

Case study

Depression and loneliness among the elderly in Old Age Homes of Dehradun, India

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Available online at: www.isca.in, www.isca.me

Received 3rd December 2018, revised 25th May 2019, accepted 10th June 2019

Abstract

Old age is an inevitable phase of life which is marked by dependence on the others to fulfil their emotional, social and at times the financial needs. Recently, an umpteen number of incidents have been reported where the elderly have not been treated well by their family, or they lack close family attachment or where they are abandoned by their own children. The only respite the elderly can find which they believe can make their life a little better is living in an old age home. To our surprise where the rate of elderly population is growing every year, the old age homes show sorry statistics. With growing number of residents and challenged infrastructure available to deal with the problems of the senile, the psychological well-being of such people is effected leading to depression and loneliness. The present study aims to explore the relationship between loneliness and depression among the elderly staying in the old age homes of Dehradun. The sample comprised of sixty elderly, aged 60-90 years who are living in old age homes of Dehradun. The tools used for this purpose were Beck Depression Inventory and the UCLA Loneliness Scale.

Keywords: Dehradun, depression, elderly, loneliness, old age homes.

Introduction

Old age is a stage in every person's life marked by certain needs such as love, support and care from others. The old-age is also phase where the elderly report health concerns and deteriorating body which requires dependence on others. For most of the old aged people, these aspects of their life further effect their psychological, emotional and social factors.

With the increasing trends of joint family systems turning into nuclear family systems, the elderly have been seen to be more alone. Living in joint families the elderly got the support and care that they strive for. The joint families followed the rituals of eating, praying and being together. The traditions of joint families have become obsolete and there is a gradual shift towards the nuclear family paradigms¹. The nuclear family system has left the old age people depressed and lonely and socially isolated². The current generation has been engrossed so much into their own lives that they no longer provide social security to their parents. With limited financial and social resources, they have to deal with financial problems which mainly lead to stress and depression³.

Depression has been defined as one of the most prevalent and grave medical conditions that badly affects how one feels, thinks and acts⁴. The cause of depression in early life can be because of a particular life experience or situation whereas, in old age the prime cause of depression is due to lack of family support and social life⁵. Numerous studies have found that old

people have good coping skills to deal with depression if they get the relevant support framework.

Research studies from past many decades have shown that depression often leads to loneliness or visa-versa. Loneliness refers to sorrow people feel when they are not satisfied with the kind of social involvement and relationship they want or have and such feelings of being left out or alone leads to being alienated. Recent survey conducted in 2017 by Substance Abuse and Mental Health Services Administration (SAMHSA)⁶, found that the strong social relationships can decrease stress during critical life transitions, can help recover from mental health problems and lead to a significant positive well-being as one grows older.

Loneliness and depression in old age is a chronic illness plaguing the geriatric population in the world. It is also affecting the old people as an epidemic which leads to deterioration of their health and social condition⁷. The elderly people are not treated well by their own kin which leads to marked depression and loneliness. The senile then are left with the only choice which is to move into special homes for aged people⁸. Old age homes act as underpin for the senior citizens which provide the resources and the support that is desired by them. The old age homes are roof over their heads when they are abandoned by their own families.

Living in old age homes, the elderly people might find companionship and basic necessities but the sour relationships they now share with their own family lingers on.

With such emotional turmoil, elderly are not able to adjust well the environment of an old age homes. It has been seen that the old age homes are not providing the resources that may lead to quality living. Quality living plays an important role in a person's mental wellbeing⁹.

The Hindu's recent survey¹⁰ on the condition of old age homes in India revealed that the availability of homes for the senile depends on the payment capacity of the aged. The scenario of the old age homes is so miserable that most of them lack basic comforts. Also, the elderly in such homes are not given proper care and resources. The food is of rather low quality and is deficient in quantity most of the times. There are times when the elderly people have been ill-treated if they have raised their voices against the poor functioning of the management. The conditions in these old age homes is so miserable that managements do not utilize the payments sent to the occupant by their children of these old age homes to their benefits, leaving the helpless parents in the lurch.

