy in groups with a vulnerable time of 1-2 hours. Based on the results of the normality test using Saphiro Wilk and Kolmogorov showed that the data were normally distributed ($p > \text{significance value } 0.05$), so that the statistical test on the difference between pre-intervention and post-intervention was carried out using the Paired t-Test. The results of the statistical test can be explained that there is a significant difference between the screening results of the first depression level measurement and the second pre and post screening after mindfulness is carried out and a p-value of 0.000 ($P < 0.05$) is obtained.

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INTRODUCTION

Depression is a form of mental disorder in the emotional realm (affective, mood) which is characterized by melancholy, lethargy, lack of passion for life, feelings of uselessness and hopelessness (Suardiman, 2016)(Bariyah, 2022). The World Health Organization (WHO) states that there are more than 20% of elderly people over 60 years old with mental or neurological disorders.

Depression is the most common mental disorder experienced by elderly people, namely 7% of the world's total population (WHO, 2017). (Statistik, 2020) 2018 Basic Health Research data states that the highest prevalence of depression in Indonesia is experienced by residents aged ≥ 75 years at 8.9%, 65-75 years at 8.0%, and 55-64 years at 6.5% (Ministry of Health RI, 2019)(Nauli & Lestari, 2022)(Azizah & Mu'minah, 2022). In West Java Province, cases of mental disorders with a prevalence in the population aged ≥ 15 years were 130,528 people (7.8%) with the highest prevalence being in vulnerable people aged 65-74 years (Indonesian Ministry of Health, 2018). The problem of depression in the elderly requires serious treatment because it can have a broad impact on their health and life (Branco et al., 2021).

Mindfulness therapy can be defined as awareness that arises from paying attention to a current experience intentionally and without judgment in order to be able to respond with acceptance (Maharani, 2016). The mindfulness method uses a series of exercises designed to train the mind to stay focused and open to everyday conditions, including stressful conditions (Romadhani & Hadjam, 2017)(Kusumowardani & Puspitosari, 2014). Research conducted by Romadhani & Hadjam (2019) on 15 respondents who experienced stress concluded that respondents who received mindfulness-based intervention treatment could reduce stress levels, while the control group who did not receive treatment experienced stress conditions that tended to be stable. There are several types of mindfulness, one of which is mindfulness based stress reduction (MBSR) which is effective in reducing individual stress levels. The results of observations and sample data collection related to depression conditions in the elderly in Linggasari sub-district from a sample of 130 elderly people showed that 65 were not depressed, 43 were mildly depressed, 16 elderly were moderately depressed and 6 elderly were severely depressed.

RESEARCH METHOD

The implementation of the Evidence Base Nursing Practice was carried out in the UPTD work area of the Ciamis Health Center, Ciamis Regency, West Java Province. The number of respondents who implemented EBNP were 33 elderly people who were screened using the Geriatric Depression Scale (GDS) questionnaire.

Researchers got respondents in Linggasari sub-district, Ciamis district. After obtaining potential respondents, the respondents were given information consent provided by the researcher and filled in by the respondent (Yuni Sara, 2019)(Yudistira et al., 2021)(E. F. P. Putri, 2022)(SANI, 2023). The mindfulness intervention process to reduce depression levels was carried out with cadres in the Linggasari sub-district area, after agreeing on the process to be implemented (Dwidiyanti et al., 2021).

The process of implementing mindfulness is facilitated by sub-district and community health centers (Murniati, 2020)(Ningrum et al., 2021). (Priatmaja, 2012) Before taking action, each respondent was first assessed or screened for their level of depression using the Geriatric Depression Scale Instrument by researchers and assisted by the Cadre Team with the aim of finding out what depression level scores the elderly in the Linggasari sub-district had (Miller, 2021).

Screening is carried out on the elderly before the mindfulness intervention is carried out (D. A. Putri & Gunatirin, 2020). The intervention process begins in groups for 1-2 hours, then the intervention is carried out individually for 8 weeks (8 times).

RESULTS AND DISCUSSIONS

The respondents in this study were elderly with an age category of more than 60 years. The respondents used in this research were elderly who experienced mild and moderate depression who had been screened using the Geriatric Depression Scale questionnaire.

