

## A Phenomenological Study on Lived Experiences of Depressive Older Patients in India

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### ABSTRACT

**Background of the study:** Growing old is a precious blessing from nature to humanity. Depression is the most prevalent mental health problems among older adults. Depression is a serious mood disorder. It can affect the way you feel, act, and think. Depression in adults over 65 years is sometimes difficult to recognize, as symptoms can be similar to problems associated with ageing. Identification of depression is the major task of the health care professionals because older people may have different symptoms than younger people. Most of them are looking sad and not interested to do any social activities. They are not willing to share their feelings and concerns.

**Aim:** This phenomenological study aimed to explore the lived experiences of depressive older patients in India

**Objectives:** To determine the types of old age depression, and to explore the lived experiences of depressive older patients.

**Methods:** Phenomenological Study design was used in this study. In-depth interview was conducted with a purposive sample of twenty older patients with the problem of depression for the period of six months to one year. The data were analyzed by using Hermeneutical approach to identify underlying themes.

**Results:** After analysing the interviews, three main themes were emerged in this study. 1. Types of Old age Depression (Mild, Moderate and Severe forms of depression present among older patients); 2. Lived Experiences of Depressive Older Patients (Clinical manifestations present among the depressive older patients and their sufferings observed by the researchers); 3. Coping Strategies used to overcome the problems of Depressive older Patients (Methods used to overcome the problems associated with depression among the older patients). Majority of the participants were females (65%) and 55% of them belonging to the age group of 75-84 years, and 45% of them were widows and they have no income. Regarding the type of depression, 11 patients (55%) complaints of severe forms of depression, whereas 7 patients (35%) have moderate forms of depression. Disturbed sleep, loneliness, lack of social interaction, dementia, psychological problems, these are the subthemes emerged from this study.

**Conclusion** This study was mainly focused to identify how depressive older patients are handling their problems and how they are using their coping strategies to overcome the problems of depression. The impact of depression is mainly depending upon the severity of the problem. Recommendations of the study was to strengthen the services of Community Psychiatric Rehabilitation program and home care services to the depressive older patients. Establishment of revival centres for older persons for enhancing their social connections and for reducing their loneliness. Implication of the study was to provide compassionate loving care to our beloved older people and strengthen psycho-social support to the patients with depression.

**KEYWORDS:** Phenomenology; lived experiences; Depression; Older Patients; Coping strategies, Revival centres; Community Psychiatric Rehabilitation Program

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### INTRODUCTION

Growing old is a precious blessing from nature to humanity. Depression is the most prevalent mental health problems among older adults. Depression is a serious mood disorder. It can affect the way you feel, act, and think. Depression in adults over 65 years is sometimes difficult to recognize, as symptoms can be similar to problems associated with ageing. Identification of depression is the major task of the health care professionals because older people may have different symptoms than younger people. Most of them are looking sad and not interested to do any social activities. They are not willing to share their feelings and concerns. It's important to remember that not all older people become depressed. However, older people are more likely not

to talk about their depression with others and only seek help when things are really bad. With the right treatment most older people can recover. Due to population aging, the number of seniors with mental disorders is expected to double by 2030. About 350 million people in the world suffer from depression (WHO,2025).

## BACKGROUND OF THE STUDY

Approximately 14% of adults aged 70 and over live with a mental disorder. Mental disorders among older adults aged 70 years or older account for 6.8% of the total years lived with disability for this age group. Loneliness and social isolation are key risk factors for mental health conditions in later life. By 2030, one in six people in the world will be aged 60 years or over (WHO; 2025). More than 1 in 4 older adults experiences some mental disorder, such as depression, anxiety, or dementia

The world's population is ageing fast. In 2023, 1.1 billion people in the world were aged 60 years or over. That figure is projected to nearly double to 2.1 billion by 2050, representing around one in five people globally. The number of people aged 80 years or older is expected to be more than triple between 2023 and 2060 to reach 545 million (WHO Report,2025).

According to the National Council on Aging (2025), the physical, emotional, and cognitive struggles faced by older adults can lead to feelings of depression, which over time can evolve into clinical depression (Glenn Holsten; 2025). More than 1 in 10 older people, and more than 3 in 10 people living in residential aged-care, experience depression (Health Direct; 2025). Worldwide, the prevalence of depression among older adults is approximately **28.4% to 35.1%**, according to various meta-analyses report. However, higher rates in developing countries (40.78%) compared to developed countries (around 17.05%) (Hong Cai et.al, 2023). Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.

