**Abstract:**

Depression is a mental illness that adversely affects the way you think, feel, and act. In recent times, cases of depression are on a rise. This survey was carried out in order to evaluate whether the residents of the old age homes are depressed. A sample size of fifty was taken from an old age home in Lahore, Bagh-e-Rehmat. In order to collect data, a questionnaire consisting of twenty-five close-ended questions was prepared. 20 male and 30 female were asked these questions, and the results were evaluated to prove the hypothesis. Moreover, relevant literature on the topic was also thoroughly studied. The data was collected and organized into tables and figures, and percentages were used to draw out a conclusion. Around 70% of the sample population agreed to developing health issues, while 86% stated that they had lost all hope of returning home. The results proved our hypothesis true, as approximately 69.92% of the people were depressed.  
In order to improve the mental health conditions of residents in the old age homes, NGOs and the general public should join hands with the aim of trying to improve their living conditions. More activities should be organized for the residents so they don’t feel like social outcasts. Moreover, the residents should be provided with proper counselling with the intention of catharsis, as people often shy away from talking about their pasts. Once this is achieved, the mental health conditions of the old age home residents can be significantly improved.

**Hypothesis:**

Residents of old age homes are highly depressed.

**Work Done By Team Members:**

**Saad Akbar (16L-4015):**

* Questionnaire
* Conclusion
* Recommendations

**Muhammad Zain (16L-4066):**

* Presentation Making
* Report Printing

**Imran Malik (16L-4109):**

* Survey Method

**Muhammad Talha Shabbir Chaudhry (16L-4190):**

* Questionnaire
* Data Analysis
* Tables and Figures

**Ahmad Mushtaq Ahmad (16L-4245):**

* Discussion

**Abdul Majid (16L-4296):**

* Arranging logistics
* Report Compilation

**Rabiya Adnan (16L-4356):**

* Questionnaire
* Abstract
* Introduction

**Survey Method:**

*(https://en.wikipedia.org/wiki/Survey\_methodology)*

The survey method involves the study of some selected units from the population and reviewing the data already collected through standardized surveys. It includes the procedure for questionnaire construction, for instance, the question types, which can either, be in yes or no format or can use ranges (low to high or vice versa).

**Statistical surveys**:

These kinds of surveys are conducted to find statistical inferences about the sample population, and it depends highly on the kind of questions asked in the survey. These surveys are quantitative in nature, since percentages are drawn from the questionnaires.

**Overview:**

A survey should have

* A sample from the general population
* A standardized and verified questionnaire
* Interviewers for conducting the survey

As a scientific field of study, the survey methodology focuses in identifying concepts about the sample design, data collection, instruments used in experimentation, statistical analysis of data, data manipulation and final results of the data analysis which can create involuntary data errors. Survey errors are common in data collection and must be checked carefully to avoid ambiguity in final results of the conducted experiment. While designing the survey, few points should be taken care of,

* Identifying and selecting the sample population
* Contacting the individuals who cannot be reached
* Evaluate the questions
* Selecting the mode for conducting the survey
* Train the interviewers before they conduct the survey
* Checking data for accuracy
* Manipulate the survey results to correct errors

**Selecting Samples:**

The sample population must be selected carefully, keeping in mind that the results not only target the selected sample, rather it targets the general population. “Selected Biasedness” is a common error which occurs while selecting the sample. This happens when the sample either over represents or under represents particular traits of the population. For instance if the population of interest consists of 85% females, and 15% males, and the sample consists of 35% females and 75% males, females are underrepresented while males are overrepresented. In order to minimize this error, the sample population is divided into different parts (strata), and samples are drawn from them. This technique is known as **Stratified Random Sampling.**

**Modes of Data Collection:**

The mode of conducting a survey is influenced by many factors, some of which are,

* Coverage of target population
* Flexibility of asking questions
* Response Accuracy
* Costs
* Respondent’s willingness to participate

The most common modes of data collection are:

* Telephone
* Mail (Post)
* Online Surveys
* Personal in-home surveys
* Personal mall or street intercept survey
* Hybrids of the above

**Research Designs:**

Although many research designs have been structured throughout the years, only three are commonly used

* Cross-sectional studies
* Successive independent samples
* Longitudinal Studies

**Cross-sectional Studies:**

In cross-sectional studies, a group of people is chosen from the population and studied once. This method is objective, as it focuses on describing the individualities one at a time. It is a predictive correlational design. One major advantage of cross-sectional studies is that they are affordable and less time-consuming.

