

Retirement Preparation Program as A Preventive Strategy for Depression in Adults.

Eduardo García Pulido, Martha Mercado Rivas, Daniela Lizbeth Salas Medina.

Master's Degree in Public Health, Autonomous University of Nayarit, Mexico.

Corresponding Author: Eduardo García Pulido

Abstract: Depression is a mental health problem in elderly people; it is estimated that at least 30% suffers from it. Retired people face the transition from adult to elder and from working to retire, which is a significant change that can lead to mental disorders. The research was carried out with the objective of evaluating the preparation program for the retirees of the IMSS as a preventive strategy for depression in adults. It is a quasi-experimental design with measurements before-after where the independent variable (pre-retirement program) has been introduced with a comparison group. The IMSS pre-retirement program encourages the future retiree to adopt a positive attitude; it encourages the employees to build a life project that promotes healthy aging, hence preventing the onset of depression. However, it is necessary the diagnosis of depression to be made, and then get treatment and follow-up, because the program is not capable of influencing in mild, moderate or severe depression. Finally, even when there is an incidence of abuse in the elderly, this topic is not discussed in the pre-retirement program, therefore the opportunity to prevent and detect it is lost.

Keywords: Mental health, elderly people.

Date of Submission: 29-04-2019

Date of acceptance: 13-05-2019

I. INTRODUCTION

The depression is among the mental disorders that are increasing; according to the World Health Organization (WHO) it affects more than 350 million people worldwide. [1] In Mexico, the Ministry of Health points out that depression afflicts between 12 and 20% of the adults, [2] and in Nayarit, according to the State Mental Health Center (CESAME by its abbreviation) in 2015 it was the most attended diagnosis representing 29% of the total of mental disorders identified in users attended. [3]

According to WHO (2017) depression is a mental disorder characterized by sadness, loss of interest or pleasure, feeling guilt or lack of self-esteem, sleep and appetite disorders, feeling tired and lacking concentration. [1] Hence, how it affects daily life and, in its most serious form, leads to suicide. Valdivia (2015) points out that there is an association between depression and suicide, but mentions that not all patients with depression have suicidal behavior. [4]

Depression is diagnosed more frequently in women, but vulnerable groups have also been identified according to age, such as teenagers and elderly people, WHO points out that depression affects 7% of the elderly population, and it represents 5.7% of the years lived with a disability among 60 years old and older people; therefore, this situation becomes a challenge because of the high increase of said population group, according to WHO between 2015 and 2050 said proportion will almost double, going from 12 to 22%; in absolute numbers it is projected to grow approximately from 900 to 2,000 million people over 60 years old. [5]

In Mexico in 2010, the elderly population was 9.67 million; it is expected that in 2025 it will be 18.08 million and by 2050, it will reach 35.96 million, where one out of every four inhabitants will be considered elderly. [6] The Census of Population reveals that in 2010 the state of Nayarit had a population of 1,084, 979 inhabitants, of which 10.2% was 60 years old people. [7] Demographic aging is a health achievement, but it poses a challenge for public health because it is predictable that the diseases, fragility and dependence that saturate health systems will increase.

Within the population is the population group of retired adults, facing the transition from work to retirement and from adult to elderly. According to Sirlin (2007), work is very important in the daily life, because apart from being a strategy of economic stability, it provides the social role, regulates daily activities, provides social networks, causes the person to feel useful and influences self-esteem because the person does what he likes; hence to some people, working is their main interest and motivation. [8]

The transition from work to retirement is a significant change in the life of the adult; some perceive this stage as freedom, rest, a time for activities and an opportunity to spend more time with the family. [8] However,

according to Marín (2014) in others, this stage can cause stress or discomfort due to the decrease in income, detriment of interaction between co-workers, loss of professional identity, social status and the restructuring of time and activities. [9]

On the other hand, in the transition from adult to elderly, people can begin to be deprived of the ability to live independently by functional impairment, geriatric syndromes, chronic pain, fragility or chronic diseases, hence they need long-term assistance. Also, the experiences of mourning for the death of a loved one and facing lower socioeconomic status as a result of retirement or disability are frequent. The elderly may also be vulnerable to abuse, physical, sexual or psychological, economic abuse and neglect when they are abandoned or ignored; all these factors can cause isolation, loss of independence, loneliness, and anguish that trigger depression. [10]

Therefore, it is necessary to implement preventive measures for healthy aging, defined by the WHO (2015) as "the process of promoting and maintaining the functional capacity that allows well-being in old age." [11] In other words, aging healthy does not mean aging without diseases, regardless of whether you suffer from any disease or disability, if it is controlled and the functional capacity of the elderly is preserved, this becomes healthy aging.