Statistical report from India (2024) shows that, all countries facing the major challenges of demographic transition due to their increased number old age population. In 2050, 80% of older people will be living in low- and middle-income countries. The pace of population ageing is much faster than in the past. Estimates for major depression in older adults are as follows: 1% - 5% for older adults living in the general community, 11.5% for older adults who are hospitalized. 13.5% for older adults who require home health care. A meta-analysis report shows that the worldwide prevalence rate of depressive disorders to be between 4.7% to 16%. This study indicates a comparatively higher prevalence of geriatric depression in India (21.9%). Size of elderly population is increasing over time. The proportion rate was 8.6% in 2011, it has increased to 10.1% in 2021 and further likely to increase to 13.1% in 2031. For males it was marginally lower at 8.2%, while for females it was 9.0%.

Depression among the older adult population is a major public-health concern with significant medical, social, and economic implications. Most of the older people may have physical and psychological problems. Depression is one of the most common mental health disorders in older adults. It often goes underdiagnosed because symptoms may be mistaken for normal aging or physical illnesses. Old age depression, also known as late-life depression, is a common but often under-recognized mental health condition affecting older adults. It involves persistent feelings of sadness, loss of interest, low energy, and changes in thinking or behaviour that interfere with daily life. While aging naturally brings physical, emotional, and social changes, depression is not a normal part of growing older.

Depression in old age is significant because it is common, affects physical and cognitive health, reduces quality of life, increases mortality risk, and is frequently overlooked despite being treatable. Early detection and proper intervention are crucial for promoting healthy and dignified aging. So, through this study the researchers would like to recognize the types of depression present among the older people, and what is their experiences related to depression. The researchers would like to apply some of the coping strategies to overcome the problems related to depression. So, through this study the researchers would like to provide quality care to the depressive older patients, in order to enhance their quality of life.

### Aim

This phenomenological study aimed to explore the lived experiences of depressive older patients in India.

### Objectives

To determine the types of old age depression,  
To explore the lived experiences of depressive older patients.

### Methodology

Study Design: A hermeneutic phenomenological approach was used in this study. This qualitative research approach that seeks to understand the meaning of lived experiences of depressive older persons. Hermeneutic phenomenology emphasizes the importance of understanding the world from the perspective of individuals who have lived through it (Saul McLeod, 2025)

**Participants** The participants of this phenomenological study were depressive older patients selected from south part of Kerala, India. After getting ethical approval from the institution, the principal investigator obtained primary information of the patients like address, contact details and diagnosis of the patients. Principal investigator contacted the family members to get permission to visit the patients at home. After obtaining permission from the family members, the researchers were visited the patients. Researchers were maintained good interpersonal relationships with patients and their family members. During the home visit the researchers were obtained informed written consent from the participants and their closed family members. Participants were having the problem of depression for the period of six months to one year. Most of the patients have the complaints of other

associated age-related problems. Researchers were informed to the patients and their family members about our purpose of visit, and data collection process.

Purposive sampling based on a pre-selection criterion was employed to choose participants in order to get a maximum account of the experience and a better understanding of the phenomenon. Older patients with depression were included in this study. The researchers were assured the participant's comfort, safety and cooperation. At the same time maximum variety of samples were included in this study by means of different age groups, different types of depression, and lived experiences of depressive older patients.

Twenty-two depressive older patients were included initially. The sample size emerged as the study progressed. Rather than counting the number of interviews, the thoroughness and worth of the information provided by the participants were used to determine whether the sample size was adequate. This was accomplished when there was data saturation and after twenty interviews. The researchers were collected maximum information from the participants.

### **Data Collection Process**

Data were collected from the month of May to August 2023. In-depth interview was conducted for twenty depressive older patients - with the use of open-ended questions and allowed the participants to describe their lived experiences in their own words. The researchers were also examined the patient's documents, and prescriptions. Nonparticipant observation of patient's experiences and field notes was also maintained by the researchers.

The study method used for data collecting included a sociodemographic proforma, Geriatric Depression Scale, and an extensive interview guide developed after a thorough literature analysis and consultation with experts in qualitative studies. The tools were validated using a triangulated approach by faculty members with experience in qualitative research. Over the course of three days, the interview guide was validated using the test-retest process. Fieldwork and conversations with elderly depressive patients were conducted prior to the tool's finalization.

Interview guide was related to three major parts. Section 1: Sociodemographic data: The researcher was collected details of the participants like age, gender, religion, level of education, occupation, socio-economic condition, living arrangements, relationship of care taker, over all appearance and general health status of the participants.

Section 2: The researchers were used standardized tool for collecting the data. Geriatric Depression Scale. It was used for to maintaining consistency in data collection and for organizing the research process. This approach was used to assess the severity of depression experienced by the participants. Mild, moderate or severe forms of depression.

Section 3: Experiences of Geriatric Depressive patients and coping strategies used by the older depressive patients. Older depressive patients and their experiences. Different types clinical manifestations present in the patients. Researchers also observed some of the problems in the patients.

