

# The Life Experiences of Community Older Adults With Mental Illness in Taiwan: A Qualitative Study

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## Abstract

**Aims:** The risk of mental illness and mental health problems is known to increase with aging, there is a continuing need for research and information about the daily life and care needs of elderly people with mental illness. The aim of this study was to examine the real-life experience of elderly outpatients with mental illnesses in Taiwan communities through in-depth interviews.

**Methods:** A qualitative study involving semi-structured interviews of mentally ill elderly patients was conducted in 15 participants (3 men and 12 women, mean age = 74.67 years, *SD* = 10.04 years).

**Results:** The willpower to survive and cope with aging and mental health problems was identified as the core category of the life experiences in the older adults in this study. The struggle with the stress of aging and mental health problems was categorized in life-experience terms as 'bear the bitterness of life,' 'adhere to psychiatric treatment and use resources to cope with life's stress,' 'maintain the willpower to survive'. Results of this study shown that although elderly patients in community have had many stressful life experiences and problems with mental illness, they will continue to show strength to coping with the problems of aging and mental illnesses.

**Conclusions:** The elderly mental illness patients could coping with their problems, and maintain an active lifestyle, accept the reality and arrange life, and connect with the community. Therefore, health professionals should help elderly people find new strategies to maintain their mental health and to function in their communities.

**Keywords:** life experiences, community older adults, mental illness

## 1. Introduction

We are in the midst of a global demographic shift in population aging, a trend that is the first of its kind in the evolution of the human species (Department of Economic and Social Affairs, 2009). Recent advances in health sciences and improvement in social conditions have led to an increase in life expectancy in most countries worldwide (Palacios, 2002). However, increased life expectancy around the world has also brought new public health challenges, such as increasing incidence and prevalence of chronic, age-related disorders, especially mental illnesses (Reynolds, Pietrzak, El-Gabalawy, Mackenzie, & Sareen, 2015).

Prevalence of mental illnesses in the elderly is as serious in Taiwan as it is in Western countries. According to the American Association of Geriatric Psychiatry (2008), one in four older adults experience depression, anxiety, or dementia. In Taiwan, the number of elderly people with physical and mental illness has increased significantly between 2002 and 2012. There has been a 67.81% increase in the number of patients with chronic mental illnesses, a 164.20% increase in patients with dementia (Ministry of the Interior, Taiwan, 2012), and an

annual increase in the rate of dementia and neurotic disorders of 8% and 25%, respectively (Ministry of the Interior, Taiwan, Department of Statistics, 2016).

The mental health problems of the elderly are mainly affective and cognitive disorders; however, two-thirds of older adults with mental illness issues do not receive treatment, are undertreated, or are misdiagnosed (Garrido, Kane, Kaas, & Kane, 2009). Mental illnesses in the elderly often go untreated due to the misperception that these disorders are a normal part of aging and a natural reaction to chronic illness, loss of family members, and social transition occurring with age (Nair, Hiremath, Ramesh, & Nair, 2013). The adverse effect of late-life mental illness on physical health, social support systems, and overall functioning is a major burden in elderly people (WHO, 2012). Additionally, mental illnesses are preventable risk factors for mortality, particularly suicides linked to mental illness (Motohashi, Kaneko, Sasaki, & Yamaji, 2007). The prevalence of comorbid physical and mental illness increases with age, and the incidence of mental illness increases when physical illness becomes more pronounced (Barnett et al., 2012). The elderly need physical and mental healthcare. Most elderly people will seek medical treatment, but rarely psychiatric treatment or care assistance.

