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I INTEGRATION, STRUCTURE AND SCOPE OF THE PSYCHOSOCIAL RESEARCH QUESTIONNAIRE "LIVING CONDITIONS AND MENTAL HEALTH IN OLDER ADULTS" (COVYSMAM-LJ): RESULTS OF TWO STUDIES IN MEXICO CITY

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Abstract: The process and form of integration of the questionnaire "Living Conditions and Mental Health in Older Adults" (COVYSMAM-LJ), its structure, use and scope are described. The instrument in questionnaire format was applied by researchers previously trained in the management of the methodology, procedures and application through a face-to-face interview. The questionnaire as a data collection tool was used to cover the objectives proposed in two research protocols, which included the institutionalized (home) and general (health center) population of people aged 60 years and over in Mexico City. Considerations derived from their application in both contexts that acquire particular characteristics due to their living and health conditions are presented, and the need to adapt methods and procedures to the context of study and the applicability of reagents and sections to the field of study is emphasized.

Keywords: COVYSMAM-LJ Questionnaire, Integration, structure and scope, Living Conditions, Physical and Mental Health, Older Adults, Mexico City.

INTRODUCTION

In the field of Social Sciences in Health, research requires evaluation and assessment instruments to achieve the proposed research objectives and information collection tools applicable to various population groups and contexts, which are essential to obtain information, generate knowledge. and promote actions around the themes and problems that affect people's daily lives. Through these instruments, also called questionnaires, inventories, scales and/or evaluation tests, records and forms among other names, we can collect information on various health conditions that impact the state of well-being of our populations.

In the literature (Reig & Fernández 1994, Hernández, López 2000, De la Lama et

al. 2022,), the existence of data collection instruments and strategies is mentioned, using quantitative, qualitative approaches and/or the combination of both, among which are: surveys, questionnaires, interviews, observation and focus groups, among others. The questionnaire is considered a fundamental scientific instrument or tool in data collection. From its integration and structure, the format, type of variables (quantitative-qualitative or both), question-answer format, and areas that will make it up are established and defined. , and form of application in the generation of information and knowledge based on the proposed topic of study; Therefore, it constitutes a strategic resource to obtain standardized information on a specific topic.

In the population of older adults, where sustained increases are observed both in relative and absolute numbers, the need arises to address their health-disease states and living conditions by developing psycho-socio-gerontological scientific research studies and instruments that provide information and knowledge from a broader perspective, hence all research requires considering the use of assessment and data collection instruments.

OBJECTIVE

Describe the way in which the COVYSMAM-LJ questionnaire was integrated, its structure, based on the areas that make it up, its use and scope derived from its application in two populations (López-Jiménez et al. 2004, López-Jiménez et al. 2023), of people aged 60 years and over, in Mexico City.

METHODOLOGY IN DATA RECORDING

The research carried out was observational, transversal and descriptive analytical, with information obtained through the application by direct, face-to-face interview of the COVYSMAM-LJ instrument, in questionnaire format, which consists of 14 sections made up of the responsible researcher.

INSTRUMENT INTEGRATION

As a quantitative psychosocial research tool with an epidemiological focus, the "COVYSMAM-LJ" instrument in questionnaire format, whose acronym comes from both the research projects carried out and the instrument used: Living Conditions and Mental Health in Older Adults in its first and second phase, was used as a data collection tool in people aged 60 years and over. For its formation, the following procedures were carried out:

a) Search in national and international information bases for materials used in data collection in this population group, as well as their relevance to be integrated into the instrument (National Population Council (CONAPO) / System for the Comprehensive Development of the Familia, DIF, 1994, Mexico; World Health Organization.

b) Work meetings and participation in seminars with experts in the area of geriatrics and psychogeriatrics, in which reagents and sections related to the purpose of the study were developed, reviewed and added (Bazaldúa-Merino LA, Ugalde-Hernández O).

c) Based on the experience of the research team in the development of psychosocial research in health, problems related to alcohol consumption and mental health in various groups, contexts and communities (López-Jiménez JL, Barrios-Salinas G,

López- Salgado BE).

STRUCTURE

The questionnaire, as shown below, is integrated into 14 sections, with specific instructions in the sections to emphasize to the interviewee, above all, the temporality that the assessment explores. It generally includes and depending on the section, questions with a pre-coded response record: dichotomous, more than two options, Likert type and open, where the older person chooses between the response options included in the instrument and the textual record of what reports the person interviewed.

