

Death Anxiety, Death Depression, Geriatric Depression and Suicidal Ideation among Institutionalized and Non-Institutionalized Elders

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Abstract- The number of elderly people is growing very fast in both developed and developing Countries. The rapid change in the social and cultural values had made a tremendous impact on mental well being of elders. Death anxiety is a complicated factor that is experienced with variable severity during one's life, and is also influenced by a variety of factors such as environmental events, age, and sex. Death anxiety is an attitude that an individual holds towards death. It is defined as a negative and apprehensive feeling that one has when thinking about death and dying and is used interchangeably with fear of death. Several studies have shown that when death awareness and its associated anxiety are increased, individuals respond by defending and/or intensifying their cultural beliefs. Depression is a serious condition for people of all ages, but for older people depression is often associated with other co-morbid conditions, such as physical disability, dementia and anxiety that exacerbate the distress experienced by older people and their carers and studies also revealed that geriatric depression is prevalent in rural south India. Studies reveals that institutionalized elderly have more stress and less quality of life compared to non-institutionalized ones and non- institutionalized elderly had a higher life satisfaction than institutionalized and there is also gender difference.

Aim: The aim of the study is to investigate the death anxiety, death depression, geriatric depression and suicidal ideations among institutionalized and non-institutionalized elders.

Method: For the purpose the study which consists of 40 elders who are institutionalized at Warangal, and 40 elders who are staying with families at Warangal. The age range of the elders is 60 to 80 years and the informed consent was taken from the participants. The tools used are Death Anxiety Scale, Death Depression Scale, Geriatric Depression Scale (GDS) and The Modified Scale for Suicidal Ideation.

Results: The results shows that 47.5% elders are having mild death anxiety and 52.5% are having moderate level of death anxiety in both institutionalized and non-institutionalized elders. The institutionalized elders are having significant death depression, geriatric depression and suicidal ideation than non-institutionalized elders but there is no significant difference in death anxiety among institutionalized and non-institutionalized elders. There is no significant difference in death anxiety and death depression among institutionalized elders based on gender but non-institutionalized male elders are having significant death anxiety than female elders. The single elders are having

significant death depression, geriatric depression and suicidal ideation than coupled elders. There is no significant difference between death anxiety, death depression, geriatric depression and suicidal ideation based on age, SES, educational background of the elders and it is also found that rural elders are showing significant death depression than urban elders and urban elders are showing significant suicidal ideation than rural elders. There is correlation between death anxiety, death depression and geriatric depression.

Index Terms- Death Anxiety, Death Depression, Suicidal Ideation, Institutionalized & Non- Institutionalized Elders.

I. INTRODUCTION

The number of elderly people is growing very fast in both developed and developing Countries. The rapid change in the social and cultural values had made a tremendous impact on mental well being of elders. In the modern world elders are the mean of a burden on the family in all societies and cultures and mistreatment with elderly is common everywhere (Chokkanathan et al, 2008). Many families who lives in the urban localities are tend to send the elders in the institutions. Institutionalization provokes the feeling of loneliness and neglect in elders. Such living arrangements may have negative effects on the mental health of its residents, because placement is often accompanied by feelings of lack of control over one's own life, and inability to make decisions regarding daily issues (Ron, 2004). Death anxiety is an attitude that an individual holds towards death. It is defined as a negative and apprehensive feeling that one has when thinking about death and dying (Richardson et al., 1983) and is used interchangeably with fear of death (Feifel & Nagy, 1981; Wink & Scott, 2005). It also defined as "vague uneasy feeling of discomfort or dread generated by perceptions of a real or imagined threat to one's existence" (Moorhead et al., 2008). Several studies have shown that when death awareness and its associated anxiety are increased, individuals respond by defending and/or intensifying their cultural beliefs (Pyszczynski et al., 2004). A study revealed that 47.5% elders are having mild death anxiety and 52.5% are having moderate level of death anxiety and 40% of elders are having mild level of death depression and 60% of elders are having moderate level of death depression (Sridevi, 2014). It also found that there is no significant difference between death anxiety, death depression based on age, gender, SES, educational background of the elders

and the rural background elders are having more death anxiety and death depression than urban background elders (Sridevi, 2014).

