

Dissertation

At

IIHMR, DELHI

(1st March to 15th June 2024)

A Project Report On

Status of geriatric mental health in India:

A scoping review

By Dr. Bhawana Panu

PG/22/022

Under the guidance of

Dr. Sumant Swain

PGDM (Hospital & Health Management)

2022-24



International Institute of Health Management Research,

New Delhi

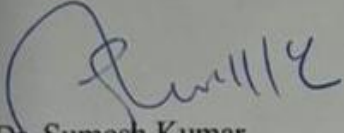
TO WHOMSOEVER IT MAY CONCERN

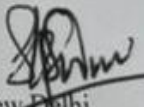
This is to certify that Bhawana Panu student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at IIHMR from 01.03.24 to 15.06.24.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his/her future endeavors.


Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Mentor 
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "Mental Health Status of Geriatric population" at India
"IIHMR, Delhi" is hereby approved as a certified study in management carried out
and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of
PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by
this approval the undersigned do not necessarily endorse or approve any statement made, opinion
expressed, or conclusion drawn therein but approve the dissertation only for the purpose it is
submitted.

Dissertation Examination Committee for evaluation of dissertation.

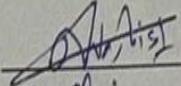

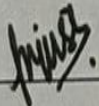
Name

NAVEEN VASHIST

VINAY

Sr. Piyush Kanti Khan.

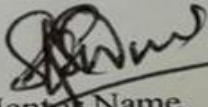
Signature

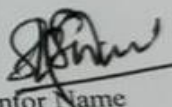
Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Bhawana Panu**, a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He/ She is submitting this dissertation titled "Status of Geriatric mental health in India: a scoping review at "IIHMR, Delhi" in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management)**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.


Institute Mentor Name,
Designation,

Organization

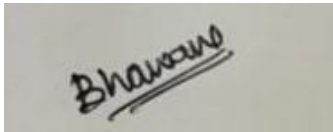

Organization Mentor Name
Designation,

Organization

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI**

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled '**Status of geriatric mental health in India: a scoping review**' and submitted by **Dr. Bhawana Panu** , Enrollment No. PG/22/022 under the supervision of for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 01 March 2024 to 15 June 2024 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

A photograph of a handwritten signature in black ink on a light-colored surface. The signature appears to read 'Bhawana' with a horizontal line underneath it.

Signature

Dr. Bhawana Panu

Date- 28 July 2024

FEEDBACK FORM

Name of the Student: Bhawana Pannu

Name of the Organization in Which Dissertation Has Been Completed: IHMR, Delhi

Area of Dissertation: Geriatric Mental Health.

Attendance: Regular

Objectives achieved: Yes

Deliverables: Research

Strengths: Time Management

Suggestions for Improvement: -

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organization Mentor (Dissertation)

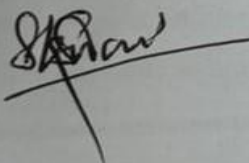
CERTIFICATE ON PLAGIARISM CHECK

Name of Student (in block letter)	Dr./Mr./Ms.: <u>Bhawsana Paru</u>		
Enrollment/Roll No.			
Course Specialization (Choose one)	Hospital Management	Batch Year	
Name of Guide/Supervisor	Health Management	Healthcare IT	
Title of the Dissertation/Summer Assignment	Dr./ Prof.:		
	<u>Status of Geriatric Mental Health in India: a scoping Review</u>		
Plagiarism detect software used	"TURNITIN"		
Similar contents acceptable (%)	Up to 15 Percent as per policy		
Total words and % of similar contents Identified			
Date of validation (DD/MM/YYYY)	_/_/_		

Guide/Supervisor

Name:

Signature:



Student

Name: Bhawsana Paru

Signature: Bhawsana

Report checked by

Institute Librarian

Signature:

Date:

Library Seal

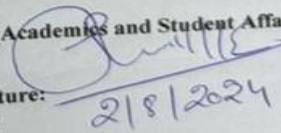


Dean (Academics and Student Affairs)

Signature:

Date:

(Seal)



ABOUT THE ORGANIZATION

The International Institute of Health Management Research (IIHMR), New Delhi is allied to the ‘Society for Indian Institute of Health Management Research’ which was established in October 1984 under the Societies Registration Act-1958.



