
Prevalence of Depression Among Older Adults Residing in Old Age Homes: A Narrative Review

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How to cite this article: Sabita Thapa Magar, Manisha Thapa, Imran Khan. Prevalence of Depression Among Older Adults Residing in Old Age Homes: A Narrative Review. Indian Journal of Public Health Research and Development / Vol. 17 No. 2, April-June 2026.

Abstract

Background: Ageing is a crucial life stage that is characterized by numerous changes, which make older adults more susceptible to mental health issues, particularly depression. Depression is a major problem affecting the senior population, especially those living in homes for the aged. Both India and Nepal are experiencing a rapid demographic transition with aging populations. This trend highlights an alarming prevalence of depression in institutionalized elderly.

Objective: This review aims to assess the prevalence of depression in elderly residents in old age homes.

Methods: Electronic databases including PubMed, Research Gate, Google Scholar, Semantic Scholar, and Science Direct were used to identify relevant research articles by using keywords like prevalence, depression, older adults, elderly, and old age homes.

Results: The findings show that the prevalence of depression in older individuals in homes for the aged is varied, ranging from 36.2 % to 82.6%.

Conclusion: The findings highlight the critical need for regular mental health screening, psychosocial interventions, and strong supportive systems to optimize the overall well-being of elderly individuals living in institutionalized settings.

Key words: Prevalence, Depression, older adults, old age home

Introduction

The Senior Citizens Act categorizes individuals aged 60 and above consider senior citizens¹. In Nepal,

according to the 2011 census, approximately 1.28 million elderly aged 65 and above were recorded, making up 4.4% of the country's total population¹.

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Submission date: June 10, 2025

Revision date: October 22, 2025

Published date: April 14, 2026

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In India, there are approximately 153 million elderly, and it is projected to reach 347 million by 2050². Despite having the world's largest youth population, India is experiencing a significant increase in its aging demographic. Similarly, Nepal is also facing a major public health concern with its growing elderly population³. This rapid increase in the elderly population brings several social and health challenges for both countries.

Aging is an inevitable phenomenon where people move towards the end of life. During this process, various biological, psychological, and social changes take place that significantly affect the elderly's quality of life⁴. Physical changes include wrinkles on the skin, stooped posture, loss of muscle strength, impairment in vision and hearing, as well as decline efficiency of the cardiovascular system. These changes can result in loss of physical abilities, intellectual decline, retirement from occupational roles, and social detachment⁵. As a result, the elderly people are more susceptible to age-related issues such as reduced functional ability and injuries, facing financial challenges, reduced coping ability, and increased vulnerability to both physical and mental health disorders.

Depression is the most prevalent mental health issue in the elderly, which has become a growing concern due to the rapid expansion of the geriatric population. People with depressive disorder are approximately 40% more likely to experience premature death than those without depression⁶. In Nepal, around 52% of the elderly are affected by geriatric depression⁷. Similarly, in India, depression is reported in about 1% to 6% of the general population⁸. A study on depression prevalence among the elderly found that 77.56% experienced depressive illness, with 74.66% of these cases being mild and 25.34% had severe illness⁹. Another study revealed a 59% prevalence of geriatric depression among older adults¹⁰. These studies conclude that a significant number of the elderly were suffering from depression, highlighting a widespread mental health concern.

In Indian and Nepalese culture, elderly people

mostly lived with or were cared for by their children, particularly sons. However, in the present epoch, the number of elderly residing in homes for the aged is rising more than ever before. This is because of a lack of family and social support, diminished interpersonal and communication abilities, reduction of coping mechanisms, as well as migration of children to urban areas or abroad and shifting of extended family into nuclear family⁶.

The living environment significantly affects mental health in later life. Research was conducted to identify the prevalence of depression among geriatric populations living in care homes versus those in the general community. A survey approach and comparative design were used, and the sample size was 630 for each. The Geriatric depression Scale was used to measure depression rates. The result reported that 66% of the elderly in old age homes experienced mild depression, and 20% in the comparison group¹¹. This shows that older age residents face significantly higher mental health risks compared to those living with their families.

Although numerous studies have highlighted depression as a significant issue among the elderly, there remains a pressing need for effective non-pharmacological interventions to enhance the quality of life for this vulnerable population. This review emphasizes the importance of making strict policies, regulations, and interventions to promote mental health, foster better coping mechanisms, strengthen social support, and improve overall well-being among the elderly. Future research should focus on holistic strategies that enhance emotional resilience and reduce depressive symptoms, especially among those dwelling in institutional settings.

