

Article

Senior Mental Health Scenarios in Thai Buddhist Contexts: A Qualitative Study

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Abstract: This study delves into the global mental health challenges confronting the elderly within Thailand's Buddhist context. It explores seniors' perspectives on mental health distress, factors, and interventions, alongside monks' viewpoints on traditional Buddhist approaches and their role in addressing these challenges. Our thematic analysis of qualitative research engaged 36 participants, comprising health volunteer monks and seniors from Northern Thailand, to identify primary themes and sub-themes. The perspectives on senior mental health scenarios highlight seniors' experiences of stress, anxiety, sadness, and loneliness, influenced by factors like age, health, family, finances, and social isolation. Interventions encompass health care, religious practices, and community support. Monks advocate for integrating Buddhism into daily life, encouraging active participation, and addressing senior mental health issues, emphasizing their pivotal role, the embodiment of monastic ideals, and the challenges hindering their involvement. The research highlights the significance of empowering monastic involvement, acknowledging monks as representatives of monastic principles, even in the face of obstacles limiting their participation. This study uncovers a trend in Thai Buddhist communities where physical health and religious aspects take precedence over the mental well-being of seniors. It advocates for a comprehensive approach that integrates religious and mental health strategies, highlighting Buddhism's impact on seniors' mental wellness. The implications span spirituality, religious studies, mental health, and elderly care policy, emphasizing the crucial role of Buddhist practices and monks in enhancing the mental well-being of the elderly.

Keywords: mental health; older adults; Buddhists; monks; qualitative study; thematic analysis



Citation: Langgapin, Saowalak, Waraporn Boonchieng, Sineenart Chautrakarn, and Narong Maneeton. 2024. Senior Mental Health Scenarios in Thai Buddhist Contexts: A Qualitative Study. *Religions* 15: 440. <https://doi.org/10.3390/rel15040440>

Academic Editor: Pninit Russo-Netzer

Received: 1 December 2023

Revised: 1 March 2024

Accepted: 27 March 2024

Published: 31 March 2024



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1. Introduction

Mental health issues pose a significant global public health challenge, with the elderly being particularly affected by conditions like depression and anxiety (GBD 2019 Mental Disorders Collaborators 2022). In 2019, mental disorders and depressive disorders ranked seventh and thirteenth, respectively, among the leading contributors to the global disease burden. Notably, individuals aged 60 to 64 exhibited the highest prevalence of depressive disorders at 6.0% (Dattani et al. 2023a), alongside a high prevalence of anxiety disorders at 4.7% (Dattani et al. 2023b). This pattern is reflected in Thailand, where individuals in the 60–64 age group recorded the highest prevalence of depressive disorders at 5.4% (Dattani et al. 2023a), coupled with a high prevalence of anxiety disorders at 4.4% (Dattani et al. 2023b). In 2016, about 15.0% of Thailand's elderly, roughly 11.3 million people, reported fair to poor health. Among them, 85,000 lacked access to health care benefits and 5.1% experienced disabilities. Moreover, 16.3% faced housing instability, and 51.2% were unemployed. These challenges are compounded by caregiving responsibilities and family migration, worsening mental health issues like memory problems and depression (Pongboriboon 2020; Khongboon et al. 2017).

Age-related mental health problems stem from various factors, including health issues, family dynamics, loneliness, social isolation, living conditions, and stigma surrounding mental health care. Additionally, one's quality of life and socioeconomic status contribute significantly. These issues can also arise due to inadequate societal support or limited vocational opportunities (da Silva et al. 2020; Reynolds et al. 2022; Thipprakmas 2021; Reynolds et al. 2022; Lima and Mintzer 2013). Mental health issues among seniors have far-reaching consequences, impacting physical health, independence, and leading to severe outcomes such as dementia and premature mortality (da Silva et al. 2020; Reynolds et al. 2022). Despite facing these challenges, seniors demonstrate resilience and actively engage with their communities, particularly when they receive support that is tailored to their needs (Reynolds et al. 2022). However, widespread stigma and delayed diagnoses often hinder seniors' access to mental health services, leading many to turn to religion, particularly Buddhism, as a means of coping (Vanichrudee et al. 2020; Dilip et al. 2020; Zhang et al. 2019). In the context of Thai society, Buddhism assumes a central role in addressing mental health challenges among seniors, exerting a positive influence on their coping mechanisms, emotional support, and overall mental well-being (Zhang et al. 2019; Vaingankar et al. 2021; Wiriyasombat et al. 2011; Hungerford et al. 2022; Aisenberg-Shafran and Shturm 2022). Recognizing the positive impact of Buddhist activities among elders, especially within ASEAN communities, it is essential to acknowledge the underexplored influence of supernatural and religious responses on elderly mental health (Thipprakmas 2021). According to Leelavanichkul et al. (2018), religiosity and specific religious rituals positively influence the perceived value that is attributed to older individuals. Moreover, certain Buddhist practices, such as providing alms to monks, engaging in meditation, and studying Dhamma, significantly contribute to the mental well-being of older adults in Thailand (Klangrit et al. 2021), demonstrating effective coping strategies, emotional support, and interpersonal skills (Vaingankar et al. 2021).

In light of shifting demographics within Thai Buddhist communities, there is a growing need to understand the mental health challenges facing the elderly population. This study seeks to explore seniors' perspectives on mental health distress, associated factors, and interventions, while also delving into monks' viewpoints on traditional Buddhist methods and the role of monastics in addressing mental health challenges among the elderly. By unraveling the complexities of elderly mental health distress and identifying culturally relevant interventions, the study offers insights to gerontology, psychology, and religious studies. Furthermore, the findings have the potential to inform targeted support programs and policies tailored to the unique needs of seniors within Buddhist communities, promoting holistic well-being and resilience in this demographic.

2. Materials and Methods

2.1. Methods

Qualitative methodology was utilized to explore the current scenario of seniors' mental health.