Depression is a common but frequently unrecognized or inadequately treated condition in the elderly (Cindy & Helen 2011). In the elderly population, either in the institution or non institution, depression is the commonest mental illness (Nandi et al., 1997). Depression in the elderly is a widespread problem that is often not diagnosed and frequently under treated in Korea (Yang & Rim, 2006; Kim et al., 2009). The levels of depression of institutionalized Korean elderly are reported to be higher than those of community residing elderly (Oh & Choi, 2005; & Kim et al., 2009). Loneliness and worsening health have been shown to be risk factors for depressive symptoms. Cacioppo et al., (2006) reported that higher levels of loneliness were associated with more depressive symptoms in older adults. In the process of aging, elderly people experience decreasing physical function and worsened general health (Crews & Zavotka 2006; Bishop et al., 2006; & Kim et al., 2009). It has been found that when considering psychosocial status such depression has a relationship with health (Jeon, Kim, & Kim, 2005; & Kim et al., 2009). Residents in nursing homes have many physical and psychosocial needs, as elderly people who move into nursing homes experience a rapid change in their psychophysical balance (Degenholt et al., 2005; Scocco et al., 2006; & Kim et al., 2009). Recent studies found that the prevalence of depression was 56%, of which 23.2% had severe depression. Sixty percent of the female population and 52% of the male population were found to have depression. Some other study found that female participants would have lower death anxiety, and death anxiety levels would not differ between young adults and older adults (Chuin & Choo). Another study found that 69.5% females and 68.2% males had an average condition; while, 16.3% females and 19.6% males showed low level of death anxiety and whereas, 14.2% females and 12.2% males reported high death anxiety (Tavakoliet al., 2011). Prevalence of depression was found to be significantly higher among those chronic diseases, family conflicts, and lack of psychological support. There was no significant association with age, lack of financial support, literacy level, marital status and absence of a leisure time activity (Wijeratne, et al., 2000). The state of well being varies from 22.1% to 52.1% in the elders and the prevalence rate of mental morbidity is 89/1000 elders with geriatric depression accounting for 60/1000 (Rao, 1993). The study also revealed that geriatric depression is prevalent in rural south India. (Dubey, et al., 2011). Studies revealed that institutionalized elderly have more stress and less quality of life compared to non-institutionalized ones (Mathew et al., (2009). A study found that the institutionalized elders are having significant depression and suicidal ideation than non-institutionalized elders and single elders are having significant depression and suicidal ideation than coupled elders. Male elders are having more depression than female elders but in suicidal ideation female elders are having more than male elders. The study also revealed that there is no significant difference in depression and suicidal ideation between institutionalized elders and non-institutionalized elders based on age, educational background, socio economic status but urban elders are showing significant suicidal ideation than rural elders (Sridevi, 2014). The point prevalence of elderly suicidal ideation