The present study seeks to look into the present scenarios of the old age homes in Dehradun and suggest certain measures that can be taken by the concerned authorities like interactive sessions with elderly people related to health, yoga, meditation making the old age homes a better place to live in.

Review of Literature: Researchers have studied depression of the senile living in special homes for elderly (old age homes) and the elderly who were living in their own houses¹¹. The research found that depression was more prevalent among the elderly who were staying in the old age homes than in people who were residing in their own houses. The study also revealed that the elderly who were financially stable were less prone to depression. On the same lines it has been found that the prevalence of depression among the elderly living in old age homes¹². The study also confirmed that the elderly residing in old age homes suffer from depression and also some measures should be taken by the concerned authorities to use preventive measures.

Supporting the same, another study found that elderly residing in their own houses were in better condition than the elderly staying in old age homes¹³. Studies done on the living satisfaction regarding elderly population in old age homes have found that many of them had lost contacts with their families and they didn't had any connection outside the old age homes leading to increased depression and loneliness¹⁴.

Various researches conducted on the quality of life of the people staying in the old age homes and the elderly in community in Vishakhapatnam have revealed that old people have special needs and they need someone to take care of whereas, the people living in the community were found to be better in social and psychological domains of quality of life¹⁵.

Depression in older people is generally related with economic and social issues leading to the reduced health of the elderly¹⁶. Research done on 220 old people living in rural area in Dehradun showed significant results where the quality of living among the old age home people staying in rural was found to be dependent on the financial and education dependency¹⁷.

Various researchers studied depression in older people and found it to be more common in females than males¹⁸. Other studies explored the social and the health problems of elderly where it was emphasized that there is an immediate requirement for various counseling centers that can look after the social, psychological and physical needs of elderly¹⁹. A study was conducted on 174 elderly people living in old age homes of Uttar Pradesh in India. They studied the factors which were forcing old people to live in old age homes and found that ill treatment by sons and daughter-in-laws was the most common reason for living in old age homes²⁰.

The relation between old age and loneliness has been explored. The studies reveal that loneliness is common in old age which leads to declining health and poor quality of life²¹. Researchers have also studied the factors related to loneliness and found that loneliness in senile was due to the deteriorating health and the death of the partner²². The elderly who lacked meaningful relationships and felt socially isolated because of no or lost contacts with family and friends experienced greater loneliness²³.

There is a general notion that depression and loneliness increases with age. There is an increase in depressive symptoms after the age of 65 years²⁴. It has also been found in a study that most of the old people were not satisfied from their families in the terms of love and care and sadly their children considered them as a burden²⁵. Supporting the same thought another famous research based in Kerela old age homes clearly indicated that those who have children were left alone to look after themselves which further compelled the elderly to move into old age homes²⁶.

It has been suggested through research that staying with the family in India is the finest place for the aged population because they wish to live with their children and their respective family but due to the changing trends they end up living in old age homes²⁷.

Methodology

Sample: In the present study the sample comprised of sixty elderly people living in the old age homes of Dehradun. The sample covered the elderly age group from 60-90 years (29 men and 31 women).

Tools Used: Beck Depression Inventory: Beck Depression Inventory (BDI) was used to measure the level depression

among the elderly. It is self-report rating inventory that consists of 21 questions²⁸.

UCLA Loneliness Scale: The UCLA Loneliness Scale was used to measure the feeling of loneliness and social isolation. The subjects rated each item as O (I often feel this way), S (I sometimes feel this way), R (I rarely feel this way) and N (I never feel this way).

Procedure: To carry out the research permission was taken from the respective authorities of old age homes in Dehradun. Consent from the elderly to fill in the forms was also taken. The elderly were given individual attention and assistance while filling in the questionnaires. Scoring was done as per respective manuals. Further, correlations were calculated for analysis of data.

