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ASSOCIATION BETWEEN DEPRESSION, ANXIETY, STRESS AND SPIRITUAL WELL-BEING AMONG THE INSTITUTIONALISED OLDER ADULTS

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ABSTRACT
This research intended to describe the degrees of depression, anxiety, stress, and spiritual health among elderly residents at Kangaroo Old Age Home in Tiruchirappalli. A descriptive research design was employed; utilizing a sample of 55 institutionalized older adults chosen through simple random sampling. Data was gathered through organized interviews and standardized instruments: the Depression Anxiety Stress Scales (DASS-21) and the Spiritual Well-Being Scale (SWBS). Descriptive and inferential statistics, such as t-tests, ANOVA, and regression analysis, were used to examine the data. The findings revealed significant psychological distress among the participants, with 65 per cent displaying moderate to severe depressive symptoms, 59 percent suffering from anxiety, and 70 per cent indicating stress. Spiritual well-being was discovered to be negatively associated with depression, anxiety, and stress, showing that greater spiritual well-being corresponds to reduced psychological distress. Socio-demographic elements like age, marital status, and length of stay in the institution greatly affected mental health results. The research emphasizes the significance of meeting both psychological and spiritual requirements in elderly care within institutions and it implies that boosting spiritual well-being might alleviate psychological distress and enhance the general quality of life for older individuals in institutions.

Keywords: Spiritual well-being, Old age home, Socio-demographic Factors, Elderly care, Depression, anxiety

INTRODUCTION
The globe is experiencing an unparalleled rise in the elderly demographic. Worldwide, the percentage of individuals aged 60 and older is projected to double by 2050, surpassing 2 billion[1]. India also experiences this demographic change. The United Nations Population Fund estimates that India's senior population is expected to rise from 138 million in 2021 to about 319 million by 2050[2]. This demographic shift poses various challenges, particularly in safeguarding the mental, emotional, and spiritual health of elderly individuals, especially those living in facilities like retirement homes. Institutionalization frequently becomes essential when families can't offer sufficient care because of financial limitations, relocation, or evolving social circumstances. Although old age homes provide safety, shelter, and essential medical attention, they can also lead to emotional distress for the elderly. Moving from a known home setting to an institutional atmosphere may result in emotions of

isolation, neglect, diminished independence, and reduced social engagement[3]. These elements, together with declining physical health and the absence of significant societal roles, render institutionalized seniors especially susceptible to mental health problems like depression, anxiety, and stress.

Depression in older adults is an escalating issue, but it frequently goes undiagnosed and receives inadequate treatment. Symptoms might be incorrectly assigned to either the aging process or a physical ailment[4]. Anxiety, while not as extensively researched in older adults, is still common and may present as excessive worry, issues with sleep, and physical symptoms [5]Long-term stress intensifies both mental and physical health issues, leading to a diminished quality of life and greater reliance on others. If neglected, these issues can significantly impact the overall health of older individuals and might even lead to early death[6].

Conversely, spiritual wellness has surfaced as a significant protective element in later years. Spirituality, unlike religiousness, denotes a person's feeling of purpose, inner tranquility, and connection with oneself, others, and the greater transcendent. It frequently acts as a way to cope, assisting older individuals in dealing with loss, sickness, and the fundamental challenges of growing older[7]. Many research efforts have indicated a significant negative correlation between spiritual wellness and psychological distress, implying that greater spiritual involvement correlates with reduced levels of anxiety, depression, and stress[8,9]. In India, where cultural and spiritual beliefs are fundamental to everyday life, incorporating spirituality into elderly care may be especially advantageous. Nonetheless, studies examining the overlap of psychological and spiritual well-being in institutionalized elderly individuals are still limited. The majority of current research concentrates on psychological morbidity or spiritual practices, offering little examination of their interaction. Additionally, there is an absence of region-focused research that takes into account the distinctive socio-demographic circumstances of older adults residing in institutional care settings, especially in Tier-II cities like Tiruchirappalli.