**Successive Independent Sample Studies:**

Contrary to the design of cross-sectional studies, in longitudinal study a group of people is selected from the population and they are repeatedly studied. It focuses on studying changes within the population, and not the individual.

Such studies cannot identify causes of major changes in essence of due time. For successive independent samples to give in proper results, the sample should be taken from the same population and must be equal to the sample taken before. If both the samples cannot be compared, the changes between samples may be due to demographic characteristics rather than time.

* It is affordable
* Requires moderate time

**Longitudinal studies:**

Longitudinal study focuses on taking random samples at random points in time. Unlike the studies discussed earlier, this design calculates the response of a certain individual over the passage of time. Therefore, this study is best suited for studying changes in a person over a long period of time.

However these studies are highly expensive, time-consuming, but are effective in measuring the effects of naturally occurring events.

**Questionnaires:**

Questionnaires are commonly used to collect data while conducting surveys. In order to get valid results, the questionnaire,

* Should be written according to targeted audience
* Should include valid and reliable measures
* Should handle any kind of disparities
* Should not be biased
* Should be able to yield valid results

Questionnaires are commonly used as a tool for conducting any research. For the results of a questionnaire to be valuable it must fulfill the following criteria.

**Response Scales:**

*(https://explorable.com/survey-response-scales)*

**Dichotomous Scales:**

This type of response scale is designed to get definite answers, it usually include two-point answering system which are contrary to one another. Thus, the individual being questioned cannot be neutral on the subject and has to answer objectively.

These scales include,

* Agree / Disagree
* True / False
* Like / Dislike
* Yes / No

**Point Scaling System:**

The point-scaling system uses ranges to evaluate the respondents’ feelings about the subject. For instance, if an individual is not comfortable answering a certain question, he can have a neutral stance.

Some of the point scaling systems are

* Three-point Scales
  + Agree – Neutral – Disagree
  + Good – Fair – Poor
  + Too Much – About Right – Too little
* Five Point Scales
  + Always – Often – Sometimes – Seldom – Never
  + Extremely – Very - Moderately – Slightly - Not at all
  + Strongly Agree – Agree – Undecided / Neutral - Disagree - Strongly Disagree
* Seven Point scales
* Exceptional – Excellent – Very Good – Good – Fair – Poor – Very Poor

**Non-response reduction:**

The issue of non-response reduction arises when the respondents either provide invalid answers or provide no answers at all. To overcome this issue, a few methods have been introduced, which if implemented correctly, can prove extremely helpful.

* **A Brief Introduction**  
    
  A brief introduction is given at the start of the interview. Although this tool is effective in generating valid results, it can be time consuming.
* **Advance Letter**A letter is sent to the respondents beforehand, in order to prepare them mentally for the interview. This reduces any kind of professional or personal embarrassment that the respondent may face.
* **Training of Interviewers**  
    
  The interviewers are trained before the actual interview. This allows the, to handle any query or problem thrown their way.
* **Friendly Questionnaire**  
    
  The questionnaire itself can sometimes create problems. Therefore, the questionnaire should be velar, unbiased and respondent-friendly.

**Interviewer effects:**

Interviews may sometimes not produce valid results due to the interviewer effect. The presence of the interviewer may sometimes affect the response of the respondents leading to unreliable results. This phenomenon is known as the interviewer effect. These effects are more prominent when the questions are regarding the interviewer’s personal traits, such as,

* Race
* Gender
* Caste
* Religion
* Color

These effects are not only prevalent in face-to-face interviews but also during telephonic interview, or video surveys. The reason for this ambiguity is “Social Desirability Biasedness”. The individual tries to portray an image of them that conforms to social norms and may not be an actual portrayal of the individual.

**Introduction:**

Depression is a mental illness that is becoming increasingly common. It negatively affects the way you think, feel and act. Traditionally, family is considered as the primary source of love, care, and financial support, especially in countries like Pakistan. However, in recent times, with the increase in old age homes throughout Pakistan, the elderly population is often found in old age homes.

According to a review article by Rosevinge and Rosevinge, 10-19% of the people in the general population suffer from depression, while 2-4% suffers from a major depressive disorder. Research suggests prevalence of major depression among 10% of the population, and 29% depressive symptoms among the old home residents.