Results and discussion

In the present study, depression and loneliness were found to be significantly correlated. This indicates that elderly living in old age homes feel depressed and lonelier. Further indicating that the elderly suffering from depression are also suffering from loneliness or vice-versa (Table-1). For further analysis, pie charts for males and females were used to get a clear picture. The results revealed that both elderly females and males showed positive correlations for depression and loneliness (Figure-1, 2). Also, the present study mapped the reasons for elderly which makes them to opt for old age homes in Dehradun (Figure-3).

Table-1: The correlations for depression and loneliness for mixed sample.

Correlation	Mixed Sample (Males and Females)
Loneliness and Depression	0.49**

**sig. at .01.

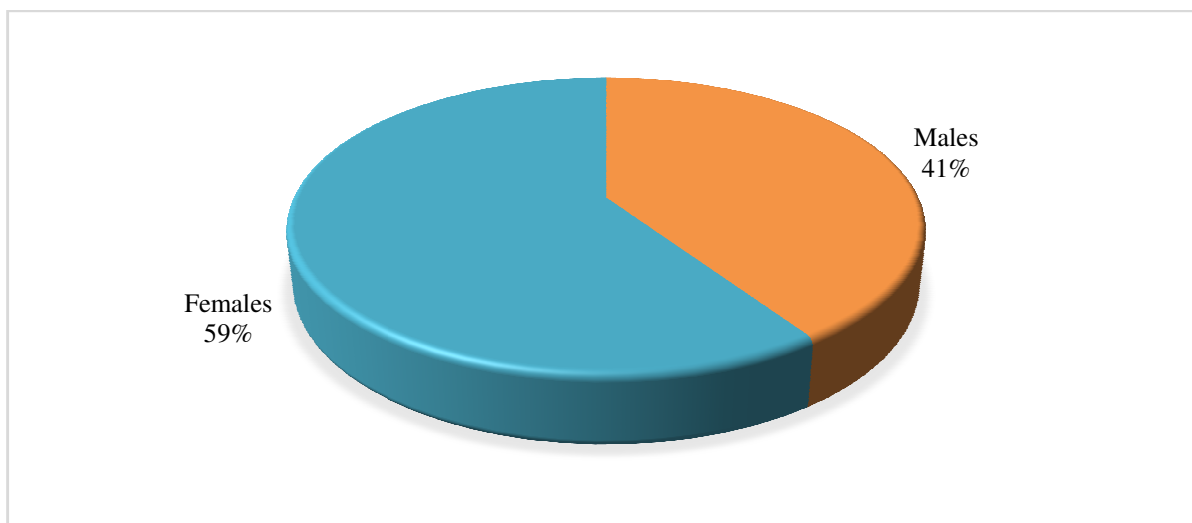


Figure-1: Pie Diagram showing the percentage of Men and Women (Loneliness).

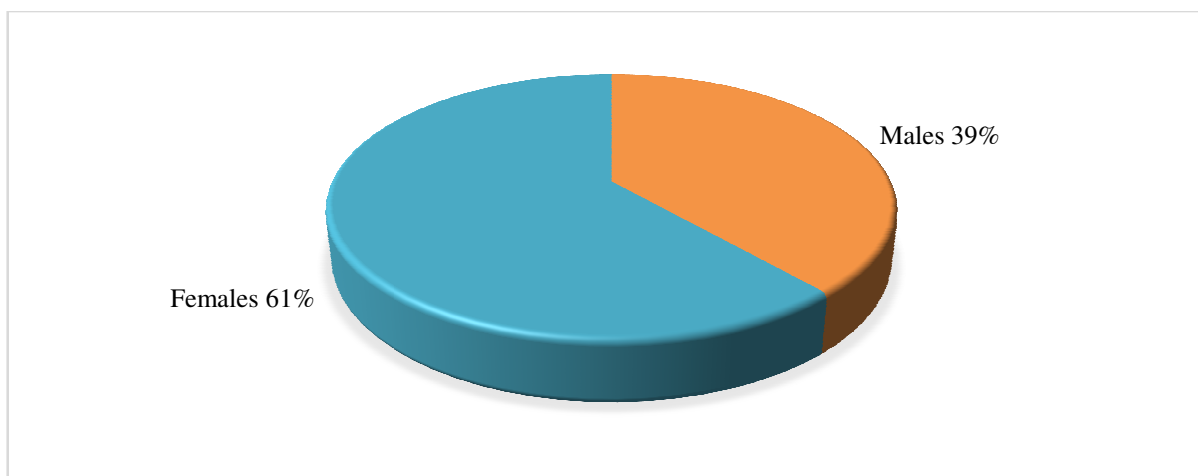


Figure-2: Pie Diagram showing the percentage of Men and Women (Depression).