Participants and recruitment: The study meticulously selected thirty-six participants to ensure data saturation, comprising two distinct groups: (1) older adults, including club leaders and members, and (2) monks, representing diverse roles within the domain of Thai health volunteer monks. The monk cohort encompassed a varied spectrum, ranging from field leaders to provincial leaders, a secretariat member overseeing health volunteer monk affairs, and health volunteer monks stationed at temples.

The selection process employed a purposeful approach, supplemented by snowball sampling techniques for candidate identification. (1) The first group comprised sixteen participants, including older adult club leaders and members, both male and female, aged 60 years and above, who were selected through a combination of snowball and purposive sampling methods until data saturation was achieved. This core group consisted of nine older adult club leaders and seven club members from eleven districts in Chiang Mai, encompassing rural, suburban, and urban areas. Inclusion criteria were defined to identify

older adult Buddhists with general psychological issues who were amenable to online or telephone interviews and who provided informed consent. The mental health assessment, utilizing the Brief Psychiatric Rating Scale (Thai version), excluded those scoring higher than 36. Additionally, exclusion criteria covered discontinuation of participation, refusal to engage in voice-to-text recordings, or absence during interviews. (2) The second group comprised twenty monastic participants including monks, abbots, and monk lecturers, chosen from ten northern provinces of Thailand: Chiang Mai, Phayao, Chiang Rai, Lamphun, Lampang, Mae Hong Son, Phrae, Nan, Phitsanulok, and Phichit. Their involvement reflects a commitment to understanding and addressing the unique needs of seniors within the context of Buddhist practices and beliefs. They were selected based on specific inclusion criteria, which included active engagement as health volunteer monks, prior involvement in senior citizen care, willingness to participate in online interviews, and granting permission for research involvement. The recruitment protocol unfolded in multiple stages, commencing with a recommendation from the Vice-Chancellor for Academic Affairs at Mahachulalongkornrajavidyalaya University's Chiang Mai Campus, followed by the identification of leaders and a secretariat member, and culminating with recommendations for temple health volunteer monks.

2.2. Research Instrument

The authors conducted semi-structured interviews, drawing from the existing literature and prior expertise. (1) The questions directed at seniors encompassed a mix of general and specific inquiries. Six general questions sought information about gender, age, education, position, district of residence, and prior counseling experience. In addition, five specific inquiries delved into prevalent mental health issues, contributing factors, preventive interventions, community resources for senior mental health care, and suggestions for enhancing seniors' mental well-being. (2) The questions directed towards monks comprised three general inquiries concerning age, monastic position, and place of residence, alongside a series of five focused questions. These specific inquiries delved into existing Buddhist approaches to addressing senior mental health, available community resources for senior mental health, the potential role of monks as counselors in alleviating senior mental health challenges, challenges encountered in providing mental health counseling, and recommendations for improving senior mental well-being.

To ensure the content validity of the interview questions, a panel of five distinguished professionals, possessing expertise in mental health, psychiatry, counseling psychology, and health-focused monk initiatives, was convened for validation. The valuable insights provided by these experts affirmed the robustness and appropriateness of the formulated questions. Following this, a preliminary trial involving two monk participants was conducted, and the outcomes underwent meticulous scrutiny.

2.3. Data Collection

This study received ethical approval from the Research Ethics Committee of Chiang Mai University's Faculty of Public Health, with the reference number ET020/2565. (1) The individual interviews were conducted by the first author in January of 2023 using semi-structured questions. (2) The researchers obtained permission from each participant before conducting each interview. (3) The interviewer would first establish an informal, respectful, and relaxing atmosphere to enhance the productivity of the interview. (4) The interviewer voice-typed each 30-min interview, conducted over the phone or via a mobile device, using an office dictation tool. (5) The first author, who conducted the interviews, transcribed the notes from each interview into Microsoft Word and manually reviewed the transcripts for accuracy afterward. (6) Data collection and analysis were conducted simultaneously. After rechecking the codes and identifying no new themes during the data analysis, participant recruitment was concluded.

2.4. Data Analysis

We conducted a thematic analysis based on Braun and Clarke's method, employing an inductive approach to identify salient themes (Maguire and Delahunt 2017). The data analysis process consisted of six steps: (1) The first step was a thorough review of the complete dataset, which was conducted several times to become more acquainted with the data. Any interesting points of the study questions were gathered, and any unclear points were then considered. (2) The second step involved creating initial codes and fusing them with meaning till no more themes remained. A codebook including the themes and sub-themes of the dataset was created. (3) The third step involved developing an initial thematic map to identify patterns and link the major themes and sub-themes inside and throughout the whole dataset. (4) The fourth step involved carefully selecting and consciously combining themes and sub-themes to produce both internal and external heterogeneity. Thematic elements were combined, and the thematic map was updated. (5) The fifth step involved developing the final dataset's mind map and identifying the themes' names and meanings. (6) The sixth step focused on the analytical findings that were obtained from the data, which were presented as codes and employed themes that were comprehensive, equitable, accurate, and representative of the dataset.

3. Results

3.1. Demographic Characters

3.1.1. Senior Participants

For senior participants, equal gender representation was maintained, with 50% each for males and females (eight participants each). The average age of the participants was 69.1 years, ranging from 62 to 85, with a standard deviation of 6.2. Among participants, 62.5% ($n = 10$) had educational qualifications below a bachelor's degree, while 37.5% ($n = 6$) held degrees at the bachelor's level or higher. Older adult club leaders constituted 56.2% ($n = 9$), and 43.7% ($n = 7$) were older adult club members. Regarding residence, 43.7% ($n = 7$) lived in rural areas (Mae Tang, Doi Lo, Chiang Dao, Wiang Haeng, Fang, and Chai Prakan Districts), 37.5% ($n = 6$) in suburban areas (Mae Rim, Hang Dong, Sansai, and Doi Saket Districts), and 18.7% ($n = 3$) in urban areas (Meung District). Notably, all participants (16) had received counseling for health-related difficulties, while none had sought counseling for mental health concerns.