Since the elderly constitute the fastest growing population, and as depression is the most common psychiatric disorder, the future cost of depression to the patient, the health care officials, and the carer will be significant.

**Why people move to old age homes?**

More often than not, the decision of moving to an old age home is not taken voluntarily. The residents of the old age homes are mostly left there by their children. This might be owing to property feuds, financial issues, or simply because the children can’t take care of their parents on their own. However, in some cases, people voluntarily move to the old age homes. As the children grow old, they start thinking of their parents as a burden that they somehow have to get off of their shoulders. Parents often realize this and move to the old age home with their own free will, simply because they do not want to overburden their children. At times, people might move to the old age home because they don’t have any other option, either because they don’t have any children or relatives, or because they don’t want to burden their relatives.

**Effects of living in old age homes:**

Staying at the old age home for a prolonged period of time may also result in health related issues, which may in turn cause mental illnesses like depression.

People living in old age homes often experience loneliness, which in turn leads to depression. Owing to lack of close family ties, the old age home residents begin to feel like social outcasts, as they lack participation in social activities, such as meeting their friends and relatives, especially on occasions such as Eid.

Loneliness is sometimes considered as the root cause of depression in people living at the old age homes. Depression may result in withdrawal from society, anxiety, lack of motivation or even suicidal thoughts.

Most residents feel uncomfortable talking about their pasts, often stating that it brings up memories they would rather not relive. Some residents prefer staying in their rooms rather than interacting with the visitors, while some do not even want to meet their own family members. Loss of interest in activities they once enjoyed is a common phenomenon among the residents. By moving to the old age homes, the residents have to adapt to new environments, and adjust accordingly, which may be hard to do for some. Also, change in appetite is often witnessed.

**Previous Researches:**

*Dr. Pragna Parikh*

In a comparative research carried out by Dr. Pragna Parikh, a comparison was made between the levels of depression of people living in old age homes with the people residing with their own families in India. In order to measure the level of depression, the researcher used a depression scale. The study was comprised of 120 people, either living with their families or in old age homes in Ahmedabad, India. The respondents were asked questions and the results were then analysed and presented in the form of tables. According to Dr. Pragna Parikh depression among the people living in old age homes was considerably higher than among people residing with their own families. This was due to economic and social complicatedness, as well as reduced health. In order to reduce the occurrence of depression, it was suggested that people in their old age should remain close to the people that they love, which included their friends, family and other relatives. This would help reduce the stress associated with ageing and loneliness. Tam & Chiu (2011) state, that mental illness, such as depression, may cause deterioration of health among the elderly.

The research gave recommendations on how to make the residents’ life happier. According to Scratch & Beag (1984), the mental well-being of people living in the old age homes is mainly owing to a feeling of loneliness. This was backed up by Dhilon & Samanth (1992) who reported that loneliness is highly related to frustration, depression, and desperation. This feeling of loneliness coupled with an inactive social life, leads the members of the old age home towards mental health problems, such as depression. Furthermore, in 1998, Richman & Frendy, further supported this claim by reporting that majority of mental health issues among the elderly are due to loneliness.

*Jorunn Drageset, Elin Dysvik, Birgitte Espehaug, Gerd Karin Natvig, and Bodil Furnes*

Research was carried out by Jorunn Drageset, Elin Dysvik, Birgitte Espehaug, Gerd Karin Natvig, and Bodil Furnes, in order to determine levels of stress and depression among the people living in the old age homes. A mixture of qualitative and quantitative design was used to carry out the research in which the respondents were asked a series of different questions in order to gain a comprehensive insight into the residents’ mental health. 18 nursing homes were visited and people aged 65 and above were interviewed about their past experiences. They were asked questions related to pain, grief and loss. The same respondents were then checked for depression using the Hospital Anxiety and Depression Scale, and the Social Provisions Scale. The findings of the research proved that the residents were suffering from depression mostly because of their limited emotional roles.

A severed tie with family and lack of social activity often leads people to think that they’re social outcasts. This feeling coupled with feelings of loneliness; push the residents of the old age home towards depression.

