

## Depression among Elderly

Mohamed Sharif Mustaffa  
Counseling and Career Centre  
University Technology Malaysia,  
81310 UTM Skudai  
p-sarif@utm.my

Syed Othman Ahmad Alkaff  
Faculty of Education  
University Technology Malaysia,  
81310 UTM Skudai  
othmanal@singnet.com.sg

**Abstract**— The aim of this study was to identify the level of depression among elderly, effect of depression on their emotion and to find out the type of emotional support needed by the elderly in the institution. This study used mixed method: quantitative and qualitative approach. 26 elderly have been selected based on random sampling. They consist of 19 male and 7 female. The quantitative research instrument used questionnaires from Zung Self-Rating Depression Scale (SDS) Inventory. Based on descriptive study, analysis using SDS index found all the 26 elderly tested were diagnosed with depression disorders consisting 19 elderly having a low level of depression, followed by 3 elderly having mild, 2 elderly moderate and 2 elderly severe. Four elderly under the purposive sampling found depressed were interviewed. Furthermore, qualitative result analyzed, showed that emotional effects of elderly in the institution were critical. Symptoms such as regret, sad, sleep complaints, unable to sleep, feeling useless, and isolation of self, proved its criticality. In addition, for the type of emotional support, it was found that social support from the staff and from the institution itself is overwhelming, including from their children and other elderly in the institution.

**Keywords**- emotion, aging, elderly.

### I. INTRODUCTION

It's have been too long time, where most people regard the two conditions – depression and aging to be natural partners. After all, many of the changes that come with age are depressing. [7]

Health information distributed [5], state that depression or feeling sad is a normal emotion which individuals are all familiar with. Setbacks such as money, work or relationship problems often cause individuals to feel unhappy. With time, however, individuals learn to overcome their problems or accept things for the way they are. Individuals realize that life has its ups and downs, and they are able to carry on despite these occasional difficulties. But in some cases, depression does not go away so easily, or lasts longer or deeper than it should. It is when the symptoms of depression are severe enough to disturb our daily living that depression becomes a medical problem.

Apart from feelings of sadness, symptoms of depression may include other emotional changes such as anxiety, irritability or tiredness. Different patients have different symptoms, which may be mental, behavioral or physical. When these symptoms are severe enough to interfere with social, work or family life, depression becomes an illness. [5]

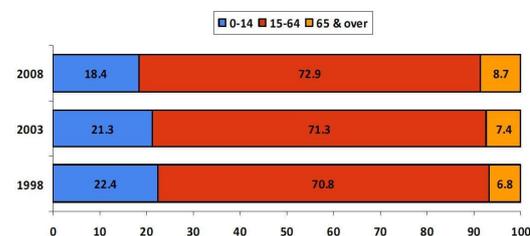
As such, the researcher would like to study the relationship of the two conditions in this paper.

### II. BACKGROUND OF THE PROBLEM

According to the Statistics of the Ministry of Community Development, Youth and Sports [4], Singapore's population of the elderly, defined as persons aged 65 years and older, has grown dramatically since the country's independence in 1965. Comprising only 2.5% of the population in 1965, this proportion has since grown to 8.7% in 2009 (Figure 1). In absolute terms, the number of elderly has grown from 47,200 to 330,100 over this period.

Not only has the population of the elderly been growing in Singapore, but the elderly population has also grown older. The proportion of the very old aged 85 and over grew from 0.2% of the resident population in 1980 to about 0.7% from the mid-2000s, while the number has grown from 4,500 in 1980 to over 27,800 in 2009.

Figure 1. Proportion of residents by selected age groups (%)



The proportion of residents aged 65 and above increased from 6.8% of the resident population in 1998 to 8.7% in 2008 (Figure 1.1). As such, the number of younger persons aged 15 - 64 for every resident aged 65 and above (i.e. the old age support ratio) fell from 10.4 in 1998 to 8.4 in 2008.

It can conclude that even though the aging process is natural, it cannot separate aging and depression. No one can run from this process. The level of depression among the elderly is increasing especially those living in the sheltered accommodation or users of home care services whether locally or in the other countries. This can be found in the reports and statistics from studies where it showed many of the depressed elderly have suicidal thoughts in their mind. Such emotional effect should be handled in a better way and with immediate preventive measures. [3]

### III. PROBLEM STATEMENT

In one of the study made [2], it states that old people have a much higher risk of suicide than the general population. Moreover of those who attempt suicide, older

people are most likely to complete the attempt with males 3-4 times more likely to suicide than females. Therefore, any suicide attempt by an older person should be taken seriously, even those attempts deemed not medically serious. Up to 83% of older people who complete suicide suffered from depression. Additional risk factors for suicide in later life are previous suicide attempt, other psychiatric conditions, serious physical illness, social isolation, poor social support, and significant loss including bereavement.

The need to understand the problem of depression among elderly requires attention from all groups of community.

#### IV. RESEARCH OBJECTIVES

- 1) to identify the level of depression among elderly in the institution.
- 2) to identify and explore the effect of depression on the emotion of depressed elderly in the institution.
- 3) to explore the type of emotional support needed by elderly in the institution.