Methods

A narrative review was conducted through a systematic electronic search to identify related studies. The electronic databases used included PubMed, Research Gate, Google Scholar, Semantic Scholar, and Science Direct by using keywords such as prevalence, depression, older adults, elderly, and old age home.

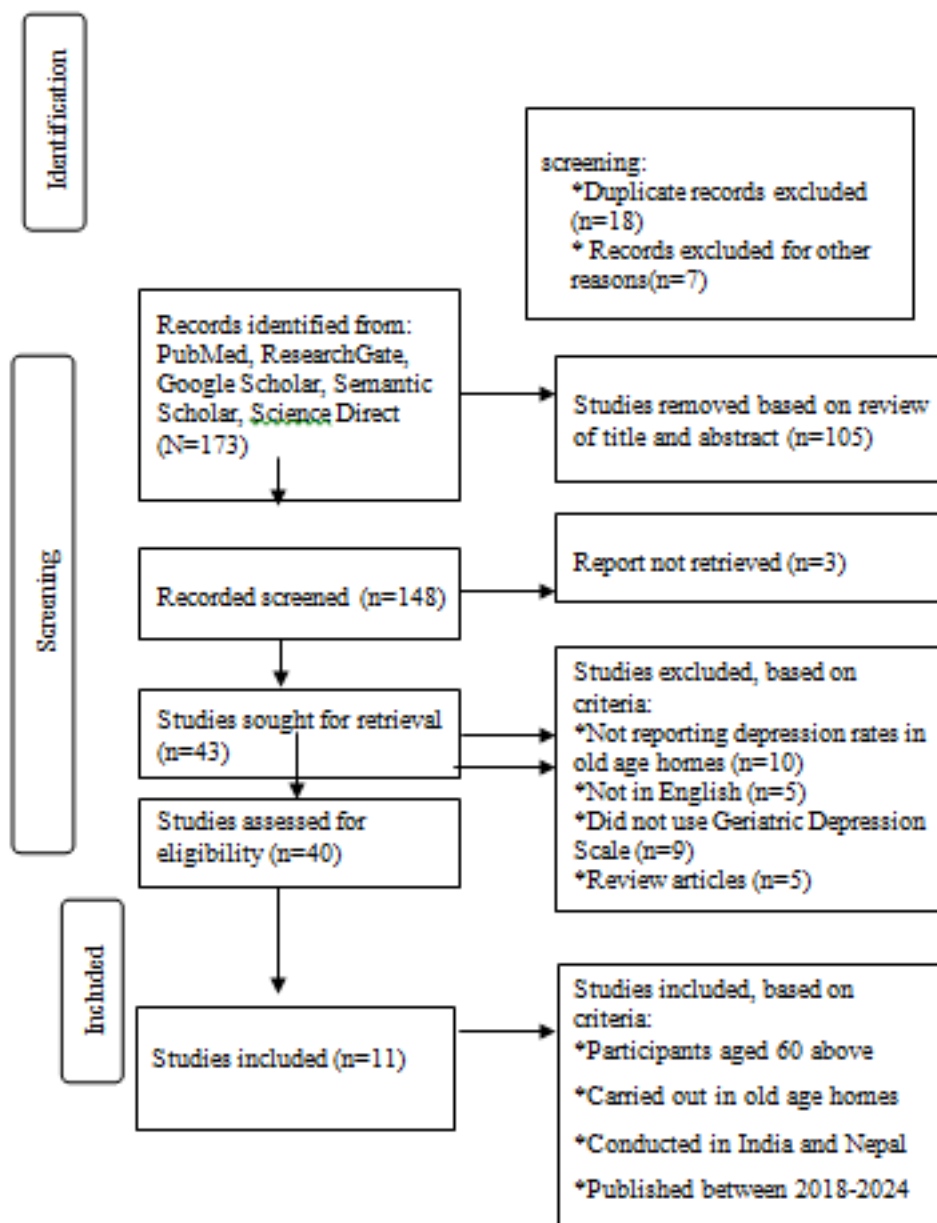


Figure 1: Flowchart for selection of studies

Results and Discussion

Table 1: Summary of results

Author(s) and years	Country	Age	Sample Size (old age home)	Tools	Prevalence
Maharjan et al. (2024)	Nepal	60 years and above	142	GDS-15	58.5%
Poudel et al. (2022)	Nepal	60 years and above	108	GDS-15	36.2%
Pokharel & Sharma (2019)	Nepal	60 years and above	52	GDS-30	69.2%
Mali et al. (2021)	Nepal	60 years and above	122	GDS-15	74.6%
Roopa et al. (2018)	India	60 years and above	80	GDS-30	62.16%
Karini et al. (2019)	India	60 years and above	50	GDS-15	80%

Cont....