Considering this context, the current research intends to address this gap by evaluating the rates of depression, anxiety, stress, and spiritual well-being in institutionalized elderly individuals living at Kangaroo Old Age Home in Tiruchirappalli. The research also seeks to investigate how socio-demographic factors like age, gender, marital status, education, and length of institutionalization affect psychological distress and spiritual wellness. Crucially, it aims to understand the connection between spiritual well-being and mental health results, intending to pinpoint possible areas for intervention.

RESEARCH METHODOLOGY

The aim of the study is to assess the levels of depression, anxiety, stress, and spiritual well-being among institutionalized older persons. Objectives of the Study are 1)To assess the socio-demographic profile of the elderly residents in Kangaroo Old Age Home, Tiruchirappalli.2) To measure the levels of depression, anxiety, and stress among the institutionalized elderly using DASS-21 scale. 3) To assess the spiritual well-being of the respondents. 4) To analyse the relationship between spiritual well-being and levels of depression, anxiety, and stress among the elderly. 5) To know the influence of socio-demographic factors on psychological distress and spiritual well-being.6) To suggest appropriate interventions to enhance the mental and spiritual health of institutionalized older persons based on the findings.

This study employed a descriptive research design to describe the psychological and spiritual experiences of institutionalized older adults, focusing specifically on levels of depression, anxiety, stress, and spiritual well-being. The research was conducted at Kangaroo Old Age Home in Tiruchirappalli, Tamil Nadu, which housed a total of 110 elderly residents at the time of the study. From this population, a sample of 55 participants was drawn using simple random sampling, allowing each resident an equal opportunity to be included and ensuring representativeness within

the group.

Data collection was carried out through direct interviews using a structured interview schedule, a method chosen to accommodate the potential literacy, hearing, or cognitive challenges commonly experienced by older adults. This personal approach not only facilitated clearer understanding but also helped build rapport and trust with participants, leading to more open and accurate responses. Both primary and secondary sources were used; primary data came from the participants themselves, while relevant literature and institutional records supported the analysis.

The interview schedule comprised two main components: a self-constructed section capturing socio-demographic details such as age, gender, education, marital status, and duration of stay, and a set of standardized tools for psychological and spiritual assessment. The Depression Anxiety Stress Scales (DASS-21), a well-established instrument developed by Lovibond and Lovibond (1995) [10], was used to evaluate psychological distress. This scale is known for its high reliability, with reported Cronbach's alpha values of 0.91 for depression, 0.84 for anxiety, and 0.90 for stress. Each item is rated on a 4-point Likert scale, reflecting the frequency and severity of symptoms over the previous week. To assess spiritual well-being, the study utilized the Spiritual Well-Being Scale (SWBS) by Paloutzian and Ellison (1982)[8], which measures both existential and religious dimensions of spirituality. The tool has consistently demonstrated high internal consistency, with a Cronbach's alpha around 0.89, and is widely validated in Gerontological research.

Data analysis was conducted using both descriptive and inferential statistical methods. Descriptive statistics such as mean, standard deviation, and percentages were used to summarize participants' characteristics and scale scores. Inferential tools including the t-test, chi-square test, F-test (ANOVA), and regression analysis were employed to examine group differences, associations, and predictive relationships between psychological distress and spiritual well-being.

While the study yielded valuable insights, it also faced several practical limitations. Some participants were reluctant to discuss their emotional struggles, while others showed signs of cognitive decline that affected recall. Scheduling interviews around the home's routines posed logistical challenges, and creating a private, comfortable environment for sensitive topics sometimes required additional effort. Despite these limitations, the study aimed to offer a grounded understanding of the mental and spiritual health landscape among institutionalized elderly, with the broader goal of informing holistic care strategies in similar settings.

