"A study to assess the prevalence of depression and help seeking behavior among the depressed elderly individuals"

Samson Wilson Kamble,[1] Anil Ashok Shirsath[2]

[1] Clinical instructor, Department of Psychiatric Nursing, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Sangli, Maharashtra, India – 416414

[2] Clinical instructor, Department of Community Health Nursing, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Sangli, Maharashtra, India – 416414

ABSTRACT

An explorative descriptive study is conducted to assess the prevalence of depression, help-seeking behavior of the depressed elderly individuals and association of level of depression with demographic variables among the elderly individuals residing at Sangli, Miraj Kupwad corporation area by using quantitative research design with the objectives to assess the prevalence of depression and help-seeking behavior of the depressed individuals. 300 hundred elderly selected for the study by using purposive sampling technique and data were collected by using the standardized Geriatric Depression Scale (GDS30) & General Help Seeking Questionnaire (GHSQ). Prior to data collection ethical permission was obtain from institutional ethical committee and from the samples through informed consent. Data was collected from 03/04/2023 to 13/04/2023. The result reviled that 210 (70.00%) elderly has a no depression were as 88 (29.33%) elderly individuals mild depression, and 2 (0.66%) elderly individuals have severe depression. About 20.22% depressed elderly extremely likely to seek help from the doctor & phone helpline were as likely to seek help from intimate partner (75.55%) and friends (76.66) for the personal or emotional problem. Whereas 41 (45.55) depressed elderly extremely unlikely to seek from intimate partner for the suicidal thought ideation it is also found that 42 (46.66%) depressed elderly individuals are unlikely to seek help from the mental health professionals for their suicidal thoughts. There is a significant association (0.004) found between depression and the age group (60-65 years). The study concludes that 29.33% elderly individuals residing at Sangli, Miraj, Kupwad corporation had mild level of depression were as 0.66% has severe level of depression. Most of them want to seek help from friends *f*=69 (76.66%), intimate partner *f*=68(75.55%), and they are unlikely to seek help from the religious leader *f*=15(16.66%), doctors *f*=16(17.77%) for their personal or emotional problem. Depressed elderly likely to seek help from the friend *f*=33 (36.66%) and extremely unlikely to seek help from the intimated partner *f*=41 (45.55%)

Keywords: *Assess, Prevalence, Elderly, Depression, Help-seeking*

INTRODUCTION:

Depression is one of the most current internal complaints and a common cause of disability and also it reduces life- satisfaction in old age. Along with the worldwide increase in the number of aged grown-ups, a better understanding of depression in old age is largely precious from clinical and public health perspectives.[1] The World Health Organization (WHO) defines senior as the people above 60 times of age. The worldwide proportion of senior population is anticipated to double from current 12 to 22 by the time 2050. The number of senior populations in India is anticipated to be 179 million by 2031 and 301 million by 2051. According to statistics, the Indian senior population is presently the second largest in the world.[2] The major threat factors for depression in senior people is habitual conditions, confined mobility, penalty, senior abuse, insulation, and loss of income, as analogous to the common threat factors of people from other age groups.[3] Depression is a major public health problem which is common among the senior for the reasons similar as reduction in fertility rates and mortality rates through increased health care installations which led to increased life span and due to knowledge, urbanization and industrialization.[4] People with severe depression find it really hard to manage up with day- to- day problems. Mild depression will drop quality of life, and without proper treatment and support, may come more serious problem in future. Depression is both under diagnosed and undressed, especially among senior population, as symptoms of depression among them, like loneliness, sleep privation, are frequently overlooked because they coincide with other late life problems.[5] Depression problems are noted as physical, cognitive, emotional and social problem.[6] Ageing an ineluctable process, is generally measured by chronological age and as a convention, a person aged 65- times or further is frequently appertained to as " senior ".According to the law, an elderly citizen means any person being a citizen of India, who has attained the age of sixty times or above.[7]. Patients with psychological illnesses, such as anxiety, depression, and post-traumatic stress, will receive psychiatric care; reconditioning for exercise, such as cycloergometer exercises and muscular strengthening, will be beneficial in preparing for a return to socio-professional activities.[8] The adding burden of health problems among the senior will have a direct impact on the demand for health services, pension and social security payment.[9] As the age advances, there's increased morbidity and functional loss. colorful life events endured by the senior population can greatly impact their cerebral status, making them more prone to depression.[10]