However, in Mexico, more is invested in psychiatric hospitals than in primary prevention; the budget assigned to mental health is below the average of the middle-high income countries, which is around 3.5%, the Ministry of Health gives for mental health 2% of the total budget assigned and, of this percentage, 80% is used for the expenses of psychiatric hospitals; this makes impossible the early and continuous detection of mental disorders. [12]

The retirement stage, according to the ages presented by the workers of the Mexican Social Security Institute (IMSS) commonly (50-65 years old) is a bridge to reach the beginning of old age, for this reason retirement is an ideal stage to plan a healthy aging. Hence, in 1993, the IMSS created the pre-retirement program with the objective of providing information related to administrative procedures and to the elaboration of a life plan that guarantees the physical, mental, economic and social well-being of the future retirees. [13]

Participation in the pre-retirement program is voluntary and is aimed at active staff who verify through the payment card having a minimum seniority of 26 years 9 months in the case of women and 27 years 9 months in the case of men. This pre-retirement program consists of three sessions in total, one per week; in each session there are dynamics and workshops on various topics such as: the meaning of retirement, retirement as a process, administrative procedures, life plan, grieving process, stress, relaxation techniques, sports and cultural activities, savings culture, reading the book "Happy Retirement" by Franco Voli, experience of a retiree and advice for retirees.

II. METHOD

This was a quasi-experimental design study with measurements before and after the application of the independent variable (pre-retirement program) with the comparison group (SPAUAN), from the collection of information in the battery applied to adults in the process of early retirement implemented in the IMSS and SPAUAN. The objective of the research was to establish the retirement preparation program as a preventive strategy for depression in adults..

Confirmatory factor analysis of the battery of instruments with Cronbach's Alpha obtained the following indicators: Health Questionnaire SF-36 ($\alpha = 0.879$), Beck Depressive Symptom Scale ($\alpha = .834$), Inventory of Coping Responses for Adults (CRI-A $\alpha = .902$), Family Functional Evaluation Questionnaire (EFF $\alpha = .73$) and Geriatric Scale of Mistreatment of the Elderly (GMS $\alpha = .808$).

Sampling was convenience with voluntary participation after an informed consent. The sample in the pretest was formed with 30 participants from IMSS with an average age of 51 years old, 13% male and 87% female, since in the IMSS 59.3% of its workers are women. Likewise, the SPAUAN sample was formed with 29 participants (52% men and 48% women) with an average age of 57 years old. While in the posttest application, the IMSS sample consisted of 28 participants with an average age of 52 years old, 15% men and 85% women; and the SPAUAN sample was formed of 28 participants (50% men and 50% women) with an average age of 57 years old.

III. RESULTS

In the sample of 59 participants, only two cases of depression and 22 cases of abuse were identified. When the correlational analysis was performed, no correlation was found between depression and some type of response to coping with stress. Furthermore, in the comparison of the results obtained, there are no differences between the group of retirees of the IMSS and SPAUAN.

En la aplicación realizada durante el proceso de jubilación, en los resultados se presentó correlación de depresión con percepción de calidad de vida en salud, concretamente en la dimensión función física ($X^2 = .004$) y vitalidad ($X^2 = .026$). También se identificó correlación de maltrato con salud mental ($X^2 = .005$), transición de salud ($X^2 = .011$), salud general ($X^2 = .017$), rol emocional ($X^2 = .016$) y función social ($X^2 = .025$).

In the application made during the retirement process, in the results there was a correlation of depression with perception of quality of life in health, specifically in the physical function dimension ($X^2=.004$) and vitality ($X^2=.026$). Correlation of abuse with mental health ($X^2=.005$), health transition ($X^2=.011$), general health ($X^2=.017$), emotional role ($X^2=.016$) and social function ($X^2=.025$) were also identified.

While in the application made six months later a correlation of depression with abuse was identified ($X^2=.043$). The correlation of abuse with social function ($X^2=.000$), vitality ($X^2=.008$) and emotional role ($X^2=.008$) is confirmed. Likewise, correlation of abuse with physical role ($X^2=.032$), cognitive avoidance ($X^2=.033$) and emotional discharge ($X^2=.033$) was identified.

Both in the pretest and in the post-test (six months after retirement) correlation of depression with the dimensions of the instrument SF-36, specifically with emotional role ($X^2 = .004$ and $X^2 = .002$), physical role ($X^2 = .004$ and $X^2 = .014$), body pain ($X^2 = .006$ and $X^2 = .014$) and social function ($X^2 = .016$ and $X^2 = .006$) was present. The correlation between depression and family relationships in the dimension of dysfunctional affective involvement ($X^2 = .021$ and $X^2 = .010$) was also identified.

From the first collection of information through the application of a battery of instruments to adults in the process of retirement, both IMSS and SPAUAN, the following results were obtained.