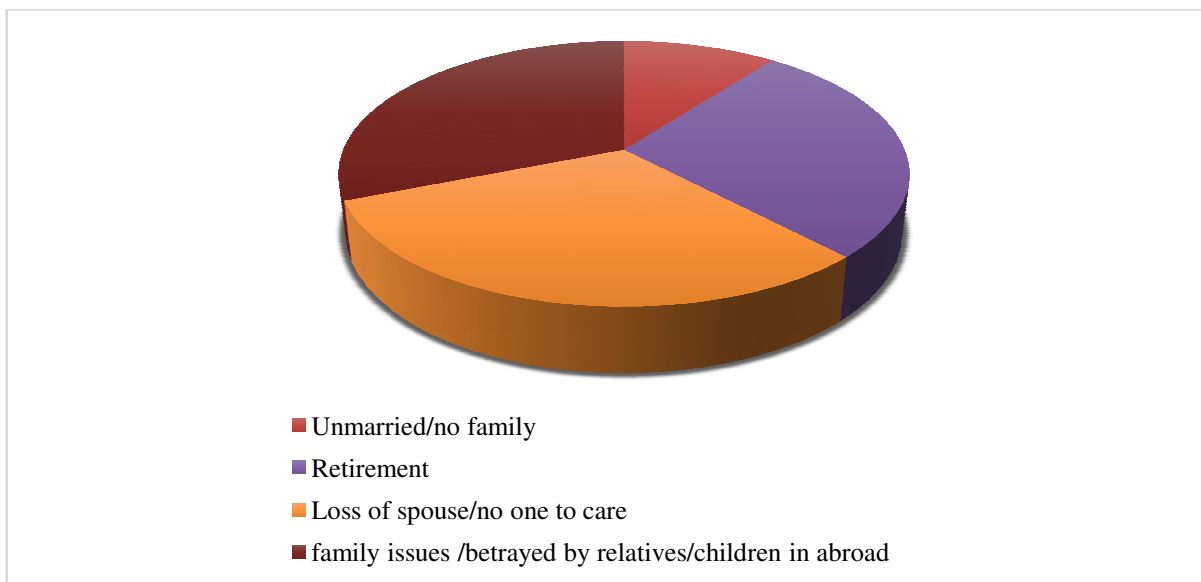


Figure-3: Pie Diagram showing the reasons for the elderly to move into old age homes.

Discussion: The elderly have been forced to move out of their houses into the old age homes owing to various reasons within and outside the family. It has been seen that the living conditions differ in the old age homes when compared to their normal homes. The elderly to live in the given old age homes need to follow some rules and the main issues that they face are physical, psychological and issues related to adjustment. Even with such known problems about the old age home, the percentage of elderly in old age home is rising every year. With this thought, the present study intended to find the existing psychological issues like depression and loneliness among the elderly living in old age homes. Also, the present study focused to find the reasons that pushes the elderly to move into old age homes and the resources used in the old age homes of Dehradun. Also, some researchers have reported that the old age homes provide good care to the elderly including aspects like proper diet, yoga, meditation and other physical exercises. They serve proper care for elderly but with some limitations²⁹. The present study through case study analysis found that the conditions in the old age home of Dehradun were not too good and failed to provide good care for the elderly.

