Multidisciplinary Journal of Academic Publications
ISSN (Online): 3107-538X
Vol. 01, Issue 02, November – December 2025

MENTAL HEALTH, SOCIAL SUPPORT AND QUALITY OF LIFE AMONG ELDERLY RESIDENTS OF OLD AGE HOMES AND COMMUNITIES IN AND AROUND GUWAHATI

Pari Borkakati[1], Dr. Amalesh Adhikary[2]

Research Scholar, Department of Social Sciences, MGU, Meghalaya[1]

Dean of Humanities and Social Sciences, MGU, Meghalaya[2]

E-mail: Pariborkakati89@gmail.com

Abstract

The rapid demographic transition in India has resulted in a significant increase in the elderly population, creating unprecedented challenges for mental health services and social support systems. This cross-sectional comparative study was conducted to examine mental health status, perceived social support, and quality of life among elderly residents of old age homes and community-dwelling elderly in and around Guwahati, Assam. The objectives included assessing depression prevalence, evaluating social support levels, comparing quality of life across settings, and identifying correlating factors between these variables. A total of 200 participants (100 from old age homes and 100 from communities) aged 60 years and above were selected using purposive sampling. Standardized instruments including the Geriatric Depression Scale-15, Multidimensional Scale of Perceived Social Support, and WHOQOL-BREF were administered. It was hypothesized that old age home residents would exhibit higher depression rates, lower social support, and diminished quality of life compared to community-dwelling elderly. Results revealed significantly higher depression prevalence among old age home residents (58%) versus community elderly (31%), with substantially lower perceived social support and quality of life scores in institutional settings. Correlation analysis demonstrated significant negative associations between depression and both social support and quality of life. The study concludes that institutional care settings require comprehensive mental health interventions and enhanced social support mechanisms to improve elderly wellbeing.

Keywords: *Elderly mental health[1], Social support[2], Quality of life[3], Old age homes[4], Geriatric depression[5].*

1. Introduction

The global phenomenon of population ageing has emerged as one of the most significant demographic transformations of the twenty-first century, with profound implications for healthcare systems, social structures, and economic frameworks across nations. According to Census 2011, India has approximately 104 million elderly persons aged 60 years and above, constituting 8.6% of the total population, and this figure is projected to increase to 173 million by 2026 (Tiwari & Pandey, 2012). The United Nations Population Fund's India Ageing

Report 2023 indicates that the percentage of elderly population in India is estimated to grow from 10.5% in 2022 to 20.8% by 2050, representing a rise from 14.9 crore to an estimated 34.7 crore individuals aged 60 and above (Sarmah, 2022). This demographic shift poses substantial challenges for policy-making, healthcare delivery, and social security systems as they adapt to cater to an increasingly older population. The northeastern state of Assam, including its capital city Guwahati, is undergoing a similar demographic transition toward an ageing population (Sarmah & Das, 2017). With changing family structures, urbanization, and modernization, traditional joint family systems that historically provided support for elderly members are progressively disintegrating into nuclear family arrangements (Mishra et al., 2023). These socioeconomic transformations have contributed to the emergence and expansion of institutional care facilities such as old age homes across the region. The Government of Assam has established multiple welfare schemes for senior citizens, including the Maintenance of Parents and Senior Citizens Act, 2012, and the PRANAM Act of 2017, yet ground-level implementation remains challenging (Sarmah, 2022).

Mental health problems among the elderly constitute a growing public health concern globally and within India specifically. Studies indicate that the average prevalence of mental health problems among elderly is 41.3% in community settings and 64.4% among those living in old age homes (Tiwari et al., 2012). Depression represents the most common mental disorder affecting the elderly population, with prevalence rates varying from 20% to 60% depending on the setting and assessment methodology employed (Pandey et al., 2018). The National Mental Health Survey of India reported an overall prevalence of mental morbidity at 10.6% in the general population, with depression showing a lifetime prevalence of 5.25% (Sahoo, 2022). However, among the elderly population, these figures are substantially higher, with some studies reporting depression prevalence rates exceeding 40% in institutional settings (Amonkar et al., 2018). Social support serves as a critical determinant of psychological wellbeing and quality of life among elderly individuals. Perceived social support encompasses the subjective assessment of available emotional, instrumental, and informational assistance from family members, friends, and significant others (Zimet et al., 1988). Research evidence consistently demonstrates that higher levels of perceived social support are associated with reduced depression, enhanced psychological wellbeing, and improved quality of life outcomes among older adults (Banerjee et al., 2023). The traditional Indian family structure emphasized intergenerational support and care for elderly members; however, contemporary societal changes have altered these dynamics significantly (Nath & Deka, 2005).