Old age homes residents may suffer from physical and mental health deterioration owing to loss of home, family, friends and relatives *(Travis et al., 2004; Garcia et al., 2005).* According to Smalbruggge et al. (2005), Smalbrugge et. Al (2006), Drageset, Eide & Ranhoff (2011), Drageset, Eide & Ranhoff (2013), around 34% to 41% of the people living in old age homes are depressed.

*Hom Nath Chalise*

Depression is a common public health issue which has become seemingly prevalent in recent times, especially among the elderly. Hom Nath Chalise, therefore, carried out research to assess the prevalence of depression among the residents of old age home. A Briddashram (old age home) was selected to carry out the survey. A qualitative approach was used. Face-to-face interviews were carried out, and a depression scale was used to evaluate the level of depression mong the residents. The data collected was then analysed using percentages, mean and simple correlation. A sample population of 185 people aged 60 and above were selected from the Devghat area, Nepal. Findings showed around 57.8% of the residents were depressed, out of which 46.7% had mild, 8.9% had moderate and 2.2% had severe depression. A statistically significant correlation was found between feelings of depression and loneliness. The study indicated that many old age home residents were depressed, and steps should be taken in order to support the well-being and quality of life of the residents.

Depression is becoming a major health problem. The WHO (2005) emphasizes that depression can lead to physical, social and economic problems. The prevalence rate of depression ranges between 10% and 55%.

In Nepal, most old age homes are developed for people who do not have their children to take care of them. However, with the passage of time, factors such as, modernization, urbanization, nucleation of family, migration of youths to urban area and foreign countries, has increased the number of people who now live in old age homes.

**Statistical Analysis:**



|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Question Number** | **Female** | | | | **Male** | | | | **Overall** | | | |
|  | **Total** | | **Percentage**  **(%)** | | **Total** | | **Percentage**  **(%)** | | **Total** | | **Percentage**  **(%)** | |
|  | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| **1** | 14 | 16 | 47 | 53 | 9 | 11 | 45 | 55 | 23 | 27 | **46** | **54** |
| **2** | 18 | 12 | 60 | 40 | 15 | 5 | 75 | 25 | 33 | 17 | **66** | **34** |
| **3** | 22 | 8 | 73 | 27 | 17 | 3 | 85 | 15 | 39 | 11 | **78** | **22** |
| **4** | 23 | 7 | 77 | 23 | 16 | 4 | 80 | 20 | 39 | 11 | **78** | **22** |
| **5** | 19 | 11 | 63 | 37 | 17 | 3 | 85 | 15 | 36 | 14 | **72** | **28** |
| **6** | 15 | 15 | 50 | 50 | 16 | 4 | 80 | 20 | 31 | 19 | **62** | **38** |
| **7** | 19 | 11 | 63 | 37 | 17 | 3 | 85 | 15 | 36 | 14 | **72** | **28** |
| **8** | 21 | 9 | 70 | 30 | 14 | 6 | 70 | 30 | 35 | 15 | **70** | **30** |
| **9** | 24 | 6 | 80 | 20 | 16 | 4 | 80 | 20 | 40 | 10 | **80** | **20** |
| **10** | 16 | 14 | 53 | 47 | 14 | 6 | 70 | 30 | 30 | 20 | **60** | **40** |
| **11** | 27 | 3 | 77 | 23 | 13 | 7 | 65 | 35 | 40 | 10 | **80** | **20** |
| **12** | 21 | 9 | 70 | 30 | 18 | 2 | 90 | 10 | 39 | 11 | **78** | **22** |
| **13** | 19 | 11 | 63 | 37 | 15 | 5 | 75 | 25 | 34 | 16 | **68** | **32** |
| **14** | 15 | 15 | 50 | 50 | 13 | 7 | 65 | 35 | 28 | 22 | **56** | **44** |
| **15** | 14 | 16 | 47 | 53 | 9 | 11 | 45 | 55 | 23 | 27 | **46** | **54** |
| **16** | 21 | 9 | 70 | 30 | 15 | 5 | 75 | 25 | 36 | 14 | **72** | **28** |
| **17** | 23 | 7 | 77 | 23 | 19 | 1 | 95 | 5 | 42 | 8 | **84** | **16** |
| **19** | 22 | 8 | 73 | 27 | 14 | 6 | 70 | 30 | 36 | 14 | **72** | **28** |
| **20** | 25 | 5 | 83 | 17 | 14 | 6 | 70 | 30 | 39 | 11 | **78** | **22** |
| **21** | 20 | 10 | 66 | 34 | 15 | 5 | 75 | 25 | 35 | 15 | **70** | **30** |
| **22** | 25 | 5 | 83 | 17 | 18 | 2 | 90 | 20 | 43 | 7 | **86** | **14** |
| **23** | 26 | 4 | 87 | 13 | 15 | 5 | 75 | 25 | 41 | 9 | **82** | **18** |
| **24** | 16 | 14 | 53 | 47 | 12 | 8 | 60 | 40 | 28 | 22 | **56** | **44** |
| **25** | 23 | 7 | 77 | 23 | 14 | 6 | 70 | 30 | 37 | 13 | **74** | **26** |

