APPENDIX-2

QUESTIONNAIRE
### QUESTIONNAIRE

#### I. Socio Demographic Profile

1. **Name:**
2. **Sex:** Male ☐  Female ☐
3. **Age:**
4. **Religion:** Hindu ☐  Muslim ☐  Christian ☐
5. **Former Place of Residence:** Urban ☐  Rural ☐
6. **Economic Status:** Low ☐  Middle ☐  High ☐
7. **Marital Status:** Married ☐  Unmarried ☐  Widow/Widower ☐
8. **Educational Status:** Illiterate ☐  Secondary ☐  SSLC ☐  UG/PG ☐
9. **Former occupation:** Private ☐  Government ☐  Self Employment ☐
   Other ☐
10. **Do you have any Physical or Health problem:** Yes ☐  No ☐
11. **If Yes, what are the health problems:** ……………………………………….
12. **Do you have the Capacity to recall:** Yes ☐  No ☐
13. **Do you have the Capacity to hear:** Yes ☐  No ☐
14. **Do you have the Capacity to see:** Yes ☐  No ☐
15. **Do you have the capacity to move freely:** Yes ☐  No ☐
16. **Do you have any saving:** Yes ☐  No ☐
17. **The Past Residence**
   - With Family ☐
   - With relatives ☐
   - With friends ☐
   - Alone ☐
18. **Reason for leaving Home**
   - Death of Spouse ☐
   - Quarrel and Problems at Family ☐
   - Family Migration ☐
   - Other ☐
19. **Who told you about this Old Age Home:**
   - Family ☐
   - Relatives ☐
   - Friends ☐
   - Media (Newspaper/ TV….) ☐
   - Others ☐

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**Psychological Wellbeing of Residents in Senior Care Homes- Case work Intervention**
20. Who bring you to this Old Age Home
   - Family members
   - Relatives
   - Friends
   - Police
   - Others

21. Food of this Institution: Good [ ] Average [ ] Poor [ ]

22. Health Care of this institution: Good [ ] Average [ ] Poor [ ]

23. Recreational facility at this Institution: Good [ ] Average [ ] Poor [ ]

II. Scale on Psychological Wellbeing

The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers.

II. 1 Autonomy

<table>
<thead>
<tr>
<th>Circle the number that best describes your present agreement or disagreement with each statement.</th>
<th>Strongly Disagree</th>
<th>Disagree Somewhat</th>
<th>Disagree Slightly</th>
<th>Agree Slightly</th>
<th>Agree Somewhat</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sometimes I change the way I act or think to be more like those around me.</td>
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<td>2</td>
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<tr>
<td>2. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.</td>
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<td>3. My decisions are not usually influenced by what everyone else is doing.</td>
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<td>Question</td>
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<td>4. I tend to worry about what other people think of me.</td>
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<td>5. Being happy with myself is more important to me than having others approve of me.</td>
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<td>6. I tend to be influenced by people with strong opinions.</td>
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<td>7. People rarely talk me into doing things I don't want to do.</td>
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<td>8. It is more important to me to &quot;fit in&quot; with others than to stand alone on my principles.</td>
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<td>9. I have confidence in my opinions, even if they are contrary to the general consensus.</td>
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<td>10. It's difficult for me to voice my own opinions on controversial matters.</td>
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<td>11. I often change my mind about decisions if my friends or family disagree.</td>
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### Questionnaire

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<tbody>
<tr>
<td><strong>12.</strong> I am not the kind of person who gives in to social pressures to think or act in certain ways.</td>
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<tr>
<td><strong>13.</strong> I am concerned about how other people evaluate the choices I have made in my life.</td>
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<tr>
<td><strong>14.</strong> <em>I judge myself by what I think is important, not by the values of what others think is important.</em></td>
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### II. 2 Environmental Mastery

Circle the number that best describes your present agreement or disagreement with each statement.

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<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree Somewhat</th>
<th>Disagree Slightly</th>
<th>Agree Slightly</th>
<th>Agree Somewhat</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td><strong>15.</strong> <em>In general, I feel I am in charge of the situation in which I live.</em></td>
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<td><strong>16.</strong> <em>The demands of everyday life often get me down.</em></td>
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<tr>
<td><strong>17.</strong> I do not fit very well with the people and the community around me.</td>
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<tr>
<td>Question</td>
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<td>18. I am quite good at managing the many responsibilities of my daily life.</td>
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<td>19. I often feel overwhelmed by my responsibilities.</td>
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<td>20. If I were unhappy with my living situation, I would take effective steps to change it.</td>
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<td>21. I generally do a good job of taking care of my personal finances and affairs.</td>
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<td>22. I find it stressful that I can't keep up with all of the things I have to do each day.</td>
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<tr>
<td>23. I am good at juggling my time so that I can fit everything in that needs to get done.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>24. My daily life is busy, but I derive a sense of satisfaction from keeping up with everything.</td>
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<td>25. I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.</td>
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</table>
### Questionnaire

#### Psychological Wellbeing of Residents in Senior Care Homes - Case Work Intervention

26. My efforts to find the kinds of activities and relationships that I need have been quite successful.

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27. I have difficulty arranging my life in a way that is satisfying to me.