3.1.2. The Monk Participants

The monk participants in the cohort had an average age of 41.3 years, with a range from 30 to 64 years and a standard deviation of 8.07. Within this group, 50% ($n = 10$) held the designation of monk, while 45% ($n = 9$) held the esteemed position of abbot. A monk lecturer represented the remaining 5% ($n = 1$). Geographically, the distribution showed 35% ($n = 7$) residing in Chiang Mai, followed by 15% ($n = 3$) in Phayao. Chiang Rai and Lamphun each accommodated 10% ($n = 2$) of the participants, while the remaining provinces (Lampang, Mae Hong Son, Phrae, Nan, Phitsanulok, and Phichit) collectively accounted for 5% ($n = 1$) each.

3.2. The Senior Mental Health Scenarios within Thai Buddhist Contexts Were Systematically Categorized into Five Primary Themes, Which Were Rigorously Analyzed through Thematic Analysis

We identified 274 points of interest related to research questions for seniors and 231 points for monks, with no uncertain points of interest identified for either group. Subsequently, we created a comprehensive codebook to organize themes, sub-themes, definitions, criteria, and corresponding codes for the study, which related to an initial thematic map and refined the mind map. Initially, 6 themes and 32 sub-themes were identified, which were subsequently condensed to 5 themes and 8 sub-themes and further streamlined to 3 themes and 11 sub-themes in the fourth and fifth revisions, respectively, with changes in naming conventions. Ultimately, the final thematic analysis elucidated

5 overarching themes, comprising a total of 18 sub-themes, to comprehensively explore the scenarios of seniors' mental health in Thai Buddhist contexts. These themes include Seniors' Mental Health Distress, Seniors Mental Health Determinants, Seniors' Mental Health Interventions, Buddhist Approaches to Senior Mental Well-being, and the Monastic Role in Senior Mental Health. This process is illustrated in Figure 1 and items 2.1–2.5 below.

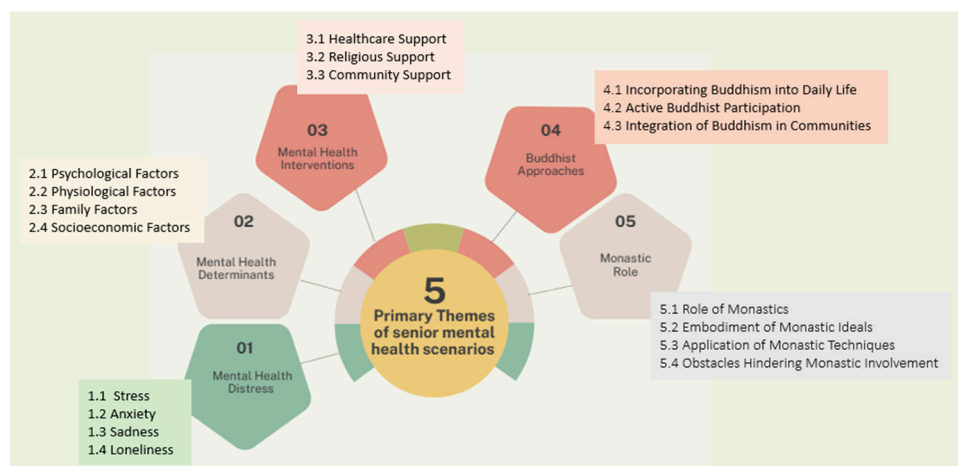


Figure 1. The identified themes in senior mental health scenarios in Thai Buddhist contexts.

- (1) The Core Theme “*Seniors’ Mental Health Distress*” comprised four sub-themes: stress (an inability to cope with stressful events), anxiety (worrying about expected or future outcomes), sadness (lack of motivation and interest or decreased enjoyment and pleasure), and loneliness (social interactions are less than desired). These sub-themes were derived from perspectives shared by the elderly, which included the following: (i) *Stress*: participants emphasized that seniors experienced stress stemming from various external factors such as family dynamics, financial concerns, and health issues. (ii) *Anxiety*: participants highlighted that seniors often faced significant internal emotional distress concerning their health, family welfare, and financial future, resulting in heightened levels of anxiety. (iii) *Sadness*: participants observed that seniors commonly experienced sadness, which manifested as a lack of motivation, decreased interest, or diminished enjoyment and pleasure in life, contributing to feelings of social isolation. (iv) *Loneliness*: participants acknowledged that seniors encountered familial loneliness, wherein their social interactions failed to meet their desired level of engagement and connection.
- (2) The Core Theme “*Seniors Mental Health Determinants*” comprised four sub-themes: psychological, physiological, family, and socioeconomic factors. These sub-themes were extrapolated from the perspectives shared by the elderly, which included the following: (i) *Psychological Factors*: participants noted that seniors’ expectations and thoughts influenced their psychological well-being. (ii) *Physiological Factors*: participants highlighted that physical and cognitive conditions, along with nutrition and exercise, influenced seniors’ mental health. (iii) *Family Factors*: participants identified nuclear families, feelings of family loneliness, and strained relationships with family members as significant contributors to seniors’ mental health status. (iv) *Socioeconomic Factors*: participants emphasized that occupational, economic, and societal factors all impacted the mental health of seniors.
- (3) The Core Theme “*Seniors’ Mental Health Interventions*” comprised three sub-themes: health care support, religious support, and community support. These sub-themes were extrapolated from the perspectives shared by the elderly, which included the following: (i) *Health Care Support*: participants mentioned various strategies aimed at preventing mental health issues in seniors, encompassing health interventions, psychosocial support, and access to health care resources. (ii) *Religious Support*:

- participants acknowledged the utilization of Dhamma practices, rituals, and resources as current strategies for safeguarding seniors against mental health challenges.
- (iii) *Community Support*: participants recognized the role of community groups, events, and resources in preventing mental health issues among seniors.
- (4) The Core Theme “*Buddhist Approaches to Senior Mental Well-being*” encompasses three sub-themes: incorporating Buddhism into daily life, active Buddhist participation, and integration of Buddhism in communities. These sub-themes were extrapolated from the perspectives shared by the monks, which included the following: (i) *Incorporating Buddhism into Daily Life*: Participants stressed the importance of applying Dhamma principles for promoting mental health. They advocated for mindfulness, ethical behavior, and meditation to proactively address concerns, while also highlighting daily practices for senior well-being. (ii) *Active Buddhist Participation*: Participants emphasized the role of temples and monks in providing mental health support. They also highlighted the significance of senior clubs and temples as communal centers fostering unity and well-being among the elderly. (iii) *Integration of Buddhism in Communities*: Participants underscored the involvement of seniors and community collaboration as essential for addressing mental health challenges. This entails observation, comprehensive analysis, effective problem-solving, and proactive moral and psychological support.
- (5) The Core Theme “*Monastic Role in Senior Mental Health*” comprises four sub-themes: the role of monastics, the embodiment of monastic ideals for accessibility, the application of monastic techniques, and the obstacles hindering monastic involvement. These sub-themes were extrapolated from the perspectives shared by the monks, which included the following: (i) *The Role of Monastics*: Participants underscored that certain seniors prioritize their connection with monks over family advice, seeking mediation from monks in family conflicts. Monks are perceived as adept at providing comprehensive assistance to seniors, encompassing psychological, moral, and wisdom-based support. (ii) *The Embodiment of Monastic Ideals for Accessibility*: Trust is recognized as vital for seniors seeking support from monks for mental health issues. Monks serve as motivators through Dhamma teachings and virtuous conduct, although some seniors may harbor distrust due to negative experiences. Nonetheless, the foundational role of monks enhances their credibility within the community. (iii) *The Application of Monastic Techniques*: Monks streamline Dhamma teachings through narratives to facilitate practical comprehension among seniors. They also advocate for the utilization of technology for problem assessment and propose adapted communication methods for seniors with hearing impairments. (iv) *The Obstacles Hindering Monastic Involvement*: Challenges encompass third-party involvement for mental health support to senior women, monks funding transportation for multidisciplinary home visits, seniors declining assistance, and the significance of assessing families’ needs before offering assistance, particularly from skilled volunteer monks.

4. Discussion

This study examined the mental health scenarios of seniors in Buddhist contexts. The scenarios of mental health among seniors contain three key themes: the mental health distress of seniors, the determinants of mental health issues among seniors, and the existing interventions for the mental health status of seniors.

The Core Theme “*Seniors’ Mental Health Distress*” comprised four sub-themes: stress, anxiety, sadness, and loneliness. These sub-themes were derived from perspectives shared by the elderly. For example, a 69-year-old senior said that “Seniors experienced heightened levels of stress stemming from the perceived lack of empathy and support from their children, exacerbating their feelings of frustration and isolation within familial dynamics”. A 74-year-old senior said that “They harbor deep concerns about their well-being and that of their children and grandchildren, primarily because they feel their voices go unheard and their concerns unaddressed by their offspring, leading to a sense of disconnection and

apprehension about the future". A 65-year-old senior said that "Their sadness emanated from various sources including the experience of living alone, feelings of abandonment by family members, unresolved past grief, and persistent cyclical thoughts that perpetuated their sense of melancholy and isolation". A 76-year-old senior stated that "Their sense of isolation deepened as they grappled with the physical absence of family members, exacerbating their feelings of loneliness and abandonment". These findings align with quantitative studies conducted in Thailand, which have reported that the majority of seniors experienced stress, anxiety, and depression at rates of 39.98% (Palungrit et al. 2018), 3.10% (Kwansanit et al. 2022), and 7.33% (Malai et al. 2019), respectively. Globally and in Thailand, seniors have been identified as having the highest rates of depression and anxiety disorders among societal populations (Dattani et al. 2023a, 2023b). Additionally, loneliness and depression may serve as precursors to each other, with social isolation also potentially indicating depression and anxiety (Zhang et al. 2023). This suggests that psychological counseling programs for seniors should prioritize addressing stress, worry, loneliness, and sadness to prevent psychological distress among this demographic.

The Core Theme "*Seniors Mental Health Determinants*" comprised four sub-themes: psychological, physiological, family, and socioeconomic factors. The psychological health of seniors was influenced by a multitude of factors, encompassing their physical and cognitive limitations, nutritional status, level of physical activity, feelings of loneliness, changes in family dynamics, expectations, beliefs, emotional well-being, as well as housing, economic, and societal issues. These sub-themes were extrapolated from the perspectives shared by the elderly. For instance, a 65-year-old senior stated that "Their comparisons between their children's lifestyles and those of their neighbors often resulted in feelings of dissatisfaction and discord within their family dynamics, leading to tensions and misunderstandings among family members. This comparison might stem from a desire for their children to emulate perceived success or achievements observed in neighboring families, exacerbating feelings of inadequacy or disappointment within their family unit".

A 69-year-old senior noted "The challenges arose from the combination of their advancing age, pre-existing health conditions, and the visible signs of aging such as dull, wrinkled skin, contributing to their overall sense of distress and vulnerability". A 65-year-old senior stated that "They grappled with the burden of financial struggles, the frustration of unemployment, and the profound sense of isolation that comes with living alone or in nuclear family settings, all contributing to their mental distress". These results are consistent with previous findings from quantitative research conducted in Thailand, which revealed that seniors commonly lived alone and experienced poor health. They also faced challenges with daily tasks, required assistance, and lacked support, with rates reported at 13.43% (Meemon and Paek 2020); 15.1%, 36.8%, and 8.3% (Teerawichitchainan et al. 2019); and 33.9% (Khaweewong and Duangsong 2020), respectively. Additionally, seniors often had limited access to suitable accommodation, family connections, and societal support (Juntapim and Thernut 2021; Murniati and Kamso 2022). Previous corresponding studies conducted in other countries have indicated that psychological distress may be linked to the absence of interpersonal support, long-term medical conditions, limitations in physical functioning, and visual impairment (Murniati and Kamso 2022; Maier et al. 2021). Based on this conclusion, to mitigate psychological distress among seniors, it is imperative to address these contributing factors in psychological counseling programs that are designed for seniors.