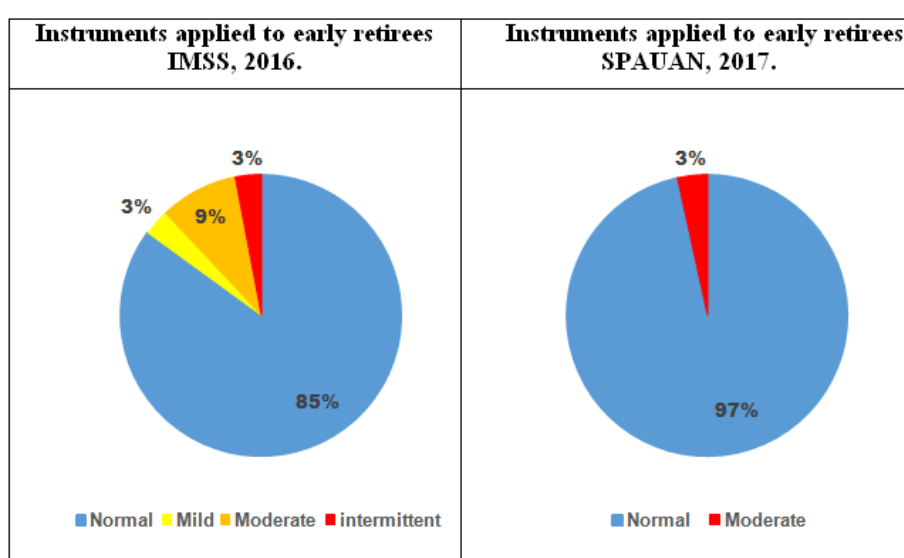


Figure 1. Percentages of depression in early retirees.

In the comparison, there was a low percentage of depression, one with mild disturbance of mood, three women with intermittent depression states and one with moderate depression in pre-retirement of the IMSS, while in SPAUAN, only one woman reported depression, but in a moderate degree.

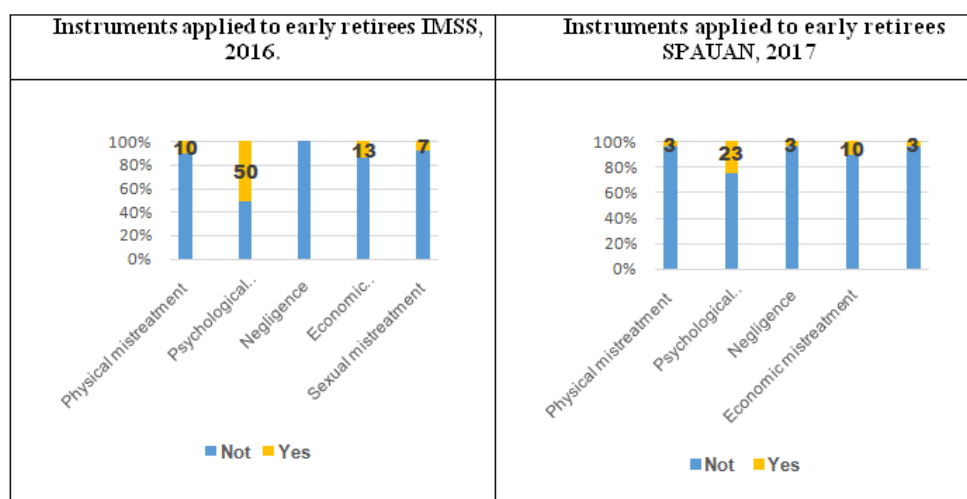


Figure 2. Percentages of abuse in early retirees.

In comparison, in the early retirees of the IMSS, 16 cases of abuse were identified. Ten participants reported psychological abuse, a participant economic abuse, a participant psychological and physical abuse, a participant psychological abuse and economic abuse, a participant presented psychological abuse, economic and sexual abuse, a participant physical and psychological abuse and economic abuse, finally, a participant reported psychological, physical and sexual abuse. The psychological abuse was presented in the work context (eight cases) and family (seven cases), the economic abuse and physical abuse was caused by a family member and sexual abuse was generated by the husband.

On the other hand, in SPAUAN, six cases of abuse were identified. Two participants reported psychological abuse, one participant physical and psychological abuse, two participants psychological abuse and economic abuse, and one participant psychological and sexual abuse, negligence and economic abuse. The physical abuse occurred in the community, psychological abuse, neglect, and economic abuse was caused by a family member and sexual abuse is generated by the husband.

The second information collection was carried out six months after the application of the IMSS pre-retirement program for personnel of the same institution, through the application of a battery of instruments to retirees from both IMSS and SPAUAN, the following information was obtained.