These were (1) what was your feeling when you are experiencing physical health problems? (2) How you are experiencing you have depression? (3) How do you perceive you have depression? (4) What are the clinical manifestations you are experiencing? (5) Can you explain your feeling when you realized that you have depression? (6) How you identified that you have the problem of depression? (7) What type of clinical manifestations you are experiencing? (8) If you are experiencing severe form of depression, what you will do? (9) How do you maintain relation with your spouse and with other family members? (10) What type of coping strategies you are adopting to overcome the depression? (11) Can you explain it? Depression was identified with the help of doctors and on hospital records, medical prescription, 22 subjects were reviewed, but only 20 were interviewed.

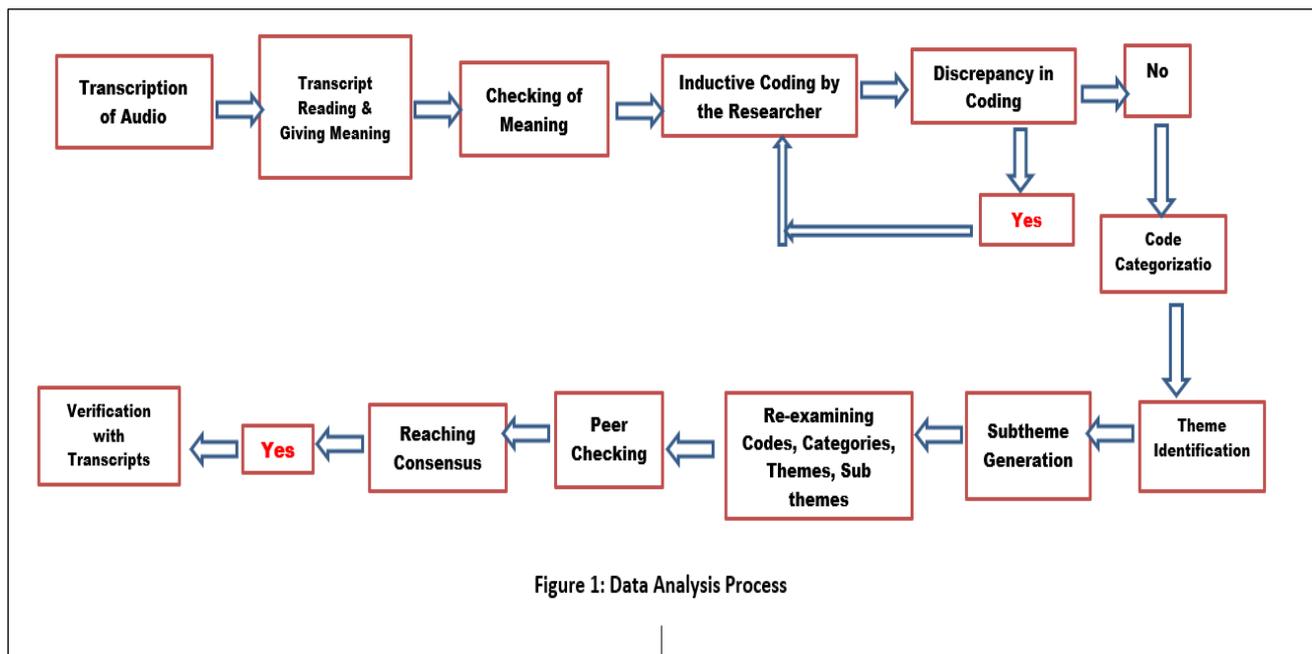
In order to get into the field, the researchers called the family members personally. After the possible individuals were determined, they were prior to the interview, they were monitored and evaluated for their severity of the problem by using Geriatric Depression scale. After that, the researcher set up a convenient time for in-depth interview at their own home. "Can you explain your feelings after you experiencing depression?" was the opening grand tour question of the interview. With participants' and family members' consent, audio recordings of the responses were made. Nonverbal support and attentive listening were employed. For focus and clarification, prompt questions were posed. Thick field observations and field notes were added to an in-depth interview. These included the patients' nonverbal cues, their facial expressions, how family members interacted with them. The researcher made every effort to support the self-concepts. After twenty interviews, data saturation was reached. To ensure that no small tones were overlooked, the audiotaped verbatim was transcribed and double-checked.

### **DATA ANALYSIS**

The following seven procedures were used to analyze the data in accordance with Heideggerian ideas (Diekelmann et al., 1989): (1) Interviews were read to gain a general understanding; (2) each interview was summarized interpretively; and (3) a group of researchers examined a subset of transcribed interviews. Relationships between themes arose, (5) common meanings were found by comparing and contrasting the text, (6) a draft of themes with exemplars from the text was offered to the team, and (7) any differences on interpretation were settled by revisiting the text. The final draft included suggestions. Figure 1 shows the process of data analysis.