The Core Theme "*Seniors' Mental Health Interventions*" comprised three sub-themes: health care, religious, and community support. Participants underscored a diverse range of contemporary prevention approaches, which included the utilization of Dhamma practices, rituals, and resources, as well as health, psychosocial, and health resource interventions. Additionally, participants emphasized the importance of leveraging local resources and engaging in community events and clubs. These sub-themes were extrapolated from the perspectives shared by the elderly. For instance, a 62-year-old senior stated that "When confronted with mental health struggles, they resort to various coping mechanisms such as

engaging in hobbies, spending time with loved ones, and participating in physical activities like walking or gardening". A 61-year-old man stated that "In managing their mental health challenges, they find solace by engaging in communal meditation sessions, actively participating in temple activities, seeking spiritual guidance from Buddhist monks, and involving themselves in volunteering activities, which contribute to their overall well-being and sense of purpose". A 65-year-old senior said that "During times of mental health challenges, individuals find comfort and support through group participation, such as joining support groups or job sessions, traveling with friends to explore new environments and gain perspective, and actively engaging in various community activities and events, fostering a sense of belonging and connection with others". These results corroborate the findings of prior studies, which highlighted the beneficial effects of various interventions such as meditation with mindfulness, breathing techniques, religious or spiritual practices, resilience-building strategies, animal-assisted therapy, recollection therapy, humor therapy, and group therapy among seniors. Additionally, seniors should have access to traditional healers such as herbalists, Buddhist shamans, spiritual healers, blessed shamans, fortune tellers, and mystical shamans to provide solace and support (Gonçalves et al. 2015; Lynn and Basso 2023; Iwano et al. 2022; Giebel et al. 2022; Pechburi et al. 2017; Photipim et al. 2021; Wongkwanklom 2018). The keys to effective strategies include maintaining a healthy diet, engaging in regular physical activity, fostering a positive mindset, managing feelings of worry and tension, enhancing self-esteem, employing diverse approaches, pursuing lifelong learning, active participation in society, volunteering, and seeking support from close friends, family members, and relevant organizations (Suttharat and Meungkhwa 2018; Chansuvarn et al. 2021; Giebel et al. 2022). These results underscore the necessity of developing comprehensive programs for psychological counseling among seniors, which should encompass a range of contemporary services and tools to address the current gap in available psychological support.

The Core Theme "*Buddhist Approaches to Senior Mental Well-being*" encompasses three sub-themes: incorporating Buddhism into daily life, active Buddhist participation, and integration of Buddhism in communities. Participants emphasized the importance of Dhamma principles such as mindfulness, virtuous conduct, and meditation in proactively addressing mental health issues. They highlighted daily practices aimed at promoting mental well-being among seniors and recognized the support that is provided by temples and monks. Additionally, they underscored the significance of fostering unity through collaboration among seniors and communities. These sub-themes were extrapolated from the perspectives shared by the monks. For instance, a monk who was 35 years of age articulated that "Dhamma principles, including relinquishment and mindfulness, were viewed as potential tools to preemptively address mental health issues and foster overall well-being. The practice of relinquishment, for instance, encouraged individuals to let go of attachments and negative emotions, while mindfulness promoted a heightened awareness of one's thoughts and emotions, thereby cultivating mental resilience and stability". A monk who was 35 years of age elucidated that "Temples offer support to individuals grappling with mental health challenges by providing practices such as venerating Buddha images and seeking blessings and guidance from monks. These rituals and interactions within the temple environment are believed to offer solace, spiritual guidance, and a sense of community to those in need". A monk who was 64 years of age opined that "By actively interacting with seniors, volunteers, monks, and residents can develop a profound understanding of their struggles and concerns. This engagement facilitates the exchange of experiences, insights, and support, fostering a stronger sense of community and compassion toward seniors' well-being". These findings align with prior research highlighting the positive impacts of mindfulness meditation, controlled breathing techniques, adherence to key Buddhist precepts emphasizing compassion, loyalty, and a cyclical awareness of life, as well as religious and spiritual practices such as almsgiving to monks, engaging in meditation, embracing monkhood, participating in New Year rituals, pursuing Dhamma teachings, maintaining faith in Buddhism, and upholding Buddhist

tenets. These practices have shown notable and meaningful connections with the mental well-being of the elderly demographic. Additionally, seniors sought traditional sources of comfort, including recourse to traditional herbalists, Buddhist shamans, spiritual healers, blessed shamans, fortune tellers, and mystical shamans (Gonçalves et al. 2015; Lynn and Basso 2023; Iwano et al. 2022; Wongkwanklom 2018; Sudbhado et al. 2022; Klangrit et al. 2021; Wongsala et al. 2021). Buddhism emphasizes the cultivation of self-awareness to develop concentration and wisdom, leading to a profound understanding of the mind and self-nature, transformative changes in habits, and the realization of Life's Truth through experiential engagement. This journey ultimately seeks Enlightenment and liberation from the cycle of birth and death (Ahipanyo 2017). In enhancing senior mental well-being, Buddhism employs diverse strategies, utilizing indices to gauge mental well-being, with temples serving as hubs of care, integrating Buddhist practices and improving facets like infrastructure, personnel, teachings, and ceremonies (Chotipanyo 2016). The research findings highlight that Buddhist principles, practices, and rituals are intrinsic to Thai Buddhist seniors. These are supplemented by elements aimed at bolstering religious and senior mental health through the integration of Buddhism within communal settings, fostering mental health awareness, knowledge, and skills. This augmentation supports monks in effectively supporting the mental well-being of seniors.