BACKGROUND OF THE STUDY:

Depression is a major internal health problem, which is yet to be honored as an important public health challenge. About 322 million people affected with depression worldwide.[11] Depression is a major contributor to self-murders (800,000 annually).[12] In India, senior persons (60 times and over) constitute 8.6 of the total population. Depression symptoms are frequently not detected duly in senior. The end of this study was to explore the frequence of depressive symptoms and possible correlated factors among senior population. Depression is one of the most common internal diseases and affects numerous people around the world. Estimates of the number of people with depression that admit help range from 28 to 60 depending on the description and dimension used.[13] Screening for depression in all levels of health facilities can identify patients who need support and treatment for depression.[14]

There is a impact of help seeking behavior Prospectively, factors that affect persons 55 and older seeking care for their mental health were looked at. Between a reference group of 120 older persons who did not require services and 120 older adults who did, a discriminant analysis revealed a significant difference. Help seekers had worse psychological well-being before seeking assistance, more physical health issues prior to seeking assistance, more unpleasant stressful events prior to seeking assistance, and a stronger perception of social support deficits prior to seeking assistance. The vast majority of these elder help seekers went to a medical doctor rather than a mental health facility, clinic, or a clergyman for assistance with their mental health issues. Stressful bereavement, social, and economic situations were experienced by much more people who sought support than those who did not.[15]

Importance of help seeking behavior, Factors that affect seeking mental health treatment Attempting to Get Help, Being Active, and Taking Risks Help-seeking is a crucial coping strategy for those who are under stress but don't feel like they can handle it well, as was stated above. Men are said to seek assistance less frequently than women. Help-seeking indicates a loss of control, which some men may view as detrimental to their sense of self.[16]

NEED FOR STUDY:

According to estimates from who, depression will catch heart complaint as the alternate most common complaint in the world in terms of morbidity in another ten times. Senior depression is a internal and emotional complaint affecting aged grown-ups. Feeling of sadness and occasional "blue" moods are normal still, lasting depression isn't a typical part. According to WHO findings, aged grown-ups are more likely to suffer from subsyndromal depression. One of the most common internal health issues is depression. Males have an 8 – 12 continuance threat of depression, whereas ladies have a 20 – 26 continuance threat. Twelve men and one out of every five women now suffer from depression. Despite the general public's misconception that all cerebral issues include depression, depression has been the most common reason for cases to visit a psychiatrist.one of the main causes of disability worldwide is depression. All periods, races, and socioeconomic groups are vulnerable to depression, and it has veritably high particular, social and profitable costs. Depression is also a major cause of death, particularly in youthful people, through self-murder.[17] A study conducted by Ghorpade N K, Joshi O S revealed the Depression average score of urban group was 13.73 with the standard deviation of 4.61. The Depression average score of rural group was 12.03 with the standard deviation of 4.88. The test statistics value of the unpaired t test value of the t test was 2.53 with the p value 0.012. Here, it shows significant difference in the depression scores of the urban and rural area of Sangli District.[18] Depressive symptoms are often not detected properly in elderly. The aim of this study was to explore the prevalence of depressive symptoms and possible co relational factors among elderly population. There is growing evidence that clinical depression causes serious harm to physical health, has significant negative effects on daily living activities for extended periods of time, leads to social isolation, and is a significant financial burden. Research conducted on elderly depression in India Depression, along with other mental health disorders, has long been segregated and neglected. The elderly age group comprise a particularly vulnerable group as they often have multiple co-existing medical and psychological problems. Cardiovascular diseases, respiratory disorders, hearing and visual impairments, depression, and infections such as tuberculosis are common problems in elderly populations.[19]

