Depression and Associated Factors among Elderly People in Elder Care Homes in Kalutara District: A Cross-Sectional Study

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The population continues to grow older as a result of life expectancy increases. Children who have complicated life patterns typically ignore their elders. The number of elderly people residing in assisted living centers is increasing as a result. A study was carried out to describe health issues that older people had in their homes. The purpose of this study is to determine the prevalence of depression in elderly people and to identify the risk factors. Forty elderly people over fifty-five years of age who were institutionalized in three randomly chosen "Homes for the Elders" in the Kalutara area participated in descriptive cross-sectional research. Sociodemographic instruments were used to conduct an interview.

Depression is considerably more common in older adults than physical illnesses. According to the study, older people are more likely to experience non-communicable illnesses. Elderly people are more likely to suffer from conditions like depression and dementia. Elderly people with depression become estranged from their loved ones. Elderly people with dementia struggle with doing their everyday tasks and spend more time unhappy. Furthermore, refusing to acknowledge mental illnesses prevents them from receiving medical care. Several factors, notably family status, work retirement, income loss, and severing social ties, were shown to be contributing to psychological issues.

According to the study's conclusion, depression is common among senior citizens living in assisted living facilities. They become less productive as a result, which burdens families and society. Because of this, authorities should promptly treat sadness in the elderly. Given these findings, a multidisciplinary strategy is needed to prepare social arrangements, improve community and family support, and provide home care for senior citizens.

Keywords: elders; depression; institutionalization; support

INTRODUCTION

Depression is one of the main health and wellness issues that older people globally have to deal with. Elder care services, particularly elder care facilities, are in high demand in Sri Lanka due to the country's rapidly aging population. Elder care facilities frequently offer essential services to the elderly population, particularly those without family support; however Sri Lanka's aged care system is undeveloped in comparison to certain other countries. However, mental health conditions like depression are a major concern, and the quality of care in these facilities can vary significantly.

The World Health Organization defines elderliness as a decline in the capacity to adapt to environmental factors. It recognizes 65 as the lower limit of elderliness, while it recognizes 60 under the same circumstances (Varma, 2012). The term "conventional elderly" refers to those who are 65 years of age or older. According to Orimno et al. (2016), people above 75 are referred to as late elderly, whereas those between the ages of 65 and 74 are referred to as early elderly. As previously said, industrialized nations consider 60 or 65 to be the start of old age and comparable to the retirement age. However, their experiences and the roles they must play in their lives will have a distinct social significance (Gorman, 2000). Nevertheless, old age is seen as a time when individuals lose their jobs because of physical constraints, and their contributions are no longer beneficial to these nations'

families or labor force (Gorman, 2000). In developing countries like Sri Lanka, it is mandatory to retire at this age, even if the individual is capable of performing such responsibilities as in the past. Because they have nothing to do after retirement and become frustrated.

The term "elderly" cannot be used to refer to both those who are extremely dependent and frail and those who will be active and more productive at that age. It is inappropriate to describe these two types of persons using the same phrase. Additionally, elderly folks may act differently from one another. According to Avers et al. (2011), the majority of them dislike being recognized by this phrase. In Canada, the term "senior" designates someone who is 65 years of age or older. The phrases "older person" or "older people" may be better since they more accurately reflect how the general public refers to older members of our families and communities. Elderly people's experiences range from one another and are frequently experienced to varying degrees. Advantages and disadvantages will also feel differently depending on other aspects of an individual's identity, experience, or social privilege. Poverty, illness, and disability may lead to physical, mental, and cognitive declines caused by aging to occur earlier in life, even before the benchmark age of 65 (Taylor, 2011).