Depression has profound health and psychosocial consequences, including increased risk of dementia (Saczynski et al., 2010), prolonged inflammatory responses after infection (Glaser, Robles, Sheridan, Malarkey, & Kiecolt-Glaser, 2003), functional decline (Ell, 2006), poor quality of life, and death (Ell, 2006; Cuijpers, Beekman, & Reynolds, 2012). Even mild to moderate symptoms, if not successfully treated, are associated with poor health outcomes, poor quality of life, and increased healthcare utilization and costs (Glaser et al., 2003). Some studies on the living experiences of the elderly people have found that the age-related loss and stress decreased social activities and depressed emotions. It may also affect the elderly's ability to respond to their real life (Spoorenberg, Wynia, Slotman, Kremer, & Reijneveld, 2015). Moreover, when elderly people experience that they are incompatible with their expectations about life, they may not have the motivation to survive and will give up their life (Wijngaarden, Leget, & Goossensen, 2015). Depression is pervasive and consistently has a poor outcome in the elderly. Among the consequences of depression are social deprivation, loneliness, increased use of health and home care services, poor quality of life (Rodda, Walker, & Carter, 2011; Lue, Chen, & Wu, 2010; Li, Pang, Chen, Song, Zhang, et al., 2011; Fernandez-Nin˜o, Manrique-Espinoza, Bojorquez-Chapela, Salinas-Rodríguez, 2014), disability (Gureje, Kola, & Afolabi, 2007), increased risk of physical disorders (for example, stroke) (Liebetrau, Steen, & Skoog, 2008), decline in cognition (Connors et al., 2015), chronicity (Gureje et al., 2007), suicide (Waern et al., 2002), and increased nonsuicidal mortality (Saz & Dewey, 2001). Untreated mental illness has a devastating emotional impact. The risk for suicide increases with the incidence of untreated mental illness (Carlson & Ong, 2014). The suicide rate for Caucasian men over age 65 is six times higher than that of the general population. The group with the greatest risk of suicide is adults over 85 (CDC, WISQARS, 2013). In Taiwan, the mortality rate of suicide has increased among the elderly aged 65 years and above in recent years. The rate of the suicide death was significantly higher in aged 80 years or older as compared to age between 60-64 years old, and the adjusted rate ratio was 1.70. Affection or interpersonal relationships and physical diseases were the main reasons for suicide in elderly people (Tu, Huan, Lin, & See, 2017). In Taiwan, most of the elderly live with their families in the community, and the complexity of their daily life or healthcare needs depends on their age. Aging tends to increase the risk of mental illness and mental health problems; however, there is a lack of adequate research on the daily life and care needs of elderly people with mental illness in the community. More recent reports have emphasized the poorly understood role of mental illness as a barrier to health care for elderly mental illness patients (Niimura, Nemoto, Sakuma, & Mizuno, 2011; Roberts & Bailey, 2011). Consequently, our aim was to examine the life experience of elderly people with mental illness in Taiwan communities through in-depth interviews.

## **2. Method**

### *2.1 Research Design*

Grounded theory is a qualitative method of substantive theory development that involves using data collection and data analysis. One key strategy of grounded theory is to collect data from the participant's perspective (Strauss & Corbin, 1998). In this study, a grounded theory research design was used to develop a descriptive model of the subjective experiences of outpatients in a group of elderly people with mental illness in the Taiwan.

### *2.2 Participants*

All participants were considered to be in symptomatic remission at the time of the interviews. Participants were willing to share their life experiences as well as their emotions and thoughts about aging and mental illness. Every participant was interviewed two times, either at home or in the facility where they live. The settings of the interviews were chosen by the participants to ensure the most comfortable environment for describing their

individual life experiences. The requirements for participation in this study were as follows: ability to remain mentally alert for at least 30-45 minutes; psychotic symptoms not active or in remission at the time of the interview; and preference for a Taiwanese dialect or Mandarin as the spoken language.

### *2.3 Data Collection*

The grounded theory approach guided the researchers in this study to ask questions about how elderly outpatients interact with family and society, and how this interaction influences their lives. The data were collected by two researchers from personal interviews with participants. The interview time was less than 45 minutes and took into consideration the participant's physical energy. Prior to the interview, the participant was contacted by phone to schedule a home visit. In the course of the visit, the researcher provided health services, such as measuring each participant's blood pressure or blood sugar levels.

The semi-structured interviews were recorded by researcher, with the permission of the participants. The interview questions included the following: (1) What are your daily routine activities? (2) Would you talk about your family? How many people are in your family? Where do they live? (3) In your everyday life, how do you take care of yourself? (4) What resources do you use to help you deal with your daily life and health problems? (5) What stress do you have in your life? How do you deal with these stresses? What help did you get when you were in stress? (6) Do you have any plan for the future? The study was passed and performed with the approval of the Review Board of the authors' institutions. Initial contact with the participants was made after homecare nurses or daycare center nurses introduced them to the researcher. During the first visit, the researcher described the purpose and interview process of the study. After this description, informed consent was obtained.

### *2.4 Data Analysis*

Qualitative research by interview seeks to determine elderly mental illness patients' inner world of perception and meaning through description. It aims to develop concepts that aid in the understanding of personal experiences in social phenomena and it emphasizes the perspective of the participants (Zakiya & Al-Busaidi, 2008). Constant comparative analysis was carried out by the researchers and was essential to the development of a grounded theory. The researchers analyzed data and extracted particular codes simultaneously. The data were analyzed continuously during the progress of the study (Lin, 2010). The results of analyzing the data from a prior interview influenced the next interview. The researchers then compared the meaning, refined the concepts, explored the properties and the relationships among these concepts, and integrated these concepts into a framework (Taylor & Bogdan, 1984).