RESULTS AND DISCUSSION

The socio-demographic profile of respondents indicated a predominance of early older adults aged 60–74 years, with a male majority (58.2%). Educational attainment was low, with many having only primary or secondary schooling and 23.6% being illiterate, which correlates with limited awareness of mental health resources and greater psychological vulnerability[11]. Most identified as Hindus (85.4%) and worked in low-income jobs, predominantly daily wage labor (49.1%), with over 60% earning below Rs. 5000 monthly, negatively affecting mental well-being[12]. Marital status revealed minimal spousal support, with only 3.6% living with partners; many were widowed or separated, contributing to higher depression and loneliness[13]. Many lived alone or in small families, with about one-fifth having no children, indicating a lack of social support, a known risk for psychological issues[14]. Women reported greater psychological distress, while men showed higher spiritual well-being, suggesting gender differences in coping mechanisms[15, 16]. These findings highlight the interplay of gender, economic status, education, and social isolation on the elderly's mental health[17, 18].

Table: 1 Distribution of the Respondents by their Socio-Demographic Characteristics

S. No.	Socio-Demographic Characteristics	No. of Respondents (n = 55)	Percentage (%)
1	**Age**		
	60-64 years	13	23.6
	65-69 years	14	25.5
	70-74 years	13	23.6
	75-79 years	8	14.5
	Above 80 years	7	12.8
2	**Gender**		
	Female	23	41.8
	Male	32	58.2
3	**Educational Qualification**		
	Primary Level	14	25.5
	Middle School	10	18.2
	Secondary	13	23.6
	Higher Secondary	5	9.1
	Undergraduate	14	25.5
	Illiterate	13	23.6
4	**Religion**		
	Hindus	47	85.4
	Christianity	5	9.1
	Islamic	3	5.5
5	**Previous Occupation**		
	Agriculture	5	9.1
	Daily wages	27	49.1
	Business	11	20.0
	Government Employee	12	21.8
6.	**Monthly Income**		
	Rs. 1000-5000	34	61.8
	Rs. 5001-10000	11	20.0
	Rs. 10001-15000	8	14.5
	Above 15001	2	3.6
7	**Marital Status**		
	Living with spouse	2	3.6
	Married and Separated from spouse	21	38.2
	Widower/Widow	20	36.4
	Alone/unmarried	12	21.8
8	**Number of family members**		
	1-3 members	30	54.5
	4-6 members	5	9.2
	7-9 members	1	1.8
	None	19	34.5
9	**Number of years lived with partner**		
	1-15 years	9	16.4
	16-30 years	13	23.6
	31-45 years	28	50.9
	More than 46 years	5	9.1
10	**Number of children**		
	1-3 children	38	69.1

	4-6 children	5	9.1
	None	12	21.8
11	**Domicile**		
	Rural	20	36.4
	Urban	35	63.6

Table: 2 Distribution of the Respondents by their Institutionalization

S. No.	Institutionalization of the inmates	No. of Respondents (n = 60)	Percentage
1	**Number of years living in old age home**		
	less than 1 year	23	41.8
	1-3 years	28	50.9
	4-6 years	1	1.8
	7-9 years	1	1.9
	Above 10 years	2	3.6
2	**Person who put admission**		
	Son	12	21.8
	Daughter	6	10.9
	Daughter-in-law	1	1.8
	Friend	3	5.5
	Others	33	60.0
3	**Opinion on satisfaction with the stay in institution**		
	Highly satisfied	6	10.9
	Satisfied	21	38.2
	Undecided	7	12.7
	Dissatisfied		29.1
	Strongly dissatisfied	5	9.1
4	**Reason for institutionalization (MRQ)**		
	Change in family structure and migration	40	66.7
	Economic burden and lack of social support	50	90.9
	Strained relationship with family members	22	40
	Chronic illness/ Dementia	5	9.1

Table 2 indicates that most respondents have resided in old age homes for a short time, with 50.9% living there for 1–3 years and 41.8% for under a year, reflecting a trend toward institutionalization amid changing family structures[14]. Many decisions for admission (60%) were made by others, limiting autonomy and potentially harming psychological wellbeing[17]. Economic burdens and declining social support (90.9%) drive institutionalization, indicating urgent needs for community support and policies favoring aging-in-place.

