

A Review of the Influencing Factors of Preventing and Treating Depression and Dementia among Empty Nesters in Rural China

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Abstract: This research article pinpoints four approaches that affect empty nesters in rural areas from getting effective treatment of depression in order to prevent potential risks of dementia from four factors: lack of social support and medical centers, lack of mental health specialists and low education levels. This research is a literature review based research paper. This paper synthesizes the main findings of multiple scholarly articles in the field of dementia, depression, elderly, empty nesters and rural China. This paper aims to highlight four dominant contributors of dementia risk related to depressive symptoms or early depression diagnosis among empty nesters in rural China.

Keywords: dementia, depression, empty nesters, self-stigma, mental disturbances

1. Introduction

Empty nesters refer to elders who are living alone without being accompanied by their children. He et al. conducted a research examining the quality of life (QoL) among empty-nest elders in China, and their result displayed the fact that empty nesters' average score of QoL were lower than non-empty nesters' average score of QoL [1]. Empty nesters usually are lacking sufficient daily care and supervision in healthy diet and physical exercises [1]. Psychologically, empty-nest elders endure more loneliness, life-frustration, cognitive impairments and vulnerability of depressive symptoms [2]. People living in rural China account for more than half of the total Chinese population [3], and according to Su et al. [4], among the registered 134 million elderly population in China, around 70% live in rural regions or the countryside of China.

Recently, there was an estimation showing that by 2050, China will have the largest dementia population over the world with a number of 35.97 million [3]. According to Liu et al., Chinese rural residents with dementia (11.98%) were two times higher than urban residents with dementia (5.19%) [3]. In addition, the elevated rate of dementia diagnosis among empty nesters had been found associated with depression [2]. Early life with depression is associated with the inclining risks of getting dementia [5]. Depression is sometimes found as a prodrome of dementia and a clinical sign that makes dementia more likely to be detected [6]. Moreover, depression is found to be associated with the incline of cortisol levels that might impair the hippocampus and escalate the risk of dementia [6]. However, depression is one of the remediable chronic maladies that are associated with increased vulnerability of dementia [7].

Psychological functions degenerate as individuals get older while aging also aligns with additional emotional disturbances, such as anxiety disorder, loneliness and depression [8]. Middleton and Yaffe indicated that “it has been reported that people who are cognitively, socially, and physically active have a reduced risk of cognitive impairment [6].” According to Wang et al. [9], 40.4% of empty nesters in rural China had reported being affected by depression. In rural China, empty nesters’ depressive symptoms can be generated by loneliness, and this loneliness is most frequently due to the departure of their children [9]. Zhang et al. indicated that “gender, educational level, old-age provision model, exercise frequency, chronic disease, relationships with children, self-care ability, and health promoting lifestyles were the main factors for depressive symptoms [8].”

In order to figure out how the public could help empty nesters in rural China, this research conducts a literature review indicating the potential factors leading toward dementia from early detected depression from four approaches: shortage of medical supplies and social supports in rural China, lack of mental health specialists or nurses in rural China, lifestyles of empty nesters in rural China and incompetency of education and acknowledgment in preventing and medicating mental disorders among empty nesters in rural China. The main body portion of this article links and evaluates the four approaches with the existing problems that induce empty nesters’ depressive symptoms or depression that might later affect their chances of getting any types of dementia. A timely and proper attention and awareness toward these facts may underpin the rural areas’ therapeutic prevention of the potential risks from dementia [3]. This research aims to examine the factors leading to the neglect of depression treatment and unfruitful prevention in dementia relating to early detected depression or depressive symptoms among empty nesters in rural China. The purpose of this research article is to pinpoint rural China’s scarcity of medical supplies and social supports, the lack of professional and well-trained medical care personnels in the field of mental disorders and the inadequacy of healthy activities and entertainment among empty nesters in rural China.

Depressive symptoms could be greatly associated with the development of dementia, there are many questions among the approaches to strengthen the prevention strategies of dementia relating to depressive symptoms or depression among empty nesters in rural China. This article will address four main factors that contribute to the lack of preventions of dementia relating to depression among empty nesters in rural China.