There are three levels of coding in constant comparative analysis: open, axial, and selective coding (Strauss & Corbin, 1998). Open coding is the first process, started by reading the raw data, breaking the data into conceptual components, identifying, naming, and categorizing them into concepts. In this process, line by-line coding is used to break down data, and coding can use words, sentences, and paragraphs. Axial coding is the process of combining and categorizing the data in different ways by making links between categories and subcategories. Finally, these categories are selectively coded by integrating the concepts with a core category (Strauss & Corbin, 1998). The core category is integrated with the other categories and is the process is facilitated by explicating the storyline (Strauss & Corbin, 1998).

### *2.5 Rigorousness*

To assure the rigor of the research data, this study used four standards to analyze the data: credibility, dependability, transferability, and conformability (Graneheim & Lundman, 2004). To establish credibility, in-depth interviews were conducted in the Mandarin and Taiwanese languages, thereby facilitating patients' descriptions of their real-life experiences in the community. Interview questions were asked, the responses were recorded, and the recorded content was converted to written transcripts. After reading the data in the transcripts, the two researchers analyzed and coded the data to reduce the involvement of subjectivity and increase the dependability of the data. The researchers underwent qualitative training. Two researchers jointly inspected the data analyses and discussed how to eliminate subjective perceptions in order to reveal real implications. To ensure the data's relevance, recruitment was limited to elderly psychotic patients who lived at home or in a facility, were from different backgrounds, and were willing to share their experiences. This contributed to the collection of large amounts of valuable information from community-dwelling elderly psychotic patients. The two researchers compared, classified, conceptualized, and repeatedly discussed and inspected the data, and agreed on the research results by consensus.

### 3. Results

#### 3.1 Sample Characteristics

The 15 participants included 3 men and 12 women with ages 60 through 94 (mean age = 74.67, SD = 10.04 years). All participants (N=15) were diagnosed with depressive disorder, half of them have mild neurocognitive disorder (n=8) in later life. They all live in the community; they can maintain personal care activities. Among of them, thirteen participants live with family; two participants live in their own home alone, and two participants live in two facilities. The two elderly participants live in two facilities less than 6 months. These facilities only provide assistance with three meals and remind the elderly taking everyday medications, but not provide other personal care services.

The will to survive and cope with aging and mental health problems was identified as the core category of the life experiences in the older adults in this study. The older adults struggled with the stress of aging and mental health problems; their life experiences were categorized as ‘bear the bitterness of life,’ ‘adhere to psychiatric treatment and use resources to cope with life’s stress,’ and ‘maintain the willpower to survive.’ The details of study participants are described in Table 1.

Table 1. Participant characteristics and demographic data (N=15)

Variables	N	%
Diagnosis		
Depression	7	46.7
Dual diagnosis: dementia and depression	8	53.3
Gender		
Male	3	50.0
Female	12	50.0
Age		
60~74	9	60.0
75~84	3	20.0
85 or more	3	20.0
Living situation		
at home with family	11	73.4
at home alone	2	13.3
in facility	2	13.3

#### 3.2 Strength to Cope With Aging and Mental Health Problems

Responses regarded three separate focus areas (Table 2): Strength to cope with aging and mental health problems.

Table 2. Focus areas, themes and subthemes

<b>Strength to cope with aging and mental health problems</b>		
<i>1. Bear the bitterness of life</i>	→	<i>2. Adherence to psychiatric treatment and use of resources to cope with life's stress</i>
		→
		<i>3. Maintain the willpower to survive</i>
1.1 No family, lack of care		2.1 Accept the problem and treatment of mental illness
1.2 Lost independence due to loss of function		2.2 Seek medical help and social support
1.3 Suffering from physical and mental problems		2.3 Be aware of and maintain the value of one's own existence
1.4 Wandering and feeling of dismay due to loss of home		2.4 Enjoy life
		2.5 Continuous love, support, and communication
		2.6 Accept and challenge my destiny
		3.1 Control disease and health problems
		3.2 Stay motivated
		3.3 Accept reality and arrange life
		3.4 Reconnect with family and community

### 3.2.1 Bear the Bitterness of Life

The major ‘bear the bitterness of life’ themes were negative experiences and emotions such as family deconstruction, lack of care, loss of independent function, suffering from physical and mental problems, wandering and loss of home, and feelings of helplessness and hopelessness.

