

A Study to Assess the Psychosocial Wellbeing of Elderly Residents Residing in Old Age Homes of Punjab

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Abstract: Background: India is experiencing a significant change in its population structure, with a growing number of elderly people, rapidly changing environment characterized by more nuclear families and shifting social dynamics which compel this age group to take a forced decision of either living alone or in old age homes. The shift in demographics brings both opportunities and challenges, particularly in terms of family structures, healthcare, and the economy. In this changing landscape, elderly people face complex social and emotional issues. This research aims to uncover the mental health issues faced by elderly residents in old age homes and their broader impact on social wellbeing. Material and Methods: The study was conducted on 80 elderly residents aged >60 years residing in four old age homes of district Patiala and Gurdaspur, Punjab. The study took around 3 months from September 2022 to November 2022. To achieve this examination, we use various methods, including standardized assessments like the Patient Health Questionnaire 9 (PHQ-9) and Generalized Anxiety Disorder 7 (GAD-7) Scale. For social gerontological aspect, each elderly individual interviewed personally with the help of caretakers of old age homes. Results: It was observed that significant number (75%) of elderly has mild to severe symptoms of depression. Anxiety levels were also assessed, revealing that (85%) had mild to severe range of anxiety symptoms. Regarding the desire for longevity, most participants expressed a desire to live longer. Overall, there was a strong negative correlation between depression and the desire for longevity. However, the correlation between anxiety and feeling of security was not statistically significant. Conclusion: The aim of the study is to examine psychosocial wellbeing of the elderly residents. The results show that their mental health has been impacted and there are significant symptoms of anxiety and depression. It is very important to provide intervention for their mental and physical wellbeing. It is advisable to conduct both initial and post follow-up assessments to evaluate the overall wellbeing of elderly residents.

Keywords: Depression, anxiety, desire for longevity, feeling of security, old age homes

1. Introduction

India has a population of 112 million elderly. At present, 90% of 60+ populations have no social security and 40% are living alone [1]. According to the projections of the Population Division, Department of Economic and Social Affairs, United Nations Secretariat, in the year 2050 India is expected to have 377 million (24.62%) elderly persons against a total population of 1531 million [2].

It is also anticipated by the year 2050, males might potentially attain a life expectancy of around 74.5 years, whereas females could enjoy an estimated 79.1 years of life (UN Population Division 2019) [3]. This prevailing demographic shift stands as a significant milestone in the realm of extended longevity. However it is also introduce uncertain complexities that carry significant outcome for social structures, healthcare and economics dynamics.

The shift towards an aging society brings about extensive social implications concerning familial connections, social networks, psycho-social behaviors & overall wellbeing. Nonetheless, evidence indicates that elderly living without partners is becoming more prevalent.

The reasons for not having children, being neglected by their children or the circumstances of children being distant due

to educational, professional and marital pursuits diminishing the support system of elderly individuals[4].

The recorded rates of mental health disorders among the elderly might underestimate their true prevalence, given the social stigma, loneliness and the limited availability of mental health professionals. The burden of mental health challenges in India is pervasive in nature, particularly among older adults living in distressed socio-economic conditions [5].

As per section 19(1) of the 'Maintenance and Welfare of Parents and Senior Citizens Act, 2007 under the chapter III of Parents and Senior Citizens Act, 2007', the State Govt. has to establish and maintain at least one old age home in each District. [6] With an objective to provide safe and healthy environment for individuals who has lack of support.

The present study is conducted to evaluate and investigate the Mental Illness and Psychosocial wellbeing of elderly residents residing in Old Age Homes of Punjab. Aging can be accompanied by the accumulation of diseases and impairments, encompassing social, cognitive and physical decline, as well as the emergence of depressive, anxiety symptoms, and emotional changes, all of which may directly affect the equilibrium between social needs and overall health. Mental health and social wellbeing are the major but neglected problems in the elderly [7]. Therefore, in present

study we thoroughly assessed the psychosocial wellbeing of elderly residents using the Patient Health Questionnaire 9 (PHQ-9), Generalized Anxiety Disorder 7 (GAD-7) Scale, as well as through observations and interviews to gain comprehensive insights.