Depression is a serious mental illness that most individuals suffer at some point in their lives. As a result, it's critical to learn about this ailment from reputable sources. According to medical definitions, depression is a disease that affects a person's body, emotions, and thoughts as well as how they eat, sleep, feel about themselves, and think. According to the World Health Organization, depression is the primary cause of illness and disability globally, impacting over 300 million people, a rise of over 18% between 2005 and 2015. Depression is a frequent mental illness marked by enduring melancholy and a lack of interest in once-enjoyed activities. Major depressive disorder, or depression, is a prevalent and dangerous medical condition that has a detrimental impact on your emotions, thoughts, and behavior. In 2017, the American Psychological Association. A common yet dangerous mood disease is depression, commonly referred to as major depressive disorder or clinical depression. It results in significant symptoms that affect how you feel, think, and do daily tasks like eating, sleeping, and working. Depression symptoms must be present for at least two weeks to be diagnosed (NIMH, 2016).

Method

This chapter contains the methodology for the research. The strategy, research method, approach, data collection method, sample selection, research process, data type and analysis, and project limitations are all covered in greater detail in this study.

This study's research problem aims to determine the prevalence of depression and its contributing factors in senior elderly people living in assisted living facilities.

Research method

According to the objectives, qualitative and quantitative factors have been considered, as only quantitative data cannot prove the factors that cannot be measured and are sensitive. The qualitative data are acquired by observing and conducting a literature review. On the other hand, quantitative data are to be collected using a survey questionnaire which is with open-ended questions. Also, qualitative research is more appropriate for small sample size research; the research has used both data types. While quantitative data is used as the outcomes are more reliable than the outcomes of qualitative research, qualitative research outcomes would be personal judgments and interpretations.

Research approach

This research follows the descriptive approach, which is both qualitative and quantitative. The data are gathered and interpreted. The data are to be gathered based on the identified characters and relationships. Also, this is cross-sectional research that focuses on identifying the prevalence of depression and factors among elderly people in an elder care home.

Data collection methods and tools

Qualitative data are acquired by observing and conducting a literature review. On the other hand, quantitative data is to be collected using a survey questionnaire which is with open-ended questions. The survey questions are to be presented to the elders who live in the 2-elderly homes in the city of Kalutara district. The planned questions are presented to gather sufficient data regarding the research topic.

In the process of finding sources for the research, focused on obtaining information using the internet on Google search, from the articles written and published that are reliable. To obtain the literature review, relevant and credible resources are considered and planned to gather the sources that are highly concentrated on sustainable depression and factors among elderly people in an elder care home. Further, I carefully obtained the resources that have been recently done to better reflect the practice, as it is a fresh topic at present.

Sample selection

Three elders' homes make up the sample size for this study, which has a population of 120 elderly people living in residences in Kalutara. Out of the 120 elders, a sample of 40 was chosen at random.

Forty elderly people at Kalutara residences participated in semi-structured interviews for this study. Moreover, the age of elders, ethnicities, gender, social and economic status, and educational status are the selected questions in the survey. Especially,

Data analysis

The SPSS software was used to process the collected data, which is now part of the analytical part of this study. This program is advised for handling complicated data. SPSS refers to the Statistical Package for the Social Sciences; it is usually used for various kinds of research in analyzing statistical data. It is being designed for management and statistical analysis of social science.

Research limitation and Ethical issues

The sample size is relatively small since this increases the research's reliability. In many cases, people refuse to discuss their employer because doing so may risk their employment there.

There was an ethical problem with the study; even though the participants were told about the purpose of the study and assured that their responses would be kept private and used only for academic purposes, some of them disliked sharing sensitive information regarding the survey.

Theoretical Framework

According to the given invalid source. One significant type of mood disease is depression. It has the power to influence how others feel, behave, and think. Elderly persons frequently experience depression, yet clinical depression cannot be accepted as a typical aspect of ageing. Although having more physical illnesses or issues than younger individuals, research indicates that the majority of older persons are content with their lifestyles and means of subsistence. On the other hand, individuals who have dealt with depression in their youth may be more susceptible to depression in their later years.