2. Shortage of Medical Supplies and Social Supports

The paucity of medical supplies and social supports in rural China was a predominant reason that conditions the unavailing prevention and accustomed inadvertence of depression and dementia among empty nesters. The Collective indicated some isolated regions in rural China only had small township health care centers, and according to its research on a particular county hospital, in rural Shandong, China, which was named Wenshang County Renming Hospital, was looking for more training opportunities for their doctors and more medical equipment that could ameliorate the hospital’s burdens [10]. Research from 2022 indicated that while China had 1.4 billion people, there were only 1500 mental health social workers and 3000 psychotherapists working in professional institutions in China [11]. Yao indicated the national expenditure of mental health only accounted for 2% of the overall mental health spending [11]. The fact implies the inadequacies of medical assessment for patients in rural areas. Excluding the societal factors affecting empty nesters’ mental wellness, the inadequacy of medical supplies and professional mental health workers are some realistic challenges the country is facing. This can be assumed by the above illustrations, and draw the inference, if China as a nation is experiencing public’s neglect toward mental health, there must be more indifference toward mental health in rural China among the empty nesters. Mental health workers in the countryside of China can feel like a despondent exertion [11]. Compared to the urban regions in China, rural China has exceedingly rare private mental health institutions that tend to meet

the needs of wealthy individuals [12]. These kinds of private institutions with professional mental health workers and psychologists are generally stationed in big cities like Beijing and Shanghai. As stated by Su et al., compared to urban empty-nest elderly, rural empty-nest elderly possess fewer material direct aid, more unstable families and more restricted social communication [4]. These social support-related variables will directly impact an individual's psychological wellness [4]. Perhaps, the Chinese government could make regulation policies for monitoring these disparities. As demonstrated by Wang et al., most caregivers of elders in rural China were their spouses and children [13]. First of all, there are no sufficient social workers, particularly in the field of mental health, in rural China. Additionally, empty-nest elders often strive from loneliness that their children don't visit frequently. As a conclusion that may be assumed from the previous findings, empty nesters are the most vulnerable population that only rely on themselves or their partners. Government should take more careful attention and appropriate funding to low-income and low socio-economic status families with a more appropriate long term care system while also encouraging more social workers for help [12]. An advanced plan of long term care for rural empty nesters in China could possibly reduce their medical budgets while applying preferential mental health services and better-quality medical technologies for country-side populations.

3. Lack of Mental Health Specialists and Their Challenges

This portion of this research article overviews the shortfall in professional mental health doctors in mental health and also the challenges that mental health workers face in rural China. Compared to non-empty nesters, empty-nest elders have lower income, lower educational level and higher risks of chronic diseases, and the ratio of empty nesters in getting depression is 73.3% [4]. The effect from lower educational level among rural empty nesters is illustrated in the later portion of this paper. Even with children's pension, the lower income from elderly may result in their hesitation to see a doctor accompanied by the phenomenon that Chinese people, particularly elderly, underemphasize the consequences of mental disturbances or mental disorders. It is reasonable to assume that with a satisfactory amount of mental health specialists could in some extent acknowledge the rural community's prevention of potential mental disorders, especially the diseases related to aging. In the research of Ma et al., the researchers recruited participants from two model areas from rural Guangxi, China: the hospital-community integrated service model and the psychiatric hospital-centric model [14]. One participant said that their patients could not understand their work and sometimes the patients yell and blaspheme at them, and the fact of not understanding the mental health treatment process might lead to relapse of the illness [14]. One participant stated that there were not enough job subsidies while another participant pointed out that it takes them 50 minutes to commute by motorcycle to the farthest village [14]. Mental health workers withstand a lot of challenges according to the traditional culture and rural environment, especially if patients' limited knowledge in mental health undermines the treatment or consultation process. Furthermore, the fact that patients not valuing the treatment of mental health may disempower other mental health professionals that have attempted to work in rural China and miss the best period to prevent and intervene the mental diseases. Speaking of mental assessments, the above facts may imply that even with compensation, rural elderly, especially empty nesters, might not participate in a clinical assessment to gain more information of their mental wellness, including how to prevent depression or avoid the risk of dementia. The subsidies of mental health occupations are another question thrown at the government's policies and health care insurances, particularly mental health, in rural areas. The participants all indicated that the most important thing of mental health in rural China is the communication skills while they also pinpoint the importance for patients to embrace an appropriate attitude and basic knowledge of mental health [14]. This implies the challenge that mental health

workers face when treating patients with depression, which may later be associated with the incline risk of dementia.

Ma, et al. stated that “National Continuing Management and Intervention Program for Psychoses plays an important role in the development of rural community mental health service [14].” National Continuing Management and Intervention Program for Psychoses offers professional and clinical training for village doctors in mental health management, education, prevention and social treatment [14]. Conceivably, if this kind of program can cover all of the mountain villages and rural areas in China, more and more mental health specialists and social workers might be willing to offer support there because the program may strengthen the workers’ capability to communicate with the village individuals during a real treatment session. These kinds of programs could heighten village doctors’ confidence in facing pressures from the busy workloads, anxiety and sense of incompetence.