2. Review of Literature

Goswami, S. and Deshmukh, P. R., (2021). Conducted a cross-sectional study among the elderly (≥ 60 years) population of both sexes residing in the field practice area of the department of community medicine. It shows that magnitude of depression among the elderly population was 41.7% (95% CI: 36.1-47.4). The study also concluded the factors that positively contributed towards depression among elderly population in rural Wardha: female sex, widowed, separated, divorced, decreased decision-making capability, abused, or being suffering from chronic illnesses [8].

Rebeiro, O et al(2020) conducted a longitudinal study in Portugal & found that the enhanced quality of life was notably linked to reduced levels of depression and anxiety. Among the predetermined factors, depression exhibited the most substantial relative significance, followed by anxiety [9].

Mohan, U. et al(2015) - An exploratory cross-sectional study was conducted on elderly aged >60 years living in old age home, Lucknow. The Hindi version of the Geriatric Depression Scale was employed to diagnose depression among the elderly participants. It was found that among elderly participants 30.3% exhibited indications of depression, whereas the proportion was 14.0% of symptom found among married individuals. 15.6% depression symptoms found among those who lived in their own homes. Importantly, 10.0 percent of financially self-sufficient elderly individuals experienced depression, in contrast to a notably higher rate of 32.3 percent among those who were entirely dependent on others [10].

Qadir, F et al(2014) - conducted a study on elderly living in a community and care homes. The prevalence of depression was observed to be 31.5% among elderly living in a community and 60.6% among those in care homes [11].

A descriptive exploratory study conducted by *Barakat, M, M et al (2019)* within geriatric homes located in Benha City, Kaluobia Governorate, and Tanta City, Gharbiya Governorate. Findings from the study indicated that 60% of the elderly participants experienced severe symptoms of depression, while over 30% displayed moderate depression. As for anxiety, it reports that more than of one third of elderly have severe and moderate anxiety (38%; 32%) respectively. Additionally, a significant majority of the participants (86%) reported a prevailing severe sense of loneliness. Through statistical analysis, it was unveiled that there were highly significant correlations between the overall levels of loneliness and depression, as well as between the overall levels of geriatric anxiety and depression (with a p value <0.001). Furthermore, the study identified a statistically significant correlation between the overall levels of loneliness and geriatric anxiety (with a p value <0.05) [12].

3. Methodology

The present study is the cross-sectional study was undertaken on 80 elderly more than 60 years of age residing in four old age homes in District Patiala and Gurdaspur (Punjab). In a cross-sectional study, the researcher simultaneously assesses the participants' exposures and outcomes.

Study duration and period

The duration of the study was 3 months, starting in September 2022 and concluding in November 2022.

Source of data

The data for this study was gathered from the elderly resident of old age homes aged >60 years located in district Patiala and Gurdaspur, Punjab.

Selection criteria

Persons who were aged 60 years or older who had been residing in the old age home from past three months were being included while those who were terminally or mentally ill and bedridden were excluded.

Sample Size

The sample size was determined by considering the total population of residents in the old age home. The adjusted sample size was 80.

Data collection

Elderly data was collected using structured Patient Health Questionnaire 9 (PHQ-9) scale for depression [12] & Generalized Anxiety Disorder 7 (GAD-7) scale for anxiety [13], which includes questionnaire and as per individual responses scoring has been done to assess the symptoms of mental health. For social gerontological aspect, each elderly individual interviewed personally with the help of caretakers of old age homes.

Ethical Consideration

Initial consent has been taken from each respective old age home. Prior to their involvement all participants received a clear understanding that their participation was entirely voluntary.

Statistical Analysis

The collected data underwent a systematic process of organization, categorization, tabulation, and analysis through the utilization of the Statistical Package for Social Science (SPSS) on a computer. Numerical data were represented using the mean and standard deviation (SD), while qualitative data were conveyed through frequency and percentage measurements. Independent sample t-test was used to compare elderly with depression & desire of longevity, anxiety & feeling of security in present living situation by employing the Pearson correlation coefficient. Statistical significance was acknowledged when the calculated p-value was less than 0.05.

