

Dissertation

At

IIHMR, DELHI

(1st March to 15th June 2024)

A Project Report On

Status of geriatric mental health in India:

A scoping review

By Dr. Bhawana Panu

PG/22/022

Under the guidance of

Dr. Sumant Swain

PGDM (Hospital & Health Management)

2022-24



International Institute of Health Management Research,

New Delhi

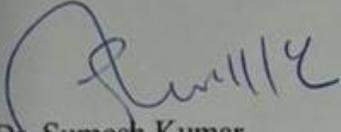
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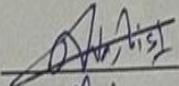
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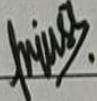
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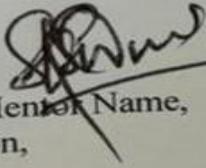




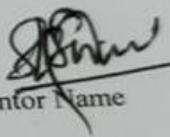
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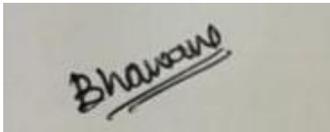

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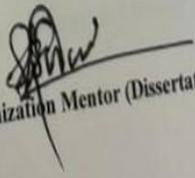
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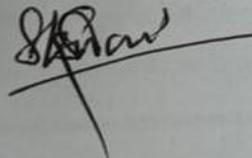
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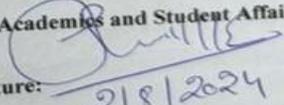
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The International Institute of Health Management Research (IIHMR), New Delhi is allied to the ‘Society for Indian Institute of Health Management Research’ which was established in October 1984 under the Societies Registration Act-1958.



IIHMR-Delhi was setup in 2008 in response to the growing needs of sustainable management and administration solutions critical to the optimal function of healthcare sector both in India and in the Asia-Pacific region.

IIHMR Delhi are a leading institute of higher learning that promotes and conducts research in health and hospital management; lends technical expertise to policy analysis and formulation; develops effective strategies and facilitates efficient implementation; enhances human and institutional capacity to build a competent and responsive healthcare sector. Their multi-dimensional approach to capacity building is not limited to academic programs but offers management development programs, knowledge and skills-based training courses, seminars/webinars, workshops, and research studies.

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ABSTRACT

Status of geriatric mental health in India: a scoping review

Introduction

Global population ageing is a phenomenon, with a sharp increase in the number of individuals over 60 occurring worldwide. India is also seeing exponential increases in the percentage and number of senior citizens, or those over 60. By 2050, the number of senior people will have increased from 104 million, or slightly over 10% of the overall population, to 319 million, or 19.5% of the population. Late-life mental health disorders are a major cause of morbidity. Psychiatric diseases such as depression, dementia, and mood disorders are commonly observed in the older population in India. In addition to sadness, other problems include anxiety disorders, drug and alcohol misuse, delirium, and psychosis.

Rationale

The rationale for this systematic review is to address the urgent need to understand and improve the mental health status of India's growing elderly population, which faces high prevalence of disorders but inadequate services, while providing evidence-based recommendations to policymakers and healthcare providers to enhance geriatric mental healthcare in the country.

Objectives

Primary Objective

- 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

Study Design: Literature-based secondary research

Population: Elderly population

Search Strategy: Appropriate MESH terms were used. The search terms which were applied are as follows: Geriatric, mental health, elderly population, India. These are the various terms that were searched using appropriate Boolean connectors (AND/OR) for example Geriatric AND Mental health.

Inclusion criteria: Studies published between 2000 and 2023 in peer-reviewed journals were included.

Exclusion criteria: non-English studies, blogs, white papers, news reports, editorials, and opinion papers,

and studies on non-electronic interventions or irrelevant populations.

Results:

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 homes. Percentage of depression in females was more than men and found to be increasing with increase in age.

