

# MENTAL HEALTH STATUS OF GERIATRIC POPULATION IN INDIA: REVIEW

- ORGANIZATION: INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT AND RESEARCH , DELHI
- FACULTY MENTOR : DR.SUMANT SWAIN



PRESENTED BY: DR.BHAWANA PANU

# MENTOR APPROVAL

---



Sumant Swain  
To You

10:20 AM



Dear Dr Bhawana

Your PPT has been approved for the presentation.

Regards  
Sumant

**Dr Sumant Swain, M Phil, Ph. D**  
**Assistant Professor**

International Institute of Health Management Research (IIHMR)  
Plot No. 3, HAF Pocket, Sector 18A, Phase-II, Dwarka  
New Delhi – 110075, India. (NAAC “A” Accredited)  
Near Veer Awas/ Kargil Aprt., Sector-12 Metro Station

**Phone :** [011 30418900 EXT 223](tel:01130418900), Mobile No: [+91-9868740469](tel:+919868740469)

Email ID: [sumanta.swain@gmail.com](mailto:sumanta.swain@gmail.com). [www.iihmrdelhi.edu.in](http://www.iihmrdelhi.edu.in)



# INTRODUCTION

---

- Population ageing is a global phenomenon, and the number of people over 60 years has been rising rapidly across the world.
- India is also witnessing exponential growth in the number and proportion of elderly people, i.e., people over 60 years. The number of elderly currently comprises a little over 10% of the population, translating to about 104 million, and is projected to reach 319 million, comprising 19.5% of the total population by 2050.
- Mental illnesses in late life contribute to significant morbidity.
- The psychiatric disorders encountered frequently in elderly in Indian population include depression, dementia and mood disorders . Other disorders include anxiety disorders, drug and alcohol abuse, delirium and psychosis, depression being the most common.

# INTRODUCTION

---

- Variables such as nutritional deficiencies, female sex, widowed status, nuclear families, and stressful life events were found to be associated with geriatric depression.
- There is not only scarcity of mental health services and professionals in India but also there is lack of awareness on the part of society about the issue of elderly mental health.
- There are no targeted mental health programs and policies designed specifically for the geriatric population. Lack of research and awareness about the topic also poses a challenge for the policy makers.

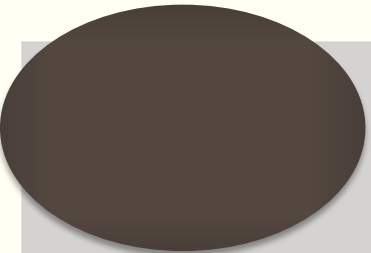
# OBJECTIVES OF THE STUDY

---

- 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.