From the elderly’s perspectives, lack of public transportation, difficult terrain, long distances, difficulties in making doctor appointments, health-care costs and not knowing where to seek help for mental health are all possible contributions of their challenges [15]. Rural empty nesters with depression or depressive symptoms face too many obstacles to be treated by a professional in their environment. The delay of diagnosis, clinical treatment and therapy may evolve serious chronic consequences, and depression is sometimes found as a prodrome of dementia and a clinical sign that makes dementia more likely to be detected [6].

4. Lifestyles of Empty Nesters

There aren’t certain strategies to prevent any types of dementia, and therefore, according to the literature findings among the association between depression and dementia, preventing depression and intervening the development of depression become crucially necessary among the empty nesters in rural China [16]. Lifestyles of empty nesters in rural China contribute to their high rate of depression. The primary factor is the elderly’s low-income. The empty nesters in rural China are mostly financially supported by their children, which means they have limited cash on hand and rare deposits [17]. Additionally, a lot of left-behind elderly have to take care of their grandchildren when their children leave for work, and this means that the elderly have to take care of their grandchildren and farmwork at the same time [17]. This may predict pressures from long term workload with high economic burdens among left-behind elderly. Meanwhile, the loneliness and disconsolateness from their children’s departure may cause severe depressive symptoms. Children’s insufficient care and the degeneration of elderly’s psychological functions are highly associated with the development of elderly’s depression or other mental diseases. In order to prevent the depression among left-behind elderly in rural China, perhaps their children could visit more frequently and pay more attention to the elderly’s mental wellness relating to their daily workloads. Building strong relationships, reducing stress, managing chronic conditions and planning for unavoidable known triggers have been indicated as ways to prevent depression, but these factors all seem hard to attain by the empty nesters in rural China due to their incapacity to learn and comply with it (15 Ways to Avoid Depression, 2017). There are no sufficient medical tools that elderly could use or even know how to use in rural China to manage their other chronic diseases, and additionally, their possible incompliance of mental health treatment will not benefit their personal understanding of the triggers of their depression, which might escalate the risks of dementia.

5. Low Level of Education

Self-stigma of mental illness is prevalent among the Chinese population. Chinese people view severe mental illness as a disgracing occurrence, and lower-education level depression patients reported higher levels of self-stigma [18]. It is generally and clearly recognized that in order to prevent a

mental illness, individuals may have to learn about the mental illness while recognizing the mental illness's existence. According to Xie et al., the researchers recruited 456 elderly left behind by their children in rural China, and 93% of those elderly individuals had an education level less than a primary school [17]. Only 4.8% of the participants had entered a primary school, and 1.8% of the participants had entered junior high school and above [17]. The embarrassment and defiance from being diagnosed with mental illness or facing mental illness may be potentially resulted from low level of education. Perhaps people with lower education levels have never been informed of the prevalence and normality of getting depression. The self-stigma of mental disorders phenomenon among the Chinese population may undermine the treating and preventing procedures for potential patients or vulnerable populations of mental illness. Additionally, Xie et al. emphasized that people with lower family income have exceedingly higher self-stigma for having a major depressive disorder compared to those with higher family income [17].

Some elderly patients reported having trouble finding a health-care provider while some believe it took too much time to get to the office of the health care center [16]. This may be the result of a lack of education in how to visit a doctor among the left-behind elderly. A lot of elderly may not be following the generation's development well enough, which is why generally younger generations often have to take older people to the hospital or acknowledge the elderly the procedures of seeing a doctor. Furthermore, the incognizance of the procedures of visiting doctors may later result in the severe aggravation of their depression and other psychological dysfunctions. Most importantly, there is the necessity to inform the elderly with depression the association between depression and risks of dementia.

6. Conclusion

In conclusion, according to the literature found and the analysis of the literature, this article has proved some major factors leading to the insufficiency of preventing dementia that is associated with depression among empty nesters in rural China. The findings of this literature isn't only applicable for preventing risks of dementia with previously diagnosed depression, but also apply to other challenges with mental disorders in mountain village and countryside regions. The primary findings of this research are that life styles of empty nesters in rural China, medical equipment that are undersupplied in rural China, lack of mental health specialists in rural China and inadequacy of education and acknowledgment among depression and dementia are relatively interconnected with the high risks of dementia with early diagnosis of depression among empty nesters in rural China. Depression, dementia and other mental illnesses can be treated if the rural area population apprehends how, where and why they are being treated. This research article aims to provide a comprehensive view toward the contributors of the inclination of dementia diagnosis among empty nesters in rural China. More importantly, the research wishes to enhance public's attention toward the rural and elderly population, who could be more vulnerable to mental health issues compared to the other populations.

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