The Core Theme “*Monastic Role in Senior Mental Health*” comprises four sub-themes: the role of monastics, the embodiment of monastic ideals for accessibility, the application of monastic techniques, and the obstacles hindering monastic involvement. Participants underscored seniors’ strong trust in monks over family advice when seeking assistance, highlighting monks’ pivotal role in offering holistic support covering psychological, moral, and wisdom dimensions. Monks employ narrative simplification and recommend technology for enhanced senior mental health. Additionally, the involvement of third parties for senior women, monks providing transportation for home visits, addressing seniors’ concerns, and assessing families’ needs, particularly with skilled volunteer monks, were emphasized. These sub-themes were extrapolated from the perspectives shared by the monks. For example, a monk of 35 years of age conveyed that “Monks, through their teachings and guidance, offer seniors psychological support to cope with emotional challenges, moral guidance to navigate ethical dilemmas, and wisdom-based insights to foster resilience and inner peace amid life’s complexities”. A 55-year-old monk said that “The trust between seniors and monks is not only crucial but also deeply rooted in the spiritual and cultural fabric of Thai society. Seniors often seek aid for mental health challenges from monks they trust implicitly, viewing them as confidantes and spiritual guides in times of emotional distress. This bond underscores the significant role that monks play in providing holistic support to seniors within Buddhist communities”. A monk of 40 years of age expressed that “Monks employ narratives to simplify Dhamma teachings, making them more accessible and understandable to individuals seeking guidance. This approach enhances practical application and comprehension among seniors, fostering better outcomes in their spiritual and mental well-being. By contextualizing complex teachings through relatable stories, monks facilitate deeper understanding and integration of Buddhist principles into seniors’ daily lives”. In mental health support for senior women, the involvement of a third party ensures a conducive environment for social interactions between women and monks. However, the effectiveness of this approach relies heavily on the intentions and abilities of the intermediary. It underscores the necessity for genuine empathy and cultural sensitivity in fostering constructive dialogue and providing meaningful support.

These findings align with prior research, which has highlighted the crucial involvement of monks as invaluable resources in delivering essential mental health support, a role that has earned substantial trust from the wider societal realm (Chaisitida 2005; Pengpid and Peltzer 2020). Individuals who sought therapy from monk healers experienced a reduction in depressive scores (Pengpid and Peltzer 2021). However, individuals tend to seek mental health support that is in line with their unique personality traits (Çekici 2019). Monks’ esteemed moral principles elicit admiration from the broader populace (Chaisitida

2005; Paknoi and Piriyaikul 2018; Marma 2022). Individuals' perceptions and attitudes towards monks also play a pivotal role in the decision to seek mental health support from them. Hence, there is a need for monks to enhance their favorable perception to facilitate better accessibility for seniors. Additionally, monks may require specific techniques to effectively provide mental health support for seniors. However, gender-related impediments, particularly among females, may arise when seeking mental health support from monks. This underscores the imperative for monks to recognize their pivotal role, maintain positive public perception, acquire essential techniques, and understand the inherent challenges in providing mental health support for seniors. These facets are reinforced by tailored approaches aimed at facilitating monks' participation in senior mental health care within communal contexts. Relevant institutions can thereby enhance their capability to effectively promote senior mental health within communities.

5. Conclusions

This study investigates two primary aspects: firstly, the perspectives of seniors concerning mental health distress, encompassing associated factors and available interventions; secondly, the viewpoints of monks regarding traditional Buddhist approaches and the roles that they undertake in addressing mental health concerns. This study explores the mental health scenarios of seniors within the context of Thai Buddhist communities, emphasizing the need for their integration into broader health care initiatives and natural engagement with religious activities. The analyses of senior mental health scenarios highlight seniors' experiences of stress, anxiety, sadness, and loneliness, influenced by factors like age, health, family, finances, and social isolation. Interventions encompass health care, religious practices, and community support. Monks advocate for integrating Buddhism into daily life, encouraging active participation and addressing senior mental health issues, emphasizing their pivotal role, embodying monastic ideals, and the challenges hindering their involvement. This study emphasizes the importance of utilizing monks and tailored interventions to address the unique challenges that seniors face within Buddhism. Integrating religious and mental health strategies enhances seniors' well-being, with implications for spirituality, mental health, and elderly care policy. The insights shed light on the role of monastics in Thai communities, offering guidance for stakeholders and policymakers in spiritual, mental health, and senior care initiatives. These findings inform policies prioritizing mental health care for seniors in Buddhist communities, advocating for integrated approaches including spiritual care, community initiatives, and support services. Challenges like cultural sensitivity and resource allocation must be addressed, with further exploration needed on effectiveness, ethics, and cross-cultural perspectives to improve elder care and integrate spiritual and mental health support systems.

