Environment Patterns and Mental Health of Older Adults in Long-Term Care Facilities: The Role of Activity Profiles

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Abstract: Owing to physical limitations and restrained lifestyle, older long-term care (LTC) residents are more likely to be affected by their environment than their community-dwelling counterparts. They also participate fewer activities and experience worse mental health than healthy older adults. This study adopts the ICF model to determine the extent to which the clustered patterns of LTC environment and activity participation are associated with older residents' mental health. Method: Data were collected from a stratified equal probability sample of 634 older residents in 155 LTC institutions in Taiwan. Latent profile analysis (LPA) and latent class analysis (LCA) were conducted to explore the profiles for environment and activity participation. Multilevel modeling was performed to elucidate the relationships among environment profiles, activity profiles, and mental health. Results: LPA identified three mutually exclusive environment profiles (Low-, Moderate-, and High-Support Environment) based on the physical, social, and attitudinal environmental domains, consolidated from 12 environmental measures. LCA constructed two distinct activity profiles (Low- and High-Activity Participation) across seven activity domains (outdoor, volunteer-led leisure, spiritual, household chores, interpersonal exchange, social, and sedentary activity) that were factored from 20 activities. Compared to the Low-Support Environment class, older adults in the Moderateand High-Support Environment classes had better mental health. Older residents in the Moderate- and High-Support Environment classes were more likely to be in the "High Activity" class, which in turn, exhibited better mental health. Conclusion: This study advances the current knowledge through rigorous methods and study design. The study findings lead to several conclusions. First, this study supports the use of ICF framework to institutionalized older individuals with functional limitations and demonstrates that both measures of environment and activity participation can be refined from multiple indicators. Second, environmental measures that encompass the physical, social, and attitudinal domains would provide a more comprehensive assessment on the place where an older individual embeds. Third, simply counting activities in which an older individual participates or considering a certain type of activity may not capture his or her way of life. Practitioners should not only focus on group or leisure activities within the institutions; rather, more efforts should be made to consider residents' preferences for everyday life and support their remaining ability by encouraging continuous participation in activities they still willing and capable to perform. Fourth, environment and activity participation are modifiable factors which have greater potential to strengthen older LTC residents' mental health, and activity participation should be considered in the link between environment and mental health. A combination of enhanced physical, social, and attitudinal environments, and continual engagement in various activities may optimize older LTC residents' mental health.

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