#### 3.2.1.1 No Family, Lack of Care

When forced to move away from their homes, the elderly lose contact with their family and friends. They are disappointed with current conditions. *“I am 90 years old. I own a house. Why did my children send me to this facility. I do not have children to count on or care about me. (C1)”*; *“I have dedicated my entire life to the temple; now, I am old. The temple kicked me out; no one wants to take care of me there. I have neither relatives nor friends. My son died. I feel very miserable; I do not want to live. (C9)”*

#### 3.2.1.2 Lost Independence Due to Loss of Function

Because of functional change in my body and mind, I lost my role in society and developed a dependence on passive social interactions. I am sorry for not fulfilling my original role in society; I even feel very disappointed. *“I am becoming blind; I cannot walk by myself. I prefer the noise and excitement that comes with being around people. People will not come to help whenever I ask for it. I am unable to walk and see. I am miserable. (C9)”*; *“I cannot take care of myself, often forget to buy food and cook; once I nearly burned my house down while cooking. My children said I could not live alone and arranged for me to live in the Taipei Nursing Home; I do not want to. How did I become who I am now! I do not even know myself. (C13)”*

#### 3.2.1.3 Suffering From Physical and Mental Problems

The elderly may suffer a combination of symptoms: cognitive function changes, social phobia, depression, and other emotional problems. *“I am depressed. I have a lot of physical discomfort. I have chest discomfort. My stomach is uncomfortable, so I do not feel like eating. I think I have cancer; I have seen doctors, but I am not getting better. It is really painful. (C1)”*; *“I had breast cancer and HIVD. There is no way I could manage a heavy workload after my surgery. I have financial difficulties; because of this, I am depressed and want to die. (C5)”*

#### 3.2.1.4 Wandering and Dismay Due to Loss of Home

Elderly people who need to rely on other people for help in their daily lives may be unwilling to move closer to the people who can help; feel helpless to take care of themselves because of getting old; and yearn to return to their homes if they have moved. *“My children worry that I cannot take care of myself, so they want me to live with them in Taipei. It is more convenient to see a doctor, but I do not want to. I will come back to Hualian by myself, I want to die in my hometown. I wish I had died earlier so that I would not be a burden to my children. (C13)”*; *“My life is full of bitterness. I currently have nowhere to go and nowhere to live. I can only wander here to watch birds flying around and feel very free. I believe in reincarnation, and want to be a bird in my next life. (C14)”*

### 3.2.2 Adherence to Psychiatric Treatment and Use of Resources to Cope With Life’s Stress

The themes of ‘adherence to psychiatric treatment’ and ‘use of resources to cope with life’s stress and disease’ refer to acceptance of the problem and treatment of mental illness, seeking medical help and social support, being aware of and maintaining the value of one’s own existence, enjoying life, continuous loving support and communication, accepting and challenging destiny.

#### 3.2.2.1 Accept the Problem and Treat the Mental Illness

Despite mild deterioration of memory and cognition, anxiety, depression, and other emotional problems, the elderly can experience positive change if they regularly receive medical and psychiatric treatment. *“My daughter (54 years old), grandchild (17 years old), and I (76 years old) all have depression. All of us visit hospital psychiatric departments. I go to a daytime rehabilitation center every day. A lot of people also know that I am sick. I did not know that I needed to keep seeing a doctor. Now that I know, my husband takes me to the rehabilitation center every day. I also call my daughter and grandchild if I need to be taken to see a doctor. (C3)”*; *“Since my wife got a stroke, I have often felt tense. Once, I fell because I was in bad mood. Since then, I find that my feet do not seem to have strength. I went to the rehabilitation department and received physical therapy. I also took medicine from the doctor in the psychiatric department. My mood has improved because I went to these places. (C4)”*

### 3.2.2.2 Seek Medical Help and Social Support

Aware of their burden and plight, the elderly can actively or passively accept medical and social resources to solve problems. *“My life is not going well. My son and grandson are not obedient. I am quite upset; I often try to commit suicide by jumping into the sea. I want to die. The police sent me to the hospital. A social worker helped me apply for financial support. The charity people came to see us. I found that I had to talk to the doctor and nurses while in bad mood, so that people would help me. (C8)”*; *“I have a very heavy load of responsibility taking care of my mother-in-law and my son. I went to see a psychiatrist. The doctor helped me find a social worker who helped my mother-in-law and my son apply for caregiver assistance and who discussed with me programs to pay for the care costs. I feel that this help has reduced my stress and seems to have relieved my burden a lot. (C15)”*