We conducted this study to assess the prevalence of depression among elderly people because in elderly people depression rate is increasing, most of them are not seeking help because they don't know how to seek help, and most of them also don't know from where to seek help. That's why this study will help elderly people to know the help seeking behavior, and it will help them to seek help for treatment of their depression. The largest cause of disability in the world today is depression, which also significantly contributes to the overall burden of sickness on the planet. Additionally, it is one of the most prevalent geriatric psychiatric illnesses and a significant contributor to mortality and disability in aged individuals.

RESEARCH OBJECTIVE:
1. To find out the prevalence of depression in an elderly individual.
2. To assess the general help seeking behavior among depressed elderly individuals.
3. To find out association between level of depression with demographic variables.

ASSUMPTION:
Elderly individual residing at Sangli, Miraj, and Kupwad corporation area may have depression.

RESEARCH METHODOLOGY:
Research Approach: Quantitative Research approach.
Research Design: exploratory descriptive research design.
Research Setting: Sangli, Miraj, Kupwad corporation area.
Population: Elderly individuals.
Target population: Age group belongs to 60 to 70 years.
Accessible population: Elderly individuals residing at Sangli, Miraj, Kupwad corporation area.
Sample: Elderly individuals age range between 60 to 70 years
Sample selection criteria:
Inclusion criteria:
1. Individuals between 60-70years of age
2. Individuals able to read English, Hindi and Marathi
3. Depressed individuals with geriatric depression scale score in between 10-30
Exclusion criteria:
1. Individuals who are not willing to participate.
Sample size:300(obtained by power analyzed method)
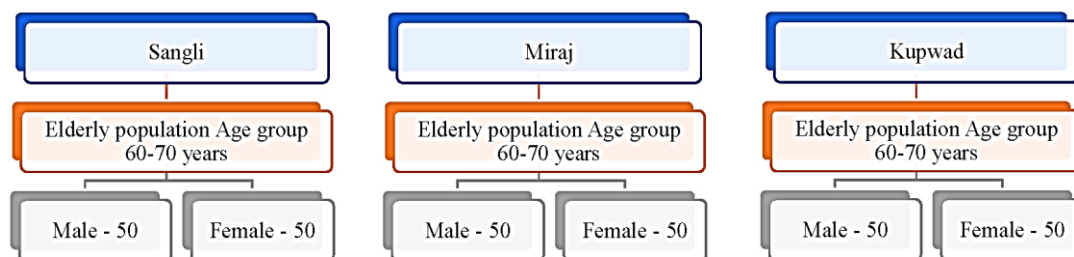Sample Technique: Nonprobability purposive sampling technique.

Figure No. 1: Schematic representation of sampling process

Data collection techniques and tool: The tool consists of three sections,

Section I- Demographic variables.

Section II- Geriatric Depression Scale (GDS30).

Section III- General Help Seeking Questionnaire (GHSQ).

Procedure for data collection

- Ethical permission was obtained from the institutional ethical committee.
- Prior permission was obtained from the health officer, Sangli Miraj Kupwad Corporation.
- Informed consent was obtained from each sample.
- Pilot study was conducted on 10% of sample.
- Final data was collected from 03/04/2023 to 13/04/2023.
- Data collection done by using Geriatric Depression Scale (GDS30), General Help Seeking Questionnaire (GHSQ).