Since depression is a serious condition, there are therapies for it. With the stepwise treatments, depression was treated for the majority of people. Advice, medications, or other treatments can be beneficial. Suffering is not essential because there are options for guidance and healing.

There are different types of depression that the elderly may experience:

- Major depressive disorder: includes symptoms that last at least two weeks and interfere with a person's ability to carry out daily activities.

- persistent depressive disorders (Distremia), a depressed mood that is durable, a depressed state of mind that lasts more than two years, but the person can still be able to carry out daily activities, unlike a person with a more severe depressive disorder,

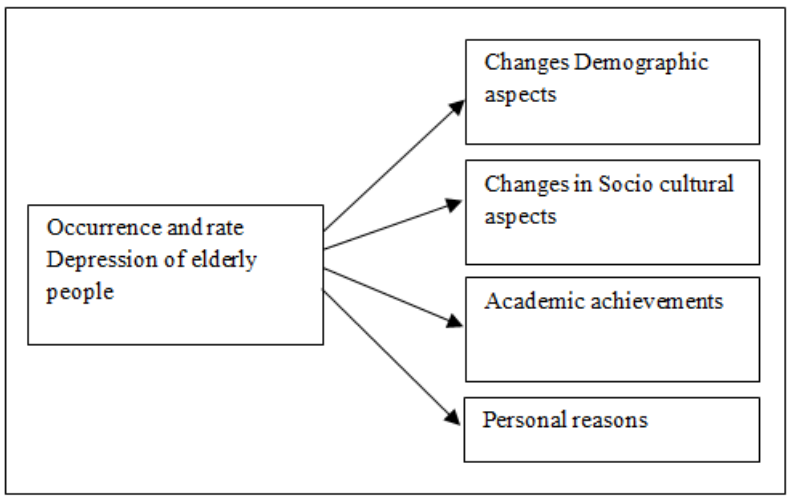
- A drug depressive disorder, depression related to the Use of substances, such as alcohol or painkillers, depressive disturbance due to a doctor. Condition: The depression is linked to a separate disease, such as cardiac diseases or multiple sclerosis.

According to the description, "Invalid source specified." People may experience sadness at times, yet life might change, and people may feel depressed. Even in situations where those who are depressed must manage their jobs, health, and finances. Despite these challenges, the majority of elderly people manage well. On the other hand, two out of every five older individuals who live in homes and one out of every five who live in the community may suffer from depression.

If someone is experiencing depression, there is support available. There are other indicators of depression besides feeling depressed or depressed.

It is possible:

- Losing interest in life that cannot enjoy things that usually do.
- It feels tired for any reason. Simple things have a great effort.
- Loses his appetite and the weight of her.
- He feels restless and it's difficult for them to relax.
- Takes care of more than what is normal for those in depression.
- Feel in a hurry or irritable with people.
- Losing confidence in them.
- Feels useless or a burden for others.
- Think of suicide at a certain point, most people with severe depression will end up finishing everything.



Finding

The SPSS software would be used to process the collected data, which would then be incorporated into the analytical portion of the study. This program is advised for handling complicated data. The Statistical Package

for the Social Sciences, or SPSS, is typically used for statistical data analysis in a variety of research projects. It is being developed for social science management and statistical analysis.

This research discloses the analysis by using a descriptive data analysis method and by using frequency with the descriptive method, considering all the variables.

Table 1: The sex of the elders

Gender	**Frequency (n)**	**Percentage (%)**
Male	14	35.0
Female	26	65.0
Total	**40**	**100.0**

Source: Field data, 2025

Table 1 presents the gender distribution of the respondents. Of the 40 elderly residents included in the study, 26 (65.0%) were female, while 14 (35.0%) were male. The predominance of female participants reflects the demographic reality observed in many ageing populations, where women tend to have a higher life expectancy than men. Consequently, women are more likely to survive into old age and become residents of institutional care facilities. This gender imbalance may also have implications for mental health outcomes, as previous studies have indicated that older women are more vulnerable to psychological distress and depressive symptoms due to factors such as widowhood, social isolation, and economic dependency.