SECTION	COVYSMAM-LJ QUESTIONNAIRE
	IDENTIFICATION
I	The cover page, first page and section, allows you to identify the assigned questionnaire number, date of application, start time, end time and duration of the interview, place of application and reason for institutionalization in the home (CH) or reason for attending the center. of health (CS), brief presentation, situation of the interview and, if applicable, reason for non-application. In addition to the nine items that make up the section, the status of the interview is recorded, to be completed by the interviewer. Own preparation: Research team
	SOCIODEMOGRAPHIC DATA INTERVIEWED PERSON
II	Record of basic personal data, provided by the person interviewed. Name, sex, date of birth (day, month, year), age in years, place of birth, marital status, education (years completed), activities carried out, whether you have social security and religion. It consists of 22 items, direct response format Own preparation: Research team
	PERMANENCE IN THE PLACE OF RESIDENCE
III	Housing characteristics, length of residence in the place, who you live with, who cares for you, and/or support you receive. Textual record of the response. Includes 7 reagents Own preparation: Research team n
	HISTORY OF TOBACCO CONSUMPTION
IV	It explores history and current use (last month/twelve months) of tobacco, habits and pattern of tobacco use/consumption. Having smoked at some time in your life, duration of consumption, first time, how many years you smoked, amount and frequency of tobacco use and quitting smoking. Includes 8 reagents Own preparation: Research team
	HISTORY OF ALCOHOL CONSUMPTION
V	Investigate the history and current consumption (last month / last twelve months) of alcoholic beverages. Explore alcohol consumption habits based on time, use and consumption. Never having ingested, frequency of ingestion, quantity and type of drink; as well as reasons why they stopped using it. It consists of 9 reagents Own preparation: Research team
	PHYSICAL LIMITS
VI	It explores physical limitations (disabilities), functional status and use of assistants. Evaluates the disabilities or impediments that the older adult presents in sense organs, mobility problems, level of involvement and compromised area; Likewise, the use of auxiliaries to compensate for the reported limitations. It consists of two reagents. The first explores limitations in 5 areas and the second uses 7 assistants Own elaboration, research team

	GENERAL HEALTH QUESTIONNAIRE: CGS- 12
VII	For the detection of emotional disorders, various methods and instruments have been developed with different reliability and validity indices, one of them being Goldberg's General Health Questionnaire (CGS) (Campillo et al. 1979); which has demonstrated its functionality and effectiveness in detecting emotional symptoms. This easy-to-use instrument can be useful as a warning indicator about people's emotional state since it allows discrimination between "case" subjects (who require psychological support) and "non-case" subjects. The CGS, in its 12-item version (Goldberg, 1972; Goldberg et al. 1997; Mari & Williams, 1985), allows predicting mental health problems and help-seeking behavior, and can be used as a comparison measure of the mental health in defined populations. Its use as an instrument for detecting emotional symptoms has been reported in different populations and scalar versions of it have been developed. References Campillo C y cols. (1979). Cuestionario de detección de posibles casos psiquiátricos en la comunidad. Centro Mexicano de Estudios en Salud Mental. Cuadernos Científicos CEMESAM 11. 43-44. México, CEMESAM. Goldberg DP. (1972). The detection of psychiatric illness by questionnaire. Maudsley Monograph, No. 21. London: Oxford University Press. Goldberg DP, Gater R, Sartorius N. et al, (1997). The validity of two versions of the GHQ in the study of mental illness in general health care. Psychological Medicine, 27, pp 191-197. Mari JJ, Williams PA. A Comparison of the Validity of two Psychiatric Screening Questionnaires (GHQ-12 and SRQ-20) in Brazil, using Relative Operating Characteristics (ROC) Analysis. Psychological Medicine, 1985, 15:651-659.
	BRIEF MENTAL STATE SCALE (EBEM)
VIII	It evaluates cognitive status. It is a neuropsychological instrument widely used in the field of Geriatrics (Beck et al. 1994). It consists of eleven items that cover aspects of attention, memory and language, easy to apply and grade. It has been used to evaluate the cognitive ability of the interviewee; It can be applied to patients who live in a community or in an institution, with an average application time of between 5 and 15 minutes. This scale can detect possible functional disorders in older adults (Becerra B et al. 1992; Sosa AL, 1997). References Folstein MF, Folstein SE, McHug PR. "Mini-Mental State": A practical method for grading cognitive state of patients for the clinician. J Psychiatry Res. 1975; 12: 189-198. Beck JC, Freedman ML, Warshaw GA. Geriatrics: Functional Evaluation. Medical Care 1994, 7(8): 17-35. Becerra B, Ortega-Soto HA, Torner C. Validity and reproducibility of the brief cognitive examination (Mini-Mental State Examination) in a special care unit of a psychiatric hospital. Mental Health 1992;15(4): 41-45. Soda OAL. Prevalence of depressive symptoms and cognitive alterations in the elderly in a community in Mexico City. Master's Thesis in Psychiatry. Faculty of Medicine, National Autonomous University of Mexico, 1997.
	LIFE SATISFACTION (ENSE, 1994)
IX	Life satisfaction was defined as the individual's global perception of well-being and is also a reflection of global health. The item with a Likert response format, which allows for exploration, has been widely used for epidemiological purposes in old age (Neugarten 1961). In general, those who are satisfied with life enjoy better health and a higher quality of life than others. They also have an advantage when trying to overcome difficult events or significant losses, or cope with stress and/or participate in social activities. Life satisfaction allows us to have an approach to the level of quality of life and global well-being of the individual at a given moment. References National Population Council, System for the Comprehensive Development of the Family (Eds). National Survey on the Sociodemographics of Aging in Mexico (ENSE). Results on sociodemographics of aging in Mexico, 1994. Neugarten B et al. The measurement of life satisfaction. Journal of Gerontology, 1961 16: 134-143. Cited in ENSE, 1994.
	REPORT OF CONCERNS
X	It investigates seven areas of concern or problems in the interviewee's daily life: Economic, health, housing, food, family, social and others that the older adult may be experiencing. Likewise, and in order of importance according to what was reported, it allows the three main ones to be recorded. References National Population Council, System for the Comprehensive Development of the Family (Eds). National Survey on the Sociodemographics of Aging in Mexico (ENSE). Results on Sociodemographics of aging in Mexico, 1994. Modification by the research team
	SELF-PERCEPTION OF HEALTH STATUS (Physical health):ENSE, 1994
XI	Self-perceived health status has been shown to be a reliable indicator of global health. The global impression one has of one's own health status and that of other members of one's cohort constitutes a valuable predictor of mediate morbidity and a reflection of the real global health status. The information provided by this indicator is essential to have a quantitative approach to the state of health. Since it is self-reported, it serves different purposes than those obtained by medical examination; However, its careful analysis serves as a general indicator for needs associated with health. It consists of three items with a Likert-type response format. References National Population Council, System for the Comprehensive Development of the Family (Eds). National Survey on the Sociodemographics of Aging in Mexico (ENSE). Results on sociodemographics of aging in Mexico, 1994.