Key words: Geriatric, mental health, elderly population, India

Background:

India is going through a fast demographic shift because of improvements in health care, with an increase in the number of older persons. The need for rapid action to expand mental health services in India has arisen due to epidemiological surveys that have showed significant mental health morbidity among older persons aged 60 and above. Many obstacles impede the growth and advancement of geriatric mental health care in India. These difficulties include the demographics of ageing in India as well as more specialised concerns like dementia care, geriatric depression, aged sexual problems, and the ageing LGBTI community. The difficulties arise at every stage of care and therapy, from acknowledging the existence of a mental health issue to obtaining assistance and adhering to a treatment plan.

India confronts several difficulties, including a shortage of qualified personnel, a lack of infrastructure for senior mental health, and a lack of funding for geriatric mental health. A recent epidemiological study found that older individuals in India have an average mental health morbidity of 20.5%. Based on these data, an estimate of 17.13 million older individuals in India (of 83.58 million overall) are thought to be experiencing mental health issues now. Article 41 of the Indian Constitution mandates senior citizens' well-being. It stipulates that the state must, within the confines of its economic growth and competence, make effective provisions for safeguarding the right to public assistance in cases of old age.

India has several laws, regulations, and programs that address the needs of the elderly population and offer general and/or mental health care. Nonetheless, there is a pressing need to advance the field of geriatric mental health and enhance India's current offerings.

Need of this study:

The need for this systematic review on geriatric mental health in India is driven by the rapidly growing elderly population, high prevalence of mental health disorders, inadequate mental health services, lack of awareness and stigma surrounding mental health issues among older adults, and the urgent need to develop specific policies and legislation to address their unique mental health needs in order to improve overall well-being and quality of life for this vulnerable population

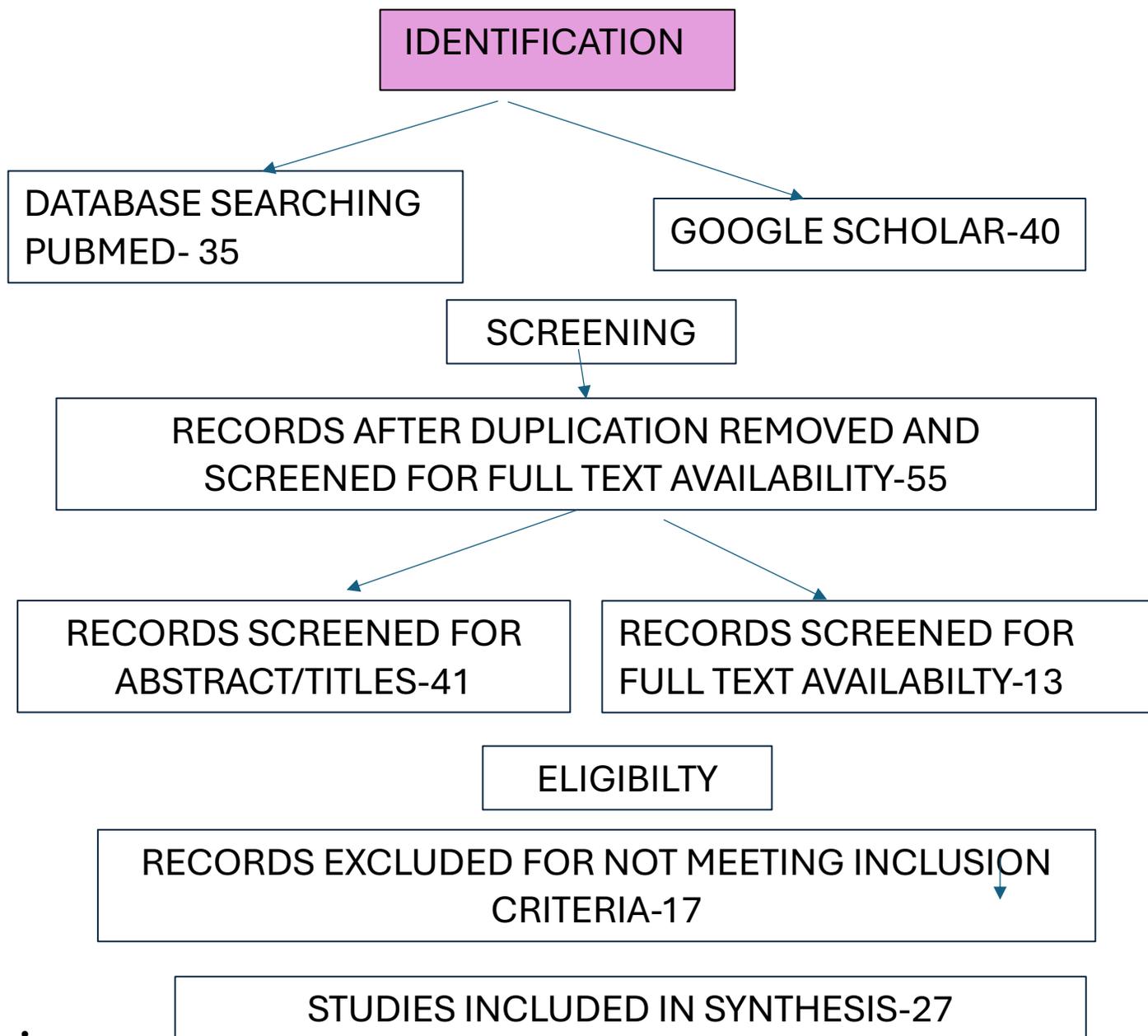
Aim and Objectives:

- 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:

Study type: Scoping Review.

Selection criteria: The scoping review have adopted the 4 steps by PRISMA statement described below:



- **Inclusion criteria:** Studies published between 2000 and 2023 in peer-reviewed journals were included.

Study population: The study population comprises studies and reports related to geriatric mental health services, including prevalence studies, intervention evaluations, policy analyses, and qualitative studies exploring the experiences and perspectives of older adults and healthcare providers.

Information sources: The sampling method involves systematically searching electronic databases, including PubMed, PsycINFO, Embase, and Google Scholar, for relevant studies and reports. Additionally, manual searching of reference lists and grey literature will be conducted to identify additional sources.

Search Strategy: Appropriate MESH terms were used. The search terms which were applied are as follows: Geriatric, mental health, elderly population, India. These are the various terms that were searched using appropriate Boolean connectors (AND/OR) for example Geriatric AND Mental health.

Selection process: We first screened all the selected literatures title and abstract according to the eligibility criteria. A full text report screening was conducted and checked for cross references.

Data Management: To conduct this review, the data was extracted from the selected studies into a Microsoft Excel spreadsheet to get further insights (Annexure 1)

Result:

The most prevalent psychiatric condition among older adults is depression, which affects between 22% and 55% of older individuals. There is a strong correlation between increased age, feminine gender, no husband support, economic reliance, and nuclear family with further depression.

Increased age, co-morbid diseases, physical dependence on everyday activities, and economic dependence have all been proven to be strongly correlated with depression.

The prevalence of depression was higher in elderly living in old age homes. 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. (Ballabgarh, 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 Geropsychiatric patients.

Prevalence of psychiatric morbidity among the elderly in India ranges from 25-49%, with depression being the most common disorder.

Increasing age, female gender, widowhood, poor socioeconomic status, and physical illness are consistently associated with higher rates of depression and other mental disorders.

Sociodemographic factors like illiteracy and living in joint families are also linked to psychiatric morbidity in some studies.

Most studies are cross-sectional and limited to specific geographic areas, so more representative

longitudinal research is needed.

Discussion:

Despite the presence of the National Program for Health Care of the Elderly, there is significant opportunity for enhancing and integrating mental health care, particularly for neurological and substance use disorders among older individuals. Furthermore, addressing the increasing impact of mental illness on the elderly population requires a focus on the mental well-being of the elderly within the existing mental health care system. To identify potential mental health issues early on, it is also crucial to support regular mental health screenings and community outreach initiatives aimed at raising awareness of various mental health conditions among the elderly and those who care for them.