Table 2: The economic level of the selected group

Category	**Frequency (n)**	**Percentage (%)**
High	15	37.5
Medium High	18	45.0
Medium	7	17.5
Total	**40**	**100.0**

Source: Field data, 2025

As shown in Table 2, the majority of respondents belonged to the medium-high economic category (45.0%), followed by the high economic category (37.5%), while only 17.5% were classified within the medium economic category. These findings suggest that most residents had relatively stable economic backgrounds before entering elder care homes. However, economic security alone may not protect older adults from depression, as psychosocial factors such as loneliness, loss of family support, and declining health often exert a stronger influence on mental well-being during later life. Therefore, the presence of depressive symptoms among participants despite relatively favorable economic conditions indicates the multifaceted nature of depression among institutionalized elderly populations.

Table 3: Age

Age Category (Years)	**Frequency (n)**	**Percentage (%)**
55 and above	6	15.0

60 and above	13	32.5
65 and above	18	45.0
70 and above	3	7.5
Total	**40**	**100.0**

Source: Field data, 2025

The age composition of the sample is presented in Table 3. Nearly half of the respondents (45.0%) belonged to the age group of 65 years and above, followed by 32.5% aged 60 years and above, 15.0% aged 55 years and above, and 7.5% aged 70 years and above. The concentration of participants in the 65-year-and-above category reflects the increasing likelihood of institutionalization with advancing age. Older age is frequently associated with physical decline, reduced social participation, bereavement experiences, and increased dependency, all of which may contribute to a heightened risk of depression. The findings therefore underscore the importance of addressing age-related psychosocial challenges within elder care settings.

Table 4: Elders suffer from continuous Diseases

Response	**Frequency (n)**	**Percentage (%)**
Yes	10	25.0
No	30	75.0
Total	**40**	**100.0**

Source: Field data, 2025

Table 4 indicates that 75.0% of respondents reported not suffering from chronic illnesses, whereas 25.0% reported having ongoing health conditions. Although the majority appeared to be physically healthy, the presence of chronic diseases among one-quarter of the sample remains significant. Existing research consistently demonstrates a strong relationship between chronic illness and depression among older adults, as prolonged health problems can limit mobility, reduce independence, and negatively affect quality of life. Therefore, elderly individuals with chronic conditions may require additional psychological and emotional support to prevent or manage depressive symptoms.

Table 5: Ethnicity

Ethnicity	**Frequency (n)**	**Percentage (%)**
Sinhalese	31	77.5
Others	9	22.5
Total	**40**	**100.0**

Source: Field data, 2025

The ethnic distribution of respondents is shown in Table 5. The majority of participants were Sinhalese (77.5%), while 22.5% belonged to other ethnic groups. This distribution largely reflects the demographic composition of the Kalutara District and surrounding regions. Although ethnicity was not directly examined as a determinant of depression in the present study, cultural values, family structures, and social support systems associated with

different ethnic groups may influence mental health outcomes among elderly populations. Future studies with larger and more ethnically diverse samples may provide further insights into these relationships.

Table 6: Occurrence

Frequency of Social Contact	**Frequency**	**Percent**
Frequently	6	15.0
Not Frequently	11	27.5
Very Rare	23	57.5
Total	**40**	**100.0**

Source: Field data, 2025

Table 6 illustrates the reported frequency of depressive experiences among respondents. More than half of the participants (57.5%) reported experiencing depression very rarely, while 27.5% reported occasional experiences and 15.0% reported frequent occurrences. These findings suggest that severe and recurrent depressive episodes were not widespread among the study population. Nevertheless, the proportion of elderly individuals reporting frequent depressive experiences remains noteworthy. Even occasional depressive symptoms can adversely affect quality of life, social functioning, and physical health among older adults. Therefore, preventive mental health interventions should not be limited only to those with severe depression but should also target individuals experiencing mild or intermittent symptoms.

