



DEPRESSION LEVELS AMONG ELDERLY RESIDENTS IN A SOCIAL CARE INSTITUTION: A DESCRIPTIVE STUDY

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Article Info	Abstract
<p>Keywords: Depression; Elderly; Nursing Homes; Geriatric Depression Scale; Indonesia</p> <p>Corresponding Author: Erna Karisatil A'la</p> <p>Affiliation: Universitas Bani Saleh</p> <p>Email: karisatil23@gmail.com</p>	<p>Background: Depression is a common mood disorder among the elderly, particularly those living in social care institutions. Factors such as social isolation, loss of family support, and chronic health conditions contribute to increased vulnerability. Understanding the level and characteristics of depression in this population is essential for developing targeted interventions.</p> <p>Purpose: This study aimed to describe the level of depression and its demographic characteristics among elderly residents at Tresna Werdha Budi Mulia 1 Social Care Institution.</p> <p>Methods: A quantitative descriptive design was used with 162 elderly residents selected through purposive sampling. Data were collected using the Geriatric Depression Scale-15 (GDS-15) and a demographic questionnaire. Univariate analysis was performed using SPSS version 22.</p> <p>Results: The majority of respondents were female (59.3%), aged 60–74 years (66.7%), widowed (66.0%), and had a high school education (65.4%). Mild depression was the most prevalent (43.8%), followed by moderate depression (35.2%). A small proportion experienced severe depression (7.4%). Hypertension was the most common health complaint (45.7%).</p> <p>Conclusion: Mild depression is prevalent among institutionalized elderly. Factors such as gender, marital status, length of stay, and health conditions may influence depression levels. These findings highlight the need for mental health screening and psychosocial support programs in elderly care institutions.</p>

Background

The global population is aging rapidly, with significant increases in the number of elderly individuals worldwide (WHO, 2023), including in Indonesia (Badan Pusat Statistik, 2023). This demographic shift brings heightened attention to the health and well-being of older adults, particularly concerning mental health challenges (Zhou et al., 2022). Depression stands as one of the most prevalent mental disorders in later life, often underdiagnosed and undertreated in this population. Its impact extends beyond emotional suffering, contributing to physical decline, reduced quality of life, and increased mortality risk (Ashar & Iriani, 2024; Hasiolan, 2025; Indriyani, 2024). Understanding the scope and nature of depression among the elderly is therefore a critical public health priority, especially within vulnerable subgroups.

In Indonesia, life expectancy has risen steadily, leading to a growing proportion of citizens aged 60 years and above. This aging trend necessitates a robust healthcare response tailored to the unique needs of older adults (Resnayati et al., 2024). Elderly individuals residing in social care institutions represent a particularly vulnerable group due to factors like social isolation, loss of familial support, and adjustment to communal living. These environmental and psychosocial stressors can significantly elevate the risk of developing depressive symptoms,

making institutional settings a crucial focal point for mental health assessment and intervention (Ahmed et al., 2021; Aminah et al., 2020; Andas et al., 2024; Rahman et al., 2024).

Research indicates that the prevalence of depression among the institutionalized elderly is notably higher than in community-dwelling peers (Deal et al., 2018; Son et al., 2022). Factors such as chronic illness, functional limitations, bereavement, and perceived loss of autonomy are strongly correlated with depressive states. Despite these known risks, routine mental health screening is not yet standard practice in many Indonesian care homes (Pinazo-Hernandis et al., 2022; Sanford et al., 2020). Consequently, a substantial number of cases may go unrecognized, leaving residents without access to necessary support and treatment, which can exacerbate their overall health decline.

This study was conducted to address this gap by providing a descriptive overview of depression levels among residents of Tresna Werdha Budi Mulia 1, a social care institution in East Jakarta. By examining the relationship between depression and key demographic characteristics, the findings aim to establish a foundational evidence base. This information is vital for informing the development of targeted mental health programs and policies designed to improve the psychosocial well-being of institutionalized elderly in Indonesia, ultimately supporting healthier aging.

Method

This study used a quantitative descriptive design. The population consisted of 250 elderly residents at Tresna Werdha Budi Mulia 1. A sample of 162 respondents was selected using purposive sampling, with inclusion criteria including willingness to participate, ability to communicate, and absence of cognitive impairment or dementia. Data were collected using the Geriatric Depression Scale-15 (GDS-15), which has been validated in Indonesian with a Cronbach's alpha of 0.898 (Rinaldi et al., 2016). The instrument consists of 15 items with a scoring range of 0–15, categorized as normal (0–4), mild (5–8), moderate (9–11), and severe depression (12–15). A demographic questionnaire was also used to collect data on gender, age, marital status, education, religion, length of stay, reason for admission, and health complaints.

Data collection was conducted from April to May 2024 after obtaining ethical approval from the Health Research Ethics Committee. Informed consent was obtained from all participants. Data were analyzed using univariate analysis with frequency and percentage distribution via SPSS version 22.