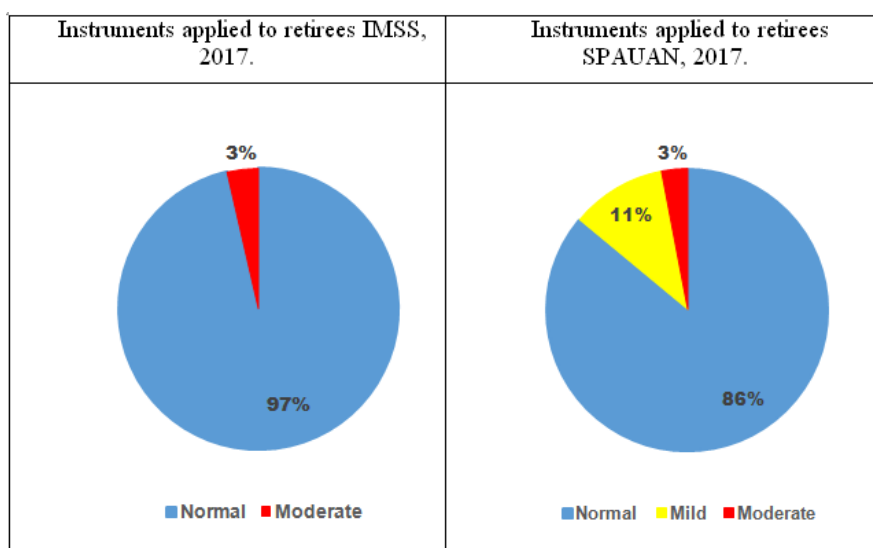


Figure 3. Percentages of depression in retirees.

The percentage of depression among IMSS retirees decreased; of the five participants who reported depression at the first information collection, only one woman continues with the same condition at a moderate level. On the other hand, in SPAUAN the percentage of depression increased, given that the same woman who presented moderate depression in the first collection continues with the condition, and in the posttest, two men and a woman with a slight disturbance of the mood were added.

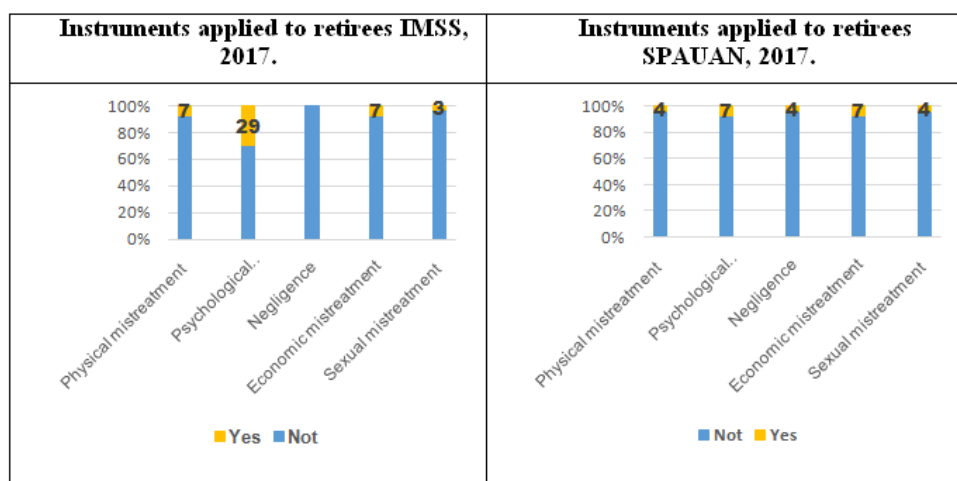


Figure 4. Percentages of abuse in retirees.

In the IMSS retirees, nine cases of abuse were identified. Nine participants presented psychological abuse, a participant economic abuse, a participant presented physical, psychological and economic abuse, and a participant physical, psychological and sexual abuse.

Physical abuse occurred within the family, psychological abuse was identified in fifteen participants during the pretest and decreased to eight participants in the posttest evaluation, six of which were within the family and two in the community; regarding economic abuse, it was caused by a family member and sexual abuse by the husband.

While in SPAUAN participants, three cases of abuse were identified. One participant presented psychological abuse, psychological abuse, and economic abuse, and another participant psychological, sexual abuse, negligence and economic abuse. The physical abuse occurred in the community, the psychological abuse, negligence, and economic abuse is caused by a family member and the sexual abuse is provoked by the husband.

IV. DISCUSSION

23% of the participants of this study have 60 or more years of life; this is due to the increase in life expectancy, hence the number of elderly people increases in the world, and it can also increase diseases and disabilities; this saturates the health systems, and it is a challenge for public health to preserve the quality of life and functionality of the elderly.

A strategy to achieve a healthy aging is to promote it from an early age; retirement, according to the ages of the participants in this study (50-65 years) is a bridge to reach the beginning of old age, ideally retirement is a stage to restructure the life project if you want to promote a healthy aging that contributes to the general welfare of the elderly.

Quoting Atchley's theory of continuity (1971), retirement has positive effects on the health of the individual, but if the person makes a plan on how to deal with the changes that retirement brings; this stage of life offers the opportunity to have more free time, but the important thing is to invest this time in healthy activities. As established in the objective of the present investigation, it is considered that the retirement preparation program of the IMSS is a strategy with the purpose that the early retiree adopts the attitude of "opportunity" before retirement, since it fulfills the purpose to favor the perception of retirement as a stage to elaborate a life project that promotes the physical, mental, economic and social well-being of the retired person. [14]

The results of the present study confirm the point raised by Sánchez (1991), in the sense that "education for retirement" is an opportunity to obtain well-being in the retiree. [15] Likewise Meza & Villalobos (2008) perceive retirement as an educational opportunity with the aim that the future retiree has a positive attitude to live fully this stage of life [16], before the pre-retirement program designed at IMSS, three cases of intermittent depression were identified, the three participants received the pre-retirement course, and in all three cases, six months later there was a decrease in reported symptoms.