#### V. METHODOLOGY

##### A. Research Design

This study is carried out using mixed method: quantitative and qualitative approach. Research sample consist of elderly from the Home for the Aged, Darul Takrim (DT), Jamiyah, Singapore. 26 subjects out of the population of 81 Muslim elderly have been selected based on random sampling using cluster over cluster sampling from the institution. The quantitative research instrument used questionnaires consisting of two parts: demographic information built by researcher and Zung Self-Rating Depression Scale (SDS) Inventory [8]. The use of quantitative approach is to find out the level of depression among the elderly in the institution and the effect of depression on emotion of depressed elderly.

The finding used descriptive analysis to get the frequency, percentage and mean of the result. From there, the SDS index is calculated to derive the level of depression among the elderly and the level of depression on the emotion of elderly according to the age group and sex respectively.

For the qualitative approach, a face-to-face interview method was executed after quantitative study findings for level of depression are analyzed. Four elderly under the purposive sampling found depressed was interviewed.

#### VI. RESEARCH RESULTS

##### A. Demography of the 26 respondents based on their age, sex and level of education

TABLE I. DEMOGRAPHIC BREAKDOWN OF THE RESPONDENT BASING ON AGE GROUP:

Education	Age			Total
	50-60	61-69	70 and above	

<b>Male</b> <b>n<sub>1</sub>=19</b>	Not schooling	0	2	3	<b>5</b>
	Primary School	3	3	8	<b>14</b>
<b>Female</b> <b>n<sub>2</sub>=7</b>	Not schooling	2	0	1	<b>3</b>
	Primary School	0	1	3	<b>4</b>
<b><u>n</u>=26</b>	<b>Total</b>	<b>5</b>	<b>6</b>	<b>15</b>	<b>26</b>

##### B. Level of Depression among elderly

Before the level of depression is discussed, the problems of symptomatology which have a diagnostic criterion for depression need to be understood. This diagnostic is divided into the 3 criteria: Pervasive affect; Physiological equivalents or concomitants, and Psychological concomitants. The results analyzed are shown in Table 2.

TABLE II. RESULTS OF DIAGNOSTIC CRITERIA FOR DEPRESSION ACCORDING THE MEAN VALUE:

No	Statement	No of items	Mean
1	Pervasive Affect	2	1.652
2	Physiological equivalents	8	1.673
3	Psychological equivalents	10	1.950
	<b>Overall</b>	<b>20</b>	<b>1.758</b>

**n=26**

Table 2 shows the results of sub-scale of SDS. The mean value for the 3 sub-scales of Zung SDS consisting of 'Pervasive Affect', 'Physiological equivalents' and 'Psychological equivalents' of 1.673, 1.652 and 1.673 respectively indicated that all of these characteristics are important symptomology to depressions.

The results are shown in table 3 below:

TABLE III. OVERALL LEVEL OF DEPRESSION OF THE ELDERLY BASED ON THE AGE GROUP AND SEX:

Level of Depressio n	Age			Total	
	50-60	61-69	70 and above		
<b>Male</b> <b>n<sub>1</sub>=19</b>	Low=25-49	3	5	7	<b>15</b>
	Mild=50-59	0	0	1	<b>1</b>
	Moderate=60-69	0	0	1	<b>1</b>
	Severe=70 and above	0	0	2	<b>2</b>
<b>Fema</b>	Low=25-49	1	0	3	<b>4</b>

le n <sub>2</sub> =7	Mild=50-59	1	0	1	2
	Moderate=60-69	0	1	0	3
	Severe=70 and above	0	0	0	0
<b>n=26</b>	<b>Total</b>	<b>5</b>	<b>6</b>	<b>15</b>	<b>26</b>

From Table 3, it shows that the older in age for male, the severe their level of depression as compare to female. Overall, 2 male elderly had severe depression, 1 male elderly and 1 female elderly had moderate depression, 3 elderly - 1 male and 2 female - had mild depression and the rest (19) elderly had low depression at Darul Takrim Home for the Aged.

### C. Effect of Depression on Emotion of Depressed Elderly

#### VII. QUANTITATIVE INFORMATION RESULT

In order to get result for emotional effect, Zung SDS provided its sub-scale **Pervasive Affect** to be analyzed:

TABLE IV. SUB-SCALE I FROM ZUNG SELF-RATING DEPRESSION SCALE INVENTORY

Item	Statement
<b>I) Pervasive Affect</b>	
B1	<b>I feel down-hearted and blue</b>
B3	<b>I have crying spells or feel like it</b>

The two items are gathered under one sub-scale to show effect of depression on emotion of elderly as shown in table 5.