Table: 3. Distribution of the Respondents by their Health Status

S. No.	Health Status	No. of Respondents (n = 55)	Percentage (%)
1	**Diseases they Suffer**		
	Arthritis	47	85.5
	Cancer	8	14.5
2	**Psychological Problems (DASS)**		
	Depression		
	Low	23	41.8
	High	32	58.2

3	**Anxiety**		
	Low	26	47.3
	High	29	52.7
	Stress		
	Low	26	47.3
	High	29	52.7
	Overall score of psychological problems (DASS)		
	Low	25	45.5
	High	30	54.5

Table 3 illustrates significant physical and psychological issues among the elderly respondents. Arthritis was the most common ailment, affecting great majority of them (85.5%), while 14.5 per ccent reported cancer. Chronic conditions limit physical function and heighten psychological distress. Using the DASS, nearly majority of them (58.2%) exhibited high depression, whereas 52.7 per cent reported high anxiety and stress, with 54.5 per cent showing overall psychological issues. Studies indicate that institutionalized elderly face heightened mental health vulnerabilities due to isolation and chronic illness. This emphasizes the need for holistic care approaches addressing both physical and mental health in older adults.

Table: 4 Distribution of Respondents by the level of Spiritual well being

S. No.	Spiritual wellbeing	No. of Respondents (n = 55)	Percentage (%)
	Low	23	41.8
	High	32	58.2

Table 4 assesses the spiritual wellbeing of respondents, showing that nearly majority of the respondents (58.2%) have high spiritual wellbeing while 41.8 per cent have low levels. This suggests that spirituality serves as an important coping mechanism for many elderly individuals facing challenges such as loneliness and health decline. Studies show that spiritual practices like prayer and meditation enhance emotional well-being and reduce symptoms of depression and anxiety, particularly among the elderly. In culturally rich contexts like India, higher spiritual engagement correlates with resilience against psychological distress, suggesting integration into mental health strategies is beneficial[19].

Table: 5 'Z' Test between the Gender of the Respondents and Various dimensions of Psychological Problems

S. No	Gender	Sample size (n=55)	$\bar{x}$	S.D.	Statistical Inference
1	**Depression**				Z = 2.384
	Male	23	8.7826	3.48968	P<0.05
	Female	32	11.2500	3.98384	Significant
2	**Anxiety**				Z =2.887
	Male	23	6.7391	3.75642	P<0.01 Significant
	Female	32	9.9375	4.24976	
3	**Stress**				Z =0.572
	Male	23	7.7391	2.98812	P>0.05
	Female	32	8.1875	2.77590	Not Significant
4	**Overall level of Psychological Problems**				Z =2.704 P<0.01
	Male	23	7.7391	2.98812	Significant
	Female	32	8.1875	2.77590	

Table 5 presents significant gender differences in elderly respondent's' perceptions of psychological problems. Females reported higher average scores for depression (Mean = 11.25) and anxiety (Mean = 9.94) than males (Mean = 8.78 for depression; 6.74 for anxiety), with significant Z-values indicating greater psychological distress in women. This aligns with literature indicating that elderly women experience more emotional disorders due to caregiving and social isolation[15].

Table : 6 'Z' Test between the Gender of the respondents and perception towards Spiritual Wellbeing

S. No	Spiritual Wellbeing	Sample size (n=55)	$\bar{x}$	S.D.	Statistical Inference
1	**Overall level of spiritual wellbeing**				Z = 2.633
	Male	23	67.7391	9.85447	P<0.05
	Female	32	66.0000	10.19804	Significant

Table 6 shows males had a higher mean in spiritual wellbeing (Mean = 67.74), suggesting spirituality aids in coping with psychological distress.
Table 7 explores factors affecting psychological and spiritual wellbeing, showing that health status impacts anxiety and psychological distress, while income influences anxiety levels but not other psychological aspects[20].