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28. I have been able to build a home and a lifestyle for myself that is much to my liking.

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#### II.3 Personal Growth

Circle the number that best describes your present agreement or disagreement with each statement.

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<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree Somewhat</th>
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<th>Agree Slightly</th>
<th>Agree Somewhat</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>29. I am not interested in activities that will expand my horizons.</td>
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<tr>
<td>30. In general, I feel that I continue to learn more about myself as time goes by.</td>
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*Psychological Wellbeing of Residents in Senior Care Homes - Case Work Intervention*
Questionnaire

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<tr>
<th>Question</th>
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<tbody>
<tr>
<td>31. I am the kind of person who likes to give new things a try.</td>
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<td>32. I don't want to try new ways of doing things--my life is fine the way it is.</td>
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<td>33. <em>I think it is important to have new experiences that challenge how you think about yourself and the world.</em></td>
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<td>34. When I think about it, I haven't really improved much as a person over the years.</td>
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<td>35. In my view, people of every age are able to continue growing and developing.</td>
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<td>36. With time, I have gained a lot of insight about life that has made me a stronger, more capable person.</td>
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<td>37. I have the sense that I have developed a lot as a person over time.</td>
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<td>38. I do not enjoy being in new situations that require me to change my old</td>
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Psychological Wellbeing of Residents in Senior Care Homes - Case Work Intervention
### Psychological Wellbeing of Residents in Senior Care Homes - Case work Intervention

39. *For me, life has been a continuous process of learning, changing, and growth.*

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40. I enjoy seeing how my views have changed and matured over the years

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41. I gave up trying to make big improvements or changes in life a long time ago

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42. There is truth to the saying you can’t teach an old dog new tricks

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### II.4 Positive Relation with Others

Circle the number that best describes your present agreement or disagreement with each statement.

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43. Most people see me as loving and affectionate

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44. *Maintaining close relationships has been difficult and frustrating for me.*

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<tr>
<td>Question</td>
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<tr>
<td>45. I often feel lonely because I have few close friends with whom to share my concerns.</td>
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<td>46. I enjoy personal and mutual conversations with family members or friends.</td>
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<td>47. It is important to me to be a good listener when close friends talk to me about their problems.</td>
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<td>48. I don't have many people who want to listen when I need to talk</td>
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<tr>
<td>49. I feel like I get a lot out of my friendships</td>
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<td>50. It seems to me that most other people have more friends than I do.</td>
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<tr>
<td>51. People would describe me as a giving person, willing to share my time with others.</td>
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<td>52. I have not experienced many warm and trusting relationships with others.</td>
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<td>53. I often feel like I'm on the outside looking in when it comes to</td>
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**Questionnaire**

<table>
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<tr>
<th>friendships.</th>
<th>1</th>
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<tbody>
<tr>
<td>54. I know that I can trust my friends, and they know they can trust me.</td>
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<tr>
<td>55. I find it difficult to really open up when I talk with others.</td>
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<tr>
<td>56. My friends and I sympathize with each other’s problems.</td>
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**II.5 Purpose in Life**

<table>
<thead>
<tr>
<th>Circle the number that best describes your present agreement or disagreement with each statement.</th>
<th>Strongly Disagree</th>
<th>Disagree Somewhat</th>
<th>Disagree Slightly</th>
<th>Agree Slightly</th>
<th>Agree Somewhat</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>57. I feel good when I think of what I’ve done in the past and what I hope to do in the future.</td>
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<tr>
<td>58. I live life one day at a time and don’t really think about the future.</td>
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<tr>
<td>59. I tend to focus on the present, because the future nearly always brings me problems.</td>
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<tr>
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<tr>
<td>60. I have a sense of direction and purpose in life.</td>
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<td>61. My daily activities often seem trivial and unimportant to me.</td>
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<td>62. I don't have a good sense of what it is I'm trying to accomplish in life.</td>
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<td>63. I used to set goals for myself, but that now seems like a waste of time.</td>
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<td>64. I enjoy making plans for the future and working to make them a reality.</td>
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<td>65. I am an active person in carrying out the plans I set for myself</td>
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<tr>
<td>66. Some people wander aimlessly through life, but I am not one of them</td>
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<td>67. I sometimes feel as if I've done all there is to do in life</td>
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<td>68. My aims in life have been more a source of satisfaction than frustration to me.</td>
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<td>69. I find it satisfying to think about what I have accomplished in life.</td>
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</tbody>
</table>
70. In the final analysis, I'm not so sure that my life adds up to much.