Sapkota et al. (2019)	Nepal	60 years and above	62	GDS-15	43.54%
Lamichhane et al. (2022)	Nepal	60 years and above	155	GDS-15	82.6%
Kumar et al. (2021)	India	60 years and above	142	GDS-15	47.8%
Chaudhari et al. (2022)	India	60 years and above	78	GDS-15	41.1%
Singh et al.2022	India	60 years and above	105	GDS	73.3%

*GDS-Geriatric Depression Scale

This narrative review reveals a consistently high prevalence of depression in elderly populations in long-term care settings in South Asia, particularly in India and Nepal, with reported rates of up to 82.6%, 80%, 74.6%, and 73.3%¹²⁻¹⁵. **These results emphasize the immediate need for attention to mental health services in institutional care settings to address the growing concern of late-life depression.**

Many studies have identified age and gender as significant risk factors for depression. Older age groups and females, particularly widowed or illiterate females, are at high risk of developing depression¹⁴⁻¹⁹. The highest rate of depression among females is attributed to psychosocial stressors, dependency, and reduced social interaction, whereas widowhood further contributes to the state of loneliness and emotional distress. **This suggests the importance of developing target mental health interventions that are sensitive to both gender-based vulnerabilities and the influence of educational background among the elderly**

The process of institutionalization appears to be a major contributing factor in the exacerbation of depressive symptoms. Elderly individuals residing in care homes revealed consistently high rates of depression as compared to community settings. For instance, Pokharel & Sharma (2019) reported a prevalence rate of 69.2% in institutional settings versus 19.2% discovered in community settings, whereas Mali et al. (2021) found 74.6% in institutions versus 41.8% in the community. Similarly, another study also found higher rates of depression as compared to the community¹³. **These findings highlight the urgent need to improve the living environment, increase recreational and social engagement opportunities, and strengthen emotional support systems within institutional care homes.**

In contrast, studies from high-income countries report significantly lower rates of depression

among institutionalized elderly. Studies in Western nations show prevalence rates ranging from 21% to 44.33%²⁴, while studies from middle-income countries like Taiwan and Egypt report higher rates, that is, 58.3% and 62.0% respectively^{24,25}. Although institutionalization is a recognized risk factor for depression globally as a risk factor for depression, the severity of the issues in South Asia is magnified by conditions specific to low and middle-income countries, including inadequate mental health services, economic insecurity, social stigma, and a lack of trained mental health professionals²⁶⁻²⁸. **This comparison shows healthcare gaps between low- and middle-income countries and high-income countries, highlighting the need for country-specific mental health strategies.**

Other major contributors to depression, such as loneliness, lack of family support, poor social interaction, and negative attitudes towards life^{13-15,17}. A study conducted in Jabalpur city found that the elderly who had a lack of interaction with their family members had a greater chance of mental condition²⁰, which shows the importance of social connectedness as a protective factor against depression¹⁶. **These insights suggest the need for creating interventions that focus on enhancing family involvement and community connection.** Moreover, dissatisfaction with health care facilities among industrialized elderly is also linked to higher depression rates¹⁴, **which suggests that mental health services in homes for the age require substantial improvements.**

Elderly often experience emotional symptoms like feelings of emptiness and boredom, hopelessness, worthlessness, lack of interest, and hobbies²¹. These symptoms may act as early indicators for healthcare providers, policymakers, and other stakeholders to take effective control measures and carry out routine assessments for older adults. Unfortunately, during the early stage of depression, these symptoms

are frequently ignored due to social stigma, misinterpreted as a normal aging process, or lack of mental health awareness, which has a devastating consequence, significantly affecting well-being in late life. **Therefore, it is necessary to enhance awareness, early screening and stigma reduction to detect and address mental health concerns at early stages.**

Despite the high incidence of depression, protective factors such as religious and spiritual beliefs and active social engagement during leisure time have played a great role in reducing depression rates^{16,18}. **This insight supports need for interventions that promote religious or spiritual practices and social engagement into institutionalized care to improve psychological wellbeing.**