### 3.2.2.3 Be Aware of and Maintain the Value of One’s Own Existence

Be able to perceive and participate in daily housework duties with your family, get them to respond positively, and thereby acknowledge your value as a family member. *“I decided to live with my children. My son has financial pressure, and I do not want to become a burden or be ignored. Recently, I learned that my daughter-in-law is going to give birth to a second child. I began to help take care of my four-year-old grandson. I shared and relieved some of the burden on my son. By helping my family, I feel like I have a function. (C2)”*; *“I am the hostess in my family. I have to cook, wash clothes, and clean the house every day. These things I should do, and I know I can do. My husband praised me. He drives me to the mental hospital for rehabilitation every day. (C3)”*

### 3.2.2.4 Enjoy Life

Be able to actively plan, implement various activities in life, feel the hope of life, and be satisfied with life. *“I work in a daycare rehabilitation center. I know that I have been praised for my work. Acting as the patients’ representative, I discuss the activities of the center with the staff. This activity has increased my self-esteem. At present, when I have time, I volunteer at the hospital. I feel good because my life is busy and fulfilling. (C7); “Planning ahead is extremely important to me. Currently, I plan to attend daycare activities in the psychiatric department and church activities. I have to attend a party in my family’s church. I will cook, wash clothes, and clean my house. (C3)”*

### 3.2.2.5 Continuous Love, Support, and Communication

Feeling their family’s love can help the elderly resist disease, reduce stress, and maintain the willpower to live. *“My husband takes me to a mental daycare ward by motorcycle everyday no matter the weather, so I have a strong motivation to take part in the activities. Sometimes I’m emotionally unstable and ask my husband why he is not dead, but my husband still does not abandon me. Therefore, I have to take life seriously. (C3)”*; *“My children come regularly to take me out to eat. Otherwise, my husband and the housemaid take care of me. As long as my children visit me and are with me, my life has meaning. (C10)”*

### 3.2.2.6 Accept and Challenge My Destiny

Look for mental health care, and then face the many difficulties; accept and challenge fate. *“I am in a bad mood and often cry. For this reason, I am sick. I have been sick for a long time and am not getting better. I have a lot of grievances. I cut my wrists and swallowed medicine to commit suicide. But my oldest son is sick, and I should take care of him. So, I went to see a psychiatrist. This may be fate. Who let me give birth to a son, and let him be sick. I hope to survive the hardships. (C6)”*; *“I have depression, peptic ulcers, and high blood pressure. I am very worried about financial issues, my children’s lives, and my grandchildren’s education. My life is very stressful. However, if I die, my children and grandchildren do not have me to rely on. I will be strong to face life. (C12) “*

## 3.2.3 Maintain the Willpower to Survive

The themes identified for maintaining the willpower to survive included cope with the stress of life and physical and mental health problems, stay motivated, accept reality and arrange my life, and reconnect with family and community.

### 3.2.3.1 Control Disease and Health Problems

Long-term acceptance of mental health care and rehabilitation to control mental diseases and their impacts on physical health and social function. *“I go to the psychiatric ward daily for rehabilitative treatment. The physician and nurse take care of me. I am old. I am relaxed; good health is very important. (C7)”*; *“I have*

*regular outpatient clinic appointments and take my medicine on time. If my condition is not good, I cannot live in Hualian alone and my son and daughter will take me to Taipei. So I must take good care of myself. (C13)*"

### 3.2.3.2 Stay Motivated

The elderly need to maintain independent mobility to demonstrate they are capable. *"Since my hospitalization for two weeks because of pneumonia, I haven't been able to walk. Sitting in a wheelchair was like being in jail. I tried hard to do rehabilitation and now I can walk, which put me in a better mood. I can take care of myself and do not rely on others. (C7)"; "The caregiver and I live in Hualien. I participate in spiritual activities during the day and come back home in the evening. I can take care of myself; my life has a goal. I think this is what I want. As long as I can maintain daily life, I do not have to move to Taipei and live with my children. (C13)"*

### 3.2.3.3 Accept Reality and Arrange Life

The elderly can accept and affirm their own reality and then arrange their own lives accordingly. *"There is no scarcity in my life. My wife and I support each other. This way, my days are effortless and I do not have to think much. Keeping healthy without any sickness is good. (C3)"; "My children have their own lives. I do not want to be a burden to them. My children call me every day. Sometimes, I go to my daughter's home. My grandchild kisses me. Now I can take care of my own life. Once I really cannot take care of myself, I will ask them to take care of me. (C7)"*