**Results:**

**Total (Favour) = 874**

**Total (Against) = 376**

**Total Favour x 100 = 874 x 100 = 69.92%  
 1250 1250**

**Total Against x 100 = 376 x 100 = 30.08%  
 1250 1250**

**Figure 1**

**Figure 2**

**Figure 3**

**Figure 4**

**Figure 5**

**Figure 6**

**Figure 7**

**Figure 8**

**Figure 9Discussion:**

**Purpose:**The main purpose of the report is to evaluate the psychological conditions of people living in old age homes, and to conclude whether the residents are depressed.

**Area Survey:**We arranged a visit to Dar-ul-Kufala (Bagh-e-Rehmat) old age home, where the respondents were asked questions from a questionnaire which consisted of 25 structured questions.

**Gender:**The sample population comprised of both males and females.

**Population:**Fifty respondents were asked to fill out the questionnaire, among which 20 were male, and 30 were female.

**Age:**The average age of the sample population was 60 to 89.

**Problems Faced:**The major problem faced while conducting the research was finding an old age home that would permit us to visit them. Furthermore, some residents were not willing to meet with us, while some refused to talk about the past and how they ended up in the old age home.

**Hypothesis:**Residents of old age homes are highly depressed.

**Data Collection:**The data was collected using questionnaires which comprised of 25 structured questions. The data was then analyzed and gathered into tables and figures for better representation.

**Conclusion:**

We always heard that there exist a lot of people in old age homes but yet we were not ready to accept it. In old age homes, we have witnessed 2 people sharing a room smaller than any size. Our survey included 30 female and 20 male. Astonishingly, 54% came to the old age home voluntarily while 46% were dropped here. This was something not according to our hypothesis because in reality we assumed that almost everyone was dropped by here but 54% escaped themselves and claimed old age home to be their heaven. Above 70% are satisfied with old age home facilities and its environment. However, it was not enough to prove our hypothesis i.e. old age home residents are highly depressed, wrong. 80% of the people agree that they have nothing to do in that place. Moreover 80% of the people avoid talking about their past which clearly identifies their running away from their own past. They also told our team that they have buried their past and do not want to revisit even the glimpse of it. 68% have sleeping issues and 78% think that life would have been better earlier, if they were not here. This result clashes with the result mentioned earlier of old age home being heaven for them but this also tells that how depressed they are that they still think lives would have been better. 72% are still stuck there with memories and think about their children every day and 84% cry in their memory. 70% have developed health issues and 86% have lost their hope of returning hope. Losing hope is an evident sign of depression and stress. You only lose hope when you accept that there is no going back from this place so this result proved our hypothesis to a certain level. Furthermore 82% are not associated with any sort of excitement about events like Eid and lastly 74% of the residents said that, yes, they are depressed.

74% agreeing to their depression was enough for us to reach to conclusion that almost 3 quarters of 4 are depressed in old age homes. This result was depressing itself yet an eye opener for almost all of us that how much ignorant we have become as a society.