The present study found that the elderly (mixed sample) suffer from depression and loneliness in old age homes of Dehradun. A significant correlation (0.49) was found between depression and loneliness in the elderly population living in the old age homes of Dehradun. The reason for prevalence of depression and loneliness may be due to the fact that they do not feel the need of belongingness in the old age homes as compared to the elderly living with their family members³⁰. Studies carried out by various researchers have also confirmed a positive significant relationship between depression and loneliness³¹. The positive correlation seems to be either depression leading to loneliness or loneliness leading to depression. Whatever the case may be, both psychological components are a serious issue for the

elderly. Thus, the elderly feeling lonely and depressed in old age homes of Dehradun brings a spur of thought regarding the mental health care that is available for them in the city.

The study further explored the gender differences for depression and loneliness among male and female elderly in old age homes of Dehradun. The percentage analysis (Figure-1, 2) showed that females were high on loneliness (59%) and depression (61%) than males on loneliness (41%) and depression (39%). There could be various reasons for such results. One interesting research stated that women are more sociable and family oriented where they are strongly dependent on their family and friends for some social support³². Thus, when women are restricted to form their social support in a place like old age homes it leads to depression and loneliness. Living in an old age home means staying without one's family, without their support and care who can attend to their psychological and emotional needs³³. The present study's analysis revealed that the old age homes in Dehradun do not have various recreational activities for the inmates that can keep them occupied and happy or allow them to interact much with each other leading to greater amount of depression and loneliness due to lack of companionship with other inmates. It has also been found that the duration of stay (in terms of years) in old age homes also impacts the psychological well-being of elderly³⁴.

Efforts were made to spend much time with the elderly in the old age homes of Dehradun where the main objective was to find out their daily routine to gain insight about the resources available for the elderly in old age homes of Dehradun. Two case studies have been discussed below expressing and supporting the same.

Case study-1: Mrs. A, 72 years old has been living in an old age home from past 4 years. She hails from Tehri, Garhwal.

Being a single mother she spent her whole life raising her only son giving him the best resources possible. After her son got married she was asked to leave the house by her son and daughter in law due to the property issues. The only place she could seek shelter was in an old age home. The son and the daughter in law have never contacted Mrs. A. She is not very happy in the old age home as she lacks the social support and feels that the food served is not good and healthy. She is sitting ideal most of the times and feels lonely and depressed. She still hopes that one day her son will come to meet her or contact her.

Case Study-2: Mr. Y, aged 71 years old was found to be high on level of depression and loneliness. He has been living in the old age home from past 2 years and 6 months. After the death of the wife, his son left him at the old age home as he believed that he could not take the responsibility of his own father. Harish is not very happy about living in an old age home and was complaining about the food quality and the behavior of the staff. No activities are organized for the elderly in the old age home so he spends all his time sleeping the whole day.

The study also explored the causes or reasons (Figure-3) that led the elderly to move into the old age homes. The main causes that emerged were loss of spouse (31%), tortured by the family members leaving no choice for the elderly to move to the old age homes (31%). Surprisingly, the study revealed that 28% of the retired elderly consciously decided to move into the old age homes in Dehradun as they did not have a family or they had no tangible support system.

Conclusion

The present study threw light on the emotional and psychological plight of the aged living in old age homes of Dehradun. Considering that more and more elderly are choosing to opt for such way of living, the government must ensure quality living for them, regular check-ups, proper food quality, proper sanitation and hygiene needs to be maintained, and lastly, introducing some recreational activities or involving them in some small medium businesses can be a great help to them.