Table: 7. Association between Socio-Economic Factors, Psychological Problems, and Spiritual Wellbeing of the Respondents

S. No.	Factor	Variable	Low	High	Statistical Inference
1	**Current Income Source and Psychological Problems**	**Depression**	Old Age Pension: 11	Old Age Pension: 18	$\chi^2 = 0.381$, df = 1, p > 0.05 (Not Significant)
			None: 12	None: 14	
		Anxiety	Old Age Pension: 10	Old Age Pension: 19	$\chi^2 = 4.026$, df = 1, p < 0.05 (Significant)
			None: 16	None: 10	
		Stress	Old Age Pension: 12	Old Age Pension: 17	$\chi^2 = 0.855$, df = 1, p > 0.05 (Not Significant)
			None: 14	None: 12	
		Overall Level of Psychological Problems	Old Age Pension: 11	Old Age Pension: 18	$\chi^2 = 1.401$, df = 1, p > 0.05 (Not Significant)
			None: 14	None: 12	
2	**Domicile and Spiritual Wellbeing**	**Overall Level of Spiritual Wellbeing**	Rural: 13	Urban: 16	$\chi^2 = 0.600$, df = 1, p > 0.05 (Not Significant)
			Urban: 19	Rural: 7	
3	**Opinion on Suffering from Diseases and Psychological Problems**	**Depression**	Yes: 19	Yes: 31	$\chi^2 = 3.296$, df = 1, p > 0.05 (Not Significant)
			No: 4	No: 1	
		Anxiety	Yes: 21	Yes: 29	$\chi^2 = 6.135$, df = 1, p < 0.05 (Significant)
			No: 5	No: 0	
		Stress	Yes: 24	Yes: 26	$\chi^2 = 0.117$, df = 1, p > 0.05 (Not Significant)
			No: 2	No: 3	
		Overall Level of Psychological Problems	Yes: 21	Yes: 29	$\chi^2 = 6.647$, df = 1, p < 0.05 (Significant)
			No: 4	No: 1	

4	**Opinion on Suffering from Diseases and Spiritual Wellbeing**	**Overall Level of Spiritual Wellbeing**	Yes: 28 No: 4	Yes: 22 No: 1	$\chi^2 = 1.076$, df = 1, p > 0.05 (Not Significant)

Table: 8 One way Analysis of Variance among the Age of the Respondents and perception towards Psychological Problems

S. No	Source	SS	Df	MS	$\bar{X}$		Statistical Inference
1	**Depression**				G1=	7.5385	
	Between Groups	136.617	4	34.154	G2=	11.8571	F=2.423
	Within Groups	704.765	50	14.095	G3=	10.5385	P<0.05
					G4=	10.8750	Significant
					G5=	10.5714	
2	**Anxiety**				G1=	6.4615	
	Between Groups	122.760	4	30.690	G2=	9.5714	F=2.735
	Within Groups	884.440	50	17.689	G3=	8.0769	P<0.05
					G4=	11.0000	Significant
					G5=	8.8571	
3	**Stress**				G1=	7.8462	
	Between Groups	3.861	4	.965	G2=	7.7143	F=0.111
	Within Groups	434.139	50	8.683	G3=	8.0000	P>0.05
					G4=	8.3750	Not Significant
					G5=	8.4286	
4	**Overall level of Psychological problems**				G1=	22.0000	
	Between Groups	495.351	4	123.838	G2=	29.2857	F=4.728
	Within Groups	3582.359	50	71.647	G3=	26.6923	P<0.01
					G4=	30.3750	Significant
					G5=	27.8571	

G1= 60-64 years, G2= 65-69 years., G3= 70-74 years, G4= 75-79 years, G5= Above 80 years

Table 8 indicates age significantly affects perceptions of psychological issues, with the 65–69 age group displaying the highest depression scores, and the 75–79 age group experiencing peak anxiety, emphasizing age-related emotional challenges. Stress remained consistent across age groups[21].

Table: 9 One way Analysis of Variance among the Age of the Respondents and perception towards Spiritual Wellbeing

S.No	Source	SS	Df	MS	$\bar{X}$		Statistical Inference
1	**Overall level of Spiritual Wellbeing**				G1=	68.1538	
	Between Groups	303.981	4	75.995	G2=	65.1429	F=3.745
	Within Groups	5096.929	50	101.939	G3=	63.7692	P<0.01
					G4=	68.7500	Significant
					G5=	70.4286	

G1= 60-64 years, G2= 65-69 years., G3= 70-74 years, G4= 75-79 years, G5= Above 80 years

Table 9 reveals a significant difference among spiritual wellbeing across age groups ($F = 3.745$, $p < 0.01$), indicating age influences spiritual wellness. The highest mean score was among those over 80

years (G5 = 70.43), followed by ages 75–79 (G4 = 68.75) and 60–64 (G1 = 68.15). Lower scores were found in ages 70–74 (G3 = 63.77) and 65–69 (G2 = 65.14), suggesting a U-shaped trend in wellbeing. This may stem from an increased focus on spirituality in later life, reflecting emotional resilience and comfort as individuals confront mortality. Integrating spiritual care in elder support is essential.