II.6 Self Acceptance

<table>
<thead>
<tr>
<th>Circle the number that best describes your present agreement or disagreement with each statement.</th>
<th>Strongly Disagree</th>
<th>Disagree Somewhat</th>
<th>Disagree Slightly</th>
<th>Agree Slightly</th>
<th>Agree Somewhat</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>71. <em>When I look at the story of my life, I am pleased with how things have turned out.</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>72. In general, I feel confident and positive about myself</td>
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<tr>
<td>73. I feel like many of the people I know have gotten more out of life than I have</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>74. Given the opportunity, there are many things about myself that I would change.</td>
<td>1</td>
<td>2</td>
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<td>5</td>
<td>6</td>
</tr>
<tr>
<td>75. <em>I like most aspects of my personality</em></td>
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### Questionnaire

**Psychological Wellbeing of Residents in Senior Care Homes- Case work Intervention**

<table>
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<tr>
<th>Question</th>
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<th>3</th>
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</tr>
</thead>
<tbody>
<tr>
<td>76. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.</td>
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<tr>
<td>77. In many ways, I feel disappointed about my achievements in life.</td>
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<tr>
<td>78. For the most part, I am proud of who I am and the life I lead.</td>
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<tr>
<td>79. I envy many people for the lives they lead.</td>
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<tr>
<td>80. My attitude about myself is probably not as positive as most people feel about themselves.</td>
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<tr>
<td>81. Many days I wake up feeling discouraged about how I have lived my life.</td>
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<tr>
<td>82. The past had its ups and downs, but in general, I wouldn't want to change it.</td>
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<tr>
<td>83. When I compare myself to friends and acquaintances, it makes me feel good about who I am.</td>
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</tbody>
</table>
84. Everyone has their weaknesses, but I seem to have more than my share.

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<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
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</table>
APPENDIX-3
INTERVENTION PACKAGE
Intervention Package

**Intervention package on Psychological Wellbeing of the Residents in Senior Care Homes in Kerala**

In India, the number of elderly, above the age of 60 years accounts for about 103.8 million, which is about 7.4% of the total population. There is a greater need for a developing country like India as the major focus of the government, planning commission and other bodies to have a further emphasis on the welfare schemes for the aged. Various socio economic requirements including the pension, health care measures, monetary regulations, savings etc demand a greater attention from the part of the Government. Apart from that the geriatric population in India also faces difficulty in their health and psychological aspects of life.

Psychological wellbeing referred to the overall wellbeing of the residents of the senior care home which includes six dimensions- autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

This intervention package on psychological wellbeing intends to address the autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance of the residents in senior care homes of Kerala using the Social Case Work Method of Social Work Practice.

As the intervention follows the practice of Case Work and Case Work is the process of working with individuals, the intervention was made slight variation for every client. The present intervention package presentation is a general outline followed and is made flexible and slight additions and cut off were made for every individual based on their need and situation. The principle of Individualization is given utmost care and importance in the present Intervention.

“Social Case work may be defined as the art of doing different things for and with different people by cooperating wit them to achieve at one and the same time their own and society’s betterment.” Mary Richmond (1915)

**Intervention Package**

The intervention programme on the psychological wellbeing was developed after the extensive literature survey and consultation and discussions with the subject experts in the field of psychology, social work, geriatric research and medicine and geriatric care. The module for the intervention programme on psychological wellbeing was designed with the support of:-
Intervention Package

- Publications of Help Age India
- Reports of UNESCO for the Aged
- WHO Study on global AGEing and adult health (SAGE)
- Studies of Institute for Social and Economic Change on Ageing
- Longitudinal Ageing Study in India (LASI) of International Institute for Population Sciences.
- Publications of International Federation of Associations of the Elderly (FIAPA)
- Publications of International Federation on Ageing (IFA)
- Reports of Committee on Ageing (American Psychology Association)

The package consisted of 7 modules. The package covers all the dimensions of Psychological wellbeing as per the definition given by Carol Ryff, which included autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

The modules included in the intervention programme are:

Module 1: Introduction to the Intervention Package
Module 2: Elderly & Psychological Health
Module 3: Elderly & Physical Health
Module 4: Rest & Exercise
Module 5: Self Awareness
Module 6: Psychological Wellbeing
Module 7: Concluding Module

Methodology adopted in the Intervention Programme

The methodology adopted for the intervention process was discussion, sharing, story time, presentations, role play, game sessions and query addressing. The method focused intervention is designed and the principles, values and the philosophy were given the utmost care and importance. Social Case Work is the methodology adopted and hence the intervention revolves around the principles, techniques and tools of the Social Case Work Method.

Psychological Wellbeing of Residents in Senior Care Homes- Case Work Intervention
Intervention Package

Discussions

Discussion is the action of talking about something in order to reach a decision. The worker initiates the discussion. The purpose of discussion is to collect information, analyse it and to derive a conclusion and solution with mutual consent. With the discussion, the worker aimed to help the client ventilate his feelings and also talk about the life and problems of the client. There were both individual and group discussions. The Individual discussion was to throw the light to each individual, their life, perceptions, accomplishments and failures and the group discussion to portray the self of the client among the others and also general awareness.

Instructions for the trainer were:

i) Collect Information from the client and analyse the same with them.
ii) Identify their shortcomings.
iii) Do not suggest solutions to the problem
iv) Protect individuals, ideas and ideologies
v) Ensure the participation of every individual and the discussion was not dominated by a single individual

Story Time

Story Time is the process where the client start telling the story as after the first sentence given by the worker. The story topics were always linked with the life of the client (for eg: One upon a time, there lived a father and mother with their children. The parents took severe pain to take care of their children………..). The client will be asked to fill up the balance story. The purpose of the Story Time is to analyse the thinking process of the client.