was 6.1%. Female gender, age over 85 years, low level of education, single status, unemployment. No income, disability, current smoking, self-perceived bad to very bad health, depressive symptoms, various physical disorders (heart disease, diabetes, asthma, osteoporosis), and pain symptoms (joint pain, lower back pain, neck pain, sciatica, headache) were strongly associated with suicide ideation (Hsiang-Lin et al., 2011). The poor physical health including poor vision problems, hearing problem, and greater number of diseases and poor mental health especially in the form of depression are predictor of suicidal ideation in the elderly population (Yip et al., 2003). A research on the social networks of older persons in India to find the impacts of residency in old-age homes, gender differences, and joint and nuclear family residence. This research demonstrates that social networks are important for the welfare of older Indians, one can conclude that social policy that encourages the maintenance of robust networks throughout the life course may be worth pursuing. The analysis of the relationship between social network and gender suggests that current policies that can be seen as supporting gender inequality in terms of property may have a negative impact on the networks of older women (Willigen & Chadha, 2003). Some of the studies concluded that there is a need to pay interdisciplinary attention to the mental health of elderly residents of nursing homes, particularly in the preliminary stages of placement and adjustment (Ron, 2004). Previous findings also suggest that depression can be associated with an increased risk of incidence of dementia and ideation of suicide in the elderly (Devanand et al., 1996; Kim et al., 2009). Therefore, healthcare providers need to recognize the factors associated with depression in the institutionalized elderly so they can be prevented. Treatment for the elderly patients with depression should involve biopsychosocial dimensions targeting mood, cognition and functional ability at the same time (Cindy & Helen 2011).

II. METHODOLOGY

Aim: The aim of the study is to examine the death anxiety, death depression, geriatric depression and suicidal ideation among institutionalized and non-institutionalized elders.

Objectives:

1. To assess death anxiety, death depression, geriatric depression and suicidal ideation among institutionalized and non-institutionalized elders.
2. To assess death anxiety, death depression, geriatric depression and suicidal ideation among institutionalized and non-institutionalized elders based on type and gender of the elders.
3. To assess death anxiety, death depression, geriatric depression and suicidal ideation among institutionalized and non-institutionalized elders based on age, educational background, socio economic status and domicile of elders.

Hypothesis:

1. There would be significant difference in death anxiety, death depression, geriatric depression and suicidal ideation among institutionalized and non-institutionalized elders.

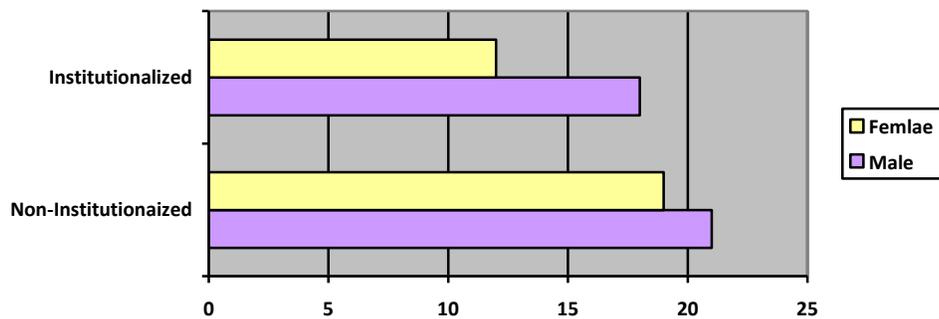
2. There would be significant deference in death anxiety, death depression, geriatric depression and suicidal ideation among institutionalized and non-institutionalized elders based on type and gender of the elders.
3. There would be significant difference in death anxiety, death depression, geriatric depression and suicidal ideation among institutionalized elders and non-institutionalized elders based on age, educational background, socio economic status and domicile of elders.

Procedure: The sample consists of 40 elders who are staying at old age home (Institutionalized) at Warangal, and 40 elders who are staying with their families (Non-Institutionalized) in the surroundings of Warangal. The tools Socio demographic data for the purpose of the study, Death Anxiety (DAS) developed by Templer D.I (1970), Death Depression Scale (DDS) developed by Templer et al., (1990), Geriatric Depression Scale (GDS) developed by Yesavage J.A. in 1983 and The

Modified Scale for Suicidal Ideation developed by Ivan W. Miller in 1991 were used in this study. The elders who were institutionalized, elders who were staying along with their family members, the age range of the elders is 60-80yrs with both genders, and the elders who are single, widows, diverse and couples were included in this study. The elders who have Alzheimer's and Parkinson disorder, neurological conditions, substance abuse, and having any past or present psychiatric history were excluded from the study. 40 samples collected from old age home and 40 samples collected who are staying with their family members. Informed consent was taken from the participants from who are willing to participate in this study. Mean, Standard deviation were calculated, student 't' test & 'F' test were used to find out the significance of difference between the elders for various variables selected for the study.