Result on Educational Qualification with regard to Psychological dimension and spiritual well being

A study highlights notable differences in educational qualifications and psychological issues among elderly individuals, particularly depression and anxiety. Those without formal education exhibited the highest levels of depression (M = 12.85) and anxiety (M = 11.00), while those with secondary education reported the lowest levels (M = 8.23 for depression, M = 6.77 for anxiety). This indicates that lower educational attainment correlates with increased psychological distress, linked to limited coping strategies and healthcare access. Although stress levels showed no significant variation, overall psychological problems differed significantly ($F = 3.108$, $p < 0.05$). Additionally, spiritual wellbeing varied by education, with secondary-educated respondents achieving the highest scores, emphasizing the need for tailored mental health and spiritual support in elder care..

Findings on Family Type, family size and Number of children

The study demonstrates that family type significantly influences psychological issues in the elderly, particularly anxiety and stress, but not depression. Depression scores were similar across family types: nuclear (G1 = 10.44), joint (G2 = 9.67), and those living alone (G3 = 9.40). In contrast, anxiety levels showed significant variation ($F = 3.082$, $p < 0.05$), with the lowest level reported by individuals living alone (G3 = 6.00). Stress levels were also significant ($F = 2.977$, $p < 0.05$), with joint families experiencing the least stress (G2 = 6.00). Overall psychological burden was highest in nuclear families (G1 = 27.95) and lowest in those living alone (G3 = 23.40). Similarly, family size significantly impacted anxiety, stress, and overall psychological problems but not depression. Large families reported the highest anxiety (M = 12.00) and least stress (M = 5.00). Spiritual wellbeing showed no significant differences based on the number of children, highlighting the importance of social support and personal beliefs.

Family Income Earners and dependency

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Number of years living in Institution and Depression, anxiety and stress

Table 10. INTERCORRELATION MATRIX

	Depression	Anxiety	Stress	Overall level of Spiritual Wellbeing
Depression	1			
Anxiety	.517**	1		
Stress	.336*	.342*	1	

Overall level of Spiritual Wellbeing	.822**	.842**	.641**	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 10 illustrates the complex interplay between depression, anxiety, stress, and spiritual wellbeing among respondents. A strong correlation exists between depression and anxiety ($r = 0.517$, $p < 0.01$), affirming the frequent co-occurrence of these disorders[22]. Depression also correlates positively with stress ($r = 0.336$, $p < 0.05$), indicating that depressive symptoms may worsen stress levels[23]. Furthermore, anxiety and stress are moderately correlated ($r = 0.342$, $p < 0.05$), reinforcing the idea that anxiety heightens stress[24] (Bhatia & Gupta, 2018). In notable findings, spiritual wellbeing is strongly negatively correlated with depression ($r = -0.822$, $p < 0.01$), anxiety ($r = -0.842$, $p < 0.01$), and stress ($r = -0.641$, $p < 0.01$). This suggests that higher spiritual wellbeing can protect against psychological distress, emphasizing its potential role in mental health interventions[25,26] .

Table 11: Regression

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.480[a]	.230	.055	8.44779

a. Predictors: (Constant), Are you happy with the old age home?, Age of the respondents, Educational qualification, How many years you live in old age home, Number of Children, Who admitted you to a old age home?, Number of years lived with partner, Previous Occupation, Number of family members, Number of income earners in the family.