Instructions for the trainers were:

i) Story time should always used only after the initial discussion with the client.
ii) A discussion must be held after the story time about the value and message of the story
iii) Only topics linked with the life of the client need to be used.
iv)

Game sessions

Games are used to break the boredom, make the respondent active and also making them enjoy themselves. Games that depicts to the interpersonal relationship, understanding of personal strength and weaknesses were used.

Psychological Wellbeing of Residents in Senior Care Homes- Case work Intervention
**Intervention Package**

**Instructions for the trainers were:**

i) Discussion on the value of the story need to be held.

ii) The main purpose is to ensure the enjoyment of the client.

**Presentation**

A presentation is the process of presenting a topic to an audience. It is typically a demonstration, lecture, or speech meant to inform, persuade, or build goodwill. The presentations included chart presentation, PowerPoint presentations and also the Black board writings.

**Instructions for the trainers were:**

i) Topic need to be clearly explained

ii) Only relevant information need to be presented in the Charts

iii) Overcrowding of the presentation material with information is not allowed.

**Role play**

A role-play is an enactment or dramatization in which people act out a suggested situation. Participants are encouraged to take on different roles. Role-play help learners to understand the Roles played by different people in life, and thus enhances empathy. Role play promotes team work and Self-Awareness. It helps learners in understanding their own Attitudes, feelings and Behaviour. It encourages learners to change their negative attitudes. It is the gap between the player and the role that gives Role-play, its creative potential.

**Instructions for the trainers were:**

i) Role play should end with a positive message

ii) No harm should be made to the “Self” of any individual

iii) Clear instructions need to be given to the players about their role and also about the purpose of their acting.

**Situation Analysis**

The life of the respondent is analyzed, assessed and discussed. The cases will be selected may be real or imaginary; but they should be based on real issues of life. The client is asked to respond if they were in that particular situation.

**Instructions to the experts will be:**

i) Select an appropriate situation relevant to the client.

ii) Ask leading questions that are useful for encouraging thinking and discussion

iii) The key points need to be emphasized when analyzed.


**Intervention Package**

iv) Give adequate time for processing thoughts and responses.

v) Encourage creative thinking

**Query addressing**

The respondents were asked to raise different questions from life in a very comfortable way. The facilitator is asked to address these questions of the respondents

**Instructions to the experts will be:**

i) The queries of the elderly need to be given proper attention.

ii) Encourage thoughtful questions and answer them actively.

iii) Willingness to disseminate the knowledge is crucial.

**Materials Required**

The intervention is planned to the residents in government and private care home in Kerala and hence simple materials are used throughout the intervention process. Most of these materials were brought by the facilitator or the researcher. Materials used are: White Board, White Board Marker, Chart Papers, Sketch pens and Marker Pens, Paper Chits, Projector and Laptop, paper.

**Module 1**

**Introduction to the Intervention Package**

**Objective of the Session:**

- To establish a rapport with the respondent
- To introduce the intervention package to the respondent

An introduction on the intervention package is provided to the respondents with the support of the management and care takers in the care home. Even though the intervention planned is one to one, the first session of the package was a given in group. The respondents were introduced to the different sessions of the intervention and clarity on their role and the benefit they are going to enjoy was opened to the respondent.
**Intervention Package**

**Ice Breaking Session:**

The ice breaking session was not meant to break the ice between the respondent, but between the worker and the participant. There is no need to have an ice breaking between the participants as they all are from the same care home. The researcher introduces herself and also collected the details from the participants. The respondents participated willingly in the session.

After the introduction, the facilitator made a short description about the different sessions included in the programme along with the main objectives behind the programme.

**Module 1 : Introduction to the package**

The session is meant to describe the purpose of the intervention programme and also to introduce the sessions in front of the participants.

**Module 2 : Elderly & Psychological Health**

The session is aimed to provide the respondent an idea on the status of the elderly and the psychological health during the old age.

**Module 3 : Elderly & Physical Health**

The session is aimed to draw the insights of the elderly on their physical changes and also to help them to understand the causes for these changes.

**Module 4 : Rest & Exercise**

The session provides an understanding on the importance of rest and exercise in the old age

**Module 5 : Self Awareness**

Self awareness is crucial for any human being. The session is aimed to describe the importance of Self awareness.
Module 6 : Psychological Wellbeing

The session is aimed to provide the basic understanding on various dimensions of Psychological Wellbeing.

Module 7 : Concluding Session

The sessions are concluded with positive remarks.

Activity 1

“We are here for”

Objective-
To understand about the intervention package and why they are attending the intervention.
Understand about the goals and aims of the intervention.

Materials required:
White Board & Marker
Chart paper & Sketch pens

Procedure:
Detailing about the study and how it is planned to undertake. The objectives, goals and plan of action of the research study are detailed to the residents in Old Age Home.
The study plan and the purpose are explained to the beneficiaries.
Use the black board to explain about the details of the study and the term psychological wellbeing and the need for intervention in the area. The charts are prepared based on the six dimensions and the various aspects is explained to the beneficiaries.