III. RESULTS & DISCUSSION

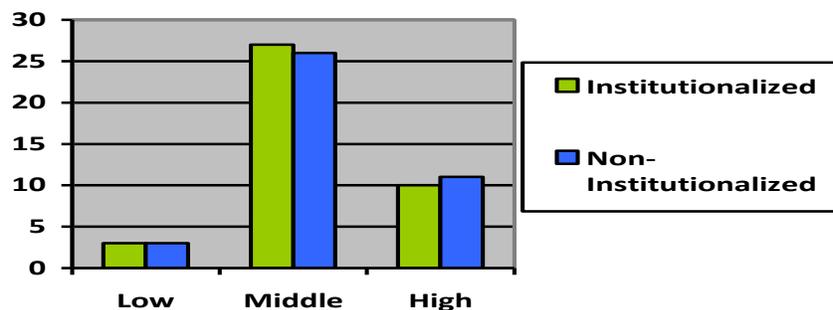
Graph-1: Institutionalized & non-institutionalized elders based on gender



The graph-1 gives demographic data of institutionalized and non institutionalized elders based on gender. It gives that Non-institutionalized female elders are 19 (48%), male elders are 21

(52%) and institutionalized female elders are 12 (30%), male elders are 18 (70%). In this sample male elders are more than female in both institutionalized and non-institutionalized elders.

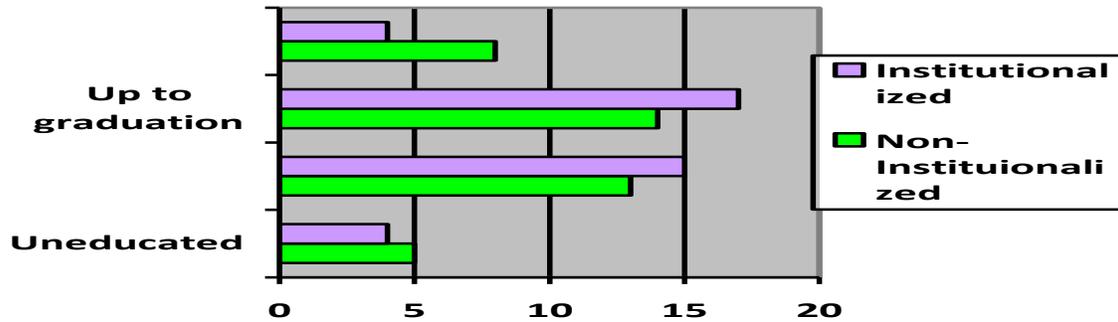
Graph-2: Socio Economic Status of Institutionalized & non-institutionalized elders



Graph-2 gives the socio economic status of non-institutionalized elders and institutionalized elders. The Non-institutionalized elders from low Socio Economic Status are 3(7.5%), middle SES are 26(65%), and high economic status are,

11(27.5%). The institutionalized elders from low SES are 3(7.5%), middle SES are 27(67.5%), and high economic status are, 10(25%). In this sample middle socio economic status elders are more than low and high socio economic status.

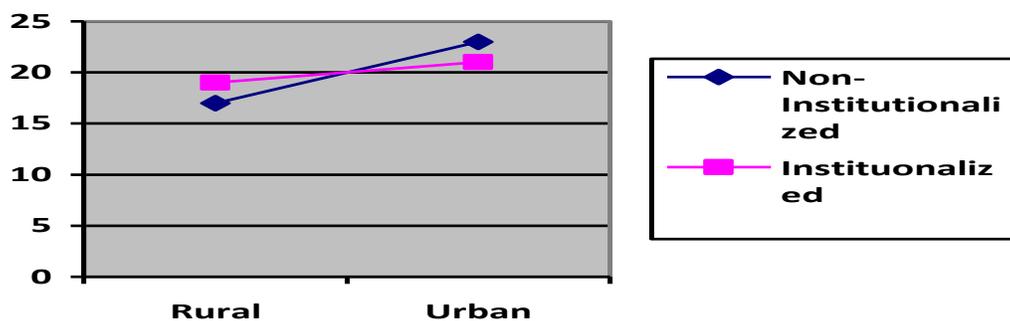
Graph-3: Educational Background of Institutionalized & non-institutionalized elders