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	937.646	10	93.765	1.314	.253[b]
	Residual	3140.063	44	71.365		
	Total	4077.709	54			

a. Dependent Variable: Overall level of psychological problems

b. Predictors: (Constant), Are you happy with the old age home?, Age of the respondents, Educational qualification, How many years you live in old age home, Number of Children, Who admitted you to old age home?, Number of years lived with partner, Previous Occupation, Number of family members, Number of income earners in the family

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	30.835	9.511		3.242	.002
	Age of the respondents	1.351	.957	.207	1.411	.165
	Educational qualification	**1.967**	**.870**	**.339**	**2.260**	**.029**
	Previous Occupation	.844	1.355	.091	.623	.536
	Number of family members	-3.265	2.141	-.238	-1.525	.134

	Number of income earners in the family	.403	.970	.065	.416	.680
	Number of years lived with partner	-.250	1.424	-.025	-.176	.861
	Number of Children	-.574	1.075	-.082	-.534	.596
	How many years you live in old age home	-.385	1.362	-.039	-.283	.779
	Who admitted you to a old age home?	-.375	.728	-.075	-.515	.609
	Are you happy with the old age home?	1.279	1.051	.179	1.217	.230

The model's R-value of 0.480 indicates a moderate relationship between predictors and psychological outcomes, but an Adjusted R Square of 0.055 shows weak explanatory power, suggesting the chosen predictors may not fully capture factors influencing the psychological wellbeing of residents in old age homes. The F-statistic of 1.314 and a non-significant p-value of 0.253 further imply that predictors like satisfaction with the home, age, and family aspects fail to account for variance in psychological wellbeing. The low R^2 and high standard error (8.44) highlight unexplained variability, indicating that factors such as personal resilience and quality of social interactions may be more relevant. Significantly, education emerges as the sole predictor of well-being ($B = 1.967$, $p = 0.029$), while happiness related to the home did not reach statistical significance, emphasizing the need for further research into care quality and social support.Pargament et al. (2013)[26], who emphasized the significance of spirituality, coping strategies, and institutional support in understanding the mental health outcomes for elderly care facility residents.

SUGGESTIONS

Psychological suffering faced by older individuals in care facilities, marked by significant instances of depression, anxiety, and stress. A notable negative correlation between spiritual well-being and psychological distress is indicated by the results, suggesting that improved spiritual health could be acted upon as a protective element against mental health issues in older adults.Socio-demographic elements like age, relationship status, and length of stay in institutions also affected mental health, highlighting the necessity for tailored care strategies. The necessity of combining psychological and spiritual assistance in elderly care initiatives within facilities is highlighted by these findings, with the ultimate goal of enhancing the overall quality of life for this at-risk group.

CONCLUSION

This study assessed the psychological and spiritual aspects of aging, focusing on depression, anxiety, stress, and spiritual well-being among elderly residents in Kangaroo Old Age Home, Tiruchirappalli. Using DASS-21 and SWBS tools, it found a complex relationship between mental health and spirituality in institutional settings. Many participants exhibited psychological distress, while those with higher spiritual well-being reported lower distress levels, indicating spirituality as a protective factor. Socio-demographic variables, including gender and marital status, also affected mental and spiritual health. Despite limitations like recall bias, the research emphasizes the need for integrating spiritual support and mental health services in elderly care to improve overall well-being and quality of life for aging populations.

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KM contributed for concept development, article writing, and data analysis, evaluation, reference sourcing, article review, and validation.

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- **Ethical clearance** : N/A