RESULT

The final study conducted from 03/04/2023 to 13/04/2023 shows following results

Table No. 1: Frequency and percentage wise distribution of the socio- demographic variables.

n=300

Sr. No	Variable	Group	Frequency (*f*)	Percentage (%)
1	Age in year	**60-65**	**204**	**68.33**
		66-70	96	31.66
2	Gender	Female	150	50.00
		Male	150	50.00
3	Religious	**Hindu**	**182**	**60.66**
		Muslim	46	15.33
		Christian	26	8.66
		Other	46	15.33
4	Marital status	**Married**	**300**	**100.00**
		Unmarried	0	0.00
5	Education	**Primary**	**216**	**72.00**
		Secondary	31	10.33
		Higher Secondary and Above	53	17.66
6	Working	Yes	45	15.00
		No	**255**	**85.00**

Table no.1: Maximum of the samples belongs to 60-65 years of age, gender was taken equally (150 males & 150 females), most of the samples were belongs to Hindu (182) religion. All of the samples were married, most of the samples (216) had Primary education, 255 samples were unemployed.

Table No. 2: Frequency and percentage wise prevalence of depression in an elderly population of Sangli Miraj Kupwad corporation area.

n=30

Prevalence of depression					
Normal		Mild Depression		Severe Depression	
f	%	*f*	%	*f*	%
210	70.00	88	29.33	2	0.66

Interpretation of Table no.2: Above table shows that most of the sample 210 (70.00%) as a no depression there as 88 (29.33%) elderly individuals mild depression, there is 2(0.66%) elderly individuals have severe depression.

Table No.3: - Frequency and percentage distribution of Help-Seeking behavior for personal or emotional problem among the depressed elderly populations.

n=90

Sources of help seeking	Extremely unlikely		Unlikely		Likely		Extremely likely	
	f	%	*f*	%	*f*	%	*f*	%
Intimate partner	3	3.33	9	10.00	**68**	**75.55**	10	11.11
Friends	3	3.33	10	11.11	**69**	**76.66**	8	8.88
Other relative	4	4.44	**30**	**33.33**	38	42.22	**18**	**20.00**
Mental health professional	3	3.33	**40**	**44.44**	**39**	**43.33**	8	8.88
Phone helpline	7	7.77	**27**	**30.33**	36	40.00	**20**	**20.22**
Doctor	**16**	**17.77**	20	20.22	34	37.77	**20**	**20.22**
Religious leader	**15**	**16.66**	17	18.88	42	16.66	16	17.77
Not seek help from anyone	**12**	**13.33**	20	20.22	43	47.77	15	16.66

Table no. 3 shows that the depressed elderly individual extremely likely to seek help from the doctors (20.22%), phone helpline (20.22%) and other relatives (20.00%) were as they are likely to seek help from friends (76.66%), intimate partner (75.55%) and mental health professionals (43.33%). Depressed elderly individuals are extremely unlikely to seek help from the doctor (17.77%), religious leader (16.66%) and not to seek help from anyone (13.33%) were as they are unlikely to seek help from the mental health professionals (44.44%), other relatives (33.33%) and from phone helpline (30.33%) for their personal or emotional problems.

Table No.4: - Frequency and percentage distribution of Help-Seeking behavior for experiencing suicidal thoughts among the depressed elderly populations.

n=90

Sources of help seeking	Extremely unlikely		Unlikely		Likely		Extremely likely	
	f	%	*f*	%	*f*	%	*f*	%
Intimate partner	**41**	**45.55**	19	21.11	**23**	**25.55**	7	7.77
Friends	36	40.00	20	20.22	**33**	**36.66**	1	1.11
Other relative	30	33.33	**40**	**44.44**	16	17.77	**4**	**4.44**
Mental health professional	30	33.33	**42**	**46.66**	14	15.55	**4**	**4.44**
Phone helpline	21	24.44	**51**	**56.66**	14	15.55	**4**	**4.44**
Doctor	32	35.55	39	43.33	16	17.77	3	3.33
Religious leader	**38**	**42.22**	32	35.55	**17**	**18.88**	3	3.33
Not seek help from anyone	**42**	**46.66**	29	32.22	16	17.77	3	3.334