Graph-3 gives the educational background of the institutionalized and non-institutionalized elders. Non-Institutionalized elders educational background such as uneducated are 5(11%), up to 10th class are 13(30%), up to graduation are 14(31%), and post graduation & above are

8(18%). Institutionalized elders educational backgrounds such as uneducated are 4(10%), up to 10th class are 15(38%), up to graduation are 17(42%), and post graduation & above are 4(10%). In this sample most of the elders are educated up to 10th class and graduated from both the groups.

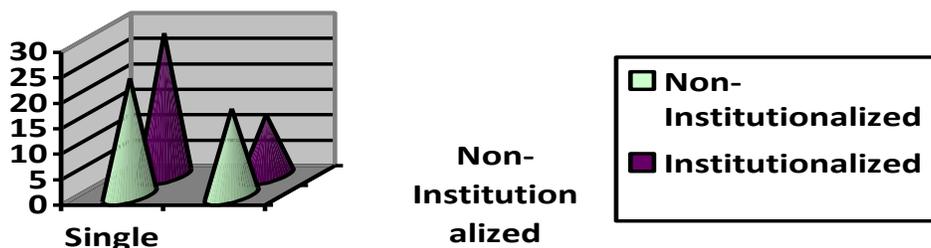
Graph-4: Domicile of Institutionalized & non-institutionalized elders



Graph-4 gives the domicile of the institutionalized and non-institutionalized elders. Non-institutionalized elders from rural background are 17(39%) and urban background are 23(52%).

Institutionalized elders from rural background are 19(47.5%) and urban background are 21(52.5%). In this sample most of the elders are belongs to urban background from both the groups.

Graph-5: Type of (Single/Coupled) Institutionalized & non-institutionalized elders



Graph-5 gives the type (Single/Coupled) of institutionalized and non-institutionalized elders. Non-Institutionalized single elders are 23(52%) and coupled elders are 17(39%).

Institutionalized single elders are 28(70%) and coupled elders are 12(30%). Most of the elders are single elders from both the groups.

Table-1: Means, SD and significance of death anxiety, death depression, geriatric depression & suicidal ideation in non-institutionalized and institutionalized elders

Item	Type	N	Mean	SD	t	df	
DAS	Institutionalized	40	7.35	1.92	0.387	78	0.7
	Non-Institu	40	7.17	2.11			
DDS	Institutionalized	40	9.5	2.81	3.17	78	0.003*
	Non-Institu	40	7.92	1.54			
GDS	Institutionalized	40	18.95	4.01	5.50	78	0.000**
	Non-Institu	40	14.70	2.76			
RSSI	Institutionalized	40	26.92	7.95	3.73	78	0.000**
	Non-Institu	40	20.75	6.78			

Table -1 gives the Means, SD and significance of death anxiety, death depression, geriatric depression and suicidal ideation in institutionalized and non-institutionalized elders. There is no significant difference in death anxiety among institutionalized and non-institutionalized elders. The Mean(\pm)SD scores of death anxiety in institutionalized elders is 7.35(\pm)1.92 and in non-institutionalized elders is 7.17(\pm)2.11. The both institutionalized and non-institutionalized elders are having same level of death anxiety. There is a significant difference in death depression among institutionalized elders and non-institutionalized elders. The Mean(\pm)SD scores of death depression in institutionalized elders is 9.5(\pm)2.81 and in non-institutionalized elders is 7.92(\pm)1.54. When the two groups

compared, the institutionalized elders are having significant death depression than non-institutionalized elders and it is significant at 0.00 level.