No software was utilized for data administration; instead, data was arranged and maintained manually. Rather, each category was represented by a computer folder. Each category's content was contributed and coded independently. The researchers personally

listened to the tapes and then quickly retranslated the interviews in colloquial language to English language, make sure that the content remained unaltered.



### Trustworthiness

In qualitative research, trustworthiness is crucial to ensuring the validity and reliability of findings, increasing the likelihood that they will be accepted and applied to further knowledge, guide policy, and enhance services. It functions as the qualitative counterpart of validity and reliability in quantitative research, offering assurance that the outcomes fairly depict the experiences of participants through exacting and open procedures (Sirwan Khalid Ahmed; 2024)

Before the interview, the researcher spent time to getting to know the family and followed up to make sure they gave honest answers. The interview was done by the researchers to verify the veracity of the information. Observations were made and documented during the interview. During the data collection process, these field notes assisted in documenting any remarkable observations. Triangulation of data was used.

The participants were given access to the extracted codes, categories, themes, and subthemes in order to confirm if the codes aligned with their experiences. A peer group of peers independently assessed the coding and theme extraction to make sure the results could be independently verified. Reliability was attained by having the team of researchers review the data analysis. By recruiting people with varying demographic and illness features, maximum phenomena variation sampling improved the findings' transferability.

### Ethical Considerations

By March 2023, ethical approval was obtained from the institutional review board. Information confidentiality was preserved by leaving no personal information on the transcriptions or audiotapes. Anonymity of the data was maintained during throughout the study. Written informed consent was obtained from the patients and their family members. Participants were made aware of their complete freedom to decline to participate at any time or to ignore any inquiry.

## RESULTS

### Characteristics of the Participants

Table :1 : Socio-demographic Characteristics of the Participants

Variables	Characteristics	Frequency (N)	Percentage (%)
Age in Years	65-74	7	35%
	75-84	11	55%
	85-94	2	10%
Gender	Male	7	35%
	Female	13	65%

Religion	Hindu	6	30%
	Christian	9	45%
	Islam	5	25%
Education	Illiterate	1	5%
	School	14	70%
	College	4	20%
	Professional	1	5%
Occupation	Retired Govt. Employee	1	05%
	Private Firm	2	10%
	Manual laborers	4	20%
	House wife	4	20%
	Nil	6	30%
	Others	3	15%
Monthly Income	Less than Rs. 2500	11	55%
	Rs.2501-5000	5	25%
	Rs.5001-7500	3	15%
	Rs.7501- 10000	1	5%
Marital Status	Married	6	30%
	Divorced / Separated	1	5%
	Widower	4	20%
	Widow	9	45%
Living arrangements	With Spouse	5	25%
	With Children	9	45%
	With Spouse & Children	4	20%
	Others	2	10%
General health Status	Poor	14	70%
	Average	5	25%
	Good	1	5%

Table 1 depict that, total of 20 older depressive patients were participated in this study. Majority of the participants were females (65%) and 35 % were males. About 55% of them belonging to the age group of 75-84 years, 45% were widows and they are living with their children. Around 45% of them were belongs to Christian religion and 55% of them have monthly income of only Rs. 2500. Majority (70%) of them had school education and no specific jobs (30%). About 70% of the participants were suffered from many health issues.

**Types of Depression Present in the Participants**

Table 2 shows “Geriatric Depression Scale (GDS)”, adopted from Sheikh, Javaid I., and Jerome A. Yesavage. (2014). It included 15 items with the response of “Yes” or “No”. Each questions carries one point. If the patient was answered to these questions (Question number 2; 3; 4; 6; 8; 9; 10; 12; 14 & 15) with response of “Yes” they got one point for each question. If the patient was responded to question number 1; 5; 7; 11; and 13 with the response of “No” they got one point for each “No” answers. Total point of this test was 15. Interpretation of the test: - Normal = 3 ± 2 points; Mildly depressed = 7 ± 3 points; Moderate depression = 9 ± 11; Severe depression = 12 ± 2. More than 5 points suggests depression and warrants a follow-up evaluation. If it is more than or equal to 10 points almost always indicates depression. According to this Geriatric depression scale, 2 patients (10%) of them were suffered from mild depression, whereas 11 patients (55%) complaints of severe forms of depression and 7 patients (35%) have moderate forms of depression.