Table no. 4 shows that the depressed elderly individual extremely likely to seek help from the other relative, mental health professional & phone help line (4.44%) were as they are likely to seek help from friends (36.66%), intimate partner (25.55%) and religious leader (18.88%). Depressed elderly individuals are extremely unlikely to seek help from the intimate partner (45.55%), religious leader (42.22%) and not to seek help from anyone (46.66%) were as they are unlikely to seek help from the mental health professionals (46.66%), other relatives (44.44%) and from phone helpline (56.66%)

n=300

Sr no	Variable	Group	Normal		Mild Depression		Severe depression		x^2	P value	Significant
			f	%	*f*	%	*f*	%			
1	Age in year	60-65	155	49.67	48	18.00	1	0.00	**10.876**	**0.004**	**Significant**
		66-70	55	18.67	40	13.00	1	0.00			
2	Gender	Female	110	35.67	39	14.00	1	0.33	1.266	0.531	Not significant

Samson Wilson Kamble/ Afr.J.Bio.Sc. 6(7) (2024).253-262

		Male	100	32.67	49	17.00	1	0.33			
3	Religion	Hindu	128	42.00	52	18.00	2	0.67	5.574	0.473	Not significant
		Muslim	31	10.00	15	5.33	0	0.00			
		Christian	16	4.67	10	4.00	0	0.00			
		Other	35	11.67	11	3.67	0	0.00			
4	Marital status	Yes	210	68.33	88	31.00	2	0.67			
		No	0	0.00	0	0.00	0	0.00			
5	Education	Primary	155	50.33	60	21.33	1	0.33	8.826	0.549	Not significant
		Secondary	23	7.33	7	2.67	1	0.33			
		Higher secondary and above	32	10.66	21	7.00	0	0.00			

Table no. 5 shows that there is a significant association is seen between the level of depression and   age group (p- 0.004). No association is seen between the level of depression and other demographic variables

DISCUSSION:

The present study was undertaken to assess the "A study to assess the prevalence of depression and help seeking behavior among the depressed elderly population in Sangli-Miraj-Kupwad corporation area." Based on the objectives the investigator tried to find out the prevalence of depression and help seeking behavior among elderly people. The result shows that most of the sample 210 (70.00%) has no depression, there is 88 (29.33%) elderly individuals have mild level depression, and 2 (0.66%) elderly individuals have severe level of depression. Overall, these findings emphasize the importance of understanding the unique help-seeking behaviors and demographic correlates among depressed elderly individuals. Addressing stigma, promoting awareness of mental health services, and developing age-specific interventions are essential steps towards providing effective support and care for this vulnerable population. Further research is warranted to explore additional factors influencing depression severity and help-seeking patterns among the elderly, enabling more targeted and comprehensive approaches to mental health care for the elderly individuals.

CONCLUSION:

In conclusion, these findings underscore the necessity for tailored interventions that address the unique help-seeking behaviors and demographic correlates among depressed elderly individuals. Efforts to destigmatize mental health issues, enhance access to professional services, and foster collaboration between informal and formal support networks are crucial

in providing comprehensive care for this vulnerable population. Further research is warranted to explore additional factors influencing depression severity and help-seeking patterns among the elderly, facilitating more targeted and effective approaches to mental health support and intervention.

REFERENCE

1. Kessler RC, McGonagle KA, Zhao S, Nelson CB, Hughes M, Eshleman S, Wittchen HU, Kendler KS. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. Archives of general psychiatry. 1994 Jan 1;51(1):8-19.

2. Prakash R, Choudhary SK, Singh US. A study of morbidity pattern among geriatric population in an urban area of Udaipur Rajasthan. Indian Journal of community medicine. 2004 Jan 1;29(1):35

3. Joshi K, Kumar R, Avasthi A. Morbidity profile and its relationship with disability and psychological distress among elderly people in Northern India. International Journal of Epidemiology. 2003 Dec 1;32(6):978-87.