It also shows that there is a significant difference in depression and suicidal ideation among institutionalized and non-institutionalized elders. The Mean(\pm)SD scores of depression in institutionalized elders is 18.95(\pm)4.01 and in non-institutionalized elders is 14.7(\pm)2.76 and for suicidal ideation in institutionalized elders is 26.92(\pm)7.95 and in non-institutionalized elders is 20.75(\pm)6.78. When the two groups compared, the institutionalized elders are having significant depression and suicidal ideation than non-institutionalized elders and it is significant at 0.000 level.

Table-2: Significance of death anxiety, death depression, geriatric depression & suicidal ideation in Non-Institutionalized and institutionalized elders based on gender and type of elders (Single/Coupled)

Type	Item	Gender	Single/Coupled
Non-Institutionalized	DAS	0.000**	0.13
	DDS	0.75	0.001**
	GDS	0.00**	0.73
	RSSI	0.02*	0.04*
Institutionalized	DAS	0.69	0.202
	DDS	0.09	0.39
	GDS	0.578	0.04*
	RSSI	0.802	0.01*

Table -2 gives the significance of death anxiety, death depression, geriatric depression & suicidal ideation in institutionalized and non-institutionalized elders based on gender and type of elders. There is no significant difference in death anxiety and death depression among institutionalized elders based on gender but there is a significant difference in death anxiety among non-institutionalized elders based on gender. The Mean(\pm)SD scores of death anxiety in female institutionalized elders is 7.15(\pm)1.8 and in male elders is 7.42(\pm)2.00. The Mean(\pm)SD scores of death anxiety in non-institutionalized female elders is 5.68(\pm)1.82 and in male elders is 8.52(\pm)1.28.

For death depression in institutionalized female elders is 8.66(\pm)1.07 and in male elders is 9.85(\pm)3.23. The Mean(\pm)SD in non-institutionalized female elders is 7.84(\pm)1.57 and male elders is 8(\pm)1.54. It shows that the non-institutionalized male elders are having significant death anxiety than female elders and it is significant at 0.001 level. It also shows that there is no significant difference in death anxiety and death depression between institutionalized male and female elders. The institutionalized male and female elders are having same level of death anxiety and death depression among them. When the two groups compared; for total 80 elders, the Mean(\pm)SD scores of

death anxiety in female elders is 6.25(±)1.93 and in male elders is 7.89(±)1.8 and the Mean(±)SD sores of death depression in female elders is 8.16(±)1.43 and in male elders is 9.06(±)2.78 It shows that the institutionalized elders that male elders are having significant death anxiety than non-institutionalized elders and it is significant at 0.000 level. All the elders are showing same level of death depression among them.

There is a significant difference in depression and suicidal ideation among institutionalized and non-institutionalized elders based on gender. The Mean(±)SD sores of depression in female institutionalized elders is 19.5(±)3.5 and in male elders is 18.71(±)4.23. The Mean(±)SD in non-institutionalized female elders is 12.84(±)1.5 and in male elders is 16.38(±)2.57. For suicidal ideation in institutionalized female elders is 27.41(±)7.51 and in male elders is 26.71(±)8.25. The Mean(±)SD in non-institutionalized female elders is 17.38(±)7.95 and male elders is 23.80(±)6.28. It shows that the non-institutionalized male elders are having significant depression and suicidal ideation than female elders and depression is significant at 0.001 level and suicidal ideation is significant at 0.01 level. It also shows that there is no significant difference in depression and suicidal ideation between institutionalized male and female elders. The institutionalized male and female elders are having same level of depression and suicidal ideation among them. When the two groups compared; for total 80 elders, the Mean(±)SD sores of depression in female elders is 15.41(±)4.11 and in male elders is 17.71(±)3.76. It shows that the institutionalized elders are having significant depression and suicidal ideation than non-institutionalized elders and it is significant at 0.000 level.