Module 2

Elderly & Psychological Health

Objective of the Session:
❖ To provide an understanding on the status of the elderly and their health related to psychological changes.
The facilitator provided a detailed understanding about the status of the elderly and also the Health condition of the elderly. Psychological health of the elderly is considered as the main focus of the session.

**Introduction**

As per the Census record of 2011, Kerala has the highest number of elderly population in India. The rise in the number of elderly is very clear from the last census of 2001. The improved medical conditions have resulted in the increase in life expectancy of their people. The elderly population in India are the largest affected group of the effects of Social change. With the modernization and industrialization, the number of the people migrating to foreign countries increases and also the women who were the primary care givers of the children and the elderly are forced to go for work. The wellbeing of the elderly are the largest affected in any society. These made an adverse effect on the psychological health of the elderly.

**Elderly**

Elderly or old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. Government of India adopted ‘National Policy on Older Persons’ in January, 1999. The policy defines ‘senior citizen’ or ‘elderly’ as a person who is of age 60 years or above.

The World Health Organization defines those aged 60-74 years as ‘elderly’, and those older as ‘aged’. In 1980, the United Nations recommended 60 years as the age of transition for the elderly segment of the population.

Bagchi (2000) classified the elderly into three categories: a) “Young Old” (between the age of 60-75 years) b) “Old-Old” (between 75-85 years) and c) “Very Old” (85 years and above).

**Psychological Health**

Psychological or Mental health is a level of psychological well-being, or an absence of a mental disorder; it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment”.

Mental health contributes to all aspects of human life. It has both material and immaterial, or intrinsic, values: for the individual, society, and culture. Mental health has a reciprocal relationship with the well-being and productivity of a society and its members. Its value can be considered in several related ways:
Mental health is essential for the well-being and functioning of individuals.

Good mental health is an important resource for individuals, families, communities, and nations.

Mental health, as an indivisible part of general health, contributes to the functions of society, and has an effect on overall productivity.

Mental health concerns everyone as it is generated in our everyday lives in homes, schools, workplaces, and in leisure activities.

Positive mental health contributes to the social, human, and economic capital of every society.

Spirituality can make a significant contribution to mental health promotion and mental health influences spiritual life (Underwood-Gordon 1999).

Activity 1

“Our Mental Health”

Objective:-
To understand about the psychological changes and health conditions during elderly.

Materials required:
Chart paper & Sketch pens

Procedure:
Detailing about the Mental Health during the old age and how it is affecting the normal life of the elderly.
Charts are prepared to explain the concept.

Module 3
Elderly & Physical Health

Objective of the Session:

- To provide an understanding physical changes and health of the elderly.

The facilitator discussed with the elderly about their physical health conditions and also the changes that happen with the age.

Introduction

Psychological Wellbeing of Residents in Senior Care Homes- Case work Intervention
Intervention Package

The old age is manifests by different changes in the physical conditions. These physical conditions are normally viewed as the symbol of old age. Ageing is associated with biologic changes that increase the risk of morbidity, disability and death. The elderly people are far more likely than the young to experience health problems.

Aging cells

As cells age, they function less well. Eventually, old cells must die, as a normal part of the body's functioning. Old cells die because they can divide only a limited number of times. Sometimes damage to a cell directly causes its death. Cells may be damaged by harmful substances, such as radiation, sunlight, and chemotherapy drugs. Cells may also be damaged by certain by-products of their own normal activities.

Aging organs

In some organs, cells die and are not replaced, so the number of cells decreases. When the number of cells becomes too low, an organ cannot function normally. Thus, most organs function less well as people age. A decline in one organ's function, can affect the function of another. Often, the first signs of aging involve the musculoskeletal system. The eyes, followed by the ears, begin to change early in mid-life. Most internal functions also decline with aging. Most bodily functions peak shortly before age 30 and then begin a gradual but continuous decline.

Bones and Joints

Bones tend to become less dense. Thus, bones become weaker and more likely to break. Bones become less dense partly because they contain less calcium. The cartilage that lines the joints tends to thin, partly because of the wear and tear of years of movement. The surfaces of a joint may not slide over each other as well as they used to, and the joint may be slightly more susceptible to injury. Damage to the cartilage due to lifelong use of joints or repeated injury often leads to osteoarthritis, which is one of the most common disorders of later life.

Ligaments, which bind joints together, and tendons, which bind muscle to bone, tend to become less elastic, making joints feel tight or stiff. These tissues also weaken. Thus, most people become less flexible.

Muscles and Body Fat
The amount of muscle tissue (muscle mass) and muscle strength tend to decrease beginning around age 30 and continuing throughout life. Also, muscles cannot contract as quickly because more fast-contracting (fast-twitch) muscle fibers are lost than slow-contracting (slow-twitch) muscle fibers.

By age 75, the percentage of body fat typically doubles compared with what it was during young adulthood. Too much body fat can increase the risk of health problems, such as diabetes. The distribution of fat also changes. A healthy diet and regular exercise can help older people minimize increases in body fat.