TABLE V. RESULT OF EFFECT OF DEPRESSION ON EMOTION OF DEPRESSED ELDERLY

Item	Statement	None or a little of the time	Some of the time	Good Part of the time	Most or All of the time	Mean
B1	<b>I feel down-hearted and blue</b>	17	3	3	3	1.69
		65.4	11.5	11.5	11.5	
B3	<b>I have crying spells or feel like it</b>	19	2	1	4	1.62
		73.1	7.7	3.8	15.4	

From the results, they are calculated again to get the total SDS index to derive the level of depression as in Table 6:

TABLE VI. OVERALL LEVEL OF DEPRESSION ON EMOTION OF DEPRESSED ELDERLY

	Level of Depression	Age			Total
		50-60	61-69	70 and above	
<b>Male</b> n <sub>1</sub> =19	Low=25-49	3	3	7	13
	Mild=50-59	0	1	1	2
	Moderate=60-69	0	1	2	3
	Severe=70 and above	0	0	1	1
<b>Female</b> n <sub>2</sub> =7	Low=25-49	0	0	4	4
	Mild=50-59	0	0	0	0
	Moderate=60-69	1	0	0	1
	Severe=70 and above	1	1	0	2
<b>n=26</b>	<b>Total</b>	<b>5</b>	<b>6</b>	<b>15</b>	<b>26</b>

Table 6 shows increase in the frequency or percentage of the level of depression of the elderly on emotion as compare to the previous table 4 for overall depression, where 17 elderly (65.4%) are in low level, 2 elderly (7.7%) achieve mild level, 4 elderly (15.4%) on a moderate level, and 3 elderly having severe level of depression. It also shows that the older in age for male, the severe their level of depression as compare to female.

#### VIII. QUALITATIVE INFORMATION OBSERVATION RESULTS FOR DEPRESSION ON EMOTION OF ELDERLY ARE RECORDED AS FOLLOW:

The interview recorded in highlighted in table 7:

TABLE VII. DATA COLLECTED DURING THE INTERVIEW ON THE EMOTIONAL EFFECT OF DEPRESSION

Type of Mood/Feeling (based on Researcher's Observation)	Details of Interview statement	Elderly (Client)
Remorse	- I feel bad about what had happened to me. Why not, I have six children. But all of them cannot take care of me. I feel sad thinking about what they did.	<b>W1</b>
Sad	- Yes, I'm feel sad, thinking of what had happened. I still love my wife. - I feel very sad looking at myself getting from one	<b>W1</b> <b>W2</b>

	problem to another. I never had any happiness in all my life time. - Yes, she is my sister but now she is gone. - At first, I feel very sad having to leave the family.	<b>W3</b> <b>W4</b>
Sleepless	- Every night, I always dreamt of her and get awoken by the thought of her and my village.	<b>W3</b>
Hopelessness	- I just don't care to look forward towards my children anymore. - I do not know what to do; luckily my neighbors & block committees are there to help. I feel sad on what had happened. - I love her very much. She care for me a lot. She take care of me when I was paralyzed...	<b>W1</b> <b>W2</b> <b>W3</b>
Guilt	- I'm not married; so I spent my time enjoying, drinking etc, so this is a punishment that I get for not taking care of myself and my family.	<b>W3</b>

IX. QUALITATIVE INFORMATION OBSERVATION RESULT FOR TYPES OF EMOTIONAL SUPPORT FOR ELDERLY, ARE RECORDED AS FOLLOW:

The interview recorded in highlighted in table 8:

TABLE VIII. DATA COLLECTED DURING THE INTERVIEW ON THE TYPE OF EMOTIONAL SUPPORT NEEDED BY THE ELDERLY AT THE HOME FOR THE AGED:

Type of Support (based on Researcher's Observation)	Details of Interview statement	Elderly (Client)
Moral	- Yes, I think this is because of the help and support from all the staff in the Home. Now, I am able to adapt to it.	<b>W1</b>
Counseling	- The office staff had been counseling me all the time from the day I'm here- those days where I continue to cry – until I get to improve and able to understand why I need t be here.	<b>W2</b>
Health & Facilities	- The manager and his staff had given me a place to live in safely with daily foods &	<b>W3</b>

	drinks, nurse and doctor to check my health. I'm happy and thanks them.	
Family	- I was allowed to be with my children and family during weekend.	<b>W4</b>
Social Interaction	- The residents and staff are supportive for me here.	<b>W4</b>

X. CONCLUSION

From this study, it has been proven that depression existed among some of the residents at the home for the aged in Darul Takrim. Result analyzed also showed that emotional effects of elderly due to depression in DT were critical. Symptoms such as regret, sad, unable to sleep, feeling useless, and isolation of self were conversed. For the types of emotional support, it was found that social support from the staff and the resident in the institution itself were overwhelming.

We may also need to be aware of the symptom which is worst than sad, i.e. 'grief' in depression. Grief is just not sadness or indeed just an emotion; it can pervade almost every aspect of our being and existence. Therefore, it may not be a simple matter of "getting over it". Depending on the person and circumstances, the grieving process may last for a long time. [6]

With this in mind, the researcher hope that Ministry of Community and Youth Development will continue to give their help and support to operators of Home for the Aged in the country. In addition, the researcher hope that further study can be made using wider range of sampling involving all types of residents and more institutions of the Home for the Aged.

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