Quality of life among the elderly encompasses multiple dimensions including physical health, psychological wellbeing, social relationships, and environmental factors. The World Health Organization defines quality of life as an individual's perception of their position in life within the context of culture, value systems, goals, expectations, standards, and concerns (WHOQOL Group, 1998). Studies comparing quality of life between elderly residing in old age homes and those living with families have reported consistently lower scores among institutionalized elderly across multiple domains (Thresa & Indumathi, 2020). This disparity highlights the importance of understanding factors contributing to diminished quality of life in institutional settings and developing appropriate interventions.

2. Literature Review

The scientific literature examining mental health, social support, and quality of life among elderly populations has expanded considerably over recent decades, reflecting growing recognition of geriatric mental health as a public health priority. Comprehensive reviews of Indian research on geriatric depression have documented extensive variations in prevalence rates, ranging from 8.9% to 52% across different populations and settings (Grover & Malhotra, 2015). These variations can be attributed to differences in assessment instruments, sampling methodologies, and regional characteristics of study populations. Tiwari and Pandey (2012) conducted a landmark study examining the status and requirements of geriatric mental health services in India, reporting an

average mental health morbidity of 20.5% among older adults based on epidemiological data. Their analysis revealed substantial service gaps in mental health infrastructure and trained personnel available to address the needs of the growing elderly population. The study emphasized the urgent necessity for developing comprehensive geriatric mental health services aligned with international standards while remaining culturally appropriate for the Indian context.

Research specifically focusing on old age home populations has consistently demonstrated elevated rates of psychiatric morbidity compared to community-dwelling elderly. Tiwari et al. (2012) in their preliminary study on mental health problems among inhabitants of old age homes found that depression affected 37.7% of residents, followed by anxiety disorders at 13.3% and dementia at 11.1%. Notably, the study reported that 64.4% of old age home inhabitants exhibited some form of psychiatric morbidity, highlighting the vulnerable nature of this population subset. Similar findings were reported by Pandey et al. (2018) in their study of psychiatric illness prevalence among old age home residents in Northern India, documenting an overall prevalence of 43%, with significantly higher rates among females compared to males. The comparative analysis of depression between institutional and community-dwelling elderly has yielded consistent patterns across multiple Indian studies. Sahoo (2022) conducted a cross-sectional study in Eastern India comparing depression and quality of life between elderly in communities and old age homes, finding substantially higher depression rates in institutional settings. The study employed the Hindi version of the Geriatric Depression Scale and WHOQOL-BREF, demonstrating robust psychometric properties in the Indian context (Ganguli et al., 1999). Karini et al. (2019) reported similar findings from Visakhapatnam, noting significantly elevated depression prevalence among old age home residents compared to community-dwelling counterparts.

Social support research among Indian elderly populations has highlighted the protective effects of family relationships and community integration against psychological distress. Banerjee et al. (2023) examined depression and perceived social support among elderly in West Bengal, finding that 67.2% of study participants suffered from depression, with low perceived social support emerging as a significant predictor. The study utilized the Multidimensional Scale of Perceived Social Support (MSPSS), a validated instrument assessing support from family, friends, and significant others (Zimet et al., 1988). The MSPSS has demonstrated excellent psychometric properties in Indian populations, with Cronbach's alpha values exceeding 0.90 (Sanjeev et al., 2021). The relationship between social isolation, loneliness, and psychological wellbeing among institutionalized elderly has received increasing research attention. Mishra et al. (2023) conducted a comprehensive study identifying the impact of social isolation and loneliness on psychological wellbeing among elderly in old age homes across India. Their findings revealed that socially isolated and lonely older adults exhibited significantly poorer psychological wellbeing compared to their counterparts who did not experience heightened levels of isolation. The study further demonstrated that marital status and education partially mediated the relationship between social isolation and psychological outcomes.