Muscles of Breathing and the Lungs

The muscles used in breathing, such as the diaphragm, tend to weaken. The number of air sacs (alveoli) and capillaries in the lungs decreases. Thus, slightly less oxygen is absorbed from air that is breathed in. The lungs become less elastic. Breathing at high altitudes (where there is less oxygen) may also be harder. The lungs become less able to fight infection, partly because the cells that sweep debris containing microorganisms out of the airways are less able to do so. Cough, which also helps clear the lungs, tends to be weaker.

Digestive System

Overall, the digestive system is less affected by aging than most other parts of the body. The muscles of the oesophagus contract less forcefully, but movement of food through the oesophagus is not affected. Food is emptied from the stomach slightly more slowly, and the stomach cannot hold as much food because it is less elastic. But in most people, these changes are too slight to be noticed. The liver tends to become smaller because the number of cells decreases.

Kidneys and Urinary Tract

The kidneys tend to become smaller because the number of cells decreases. Less blood flows through the kidneys, and at about age 30, they begin to filter blood less well. Certain changes in the urinary tract may make controlling urination more difficult:

In women, the urethra (the tube through which urine leaves the body) shortens, and its lining becomes thinner. The decrease in the estrogen level that occurs with menopause may contribute to this and other changes in the urinary tract.

In men, the prostate gland tends to enlarge. In many men, it enlarges enough to interfere with the passage of urine and to prevent the bladder from emptying.
Intervention Package

completely. As a result, older men tend to urinate with less force, to take longer to start the stream of urine, to dribble urine at the end of the stream, and to urinate more often.

Reproductive Organs

Women:

The effects of aging on sex hormone levels are more obvious in women than in men. In women, most of these effects are related to menopause, when the levels of female hormones (particularly estrogens) decrease dramatically, menstrual periods end permanently, and pregnancy is no longer possible. The breasts become less firm and more fibrous, and they tend to sag. This change makes finding lumps in the breasts more difficult.

Men:

In men, changes in sex hormone levels are less sudden. Erections may not last as long, may be slightly less rigid, or may require more stimulation to maintain. A second erection may require more time.

Endocrine System

The levels and activity of some hormones, produced by endocrine glands, decrease. Growth hormone levels decrease, leading to decreased muscle mass. Insulin, which helps control the sugar level in blood, is less effective, and less insulin may be produced. Insulin enables sugar to move from the blood into cells, where it can be converted to energy. The changes in insulin mean that the sugar level increases more after a large meal and takes longer to return to normal.

Blood Production

The amount of active bone marrow, where blood cells are produced, decreases. Therefore, fewer blood cells are produced.

Immune System

The cells of the immune system act more slowly. These cells identify and destroy foreign substances such as bacteria, other infecting microbes, and probably cancer cells. Allergy symptoms may become less severe.

Activity 1

“Our Changes”

Objective:-

To understand about the physical changes and health conditions during elderly.

Psychological Wellbeing of Residents in Senior Care Homes- Case work Intervention
Materials required:
Chart paper & Sketch pens

Procedure:
Detailing about the Physical health and changes that occur during the old age.
Charts are prepared to explain the concept.

Module 4
Rest & Exercise

Objective of the Session:
- To discuss the importance of the rest and exercise during he old age.
- To impart the practice of regular exercise among the aged.

The facilitator discussed with the elderly about the need for the exercise and the importance of rest during the elderly.

Introduction
Regular exercise and physical activity are important to the physical and mental health of almost everyone, including older adults. Being physically active can help you continue to do the things you enjoy and stay independent as you age. Regular physical activity over long periods of time can produce long-term health benefits. Regular exercise and physical activity can reduce the risk of developing some diseases and disabilities that develop as people grow older. Older adults can obtain significant health benefits with a moderate amount of physical activity, preferably daily. A moderate amount of activity can be obtained in longer sessions of moderately intense activities (such as walking) or in shorter sessions of more vigorous activities (such as fast walking or stair walking).

Benefits Of Physical Exercises
- Helps maintain the ability to live independently and reduces the risk of falling and fracturing bones.
- Reduces the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer, and diabetes.
- Can help reduce blood pressure in some people with hypertension.
- Helps people with chronic, disabling conditions improve their stamina and muscle strength.
Intervention Package

- Reduces symptoms of anxiety and depression and fosters improvements in mood and feelings of well-being.
- Helps maintain healthy bones, muscles, and joints.
- Helps control joint swelling and pain associated with arthritis.

Sleep

Sleep is defined as a state of reduced motor activity (movement), lower response to sensory stimulation, adoption of postures such as lying down with eyes closed and easy reversibility. Sleep is essential for the normal functioning of all systems in the body. Sleep has direct effect on the individual's mental and physical health. Lack or poor sleep can affect the individual's ability to fight and endure sickness, cause irritability, poor concentration, and impaired memory and decreases hand-eye co-ordination.

Change in Sleep Needs of the Elderly

Sleep needs change over a person's lifetime. Children and adolescents need more sleep than adults. Interestingly, older adults need about the same amount of sleep as younger adults -- seven to nine hours of sleep per night.

Unfortunately, many older adults often get less sleep than they need. One reason is that they often have more trouble falling asleep. A study of adults over 65 found that 13 percent of men and 36 percent of women take more than 30 minutes to fall asleep.