Table 1. Respondent characteristics based on age, gender and depression category

Characteristics	Frequency	%
Age		
60-69	24	72.7
>70	9	27.3
Amount	33	100
Gender		
Male	18	54.5
Female	15	45.5
Amount	33	100
Depression Category		
Light	21	63.6
Currently	12	36.4
Amount	33	100

Source: Primary data, 2023

Of the total male respondents (54.5%), almost half of the respondents in the 60-69 age category were 24 (72.7%), with those in the mild depression category being (63.6%).

Table 2. Data normality test results

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
PRE-TEST GDS	.408	33	.000	.610	33	.000
POS TEST GDS	.303	33	.000	.748	33	.000

Based on the results of the normality test using Shahiro Wilk and Kolmogorov on a sample of 33 respondents, it showed that the data was normally distributed (p value> significance 0.05), so statistical tests on the differences between pre-intervention and post-intervention were carried out using the Paired t-Test.

Table 3. Distribution of significance values for mindfulness intervention

	Mean	Std. Deviation	Std. Error Mean	Sig. (2-tailed)
Pretest - Posttest	.727	.626	.109	0.000

Note: Chi square, significant if p<0.05

The results of statistical tests can be explained that there is a significant difference in the results of the first screening for measuring the level of depression with the second pre and post screening after mindfulness and the result was a p-value of 0.000 (P<0.05).

Based on the application of EBNP, (Zenebe et al., 2021) results showed that before the mindfulness intervention was applied to a sample of 33 elderly people with categories of 21 elderly with mild depression and 12 with moderate depression, they found significant results in reducing the level of depression, based on table 3 with the results of the normality test using Shahiro Wilk and Kolmogorov in The sample was 33 respondents, showing that the data was normally distributed (p value> significance 0.05), so statistical tests on the differences between pre-intervention and post-intervention were carried out using the Paired t-Test(Yuan et al., 2020). The results of statistical tests can be explained that there is a significant difference in the results of the first screening for measuring the level of depression with the second pre and post screening after mindfulness and the result was a p-value of 0.000 (P<0.05). So it can be concluded that there is an influence of mindfulness therapy on reducing the level of depression in the elderly in the Ciamis Health Center UPTD work area(Wahyuni et al., 2018).

In several studies, mindfulness has been shown to be effective in reducing various types of anxiety. As research results from (Munazilah & Hasanat, 2018), elderly people who experience

chronic diseases such as coronary heart disease show that mindfulness has been proven to be able to reduce anxiety in the conditions they feel. Mindfulness is considered to be able to overcome the symptoms of anxiety so that the elderly can concentrate and reduce the worry they previously felt. Apart from that, mindfulness can also relieve anxiety in the elderly when facing treatment before chemotherapy, which was found in research (Donsu et al., 2017). In this research, mindfulness was able to increase awareness to be more accepting of the conditions that were occurring in elderly cancer sufferers so that the anxiety that occurred began to decrease. This intervention encourages the practice of awareness and acceptance of one's thoughts, emotions and body sensations, builds tolerance for stress, reduces reactivity and avoids unpleasant experiences (Putri, et al., 2020). There is an influence on anxiety levels before and after being given the mindfulness intervention, The respondent in this case did not manage anxiety other than dealing with it by playing with grandchildren, hanging out with friends in the afternoon. Respondents also don't know what techniques to deal with depression, so that's what makes them feel anxious. Compared with after being given the mindfulness intervention, it was found that respondents experienced levels of depression because they had received the intervention.

CONCLUSION

Based on the pre and post results data obtained using the Geriatric Depression Scale questionnaire, there was a decrease in the level of depression in the elderly. The implementation of the intervention can be carried out for 8 weeks, once a week for 30-60 minutes per week. The application of mindfulness intervention has proven to be effective in elderly with mild and moderate depression. Based on this research, further researchers can combine it with self-efficacy therapy and traditional music. The implication of this research is the collection of respondents from a distance of more than 3 km, and the contribution of this research can be useful for health services in providing programs for elderly people who experience physiological changes, and nurses can apply it as intervention in nursing care.

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