Quality of life research among Indian elderly populations has employed various standardized instruments, with the WHOQOL-BREF and WHOQOL-OLD being most commonly utilized. Amonkar et al. (2018) compared health status and quality of life between elderly living in old age homes and family setups in Maharashtra, finding significantly lower scores across autonomy, social participation, and intimacy domains among institutionalized elderly. The mean quality of life scores were substantially higher among those residing with families across all assessed dimensions except the death and dying domain, where institutional elderly demonstrated more positive attitudes. Studies from South India have contributed substantially to understanding regional variations in elderly mental health and quality of life. George et al. (2022) conducted a comparative study examining quality of life among elderly living in old age homes versus family settings in Tamil Nadu, employing the WHOQOL-BREF questionnaire. Their findings indicated that 72.5% of community-dwelling elderly reported good quality of life compared to only 56.2% in old age homes. The study identified multiple

sociodemographic factors including marital status, financial dependence, and chronic morbidity as significant correlates of quality of life outcomes.

Research specifically from Northeast India, including Assam, remains relatively limited compared to other regions of the country. Sarmah and Das (2017) examined socioeconomic conditions and social support among ageing Tiwas of Assam, finding that family remained the primary source of support for elderly tribal members. Their study highlighted the importance of traditional kinship systems and joint family arrangements in providing social security for older adults in the region. Nath et al. (2007) documented health problems among elderly populations in Assam, including data from Guwahati, reporting significant associations between socioeconomic factors and health status.

3. Objectives

1. To assess and compare the prevalence of depression among elderly residents of old age homes and community-dwelling elderly in and around Guwahati.
2. To evaluate the levels of perceived social support among elderly in both institutional and community settings.
3. To compare the quality of life across physical, psychological, social, and environmental domains between old age home residents and community-dwelling elderly.
4. To identify the correlation between mental health status, social support, and quality of life among the elderly population.

4. Methodology

The present investigation employed a cross-sectional comparative research design to examine mental health, social support, and quality of life among elderly populations residing in old age homes and community settings in and around Guwahati, Assam. The study setting encompassed four purposively selected old age homes located within Guwahati city and surrounding areas, along with community-dwelling elderly from six adjacent localities representing diverse socioeconomic backgrounds. The study population included all elderly individuals aged 60 years and above who met the inclusion criteria: residing in the specified settings for a minimum of six months, ability to communicate in Assamese or Hindi, absence of severe cognitive impairment precluding interview participation, and willingness to provide informed consent. Exclusion criteria encompassed individuals with diagnosed severe psychiatric disorders requiring active treatment, those with sensory impairments significantly affecting communication, and persons unable to comprehend the questionnaire items. The sample size was determined using the formula for comparative cross-sectional studies, considering depression prevalence rates of approximately 40% in institutional settings and 25% in community settings based on prior research evidence, with 80% power and 5% significance level, yielding a minimum requirement of 97 participants per group. A total of 200 elderly individuals were recruited, comprising 100 from old age homes and 100 from community settings, selected through purposive sampling techniques. The sampling from old age homes involved selecting all eligible residents from the participating institutions who met inclusion criteria, while community participants were recruited through door-to-door surveys in the identified localities, ensuring approximate matching for age and gender distribution.

The research instruments included a sociodemographic questionnaire capturing information on age, gender, marital status, educational attainment, occupation, income sources, family structure, and duration of current residential arrangement. Depression was assessed using the Geriatric Depression Scale-15 (GDS-15), a validated self-report instrument developed by Sheikh and Yesavage (1986), with the Hindi version

demonstrating sensitivity of 85% and specificity of 75% in Indian populations. The GDS-15 comprises 15 items with binary yes/no responses, scores ranging from 0-15, where scores of 5-9 indicate mild depression and scores above 9 suggest moderate to severe depression. Perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988), comprising 12 items assessing perceived adequacy of support from family (4 items), friends (4 items), and significant others (4 items). Each item is rated on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree), with total scores ranging from 12-84. Higher scores indicate greater perceived social support. The instrument has demonstrated excellent internal consistency (Cronbach's alpha = 0.924) and construct validity in Indian populations. Quality of life was assessed using the World Health Organization Quality of Life-BREF (WHOQOL-BREF) questionnaire, a 26-item instrument measuring four domains: physical health, psychological wellbeing, social relationships, and environment, along with two items assessing overall quality of life and general health satisfaction. Domain scores are transformed to a 0-100 scale, with higher scores indicating better quality of life.