	QUALITY OF LIFE: (WHOQOL-BRIEF)
XII	In 1991, the World Health Organization (WHO) began a project to develop an instrument to evaluate quality of life -WHOQOL- (Orley, 1998). By 1996, the WHO had developed two instruments that assess quality of life: the WHOQOL-100 and the WHOQOL-BRIEF, used in different cultural contexts. The WHOQOL-BRIEF with Likert response format was used in its abbreviated version of 26 items of the WHOQOL-100. Subsequent analyzes of the abbreviated version describe four domains: physical health, psychological health, social relationships and environment. References PROGRAME ON MENTAL HEALTH. WHO Measuring Quality of Life. Division of Mental Health and Prevention of Substance Abuse. World Health Organization 1997. WHO/MNH/PSF/97.4 WHOQOL-BRIEF: Introduction, Administration, Scoring and Generic Version of The Assessment. Field Trial Version, December 1996. Program on Mental Health. World Health Organization, Geneva

	DISABILITY EVALUATION: (WHODAS II)
XIII	The Questionnaire of World Health Organization, WHODAS II, allows you to evaluate six domains of functioning on a daily basis: a) understanding and communication, b) mobility, c) self-care, d) relationships with others, e) domestic and work activities and f) participation in activities social. In its 36-item version, applied through interviews, it gives scores in the six domains of functioning, as well as the general disability score. For each item that is positive, the following item is asked about the number of days (in the past 30 days) that the respondent had experienced the difficulty. Currently, WHODAS II has various fully structured versions of 36 and 12 reagents. The 36-item interview-administered version was included and used in the questionnaire; However, there is another self-administered version. References: Epping-Jordan JA, Bedirhan UT. The WHODAS II: Levelling the playing field for all disorders. WHO Bulletin of Mental Health. www.who.int/icidh/whodas/generalinfo www.who.int/icidh/whodas/versionsofWHODASII

	MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW (MINI, Spanish version 5.0.0, DSM IV)
XIV	The Mini International Neuropsychiatric Interview, (M.I.N.I.), is a brief structured diagnostic interview developed in France and the United States. It explores their main psychiatric disorders in adults and can be applied by non-specialized interviewers, trained in their management. In its format it includes all the symptoms listed in the DSM-IV and ICD-10 symptomatic criteria for the 17 main diagnostic categories of axis I; as well as a suicide module and a personality disorder in axis II. This way, its diagnostic algorithms are consistent with both the DSM-IV and the ICD-10 and are integrated into the structure of the instrument; in such a way that the diagnoses are established during the interview; All questions are dichotomous with "Yes" or "No" answers. For the purposes of the study and in order to evaluate the state of mental health, this instrument was used. The interview is divided into 16 modules, identified with letters from A to P, each corresponding to a diagnostic category. For each module (except psychotic disorders) there is one or more filter questions that correspond to the main criteria of the disorder. At the end of each module there are options, which allow the interviewer to indicate whether the criteria required to formulate a diagnosis are met. References Ferrando L, Franco-Alonzo L, Soto M, Bobes-García, Soto O, Franco L, Heinze G. MINI. MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW. Versión en español 5.0.0, DSM-IV. Enero 2000. Amorim P, Lecrubier Y, Weiller E, Hergueta T, Sheehan D. DSM-III-R Psychotic Disorders: procedural validity of the Mini International Neuropsychiatric Interview (MINI). Concordance and causes for discordance with the CIDI. Eur Psychiatry 1998; 13: 26-34. Sheehan DV, Lecrubier Y, Sheehan HK, Amorim P; Janavs J, Weiller E, Hergueta T, Baker R, Dunbar GC. The Mini-International Neuropsychiatric Interview (M.I.N.I.): The developmenet and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. J Clin Psychiatry 1998; 59 (suppl 20): 22-33. Lecrubier Y, Sheehan DV, Weiller E, Amorim P, Bonora I, Sheehan KH, janavis J, Dunbar GC. The Mini International Neuropsychiatric Interiew (MINI): A short diagnostic structured interview: reliability and validity according to the CIDI. Eur Psychiatry 1997; 12:224-231. Sheehan DV, Lecrubier Y, Sheehan HK, Janavs J, Weiller E, Keskiner A, Schinka J, Knapp E, Sheehan MF, Dunbar GC. The validity of the Mini International Neuropsychiatric Interview (MINI) according to the SCID-P and its reliability. Eur Psychiatry 1997; 12: 232-241.) Heinze G, García M y cols. Adaptación de la Entrevista MINI. Instituto Nacional de Psiquiatría, México D. F. 2000. (comunicación personal).

	OPEN STORAGE Now to finish, I would like you to comment:
	a) What is your life like now? b) What things would you like to see done to make you better? c) Currently, what things give you pleasure? Own elaboration, research team

6

SCOPES

Both the methods, procedures and fundamentally the use of the questionnaire applied by direct interview and as a data collection tool, allowed us to achieve the objectives proposed in the research protocols, since according to the analysis of results it was possible to obtain a profile of the living conditions and mental health in the elderly population in two areas (Casa Hogar, CH and Centro de Salud, CS) in Mexico City.

CONCLUSIONS

a) It is worth highlighting, first of all, the relevance, usefulness and applicability of the questionnaire in the population of older adults, since as a whole and based on the sections that make it up, it allowed generating knowledge about the living conditions investigated and mental health. b) The questionnaire is inserted within the stages of the development of scientific research, which include: research protocol, authorization of the ethics and research committees, management of the area or areas where it is planned to be carried out, field work (application of the instrument), information collection, coding, capture, analysis and dissemination of results. c) The first sections of the questionnaire allow for a quick assessment of the state of health and/or presence of any cognitive alteration, that is, presence of auditory or visual impairments or cognitive alterations that limit or prevent continuing with the interview. d) During the application, it was determined that the pace of the interviews was "slow and leisurely", a characteristic inherent to the study population; as well as the methodological implications that this fact entails, since the average application time was 1:59 (CH) and 1:43 hrs. (CS). e) Within the response options, it was determined that responses in dichotomous format (Yes-No, presence-absence), favor the choice of this one; In contrast, Likert scale options generate a bit of confusion when choosing the one that best reflects your situation. f) Another relevant characteristic, both in the application and in the coding of the material, is related to the requirement to expand response options: "does not remember", "not applicable", "does not know", "not applicable". Which was also the reason for analysis as a prevailing condition in this population. g) Although the questionnaire does not require strict training for its handling and application, except for the MINI interview section (in which specific training by the psychiatry specialist is recommended), the recommendation of participation in the study of personnel with experience in handling interviews, methodology and procedures, facilitates the development of the research, ensures the consistency of the information and, above all, empathy with older adults, considered a vulnerable population due to the stage of life in which they are they find each other. h) In their general context, both the protocols and the COVYSMAM-LJ questionnaire were developed from a psycho-socio-gerontological perspective, inserting themselves within the epidemiological approach to health. i) Due to the above, it is also possible to consider that the instrument allows including or discarding sections, depending on the interests of the researcher and the objectives set out in the protocol, and j) Finally, it is worth emphasizing that the study allowed obtaining a profile of older adults in the study areas and establish a situational diagnosis of the living conditions (included in the study) and mental health explored through the research instrument (López et al, 2001; López et al, 2023).

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