IIHMR-Delhi was setup in 2008 in response to the growing needs of sustainable management and administration solutions critical to the optimal function of healthcare sector both in India and in the Asia-Pacific region.

IIHMR Delhi are a leading institute of higher learning that promotes and conducts research in health and hospital management; lends technical expertise to policy analysis and formulation; develops effective strategies and facilitates efficient implementation; enhances human and institutional capacity to build a competent and responsive healthcare sector. Their multi-dimensional approach to capacity building is not limited to academic programs but offers management development programs, knowledge and skills-based training courses, seminars/webinars, workshops, and research studies.

There four core activities are...

- Academic courses at master's and doctoral level in health and hospital management to meet the growing need of skilled healthcare professionals.
- Research that has high relevance to health policies and programs at national and global level.
- Continued education through management development programs and executive programs for working professionals to help them upgrade their knowledge and skills in response to the emerging needs of the industry.
- Technical consultation to the national and state-level flagship programs to address the gaps in planning as well as implementation.

Mission

IIHMR Delhi is an institution dedicated to the improvement in standards of health through better management of health care and related programs. It seeks to accomplish this through management research, training, consultation and institutional networking in a national and global perspective.

Vision

IIHMR is a premier institute in health management education, training, research, program management and consulting in the health care sector globally. The Institute is known as a learning organization with its core values as quality, accountability, trust, transparency, sharing knowledge and information. The Institute aims to contribute to social equity and development through its commitment to support programs aiming at poor and the deprived population.

ABSTRACT

Status of geriatric mental health in India: a scoping review

Introduction

Global population ageing is a phenomenon, with a sharp increase in the number of individuals over 60 occurring worldwide. India is also seeing exponential increases in the percentage and number of senior citizens, or those over 60. By 2050, the number of senior people will have increased from 104 million, or slightly over 10% of the overall population, to 319 million, or 19.5% of the population. Late-life mental health disorders are a major cause of morbidity. Psychiatric diseases such as depression, dementia, and mood disorders are commonly observed in the older population in India. In addition to sadness, other problems include anxiety disorders, drug and alcohol misuse, delirium, and psychosis.

Rationale

The rationale for this systematic review is to address the urgent need to understand and improve the mental health status of India's growing elderly population, which faces high prevalence of disorders but inadequate services, while providing evidence-based recommendations to policymakers and healthcare providers to enhance geriatric mental healthcare in the country.

Objectives

Primary Objective

- To assess the prevalence and burden of mental health disorders among the geriatric population in India.
- To review existing policies and initiatives concerning geriatric mental health services in India.

Methodology

Study Design: Literature-based secondary research

Population: Elderly population

Search Strategy: Appropriate MESH terms were used. The search terms which were applied are as follows: Geriatric, mental health, elderly population, India. These are the various terms that were searched using appropriate Boolean connectors (AND/OR) for example Geriatric AND Mental health.

Inclusion criteria: Studies published between 2000 and 2023 in peer-reviewed journals were included.

Exclusion criteria: non-English studies, blogs, white papers, news reports, editorials, and opinion papers,

and studies on non-electronic interventions or irrelevant populations.

Results:

Depression is the most common psychiatric disorder in the geriatric population with prevalence ranging from 22.2% to 55.2% of geriatric patients. Further depression is significantly associated with increasing age, female gender, absence of support from spouse, economic dependence and nuclear family. Depression was found to be significantly associated with increased age, co-morbid conditions, economic dependence and physical dependence for daily activities. The prevalence of depression was higher in elderly living in old age homes. Percentage of depression in females was more than men and found to be increasing with increase in age.