Also, older people often sleep less deeply and wake up more often throughout the night, which may be why they may nap more often during the daytime. Night time sleep schedules may change with age too. Many older adults tend to get sleepier earlier in the evening and awaken earlier in the morning.

Poor Sleep Leading to Problems

Not sleeping well can lead to a number of problems. Older adults who have poor night time sleep are more likely to have depressed mood, attention and memory problems, excessive daytime sleepiness, more night time falls, and use more over-the-counter or prescription sleep aids. Poor sleep is also associated with a poorer quality of life.

Module 5

Psychological Wellbeing of Residents in Senior Care Homes: Case work Intervention
Self Awareness

Objective of the session:

- Help learner to identify own strengths
- Help them to understand the importance of having a goal in life and also to identify their personal goals
- Help learner to differentiate between ones needs and wants and prioritize them based on one’s value
- Help them to develop a positive perception and feeling about gender

Introduction

Self Awareness is having a clear perception of your personality, including strengths, weaknesses, thoughts, beliefs, motivation, and emotions. Self Awareness allows you to understand other people, how they perceive you, your attitude and your responses to them in the moment.

Self awareness is the first step in creating what you want and mastering your. Where you focus your attention, your emotions, reactions, personality and behavior determine where you go in life.

Having self awareness allows you to see where your thoughts and emotions are taking you. It also allows you to see the controls of your emotions, behavior, and personality so you can make changes you want. Until you are aware in the moment of the controls to your thoughts, emotions, words, and behavior, you will have difficulty making changes in the direction of your life.

Wants and Needs

A need is something you have to have, something you can't do without. A good example is food. If you don't eat, you won't survive for long. Many people have gone days without eating, but they eventually ate a lot of food. You might not need a whole lot of food, but you do need to eat.

A want is something you would like to have. It is not absolutely necessary, but it would be a good thing to have. A good example is music. Now, some people might argue that music is a need because they think they can't do without it. But you don't need music to survive. You do need to eat.
Activity
My Value - I want, I need

Objectives:
- Help to differentiate between want and need
- Help learner examine the relationship between value and behavior, wants & needs
- Develop a value system that would help them to give their wants and needs a higher dimension

Materials required:
- Paper & Pen
- Black board and Chalk

Procedure
Write word want & need on black board. Ask them to explain the difference between these two, ask them to give some random examples of what they think as their needs, things they think are wants.

Explain that “need is something that we must have. Wants on the other hand are our desires”. What we require to feel comfortable, to make our life easy. It is the value system of the person that helps him/her to decide whether ones desire for something should be put in the need or in the want category. Those who can control their wants can have a more satisfying life. Make it clear that most needs are actually wants. We are the ones to decide and with our decision we can make a need into a want & vice versa.

Module 6
Psychological Wellbeing

Objective:
- To provide the basic understanding on various dimensions of Psychological Wellbeing

Introduction
Psychological well-being refers to how people evaluate their lives. According to Diener (1997), these evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information based appraisal of one’s life that is when a person gives conscious evaluative judgments about one’s satisfaction with life as a whole. The affective part is a hedonic evaluation guided by emotions and feelings.
such as frequency with which people experience pleasant/unpleasant moods in reaction to their lives. The assumption behind this is that most people evaluate their life as either good or bad, so they are normally able to offer judgments. Further, people invariably experience moods and emotions, which have a positive effect or a negative effect. Thus, people have a level of subjective well-being even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person.

Dimensions of Psychological Wellbeing

1. **Autonomy**
   
   Autonomy is a concept found in moral, political, and bioethical philosophy. Within these contexts, it is the capacity of a rational individual to make an informed, un-coerced decision. Autonomy is also used to refer to the self-government of the people.

   Control over their own decisions is a core expression of independence, according to older people. Exercising autonomy includes making decisions on big things and little things that are important in life to the individual. Autonomy also encompasses doing things for yourself, and having things done ‘your way’. For example:
   - Being able to do as much for myself as I can without assistance
   - Doing things without worrying other people - Not having to rely on other people
   - Making their own decisions – as long as I have mental capacity
   - Keeping control of bank accounts and other personal business.

2. **Personal Growth (Maintaining identity “me”)**
   
   Older people say that their independence is integral to their sense of self, and to maintaining the boundaries of their personal identity. Independence is valued as part of which they are as a person, and as such, is a state of being that is important to each individual’s dignity and personhood. Independence can be expressed in a range of direct and indirect ways, for example:
   - Self-reliance - Being able to do things for myself that I choose to do.
   - Separate priorities - my children have their own lives and are very busy.
   - Maintaining roles, commitments and responsibilities – I am caring for my wife and that is something I will always want to do.
Intervention Package

• Being socially active and participating - maintaining my social life and making time for the things I like to do; being able to keep up with my interests.
• Being able to maintain standards (perhaps with help)
• Being strong enough to know when assistance is need to maintain lifestyle
• Feeling self-confident and secure - feeling safe living by myself