**Table 2: Types of Depression Present in the Participants**

GERIATRIC DEPRESSION SCALE (Adaptation of Sheikh J.I and Yesavage J.A)	Yes	No
	Frequency	Frequency
1. Are you basically satisfied with your life?	18	2
2. Have you dropped many of your activities and interest?	7	13
3. Do you feel that your life is empty?	5	15
4. Do you often get bored?	9	11
5. Are you in good spirits most of the time?	16	4

6. Are you afraid that something bad is going to happen to you?	6	14
7. Do you feel happy most of the time?	18	2
8. Do you often feel helpless?	11	9
9. Do you prefer staying at home to going out and doing new things?	8	12
10. Do you feel that you have more problems with memory than most people?	4	16
11. Do you think it's wonderful to be alive now?	15	5
12. Do you feel pretty worthless the way you are now?	7	13
13. Do you feel full of energy?	16	4
14. Do you feel that your situation is hopeless?	11	9
15. Do you think that most people are better off than you?	7	13
<b>Total Score:</b> / 15		

**Thematic Findings**

After analysing the interviews, three main themes were emerged in this study.

**1. Types of Old age Depression** (Mild, Moderate and Severe forms of depression present among older patients); **2. Lived Experiences of Depressive Older Patients** (Clinical manifestations present among the depressive older patients and their sufferings observed by the researchers); **3. Coping Strategies used to overcome the problems of Depressive older Patients** (Methods used to overcome the problems associated with depression among the older patients) (Figure 2). Table 3 and 4 depicts the response and quotes of the participants.

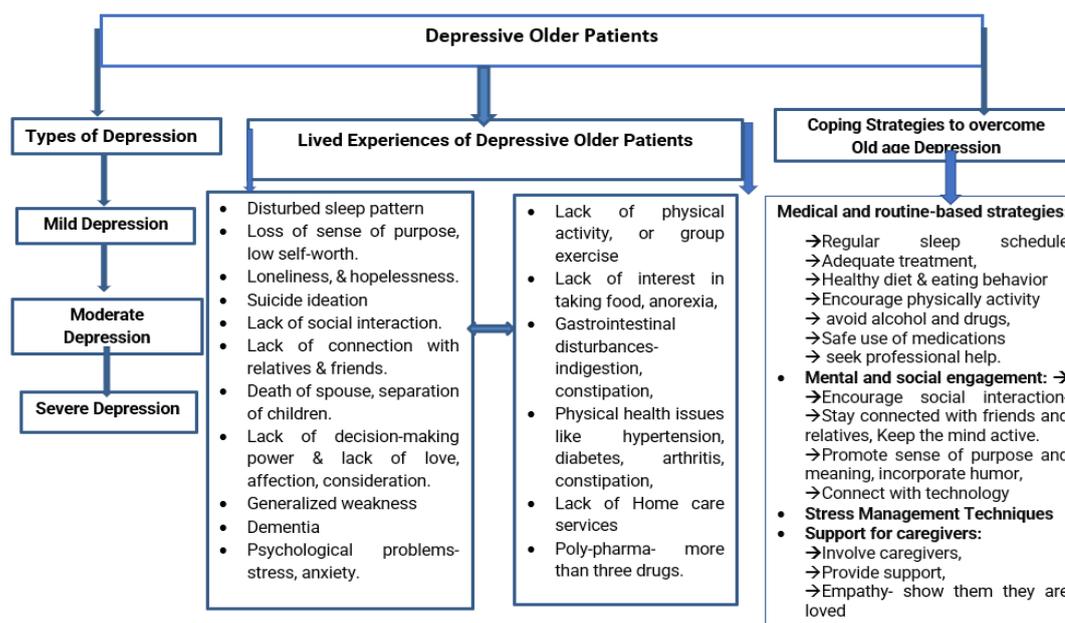


Figure 2: Thematic Findings

**Theme 1: Emergence of Old age Depression**

Three subthemes were emerged from the Depressive older patients. **1.Types of Old age Depression (Mild, Moderate and Severe forms of depression)** were present among older patients). Table 2 shows that the types of depression present in the old age patients. It was categorized with the help of Geriatric Depression scale. According to the symptoms present in the patient and level of score obtained by the patient, the researchers were categorized the patient into different levels. Participants with Mild level of Depression, they have the score of 6-8; Moderate level of Depression the participant's score was 9-11; and Severe form of depression the subject's score was 12 and more. According to this Geriatric depression scale, 2 patients were suffered from mild depression, 7 patients have moderate depression and 11 patients' complaints of severe forms of depression.