Author Contributions: Conceptualization, S.L., W.B. and N.M.; methodology, S.L., W.B. and S.C.; software, S.L.; validation, W.B., S.C. and N.M.; formal analysis, W.B. and N.M.; investigation, S.L.; resources, S.L.; data curation, S.L.; writing—original draft preparation, S.L.; writing—review and editing, W.B., S.C. and N.M.; visualization, S.L.; supervision, W.B., S.C. and N.M.; project administration, S.L.; funding acquisition, S.L. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Ethics Committee of The Faculty of Public Health, Chiang Mai University (The protocol code is ET020/2565, and it was approved on 16 December 2022).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data is unavailable due to privacy or ethical restrictions.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Aisenberg-Shafran, Daniela, and Liav Shturm. 2022. The effects of mindfulness meditation versus CBT for anxiety on emotional distress and attitudes toward seeking mental health treatment: A semi-randomized trial. *Scientific Reports* 12: 19711. [CrossRef]
- Aphipanyo (Duangchai), Phra Soravit. 2017. Mental health awareness in Buddhism. *Asia Pacific Journal of Religions and Cultures* 1: 65–73.
- Çekici, Ferah. 2019. The relationships between the big five personality traits and attitudes towards seeking professional psychological help in mental health counselor candidates: Mediating effect of cognitive flexibility. *Educational Research and Reviews* 14: 501–11.
- Chaisitida, Prasert. 2005. Opinions of Buddhist monks regarding mental health services for general people. *Suanprung Journal* 21: 40–56.
- Chansuvarn, Supatra, Soontee Khachat, Prawida Photong, and Saowalak Sripho. 2021. Mental health: Attitudes of aged people in the elderly school of Tambon Pho Phraya municipality, Suphanburi province. *Journal of Prachomklao College of Nursing* 4: 149–62.
- Chotipanyo, Phramaha Kraison. 2016. Buddhist promoting mental health of the elderly in the community. *Journal of International Buddhist Studies* 7: 150–53.
- da Silva, Antônio Geraldo, Leonardo Baldaçara, Daniel A. Cavalcante, Nicoli Abrão Fasanella, and Antônio Pacheco Palha. 2020. The impact of mental illness stigma on psychiatric emergencies. *Frontiers in Psychiatry* 11: 573. [CrossRef] [PubMed]
- Dattani, Saloni, Lucas Rodés-Guirao, Hannah Ritchie, and Max Roser. 2023a. Depressive Disorders Prevalence, by Age, World, 2019. Available online: <https://ourworldindata.org/grapher/depressive-disorders-prevalence-by-age> (accessed on 30 November 2023).
- Dattani, Saloni, Lucas Rodés-Guirao, Hannah Ritchie, and Max Roser. 2023b. Anxiety Disorders Prevalence, by Age, World, 2019. Available online: <https://ourworldindata.org/grapher/anxiety-disorders-prevalence-by-age> (accessed on 30 November 2023).
- Dilip, Jeste, V. Van Patten V. Van, Lee Ryan, and E. Ellen. 2020. Culture and Ethnicity in the Mental Health of Seniors Lucas Torres, Claire Bird, and Felicia Mata-Greve. Available online: <https://escholarship.org/content/qt2pc246tx/qt2pc246tx.pdf?t=r2mbgk> (accessed on 20 December 2022).
- GBD 2019 Mental Disorders Collaborators. 2022. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: A systematic analysis for the global burden of disease study 2019. *The Lancet Psychiatry* 9: 137–50. [CrossRef]
- Giebel, Clarissa, Nipun Shrestha, Siobhan Reilly, Ross G. White, Maria Isabel Zuluaga, Gabriel Saldarriaga, Ginger Liu, Dawn Allen, and Mark Gabbay. 2022. Community-based mental health and well-being interventions for seniors in low-and middle-income countries: A systematic review and meta-analysis. *BMC Geriatrics* 22: 77. [CrossRef] [PubMed]
- Gonçalves, Juliane P. de B., Giancarlo Lucchetti, Paulo Rossi Menezes, and Homero Vallada. 2015. Religious and spiritual interventions in mental health care: A systematic review and meta-analysis of randomized controlled clinical trials. *Psychological Medicine* 45: 2937–49. [CrossRef]
- Hungerford, Catherine, Sharon Hills, Catelyn Richards, Tracy Robinson, and Danny Hills. 2022. Facilitating mindfulness-based interventions for anxiety in older people: History, effectiveness, and future possibilities. *Issues in Mental Health Nursing* 43: 1014–21. [CrossRef] [PubMed]
- Iwano, Suguru, Kohei Kambara, and Shuntaro Aoki. 2022. Psychological interventions for well-being in healthy seniors: Systematic review and meta-analysis. *Journal of Happiness Studies* 23: 2389–403. [CrossRef]
- Juntapim, Sarinrut, and Ampornpan Thernanut. 2021. Mental health status and factors related to the mental health status of seniors living alone in Mueang district, Khon Kaen province. *Journal of Nursing and Health Care* 39: 130–39.
- Khaweewong, Dusadee, and Rujira Duangsong. 2020. Factors related to stress of elderly people in Khon Kaen municipality. *KKU Journal for Public Health Research* 13: 36–46.
- Khongboon, Pattaraporn, Sathirakorn Pongpanich, and Viroj Tangcharoensatien. 2017. Well-being of the Elderly in Thailand: A Scoping Systematic Review. *Malaysian Journal of Public Health Medicine* 17: 94–110.
- Klangrit, Suriya, David D. Perrodin, Yasotara Siripaprapakon, Fahad Riaz Choudhry, Thittayawadee Intarangkul, Suthat Pratoomkaew, Khunthong Khemsiri, Kan Saengrungr, and Watchara Vachirayano. 2021. Religion and mental health among older adults in Thailand: A national survey study. *Mental Health Review Journal* 26: 380–91. [CrossRef]
- Kwansanit, Patanon, Wee Mekwilai, Suttha Supanya, Worawan Chutha, and Phunnapa Kittirattanapaiboon. 2022. Epidemiology of anxiety disorders in Thailand: Thai national mental health survey 2013. *Journal of Mental Health of Thailand* 30: 237–49.
- Leelavanichkul, Sumana, Aphichat Chamrathirong, Aree Jampaklay, and Rossarin Gray. 2018. Religiosity, the Practices of Religions, and the Perception of Older People Among Muslims and Buddhists in Thailand. *The International Journal of Aging and Human Development* 86: 131–51. [CrossRef] [PubMed]
- Lima, Carlos Augusto de Mendonça, and Jacobo Mintzer. 2013. A day to reflect on the mental health and well-being of older people around the world. In *Mental Health and Older People*. Available online: https://lmentala.net/admin/archivosboletin/WMHDay_2013_v3_small_file.pdf (accessed on 20 December 2022).
- Lynn, Sarah, and Julia C Basso. 2023. Effects of a neuroscience-based mindfulness meditation program on psychological health: Pilot randomized controlled trial. *JMIR Formative Research* 7: e40135. [CrossRef] [PubMed]
- Maguire, Moira, and Brid Delahunt. 2017. Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *The All Ireland Journal of Teaching and Learning in Higher Education* 8: 3351–514.
- Maier, Alexander, Steffi G Riedel-Heller, Alexander Pabst, and Melanae Lupp. 2021. Risk factors and protective factors of depression in older people 65+: A systematic review. *PLoS ONE* 16: e0251326. [CrossRef] [PubMed]

