

Short Communication

Mental Health among the Elderly in Nepal: Special Emphasis on Depression

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Abstract

This paper discusses the impact of Depression on the aging population. It also tries to explore the psychosocial risk factors and burden associated with geriatric depression in low-and-middle-income (LAMI) countries. Nepal, a South Asian developing country, is resource-poor and research-naïve. Research, in general, and mental health studies, in particular, are the least prioritized in this country. The lack of culturally adapted psychiatric inventories is one of the possible reasons for the low number of mental health research in Nepal. However, recent studies done at the local and regional levels show a significant load of depressive symptoms among the elderly in Nepal.

Keywords

Aging; developing country; depression; elderly population; mental health; Nepal



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1. Introduction

The global number of older adults aged 60 years and older is projected to rise from 900 million in 2015 to two billion in 2050, with the highest increment occurring in low- and middle-income (LAMI) countries [1], such as Nepal. The population of Nepal is 30 million, with approximately one-tenth of it being 60 years or older [2]. This proportion is expected to increase in the coming years due to the global decline in mortality rates and advancements in treatment options. These population increases will challenge the health and social care services in this resource-poor and research-naïve country [1, 3]. The mental health status of the elderly will have a significant impact. Empty nest syndrome and other psychosocial issues will substantially influence the geriatric population [4].

2. Depression among the Elderly

Depression is one of the leading causes of universal disability, as per the Global Burden of Disease Study [5]. Its significant worldwide influence is enhanced in the post-COVID era [6]. It is a significant public health concern also among the elderly in terms of its prevalence and the burden imposed on them and their caregivers [7]. This condition is also associated with impaired quality of life (QoL) and high financial liability [8, 9].

Many studies focusing on the prevalence of geriatric depression and its associated factors have been conducted in developed countries such as Western Europe and North America. There are strong socio and cultural reasons to assume that this epidemiological research does not adequately reflect the situation in the LAMI countries [7, 10].

3. Studies from Asia

Limited studies from Asian countries, including two from neighboring nations like India [11] and China [12], indicate that lower levels of education, female gender, marital status (being unmarried, divorced, or widowed), low socio-economic status, higher age, family-related issues, loneliness, and perceived lower health status were linked with elderly depression in these regions.

4. Studies in Nepal

Nationwide studies on mental health conditions are scarce in Nepal. There is also a need for more research tools to detect them [13]. A recent nationwide study showed a high prevalence of depression in the Nepalese population, but it looked only at adults aged 18-65 years [14].

Only a few studies have been conducted among the elderly to estimate their mental state. However, the findings from these studies vary considerably; the prevalence of geriatric Depression ranged from 29.7% to 89.1% [15-19]. Most of those studies had been conducted in geriatric homes [15-17]. In addition, the studies were mostly confined to the capital (Kathmandu) [15, 16, 19] or conducted within a single caste community [18]. Hence, the findings may not fairly represent the entire geriatric community of Nepal, particularly given the country's variable geo-ecological, economic, and sociocultural characteristics and diverse ethnicities [13]. Furthermore, none of these studies used well-validated or culturally adapted psychiatric inventories, nor did they estimate the associated individual and societal burden.

Recently, we conducted a district-level study on the prevalence and associated factors of geriatric Depression in Kavre, Nepal [20]. Kavre is Nepal's representative area (district) with distinct sociocultural characteristics and comparable rural and urban population clusters [21]. We used a culturally adapted Nepali-translated instrument, the Geriatric Depression Scale (GDS-15), for identifying depressive symptoms [22]. The quality of life (QoL) of the elderly population was also assessed using a validated questionnaire: the World Health Organization Quality of Life 8-question scale (WHOQoL-8) [23].

This community-based door-to-door survey identified the elderly population (≥ 60 years) in the household. Those randomly selected consenting individuals ($N = 460$) were then interviewed by the trained field workers who applied the abovementioned questionnaires.

The participants' mean age was 70.9 (± 8.6) years; more than half of them were females (54.2%), and rural inhabitants (50.6%), three-fifths (60.1%) were living with their spouse, and maximum participants (86.1%) were illiterates.

The study revealed a high prevalence of geriatric depression (53.1%) in Kavre, Nepal, which was higher in comparison to the other Asian countries [20]. Depression among the Nepalese elderly was significantly associated with rural habitation, illiteracy, less than enough family time, and exposure to verbal/physical abuse. It had an inverse relationship with the QoL [23].

The extremely high percentage of depressed elderly, as revealed in this study, requires cautious interpretation as we had applied just the screening questionnaire for estimating depression prevalence, owing to the resource limitation. However, we can easily claim the possibility of the excessively burdensome nature of geriatric depression in Kavre and Nepal.

Furthermore, future research using diagnostic clinical interviews and methodologically more robust study procedures is required. Additionally, there is a pushing need for urgent prioritization of nationwide research and delivery of mental health care services to the depressed elderly in the country.

5. Conclusion

Depression, although prevalent as one of the common mental disorders, continues to be under-detected and undertreated, particularly among the elderly population. Social stigmatization, verbal and/or physical abuse, and neglect by the family further worsen their symptoms. Furthermore, elderly depression is highly distressing and burdensome. Hence, conducting mental health research on the elderly, utilizing culture-sensitive research tools, should not only be of academic interest but also a public health concern in this country. Research can only pave the way for elderly mental health care and help in mitigating the burden associated with mental health conditions like depression.

Author Contributions

All the three authors (AR, DK, and BS) were actively involved in the Kavre (Nepal) Geriatric Depression Research Project, and cultural validation of GDS-15 Nepali version. AR prepared the initial manuscript draft (of the current paper) which was adequately and actively discussed among all the authors, and approved for the publication process.

Competing Interests

The authors have declared that no competing interests exist.

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