4. Objectives

General objective

To find out the overall wellbeing of the elderly residing in old age homes. Emphasizes will also be laid to understand the psycho-social wellness of the elderly residents.

Specific Objective

- To assess and examine the mental wellness of the elderly residents.
- To find out the correlations between social gerontology & mental health of an elderly residents.

Hypothesis

Hypothesis 1

- **Null hypothesis-** There is no significant relationship between depression and desire of longevity among elderly residents residing in old age homes.
- **Alternative hypothesis-** There is a significant relationship between depression and desire of longevity among elderly residents residing in old age homes.

Hypothesis 2

- **Null Hypothesis -** There is no significant difference between anxiety and feeling of security in present living situation among elderly residents of old age home.

- **Alternative Hypothesis-** There is a significant difference between anxiety and feeling of security in present living situation among elderly residents of old age home.

5. Results

The present study is conducted on the elderly residing in old age homes of Punjab to assess and examine the psycho-social wellness. It is a unique study where efforts have been made to understand the Depression and Anxiety level of elderly associated with social dimensions.

Table 1.1: Socio-Demography of residents

Old Age Home Residents			
Age in Groups (In years)	Gender		Total N (%)
	Male n(%)	Female n(%)	
60-69	22 (50%)	13 (36%)	41 (51.25%)
70-79	20 (46%)	21 (58%)	33 (41.25%)
≥ 80	2 (4%)	2 (6%)	6 (7.5%)

In the present study, total of 80 elderly participants participated from four of the Old Age Homes of District Patiala and Gurdaspur (Punjab) out of which 44 (55%) are males and other 36 (45%) are females. Majority of the participants 41 (51.25%) were in the age group of 60-69 years followed by 70-79 years age group 33 (41.25%) and ≥ 80 are 6 (7.5%). The overall mean age of the study participants was 71.73 years. (Table 1.1)

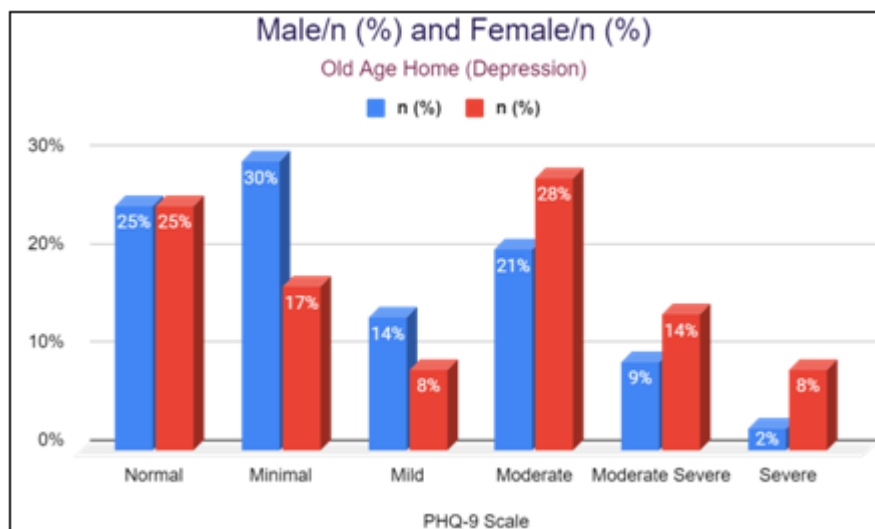


Figure 1.1: Association between gender of participants and PHQ-9 scale (Depression)

Above figure 1.1 depicts the depression level of residents, it is observed that significant number of elderly has symptoms of depression, out of which 11 (25%) males and 9 (25%) females having no symptoms of depression, which is followed by 13 (30%) males and 6 (17%) females shows minimal symptoms of depression. Among males, 6 (14%) indicates mild symptoms of depression which is slightly higher than females 3 (8%). Moderate symptom of depression in males 9 (21%) were also found slightly lower than females 10 (28%). Fewer males 5 (11%) shows severe symptom of depression than females 8 (22%) respectively.