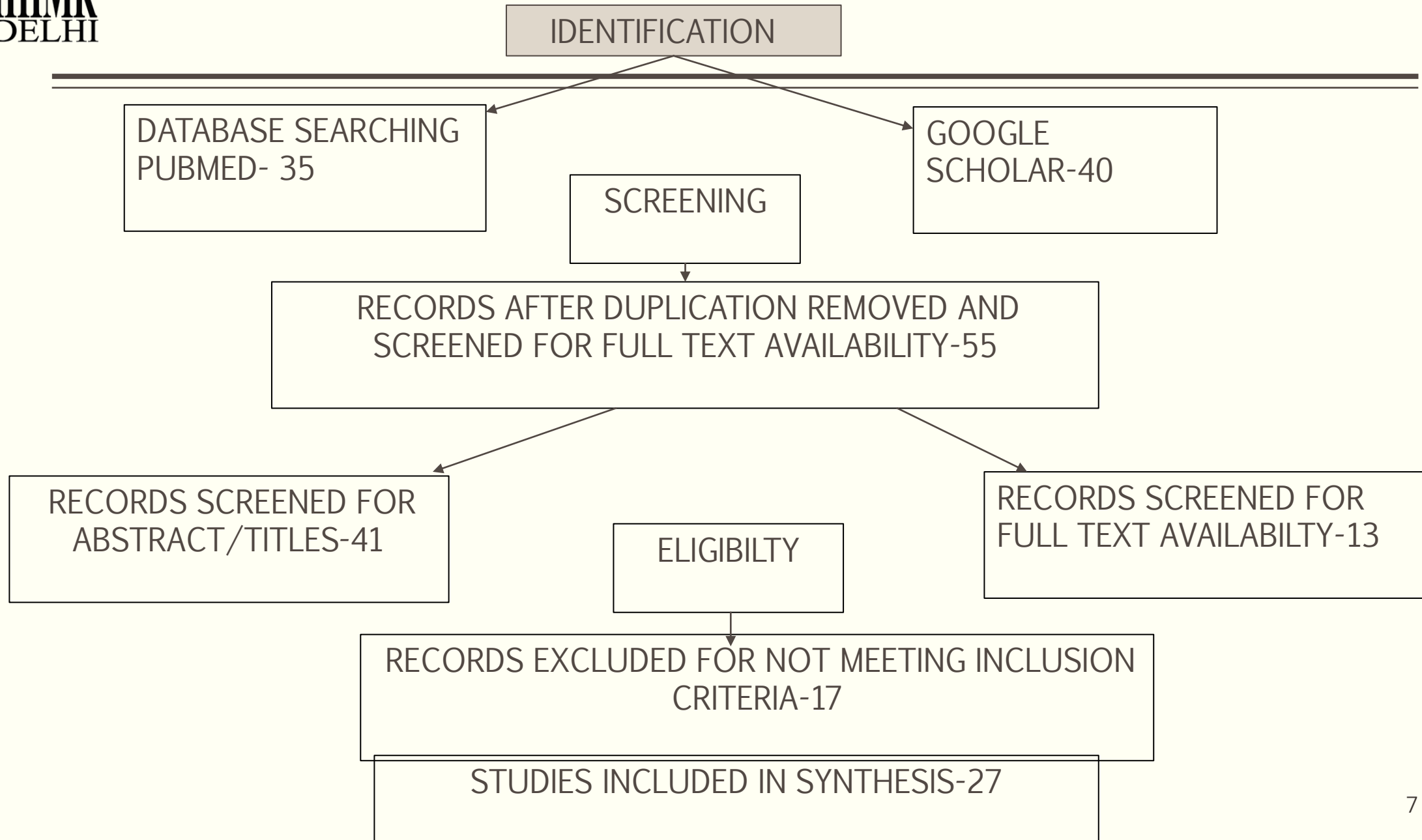
# METHODOLOGY

---

A dark brown oval graphic located on the left side of the slide.

A systematic search was conducted across PubMed, Google Scholar, and Indian journals using keywords such as "geriatric," "mental health," "India," and variations thereof. Studies published between 2000 and 2023 in peer-reviewed journals were included. PRISMA guidelines were followed to ensure transparency and rigor in study selection and data extraction.

Twenty-seven studies met inclusion criteria, covering a range of mental health issues among elderly populations in India. Depression emerged as a predominant concern. Anxiety disorders and cognitive impairments, including dementia, also featured prominently. Socio-economic status, social support networks, and cultural factors significantly influenced mental health outcomes.



# FINDINGS

---

- 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 home. 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 Gero-psychiatric patients.



# AS PER THE LONGITUDINAL AGEING STUDY IN INDIA

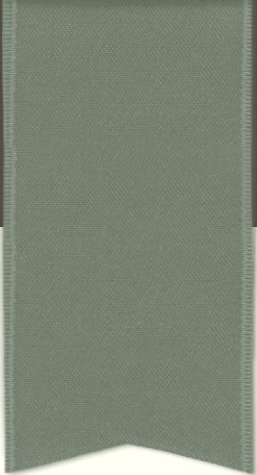
---

- 12% of the total population of INDIA consists of elderly people, and is projected to reach 319 million by 2050, growing at a rate of around 3% per year
- The overall sex ratio in the elderly population is 1065
- 58% of the total number elderly are women, out of which 54% are widows
- The overall dependency ratio is 62 per 100 working-age population
- Around 20% of the elderly in India have mental health issues
- The prevalence of probable depression among the elderly is 10 times higher than the self-reported prevalence of diagnosed depression, implying a greater burden of undiagnosed depression
- Almost a 3rd of the elderly population exhibits depressive symptoms

# ACCORDING TO LASI

---

- 1065/1000 is the Senior Sex Ratio (Females vs. males)
- Only 10% (rural) and 11% (urban) of senior females are financially independent. The sex ratio of the elderly population is on the higher side for females as compared to their male counterparts. Further, the average life expectancy has increased but it has not risen equally for males and females. This gap means that India's older adult population is growing increasingly female
- 8 million & 0.8 million senior women live alone in rural and urban areas, respectively,
- 54% of women are widows and are at higher risk of social exclusion due to a lack of social and financial security. Poor physical health and the stigma around widowhood further increase their vulnerability