Therefore, the pre-retirement program prevents the appearance of mild disturbances of mood and intermittent depression; however, it is not capable of influencing mild, moderate or severe depression; according to Heinze&Camacho (2010) and the Ministry of Health, Social Services and Equality of Spain (2014) these degrees of depression require psychological intervention, pharmacological treatment or both (staggered model) to achieve the reduction of symptoms. [17] [18]

Consequently, a strategy that is suggested being implemented within the pre-retirement program is to make an opportune diagnosis; identify early retirees with mild, moderate or severe depression, with the intention of addressing these conditions with the proper treatment (psychological, pharmacological or staggered model).

In the early retirees of SPAUAN, the percentage of depression is low (1 case), this is related to the participants going through what Vega y Bueno (2000) calls the experience of "euphoria", where retirement is perceived as the desired opportunity to do everything that could not be done in the years of work; however, after six months of retiring the depressive symptomatology increases because in the "early retirement" stage the SPAUAN participants lacked the topics that a pre-retirement program provides to reflect and plan on your new life project. Therefore the attitude according to Argullo (2001) before the retirement is "liberation", that is, retirement is perceived as a reward for work done during many years, but being in this new stage presents boredom due to the lack of preparation of expectations, projects or activities to cover the time that previously covered the work. [16] Hence, with the lack of planning the SPAUAN retirees are more likely to present the stage of "disenchantment" where at the individual level there is a failure to meet their expectations about retirement, hence the emergence of depressive states.

On the other hand, the mistreatment of the elderly has become a public health problem, the WHO (2018) estimates that 1 in 10 elderly people have suffered abuse in the last month; however, these figures are underestimated because of every 24 cases, only 1 reports of abuse, mainly for fear of informing family members, friends and authorities. [19]

On the other hand, the mistreatment of the elderly has become a public health problem, the WHO (2018) estimates that one in ten elderly people have suffered abuse in the last month; however, these numbers are

underestimated because of every 24 cases, only one reports the abuse, mainly for fear of informing family members, friends and authorities. [19]

The abuse causes damage to the well-being of the elderly, however the pre-retirement program does not contemplate this issue, which means that the opportunity to prevent it is lost, despite the fact that it is expected that the number of cases of abuse in elderly people will increase due to faster aging. A strategy to prevent abuse is to inform adults about their rights and how to enforce them, so that if mistreatment occurs at this stage, the person will have the tools to act.

In general, in the early retirees, there was a high percentage of abuse (22 cases), highlighting the psychological abuse (21 cases), which occurred both in the work context (eight cases) and in the family (13 cases). Therefore, what was mentioned by the WHO (2018) in the report "Elder abuse" is confirmed, in the sense that in high and middle-income countries the main type of abuse suffered by the elderly is the psychological one; also a study in the United States of America (2017) made to the staff of homes of elderly adults showed that the main type of mistreatment of personnel towards the patient is psychological. [19]

After six months of retirement, 12 cases of abuse were identified, as in the results of the pretest, psychological abuse (12 cases) stands out, although it decreased, this is associated with the fact that psychological abuse in the workplace no longer exists, in some cases called "mobbing", according to the Aguascalentense Institute for Women (2011) is the "process of tormenting, harassing or psychologically terrorizing others at work." [20]

While psychological abuse includes verbal aggression (threats, intimidation, ignoring, not respecting decisions and isolation) that denigrate older adults. According to the WHO (2018), the abuse (psychological, physical, sexual, negligence and economic abuse) besides causing physical injuries can also trigger depression. [19] While Nisha, Manjaly, Kiran, Mathew&Kasturi (2016) point out that in India it is common for elderly people to suffer abuse and among the risk factors highlights depression because older adults with severe depression do not report abuse. [21] Abuse has become a public health problem, hence public policies should be aimed at ensuring compliance with rights and respect for elderly people.

In the pretest, 51% of the early retirees of SPAUAN and 70% of the IMSS have the idea that their health, in general, is much worse now than a year ago; this is related to the perception that as age advances, it decreases health, according to Gutiérrez&Giraldo (2015) in Mexico there are negative stereotypes that do not correspond to the observed reality of elderly adults, for example: being old is being sick (memory problems, chronic diseases, etc.), considering themselves a nuisance, fragile and useless because they are not economically productive. [22] The reality is that old age can be a healthy stage, by adopting a good lifestyle (healthy eating, physical and mental exercise, etc.), you can continue working, according to physical wear and tear, and currently there are jobs that do not take much physical effort.