Key words: Geriatric, mental health, elderly population, India

Background:

India is going through a fast demographic shift because of improvements in health care, with an increase in the number of older persons. The need for rapid action to expand mental health services in India has arisen due to epidemiological surveys that have showed significant mental health morbidity among older persons aged 60 and above. Many obstacles impede the growth and advancement of geriatric mental health care in India. These difficulties include the demographics of ageing in India as well as more specialised concerns like dementia care, geriatric depression, aged sexual problems, and the ageing LGBTI community. The difficulties arise at every stage of care and therapy, from acknowledging the existence of a mental health issue to obtaining assistance and adhering to a treatment plan.

India confronts several difficulties, including a shortage of qualified personnel, a lack of infrastructure for senior mental health, and a lack of funding for geriatric mental health. A recent epidemiological study found that older individuals in India have an average mental health morbidity of 20.5%. Based on these data, an estimate of 17.13 million older individuals in India (of 83.58 million overall) are thought to be experiencing mental health issues now. Article 41 of the Indian Constitution mandates senior citizens' well-being. It stipulates that the state must, within the confines of its economic growth and competence, make effective provisions for safeguarding the right to public assistance in cases of old age.

India has several laws, regulations, and programs that address the needs of the elderly population and offer general and/or mental health care. Nonetheless, there is a pressing need to advance the field of geriatric mental health and enhance India's current offerings.

Need of this study:

The need for this systematic review on geriatric mental health in India is driven by the rapidly growing elderly population, high prevalence of mental health disorders, inadequate mental health services, lack of awareness and stigma surrounding mental health issues among older adults, and the urgent need to develop specific policies and legislation to address their unique mental health needs in order to improve overall well-being and quality of life for this vulnerable population

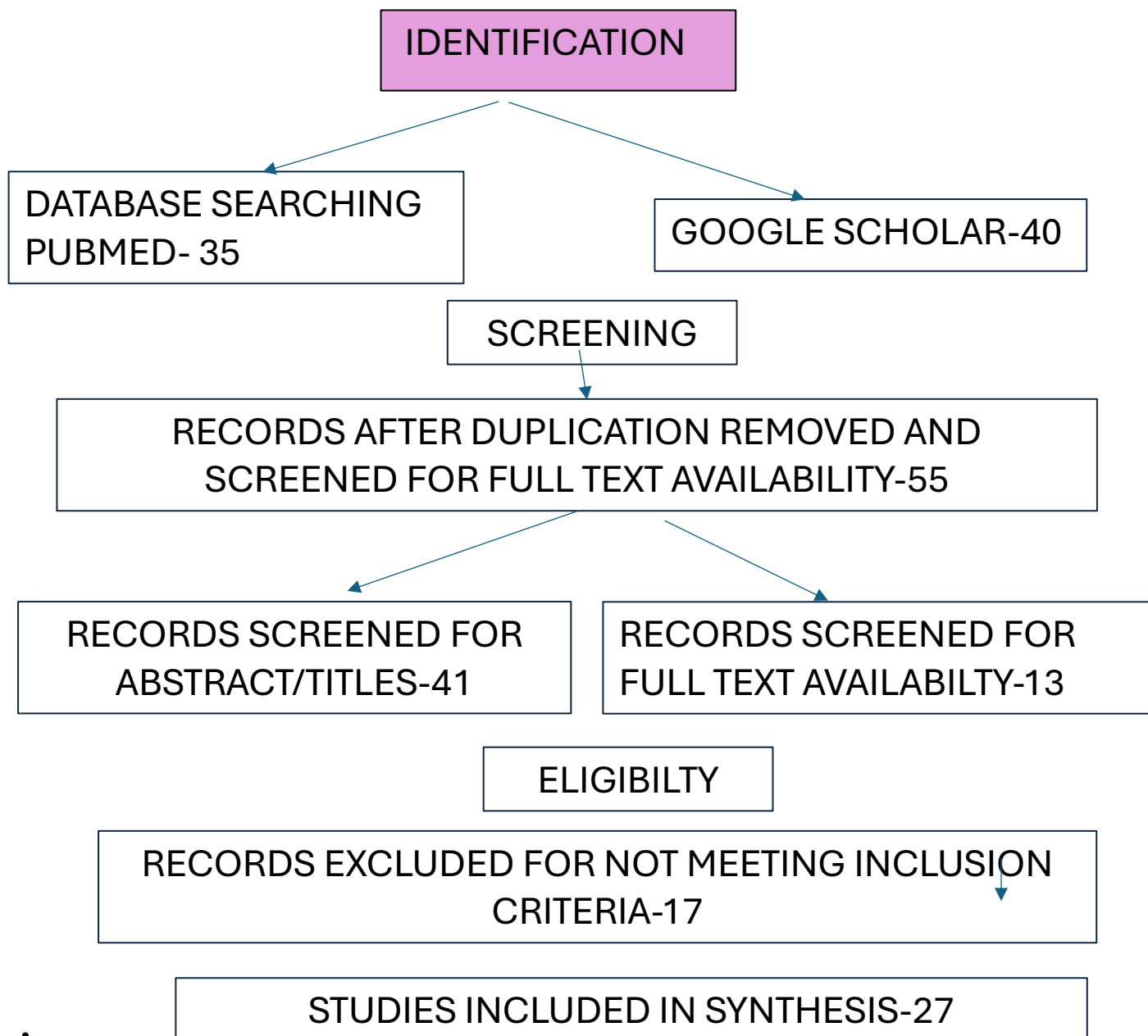
Aim and Objectives:

- To assess the prevalence and burden of mental health disorders among the geriatric population in India.
 - To review existing policies and initiatives concerning geriatric mental health services in India.
-

Methodology:

Study type: Scoping Review.

Selection criteria: The scoping review have adopted the 4 steps by PRISMA statement described below:



- **Inclusion criteria:** Studies published between 2000 and 2023 in peer-reviewed journals were included.

Study population: The study population comprises studies and reports related to geriatric mental health services, including prevalence studies, intervention evaluations, policy analyses, and qualitative studies exploring the experiences and perspectives of older adults and healthcare providers.

Information sources: The sampling method involves systematically searching electronic databases, including PubMed, PsycINFO, Embase, and Google Scholar, for relevant studies and reports. Additionally, manual searching of reference lists and grey literature will be conducted to identify additional sources.

Search Strategy: Appropriate MESH terms were used. The search terms which were applied are as follows: Geriatric, mental health, elderly population, India. These are the various terms that were searched using appropriate Boolean connectors (AND/OR) for example Geriatric AND Mental health.

Selection process: We first screened all the selected literatures title and abstract according to the eligibility criteria. A full text report screening was conducted and checked for cross references.

Data Management: To conduct this review, the data was extracted from the selected studies into a Microsoft Excel spreadsheet to get further insights (Annexure 1)

Result:

The most prevalent psychiatric condition among older adults is depression, which affects between 22% and 55% of older individuals. There is a strong correlation between increased age, feminine gender, no husband support, economic reliance, and nuclear family with further depression.

Increased age, co-morbid diseases, physical dependence on everyday activities, and economic dependence have all been proven to be strongly correlated with depression.

The prevalence of depression was higher in elderly living in old age homes. Percentage of depression in females was more than men and found to be increasing with increase in age.

Living in a nuclear family, lack of physical activity, presence of two or more chronic diseases, having no role in family decision-making, sleep problems in past one year and bilateral hearing impairment were factor associated with depression in elderly persons. (Ballabhgarh, Haryana;2016)

The estimated dementia prevalence for adults ages 60+ in India is 7.4%, with significant age and education gradients, sex and urban/rural differences, and cross-state variation.