**Theme 2. Lived Experiences of depressive Older Patients**

**Lived Experiences of depressive Older Patients**, based on this theme the researchers were assessing the participant's clinical manifestations and their sufferings. Participants also sharing their responses to the researchers. Table 3 shows the lived experience of depressive older patients and their responses and concerns. Majority of the participants were having the complaints of severe forms of depression (11 patients or 55%) and 7 patients (35%) have moderate forms of depression. Following subthemes were emerged: disturbed sleep pattern, lack of self-worth, loneliness, hopelessness, lack of social interaction, dementia, lack of interest, psychological problems, decreased energy and fatigue, lack of physical activity, health issues / physical problems, changes in food pattern, poly-pharma and lack of homecare services. The researchers were done coding, and categorization analysis of their responses.

**Table 3: Lived Experience of Depressive older Patients (Subtheme and Response of the Participants)**

Subtheme	Patient's Response
<b>Disturbed Sleep pattern</b>	I felt disturbed sleep during night, I can't sleep (Code 3, 7,15) I wake up very early, once I wake up I can't sleep (12) If I am not sleeping; always feeling some heaviness feeling on my head (17)
<b>Lack of Self-worth</b>	I felt that I have no value, (Code 20) Nobody is respecting me; I am not getting respect from my family I loss all my purpose of life, feeling useless & worthlessness (Code 2, 5)
<b>Loneliness</b>	After my husband died; always I am feeling I am alone (4) Feeling boring after my retirement; most of the time I am alone in my home. (Code 10, 11) Nobody is talking to me, they don't like me (19) Loneliness, death of spouse, separation of children, lack of love, affection, consideration, lack of decision-making power (Code 2, 15)
<b>Hopelessness</b>	Always feelings desperateness, why should I have to live? (Code 18) I have guilty feeling, (Code 13)
<b>Lack of Social interaction</b>	Nobody is visiting me, sometimes my children are coming, (Code 5) Nobody is calling me for any function, I think 3-4 years back I attend one function (Code 16) I have no interest to participate in any functions, I have no connection with relatives & friends (Code 9)
<b>Dementia</b>	Most of the time I am forgetting to take medications (Code 18) I can't remember the things which I put, I have no memory (Code 2)
<b>Lack of Interest</b>	No interest in doing anything (Code 7) After my husband died, I have no interest in anything (Code 9) I think I lost my attention and concentration (Code 20)
<b>Psychological problems</b>	Always I am getting tension (stress), if any minor things also I can't tolerate (Code 16) I am worried (anxious) about my sickness and about my upcoming days (Code 1, 14) Always feeling sad and thinking to end my life? (Code 7) Most of the time I am alone in my home, so have empty feeling, (Code15) Why should I live, Why I am alone; my wife died, so no one with me. (Code 4) I am depressed, I thought that my life has no use, I have disturbed sleep and mood ( Code 10)
<b>Decreased energy and fatigue</b>	I have decreased energy and fatigue. I can't do anything (Code 6,9) Always feeling tired and weak (Code 13)
<b>Lack of Physical activity</b>	I can't do any exercise, (Code 15) When I am walking, feeling giddiness (Code 8) Sometimes one or two days I am walking (Code 6)
<b>Health issues / Physical problems</b>	I have many health issues and problems (Code 9) Iam already taking medication for hypertension, diabetes, (Code 7, 13, 19) When I am walking, I have severe pain in the joints (arthritis & rheumatic complaints) (Code 8, 12) Most of the time I have constipation, (Code 17)
<b>Changes in Food pattern</b>	Anorexia, loss of teeth, indigestion, constipation, diabetes, weight gain, feeling tired (Code 2, 14, 9, 19)
<b>Poly-pharma</b>	I am taking more medicines (Code 1,3) I don't know how much medications I am taking (Code 16) Sometimes I think I don't want to take medications. (Code 20) Sometimes I have gastric irritation Taking more than three drugs (Code 18, 7, 2, )

<b>Lack of Home care service</b>	Most of the time I am alone, if anyone is giving support and care, its ok. Lack of Home care services- need help in shopping, going for hospital, (Code 1, 8, ) I am poor, not having money to buy thingsI have no money, I have many financial problems (Code 14)
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**Theme 3. Coping Strategies used to overcome the problems of Depressive Older Patients**

**Coping Strategies** are the methods used to overcome the problems of depressive older patients. Table 4 shows the response of the depressive older patients and researcher’s strategies to overcome the problems associated with depression. The researchers offered professional help to the depressed older patients to reduce their burden of disease. Coping strategies will help to change their outlook and quality of life. These coping mechanisms will support them in preserving their standard of living. These includes creating healthy routines, keeping up social connections, participating in regular physical activity, and practicing stress reduction techniques. Other tactics includes eating a healthy diet, engaging in hobbies, and practicing manifestos. They can regularly Practice relaxation techniques like deep breathing and meditations. Ensure emotional and psychological support to the participants.