It also gives that there is no significant difference in death anxiety among institutionalized and non-institutionalized elders based on type of elders but there is a significant difference in death depression among non institutionalized elders. The Mean(±)SD sores of death anxiety in single institutionalized elders is 7.6(±)2.09 and in coupled elders is 6.75(±)1.35. The Mean(±)SD in non-institutionalized single elders is 7.6(±)1.87 and in coupled elders is 6.58(±)2.31. For death depression the Mean(±)SD in institutionalized single elders is 9.75(±)3.14 and in coupled elders is 8.91(±)1.78. The Mean(±)SD in non-institutionalized single elders is 8.6(±)1.15 and coupled elders is 7(±)1.54. It shows that both institutionalized and non-institutionalized single and coupled elders are having same level of death anxiety. The non-institutionalized single elders are showing significant death depression than coupled elders and it is significant at 0.001 level. There is no significant difference in death depression among institutionalized elders which indicates that institutionalized single and coupled elders are having same level of death depression. When the two groups compared; single elders are having significant death anxiety and death depression than coupled elders. Death anxiety is significant at 0.01 level and death depression is significant at 0.001 level.

It shows that there is a significant difference in depression and suicidal ideation among institutionalized and non-institutionalized elders based on type of elders. The Mean(±)SD sores of depression in single institutionalized elders is 20.1(±)4.11 and in coupled elders is 16.25(±)2.09. The Mean(±)SD in non-institutionalized single elders is 14.56(±)2.38 and in coupled elders is 14.88(±)3.27. For suicidal ideation in

institutionalized single elders is 29.42(±)7.45 and in coupled elders is 21.08(±)5.88. The Mean(±)SD in non-institutionalized single elders is 22.65(±)6.77 and coupled elders is 18.17(±)6.77. it shows that non-institutionalized single and coupled elders are having same level of depression, but single elders are showing significant suicidal ideation than coupled elders and it is significant at 0.01 level. The institutionalized single elders are showing significant depression and suicidal ideation than coupled elders and it is significant at 0.01 level. When the two groups compared; single elders are having significant depression and suicidal ideation than coupled elders. Depression is significant at 0.01 level and suicidal ideation is significant at 0.001 level.

Table-3: Significance of death anxiety, death depression, geriatric depression and suicidal ideation among elders based on age, educational background, SES and domicile.

Item	Age	Education	SES	Domicile
DAS	0.927	0.309	0.685	0.241
DDS	0.625	0.074	0.626	0.004***
GDS	0.286	0.721	0.314	0.882
RSSI	0.204	0.473	0.629	0.047*

Table -3 gives the Means, SD and significance of death anxiety, death depression, geriatric depression and suicidal ideation in institutionalized and non-institutionalized elders based on age range of elders, education, Socio economic status and domicile of the elders. When the two groups compared there is no significant difference in death anxiety and death depression institutionalized elders and non-institutionalized elders based on age range of the elders. All the elders are having same level of death anxiety and death depression. The Mean(±)SD sores of death anxiety in uneducated, educated up to 10th class, graduated and post graduated elders are 7.88(±)2.31, 7.28(±)1.8, 7.41(±)2.14 and 6.3(±)1.8 respectively. The Mean(±)SD sores of death depression in uneducated, educated up to 10th class, graduated and post graduated elders are 7.88(±)1.61, 8.21(±)1.75, 9.58(±)3.13 and 8.25(±)1.05 respectively. The Mean(±)SD sores of death anxiety in low SES, middle SES, and high SES of elders are 6.66(±)2.25, 7.37(±)1.82, and 7.14(±)2.43 respectively. The Mean(±)SD sores of death depression among low SES, middle SES, and high SES of elders are 7.83(±)2.78, 8.7(±)1.71, and 8.9(±)3.5 respectively.