The prevalence of anxiety disorders has been reported to range from 5.34% to 21.35% for Geropsychiatric patients.

Prevalence of psychiatric morbidity among the elderly in India ranges from 25-49%, with depression being the most common disorder.

Increasing age, female gender, widowhood, poor socioeconomic status, and physical illness are consistently associated with higher rates of depression and other mental disorders.

Sociodemographic factors like illiteracy and living in joint families are also linked to psychiatric morbidity in some studies.

Most studies are cross-sectional and limited to specific geographic areas, so more representative

longitudinal research is needed.

Discussion:

Despite the presence of the National Program for Health Care of the Elderly, there is significant opportunity for enhancing and integrating mental health care, particularly for neurological and substance use disorders among older individuals. Furthermore, addressing the increasing impact of mental illness on the elderly population requires a focus on the mental well-being of the elderly within the existing mental health care system. To identify potential mental health issues early on, it is also crucial to support regular mental health screenings and community outreach initiatives aimed at raising awareness of various mental health conditions among the elderly and those who care for them.

Finally, adequate training in geriatric mental health is crucial for preparing the workforce in this field. The future challenges of geriatric psychiatry in India will involve lack of expertise, limited training opportunities, unequal access to healthcare resources, and a near total absence of chronic care illness models. Raising awareness, enhancing capacity, strengthening training and research initiatives, establishing community-based rehabilitation programs, and developing a comprehensive primary health care system are essential to address the mental health challenges of older adults. Globally, healthcare delivery, especially mental health treatment, occurs in environments with restricted resources. It is vital to enhance the skills of qualified geriatric mental health professionals.

Conclusion:

To prevent chronic illnesses and detect them early, it is essential to increase awareness among the elderly about the significance of regular medical checkups. Geriatric wards need specialized medical and mental health social workers, along with subsidized healthcare services. Elderly individuals and their caregivers should have access to mental health services, including counselling and psychiatric support, to help them cope with feelings of helplessness, loneliness, stress, and worry, while also improving their overall well-being and quality of life.

Increasing the accessibility and affordability of mental health treatments is crucial, and this can be achieved through various measures like providing financial assistance to those who cannot afford these services, offering telehealth options, facilitating at-home therapy, and arranging transportation services. Further initiatives need to be undertaken to address the stigma surrounding mental health. This can be accomplished by encouraging family involvement and collaborating positively with local organizations.

References:

- 1) Datta, P., Gangopadhyay, N., & Mukherjee, A. (2013). Association of psychological morbidity with socio-demographic characteristics among elderly: A cross-sectional study from Eastern India. **International Journal of Medicine and Public Health**, 3(1), 29-34.
- 2) Jain, T., & Suresh, S. (2016). Elderly depression: Unnoticed public health problem in India. **National Medical Journal of India**, 29(3), 129-132
- 3) Kumar, A., & Gupta, R. (2017). Prevalence and predictors of depression in elderly population in rural South India. **Indian Journal of Community Medicine**, 42(4), 256-260.
- 4) Ghosh, S., & Choudhury, S. (2020). Mental health concerns related to COVID-19 among elderly. **Journal of Geriatric Mental Health**, 7(1), 1-5.
- 5) Gupta, R., & Kumar, A. (2020). Prevalence of psychiatric disorders among older adults in India. **Journal of Family Medicine and Primary Care**, 9(1), 47-53.
- 6) Prakash, R., & Singh, A. (2022). Depression and quality of life among elderly in rural areas of India. **Journal of Education and Health Promotion**, 11, 293.
- 7) Nair SS, et al. "Prevalence of Common mental disorders in older adults: Results from the National Mental Health Survey of India." *National Mental Health Survey of India* .
- 8) Sinha P, Hussain T, Boora N, et al. "Prevalence of Common mental disorders in older adults." *Indian Journal of Psychiatry* .
- 9) Tiwari SC, Pandey NM. "Status and requirements of geriatric mental health services in India." *NCBI* .
- 10) Lodha P, De Sousa A. "Geriatric mental health: The challenges for India." *Journal of Geriatric Mental Health* .
- 11) Philip S, Gajera G, et al. "Future-Proofing Geriatric Mental Health Care Services in India: Training and Policy Directions." *NCBI*