References

1. Bhasin H. (2016). Change In Family Structure In The Modern Times. *International Journal of Indian Psychology*, 3(4), 124-137. Retrieved from <https://www.ijip.in/Archive/v3i4/18.01.169.20160304.pdf>
2. Taqui A.M., Itrat A., Qidwai W. and Qadri Z. (2007). Depression in the elderly: Does family system play a role? A cross-sectional study. *BMC Psychiatry*, 7(1), 57. doi:10.1186/1471-244x-7-57
3. Jeon H. and Dunkle R.E. (2009). Stress and Depression Among the Oldest-Old: A Longitudinal Analysis. *Research on Aging*, 31(6), 661-687. doi:10.1177/0164027509343541
4. American psychiatric Association (2013). what is depression. Retrieved from <https://www.psychiatry.org/patients-families/depression/what-is-depression>
5. Singh A. and Misra N. (2009). Loneliness, depression and sociability in old age. *Industrial psychiatry journal*, 18(1), 51. doi:10.4103/0972-6748.57861
6. Report (2017). Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/recovery_to_practice/slides-integratedhealth3-20170802.pdf
7. Report (2017). American psychiatric Association. Retrieved from <https://www.psychiatry.org/news-room/apablogs/apablog/2017/01/loneliness-a-growing-health-concern>
8. Thapa S. (2017). Abandonment of Elderly people in Nepal Elderly people's Perspective (Diaconia University of Applied Sciences). Retrieved from <https://www.theseus.fi/bitstream/handle/10024/125786/THESIS.SAMJANA.pdf?sequence=1>
9. Netuveli G. and Blane D. (2008). Quality of life in older ages. *British Medical Bulletin*, 85(1), 113-126. doi:10.1093/bmb/ldn003
10. Rajagopal V. (2017). Old age homes as a fact of life. *the hindu*. Retrieved from <https://www.thehindu.com/opinion/open-page/old-age-homes-as-a-fact-of-life/article19523768.ece>
11. Mohan U., Gupta A., Singh S., Tiwari S. and Singh V. (2015). Study of Depression in Geriatric Population: Old Age Home and Community in Lucknow India. *International Journal of Epidemiology*, 44, 97. doi:10.1093/ije/dyv096.032
12. Chalise H.N. (2014). Depression among elderly living in Briddashram (old age home). *Advances in Aging Research*, 3(1), 6-11. doi:10.4236/aar.2014.31002
13. Ahiwale M.K. and Kumar M. (2017). A Study Of Elderly Living In Old Age Homes And Family In Pune District of Maharashtra. *Journal of Evidence Based Medicine and Healthcare*, 4(86), 5058-5061. doi:10.18410/jebmh/2017/1011
14. Sangar M.A., Karem F.A., Alireza N.N. and Muaf A.K. (2015). Old age satisfaction regarding geriatric home services in Erbil city. *Journal of medicine and life*, 8(Spec Iss 3), 195-198. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5348939/>
15. Chandrika S., Radhakumari P. and Devi Madhavi B. (2015). Quality of Life of Elderly Residing in Old Age Homes and Community in Visakhapatnam City. *International Organization of Scientific Research Journal of Dental and Medical Sciences (IOSR-JDMS)*, 14(10), 27-31. Retrieved from <https://pdfs.semanticscholar.org/39c4/df4673358d8e94971d9ac6034c30585f6b8c.pdf>.