Furthermore, family history of psychiatric illness, chronic health conditions, and physical co-morbidities like asthma and smoking habits are significantly associated with depression^{14,15,17,22,23}. This shows that there is a bidirectional relationship between physical and mental health. **This suggests that a combination of physical and mental healthcare approaches may reduce the risk of developing depression and lead to better overall health outcomes among the elderly.**

Overall, studies emphasize the critical need for regular mental health assessment, early identification and detection of psychological issues, and implementation of psychosocial interventions for elderly individuals living in homes for the aged^{14,15,23}. Since the majority of the elderly participants in this review experienced some degree of depression, the highest percentage falls under mild, followed by moderate and severe categories^{14,22,23}. **This suggests that depression in seniors residing in elder care facilities is generally less severe and can be managed appropriately. So, timely preventive and therapeutic measures, including the development of appropriate coping strategies and engaging activities, need to be designed which is suitable for the institutionalized elderly, which can help to reduce the mental health burdens and improve quality of life.**

Key Takeaways and Insights

- 1. High Depression Rates in Institutional Settings:** Depression affects up to 82.6% in Nepal and 80% in India among elderly in care homes—far higher than in community settings. This confirms institutional living as a major risk factor, especially in low- and middle-income countries.
- 2. Sociodemographic Risk Factors:** Females, widows, the illiterate, and the oldest age groups are more vulnerable to depression, highlighting the need for targeted, culturally sensitive interventions.
- 3. Family Structure Shifts Fuel Isolation:** The move from extended to nuclear families, along with children's migration, is causing emotional detachment and loneliness, key contributors to elderly depression.
- 4. Community vs. Institutional Gap:** Depression rates are significantly higher in institutions (up to 82.6%) than in communities (as low as 19.2%), underscoring the need to improve mental health care and social engagement in elder homes.
- 5. Value of Protective Factors:** Religious faith, social activity, and family bonds reduce depression risk. Holistic care models that integrate mental, physical, and spiritual wellbeing are essential for improving elderly quality of life.

Comparative Perspective: South Asia vs. High-Income Countries

Depression among institutionalized elderly is significantly higher in India (80%) and Nepal (82.6%) compared to 21%–44.3% reported in high-income countries like the U.S., Canada, and parts of Europe. This disparity reflects systemic gaps in eldercare and mental health support in South Asia.

- **Mental Health Services:** High-income countries ensure routine screenings and access to trained professionals, unlike South Asia, where such resources remain limited.
- **Social Security:** Robust welfare systems abroad ease financial stress, whereas many Indian and Nepalese elders lack pensions or structured support.
- **Awareness & Stigma:** Mental health is more openly addressed in the West, while in South Asia, depression is often overlooked as normal aging.
- **Institutional Quality:** Care homes in wealthier nations emphasize autonomy, recreation, and psychosocial care; South Asian facilities often lack such provisions.

- **Community Engagement:** Western models promote active aging through volunteering and social integration, in contrast to the social isolation common in South Asian institutions.

These findings stress the need for context-sensitive reforms in India and Nepal, including enhanced mental health services, improved institutional environments, and greater community and family involvement.

Conclusion

Although depression is a common mental health issue among older adults, nearly half of the cases remain undetected. Depression is considered a major factor contributing to global disability and the burden of disease. Compared to other health services, evidence on depressive disorders in older adults is relatively scarce, which may result in inconsistent mental health services at the community level.

This narrative review emphasizes the elevated occurrence of depression among seniors in industrialized care facilities, compared to those living in the community. Key contributing factors for depression such as advanced age, female gender, widowhood, loneliness, lack of family and social interaction activities, chronic illness, and pessimistic perception of life.

From a public health point, there is a pressing need for comprehensive mental health strategies targeting older adults, particularly those residing in long-term care homes. The findings highlight the importance of regular mental health screenings, ongoing psychosocial assessment, and tailored psychosocial interventions. Encouraging social interaction, supporting spiritual wellbeing, and fostering family involvement can act as protective measures against depression.

The findings offer valuable information for anyone in the country, especially for the healthcare sector, such as healthcare providers, researchers, and policymakers, to develop effective public health and welfare programs aimed at preventing and managing depression in older populations. Addressing these issues could help to enhance the quality of life of seniors as well as help to reduce the impact on families, society, and the nation as a whole.

Funding sources: This study did not receive any grant from funding agencies.

Declaration of conflicts of interest: The authors declare no conflicts of interest

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