Annexure 1:

Study	Location	Sample Size	Prevalence of Mental Illness	Factors associated	Findings	Limitations
Barua et al. 2011[1]	Assam, India	400 elderly	34.5% had psychiatric morbidity	Increasing age, female gender, illiteracy, living in joint families, poor socioeconomic status	Psychiatric morbidity was high, especially depression and anxiety. Sociodemographic factors were significant predictors.	Cross-sectional design, only one district studied
Grover et al. 2016[2]	Chandigarh, India	415 elderly	49.3% had psychiatric morbidity	Increasing age, female gender, marital status, socioeconomic status, physical illness	Psychiatric morbidity was very high, especially depression.	Only one urban area, no longitudinal data
Tiwari et al. 2013[3]	Uttar Pradesh, India	300 elderly	25% had depression	Female gender, illiteracy, widowhood, poor socioeconomic status, physical illness	Depression was common, especially in vulnerable groups: women.	Small sample size, only one rural area
Jain et al. 2017	Chennai, India	300 elderly	45% had depression	Increasing age, female gender, widowhood, poor socioeconomic status, physical illness	Depression was very prevalent, especially in high-risk groups. Sociodemographic and health factors were significantly associated.	Cross-sectional design, only one semi-urban area
Kokiwar et al. 2016	Telangana, India	400 elderly	31.5% had depression	Increasing age, female gender, widowhood, poor socioeconomic status, physical illness	Depression was common, especially in vulnerable groups.	Only one rural area, no longitudinal data
Sinha	Jharkhand,	300	27.3% had	Increasing	Depression was	Small sample

et al. 2017	India	elderly	depression	age, female gender, widowhood, poor socioeconomic status, physical illness	prevalent, especially in high-risk groups.	size, only one rural area
Nair SS et al. (2015)	India	366	Depression : 21.9%, Generalized Anxiety Disorder: 10%, Cognitive Impairment: 16.3%	Gender, cognitive function	Higher prevalence in females; cognitive impairment assessed via MMSE	Small sample size, limited geographic scope
Sinha et al. (2020)	6 regions, 12 states in India	NA	Lifetime prevalence of depressive disorders: 6.93%, Current prevalence : 3.53%	Urbanization, marital status, income	Higher prevalence in females, urban settings, and lower income groups	Lack of detailed demographic breakdown, potential recall bias
Lodha & De Sousa (2018)	Mumbai, Maharashtra	Not specified	Not quantified	Stigma, lack of awareness, inadequate training	Highlights challenges in geriatric mental health service development	Narrative review; lacks quantitative data
National Mental Health Survey (2015- 2016)	India	Multi- stage sampling	Not specified	Socioeconomic status, urban vs. rural living	Identified common mental disorders among older adults; higher rates in specific demographics	Generalizability issues due to sampling method

Bhawana Panu D 3

ORIGINALITY REPORT

15%

SIMILARITY INDEX

9%

INTERNET SOURCES

11%

PUBLICATIONS

5%

STUDENT PAPERS

PRIMARY SOURCES

1	www.researchgate.net Internet Source	3%
2	Sharad Philip, Gopi Gajera, P Lakshmi Nirisha, Palanimuthu Thangaraju Sivakumar et al. "Future-Proofing Geriatric Mental Health Care Services in India: Training and Policy Directions", Indian Journal of Psychological Medicine, 2021 Publication	2%
3	link.springer.com Internet Source	2%
4	Submitted to Griffth University Student Paper	2%
5	Submitted to Henderson State University Student Paper	1%
6	journals.lww.com Internet Source	1%
7	Submitted to University of Aberdeen Student Paper	1%