**Table 4: Coping Strategies of Depressive Older Patients**

Subtheme	Coping Strategies and Participant’s Response
<p><b>Medical and routine-based strategies:</b> Researchers were helped them to do all medical follow up and all other routines to reduce their problems associated with depression.</p>	<p>Now I’am under treatment, and taking medication, Establishing healthy routines I am trying to following sleep schedule. Sometimes taking healthy diet &amp; eating behaviour Iam trying to do exercise, due to health issues, I can’t able to do the exercise everyday I am not using any alcohol, I am restricting the use of alcohol My daughter is giving medication, safe use of medications Seeking professional help during emergency.</p>
<p><b>Mental and social engagement:</b> Stress management techniques. Researchers were helped them to enhance their social connections with their family members and relatives.</p>	<p>My children are visiting to my house. I am trying to maintain relation with my near ones. Connected with friends and relatives Always praying to God for peaceful death Talking with my grandchildren Keep the mind active., Promote sense of purpose and meaning, incorporate humor, I have mobile phone, sometimes I am calling my children. I am practicing relaxation techniques. Deep breathing techniques Taught them about stress management techniques.</p>
<p><b>Support for caregivers:</b> Researcher were encouraging the family members to be the part of their care. Encouraged the family members to express their love and affection to their old parents.</p>	<p>Care givers expressed their burden, because they have no time to take care of them, because they have gob &amp; other family commitments. Most of the family members were involved in care of the patients. They are providing support to their old parents. Most of the patients were receiving more compassionate care and support from their beloved ones.</p>
<p><b>Provide homecare services to the needed patients:</b> Researchers were contacted with some of the NGOs (Non-Governmental Organizations) to providing some financial assistance to the needed patients.</p>	<p>Home care services- need help in shopping, going for hospital, buying medications and arranging foods etc. Some of the severe depressive patients need dependent care</p>

**DISCUSSION**

Depression is a common mental disorder. It involves a depressed mood, loss of pleasure or interest in activities for long periods of time (WHO;2025). In the present study, out of 20 older depressive patients’ majority of the participants were females (65%) and 35 % were males. About 55% of them belonging to the age group of 75-84 years, and 45% were widows. Around 45% of them were belongs to Christian religion. Majority (70%) of them had school education and most of them have no job (45%). About 70% of the participants were suffered from health problems. According to recent CDC Behavioral Risk Factor Surveillance statistics (2024), 7.7% of persons 50 years of age or older reported having depression at the moment, and 15.7% reported having been diagnosed with depression at some point in their lives. Globally, the number of people with depressive symptoms increased from 193 million to 246 million, or almost 28%. According to this study, 41.7% of the older population had depression (95% CI: 36.1–47.4). In this study, we discovered that the senior population in rural Wardha was more likely to experience depression if they were female, widowed, separated, divorced, had diminished decision-making skills, had been abused, or had a chronic condition (Goswami et.al 2021). Study report of Devi Krishna et al. (2024) found that people who were widowed, had previously worked but are currently unemployed, belonged to scheduled castes, had greater levels of education, and were wealthiest had higher rates of undiagnosed depression. Significant predictors of undiagnosed depression on both the CIDI-SF and combined scales included the absence of health insurance, the existence of any other physical or mental impairment, a family history of

Alzheimer's, Parkinson's, or psychotic disorder, lower self-rated health, and low life satisfaction.

Current study findings depict that 10%, 35% 55% of the subjects have mild, moderate and severe forms of depression. It was supported with the WHO report, (2023), major depression in older people living in the community range from less than 1% to about 5% but rise to 13.5% in those who require home healthcare and to 11.5% in older hospitalized patients. Prevalence by severity: 36.3% of older individuals had mild depression, 4.2% had moderate depression, and 2.7% had severe depression (Science Direct 2025). The two most prevalent psychosocial issues among the elderly are depression and dementia. According to WHO data on the mental health of older persons over 60, depression affects 7% of the overall older population (Zenebe Y, Akele B, et al. 2021). According to the meta-analysis findings, the average anticipated prevalence of depression in older adults was 31.74%. (Zenebe Yosef et al., 2021). Social isolation and functional decline were the primary causes of late-life depression, but there were few therapies suitable for these conditions. According to Rachael Frost et al. (2019), effective care of late-life depression seemed to rely more on the abilities and enthusiasm of individual general practitioners and nurses than on any organized method.

In the current study, majority of the participants responded that they have the problem of loneliness, it was reinforced by the report of National Institute on Ageing (2025), research indicates that social isolation and loneliness are linked to an increased risk of depression. If you're feeling lonely or socially isolated, make an effort to interact with people and take part in worthwhile, enjoyable activities. Get advice on how to maintain greater connectivity.