Six months after retiring, it is observed that the negative perception about the health transition in retirees of SPAUAN increased (from 51 to 61%), on the other hand, in the retirees of the IMSS the negative perception about the health transition decreased (from 70 to 42%). This is explained by the pre-retirement program, which contemplates that the adult reflects on the opportunity to restructure a new life project as a retiree, with the advantage of having more free time to carry out healthy activities that promote a healthy aging, it reinforces staying active during retirement as crucial because it reduces stress, prevents depression, keeps the body healthy and provides new social networks.

Regarding Family Relations, the participants in the work stage both in "affective involvement", "problem solving" and "behavior control" reported an average performance, on the contrary, in the dimension "functional communication", 34% scores below the established average. Therefore, these families had difficulty in the exchange of information in the affective area. This fact is associated with the fact that when individuals remain active, daily activities become routines and family relationships are mediated by the available times of coexistence. Six months after retiring, the participants indicate a stable family functioning, this fact is associated that voluntary retirement, according to Arraga, Sánchez&Pírela (2014) provides the opportunity to enjoy more moments of family interaction. [23]

According to Segura-Cardona, Cardona, Segura & Garzón (2015) stable family functioning constitutes a strength for the adult to achieve healthy aging, but, the change in routine of daily activities represents a challenge for those who are in the process of retirement. [24] Once in the stage of retirement, the ability to adapt both the retiree and his family members is tested, in order to maintain the equilibrium achieved in family functioning while working.

Segura, et al (2015) point out the risk that the elderly present feelings of vulnerability and beliefs of being a burden for family members, even of developing depression, when in the most basic daily activities they depend on others, hence the importance to promote healthy aging, especially individuals in the process of retirement. [24] Due to the drastic change in the routine of daily activities coupled with the manifestations of the aging process, are favorable conditions to restructure habits that promote healthy behaviors, use of time for recreational purposes, socialization, as well as physical and intellectual stimulation.

The instrumental style (Kalish, 1991) directed at others is detrimental to the health of individuals because the individual establishes their social networks only at work, therefore, they perceive work as access to satisfaction, hence when they retire may present emotional problems. [16] In the present study it is observed that the social function increases (from 86 to 91%) in the participants after retiring, that is because the retired person carries out social activities without any interference by physical or emotional problems, this fact, associates that the style of life before retirement that predominates is the "autonomous style", in which people are creative and able to initiate new roles and establish new social relationships now as retirees. [25]

Regarding the association of the diagnosis of depression with the results of the instrument SF-36 correlation is identified with the categories: Vitality, Physical Function, Physical Role, Emotional Role, Corporal Pain and Social Function. Within the symptoms of depression is the loss of interest for activities that were normally pleasant and feeling tired or fatigue, hence there is a correlation between depression and vitality ($X^2=.026$ in pretest); the individual, feeling exhausted and losing interest, stops performing daily activities (bathing, exercising, etc.), which in turn reduces their quality of life, which may explain the correlation of depression with physical function ($X^2=.004$ in pretest), it is inferred that once retired the person is less aware of the characteristic disinterest of depression, since they do not have the demand for personal grooming and other activities that force him to comply with a "physical function".

While the correlation between depression and physical role is explained when this disinterest transcends to problems at work ($X^2=.004$ in pretest) and daily life due to poor health, ($X^2=.014$ in posttest), although in both applications the association between these categories is present, the depressive symptomatology is less evident once retired.

Both the emotional role ($X^2=.004$ in pretest and posttest $X^2=.002$ in) and social function ($X^2=.016$ in pretest and $K^2=.006$ in posttest) have correlation with depression, this is because the depressive symptomatology (sadness, loss of interest in activities, feelings of devaluation, etc.) causes the individual to begin to isolate himself, hence their social activities decrease in work and daily life. According to Harvard Medical School (2013) depression also includes physical symptoms, such as the appearance of headache or discomfort for no apparent reason, this explains the correlation between depression and body pain ($X^2=.006$ in pretest and $X^2=.014$ in posttest).

Given that Depression is an affective disorder, the correlation ($X^2=.021$ in pretest and $X^2=.010$ in posttest) is confirmed with dysfunctional affective involvement (in the EFF instrument), certainly the depressive disorder generates a distortion in the perception of the individual and, therefore, difficulties in the emotional interaction with others, especially with significant persons such as family members, in whom the person diagnosed with depression usually places excessive expectations in terms of demands for affection, understanding, and care. Expectations that with the pass of time are unfulfilled and it causes to "reaffirm" the distortion of the individual and favor a state of sadness, as well as a sense of loneliness.

On the other hand, the abuse leads to physical injuries (scratches, bruises, fractures, etc.), which cause the individual to experience difficulties in their daily lives due to the deterioration of their physical health, this explains the correlation between abuse and physical role ($X^2=.032$ in posttest), according to the WHO (2018) it also causes long-term psychological disorders such as depression, hence there is a correlation between abuse with depression ($X^2=.043$ in posttest) and emotional role ($X^2=.016$ in the posttest and $X^2=.008$ in the pretest).