Results

Table 1. Demographic Characteristics of Elderly Respondents (n=162)

Variable	Category	f	%
Gender	Female	96	59.3
	Male	66	40.7
Age (years)	60–74	108	66.7
	75–90	40	24.7
	>90	3	1.9
	45–59	11	6.8
Marital Status	Widowed	107	66.0
	Married	55	34.0
Religion	Islam	146	90.1
	Christian Catholic	8	4.9
	Christian Protestant	6	3.7
	Buddhist	2	1.2

Education	High School/Vocational	106	65.4
	Junior High School	45	27.8
	Higher Education	11	6.8
Length of Stay	>5 years	75	46.3
	1-5 years	61	37.7
	<1 year	26	16.0
Health Complaint	Hypertension	74	45.7
	Arthritis	71	43.8
	Insomnia	12	7.4
	Constipation	5	3.1

Based on Table 1, The demographic characteristics of the respondents are presented in Table 1. Most respondents were female (59.3%), aged 60-74 years (66.7%), widowed (66.0%), Muslim (90.1%), and had a high school education (65.4%). The majority had lived in the institution for more than five years (46.3%), and hypertension was the most common health complaint (45.7%).

Table 2. Distribution of Depression Levels Among Elderly Respondents (n=162)

Depression Level	f	%
Normal	22	13.6
Mild	71	43.8
Moderate	57	35.2
Severe	12	7.4
Total	162	100

Table 2 shows the distribution of depression levels among respondents. The majority experienced mild depression (43.8%), followed by moderate depression (35.2%). Only 13.6% were classified as normal, and 7.4% experienced severe depression.

Discussion

The finding that mild depression was the most prevalent condition (43.8%) among respondents aligns with several previous studies conducted in similar institutional settings (Maria Mitina et al., 2020; Teater & Chonody, 2020). This prevalence suggests that while severe psychological distress may not be the norm, a substantial portion of residents experience a persistent, low-grade depressive state that can negatively affect their daily functioning and quality of life. The high percentage of moderate depression (35.2%) further underscores the significant mental health burden within the institution (Amare et al., 2020; Elovanio et al., 2020). These results are consistent with global literature indicating that institutionalization itself is a risk factor for mood disorders due to factors like reduced personal control and environmental monotony.

The demographic profile revealed a majority of female respondents (59.3%), which correlates with national data showing higher life expectancy among Indonesian women. This gender disparity in the sample may also reflect a higher vulnerability to depression among elderly women, potentially linked to biological factors, greater longevity exposing them to more losses, and sociocultural roles (Andas et al., 2025; Wang et al., 2024). Furthermore, the largest age group was 60-74 years (66.7%), often considered the "young-old" phase. This group may experience a challenging transition into institutional life, grappling with the recent loss of independent living and social roles, which can trigger depressive symptoms as they adjust to their new reality.

Marital status emerged as a significant characteristic, with the majority being widowed (66.0%). The loss of a spouse is a profound psychosocial stressor that can lead to (Gallardo-Peralta et al., 2023; Kojima et al., 2022; Mehrabi & Béland, 2020), grief, and a lack of emotional support, all of which are well-established precursors to depression. The absence of a partner may be especially impactful in an institutional setting, where opportunities for forming new, deep emotional bonds can be limited. This finding supports psychodynamic theories and prior research highlighting that the lack of a confidant or intimate partner is a strong predictor of depressive states in later life.

The length of stay data showed that 46.3% of residents had lived in the home for over five years. While long-term residence might suggest adaptation, it can also lead to institutionalization syndrome, characterized by passivity and dependency. Interestingly, the study found a notable level of depression among both new residents (adaptation phase) and long-term residents (monotony phase). This indicates that the risk of depression is not confined to the initial adjustment period but can persist or re-emerge due to boredom, lack of meaningful activity, and a sense of stagnant routine over many years (Smale et al., 2022).

Hypertension was the most common health complaint (45.7%), highlighting the comorbidity between physical and mental health in the elderly. Chronic conditions like hypertension can limit physical activity, cause discomfort, and necessitate complex medication regimens, all of which can contribute to feelings of helplessness and low mood. This bidirectional relationship where depression can worsen the management of physical illness and vice-versa creates a vicious cycle that deteriorates overall health. The findings call for an integrated care model that simultaneously addresses chronic disease management and mental health support (Douglas & Howard, 2020; Elsaied et al., 2021).

In conclusion, this study paints a clear picture of the mental health landscape within an Indonesian elderly care home, identifying mild to moderate depression as a common experience shaped by female gender, widowhood, lengthy institutionalization, and chronic health issues. The environment of a social care institution, while providing basic needs, may inadvertently foster conditions ripe for depression if psychosocial and recreational needs are not met. These results strongly advocate for the implementation of routine mental health screening using tools like the GDS-15 and the development of structured interventions, such as group therapy, recreational activities, and family integration programs, to mitigate these risk factors and enhance residents' psychological well-being.

Conclusion

This study concludes that mild depression is prevalent among elderly residents of Tresna Werdha Budi Mulia 1. Demographic factors such as gender, marital status, length of stay, and health conditions appear to influence depression levels. These findings highlight the importance of routine mental health screening and the implementation of psychosocial interventions, such as group activities, counseling, and family involvement, to improve the well-being of institutionalized elderly.

Acknowledgement

The authors thank the management and residents of Tresna Werdha Budi Mulia 1 for their cooperation, as well as the Faculty of Health and Pharmacy, Universitas Bani Saleh, for supporting this research.

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