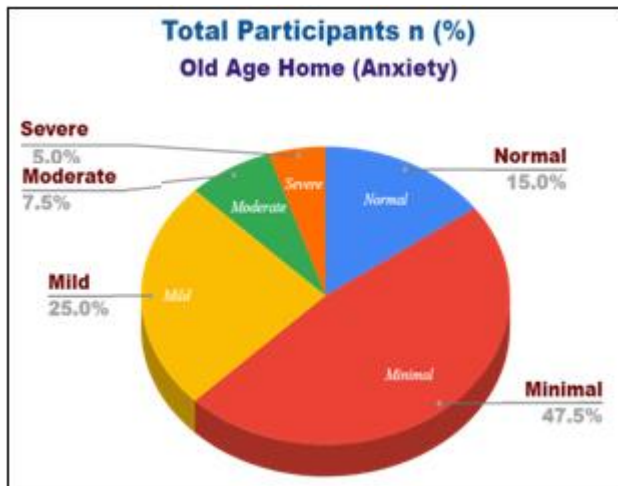


Figure 1.2: Association between Total Participants and GAD-7 scale (Anxiety)

Above figure 1.2 depicts the Anxiety level of residents, among the total 80 elderly participant’s 12 (15%) shows no symptoms of anxiety and they are living normal life. Significant number of residents 29 (47.5%) shows minimal symptoms of anxiety, 23 (25%) elderly indicates mild symptoms of anxiety, whereas fewer 9 (7.5%) elderly shows moderate symptoms of anxiety and only 7 (5%) shows severe symptoms of anxiety.

Table 1.2: Desire for longevity

Gender	Components		Total N (%)
	Yes	No	
Male	35 (79.5%)	9 (25.5%)	44 (100%)
Female	32 (88.9%)	4 (11.1%)	36 (100%)

Among the participants, recent study shows that 35 (79.5%) of males having an urge to live longer and healthy life, while fewer 9 (25.5%) males having no desire for longer lifespan. Among females, 32 (88.9%) wished to live longer with better mental and physical health, whereas 4 (11.1%) having no desire to live a longer life. The reason for lesser desire for longevity can be attributed to a number of psychosocial factors which includes strained relationship with children and family members, increased dependency on others both physically and financially and trauma given by the loved ones by abandoning them. (Table 1.2)

Table 1.3: Feeling of security with present living situation

Gender	Components		Total N (%)
	Yes	No	
Male	39 (92.3%)	5 (7.7%)	44 (100%)
Female	27 (92.8%)	9 (7.2%)	36 (100%)

As per table 1.3, significant males (92.3%) enjoying their present living situation in old age homes, whereas fewer (7.7%) does not enjoying their present living situation. Among females, (92.8%) are enjoying their present living situation in old age homes, while (7.2%) females do not enjoy their present living situation.

Following is the very strong narrative which indicates about the freedom experienced by the elderly while residing in old age home and their desire to live twilight years of life within the current situation of living.

“Sanu ethe koi dar ni hega, aasi apni marzi naal apdi zindagi kat rahe ne. Hun taan sanu apni baki zindagi ethe hi gusaarni haan, etho hi sadi arthee uthu gi.”

The elderly through the above narrative is trying to convey that there is no fear while residing in the old age home and moreover they are free to live on their own terms and conditions. It is further said that the elderly wants to live rest of life within the OAH and they will be happy to breathe their last breath in OAH.

Table 1.4: Mean, Standard Deviation & Correlation between total Depression/Desire of longevity & Anxiety/Feeling of security of the studied sample (n=80)

Variables	Depression	Desire of Longevity	Anxiety	Feeling of security
Mean	6.92	0.83	6.02	0.82
Standard deviation	7.01	0.37	5.31	0.38
Correlation @	-0.57		-0.53	
P-value(>0.05)	0.036		0.085	

Table 1.4 shows, mean and standard deviation of independent variables depression and anxiety; and dependent variables desire of longevity and feeling of security.