16. Parikh P. (2017). Comparative Study on Depression among Old Age Persons Residing with Family and Old Age Homes. *The International Journal Of Indian Psychology*. Retrieved from <https://ijip.in/ Archive/ v4i3/ 18.01.306.20 170403.pdf>
17. Kakkar R., Aggarwal P. and Semwal J. (2017). Quality of Life (QOL) among the Elderly in Rural Dehradun. *Indian Journal of Community Health*, 29(1), 39-45. Retrieved from <https://www.iapsmupuk.org/journal/index.php/IJCH/article/view/720>.
18. Goud A.A. and Nikhade N.S. (2015). Prevalence of depression in older adults living in old age home. *International Archives of Integrated Medicine*, 2(11), 1-5. Retrieved from http://iaimjournal.com/wp-content/uploads/2015/11 /iaim_2015_0211_01.pdf
19. Lena A., Ashok K., Padma M., Kamath V. and Kamath A. (2009). Health and social problems of the elderly: A cross-sectional study in Udipi Taluk, Karnataka. *Indian Journal of Community Medicine*, 34(2), 131. doi:10.4103/0970-0218.51236
20. Akbar S., Tiwari S.C., Tripathi R.K., Kumar A. and Pandey N.M. (2014). Reasons for Living of Elderly to In Old Age Homes: An Exploratory Study. *The International Journal of Indian Psychology*, 2(1), 56-61. Retrieved from https://www.researchgate.net/publication/278683171_Reasons_for_Living_of_Elderly_to_In_Old_Age_Homes_An_Exploratory_Study.
21. Meyer R.P. and Schuyler D. (2011). Old Age and Loneliness. *The Primary Care Companion For CNS Disorders*, 13(2), e1-e2. doi:10.4088/pcc.11f01172
22. Tjihuis M.A., De Jong-Gierveld J., Feskens E.J. and Kromhout D. (1999). Changes in and factors related to loneliness in older men. The Zutphen Elderly Study. *Age and ageing*, 28(5), 491-495. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10529046>
23. Mullins L.C. and Dugan E. (1990). The Influence of Depression, and Family and Friendship Relations, on Residents Loneliness in Congregate Housing. *The Gerontologist*, 30(3), 377-384. doi:10.1093/geront/30.3.377
24. Wu Z., Schimmele C.M. and Chappell N.L. (2011). Aging and Late-Life Depression. *Journal of Aging and Health*, 24(1), 3-28. doi:10.1177/0898264311422599
25. Dubey A., Bhasin S., Gupta N. and Sharma N. (2011). A Study of Elderly Living in Old Age Home and Within Family Set-up in Jammu. *Studies on Home and Community Science*, 5(2), 93-98. doi:10.1080/09737189.2011.11885333
26. Rajan S.I. (2002). Home away from home: A survey of old age homes and inmates in Kerala, India. *Journal of Housing for the Elderly*, 16(1-2), 125-150. doi:10.1300/j081v16n01_09
27. Adhikari H. (2016). Family or Old Age Home-Which is Appropriate for Happiness of Elderly at Post Retirement Life in India? : A Reflection from a Study. *Journal of Gerontology & Geriatric Research*, 5(3). doi:10.4172/2167-7182.1000305
28. Beck A.T., Ward C., Mendelson M., Mock J. and Erbaugh J. (1961). Beck depression inventory (BDI). *Arch Gen Psychiatry*, 4(6), 561-571.
29. Vanitha D. (2014). Institutional care of the elderly: a study of old-age homes in Hassan City, Karnataka, India. *Int J Interdisciplinary Multidisciplinary Studies (IJIMS)*, 1, 100-107. Retrieved from http://www.ijims.com/uploads/df576ca398f9f901a91ezppd_564.pdf
30. Narkhede V., Likhari S. and Rana A. (2012). A study on depression in elderly inmates living in old age homes in Gujarat. *Indian Journal of Research and Reports in Medical Sciences*, 2(3), 21-23. Retrieved from <http://www.ijrrms.com/pdf/2012/jul-sep-12-pdf/06.pdf>
31. Mohanth N. and Begum F.A. (2011). Geriatric depression, loneliness and psychological well-being: Role of age and gender. *Indian Journal of Psychology and Mental Health*, 5(2), 53-61. Retrieved from [http://www.scirp.org/\(S\(czeh2tfqyw2orz553k1w0r45\)\)/reference/ReferencesPapers.aspx?ReferenceID=1086018](http://www.scirp.org/(S(czeh2tfqyw2orz553k1w0r45))/reference/ReferencesPapers.aspx?ReferenceID=1086018)
32. Stevens N. and Westerhof G.J. (2006). Marriage, Social Integration, and Loneliness in the Second Half of Life. *Research on Aging*, 28(6), 713-729. doi:10.1177/0164027506291747
33. Ahmadi K. and Etemadi A. (2009). Psychological Disorders of Elderly Home Residents. *Journal of Applied Sciences*, 9(3), 549-554. doi:10.3923/jas.2009.549.554
34. Sharma N.K., Parihar A., Vyas H., Prasanna K.L. and Pandey V. (2014). Assess the Geriatric Problems among Inmates of Old Age Home. *International Journal of Scientific and Research Publications*, 4(2), 1-6. Retrieved from <http://www.ijsrp.org/print-journal/ijsrp-feb-2014-print.pdf>