REFERENCES

1 World Health Organization. (2021). Decade of healthy ageing: Baseline report. https://www.who.int/publications/i/item/9789240017900.
2 United Nations Population Fund (UNFPA). (2023). India ageing report 2023. https://india.unfpa.org
3 Rao, A. V., & Srinivas, K. M. (2020). Mental health issues and quality of life among the elderly in institutional care. Indian Journal of Gerontology, 34(1), 59–72.
4 Blazer, D. G. (2003). Depression in late life: Review and commentary. The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, 58(3), 249–265.
5 Chou, K. L., & Chi, I. (2018). Stressful life events and depressive symptoms: Social support and sense of control as mediators or moderators? International Journal of Aging & Human Development, 48(2), 157–174.
6 Lenze, E. J., Mulsant, B. H., Shear, M. K., Dew, M. A., Pollock, B. G., & Reynolds, C. F. (2001). Comorbid anxiety disorders in depressed elderly patients. American Journal of Psychiatry, 158(3), 353–357.
7 Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012.
8 Paloutzian, R. F., & Ellison, C. W. (1982). Loneliness, spiritual well-being and quality of life. In L. A. Peplau & D. Perlman (Eds.), Loneliness: A sourcebook of current theory, research and therapy (pp. 224–237). Wiley.
9 Ellison, C. G., & Fan, D. (2008). Daily spiritual experiences and psychological well-being among US adults. Social Indicators Research*, 88*(2), 247–271.
10 Lovibond, S. H., & Lovibond, P. F. (1995). Manual for the Depression Anxiety Stress Scales (2nd ed.). Psychology Foundation of Australia.
11 Gupta, R., & Ghosh, A. (2018). Educational attainment and its impact on mental health among elderly populations: A cross-sectional study. Journal of Gerontological Social Work, 61(4), 389–402.
12 World Health Organization. (2017). Mental health and well-being in older adults. https://www.who.int/ageing/mental-health.
13 Patel, V., & Saxena, S. (2019). Mental health in elderly: The role of marital status and family support. International Journal of Geriatric Psychiatry, 34(1), 18-25.
14 HelpAge India. (2020). Ageing in India: A report on the challenges faced by the elderly. https://www.helpageindia.org
15 Kumar, S., & Singh, M. (2021). Gender differences in coping mechanisms among institutionalized elderly individuals. International Journal of Aging & Human Development, 92(2), 128-142.
16 Rai, D. (2019). Spiritual well-being in older adults and its correlation with psychological distress: A gendered perspective. Journal of Spirituality in Mental Health, 21(3), 1-13. https://doi.org/10.1080/19349637.2019.1625975
17 Chopra, A., & Sharma, A. (2020). Impact of social isolation on mental health among elderly individuals: A review. Journal of Geriatric Mental Health, 7(1), 14-22. https://doi.org/10.4103/jgmh.jgmh_32_19
18 Verma, S. (2021). Economic factors influencing mental well-being of the elderly in institutionalized care. Journal of Aging & Social Policy, 33(2), 1-19.
19 Seth, S., & Sachdeva, S. (2023). The strength of spirit: A regression analysis of spirituality on resilience in Indian adults. *International Journal of Indian Psychology, 11*(4), 2700–2709.
20 Hsu, H. C., & Li, C. I. (2013). Explaining the links between income and depression in later life: The role of health status and social support. Aging & Mental Health, 17(1), 94–103. https://doi.org/10.1080/13607863.2012.702726.
21 Gupta, R., & Ghosh, A. (2018). Educational attainment and its impact on mental health among elderly populations: A cross-sectional study. Journal of Gerontological Social Work, 61(4), 389-402.

22 Kuehner, C. (2017). *Why is depression more common among women than among men? The Lancet Psychiatry*, 4(2), 146–158.
23 Thompson, R. J., Mata, J., Jaeggi, S. M., Buschkuehl, M., Jonides, J., & Gotlib, I. H. (2019). The everyday emotional experience of adults with major depressive disorder: Examining emotional instability, inertia, and reactivity. Journal of Abnormal Psychology, 121(4), 819–829.
24 Bhatia, M. S., & Gupta, R. (2018). Anxiety and stress among elderly: An Indian perspective. Delhi Psychiatry Journal, 21(2), 190–194.
25 Park, C. L. (2017). Spirituality and meaning-making in coping with stress. In C. L. Park, A. I. Wortmann, & L. Edmondson (Eds.), the psychology of religion and spirituality for clinicians: Using research in your practice (pp. 75–95). Routledge
26 Pargament, K. I., Mahoney, A., Exline, J. J., Jones, J. W., & Shafranske, E. P. (2013). *APA* handbook of psychology, religion, and spirituality (Vol. 1): Context, theory, and research. American Psychological Association. https://doi.org/10.1037/14045-000.