4. Yadava KN, Yadava SS, Vajpeyi DK. A study of aged population and associated health risks in rural India. The International Journal of Aging and Human Development. 1997 Jun;44(4):293-315.

5. Jariwala V, Bansal RK, Patel S, Tamakuwala B. A study of depression among aged in Surat city. National Journal of Community Medicine. 2010 Jun 30;1(01):47-9.

6. Teo K, Churchill R, Riadi I, Kervin L, Wister AV, Cosco TD. Help-Seeking Behaviors Among Older Adults: A Scoping Review. J Appl Gerontol. 2022 May;41(5):1500-1510. doi: 10.1177/07334648211067710. Epub 2022 Feb 13. PMID: 35156428; PMCID: PMC9024019.

7. Singh S, Bajorek B. Defining 'elderly' in clinical practice guidelines for pharmacotherapy. Pharm Pract (Granada). 2014 Oct;12(4):489. doi: 10.4321/s1886-36552014000400007. Epub 2014 Mar 15. PMID: 25580172; PMCID: PMC4282767.

8. Ranigi MS, Salvi MS.To Assess The Knowledge And Practices Regarding Rehabilitation Among Post-Covid Patients Of Selected Areas In Sangli Miraj Kupwad Corporation Area.Journal of Pharmaceutical Negative Results.2022 Nov 8:1482-9.

9. Depression WH. Other common mental disorders: global health estimates. Geneva: World Health Organization. 2017 Feb;24.

10. Golboni F, Mahmoodi H, Baghi V, Ghanei Gheshlagh R, Valiee S, Dalvand P, Kurdi A. Prevalence of Depression among Iranian Elderly: A Systematic Review and Meta-analysis of Observational Studies. Novelty in Clinical Medicine. 2022 Mar 1;1(2):70-80.

11. Steel Z, Marnane C, Iranpour C, Chey T, Jackson JW, Patel V, Silove D. The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013. International journal of epidemiology. 2014 Apr 1;43(2):476-93.

12. Eaton WW, Martins SS, Nestadt G, Bienvenu OJ, Clarke D, Alexandre P. The burden of mental disorders. Epidemiologic reviews. 2008 Nov 1;30(1):1-4.

13. Saarni SI, Suvisaari J, Sintonen H, Pirkola S, Koskinen S, Aromaa A, Lönnqvist J. Impact of psychiatric disorders on health-related quality of life: general population survey. The British journal of psychiatry. 2007 Apr;190(4):326-32.

14. Dasa TT, Roba AA, Weldegebreal F, Mesfin F, Asfaw A, Mitiku H, Teklemariam Z, Geddugol BJ, Naganuri M, Befikadu H, Tesfaye E. Prevalence and associated factors of depression among tuberculosis patients in Eastern Ethiopia. BMC psychiatry. 2019 Dec;19(1):1-7.

15. Wang PS, Simon G, Kessler RC. The economic burden of depression and the cost-effectiveness of treatment. International journal of methods in psychiatric research. 2003 Feb;12(1):22-33.

16. Cuijpers P, Straten van A, Driessen E, Oppen van P, Bockting C, Andersson G. Depression and dysthymic disorders. In: Sturmey P, Hersen M, editors. Handbook of Evidence-Based Practice in Clinical Psychology. Hoboken: John Wiley and Sons; 2012. p. 243–84.

17. Bristow K, Patten S. Treatment-seeking rates and associated mediating factors among individuals with depression. The Canadian Journal of Psychiatry. 2002 Sep;47(7):660-5.

18. Joshi, O. S., & Ghorpade, N. A comparative study to assess the level of anxiety and depression among senior citizens living in urban area and rural area of Sangli district.

19. Pilania M, Bairwa M, Kumar N, Khanna P, Kurana H. Elderly depression in India: An emerging public health challenge. Australas Med J. 2013 Mar 31;6(3):107-11. doi: 10.4066/AMJ.2013.1583. PMID: 23589734; PMCID: PMC3626025.