Data collection was conducted through face-to-face structured interviews by trained research assistants over a period of four months. Ethical approval was obtained from the institutional ethics committee prior to study commencement. Written informed consent was obtained from all participants after explaining the study purpose, procedures, and their rights including voluntary participation and confidentiality. Data analysis employed SPSS version 25.0, utilizing descriptive statistics including frequencies, percentages, means, and standard deviations for demographic characteristics and scale scores. Inferential statistics included independent samples t-tests and chi-square tests for between-group comparisons, and Pearson correlation coefficients for examining relationships between variables. Statistical significance was set at $p<0.05$ for all analyses.

5. Results

Table 1: Sociodemographic Characteristics of Study Participants (N=200)

Variable	Old Age Home (n=100)	Community (n=100)	Chi-square/t-value	p-value
Age (years)				
60-69	34 (34%)	46 (46%)	4.82	0.089
70-79	42 (42%)	38 (38%)		
80+	24 (24%)	16 (16%)		
Mean ± SD	72.8 ± 7.6	70.2 ± 6.9	2.53	0.012*
Gender				
Male	38 (38%)	44 (44%)	0.74	0.389
Female	62 (62%)	56 (56%)		
Marital Status				
Married	18 (18%)	52 (52%)	26.14	<0.001*
Widowed	68 (68%)	42 (42%)		
Single/Divorced	14 (14%)	6 (6%)		
Education				
Illiterate	46 (46%)	32 (32%)	6.28	0.043*
Primary	32 (32%)	34 (34%)		
Secondary+	22 (22%)	34 (34%)		

*Significant at $p<0.05$

Table 1 presents the sociodemographic characteristics of study participants across both residential settings. The analysis reveals that old age home residents were significantly older with a mean age of 72.8 years compared to 70.2 years among community-dwelling elderly (p=0.012). A substantially higher proportion of widowed individuals resided in old age homes (68%) compared to community settings (42%), representing a statistically significant difference (p<0.001). Educational attainment was lower among institutionalized elderly, with 46% being illiterate compared to 32% in community settings, indicating socioeconomic disparities between groups.

Table 2: Prevalence of Depression Based on GDS-15 Scores (N=200)

Depression Category	Old Age Home n(%)	Community n(%)	Chi-square	p-value
No Depression (0-4)	42 (42%)	69 (69%)	14.88	<0.001*
Mild Depression (5-9)	38 (38%)	24 (24%)		
Moderate-Severe (10-15)	20 (20%)	7 (7%)		
Total Depressed	**58 (58%)**	**31 (31%)**	14.76	<0.001*
Mean GDS Score ± SD	6.24 ± 3.82	4.12 ± 2.96	4.38	<0.001*

*Significant at p<0.05

Table 2 demonstrates the distribution of depression among study participants based on GDS-15 scores. The prevalence of depression was significantly higher among old age home residents (58%) compared to community-dwelling elderly (31%), with the difference being highly statistically significant (p<0.001). Notably, moderate to severe depression affected 20% of institutionalized elderly versus only 7% of community participants. The mean GDS score was substantially elevated in old age homes (6.24±3.82) compared to community settings (4.12±2.96), further confirming the disparity in mental health status between residential settings.