- Malai, Chutima, Rungtip Chaiyoyingyong, Pennapa Dangdomyouth, and Srisakul Cheaplump. 2019. Factors related to depression among seniors in the community, Ratchaburi province. *Songklanagarind Journal of Nursing* 39: 67–76.
- Marma, Ankaching. 2022. Counseling and Its Importance: A Buddhist Perspective. Available online: <http://www.undv.org/vesak2012/iabudoc/01ACMarmaFINAL.pdf> (accessed on 4 January 2022).
- Meemon, Natthani, and Seung Chun Paek. 2020. Seniors living alone in Thailand: Socioeconomic inequality and its relation to unmet health needs. *Asia-Pacific Social Science Review* 20: 17–31.
- Murniati, Nia, and Sudijanto Kamso. 2022. The Role of Biopsychosocial Factors on Elderly Depression in Indonesia: Data Analysis of the Indonesian Family Life Survey Wave 5. *Proceedings* 83: 19.
- Paknoi, Surat, and Intaga Piriyaikul. 2018. The image of Buddhism in the view of Thai Buddhists. *Journal of MCU Nakhondhat* 5: 636–53.
- Palungrit, Srimeung, Kesorn Sumpowthong, Aree Sanguanchue, and Lamduan Rojarat. 2018. Health status and health needs of the elderly in Khukhot subdistrict, Lumlukka district, Pathumthani province. *Journal of Nursing and Health Care* 36: 69–78.
- Pechburi, Pornpimol, Chomcheung Somprasert, and Pranom Othakanon. 2017. The effect of a social support program on the mental health of the elderly. *Journal of Nursing and Health Care* 35: 188–97.
- Pengpid, Supa, and Kerl Peltzer. 2020. Common mental disorders among patients attending monk healers and primary health care centres in Thailand: A cross-sectional study. *International Journal of Mental Health Systems* 14: 78. [CrossRef] [PubMed]
- Pengpid, Supa, and Kerl Peltzer. 2021. Depressive symptoms among clients attending monk healers and primary care clinics in Thailand: A comparative follow-up study. *Primary Health Care Research & Development* 22: e38.
- Photipim, Mali, Paspisit Pholsripradit, Suchat Bonyaphagorn, Jeerapa Bunyaphagorn, Valanchaya Ketbumroong, Jun Norkaew, Wararat Sungwalee, and Wasugree Chavengkun. 2021. Effect of resilience-enhancing program on resilience quotient among seniors, Nakhon Ratchasima province. *Journal of Vongchavalitkul University* 34: 30–43.
- Pongboriboon, Uthaiwan. 2020. The Elderly Situation in Thailand: Health's Problems and Needs. *EAU Heritage Journal, Social Science and Humanity* 10: 46–58. Available online: <https://so01.tci-thaijo.org/index.php/EAUHJSocSci/article/view/243261/164922> (accessed on 30 November 2023).
- Reynolds, Charles F., Dilip V. Jeste, Perminder S Sachdev, and Dan G Blazer. 2022. Mental health care for seniors: Recent advances and new directions in clinical practice and research. *World Psychiatry* 21: 336–63. [CrossRef] [PubMed]
- Sudbhado, Phramaha Suphon, Phramaha Phocana Suvaco, and Phramaha Thanorm Arnando. 2022. A study of the Buddhist principles for the promotion of mental health in the elderly in Huai Rat Sub-district, Huai Rat district, Buriram province. *BBJI* 7: 234–49.
- Suttharat, Somkiet, and Parichart Meungkhwa. 2018. Local wisdom concerning health in the northeast of Thailand and promotion of mental health in older people. *Nakhon Panom University Journal Special Issue for the 25th Nursing Conference*: 255–61.
- Teerawichitchainan, Bussarawan, Pothisiri Pothisiri, Knodel Knodel, and Prachuabmoh Prachuabmoh. 2019. Thailand's Older Persons and Their Well-Being: An Update Based on the 2017 Survey of Older Persons in Thailand. Available online: <https://scholarbank.nus.edu.sg/handle/10635/157050> (accessed on 4 January 2022).
- Thipprakmas, Rangsimas. 2021. Prevalence and factors associated with depression in the elderly: A systematic review. *Regional Health Promotion Center 9 Journal* 15: 325–38.
- Vaingankar, Janhavi Ajit, Niyanta Choudhary, Siow Ann Chong, Fiona Devi Siva Kumar, Edimansyah Abidin, Saleha Shafie, Boon Yiang Chua, Rob M. van Dam, and Mythily Subramaniam. 2021. Religious affiliation in relation to positive mental health and mental disorders in a multi-ethnic Asian population. *International Journal of Environmental Research and Public Health* 18: 3368. [CrossRef] [PubMed]
- Vanichrudee, Noppadol, Suttha Supanya, Patanon Kwansanit, Nopporn Tantirangsi, and Phunnapa Kittirattanapaiboon. 2020. Duration of untreated period of psychiatric conditions in Thailand: Results from the Thai National Mental Health Survey. *Journal of Mental Health of Thailand* 28: 72–85.
- Wiriyasombat, Rodchana, Linchong Pothiban, Sirirat Panuthai, Khanokporn Sucamvang, and Songserm Saengthong. 2011. Effectiveness of Buddhist Doctrine Practice-Based Programs in Enhancing Spiritual Well-being, Coping and Sleep Quality of Thai Elders. *Pacific Rim International Journal of Nursing Research* 15: 203–19.
- Wongkwanklom, Mayuree. 2018. Local wisdom in mental health care among older people living in Isan cultural society. *Nakhon Panom University Journal Special Issue for the 25th Nursing Conference*: 140–48.
- Wongsala, Manothai, Els-Marie Anbäcken, and Sirpa Rosendahl. 2021. Active ageing—Perspectives on health, participation, and security among older adults in northeastern Thailand—A qualitative study. *BMC Geriatrics* 21: 41. [CrossRef] [PubMed]
- Zhang, Yuwen, Jiawen Yuwen, Jiawen Kuang, Zhaohua Xin, Jialie Fang, Rui Song, Yuting Yang, Peige Song, Ying Wang, and Jingyi Wang. 2023. Loneliness, social isolation, depression and anxiety among the elderly in Shanghai: Findings from a longitudinal study. *Archives of Gerontology and Geriatrics* 110: 104980. [CrossRef] [PubMed]
- Zhang, Zhisong, Kaising Sun, Chonnakarn Jatchavala, John Koh, Yimian Chia, Jessica Bose, Zhimeng Li, Wanqiu Tan, Sizhe Wang, Wenjing Chu, and et al. 2019. Overview of stigma against psychiatric illnesses and advancements of anti-stigma activities in six Asian societies. *International Journal of Environmental Research and Public Health* 17: 280. [CrossRef] [PubMed]

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