### 3.2.3.4 Reconnect With Family and Community

After their diseases have been stabilized and their stresses have been relieved, the elderly can have positive interaction with the society again. *"I do not want to live in Taipei. I am used to staying in Hualian. I also rented my house to a female tenant. The head of my subdivision and community patrol often come to visit me. If I have problems, they will help me. I can walk around my neighborhood. (C11)"; "The social worker helped my mother-in-law and my son find caregivers and this reduced my financial burden a lot. After my hand injuries get better, I will be able to go by myself to the out-patient clinic and do rehabilitation there. I will also be able to participate in some activities of the women's union in the Community Activity Center. When I have time, I can do farming on the mountainside. (C15)"*

## 4. Discussion

Grounded theory was used in this study and 15 elderly patients with mental illness in the community were interviewed to explore their life experiences as they relate to mental illness and aging problems. In this study, mentally ill elderly patients share with other community elderly people some of the same experiences including inability to get outside care, change in independent living status and role in the family, and reduced social interaction and will to live (Hassani, Izadi-Avanji, Rakhshan, Majd, 2017; Spoorenberg et al., 2015; Svanström, Johansson Sundler, Berglund, Westin, 2013). In addition, they are afflicted by physical and mental diseases that affect the present and future quality of their elderly lives and are at risk for loneliness, powerlessness, hopelessness, and often helplessness (Barnett et al., 2012; Saczynski et al., 2010).

The results of this study demonstrated that these elderly patients, though diagnosed with depression and/or dementia, continue to motivate themselves to cope with aging and mental illness problems. In this study, participants continued to suffer mental illness, cognitive impairment symptoms, stress, and health problems. However, through community psychiatric medicine and mental health care, they were able to face of life's challenges, and perceive and maintain their own existence in life, learn to adjust to the physical and social stresses of aging, thereby demonstrate the willpower to live. Previous studies have also shown that if community patients continue to receive mental health care, they will be able to deal with mental illness symptoms and maintain better life functions (Chen Thompson, Berkowitz, Young, & Ward, 2011). The results of this study echo those of previous studies showing that learned resourcefulness accumulates in response to stressful life events and can indeed effectively reduce mental health problems of depression or dementia in the elderly while enhancing their physical, mental and social functions (Zauszniewski, Lekhak, Yolpant, & Morris, 2015; Shu, Chang, & Rong, 2008). Although the elderly have had many stressful life experiences and problems, continuous professional help can help them cope with the stress of aging and mental health problems. This ability to seek help, interact with the outside world, and arrange and invest in their own life activities demonstrates their willpower to live.

## 5. Conclusion

The results of this study demonstrated that community elderly mental illness patients could coping with their illness and stressful problems of daily life, and maintain an active lifestyle, accept the reality and arrange life, and connect with the community. Therefore, health professionals need to understand that older people with

mental health issues accept their mental illness; know the value of continued treatment, other assistance, and the will to live; and are capable of confronting their mental illness and health problems. Finally, they can adapt a new lifestyle and learn to live with these problems. Consequently, they could deal with these issues, maintain an active lifestyle, accept the reality and arrange life, and re-connect with the community.

Assessment the life experiences of elderly people with mental illness is important for deciding what nursing care is justified for resolving aging and mental illness problems. Understanding the specific issues confronting these individuals would inform the development of more appropriate models of community-based mental health and aged care. The major finding of this study was that continuous care enhances the will to cope with aging and mental health problems. The nursing care should reinforce coping skills and help elderly people find new strategies to optimize their living situation, ability to cope with stress, and maintain mental health in a community living environment.

## 6. Study Limitation and Recommendation

Although this study was limited by the small number of participants (only 15) and by its single geographic location design, the shared experiences illustrate the richness and diversity of the details of how elderly people live with mental illness. After accepting their diseases, the elderly who participated in this study often empowered themselves and believed themselves to be capable of making all of the necessary changes. In addition, to avoid burdening others, they strove to modify their cognition and behaviors regarding daily life to manage their diseases. In the future, elderly should receive individually targeted plans for disease management (meeting their physical, physiological, and spiritual needs) to enable them to receive treatment of their mental illness. Future researchers should conduct long-term studies to exam alternative perspectives, including health status, financial and treatment resources, family and social support, and types of daily interaction and lifestyles for elderly with mental illnesses.

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