Table 3: Perceived Social Support Scores Using MSPSS (N=200)

Social Support Domain	Old Age Home Mean±SD	Community Mean±SD	t-value	p-value
Family Support	14.26 ± 5.84	22.18 ± 4.62	-10.64	<0.001*
Friends Support	12.82 ± 4.96	16.74 ± 4.28	-6.00	<0.001*
Significant Others	13.48 ± 5.12	18.92 ± 4.86	-7.71	<0.001*
Total MSPSS Score	**40.56 ± 12.84**	**57.84 ± 10.26**	**-10.51**	**<0.001***

*Significant at p<0.05

Table 3 illustrates the perceived social support scores across three dimensions measured by MSPSS. Old age home residents demonstrated significantly lower total social support scores (40.56±12.84) compared to community-dwelling elderly (57.84±10.26), with the difference being highly significant (p<0.001). The family support domain exhibited the largest disparity, with institutionalized elderly scoring 14.26 compared to 22.18 among community participants. These findings underscore the substantially diminished perception of available social resources among elderly residing in institutional care facilities across all support dimensions.

Table 4: Quality of Life Domain Scores Using WHOQOL-BREF (N=200)

QOL Domain	Old Age Home Mean±SD	Community Mean±SD	t-value	p-value
Physical Health	48.62 ± 14.28	58.74 ± 12.86	-5.27	<0.001*

Psychological	46.84 ± 15.42	60.26 ± 13.18	-6.61	<0.001*
Social Relationships	42.16 ± 16.84	62.48 ± 14.26	-9.19	<0.001*
Environment	52.38 ± 12.96	56.82 ± 11.48	-2.56	0.011*
Overall QOL	**47.52 ± 13.68**	**59.58 ± 12.42**	**-6.53**	**<0.001***

*Significant at p<0.05

Table 4 presents the comparison of quality of life domain scores between study groups. Old age home residents exhibited significantly lower quality of life scores across all four domains compared to community-dwelling elderly (p<0.001 for all domains except environment where p=0.011). The social relationships domain demonstrated the most pronounced difference, with institutionalized elderly scoring 42.16 versus 62.48 among community participants. Overall quality of life was substantially diminished among old age home residents (47.52±13.68) compared to community elderly (59.58±12.42), indicating comprehensive impairment in perceived wellbeing among institutionalized populations.

Table 5: Correlation Between Depression, Social Support, and Quality of Life (N=200)

Variables	GDS Score	MSPSS Total	Physical QOL	Psychological QOL	Social QOL	Environment QOL
GDS Score	1.00	-0.584**	-0.486**	-0.628**	-0.542**	-0.318**
MSPSS Total	-0.584**	1.00	0.426**	0.518**	0.684**	0.372**
Physical QOL	-0.486**	0.426**	1.00	0.648**	0.486**	0.524**
Psychological QOL	-0.628**	0.518**	0.648**	1.00	0.592**	0.486**
Social QOL	-0.542**	0.684**	0.486**	0.592**	1.00	0.418**
Environment QOL	-0.318**	0.372**	0.524**	0.486**	0.418**	1.00

**p<0.01

Table 5 displays the correlation matrix examining relationships between key study variables. Depression scores demonstrated significant negative correlations with perceived social support (r=-0.584, p<0.01) and all quality of life domains, with the strongest association observed with psychological wellbeing (r=-0.628, p<0.01). Conversely, perceived social support exhibited significant positive correlations with all quality of life dimensions, most prominently with social relationships (r=0.684, p<0.01). These correlational findings confirm the interconnected nature of mental health, social resources, and overall wellbeing among elderly populations.

Table 6: Factors Associated with Depression Among Elderly (Binary Logistic Regression)

Variable	Odds Ratio	95% CI	p-value
Residential Setting (OAH vs Community)	2.84	1.62-4.98	<0.001*
Age (per year increase)	1.06	1.02-1.11	0.008*
Gender (Female vs Male)	1.68	0.94-3.02	0.082
Marital Status (Widowed vs Married)	2.12	1.18-3.82	0.012*
Education (Illiterate vs Literate)	1.74	0.98-3.08	0.058
Low Social Support	3.26	1.84-5.78	<0.001*
Chronic Illness Present	1.92	1.08-3.42	0.026*

*Significant at p<0.05; OAH=Old Age Home; CI=Confidence Interval

Table 6 presents the results of binary logistic regression analysis identifying factors significantly associated with depression among study participants. Residential setting emerged as a significant predictor, with old age home residents demonstrating 2.84 times higher odds of depression compared to community-dwelling elderly ($p<0.001$). Low perceived social support was the strongest predictor, associated with 3.26 times increased odds of depression. Widowhood, advancing age, and presence of chronic illness also significantly increased depression risk. These multivariate findings identify modifiable and non-modifiable risk factors warranting targeted intervention strategies.