# NATIONAL PLANS AND PROGRAMS FOR THE ELDERLY IN INDIA

1. **National Action Plan for Senior Citizens (NAPSrC)**: Launched by the Government of India in 2021, NAPSrC aims to address the welfare and rights of senior citizens, focusing on healthcare, financial security, and social integration through various programs and policies.
2. **Atal Vayo Abhyuday Yojana (AVYAY)**: initiated by the Indian government in 2021, AVYAY provides pension benefits to senior citizens aged 60 and above who do not have access to any social security pension scheme, enhancing their financial stability and quality of life.
3. **National Tele Mental Health Programme** : launched to further improve access to quality mental health counselling and care services in the country
4. **National Programme for the Health Care of Elderly” (NPHCE)** during 2010-11 to provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to the elderly, thereby creating a new “architecture” for ageing and an enabling environment for “a Society for all Ages”

# FINDINGS

---

- Standing Committee on Social Justice and Empowerment's 2021 report states that there are fewer than 500 districts with elderly homes . As previously said, the majority of India's elderly population (71%) still lives in rural regions, and senior care systems in these areas are severely insufficient.
- Healthcare personnel are mainly trained to address sudden and severe illnesses as well as contagious diseases, with no emphasis on training for palliative and end-of-life care especially for the elderly(WHO, 2020; LSAI, 2020)

# DISCUSSION

---

- Lack of awareness, inadequate training opportunities; inequitable distribution of health resources and virtual absence of chronic care disease models are the challenges that confound the future of geriatric psychiatry in India.
- . For addressing geriatric mental health issues, the need of the hour is to increase awareness, capacity building, strengthening training and research activities, developing community-based rehabilitation programme and developing a holistic primary health care system.
- Health care, including mental health care, is delivered in an environment of scarce resources throughout the world. Need for capacity building of trained geriatric mental health professionals.
- Guinea-Bissau in the early 1980s, where four hours of basic training for primary care health workers increased the correct diagnosis of major mental disorders from 31% to 71% and appropriate prescription of medicines from 0% to 75%. It was suggested that for every dollar invested in primary mental health care, more than 50 citizens of Guinea-Bissau were served (de Jong 1996).

# DISCUSSION

---

- Although we have the National Program for Health Care of the elderly in place, there is immense scope for integration and strengthening of mental health services, particularly neurological and substance use conditions among seniors. Further, focusing on the mental health of the elderly within the existing mental health services ecosystem is required to address the increasing burden of mental illness on the elderly population. It is also crucial to increase the awareness of various mental health conditions among the elderly as well as their caregivers through community outreach programs, and informational sessions; along with promotion of regular mental health check-ups to identify potential mental health issues at early stages. Finally, specialized geriatric mental health training is also crucial for skilling the human resources involved in the same.

# CONCLUSION

---

- Awareness among the elderly population should be created for regular medical check-ups to ensure prevention and early detection of the chronic diseases. There is a need to have geriatric wards having specialized professionals with psychiatric and medical social workers along with subsidized health care services.
- Extend mental health services like counseling and psychiatric support to senior people as well as to their caregivers to help them deal with various emotions like feelings of helplessness, isolation, stress, and anxiety; and to improve their overall well-being and quality of life.
- Improving the access and affordability of mental health services through various provisions like transportation facilities, tele-health options, at-home counselling and financial assistance for those who cannot afford these services, etc.; is also crucial.
- Further, efforts should be made to address the stigma around mental health through constructive collaborations with community organizations and by encouraging family involvement

# REFERENCES

---

1. Boralingaiah P, Bettappa P, Kashyap S. Prevalence of Psycho-Social Problems Among Elderly in Urban Population of Mysore City, Karnataka, India. Indian Journal of Psychological Medicine. 2012 Oct;34(4):360–4.
2. Behera P, Sharan P, Mishra AK, Nongkynrih B, Kant S, Gupta SK. Prevalence and determinants of depression among elderly persons in a rural community from northern India. The National Medical Journal of India [Internet]. 2016 May 1;29(3):129–35. Available from: <https://pubmed.ncbi.nlm.nih.gov/27808060/>
3. Lee J, Meijer E, Langa KM, Ganguli M, Varghese M, Banerjee J, et al. Prevalence of dementia in India: National and state estimates from a nationwide study. Alzheimer's & Dementia. 2023 Jan 13;19(7).
4. Dhiman V, Menon G, Kaur S, Mishra A, John D, Rao Vishnu M, et al. A Systematic Review and Meta-analysis of Prevalence of Epilepsy, Dementia, Headache, and Parkinson Disease in India. Neurology India. 2021;69(2):294.



# THANK YOU

---

“

*When mental health is ultimately recognized as essential to physical health, not an extraneous element of it, then we will have access to true, complete, modern medicine.*

John Campo, 2017

PositivePsychology.com