Interpretation: It also illustrates an extremely significant correlation between depression and desire of longevity (-0.57) (<-1) (p value <0.05) among elderly residents residing in old age homes. Increase in depression will lead to decrease in desire of longevity and vice versa. Thus accepting the alternate hypothesis and rejecting the null hypothesis,

Correlation between anxiety and feeling of security is -0.53 (<-1) (p value>0.05) indicates the negative correlation between the variables i.e. increase in anxiety will decreases in felling of security but the correlation is not strong enough as significance level is not less than 0.05. Thus rejecting the alternate hypothesis and accepting the null hypothesis. (Table 1.4)

6. Discussion

Elderly individuals who are alone, dealing with health problems, depression, or loneliness can benefit from living in old age homes for the Aged. A safe haven is offered by old age homes for older individuals who lack support and a place to go. Within these homes, a family like atmosphere experienced among the residents. Senior citizens find security and companionship when they share bond of experiences with each other. According to a recent survey, 30% to 50% of elderly people had symptoms that make them depressed. A large majority of elderly persons living alone are women. Depression is strongly correlated with desire of longevity & loneliness [14].

In the present study, during assessment of the PHQ 9 scale it is found that 15% of the elderly are having severe symptoms of depression with around half number of elderly males and double the percentage of females being affected. Similar results were found in the study conducted by Mehra, A

Agarwal, et al (2021) where the prevalence of depression was found to be 30% among the elderly residents in a village.[15] It is encouraging to observe that a sample of elderly from an urban location with elderly residing in old age homes has lesser prevalence for depression when compared with a sample of rural elderly.

On the same side, the result of present study goes with Toder Alon, A et al, who found that elderly people in old age homes tend to receive more care, hence they felt more secure in the sense of care received about their finances and health [16], which also supports present study results that more than (90%) elderly residents feels more secure with their present living situation in old age home.

The present study also notifies the statistical significance between depression & desire of longevity (-0.57) (<-1) (p value <0.05) among elderlies residing in old age homes. From the researcher point of view, among the elderly the most influential factor for not having desire of longevity can be depression & hopelessness. Considering the fact that elderly people living inside old age homes had their own personal losses.

There is no significant relation found between anxiety and feeling of security among elderlies living in old age homes of Punjab. Barakat, M, M et al (2019) reports that more than of one third of elderly have severe and moderate anxiety (38%; 32%) respectively. Additionally, a significant majority of the participants (86%) reported a prevailing severe feeling of loneliness the study shows supports that anxiety has a correlation with feeling of loneliness among elderly individual residing in old age homes.

In the previous studies, generally it was found that the mental health of the elderly living in rural and villages are better when compared with the elderly living in old age homes. The lower percentage of moderate and severe symptoms of depression and anxiety in the present study indicates that special attention has to be given to improve the mental health condition of the elderly residents.

7. Limitations

- Major limitation of the study is its small sample size.
- The study was carried out in a limited time period on a small sample of old ages homes and thus may not be generalized to a great extent.

8. Recommendation

It is critical to evaluate the health status of the elderly residents from time to time. In fact, an initial assessment of physical, mental and social aspects of health and wellness of each elderly at the time of admission in old age home shall be conducted. It is further recommended that a pre and post assessment of the overall wellness of elderly residents shall also be done.

It is important to raise awareness among the caregivers and staff about mental illness of elderly in an old age home so that requisite appropriate care can be provided. Therefore, it is recommended that training which aims to increase

recognition of mental disorders, enhance appropriate response and referral, support for elderly with mental disorders shall be necessarily provided to the caregivers and old age home staff.

Socio-demographic indicators are also an aggregate indicator of health-related wellbeing for people aged 60 years and older. Therefore, it is recommended that while assessing overall health of an elderly person equal attention shall be given to gather the information on socio-demographic indicators of health for an elderly person.

It is observed in the present study that a standard operating protocol for care of the elderly residents is most effective tool for ensuring overall holistic health and wellness. It is therefore recommended that a standard operating protocol should be adopted by the old age homes offering care and wellness services to the elderly which will ensure at least minimum standard for delivering various services.

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