6. Discussion

The present study provides comprehensive evidence regarding the disparities in mental health status, social support, and quality of life between elderly residents of old age homes and community-dwelling elderly in and around Guwahati, Assam. The findings reveal significantly higher depression prevalence among institutionalized elderly (58%) compared to their community-dwelling counterparts (31%), consistent with previous research conducted across various regions of India (Tiwari et al., 2012; Sahoo, 2022). This pattern aligns with the broader literature documenting elevated psychiatric morbidity among elderly in institutional care settings, attributable to multiple factors including separation from family, loss of autonomy, and diminished social engagement opportunities. The observed depression prevalence of 58% among old age home residents in the current study exceeds the national estimate of 43% reported by Pandey et al. (2018) in their multi-site study across Northern India, potentially reflecting regional variations and characteristics specific to the Northeast Indian context. Cultural factors unique to Assam, including strong traditional emphasis on family-based elderly care and relatively recent emergence of institutional care options, may contribute to heightened psychological distress among those transitioning to old age home environments (Sarmah & Das, 2017). The stigma associated with institutional care within traditional Assamese society likely compounds the psychological burden experienced by elderly residents.

The significantly diminished perceived social support among old age home residents across all three dimensions—family, friends, and significant others—represents a critical finding with important implications for intervention development. The family support dimension exhibited the most pronounced disparity, reflecting the fundamental disruption in primary support networks experienced by institutionalized elderly. These findings corroborate the theoretical framework proposed by Zimet et al. (1988) emphasizing the multidimensional nature of social support and its differential impacts on psychological wellbeing. The correlation analysis further confirmed the protective role of social support against depression ($r=-0.584$), consistent with extensive international literature documenting this relationship (Banerjee et al., 2023). Quality of life comparisons revealed comprehensive impairment across all WHOQOL-BREF domains among old age home residents, with social relationships demonstrating the largest difference between groups. This pattern mirrors findings from comparable studies conducted in Maharashtra (Amonkar et al., 2018) and Tamil Nadu (Thresa & Indumathi, 2020), suggesting a consistent national pattern of diminished quality of life in institutional settings. The psychological domain correlation with depression ($r=-0.628$) indicates the substantial impact of mental health status on overall wellbeing perception among elderly individuals.

The logistic regression analysis identified low social support as the strongest modifiable predictor of depression, suggesting that interventions targeting social support enhancement may yield substantial benefits for mental health outcomes. Residential setting remained independently associated with depression even after controlling for confounding variables, indicating that institutional care itself confers additional risk beyond individual-level factors. These findings support recommendations for comprehensive mental health screening and intervention programs within old age home settings, along with enhanced family engagement policies and community integration initiatives. The study findings have important implications for policy development and service

delivery in Northeast India. Given the projected demographic transition and anticipated growth of the elderly population in Assam, strengthening geriatric mental health services and developing culturally appropriate institutional care models represents a pressing priority (Sarmah, 2022). Integration of mental health professionals within old age home staffing structures, implementation of regular social activities facilitating peer connections, and establishment of mechanisms promoting continued family involvement warrant serious consideration by policymakers and institutional administrators.

7. Conclusion

The present study provides empirical evidence confirming significant disparities in mental health, social support, and quality of life between elderly residents of old age homes and community-dwelling elderly in Guwahati, Assam. Depression prevalence was substantially higher among institutionalized elderly, with perceived social support and quality of life scores significantly diminished across all measured dimensions. The strong negative correlation between depression and both social support and quality of life underscores the interconnected nature of these constructs and highlights the importance of comprehensive assessment approaches in geriatric care settings. These findings emphasize the urgent need for implementing mental health screening protocols, developing social support enhancement programs, and establishing integrated care models within institutional settings serving elderly populations in Northeast India.

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