Three main themes were emerged in the current study. 1. Types of Old age Depression (Mild, Moderate and Severe forms of depression present among older patients); 2. Lived Experiences of Depressive Older Patients (Clinical manifestations present among the depressive older patients and their sufferings observed by the researchers); 3. Coping Strategies used to overcome the problems of Depressive older Patients (Methods used to overcome the problems associated with depression among the older patients), this was supported by the study report of Gunilla Borglin et.al (2019), in their study the participants' experiences could be understood from four predominant themes: (1) challenging to identify, (2) described interventions, (3) prerequisites for identification, and (4) contextual influences. Key findings were that it was difficult to identify depression as it often manifested as physical symptoms; evidence-based nursing interventions were generally not the first-line treatment used.

### **Implications of the Study**

Depression is the most common psychiatric problem seen in older patients. Most of the cases there was a delay in diagnosis of depression. This study has implications in nursing practice, and nursing service. Through this study nurses can identify the type of depression present in the patients. The researchers also explored the problems associated with depression. If we are detecting the problems of depression in early stage, through the coping strategies we can help the patients to come back to their normal life. In the present study most of the participants were having severe forms of depression, so they are having the problems of disturbed sleep, loneliness, dementia, lack of self-worth, death of spouse and financial problems. So always we have to provide psychological, emotional and financial support to our older patients. This study also highlights to provide compassionate loving care to our beloved older people and strengthen to provide socio-economic support to them. As a researcher we have to take initiative to rendering comprehensive care to the depressed older patients. Government of India is providing pension and other financial assistant to the older patients, so we have to make sure that whether all the services are getting to the correct persons.

### **Recommendations**

Due to increased life expectancy and advanced science and technology, old age population is increasing day by day, so physical and psycho-social problems are also increasing among the older population. For improving health status of the older people, the researchers would like to give some of the recommendations.

1. Community Survey: to conduct community survey to find out physical and psychosocial problems among older population, so we can detect the depression cases as early as possible. Because impact of the problem is depending upon the severity of depression.
2. Strengthen the services of Community Psychiatric Rehabilitation Program: each country is having the facility of community Psychiatric Rehabilitation centres, but most of them are not utilizing these facilities or unaware of this type of centres. So, the researchers can do the psychiatric rehabilitation campaign.
3. Homecare Services: Most of the severe depressive older patients have comorbid disease also, so they need home care services. Majority of the very old patients are alone in their families, so they need home care services.
4. Establishment of Revival Centres: Revival centres for older persons will help to enhance their social interactions and connections. Loneliness, death of spouse, separation of children, and retirement etc are the main cause of depression.
5. Financial Support to older psychiatric patients: Government can take initiative to provide financial assistance to the older psychiatric patients. Get help from Nongovernmental Organizations (NGOs) and other agencies.

### **DELIMITATIONS OF THE STUDY**

A Phenomenological Study on Lived Experiences of Depressive Older Patients in India, through this qualitative study, the researchers explored the real sufferings of depressive older patients. Three main themes were emerged in this study. 1. Types of Old age Depression (Mild, Moderate and Severe forms of depression present among older patients); 2. Lived Experiences of Depressive Older Patients (Clinical manifestations present among the depressive older patients and their sufferings observed by the researchers); 3. Coping Strategies used to overcome the problems of Depressive older Patients (Methods used to overcome the problems associated with depression among the older patients). Recommendations of the study was to strengthen the services of Community Psychiatric Rehabilitation program and home care services of the depressive older patients. Establishment of

revival centres for older persons for enhancing their social connections and for reducing their loneliness. Implication of the study was to provide compassionate loving care to our beloved older people and strengthen psycho-social support to the patients with depression. So, the findings, recommendations and implications can be used anywhere in the world.

## LIMITATIONS OF THE STUDY

Researchers' subjectivity may be affected in articulation of data.

## CONCLUSION

This study was mainly focused to identify how depressive older patients are handling their problems and how they are using their coping strategies to overcome the problems of depression. Hermeneutical phenomenological approach was the methodology used in this study. Three main themes were emerged in this study. 1. Types of Old age Depression (Mild, Moderate and Severe forms of depression present among older patients); 2. Lived Experiences of Depressive Older Patients (Clinical manifestations present among the depressive older patients and their sufferings observed by the researchers); 3. Coping Strategies used to overcome the problems of Depressive older Patients (Methods used to overcome the problems associated with depression among the older patients). The impact of depression is mainly depending upon the severity of the problem. Recommendations of the study was to strengthen the services of Community Psychiatric Rehabilitation program and home care services of the depressive older patients. Establishment of revival centres for older persons for enhancing their social connections and for reducing their loneliness. Implication of the study was to provide compassionate loving care to our beloved older people and strengthen psycho-social support to the patients with depression.

## Conflicts of Interest

There is no conflict of interest among the authors.

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