In addition, the abuse causes anxiety or anguish in the individual, this corroborates the correlation between abuse and mental health ($X^2=.005$ in posttest). Social isolation or lack of support (negligence) is a form of abuse, so the correlation between abuse and social function is confirmed ($X^2=.025$ in the posttest and $X^2=.000$ in the pretest).

Based on the WHO (2016) the abuse causes physical consequences (injuries, permanent disabilities, and aggravation of diseases) and psychological consequences (loss of dignity, trust, and hope), therefore the individual who suffers abuse assesses their own health as bad and believes that it will get worse, hence there is a correlation between abuse with general health ($X^2=.017$ in pretest), vitality ($X^2=.008$ in posttest) and health transition ($X^2=.011$ in pretest). [27]

Finally, within the coping responses to situations (abuse) faced by people suffering abuse, highlighting the cognitive avoidance ($X^2=.033$ in posttest) that includes efforts to avoid thinking realistically about the problem, and emotional discharge ($X^2=.033$ in posttest) that includes screaming, crying, etc. Therefore, people do not use coping responses that concretely solve the problem, such as notifying the authorities, friends or relatives, this is associated with fear of retaliation, feeling shame, having lost their mental abilities, do not want to cause inconvenience to their abuser or the fact that they have nowhere to turn for support because the assistance to the elderly abused in health services is limited. [27]

V. CONCLUSION

Currently the majority of people aspire to live more than 60 years, this is mainly due to the reduction of infant mortality and the increase in life expectancy, hence the increase in the population group of elderly adults; however, this situation poses a challenge for public health, because it is predictable that the diseases, fragility, and dependence that saturate health systems will increase.

Hence, the need to carry out preventive measures to guide healthy aging in Mexico with the aim of preserving the quality and functionality of elderly adults. Retirement coincides commonly with the onset of old age, and it becomes a stage to reform a life project that promotes healthy aging.

When in the retirement stage a planning on how to deal with it is carried out, it favors healthy aging, then a retirement preparation program, like the one in the IMSS, encourages the retirement stage to become an educational opportunity to foster the future retiree a positive attitude and promotes that each worker elaborates a life project in accordance with these objectives.

It is a fact that the pre-retirement program prevents the onset of depression because when people go through the experience of "euphoria" (pre-retirement stage) topics that make the future retiree reflect and establish a healthy life project are given, therefore the stage of "disenchantment", associated with the presence of depressive states is not presented.

However, it is necessary that in the pre-retirement program the diagnosis of depression to be made by effective means for its identification, and subsequent treatment and follow-up of said condition because the program by itself is not capable of influencing mild, moderate or severe depression.

Likewise, despite the incidence of abuse in the elderly, it is not contemplated in the pre-retirement program, therefore the opportunity to prevent and detect it is lost; it is suggested including it in the program's topics so that the individual acquires tools to act in case of presenting abuse.

In the results of the present study, the psychological mistreatment in the workers of the IMSS was highlighted, said mistreatment was presented in the workplace, for this reason, it is necessary to establish a labor coexistence committee to execute actions to prevent mistreatment in the workplace.

It is confirmed that negative stereotypes about old age are common in Nayarit because early retirees presented a negative perception. However, the pre-retirement program decreases the negative perception because, by encouraging the retiree to remain active, they realize that aging is really a healthy stage if he adopts a good lifestyle.

On the other hand, it is important that individuals adopt strategies that improve family functioning when they remain occupationally active because daily activities become routine and family relationships depend on the available times of coexistence. Retirement must be voluntary because it generates a stable family functioning since retirement is perceived as an opportunity to enjoy more moments of family interaction.

Also in the early retirees "autonomous style" should be encouraged at facing retirement to be able to generate new roles and establish new social relations as they are important for healthy aging because they provide emotional, cognitive, instrumental and material support.

The results of this study show that there is a negative and significant relationship between depression and quality of life in health, meaning that the greater the degree of depression, the quality of life will be more affected. Also, there is a significant relationship between depression and dysfunctional affective involvement, so depression is a disease that affects not only the person who suffers but also the family.

Finally, abuse presents a negative relationship with quality of life in health because it produces physical, psychological, social and financial damages. Further, within coping responses to situations that people with abuse use include cognitive avoidance and emotional discharge, for example not solving the problem, this is associated with fearing retaliation, they are embarrassed or ignorant of the ways to gain support and denounce abuse.

ACKNOWLEDGMENT

The results of this study are drawn from a master's thesis on public health conducted with financial support through grants from the National Council of Science and Technology in Mexico (CONACYT).