The Mean(±)SD sores of death anxiety in rural and urban background of elders are 7.55(±)1.91, and 7.02(±)2.07 respectively. The Mean(±)SD sores of death depression among rural and urban background of elders are 9.5(±)2.68, and 8.04(±)1.89 respectively. It shows that there is no significant in death anxiety and death depression among elders based on educational background, socio economic status and domicile. All the elders are having same level of death anxiety and death depression but rural elders are showing significant death depression than urban elders and it is significant at 0.05 level. It also gives the Means, SD and significance of Depression & suicidal ideation in institutionalized and non-institutionalized

elders based on age range of elders, education, Socio economic status and domicile of the elders. When the two groups compared there is no significant difference in depression and suicidal ideation between institutionalized elders and non-institutionalized elders based on age range of the elders. All the elders are having same level of depression and suicidal ideation. The Mean(\pm)SD sores of depression in uneducated, educated up to 10th class, graduated and post graduated elders are 18.22(\pm)2.53, 16.42(\pm)3.59, 16.74(\pm)4.55 and 16.91(\pm)4.71 respectively. The Mean(\pm)SD sores of suicidal ideation in uneducated, educated up to 10th class, graduated and post graduated elders are 25.33(\pm)7.76, 22.25(\pm)8.11, 25.22(\pm)7.59 and 22.83(\pm)8.91 respectively.

The Mean(\pm)SD sores of depression in low SES, middle SES, and high SES of elders are 19.83(\pm)9.02, 16.75(\pm)3.84, and 16.33(\pm)4.4 respectively. The Mean(\pm)SD sores of suicidal ideation among low SES, middle SES, and high SES of elders are 22.83(\pm)9.02, 23.49(\pm)8.1, and 23.85(\pm)7.45 respectively.

The Mean(\pm)SD sores of depression in rural and urban background of elders are 16.88(\pm)4.6, and 16.88(\pm)3.57 respectively. The Mean(\pm)SD sores of suicidal ideation among rural and urban background of elders are 21.88(\pm)8.52, and 25.43(\pm)7.2 respectively. It shows that there is no significant in depression and suicidal ideation among elders based on educational background, socio economic status and domicile. All the elders are having same level of depression and suicidal ideation. But urban elders are showing significant suicidal ideation than rural elders and it is significant at 0.01 level.

Table-4: Correlation of DAS, DDS, GDS and RSSI

Item	DAS	DDS	GDS	RSSI
DAS	1	0.364**	0.366**	0.351**
DDS	0.364*	1	0.264*	0.055
GDS	0.366**	0.264*	1	0.722**
RSSI	0.351**	0.55	0.722**	1

** Correlation is significant at the 0.01 level.

* Correlation is significant at the 0.05 level.

Table-4 gives the correlation of DAS, DDS, GDS and RSSI and they are correlated at 0.01 level and 0.05 level but there is no correlation found between DDS and RSSI.

IV. CONCLUSION

- The institutionalized elders are having significant death depression, geriatric depression and suicidal ideation than non-institutionalized elders and having same level of death anxiety in both elders.
- The single elders are having significant death anxiety, death depression, geriatric depression and suicidal ideation than coupled elders.
- The male elders are having significant death anxiety than non-institutionalized elders and all the elders are showing same level of death depression. There is gender difference on depression and suicidal ideation among institutionalized and non-institutionalized elders which

indicate that male elders are having significant geriatric depression and suicidal ideation than female elders.

- There is no significant difference in death anxiety, death depression, geriatric depression and suicidal ideation between institutionalized elders and non-institutionalized elders based on age, educational background, socio economic status and domicile of elders. All the elders are having same level of death anxiety and death depression but rural elders are showing significant death depression than urban elders and urban elders are showing significant suicidal ideation than rural elders.

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