3. Positive Relation with others

Older people say that independence is expressed through their relationships and social networks, and that sustaining the connections and boundaries between self and others is important to prevent dependency. Relationships with others are valued as central to a life worth living, and include:
• Keeping in touch with family and friends
• Active involvement with grandchildren and great grandchildren
• Knowing where to get assistance if needed - accepting that help is there
• Fostering and maintaining relationships
• Neighbours – important to have community but people are too busy working
• Social connection requires willingness to talk to people – communication is ‘two way’

Being engaged in the full range of life opportunities at whatever age is the key to achieving a fulfilling and empowered life. Independence enables older people to participate in things valued activities such as:
• Neighbourhood, community and civic duty
• Festivals and community events
• Sport and physical recreation (bowls, athletics, hobbies,
• Cultural interests – staying involved and active
• Volunteering
• Entertaining and having a social life

4. Purpose in Life

The meaning of life is a philosophical and spiritual question concerning the significance of life or existence in general. It can also be expressed in different forms, such as "Why are we here?", "What is life all about?", and "What is the purpose of existence?" It has been the subject of much philosophical, scientific, and theological
speculation throughout history. There have been a large number of proposed answers to these questions from many different cultural and ideological backgrounds.

The meaning of life is in the philosophical and religious conceptions of existence, social ties, consciousness, and happiness, and borders on many other issues, such as symbolic meaning, ontology, value, purpose, ethics, good and evil, free will, and the existence of one or multiple gods, conceptions of God, the soul, and the afterlife. Scientific contributions focus primarily on describing related empirical facts about the universe, exploring the context and parameters concerning the 'how' of life. Science also studies and can provide recommendations for the pursuit of well-being and a related conception of morality. An alternative, humanistic approach poses the question "What is the meaning of my life?" The value of the question pertaining to the purpose of life may coincide with the achievement of ultimate reality, or a feeling of oneness, or even a feeling of sacredness.

5. **Self Acceptance**

Self-acceptance is acceptance of self in spite of deficiencies. According to Shepard (1979), self-acceptance is an individual's satisfaction or happiness with himself, and is thought to be necessary for good mental health. Self-acceptance involves self-understanding, a realistic, albeit subjective, awareness of one's strengths and weaknesses. It results in an individual's feeling about himself that he is of "unique worth".

6. **Environmental Mastery**

Older people say that they require accurate, relevant and timely information to maintain their independence. They should appreciate the need to maintain skills and knowledge, and to learn new things in order to remain independent throughout life. Information and knowledge underpin independence in many ways such as:

- Keeping my mind active
- Maintaining or updating skills
- Putting together your information- finding strategies to meet life’s changes
- Being able to access doctors, hospitals, services when needed
- Knowing where to get assistance if needed
- Being well informed so as to feel comfortable in my own decisions
Module 7

Conclusion

Objective:

- To provide the basic understanding on various dimensions of Psychological Wellbeing

The present research study was focused on the case work method of social work and hence the research study follows an individualistic approach. Based on the above mentioned modules, the intervention was channelled in such a way that each individual is provided with interviewing with the worker and the result is measured based on this intervention.
APPENDIX-4

LIST OF GOVT. OLD AGE HOMES
# LIST OF GOVT. OLD AGE HOMES IN KERALA

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Name of Old age Home</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Govt Old Age Home</td>
<td>Thiruvananthapuram</td>
</tr>
<tr>
<td>2.</td>
<td>Govt Old Age Home for Women</td>
<td>Thiruvananthapuram</td>
</tr>
<tr>
<td>3.</td>
<td>Govt Old Age Home</td>
<td>Kollam</td>
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<tr>
<td>4.</td>
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<td>Pathanamthitta</td>
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<tr>
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<td>Alappuzha</td>
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<tr>
<td>6.</td>
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<td>Idukki</td>
</tr>
<tr>
<td>7.</td>
<td>Govt Old Age Home</td>
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</tr>
<tr>
<td>8.</td>
<td>Govt Old Age Home</td>
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<td>9.</td>
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<tr>
<td>15.</td>
<td>Govt Old Age Home</td>
<td>Kasargod</td>
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APPENDIX-5
MINI MENTAL
STATUS
EXAMINATION
MINI MENTAL STATUS EXAMINATION

2. Where are we now? State? County? Town/city? Hospital? Floor?”
3. “Earlier I told you the names of three things. Can you tell me what those were?”
4. “Take the paper in your right hand, fold it in half, and put it on the floor.”
5. The examiner names three unrelated objects clearly and slowly, then the instructor asks the patient to name all three of them. The patient’s response is used for scoring. The examiner repeats them until patient learns all of them, if possible.
6. “Make up and write a sentence about anything.”
7. Remember a date of significance
8. Name of the roommate or person very close in the home.

Source:

APPENDIX-6

DESCRIPTION OF FAMILY TREE IN CASE WORK PROCESS
# DESCRIPTION OF FAMILY TREE IN CASE WORK PROCESS

<p>| | | |</p>
<table>
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<tbody>
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<td>1.</td>
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<td>Female Client</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td><img src="image" alt="Female" /></td>
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</tr>
<tr>
<td>4.</td>
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</tr>
<tr>
<td>7.</td>
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<td>Deceased Female</td>
</tr>
<tr>
<td>8.</td>
<td><img src="image" alt="Deceased Male" /></td>
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