Finally, adequate training in geriatric mental health is crucial for preparing the workforce in this field. The future challenges of geriatric psychiatry in India will involve lack of expertise, limited training opportunities, unequal access to healthcare resources, and a near total absence of chronic care illness models. Raising awareness, enhancing capacity, strengthening training and research initiatives, establishing community-based rehabilitation programs, and developing a comprehensive primary health care system are essential to address the mental health challenges of older adults. Globally, healthcare delivery, especially mental health treatment, occurs in environments with restricted resources. It is vital to enhance the skills of qualified geriatric mental health professionals.

Conclusion:

To prevent chronic illnesses and detect them early, it is essential to increase awareness among the elderly about the significance of regular medical checkups. Geriatric wards need specialized medical and mental health social workers, along with subsidized healthcare services. Elderly individuals and their caregivers should have access to mental health services, including counselling and psychiatric support, to help them cope with feelings of helplessness, loneliness, stress, and worry, while also improving their overall well-being and quality of life.

Increasing the accessibility and affordability of mental health treatments is crucial, and this can be achieved through various measures like providing financial assistance to those who cannot afford these services, offering telehealth options, facilitating at-home therapy, and arranging transportation services. Further initiatives need to be undertaken to address the stigma surrounding mental health. This can be accomplished by encouraging family involvement and collaborating positively with local organizations.

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Annexure 1:

| Study | Location | Sample Size | Prevalence of Mental Illness | Factors associated | Findings | Limitations |
|-----------------------|----------------------|--------------------|-------------------------------------|--|---|---|
| Barua et al. 2011[1] | Assam, India | 400 elderly | 34.5% had psychiatric morbidity | Increasing age, female gender, illiteracy, living in joint families, poor socioeconomic status | Psychiatric morbidity was high, especially depression and anxiety. Sociodemographic factors were significant predictors. | Cross-sectional design, only one district studied |
| Grover et al. 2016[2] | Chandigarh, India | 415 elderly | 49.3% had psychiatric morbidity | Increasing age, female gender, marital status, socioeconomic status, physical illness | Psychiatric morbidity was very high, especially depression. | Only one urban area, no longitudinal data |
| Tiwari et al. 2013[3] | Uttar Pradesh, India | 300 elderly | 25% had depression | Female gender, illiteracy, widowhood, poor socioeconomic status, physical illness | Depression was common, especially in vulnerable groups: women. | Small sample size, only one rural area |
| Jain et al. 2017 | Chennai, India | 300 elderly | 45% had depression | Increasing age, female gender, widowhood, poor socioeconomic status, physical illness | Depression was very prevalent, especially in high-risk groups. Sociodemographic and health factors were significantly associated. | Cross-sectional design, only one semi-urban area |
| Kokiwara et al. 2016 | Telangana, India | 400 elderly | 31.5% had depression | Increasing age, female gender, widowhood, poor socioeconomic status, physical illness | Depression was common, especially in vulnerable groups. | Only one rural area, no longitudinal data |
| Sinha | Jharkhand, | 300 | 27.3% had | Increasing | Depression was | Small sample |

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| et al. 2017 | India | elderly | depression | age, female gender, widowhood, poor socioeconomic status, physical illness | prevalent, especially in high-risk groups. | size, only one rural area |
| Nair SS et al. (2015) | India | 366 | Depression : 21.9%, Generalized Anxiety Disorder: 10%, Cognitive Impairment: 16.3% | Gender, cognitive function | Higher prevalence in females; cognitive impairment assessed via MMSE | Small sample size, limited geographic scope |
| Sinha et al. (2020) | 6 regions, 12 states in India | NA | Lifetime prevalence of depressive disorders: 6.93%, Current prevalence : 3.53% | Urbanization, marital status, income | Higher prevalence in females, urban settings, and lower income groups | Lack of detailed demographic breakdown, potential recall bias |
| Lodha & De Sousa (2018) | Mumbai, Maharashtra | Not specified | Not quantified | Stigma, lack of awareness, inadequate training | Highlights challenges in geriatric mental health service development | Narrative review; lacks quantitative data |
| National Mental Health Survey (2015-2016) | India | Multi-stage sampling | Not specified | Socioeconomic status, urban vs. rural living | Identified common mental disorders among older adults; higher rates in specific demographics | Generalizability issues due to sampling method |
| | | | | | | |

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