**Recommendations:**

In all honesty, we have failed as a nation. We assumed that old age homes will be hard to find in Lahore but we contacted 8 different old age homes and we still had many on our list and many still uncovered. Saddest part is that all of these old age homes receive visitors every week and yet this depression exists. The primary cause found while talking to the residents was that they primarily need our attention and discussion about the current affairs, however, their general complaint was that students and people visit them just for their research purposes. We can definitely not fix their sorrows but we can surely make their living standards better by donating and doing charity drives. Installing better television, fridge, air-conditioner, furniture and providing great food. Social workers and NGOs can play a huge role in this. We can also form a team of 14 people and each of them visiting the old age home at least once a week in pairs. This way they will have visitors every day and not just for research purposes but for their life betterment. We can also arrange several trips for them outside Lahore and this way they will feel pleasant. The major problem is that the residents of the old age home believe that people consider them useless and they don’t pay attention to them. They believe that people use them just for their documentation and research purposes but in reality people need to earn resident’s trust. We can also arrange a psychiatrist’s visit and make sure that every week they get counseling which improves their mental stability. Keeping them busy can also remove depression and hence we can arrange a proper routine for example 2 hours exercise with intervals every day and movie nights. We can also create some jobs for them if they are medically fit enough.

All these can be implemented with very low cost however all it requires is a thought, i.e. a passionate mindset and empathetic society. We must implement them in order to create healthy and happier old age homes!

**Questionnaire:**

**TOPIC: Depression among Old Home Residents**

**Name: Age:**

**Gender:**

1. Did you come to the old age home voluntarily?
2. Yes
3. No
4. Do you get visitors often?  
   A. Yes  
   B. No
5. Do you like meeting your friends and family?  
   A. Yes  
   B. No
6. Are you satisfied with the old home environment?
7. Yes
8. No
9. Do the health care workers treat you with respect?
10. Yes
11. No
12. Does the old age home have adequate facilities?  
    A. Yes  
    B. No
13. Do you lack a good and healthy routine?
14. Yes
15. No
16. Do you have friends here?
17. Yes
18. No
19. Do you think there is nothing to do here?  
    A. Yes  
    B. No
20. Do people treat you well?
21. Yes
22. No
23. Do you avoid talking about the past?  
    A. Yes  
    B. No
24. Do you ever think about how different life would be if you weren’t living in an old age home?  
    A. Yes  
    B. No
25. Do you have sleep issues?  
    A. Yes  
    B. No
26. Did you expect old age home to better than how it is right now?  
    A. Yes  
    B. No
27. Do you avoid meeting visitors here?  
    A. Yes  
    B. No
28. Do you think about your children and family every day?  
    A. Yes  
    B. No
29. Did you ever cry in their memory?  
    A. Yes  
    B. No
30. Do you want to leave the old age home?
31. Yes
32. No
33. Do you like going out instead of staying in your room?  
    A. Yes  
    B. No
34. Do you want the time to just pass by as soon as possible?  
    A. Yes
35. No
36. Do you have any health issues like constant headache or insomnia?  
    A. Yes  
    B. No
37. Do you believe you will never return home?
38. Yes
39. No
40. Do you lack excitement on events like Eid?
41. Yes
42. No
43. Do you feel like knowing what’s happening in the world and Pakistan?  
    A. Yes  
    B. No
44. Are you depressed?

A. Yes  
B. No

**Plagiarism Report**

**References:**

Parikh P (2017), Comparitive Study on Depression Among Old Age Persons Residing with Family and Old Age Homes, *Int. j. Indian psychol,* Vol 4, (3) DIP: 18.01.306/20170403

Shilon, P.K., & Samanth, S., (1992), Emotional States of the Instituionalized, in P.K. Dhilon (Eds), Psycho-Socio Aspects of Aging in India, *Concept Publishing in New Delhi*

Perlman, D., Gerson, A.C. & Spinner, B. (1984), *Loneliness among senior citizens:An empirical report*

Richman, A, & Frieda (1990). *Loneliness, Contemporary Psycho Analysis*

**SmalbruggeM, JongenelisL, PotAM, EefstingJA, RibbeMW, BeekmanAT.2006a.** Incidence and outcome of depressive symptoms in nursing home patients in the Netherlands.  
*American Journal of Geriatric Psychiatry 14:1069–1076 DOI 10.1097/01.JGP.0000224605.37317.88.*

**SmalbruggeM, PotAM, JongenelisK, BeekmanAT, EefstingJA.2005a.**  
Prevalence and correlates of anxiety among nursing home patients. Journal of Affective Disorders *88:145–153 DOI 10.1016/j.jad.2005.06.006.*

**DragesetJ, EideGE, RanhoffAH.2011.**  
Depression is associated with poor functioning in activities of daily living among old home residents without cognitive impairment.

Depression among elderly living in Briddashram (old age home)  
Hom Nath Chalise