Table 7: Depressed

Reason	**Frequency**	**Percent**
Loneliness	11	27.5
Family Sick	18	45.0
Have No Partners	11	27.5
Total	**40**	**100.0**

Source: Field data, 2025

Table 7 presents the primary factors associated with depression among respondents. The most frequently reported factor was illness among family members (45.0%), followed by loneliness (27.5%) and the absence of a spouse or partner (27.5%). These findings highlight the central role of family relationships in the emotional well-being of older adults. Concern for the health and welfare of family members may generate significant psychological stress, particularly among elderly individuals who feel unable to provide support due to their own physical limitations. Furthermore, loneliness and the absence of intimate companionship emerged as important contributors to depression, emphasizing the emotional challenges associated with institutional living. These findings support existing literature that identifies social isolation, loss of significant relationships, and weakened family connections as major risk factors for depression among elderly populations.

Table 8: Treatments

Treatments	**Frequency**	**Percent**
Yes	18	45.0

No	22	55.0
Total	**40**	**100.0**

Source: Field data, 2025

As shown in Table 8, 55.0% of respondents reported that they were not receiving any form of treatment for depression, whereas only 45.0% indicated that they had sought treatment. This finding raises concerns regarding the underutilization of mental health services among older adults residing in care institutions. Several factors may explain this pattern, including limited awareness of depression as a treatable condition, stigma associated with mental illness, inadequate access to mental health services, and the normalization of depressive symptoms as a natural consequence of ageing. The low rate of treatment utilization highlights the need for systematic mental health screening and counselling services within elder care homes.

Table 9: Level of depression

Level	**Frequency**	**Percent**
High	10	25.0
Medium High	4	10.0
Medium	14	35.0
Lower	12	30.0
Total	40	100.0

Source: Field data, 2025

Table 9 presents the distribution of depression severity among respondents. The largest proportion of participants (35.0%) reported a moderate level of depression, followed by 30.0% with lower levels, 25.0% with high levels, and 10.0% with moderately high levels of depression. These findings suggest that while severe depression was not predominant, a substantial proportion of residents experienced moderate to high depressive symptoms. The presence of moderate depression among more than one-third of the respondents is particularly important because untreated moderate depression may progress to more severe forms and negatively affect overall health, social engagement, and quality of life. The findings therefore emphasize the necessity of implementing routine psychological assessments, social support programmes, and therapeutic interventions within elder care institutions to promote mental well-being and healthy ageing.

CONCLUSION AND FINDINGS

This research concludes with a study of depression and factors among elderly people in an elder care home. Three elderly homes in Kalutara had been selected to examine the facts. The depression occurrence, level of depression are identified and examined to determine whether it is cured with treatments. According to the findings, female depression occurrence is higher than the male depression rate, and the depression occurrence frequency rate is very low among the elder, which is denoted as rarely occurring. Also found that the people who get depressed due to a family member being sick. Among the depressed treatments are those obtained by some of them, which are denoted with the percentage of 45%, in which the rate of 50% has not been completely cured. Depression among institutionalized elderly is an important, timely issue, often undiagnosed and untreated, which needs to be addressed. In light of the results of this paper, a multidisciplinary approach is required for preparing social arrangements enhancing family and community support and home care for elderly individuals.

The elderly should be encouraged and supported in engaging in physical activities in order to improve their health. The risk factors of depression need to be identified, assessed, and treated in order to facilitate the

treatment of depression among the elderly. Programs promoting healthy habits and exercise, involvement of family members, Yoga, music therapy, and the use of technology are among the interventions that are suggested to address the prevalence of depression among elder care homes. Social work education and training could be emphasized to create programs for people to participate in social activities for elderly people.

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