REFERENCES

- [1]. World Health Organization, Depression, Retrieved on 27 March 2018, from <http://www.who.int/mediacentre/factsheets/fs369/en/>, 2018.
- [2]. Secretaría de Salud, Depresión y suicidio en México, Retrieved on 22 August 2018, from <http://archive.is/yo1Nj>, 2018.
- [3]. Gobierno del Estado de Nayarit, Gobierno trabaja y promueve la prevención del suicidio, Retrieved on 17 February 2018, from <http://www.nayarit.gob.mx/nota.asp?nota=4821>, 2016.
- [4]. A. Valdivia, *Suicidología: Prevención, tratamiento psicológico e investigación de procesos suicidas* (Bogotá: UPC, 2015).

- [5]. World Health Organization, Ageing and health, Retrieved on 27 September 2018, from <http://www.who.int/mediacentre/factsheets/fs404/en/>, 2018.
- [6]. Instituto Mexicano del Seguro Social, *Guía de Práctica Clínica GPC* (México D.F: IMSS, 2011).
- [7]. Instituto Nacional de Estadística y Geografía, Censo de población y vivienda 2010, Retrieved on 12 March 2018, from www.inegi.org.mx/sistemas/mexicocifras/default.aspx?e=18, 2010.
- [8]. T.S, Sirlin. La jubilación como situación de cambio, *Comentarios de Seguridad Social*, 16, 2007, 47-73.
- [9]. A. Marín, *¿... y que sigue después de la jubilación?*, licenciatura, Asociación Mexicana de Tanatología, México D.F, 2014.
- [10]. World Health Organization, Mental health and older adults, Retrieved on 29 December 2017, from <http://www.who.int/mediacentre/factsheets/fs381/en/>, 2017.
- [11]. World Health Organization, *World report on ageing and health* (Washington: OMS, 2015).
- [12]. Organización Panamericana de Salud, *Informe de la evaluación del sistema de salud mental en México utilizando el Instrumento de Evaluación para Sistemas de Salud Mental de la Organización Mundial de la Salud* (México: OMS, 2011).
- [13]. A. Toltecatl, P. Padilla, J. Loría, N.J. Herrera, S. Ortiz, A. Téllez, and R.M. Villafranca, Proyecto de vida posterior a la jubilación en el personal de enfermería de un hospital de segundo nivel. *Rev Cubana Enfermer*, 22(1), 2006, 1-11.
- [14]. M. Aguilera, *Salud y Jubilación* (Jalisco: Pagina Seis, 2010).
- [15]. J.H Sánchez, *Preparación a la jubilación. En: El jubilado ante su futuro* (Barcelona: Narcea, 1991).
- [16]. M, Meza, and E.M. Villalobos, La crisis de la jubilación como una oportunidad educativa, *Educación y Educadores*, 11(2), 2008, 179-190.
- [17]. G. Heinze, and P. Camacho, *Guía para el Manejo de Depresión* (México: Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, 2010).
- [18]. Ministerio de Sanidad, Servicios Sociales e Igualdad, *Guía Práctica Clínica sobre el Manejo de la Depresión en el Adulto* (Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad, 2014).
- [19]. World Health Organization, Elder abuse, retrieved on 4 January 2018, from <http://www.who.int/mediacentre/factsheets/fs357/en/>, 2018.
- [20]. E.A Landin, *Investigación sobre "Las consecuencias del acoso laboral (mobbing) en las empresas maquiladoras con mano de obra femenina"* (Aguascalientes: Instituto Aguascalentense de las Mujeres, 2011).
- [21]. C. Nisha, S.Manjaly, P. Kiran, B. Mathew and A. Kasturi, Study on elder abuse and neglect among patients in a medical college hospital, Bangalore, India, *Journal of Elder Abuse & Neglect*, 28(1), 2016, 34-40.
- [22]. L.M. Gutiérrez and L. Giraldo, *Realidades y expectativas frente a la nueva vejez* (México, D.F: UNAM, 2015).
- [23]. M. Arraga, M. Sánchez, and L. Pírela, Significado de la jubilación en jubilados venezolanos, según género, edad y tipo de jubilación, *Espacio Abierto Cuaderno Venezolano de Sociología*, 23(3), 2014, 535-554.
- [24]. A. Segura, D. Cardona, A. Segura and M. Garzón. Riesgo de depresión y factores asociados en adultos mayores. Antioquia, Colombia, *Revista de Salud pública*, 17 (2), 2012, 184-194.
- [25]. R.A Kalish, *La vejez: Perspectivas sobre el desarrollo humano* (Madrid: Pirámide, 1991).
- [26]. Harvard Medical School, *Understanding depression* (Cambridge: Harvard Health Publications, 2013).
- [27]. World Health Organization, *Elder abuse* (Gineva: OMS, 2016).

IOSR Journal Of Humanities And Social Science (IOSR-JHSS) is UGC approved Journal with Sl. No. 5070, Journal no. 49323.

Eduardo García Pulido. "Retirement Preparation Program as A Preventive Strategy for Depression in Adults.." IOSR Journal of Humanities and Social Science (IOSR-JHSS). vol. 24 no. 05, 2019, pp. 11-19.